The efficacy of syringe service programs (SSPs) in limiting the spread of infectious disease among people who inject drugs (PWID) is well established, with a body of literature spanning over 25 years (Clark, 2016). However, despite the evidence, syringe service programs continue to be sparsely implemented, poorly funded, and understaffed. Deeply held misconceptions related to the effect of SSPs at the community level are often responsible for restrictive policies or regulations related to syringe distribution.

One area of public misconception is related to models of syringe distribution. The Centers for Disease Control and Prevention (CDC) best-practice recommendations for syringe service programs include recommending SSPs avoid one-for-one syringe distribution models, as this model fails to achieve the objective of reducing the spread of infectious disease (CDC, 2012). However, notwithstanding best-practice recommendations, many communities insist that local SSPs operate on a strict one-for-one exchange model of syringe distribution.

The Centers for Disease Control and Prevention recommend that SSPs distribute syringes to individuals without restrictions (CDC, 2012). Sherman et al. (2015) posit that the success of any syringe service program rests in the program’s ability to distribute syringes at a level to achieve “effective syringe coverage” (p.638). Syringe coverage refers to the number of sterile syringes the injection drug user can obtain from a SSP in comparison to the number of syringes required for the user to have a sterile syringe for every injection (Sherman et al., 2015). Higher levels of syringe coverage are associated with safer injection practices and lower incidence of infectious disease (Bluthenthal et al., 2007; Burt & Thiede, 2016; CDC, 2012; Noroozi et al., 2015; Sherman et al., 2015).

Restrictive policies that govern SSP operations are often wrought with emotional reactions based in our societal misunderstanding of drug abuse (Clark, 2016). The continued perception of addiction as a personal weakness or failure often creates a barrier to the implementation of outreach services for PWID. The on-going criminalization of drug use permeates public policy as stakeholders often cite the illegal nature of the behavior as justification for an inept response (Clark, 2016).

In an effort to implement best-practice, inform stakeholders, and improve the current availability of services, a needs-based syringe distribution model was piloted at one local SSP location. This work examines the impact of syringe distribution models on client engagement in syringe exchange programs. Specifically, in people who inject drugs and participate in syringe exchange programs, does the implementation of a needs-based model of syringe distribution, compared to a one-for-one model of syringe distribution, affect client engagement in syringe exchange programs?

A needs-based syringe distribution model was implemented at one location of a local syringe service program. After five months of implementation the following program utilization measures were evaluated: volume of syringes distributed, new client enrollment, total visits, and utilization of ancillary services. Ancillary services included naloxone distribution and testing for Human Immunodeficiency Virus (HIV) and Hepatitis C (HCV). Program utilization data were collected as part of the standard operating procedures of the SSP. Client encounters were documented with a tablet or smartphone by using an anonymous identification code for each client. Anonymous client encounter data was compiled for each exchange shift.
An analysis of pre and post-implementation program utilization data was conducted. Post-implementation program utilization data was analyzed for each month of the five-month implementation period. Program utilization data from the final month of implementation, December 2017, was compared to program utilization data collected the month before implementation, July 2017, which is referenced as pre-implementation.

Client engagement increased by all measures during the implementation of a needs-based syringe distribution model. An increase in client enrollment and visits is not surprising as in a needs-based model of distribution clients are not turned away due to not having any syringes to exchange. Access to syringe services, including naloxone and HIV/HCV testing, for PWID was increased by eliminating the barrier of requiring clients to have a syringe to exchange.

These results are not surprising to public health experts, as best-practice recommendations have long been established to encourage SSPs to distribute syringes generously. The question is why are communities continuing to mandate a one-for-one syringe distribution model despite the evidence?

Future work should focus on how to increase knowledge of harm reduction best-practices among stakeholders and the public. Although harm reduction advocates often face tremendous challenges in initiating SSPs, we must continue to challenge the misconception that generous needle distribution promotes drug use, or risk falling short of our objectives to increase access to health services for PWID and decrease the spread of infectious disease.

Title:
Increasing Client Engagement in People Who Inject Drugs: Implementing Best-Practice for Syringe Service Programs

Keywords:
Evidence-based practice, Increasing client engagement and Interventions for people who inject drugs

References:


**Abstract Summary:**

In light of the growing opioid epidemic and increased incidence and prevalence of HIV and Hepatitis C, national public health efforts engaging high-risk populations are crucial. People who inject drugs (PWID) are often disenfranchised from the healthcare system. Public health efforts to impact this population should focus on increasing engagement.

**Content Outline:**

I. Introduction

A. People who inject drugs (PWID) as vulnerable population

B. Need for syringe service programs (SSPs) to engage PWID

II. Body

A. Best-practice recommendations for Syringe Service Programs

1. Centers for Disease Control (CDC) recommendations
   
   a. Low-threshold services
   
   b. Generous syringe distribution

2. Models of syringe distribution
   
   a. Avoid one-for-one exchange
   
   b. Needs-based syringe distribution

B. Evidence for needs-based syringe distribution

1. Impact of high-risk injection behavior
   
   a. Primary risk factor for HIV and HCV globally
b. Increased risk for abscess development

2. Syringe coverage
a. Increased syringe distribution leads to increased coverage
b. Increased syringe coverage leads to decreased risk

C. Increasing client engagement
1. Needs-based syringe distribution
a. No client is turned away without syringes
b. New client visits increased
c. Total client visits increased

2. Use of ancillary services
a. Naloxone distribution increased
   i. Community-based naloxone use increased
   ii. Overdose reversals
b. Increased testing
   i. HIV
   ii. HCV

c. Increased engagement with SSP staff
   i. Building trust with vulnerable population
   ii. Opportunity for resource referrals

III. Conclusion
A. Syringe distribution models affect client engagement in syringe service programs.

B. Syringe service programs must distribute syringes at a level to achieve syringe coverage among client to increase client engagement and decrease the spread of infectious disease.

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