

# **Assessing the Need and Desirability of a Syringe Exchange Program: A mixed methods study**

## **By IRIS Research Fellow, Damain Teat, Paul's Place**

### **Introduction**

This research project looked at the need and desirability for a potential syringe exchange program (SEP) in the Southwest Baltimore, Maryland community. The potential benefits of such a program were also explored. This possible service would take place as part of Paul's Place's outreach efforts. Paul's Place is a community outreach resource center for people experiencing homelessness or on the verge of homelessness. Through our relentless peer-delivered outreach efforts over the past three years, we have built on our reputation as a trusted provider. The population that we serve has some drug-using habits that are very unsafe. Through this research project, we did a needs assessment survey to see if a SEP is needed, which would be added into our existing peer-delivered street outreach program.

From Paul's Place existing agency data and statistics, about 87% of the participants we serve are people who use drugs (PWUD) and deal with substance misuse. About half of them intravenously use drugs. Through this research project we hoped to build on the benefits of harm reduction services that Paul's Place currently provides. As we look at other organizations providing SEPs in the Baltimore city area, one specifically works with women. The second is on the Eastside of Baltimore, which makes transportation a barrier! And the last only offers the service on certain days and times which creates an obstacle for PWUD, who based on their circumstances might not know what day it is.

Through these harm reduction services, Paul's Place looks to lower hospital visits, and also help lower the risk of people contracting HIV and Hepatitis C (Hep C; Abdul-Quader et al., 2013). Our approach is also based on research that has found that PWUD can lower their drug use over time through engagement with peer connected services (Kidorf et al., 2013). And as cited in the Collaborative Injection Drug Study, not reusing previously used needles was substantial in protection against HIV acquisition (Monterroso et al., 2000). SEPs can be an effective platform to motivate opioid users to enroll in substance abuse treatment and ultimately reduce drug use and number of drug injections (Kidorf et al., 2009).

We also would like to focus on the misconceptions behind SEPs so that others inside and outside of Paul's Place can get a better view of harm reduction. One misconception is that SEPs increase drug use, and that more needles will be found in public spaces. This idea is common, even though research has shown that they are just myths. In actuality, research has shown that there are more benefits than risks. This service has especially shown cost effectiveness on treatment for HIV and Hep C (Paraskos et al., 2019).

Some Paul's Place participants have noted that they pick up needles off of the ground. One stated that, "if they are still sharp and usable I would still use them." This is a very risky behavior. This participant also said that having a clean SEP, "will help with cleaning up due to knowing they can pick them up and trade them in." These perspectives gave us the idea that having an SEP would improve public safety by keeping the used needles off of the ground and out of the hands of children. In envisioning an SEP to target the population and the public health concerns mentioned above, we anticipate having the nurse work alongside the peer recovery advocate to support with wound care and primary care provider connections. This is the model of partnership with University of Maryland Medical Center that Paul's Place has been using for the past two years.

Based on the expressed needs of our population and the benefits of SEP that research has shown, this study aimed to explore whether an SEP would be needed, desired, and beneficial as an

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addition to Paul's Place outreach and harm reduction efforts. The following research question guided this study:

“What is the need and desirability of a Syringe Exchange Program (SEP) for Paul's Place within our existing outreach efforts?”

### **Research Methods**

In a given week, our agency sees about 20 to 25 people as part of our outreach efforts. Our targeted sample size was 15-20, however during the period of data collection for this IRIS Fellowship project we were only able to collect ten surveys and of the ten, eight were people who inject drugs (PWID). One of the reasons the sample size was so small was due to the time of year. We have noticed that in the colder months we do not see as many participants out and about. Either they are in a treatment program or they are in a shelter. There was also a big encampment clean up on the routes we took. A lot of our participants were displaced from that and are slowly coming back around the area. Or they were given a hotel shelter bed.

So the method and research design of this study was to administer a quantitative survey to each participant we encountered who consented to be part of the project. We began the survey with anyone who wanted to participate, whether they use drugs or not, to maintain good relations and so no one felt left out. The final results reported, however, only include PWID. Survey administration took place during our regular outreach routes. The quantitative data collected focused on using habits, like the sharing of needles and other materials, as well as methods of obtaining syringes such as getting them from other PWID or from strangers. We also collected data on how often these behaviors occurred, knowing that people who do these things frequently are at greater risk as opposed to those who rarely do it. In the course of quantitative data collection, participants were making important statements related to the research question, so these comments were also noted as qualitative data. In this way, the project evolved to become a mixed methods study.

### **Results**

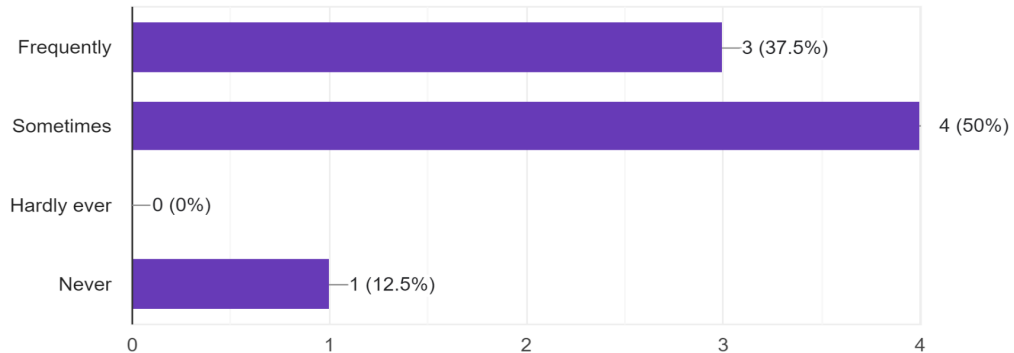
Through this preliminary data collection, we see that participants are having a difficult time obtaining syringes that are safer to use. Five of the eight showed moderate to extreme difficulty in obtaining clean syringes, and as indicated in the figure below, 88% reported that they sometimes or frequently injected with syringes that had already been used by a friend or acquaintance.

# Assessing the Need and Desirability of a Syringe Exchange Program: A mixed methods study

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5. Injected with needles/syringes that had already been used by a friend or acquaintance?

8 responses

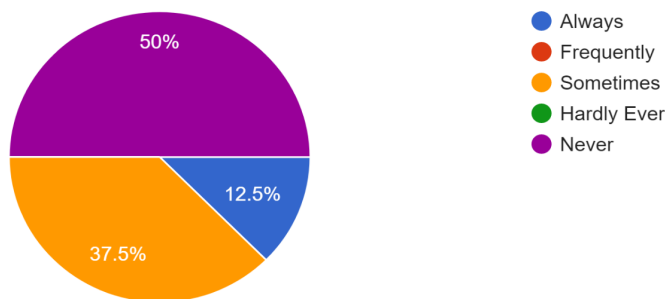


We did see that out of the eight, only three of them used syringes either from a stranger or that were picked up off the ground, and from a harm reduction perspective, it is safer to share syringes with people you know. Looking at overall data, however, it showed that using habits were overall unsafe and that blood borne diseases could therefore be more easily acquired. Even though it is just preliminary data with a small sample, the sharing of syringes is widely spread amongst this population of PWID.

The results also show the difficulty in exchanging syringes. The two figures below speak to this challenge. Responses to survey question #9 indicated that half of participants are never able to get clean syringes and an additional 37.5% are able to get them sometimes. Only one of eight reported they can always access clean syringes. Responses to survey question #11 speak to the challenge of exchanging used syringes for clean ones, with 88% reporting difficulty and only 12% of participants saying it was very easy to do so.

9. Are you able to get clean syringe supplies when you need them?

8 responses

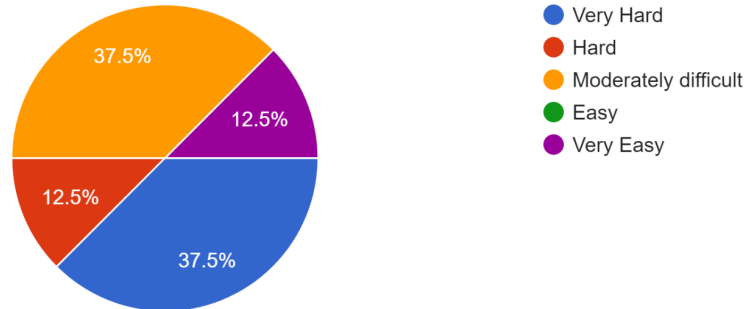


# Assessing the Need and Desirability of a Syringe Exchange Program: A mixed methods study

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11. which statement best describes how it is for you to exchange your used syringes when you want to?

8 responses

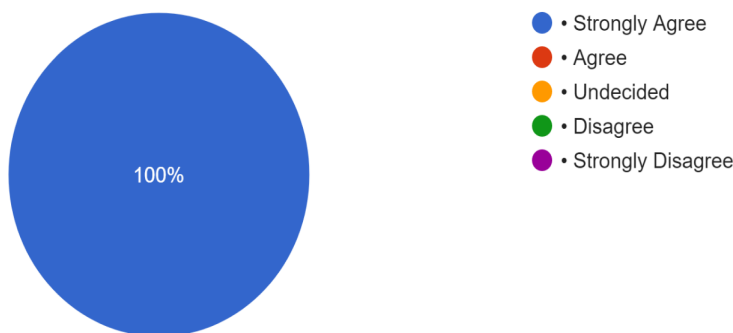


One of the main reasons for the challenge in exchanging syringes, according to one participant, was, “the times and days they do the exchange. I can’t figure it out, because I don’t have a watch or an alarm clock.” Along the same lines, another participant commented that at any given time, “I can’t remember what day it is.” Within these circumstances, participants are left to do whatever they must so that they can use their drugs. Even if it is getting syringes from someone else, not knowing if the syringe had been used previously. Regarding benefits of a potential SEP, participants expressed it would be beneficial for keeping areas clean and safe, through a PWID, “being able to hand them in for clean syringes.”

With the data indicating a strong need for Paul’s Place to adopt a SEP, we also sought to understand whether participants anticipated utilizing such a service. The data presented below revealed a unanimous feeling that, yes, 100% of participants expressed strong agreement that they would access these vital services.

12. If Paul's Place provided a Syringe Exchange program would you access them?

8 responses



### Discussion

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Data collection for this research was assisted by strong connections built over time by the peer and nursing staff with Paul's Place participants. The small sample size was a limitation however, caused by the time of year of data collection, which placed some barriers with having enough participants for the study as people experiencing homelessness often look to stay in shelters and other supported housing during the colder months. The warm months coming on will bring more participants, and we plan to increase our sample with more study outreach. This will help strengthen the results.

In spite of the limited sample size, the research shows thus far that PWID are using methods that are unsafe and have some barriers in obtaining clean syringes. Being able to close that gap by bringing the syringes directly to them on outreach would do just that. In turn, this could lower hospital visits and blood borne disease spreading, while increasing engagement with peer resources. Through engagement with Paul's Place peer and nurse outreach services, we can also increase health and wellness connections to support the well-being of the participants we serve.

In closing, where will we go from here? The next steps are to do a little bit more surveying and data analysis. If those results match the ones reported here, we will look into what is a quick process to becoming a SEP and how we can achieve the most impact, possibly partnering with another organization and doing it through them, or doing it on our own.

A key rationale for a new SEP in Southwest Baltimore is that I see our participants who choose to use drugs as human beings, fully deserving of whatever help they need. The disease of addiction will cause them to do whatever is necessary to use. I believe it is up to us to give the support needed and when they are ready to pursue recovery, that their process is their process. Recovery is NON-LINEAR. A participant might not ever want to stop using drugs however we can still show them the love and support regardless. The choice is theirs, and as the harm reduction approach tells us, they should still be able to use drugs in a safe and dignified manner.

### **References**

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