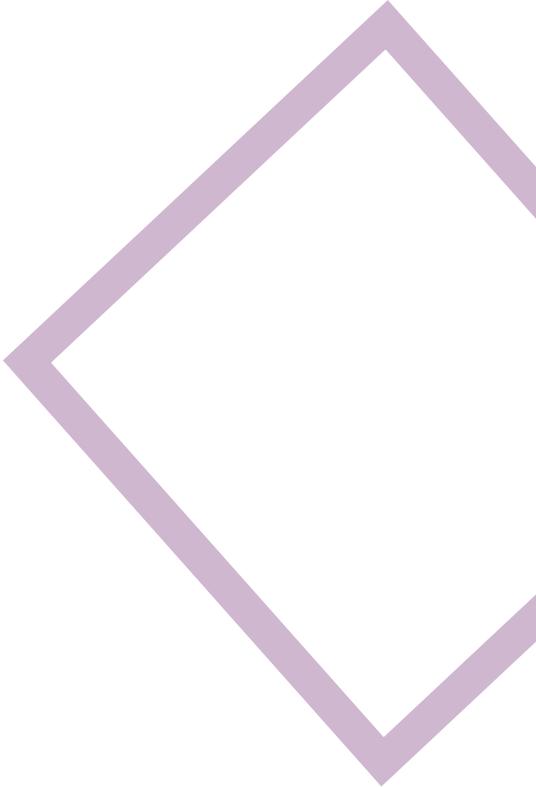




Utah Syringe Exchange Program Handbook



UTAH DEPARTMENT OF
HEALTH

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Preface

In 2016, the Utah Legislature passed legislation that legalized syringe exchange programs. The legislation provided limited guidance for the structural elements of a syringe exchange program while giving the Utah Department of Health (UDOH) administrative oversight for syringe exchange activities.

As the oversight body, the UDOH recognized the need to provide an educational resource to parties interested in engaging in syringe exchange activities that outlined the requirements of the legislation, provided guidance about establishing a syringe exchange operation, and offered a list of helpful resources for syringe exchange operating entities. This document serves as a comprehensive resource for organizations that wish to engage in syringe exchange operations in Utah.

The information contained in this handbook is the work of Heather Bush, UDOH Syringe Exchange Coordinator, and Kirsten Dodge, Master of Professional Communication student at Westminster College. Ms. Bush developed the Glossary, the Administrative Rule, and the list of additional resources; Ms. Dodge created the Operating Entity Guide and designed the handbook layout. The UDOH will continue to update this handbook as necessary.

We hope organizations wishing to engage in syringe exchange activities find this handbook to be a valuable resource, which enables them to develop a syringe exchange operation that will provide great value to clients and the greater community, while serving the mission of the organization.

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List of Abbreviations

CDC	Centers for Disease Control and Prevention
HAV	Hepatitis A virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency virus
IDU	Injection drug user
PWID	People who inject drugs
REDCap	Research Electronic Data Capture
STD	Sexually transmitted disease
SEO	Syringe exchange operator
SEP	Syringe exchange programs
UDOH	Utah Department of Health
USEP	Utah Syringe Exchange Program

Glossary

Client

A person who is accessing services through a syringe exchange program.

Department

The Bureau of Epidemiology Prevention, Treatment, and Care Program is a department within the Utah Department of Health responsible for the oversight of the Utah Syringe Exchange Program.

Harm Reduction

Practical strategies and ideas aimed at reducing negative consequences associated with drug use including, but not limited to, safer injection drug use, managed drug use, and abstinence. Strategies are aimed to meet users “where they are” in an effort to gain achievable results for each individual.

Hepatitis A Virus (HAV)

A virus that can cause liver disease of varying severity and duration, which is acquired by ingesting the virus via contact with objects, food, or drink contaminated with fecal matter from an infected individual.

Hepatitis B Virus (HBV)

A virus that can cause liver disease of varying severity and duration. It can be acute lasting only a few weeks, or can become a serious, lifelong illness. The hepatitis B virus is spread through contact with infected blood, semen, or other bodily fluids. Common routes of infection include birth (mother to child), sex with an infected partner, sharing personal items such as razors or toothbrushes with an infected individual, sharing needles or injection equipment, and exposure to blood from needle sticks. This virus can be prevented if a person receives the HBV vaccine.

Hepatitis C Virus (HCV)

Hepatitis C virus causes liver disease of varying severity and duration. It can be acute, lasting only a few weeks, or can become a serious, lifelong illness. There is **no** vaccine or cure for HCV.

Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus attacks the body’s immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. If left untreated, HIV can lead to the disease AIDS (Acquired Immunodeficiency Syndrome). No effective cure for HIV currently exists, but with proper treatment and medical care, HIV can be controlled.

Glossary continued

Operating Entity

An agency or organization that has enrolled with and been approved by Utah Department of Health as a syringe exchange operator.

Opiate Antagonist

A Food and Drug Administration–approved naloxone hydrochloride or similarly acting drug that is not a controlled substance, and is approved for the diagnosis or treatment of an opiate-related drug overdose.

Program Participant

A person who is accessing services through a syringe exchange program.

Research Electronic Data Capture

The Research Electronic Data Capture is the software the Utah Department of Health uses to collect and analyze pertinent data on syringe exchange programs and participants.

Syringe Exchange Operator

A syringe exchange operator is an entity engaging in the exchange of an individual's used syringe(s) for one or more new syringes, which are contained in sealed sterile packages. The entity must also provide individuals with verbal and written instructions on preventing the transmission of blood-borne diseases (including HIV/HCV) and options for obtaining substance-use treatment services, testing services, and an opiate antagonist. The syringe exchange operator must report information on program activities annually to Utah Department of Health.

Syringe Exchange Programs

Syringe exchange programs provide free, sterile syringes to people who inject drugs. Syringe exchange programs are one component of a comprehensive approach to reducing the spread of blood-borne diseases among people who inject drugs.

Utah Syringe Exchange Program

The Utah Syringe Exchange Program was developed by the UDOH to reduce the spread of disease among people who inject drugs in Utah. The program adheres to rules and guidelines established by the Utah legislature. The UDOH acts as an administrative oversight body, and is responsible for collecting data on the program and providing annual reports about the program to the Utah legislature.

Section I: Administrative Rule Guide



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The Administrative Rule Guide provides an overview of the need for and reasoning behind syringe exchange programs, outlines Utah’s approach to syringe exchange, and details state requirements for organizations interested in providing syringe exchange services in Utah.

1. Background

In the early 2000s, the nation began experiencing a growth in the use of illegal opioid drugs brought on by an increase in the number of prescription opioids prescribed to patients for pain management. Many patients became dependent on the prescription opioids and moved on to illegal opioid drugs when they were no longer able to legally obtain the prescription opioids. Illegal opioids are often injected into the blood stream; the increase in injection drug use has led to an increase in unsafe injection practices and has put people who inject drugs (PWID) at risk of contracting HIV and viral hepatitis. *Recent surveys undertaken by the Center for Disease Control and Prevention (CDC), indicate that approximately one-third of currently active PWID, ages 18–30 years, are infected with hepatitis C (HCV).*

Older and/or former PWID typically have a much higher prevalence (approximately 70%–90%) of HCV infection, reflecting the increased risk of continued injection drug use. HCV is one of the most expensive diseases to treat, with costs ranging between \$50,000 and \$100,000 for twelve weeks of treatment.

In 2010, a study published in the New England Journal of Medicine, surveyed more than 2,500 people who used OxyContin before and after safety measures were added in an attempt to make it more difficult to crush and abuse. The study found that before the anti-abuse measures were put in place, 35.6% of survey respondents admitted abusing the drug. Nearly two years after the deterrent was added, that number dropped to 12.8%; however, 24% of those surveyed still found a way to defeat the tamper-resistant properties of the medicine. The study indicated that although OxyContin abuse had gone down, the use of heroin was on the rise as it is “easier to use, much cheaper and easily available.”

In May 2016, the CDC released information indicating that in 2013 the annual HCV-related mortality rate surpassed the total combined number of deaths from 60 other infectious diseases, including HIV, pneumococcal disease, and tuberculosis. Further, since the studies used data from death certificates, which often underreport hepatitis C, there were likely even more HCV-related deaths than the reports suggest.

One means of preventing transmission of blood-borne infections, such as hepatitis C and HIV, is reducing the sharing of needles, syringes, and other drug injection equipment among PWID. Syringe exchange programs (SEP) allow PWID to exchange used syringes for sterile syringes. SEP are an effective component of a comprehensive approach to preventing the spread of HIV and viral hepatitis among PWID. A large number of scientific studies have found that SEP reduce HIV risk. In 2011, the U.S. Surgeon General determined that SEP are an effective way of reducing HIV transmission among PWID and that there is ample evidence that SEP promote entry to and retention in drug treatment and medical services. SEP are shown to provide a valuable service to PWID without increasing illegal drug use.

Furthermore, SEP support the overall health and well being of PWID by providing links to substance abuse treatment, medical care, disease testing, overdose prevention, and other vital social services. SEP are based on respect and place value on prioritizing the rights and dignity of PWID people who use drugs.

Expanding the reach of SEP is part of a comprehensive approach to addressing the spread of HIV and viral hepatitis among PWID and supports the goals of the National HIV/AIDS Strategy and Viral Hepatitis Action Plan to reduce the number of new HIV and viral hepatitis infections. Additionally, SEP are an important tool in helping connect people to opiate overdose prevention services.

Drug poisoning deaths are a preventable public health problem. The numbers of drug poisoning deaths per year in Utah and in the U.S. have been rising steadily between 1999-2015 as described in “Health Indicator Report of Drug Overdose and Poisoning Incidents.” Deaths from drug poisoning have outpaced deaths due to firearms, falls, and motor vehicle crashes in Utah. *In 2015, Utah ranked 9th in the U.S. for drug poisoning deaths with a rate of 23.4 deaths per 100,000 population. Every month, 52 Utah adults die because of a drug poisoning.* 83.8% of these deaths are accidental or of undetermined intent; 77.6% of these deaths involve opioids. The United States government recognizes the need to implement programs aimed at stopping the spread of disease and reducing overdose deaths across the country.

The U.S. Department of Health and Human Services (HHS) is committed to working with grantees and partners to reduce the spread of HIV and viral hepatitis in the U.S. In March 2016, HHS issued guidance for HHS-funded programs regarding the use of federal funds to implement or expand SEP. The guidance is the result of the bipartisan budget agreement that was signed into law in December 2015, which revised a previous Congressional ban on the use of federal funds for such programs. Communities that demonstrate a need may now use federal funds for the operational components of SEP.

The HHS guidance describes how health departments can request federal funds to start or expand SEP; it also outlines how the funds can be used. The guidance requires that state, local, tribal, and territorial health departments consult with the CDC and provide evidence that its jurisdiction is (1) experiencing, or (2) at risk for significant increases in viral hepatitis infections or an HIV outbreak due to injection drug use.

On behalf of the state of Utah, the UDOH submitted a “Determination of Need” (DON) to the CDC, identifying Utah as being at risk for significant increases in viral hepatitis infections or an HIV outbreak due to injection drug use. The DON was reviewed and approved by the CDC in June 2016 (see Section III: List of Resources).

The notice of approval to Utah from the CDC states:

“After careful review of the Utah Department of Health’s submission, CDC concurs that Utah is at risk for an increase in viral hepatitis or HIV infections due to injection drug use. The submitted data provide sufficient evidence to determine a need for SEP within the jurisdiction. Specifically, the requestor presented statewide data on epidemiologic trends that indicate increases in unsafe injection of illicit drugs as well as data on statewide increases in HIV and acute HCV infections due to injection drug use. The increase in IDU-associated HIV infections, though small in number, is noteworthy insofar as nationally over the same period IDU-associated HIV infections have fallen and the fidelity with which HIV infection is diagnosed and transmission risk is determined is high. The narrative makes a compelling case that there are multiple counties within the state where these increases are focused. Increases in opioid-related deaths in the context of increasing seizure of heroin by law enforcement suggest the increase in heroin seizures represents a greater supply of drugs and consequent opioid deaths and does not necessarily reflect solely increased law enforcement activity.”

Agencies within the state of Utah may now apply for or reallocate federal HHS funds for syringe exchange activities. Only HHS grantees that have direct HHS funding can request direct funding for SEP activities. For example, a direct grantee of CDC, HRSA, SAMHSA may apply for new funds or re-direct current funds within allowable funding announcements to be used to support SEP activities.

2. Utah Syringe Exchange Program Overview

On March 25, 2016, Governor Gary Herbert signed House Bill 308 into law, which legalized the development of a syringe exchange program in Utah. The Utah Syringe Exchange Statute, which went into effect May 10, 2016, states that agencies in Utah “may operate a syringe exchange program in the state to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs and those individuals’ contacts.” The law outlines required activities and reporting guidelines, but does not provide funding or guidance for operating the Utah Syringe Exchange Program. An accompanying Administrative Rule was published on November 7, 2016. This rule provides guidelines for eligible agencies wishing to conduct a syringe exchange in Utah.

The following section describes the requirements of agencies conducting syringe exchange. For additional information, interested parties are encouraged to utilize the UDOH Syringe Exchange Program Website and/or contact syringeexchange@utah.gov with any questions.

3. Syringe Exchange Program Enrollment

In accordance with the Utah Syringe Exchange Statute and the Utah Syringe Exchange Administrative Rule, agencies interested in providing syringe exchange services in Utah must meet the following conditions and requirements prior to being certified as a syringe exchange operator (SEO).

Eligible agencies

The Utah Syringe Exchange Statute states that any of the following entities may operate syringe exchange services in the state:

- A government entity, including the Utah Department of Health, a local health department, the Division of Substance Abuse and Mental Health within the Department of Human Services, or a local substance abuse authority
- A nongovernment entity, including a nonprofit organization or a for-profit organization.

Eligible agencies must enroll and meet certain requirements prior to beginning any syringe exchange activities.

Operating entity

An operating entity is any eligible agency or program that has been approved to and is conducting syringe exchange activities as outlined in Administrative Rule 386-900.

Agencies that provide other related services, such as HIV/HCV testing, substance abuse treatment, etc., but **DO NOT** distribute or collect syringes are not considered an operating entity and do not need to enroll.

Enrollment requirements

All eligible agencies interested in providing syringe services must enroll with the UDOH. Enrollment requires the submission of the following items: a completed agency enrollment form (see Section III: List of Resources), a safety protocol plan, and a sharps disposal plan.

To request a Utah Syringe Exchange Program Agency Enrollment Form email syringeexchange@utah.gov with your agency's intent to become an operating entity. A link to the online enrollment form will be sent to the identified contact. The enrollment form provides written notice of intent to conduct syringe exchange activities and must be submitted to the UDOH 15 days prior to conducting syringe exchange activities.

The eligible agency's safety protocol plan must include details on how the agency will prevent needle sticks and sharps injuries for its workers, volunteers, and clients. Additionally, the plan must include the agency's procedure for disposing of all spent or used needles it collects. Disposal of used and collected needles is the financial responsibility of the operating entity.

After the UDOH confirms receipt of an eligible agency's enrollment and safety protocol plan, the eligible agency will be notified of its status as an operating entity. The UDOH will provide the operating entity with a program number and a certificate of enrollment, as well as instructions on how to report information required by R386-900 (see Reporting Requirements). Upon approval by UDOH and having met the requirements of R386-900, the operating entity may begin providing syringe exchange services in Utah.

Operating entities may request available supplies, materials, and training support from the UDOH. Agencies can submit requests using the UDOH Syringe Exchange Program Supplies Order Form. Completed forms should be sent to syringeexchange@utah.gov.

Termination of syringe exchange operation

If an operating entity discontinues syringe exchange activities, written notice must be submitted to UDOH by sending an email of intent to terminate to syringeexchange@utah.gov and completing the online disenrollment form that is sent within 15 days of termination of activities.

An operating entity may choose to terminate services due to changes in management, agency priorities, funding, etc.

The Department can terminate an operating entity's status as a syringe exchange provider if the entity violates a provision of Administrative Rule R386. The Department can assess a penalty to an operating entity as provided in section 26-23-6 of the Administrative Rule.

4. Operating Entity Requirements

All operating entities must follow the requirements as outlined in the Utah Syringe Exchange Statute, the Utah Syringe Exchange Administrative Rule, and by the Department.

Program element requirements

The operating entity must include the following elements in its syringe exchange program:

- Facilitate the exchange of an individual's used syringes by providing a disposable, medical grade sharps container for the disposal of used syringes. Sharps disposal is the financial responsibility of the operating entity.
- Exchange one or more new syringes in sealed sterile packages with the individual free of charge.
- Provide and make available to all recipients of new syringe(s) verbal and written instruction on
 - Methods for preventing the transmission of blood-borne pathogens, including HIV, HBV and HCV.
 - Information and referral to drug and alcohol treatment.
 - Information and referral for HIV and HCV testing.
 - Instruction on how and where to obtain an opiate antagonist (naloxone).

Reporting requirements

All operating entities must record and report aggregate data elements to the UDOH on a quarterly basis.

Required Data Elements

The following items are required data elements that must be reported quarterly to the UDOH:

- Number of individuals who have exchanged syringes
- A self-reported or approximated number of used syringes exchanged for new syringes
- Number of new syringes provided in exchange for used syringes
- Educational materials distributed
- Number of referrals provided

Optional Data Collection Elements

The following items are optional elements that an operating entity may wish to submit to the UDOH:

- Participant enrollment form
- Event activity log

Quarterly reporting information

In accordance with the Utah Syringe Exchange Statute, all entities engaging in syringe exchange services must submit a quarterly report to the UDOH.

Quarterly Report Form

Refer to the Online Database section found below for detailed information on reporting through the online database. Operating entities will be sent a report form to fill out at the end of the quarter. A paper version, Utah Syringe Exchange Program: Quarterly Report Form can be downloaded from the UDOH website. Operating entities engaging in syringe exchange services must return this form to the Department each quarter.

Online database

The UDOH utilizes the browser-based Research Electronic Data Capture (REDCap) software to collect and analyze pertinent data on syringe exchange programs and participants. Within this software, the USEP utilizes both “surveys” and “forms” to collect data in REDCap.

Surveys are initiated by an outside entity and do not require users to log into REDCap to enter data. For example, UDOH will send surveys to operating entities. However, users will not have access to the data that is entered into the survey.

Individual users from operating entities must log into REDCap in order to enter data. Users are able to see the data they collect and can generate statistics and reports within REDCap.

Agency info and login

The Agency Enrollment Form (see Section III: List of Resources) is available by sending an email to syringeexchange@utah.gov requesting interest in enrollment; the contact will be sent a link to an electronic form.

If an operating entity enrolls electronically through REDCap, it will receive an email from UDOH within 7 business days, indicating whether the agency has been enrolled as an SEP. If an operating entity seeking enrollment has not heard from the UDOH within this time, please email syringeexchange@utah.gov to inquire about enrollment status.

Dates and deadlines

Regardless of when an agency enrolls, it must submit a quarterly report by the next quarter deadline as defined by the Department.

The quarterly dates for 2017 are as follows:

Quarter 1: January 1-March 31, report due April 15 (if an SEO was operational in December 2016, include that information in the first quarter report.)

Quarter 2: April 1-June 30, report due July 15

Quarter 3: July 1-September 30, report due October 15

Quarter 4: October 1-December 31, report due January 15, 2018

User training

Operating entities that opt-in to using the online database, will be provided training on how to create a login, enter data, and run reports. A UDOH REDCap Access and User Manual can be found in Section III: List of Resources.

5. Additional Support

Technical assistance and capacity building is available for syringe exchange operating entities and program coordinators. For questions regarding syringe exchange, enrollment, operating procedures, or other program-related issues, please contact syringeexchange@utah.gov.

In an effort to provide ongoing support to the enrolled operating entities, the UDOH will provide educational materials, outreach supplies, and information on funding as these items become available.

In order to effectively conduct all of the elements of Administrative Rule 386-900, the UDOH will provide training on the following information to all operating entities upon request:

- Data Collection
- Harm Reduction and Syringe Exchange Basics
- HIV/HCV Basics
- Naloxone Administration
- Online Database
- Overdose Prevention

Section II: Operating Entity Handbook



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This handbook is a resource for entities interested in conducting a syringe exchange operation in Utah. The information that has been included is based on research gathered from syringe exchange programs across the country and an understanding of the current political and social climate in Utah. Whereas the Utah Syringe Exchange Program Administrative Rule Guide outlines the requirements to become a syringe exchange operating entity and conduct syringe exchange in Utah, this handbook offers suggestions that are intended to help guide and inform interested parties as they develop a syringe exchange operation.

1. Legal

Syringe exchange legislation (H.B. 308) passed during the 2016 Utah Legislative Session. The bill allows approved organizations to conduct syringe exchange in the state. The Utah Department of Health (UDOH) oversees the approval of applications to become syringe exchange operating entities in Utah. Details about the application process can be found in the Utah Syringe Exchange Program Administrative Rule Guidance.

The legislative law legalized syringe exchange operations in the state; however, it does not address the drug-related paraphernalia law. As entities plan for developing the syringe exchange operations, it would be wise to build in strategies to mitigate potential effects of the law.

2. Syringe-Exchange Strategy

Developing a strategic plan for your organization's syringe exchange operations strengthens your ability to meet the needs of the community with area-appropriate services. As you plan for syringe exchange operations, you may wish to consider the target population, syringe exchange delivery models, and barriers to access.

Target population

Identifying the role syringe exchange services play in your organization's overall mission may help in defining the target population of people who inject drugs (PWID) that you plan to serve. Once the target population for services is established, the next step is understanding the overall habits and needs of the population and ways your organization can best meet these needs. This information will strengthen your organization's ability to provide the needed services in a manner best suited to meet the target population's needs. Answering the following questions can help as you move forward in gaining this understanding:

- What are injecting habits of the target population?
 - What are they injecting?
 - How often are they injecting?
 - Where are they injecting?
- Where is the target population located: centralized in one area or spread across a large geographic area?
- What is the cultural background of the target population?
- How best can your organization serve this population?
- How will you communicate your services to this population?
- How will cultural nuances affect your ability to provide outreach?

A clear understanding of the target population you plan to serve and how your organization can best meet its needs can help inform the syringe exchange delivery model(s) you choose to adopt.

Syringe exchange delivery models

Choosing the best syringe exchange delivery model to serve your target population can help ensure constructive syringe exchange operations. The three most commonly used delivery models are fixed-site services, venue-based services, and delivery services. The following provides a brief description of each delivery method.

Fixed-site model

Fixed-site delivery is located in a building or a specific location, such as an office space, storefront, or other location with street access. This delivery model works well for organizations that already offer other related services to PWID at a fixed site and choose to add syringe exchange services to their mix of services.

Strengths

- Client privacy is easier to accommodate.
- Exchanges can occur in a comfortable setting away from inclement weather.
- The space can be tailored to fit the needs and preferences of clients.
- On-site storage for syringe exchange supplies is likely available.
- A fixed site provides a stable and predictable location for clients.
- Start-up costs may be lower if pre-existing organizational infrastructure can be used for the exchange program.

Weaknesses

- Overhead costs and other ongoing expenses can be too burdensome for some operators.
- The local community and neighbors may respond negatively to a syringe exchange operation in the area.
- Clients may feel stigmatized accessing a known syringe exchange operation site.
- Transportation to the fixed site may decrease the clients' ability to access the services on a regular basis.
- The location may restrict hours of operations, thereby limiting clients' ability to access services from the site.
- Existing staff may be resistant to incorporating a syringe exchange program with existing operations.

Venue-based model

Venue-based delivery operations are often conducted out of a van, RV, or movable shelter, such as a tent. This service is usually provided at regularly scheduled locations and times, which provide clients with consistent and reliable access to services. This delivery model works well for organizations targeting PWID who have limited transportation options and who tend to congregate in narrowly defined geographic locations.

Strengths

- The flexibility and adaptability of the syringe exchange operator to meet the needs of the clients increase.
- The informal setting may help put clients at ease.
- Syringe exchange operators have the opportunity to connect with a broader cross-section of clients.
- The community-at-large may be more willing to accept a temporary structure over a permanent one.

Weaknesses

- There is less anonymity for clients.
- It is more difficult to offer ancillary services, such as HIV testing.
- Off-site supply storage is necessary.
- Transportation expenses can increase overhead costs.
- Inclement weather can inhibit or deter client participation and decrease the comfort of the setting.
- Local area law enforcement may be less tolerant of shifting syringe exchange locations.

It is a good idea to provide a space that allows confidential conversations to occur and provides some anonymity for clients who come to use the syringe exchange services.

Delivery model

The delivery model relies on syringe exchange staff to travel from place to place or group to group to expand the availability of the services and reach a broader population of PWID. The goal of this model is to broaden the reach of syringe exchange services to members of populations who may not otherwise come into contact with syringe exchange, build rapport and credibility with clients, and encourage them to participate in venue or fixed-site locations. Clients often access delivery model services by calling a number to arrange a delivery. For the safety of the staff and liability of the organization, it is wise to have at least two staff members present at each delivery.

Strengths

- A more discreet and comfortable syringe exchange environment for clients is possible.
- A population that may not otherwise be exposed to syringe exchange operations is afforded access to clean syringes and injection equipment.
- No physical space is needed for the organization, thereby making startup operations easier.
- Information sharing about injection practices and other issues can be discussed privately.
- Staff may have an opportunity to interact with family members or peer networks.

Weaknesses

- The staff is exposed to greater personal risk.
- The exchange operator is still liable for employees and their actions without having the ability to maintain oversight of delivery situations.
- Overhead is more variable and may prove costly due to fluctuations in automobile expenses, fuel costs, travel distances, and frequency of delivery.
- On-call staff increases the risk of staff burnout.
- Delivery can be time consuming depending on the demand and geographic location.

Additional consideration: Before ever entering a residence, staff should understand all state and local laws governing reporting requirements for situations such as child endangerment or abuse and elder neglect.

Your organization may wish to consider an integrated approach to syringe exchange operations, meaning offering more than one service model or a hybrid of one or more models. *It is important to recognize that an effective syringe exchange operation will continually assess and understand the changing needs of PWID.* Ultimately, the goal is to meet the needs of the target population within the means of your organization.

3. Relationship Building

Establishing good relationships, with both clients and outside stakeholders, is a key factor in building a successful syringe operation. Clients need to know that a syringe exchange operation is a safe place for them to connect with people who care about each client and are supportive of each client's journey to making healthier injection drug choices.

Building relationships with outside stakeholder groups can help strengthen your organization's ability to operate a successful syringe exchange program by broadening the services you provide. For example, service referrals are a key component in supporting clients' ability to improve their health. Prior to implementing your syringe exchange operations, you may want to establish a working relationship with a variety of groups that can serve as referral resources.

Recovery services

Connecting syringe exchange clients interested in recovery with reputable and accessible recovery-service opportunities is a crucial role of a syringe exchange operating entity. Therefore, it is important to have a good working relationship with agencies or organizations that can provide a regular space to your clients.

Medical and health services

Identifying local medical, mental health, and dental providers who provide compassionate care to all of their clients, including PWID, allows you to refer clients to a safe medical environment.

Social service agencies

Offering guidance to or information about the appropriate governmental and nonprofit organizations that provide legal, housing, or other social-related assistance can be instrumental in helping clients in need. Building a personal connection with individuals associated with these types of agencies will enable your organization to direct clients to a specific person who can help. Any steps that aid in a PWID's ability to improve their health or life situation can further enhance building connections with clients.

Other important stakeholders

The premise behind syringe exchange is not always fully understood or accepted by some stakeholder groups; at times, local stakeholders may adamantly oppose syringe exchange operations in their community. It is a good idea to work with all community stakeholders in an attempt to educate them about the role syringe exchange plays in building healthier communities.

Local community leaders

Local community leaders may include mayors, city or county council members, and other elected officials. As leaders in their community, these officials are often key influencers with other stakeholders.

You may wish to consider hosting informational meetings to educate interested parties about the goals of syringe exchange and the benefits of syringe exchange services for PWID and the greater community. Creating a dialog with influential stakeholders that leads to a mutual understanding between parties is a good way to build cooperation—or at least mitigate barriers to entry—when establishing syringe exchange operations in an area.

Law enforcement

The law enforcement community is an important stakeholder in the overall success of syringe exchange operations. Without the cooperation of local law enforcement, it is extremely difficult to carry out an effective syringe exchange operation. Establishing a relationship of trust and mutual understanding with law enforcement prior to beginning syringe exchange operations in an area is a wise undertaking. To build a connection, your organization may wish to work with local law enforcement to provide educational materials for members about the goals of syringe exchange and the positive outcomes that have resulted from syringe exchange in other communities. It is also important to listen to and validate any concerns expressed by law enforcement and to work to find ways to address their concerns.

Once a cooperative relationship is established, you may consider furthering that relationship by identifying a few individuals who can act as liaisons between your organization and the department. Liaisons provide a main point of contact should any difficulties occur between the syringe exchange staff and local police. Resolving any issues between parties quickly and in a mutually agreeable manner is a worthwhile goal.

Identifying potential barriers to entry, prior to implementing a syringe exchange operation, will enable you to decrease potential obstacles. Each community is different, and new barriers may be present in each area.

There are always people or organizations who do not support syringe exchange services. Working to alleviate concerns and creating a dialog of cooperation or understanding is an important first step toward finding common goals and peaceful coexistence.

4. Program Development

A program plan is a foundational tool that provides a framework for consistent operations. Developing a program plan that lays out clear expectations for staff/volunteers, outlines training and safety standards, communicates the program's transaction model, addresses the management of supplies, details the disposal of collected syringes, outlines data to be gathered, lays out the budget and finances, and proposes local-community engagement efforts is a wise undertaking prior to beginning an exchange operation. The following sections address the various topics you may wish to consider as you develop your program plan.

Staffing

Staffing needs will vary based on the service delivery model and the number of clients regularly served. Your organization may wish to establish a set of general standards that all staff is expected to meet and follow. The following list provides some ideas as to staff standards:

- Have no outstanding warrants.
- Be clean from drugs or alcohol during work hours.
- Maintain a calm and welcoming demeanor when interacting with clients, other staff members, and other stakeholders.
- Have a solid understanding of the full spectrum of your organization's services and referral options.
- Stay clear of any interactions between clients and law enforcement.
- Maintain a professional relationship with clients, but do not become personally involved.
- Avoid any situations where a client may attempt to procure drugs.

A healthy work force leads to a positive environment; when all staff members are encouraged to stay attuned to their own personal mental and physical health, they can best serve clients in a respectful, appropriate manner. In addition to staff standards, all staff members should receive some sort of syringe-exchange and safety training prior to participating in exchange activities.

COMMON STAFF JOBS INCLUDE

Greeter: Helps set the tone for the client's experience and provides guidance as to the resources available at the syringe exchange operation.

Syringe distributor: Works with the client to establish syringe needs of the client.

Syringe collector: Makes sure all used syringes are disposed of in a safe manner.

Data tracker: Keeps a tally of the syringes and other equipment coming in and going out.

Referral consultant: Provides educational materials about recovery services and consults with clients who are in need of or desire additional services including medical, social services, and disease testing.

Prior to engaging in syringe exchange activities, all staff and volunteers should undergo training. Each operating entity may determine the scope of the training relevant to its operations based on the target population and organizational mission, services, policies, and procedures. In addition to organization-specific information, training should also include general information about harm reduction, an overview of the importance of syringe exchange, and details about the service delivery model including strengths and weakness, overdose prevention, CPR and first aid, and client engagement skills.

Training

Training on a variety of relevant topics can be accessed on a regular basis through a few local channels:

Harm Reduction Navigator

This eight-module training class is taught by local harm reduction specialists. Training opportunities may include all eight modules or can be tailored to specific subjects. Areas covered in the sessions include detailed education on harm reduction, syringe exchange, overdose prevention, naloxone administration, stigma, HIV/HCV, injection safety, outreach, and boundaries. Individuals who complete all eight modules and pass a knowledge assessment are eligible to receive certification as a Harm Reduction Specialist. The certification is valid for two years.

For more on Harm Reduction Navigator training dates, contact syringeexchange@utah.gov.

HIV/HCV Prevention Counseling and Testing Training

This training prepares participants to conduct pre- and post-test prevention counseling for HIV and HCV.

For information on training times and dates, contact aafroz@utah.gov.

REDCap Training

This training is provided to operating entities that are a part of the REDCap online data system. The UDOH staff oversees REDCap; staff members are happy to provide organization-specific training.

For more information, contact syringeexchange@utah.gov.

Giving staff and volunteers the tools to act responsibly and compassionately helps build a positive organizational reputation. Additional training that can strengthen your staff's ability to enhance the effectiveness of interactions with clients includes motivational-interviewing techniques and cultural-sensitivity awareness.

Safety

Syringe exchange operations should be a safe environment for both clients and workers. In addition to following all state and federal rules regarding contact with used syringes, organizations should develop their own set of organizational safety protocols. Some safety measures are specific to the syringe delivery model; other considerations can be universally applied. Organizations should consider incorporating the following policies for staff safety:

- Staff should wear appropriate clothing including closed-toed, flat-heeled shoes.
- Staff should not come into personal contact with used syringes.
- Staff should use gloves when anticipating possible contact with blood.
- Staff should not get involved in disputes with clients or between two clients.
- Staff should follow organizational procedures for dealing with disruptive or combative clients.
- Staff should use the buddy system when working under the delivery model.
- Staff should always have appropriate communication systems, which allow them to stay in contact with support services in case of an emergency.
- Staff should report any threats or known criminal activity to the local law enforcement authorities.
- Unused syringes should be transported in secure, enclosed packaging, in the trunk of a car or out of sight in the back of a van or SUV.
- Used syringes should be transported in secured and sealed containers, which may include sharps boxes, heavy plastic containers such as laundry detergent containers, or other hazardous-waste-approved containers.
- Delivery model staff should not transport clients or other non-staff members while working.

Staff members should understand and agree to follow safety policies prior to working a syringe exchange. Staff safety is of utmost importance; setting clear boundaries and expectations provides staff members with comprehensive guidance as they carryout syringe-exchange activities.

Transaction models

An overarching goal of syringe exchange services is to prevent the spread of disease and bacteria. In order to meet this goal, PWID need to use a new, clean needle and associated supplies for each injection. Syringe exchange entities should consider this goal when deciding on which syringe transaction model to implement.

Strict One-for-One Exchange: Under this model, clients receive one clean needle for every one spent needle returned. This model does not allow clients to receive clean syringes and other supplies if they do not bring in any used syringes. This model does not account for clients who may dispose of used syringes in other manners. It also does not accommodate clients obtaining clean syringes for other injection drug users who may not be able to attend the syringe exchange. This model puts a greater burden on staff members who may recognize the needs of the clients and choose to bend the rules to ensure clean needles for clients.

One-for-One Plus Exchange: This model is an adapted version of the Strict One-for-One model that provides a predetermined number of extra syringes beyond the one for one. The number of new syringes may be rounded up to the next unit of 10. For example, 12 used syringes are returned; 20 new syringes are given out. This model provides a balanced approach to encouraging the return of used needles, while still providing all clients with access to clean syringes.

One-for-One Plus Enhanced Exchange: This model uses the same methodology as “One-for-One Plus Exchange” to provide new syringes. However, participants are also able to access new syringes in exchange for used syringes that were returned to a community drop box or other collection location. The participant is allowed to self-report the number of used syringes returned to other locations.

Needs-Based Exchange: This model provides the most flexibility by focusing on the current injection habits and needs of the client. While syringe exchange strongly encourages clients to bring in used syringes for safe disposal, under this model clients negotiate how many clean syringes and equipment kits they need, regardless of how many used syringes they return. Needs-based exchange allows clients to negotiate their needs based on the frequency of injection, the length of time until they can access clean syringes, and the number of other individuals for whom the client is obtaining clean syringes. Some organizations place an upper limit on the number of clean syringes a client can receive on any given day; 100 syringes is a commonly set upper limit.

When deciding on which transaction model to implement, you should consider the financial implications of the model and any requirements or restrictions from any funding sources from which you may draw. Ensuring you will have the resources to acquire adequate supplies is an important component to providing consistent and reliable services.

Supplies

Your organization should determine the breadth of the supplies offered to clients. Supplies fall under two main categories: those necessary or helpful in the prevention of spreading blood-borne diseases and bacteria and educational materials.

Supplies to Prevent the Spread of Blood-borne Diseases and Bacteria

Spreading disease or bacteria can occur through multiple instruments used during drug injection; therefore offering clean equipment in addition to clean syringes is important for the prevention of the spread of HIV and HCV. Syringe exchange operators commonly offer clients the following items:

- Alcohol swabs
- Aluminum cooking caps
- Clean syringes in varying barrel sizes
- Cotton filters
- Gauze pads
- Sterile water vials
- Tourniquets: have both latex and non-latex available
- Additional supplies to consider offering include
 - Antibacterial ointment
 - Bag for carrying the new supplies
 - Band-aids
 - Condoms
 - Small bleach kits

Different drugs require different sized needles. It is a good idea to understand the type of drug(s) clients are injecting and the commonly used needle length, gauge, and barrel size.

In addition to injection-related equipment and supplies and in accordance with Utah law, operating entities must provide educational materials to all clients.

Educational Materials

Syringe exchanges can serve as a valuable informational resource for clients. As such, all clients should be provided with educational materials on the following topics:

- Blood-borne infectious diseases
- HIV, HCV, and sexually transmitted disease testing materials including facilities that will perform these tests
- Local health centers and clinics
- Overdose prevention and education
- Safer injection practices
- Safety measures to mitigate the spread of blood-borne diseases
- Substance abuse treatment and recovery options

Educational materials should meet the needs of the target population. It is wise to make sure that all materials are written in a clear and simple manner and are available in the native languages of your clients.

Disposal

Proper disposal of used syringes is in the interest of good public health. The Utah Division of Solid and Hazardous Waste considers used syringes to be infectious waste because of the possibility of contracting an infectious disease if pricked by a used needle. In accordance with Utah law, all parties interested in conducting syringe exchange services must submit a used syringe disposal plan along with the application to become a syringe exchange operating entity. Operating entities should be sure all staff and volunteers understand and follow the organization's disposal plan.

Data collection

Data collection plays an important role in the ongoing success of syringe exchange operations. The data provide an opportunity to show the impact of your organization in the community and can support organizational efforts in a myriad of ways including planning for the needs of the population it serves, identifying areas where the organization can improve services, setting future goals, and measuring the overall effectiveness of the operation. Additionally, data are useful in explaining budgetary needs when applying for monies from outside funding sources and when soliciting individual donations. Finally, Utah state law requires all operating entities to submit quarterly reports.

State requirements

Quarterly reports to the UDOH must include the number of individuals who have exchanged syringes, a self-reported or approximated number of used syringes exchanged for new syringes, the number of new syringes provided in exchange for used syringes, educational materials distributed, and the number of referrals provided. More information on Utah reporting requirements can be found in the Utah Syringe Exchange Program Administrative Rule Guidance.

Beyond requirements

In addition to the required data, organizations may wish to record additional information to track the ongoing success of the program. *Data help to form a greater understanding of program adequacy, exchange volume, and the impact of the public health services your organization is providing in the community.*

Useful information may include significant problems encountered, feedback from clients about syringe exchange, client reports about changes in street-drug quality and injection practices, syringes collected during neighborhood or street cleanups, and feedback from local stakeholders, including law enforcement.

Budget and finance

A well-thought-out budget is a necessary component of any successful business. Your budget can vary greatly depending on the syringe exchange model, the breadth of services, the participation numbers, and the service delivery method. While some syringe-exchange budget items are obvious, other costs are not as evident. Beyond expected expenses such as overhead, utilities, insurance (vehicle, physical space, and business liability), syringe exchange supplies, and employee salaries, the following list includes budget items that are often overlooked:

- Travel reimbursement for staff and volunteers
- Stipends for interns or volunteers
- General office supplies including pens, paper, copying, toiletries, etc.
- Staff training and development
- Educational materials
- Extra storage space for supplies
- Space heaters or hand warmers for staff comfort when conducting delivery service or services out of a temporary outdoor shelter

There are many funding sources available for syringe exchange operators. Prior to applying for funding, you will want to verify that the funding sources you reach out to support goals that align with your organization's goals and/or beliefs. The following are some public and private entities you may wish to investigate as possible funding sources:

- North American Syringe Exchange Network (NASEN)
- Local health departments
- Private foundations that support HIV and/or HCV testing, homelessness, drug recovery, and other related topics
- Universities
- Pharmaceutical companies
- Hospitals or other healthcare centers
- Individual and/or corporate donors

When applying for financial support from private funding sources and government agencies, you will want to determine whether there are restrictions concerning how funds can be used. Keeping track of and recording all incoming money and how it is spent is crucial. Good bookkeeping practices will also help with future budget planning.

Local community engagement

The concept of syringe exchange can be a hard sell in some communities despite best efforts to educate individuals about the benefits to both PWID and the greater community. Engaging in relationship-building activities that support the community-at-large is a good way to begin to build bridges and connections.

Each community is unique, and opportunities to engage may vary; finding ways to give back to the community that align with your organization's resources may be an evolving process. Some ideas that syringe exchange operating entities may wish to consider include the following:

- *Cleanups*: Engage in regularly scheduled park, street, or neighborhood cleanups that include picking up spent needles, condoms, and other trash.
- *Topic talks*: Provide regular educational presentations on preventing the spread of disease among all citizens.
- *Collections*: Host a food collection for the local food pantry, or gather supplies for a local shelter.
- *Local support*: Contribute as a sponsor of local health fairs.
- *Community boards*: Become a member of the local health boards.

Operating entities may benefit from reaching out to local community leaders and/or related organizations to find ways to partner with local efforts to build healthier communities. The ultimate goal of community engagement is to build strong, trusting relationships with the local community. Taking into consideration the local community's attitude toward syringe exchange operations and finding creative ways in which your organization can provide the most value outside normal operations are worthwhile endeavors. A Good Neighbor Agreement is one way in which to build a mutual understanding between your organization and the local community.

A Good Neighbor Agreement is a non-binding document that outlines common goals and/or aspirations between a syringe exchange operator and a neighborhood governing or oversight body such as a neighborhood council or association, a town councils, or another similar influential governing body. An example of language and goals that can be used in a Good Neighbor Agreement can be found in Additional Resources.

In addition to the local community, syringe exchange operating entities would benefit from establishing positive working relationships with other stakeholders involved in supporting syringe exchange efforts across the state. These may include other syringe exchange providers, staff at the local and state health departments, and members of the Utah Syringe Exchange Network. Dialog with other entities may enable your organization to identify opportunities that have not yet been explored, areas where duplication of services can be eliminated, and strategic partnerships that could be formed.

Section III: List of Resources

The following section contains links to a variety of resources regarding syringe exchange in Utah, local community resources, disease testing, overdose prevention, and national organizations.

Utah Law and Rules

- Utah Department of Health Determination of Need (DON) <http://health.utah.gov/epi/prevention/syringeexchange/UT%20State%20-%20SSP%20Letter.pdf>
- Utah Paraphernalia Law <https://le.utah.gov/xcode/Title58/Chapter37a/58-37a-S5.html>
- Utah Syringe Exchange Administrative Rule 386–900 <https://le.utah.gov/xcode/Title26/Chapter7/26-7-S8.html>
- Utah Syringe Exchange Statute <https://le.utah.gov/~2016/bills/static/hb0308.html>

Utah Syringe Exchange Program

The following forms can be accessed using this link: <http://health.utah.gov/epi/prevention/>

- Agency enrollment form
- Client ID form
- Community clean up form
- Event log form
- Quarterly report form
- REDCap user manual
- Supply order form
- Utah Department of Health, Syringe Exchange Coordinator syringeexchange@utah.gov

Local Resources

- Schedule of Utah Syringe Exchange Operators <http://health.utah.gov/epi/prevention/syringeexchange/UTSEPEventSchedule.pdf>
- Salt Lake City Homeless Services Resource Guide http://www.slcdocs.com/hand/Homeless_Services_Resource_Guide.pdf
- Utah Syringe Exchange Network (USEN) <https://sites.google.com/a/utah.gov/user-network/>
- USEN: Recovery and Treatment http://health.utah.gov/epi/prevention/syringeexchange/USEN_Resources_Recovery_FullSheet.pdf
- USEN: Health Care, Food, Shelter http://health.utah.gov/epi/prevention/syringeexchange/USEN_Resources_Other_FullSheet.pdf

Disease-Related Resources

- Hepatitis C Basics for People Who Use Drugs <http://health.utah.gov/epi/prevention/syringeexchange/hepcbasics.PWID.brochure.pdf>
- Hepatitis C: A Handbook for People Who Have Used Drugs <http://health.utah.gov/epi/prevention/syringeexchange/hepc.handbook.pdf>
- HIV & Harm Reduction from Injecting Drugs <http://health.utah.gov/epi/prevention/syringeexchange/HIV.HarmReduction.brochure.pdf>
- UDOH: HIV/STD/Hepatitis C Free and Low Cost Testing Locations <http://health.utah.gov/epi/testing/TestSites417.pdf>
- Utah HIV/STD/Hepatitis Testing and Treatment Guide <http://health.utah.gov/epi/prevention/resources/2017%20Testing%20and%20Treatment%20Guide.pdf>

Overdose Prevention

- Emergency Response for Opioid Overdose and Naloxone Administration (English and Spanish)- brochure <http://health.utah.gov/epi/prevention/syringeexchange/Overdose.Naloxone.brochure.Eng-Sp.pdf>
- Narcan Nasal Spray Written Instructions <http://health.utah.gov/epi/prevention/syringeexchange/NaloxoneWrittenInstructions.pdf>
- Opiate Overdose - pocket card <http://health.utah.gov/epi/prevention/syringeexchange/rxdrug-overdose-pocketcard.pdf>
- Stop the Opidemic <http://www.opidemic.org/>

- UDOH - Prevention Drug Overdose <http://health.utah.gov/vipp/topics/prescription-drug-overdoses/http://health.utah.gov/vipp/topics/prescription-drug-overdoses/>
- UDOH - Naloxone <https://naloxone.utah.gov/>
- Use Only As Directed <http://useonlyasdirected.org/>
- Utah Naloxone <http://www.utahnaloxone.org/>

National Resources

- Center for Disease Control and Prevention (CDC) <https://www.cdc.gov/hiv/risk/ssps.html>
- CDC- Developing, Implementing, and Monitoring Programs <https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-developing-ssp.pdf>
- CDC - Injury Prevention & Control: Opioid Overdose_ <https://www.cdc.gov/drugoverdose/opioids/index.html>
- CDC- Syringe Services Programs: Assessing Local Drug Use_ <https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-ssp-assessing-local-injection-drug-use.pdf>
- CDC -Syringe Service Programs for Persons Who Inject Drugs in Urban, Suburban, and Rural Areas — United States, 2013 (MMWR December 11, 2015) <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a3.htm>

