Harm Reduction Ohio:
Mobile Syringe Exchange Program

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Acknowledgments

We would like to thank Dennis Cauchon, Anne Trinh, and everyone at Harm Reduction Ohio for allowing us to work on such an important project. It is our sincere hope that this needs assessment and program proposal will allow HRO to develop a mobile syringe exchange program with the capacity to change lives.

We would also like to thank Dr. Erynn Beaton for all her support and guidance this semester. Without her, this report would not have been possible.

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Executive Summary

Harm Reduction Ohio wants to implement a mobile syringe exchange program (SEP) in Ohio to further their mission. HRO requested that our team conduct a needs assessment to identify the area of greatest need for this type of program and develop a case for support for a mobile SEP. In order to provide a recommendation for an effective mobile unit, our team analyzed publicly available data to determine where syringe programming would be the most beneficial. In addition, the team gathered information on existing mobile SEPs around the country in order to provide a proposed model for the mobile unit that will be effective while also considering HRO's capacity for implementation and operation.

Our needs assessment found several areas in need of syringe exchange programming: **counties in southern Ohio**, where Hepatitis C prevalence is a threat, and **northeastern Ohio**, where programming is insufficient to deal with the influx of new HIV cases. We recommend HRO address the need in southern Ohio first and only pursue a mobile unit in northeastern Ohio if they have the capacity.

We developed two models HRO can pursue for providing mobile syringe exchange services: a **delivery model** that provides services at a lower cost and leverages volunteers and a **sprinter van model** that can offer greater services and consistency, albeit at a higher operating cost. Our recommendation is for HRO to begin with a delivery model and transition to a sprinter van model once they have built up their capacity.

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Organization Overview

Harm Reduction Ohio (HRO) was created in 2016 in response to the rising problem of opioid abuse in the state. This epidemic has led to an increase in injection drug use and the ramifications that come with this method of consuming opioids. HRO seeks to provide "non-judgmental, non-coercive provision of services and resources to people who use drugs…in order to assist them in reducing attendant harm,"[1] and in doing so intends to address adverse effects experienced by people who inject drugs (PWID) such as overdose, HIV and Hepatitis C infections, addiction, and incarceration.

Advocacy has been at the forefront of the organization since its inception; President Dennis Cauchon frequently writes on the subject of harm reduction and the organization educates the community about the benefits of harm reduction programs. Recently, the Licking County Board of Health rejected a syringe exchange program proposal (which HRO advocated for) despite evidence of Hepatitis C cases tripling in the county.[2] HRO intends to expand its involvement in the realm of harm reduction by developing its own mobile syringe exchange program that will provide services in Ohio where they are currently lacking.

HRO'S VISION IS TO CREATE A WORLD IN WHICH PEOPLE WHO USE DRUGS ARE TREATED WITH LOVE, RESPECT, AND EQUAL RIGHTS.

Problem Statement

To mitigate the negative impacts of injection drug use, Harm Reduction Ohio wants to implement a mobile syringe exchange pilot program. Ohio currently has a syringe exchange program (SEP) in only 20 out of 88 counties. This leaves a large gap in access to sterile needles for people who inject drugs in Ohio and leaves many at risk for blood-borne diseases such as HIV and Hepatitis C. HRO would like to help fill that gap.

HRO believes that a mobile program would allow them to target the areas of Ohio most in need, reach rural areas, service multiple locations in a day, and meet people "where they're at" which is one of the principles of the harm reduction philosophy. A needs assessment will be used to determine the areas of greatest need in the state for a mobile syringe program and build the case for support for implementation of such a program.

The needs assessment will address three important questions: 1) Which counties in Ohio represent the areas of greatest need for a syringe program? 2) What are the costs and logistics associated with starting and running a mobile syringe service? 3) How does HRO build a case for support both to fund a mobile syringe program and to gain needed approval to operate in a chosen area?

Finally, our report will address the question of HRO's capacity to implement a mobile syringe exchange program in Ohio, given the young age of the organization and its current infrastructure.

Frequently used acronyms:
HRO – Harm Reduction Ohio
SEP – Syringe Exchange Program
PWID – people who inject drugs
HPIO – Health Policy Institute of Ohio
HCV – Hepatitis C
NASEN – North American Syringe Exchange Network
SSANA – Syringe Service Alliance of the Nashua Area

Case for Support: Syringe Exchange Programs

An abundance of literature exists on the impacts syringe exchange programs have on the communities in which they operate, from effects on bloodborne pathogen transmission rates to observations of negative consequences. Among PWID, attendance at syringe exchange programs has been shown to:

- reduce reported HIV risk behaviors[3]
- decrease the rate of using shared or discarded needles[4]
- improve the likelihood of obtaining clean needles from reliable sources[5]

A study in London found a correlation between providing easy access to clean needles and a reduction in HIV prevalence among PWID from 12.8% to 6.9% over the course of three years.[6] The scientific consensus is that harm reduction programs such as syringe exchanges provide more benefits to society than potential risks. Such risks were posited to include an increase in discarded needles in public spaces or an uptick in crime rates, for example. In a literature review of 48 independent studies of syringe exchange programs, the World Health Organization was not able to find any instances of negative consequences within communities containing syringe exchange programs.[7] Findings have also shown that higher syringe coverage, or programs that operate outside of a one-for-one exchange rate, has no association with unsafe disposal of syringes.[8] The literature also affirms the cost effectiveness of syringe programs. A study on New York City's SEP estimated that the program cost $502 per year, per client.[9] The researchers predicted the program would produce a net cost savings by preventing four to seven cases of HIV infection per 1,000 clients with an estimated savings in treatment cost of $325,000 per case of HIV prevented.[10]

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As evidenced, syringe programs are especially effective with respect to public health outcomes. However, less than a quarter of Ohio counties have an SEP in operation. The Health Policy Institute of Ohio (HPIO) released a report in November 2018 that describes addiction policy and harm reduction interventions. Several findings and recommendations are relevant for the HRO's needs assessment and program proposal:

- The report shows that Ohio has made moderate progress in naloxone distribution and awareness, but syringe services are lacking in Ohio.[11]
- There is a need for additional SEPs in Ohio, particularly in seven rural counties that the CDC has identified as most at-risk for hepatitis C and HIV outbreaks.[12]
- Sustainable funding and a coordination hub for syringe services programs must be established to close the gaps in Ohio.[13]

HPIO identified the following counties as areas experiencing opioid and injection drug use problems but lacking in harm reduction programming. While SEPs primarily focus on preventing the spread of infectious disease, programs frequently provide additional support by distributing naloxone as an overdose reversal agent. The table below was taken from HPIO's report in order to highlight which counties are currently lacking harm reduction services.

Ohio's harm reduction "deserts": Counties with insufficient access to overdose reversal or other harm reduction strategies

Counties with higher overdose death rates and no Project DAWN site	Counties with higher overdose death rates and lower naloxone administration reported by EMS		Counties identified by CDC as at-risk for hepatitis C or HIV outbreaks and with no syringe services program (SSP)	
• **Darke**	• **Clinton**	• Jefferson	• Adams	• Meigs
• Fayette	• Columbiana	• Marion	• **Clinton**	• **Pike**
• Huron	• Crawford	• **Pike**	• Highland	• Vinton
• **Pike**	• **Darke**	• Richland	• Jackson	
• Preble	• Hancock			

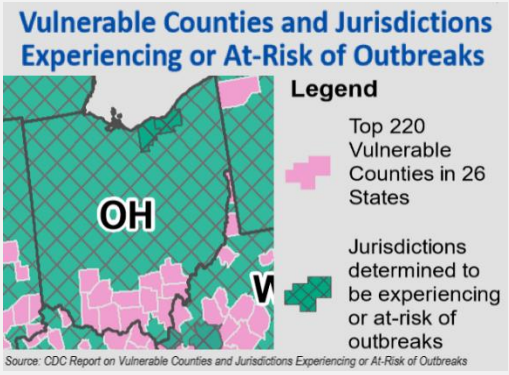
Note: Bolded counties appear in more than one category

Retrieved from: HPIO Ohio Addiction Policy Inventory and Scorecard, April 2018

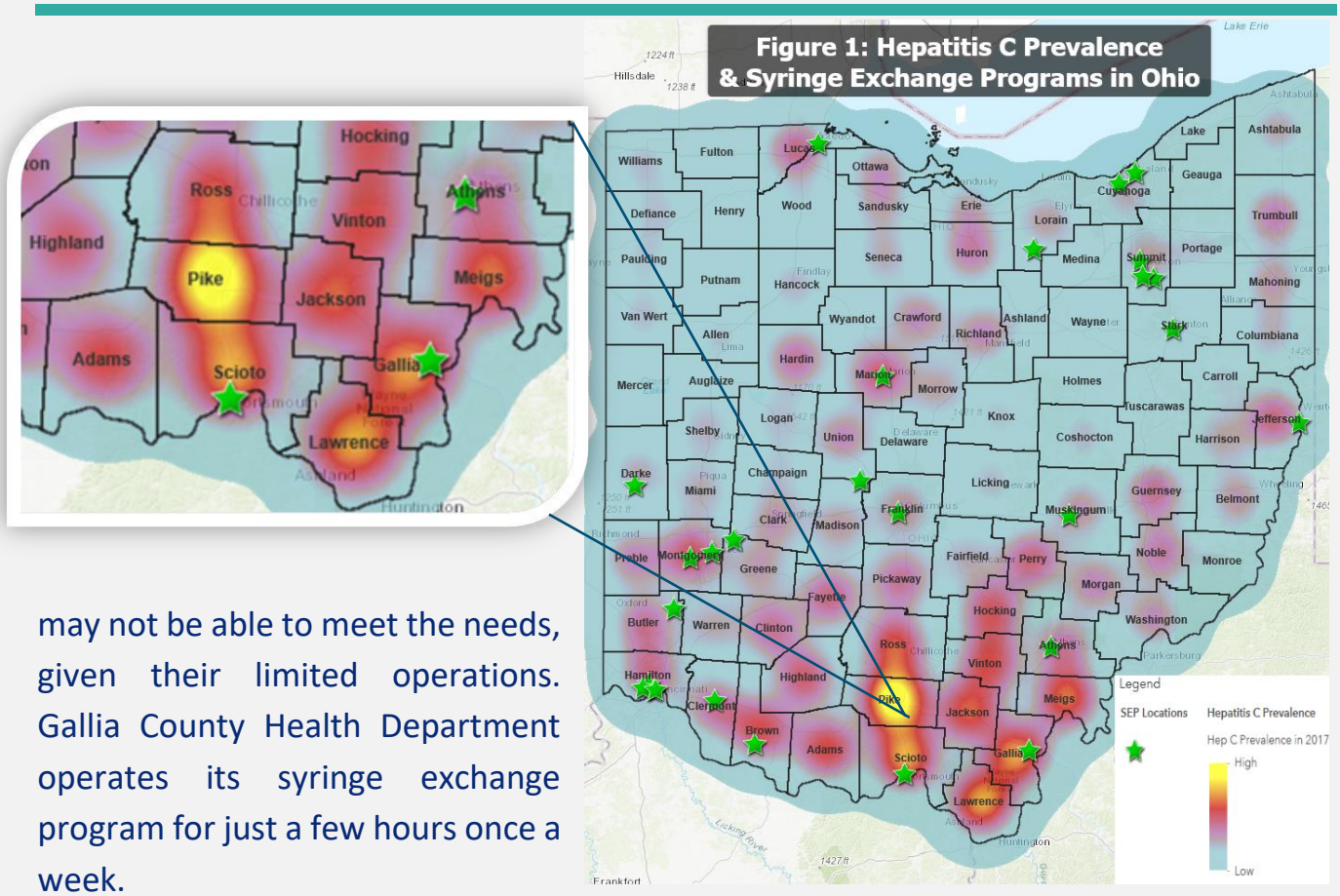
Needs Assessment

To answer the question of which counties in Ohio have the greatest need for syringe exchange services, our team gathered and analyzed available public health data. This information was mapped using ArcGIS to provide visual representation of the needs assessment. A copy of the dataset and access to the created maps will be provided to HRO electronically along with this report. HRO's board indicated that HIV and Hepatitis C prevalence rates are of the highest priority when considering where a mobile unit is needed. In addition to these prevalence rates, we looked at overdose death rates as well as EMS naloxone distribution rates as proxies for injection drug use, given that data does not exist to determine the number of PWID in a particular area. While those numbers are not solely for PWID, they paint a fuller picture of where opioids are most common in Ohio. The locations of existing syringe exchange programs as well as Project DAWN sites (Deaths Avoided with Naloxone) were mapped to identify which areas of need have insufficient programming. Our assessment identified two areas where a mobile SEP would be beneficial and we recommend HRO consider both for their program.

Recommendation: Southern Ohio



Harm Reduction Ohio indicated Hepatitis C prevalence as a priority when determining which area of Ohio has the greatest need for a mobile syringe exchange unit. *Figure 1* illustrates Hepatitis C prevalence per capita for 2017, as recorded by the Ohio Department of Health. A full-page version of *Figure 1* can be found in *Appendix C*. The data shows the southern counties in Ohio as having the highest prevalence of Hepatitis C infections. This correlates with the CDC's tracking of counties at-risk for outbreaks of Hepatitis C, shown above.[14] The agency identified Brown, Adams, Scioto, Highland, Pike, Jackson, and Gallia counties amongst the top 220 highest-risk counties in the US for an outbreak.[15] Another cause for concern is the insufficient programming in the southern portion of the state. *Figure 1* shows only Scioto, Athens, and Gallia have established syringe exchange programs in this high prevalence area. Furthermore, these locations



may not be able to meet the needs, given their limited operations. Gallia County Health Department operates its syringe exchange program for just a few hours once a week.

With these considerations in mind, our first recommendation is for HRO to establish a mobile syringe exchange unit in this corridor of Ohio. We believe HRO should consider approaching a partnership with the existing fixed-site syringe exchange program in Scioto county as its base location, and provide mobile services to the surrounding counties: Pike, Adams, and Jackson. The data shows this location would target the area of greatest need. *Table 1* shows the ten counties with the highest Hepatitis C prevalence rates. All four of the recommended counties are within the top ten; the remaining counties are also within the southern corridor of Ohio.

Table 1: Ten Highest Per Capita Hepatitis C Rates in 2017 by County

Pike	500.7
Lawrence	382.8
Scioto	374.6
Gallia	363.2
Meigs	328.6
Adams	304.6
Jackson	304.6
Ross	298.7
Brown	281.1

Research on existing hybrid syringe programs (with a fixed and mobile unit) show that mobile units usually only serve a fraction of clients a fixed location does. Miami's mobile unit serves roughly 20% of its clients, despite being stationed in five different locations in Miami-Dade County each week.[16] By locating in Scioto, the mobile unit could bolster existing efforts at the fixed location while being able to efficiently provide service to the less densely populated surrounding counties. This approach would be more effective than simply locating in the smaller counties that are not being served by a syringe exchange program. By working toward establishing the unit in Scioto County where approval exists, HRO may be able to leverage the success and political will to influence surrounding counties to approve operation of the mobile unit within their boundaries.

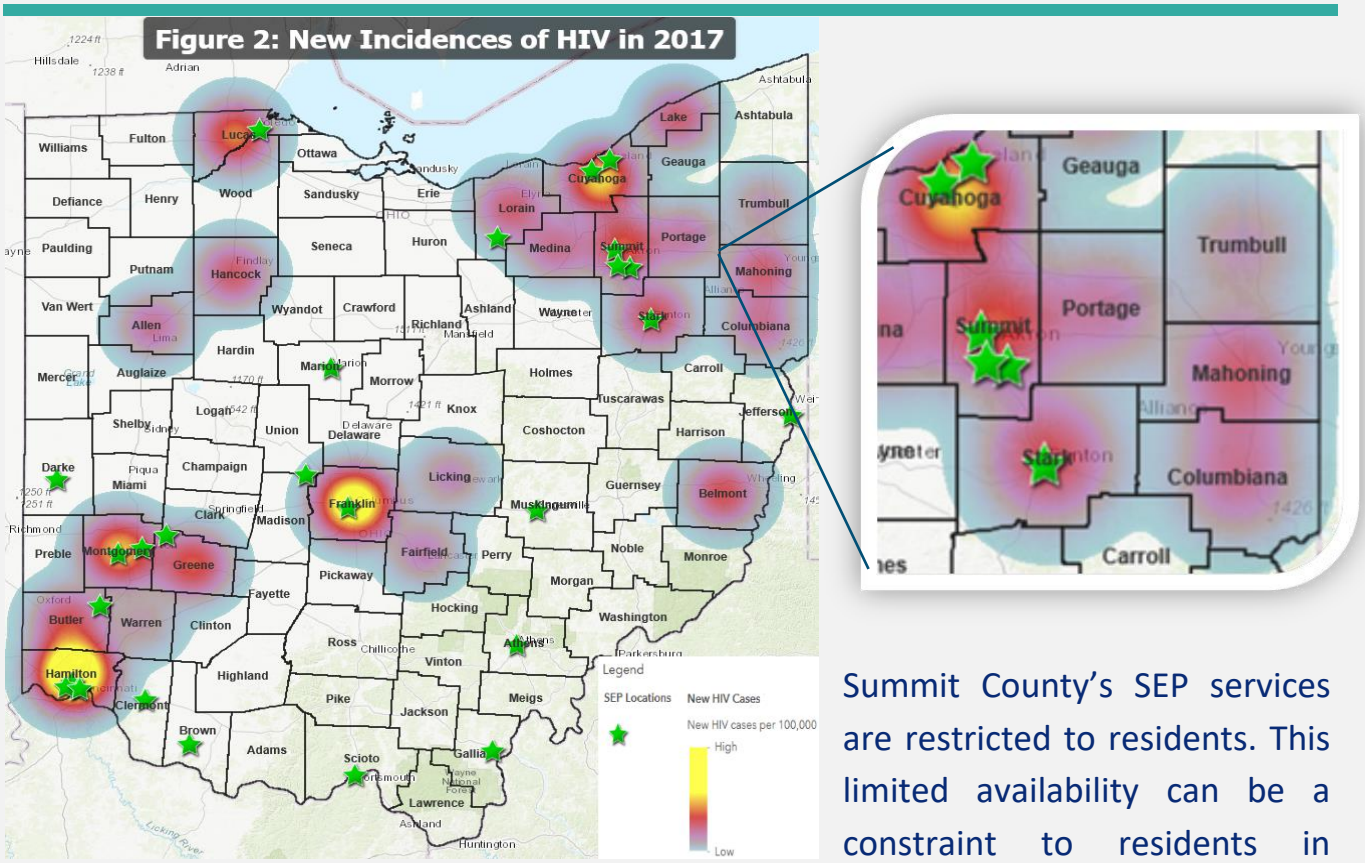
A final point we took into consideration when recommending this area can be derived from the map in *Appendix A*. This map shows the overdose death rates by county overlaid by a clustering of Project Dawn locations. There is a striking lack of naloxone distribution in this area, despite the alarming number of overdose deaths. With no distribution sites in Pike county and only one in each of the surrounding counties, HRO's mobile unit could provide an additional service to these areas in the form of naloxone distribution.

Alternative Recommendation: Northeast Ohio

For consideration, we developed an alternative recommendation for an area in great need of additional services. *Figure 2* contains the data for new incidences of reported HIV in 2017. A full-page version of *Figure* 2 can be found in *Appendix* D. The Ohio Department of Health suppresses the data if case counts were below 5 per capita, which led to large swaths of the state being empty for this dataset. What can be inferred from this data is the northeastern corner of Ohio had a notable number of new HIV cases in 2017. While syringe exchange programs exist in this region, they are limited in operation. Stark County's SWAP program operates once a week, Jefferson County's SEP is open 4 hours a month, and

Table 2: Northeastern Ohio County Statistics per 100,000 people

County	***New HIV cases***	***Persons living with HIV***	***Hepatitis C prevalence***	***Overdose deaths***
Mahoning	**6.1**	**236**	**162.2**	**30.3**
Columbiana	**4.9**	**94**	**131.2**	**30.8**
Portage	**4.3**	**69**	**111.2**	**21.2**
Trumbull	**3**	**123**	**204.6**	**42**



Summit County's SEP services are restricted to residents. This limited availability can be a constraint to residents in Trumbull, Portage, Columbiana, and Mahoning who may travel to obtain new syringes. For this reason, a mobile syringe exchange unit in Mahoning County that services nearby counties of Portage, Trumbull, and Columbiana would meet this need. *Appendix A* shows overdose deaths are high in this area. This data and naloxone distribution rates shown in *Appendix B* suggest opioid use is higher in this area than other parts of the state. While these are proxies for estimating the prevalence of injection drugs, it stands to reason this area of the state would benefit from additional services.

Additionally, political players have expressed interest in implementing syringe exchange programs in Mahoning and Trumbull counties. The Mahoning County Health Commissioner has said on the record that the health board has discussed bringing a syringe program to Youngstown and they appreciate the success other communities have seen from them.[17]

While a need exists in this area, southern Ohio has a greater need for services. The sparse programming in southern Ohio and the troubling HCV rates warrant highest priority. HRO should only pursue a mobile SEP in northeast Ohio if they have the capacity to address both areas at the same time or if they cannot get approval in southern Ohio.

Mobile Syringe Exchange Programs

We also looked at literature related specifically to mobile syringe units. The purpose of a mobile syringe exchange unit is to provide services to areas where a fixed site is not prudent or feasible. A mobile unit would fall in alignment with HRO's creed to meet people who inject drugs where they are at. A recent evaluation of Miami's IDEA Exchange program came to significant findings that bolster the case for support for mobile syringe exchange programs. Analysis of their clientele shows:

- The mobile unit was more successful than the fixed site at serving people from higher risk and harder to reach groups such as women, African Americans, and the homeless.[18]
- Clients primarily utilizing the mobile unit were more likely to inject in the street, more likely to reuse needles, and less likely to use alcohol swabs prior to injecting.[19]
- Mobile unit clients self-reported HCV and HIV statuses at a greater rate than fixed site clients.[20]

Miami's case study shows mobile units are more effective in reaching vulnerable populations, providing services to those with higher risk behaviors, and establishing a trusting environment where PWID feel safe disclosing their status.

While a mobile unit offers some strengths such as flexibility to go where they are most needed and ability to expand services as needed, there are also some additional challenges such as vehicle maintenance, insurance, and parking. In addition, mobile

SSANA
SYRINGE SERVICE ALLIANCE OF THE NASHUA AREA
The community initiative for harm reduction

ONE OF WENDY LEBLANC'S MANY DUTIES AS VICE PRESIDENT OF THE SOUTHERN NEW HAMPSHIRE HIV/AIDS TASKFORCE IS TO OVERSEE NASHUA'S NEW SYRINGE EXCHANGE PROGRAM. THE SYRINGE SERVICES ALLIANCE OF THE NASHUA AREA (SSANA) IS A COLLABORATIVE EFFORT AMONG VOLUNTEERS, CITY EMPLOYEES, AND HEALTHCARE PROFESSIONALS TO PROVIDE CLEAN SYRINGES TO NASHUA RESIDENTS. THE PROGRAM RUNS ON A DELIVERY MODEL: CLIENTS MAKE A CALL DURING BUSINESS HOURS AND A VOLUNTEER MEETS THE CLIENT IN A DESIGNATED AREA TO MAKE THE EXCHANGE. IN ITS FIRST YEAR, THE PROGRAM HAS MADE APPROXIMATELY 800 EXCHANGES: 37,000 SYRINGES DISTRIBUTED, 16,000 RETURNED. WENDY ATTRIBUTES THE STRENGTH OF THE PROGRAM TO ITS DEDICATED VOLUNTEERS AND THE ANONYMITY THAT FOSTERS TRUST BETWEEN CLIENTS AND SSANA.

routes can present some safety challenges. Therefore, it will be important for HRO to engage local law enforcement and other stakeholders in the community to both ensure safety of its outreach workers and to minimize any concerns that could lead to harassment of the clients using the service.[21]

Finding an appropriate mobile model that covers all the needs of PWID can be difficult. The Harm Reduction Coalition conducted a literature review of 39 different mobile programs and concluded that there is no clear set of services that a mobile SEP should provide; decisions about specific SEPs need to take into account other available services in the community and information about the local population being served.[22] Given the compactness of a mobile unit, an organization must decide what is most important to deliver to clients. With this in mind, the Harm Reduction Coalition recommends combining models – a fixed site along with a mobile unit – in order to reach the greatest number of PWID with a wide array of services.[23] By combining a mobile unit with a fixed site, HRO would be able to mitigate some of the drawbacks of a mobile unit, such as storage limitations and inability to provide ancillary services, while enhancing outreach to vulnerable populations and developing trust in the community.[24]

Mobile Unit Case Studies

Research on the effectiveness of different approaches to mobile syringe units does not exist in the academic realm. The method used varies based on the organization's capacity. Service delivery in the context of SEPs refers to factors such as: type of vehicle, fixed-mobile sites vs. delivery, staffing and hours of operation, and additional services (such as HIV/Hepatitis testing, treatment referrals, and wound care).

To inform our recommendation, our team developed a research protocol for mobile SEPs currently operating in the US. The protocol was built to obtain information on the current mobile SEP practices through internet research and telephone interviews with program managers. 16 programs were identified as potential participants for the protocol. Of the 16 programs approached: information was gathered via interviews with 7 programs, while sufficient information was obtained on 6 additional programs from internet research alone. A summary of the information gathered from the 13 programs can be found in *Appendix E*.

The table shows the broad range of existing service delivery models. The type of model is influenced by a number of factors including population density, demographics, funding, local regulations, volunteer base, and

Vermont CARES

The red sprinter van travels across 6,000 square miles of Vermont, providing syringe exchange services to areas without programming. A $50,000 grant from the Elton John AIDS Foundation enabled Vermont CARES to purchase and outfit the van that is staffed part time by a case manager with interns and volunteers. In the fourth quarter of 2018, the mobile unit provided 24,000 syringes to 150 unique clients. Executive Director Peter Jacobsen attributes the exchange's success to volunteers and advocacy efforts by healthcare providers & law enforcement.

community support. The following sections will highlight some of the findings from our interviews and online research.

Budgets and Funding Sources

We were able to get annual operating budget figures for only a couple of programs. Those appear to be fairly well-funded programs with annual operating budgets of between $500,000 and $1 million for Miami's IDEA Exchange, to $277,000 for a program in Alaska. Vehicle costs were available for a few programs including CT Center for Harm Reduction which noted that it recently received capital funding to purchase two Ford Transit vans at approximately $30,000 each which will include customization in the back of the vehicles to accommodate supplies and service delivery. Vermont Cares noted it received a grant for a van with custom wrap and shelving that cost about $47,000 total. They spend about $100/month on gasoline, $400/year in vehicle maintenance, and $1500/year for vehicle insurance. Vermont also shared that the estimated annual salary for a Case Manager in the area is $30,000.

NASEN provides program support packages including 7,000 syringes, sharps containers, and more to newly emerging SEPs located in resource-poor areas that are experiencing, or vulnerable for, outbreaks of HIV/HCV.

Funding sources varied widely. Most programs appear to receive funding from private grants and donations. Some states such as Oregon and Utah provided state funding to SEPs. Some programs have received federal funds for services; however, it is important to note that federal funding cannot be used to purchase sterile needle and syringes. One organization noted that they are able to bill Medicaid for certain services such as vaccination and confirmatory testing. It may be useful to note that many of the grants reported by the organizations were from AIDS/HIV related organizations.

Partnerships and Collaborations

Another observation is that many of the programs partner with other organizations such as AIDS prevention and treatment programs, universities, health departments, mental

health and recovery programs, and health care organizations. One example is the Deschutes County HIV Prevention and Testing program that allows the Deschutes County Syringe Exchange to use their van twice a week. The Southern New Hampshire HIV/AIDS Task Force handles grant writing and oversight for the Syringe Services Alliance of Nashua Area (SSANA) program. SSANA also shared that it purchases its supplies as a member of the Buyers Club of the North American Syringe Exchange Network (NASEN), a national alliance of syringe service programs. The Buyer's Club is a purchasing network that uses co-operative buying power to acquire the lowest syringe prices for SEPs. NASEN also provides some start-up assistance for new programs with little or no operational history. Yet another collaboration example is with the Northern Kentucky Health Department, which forged partnerships with the Kentucky Fire Commission and St. Elizabeth's Hospital. The Fire Commission provides a mobile 2-room trailer for the Campbell and Kenton County SEPs and the St. Elizabeth's Hospital Urgent Care Centers in each county allow the trailer to be parked in its lots on different days of the week.

For consideration, we compiled a list of potential partners HRO may be able to work with in the recommended service areas. The list is intended to provide ideas for how collaboration may benefit a mobile syringe exchange program and which organizations have similar missions to HRO's.

Examples of Potential Partners

County	*Organization Name*	*Possible Partnership Benefits*
Adams	*Adams County Heath*	Project DAWN site "Facing Opioids Together Project"
Pike	*Pike County Recovery Council*	Opioid addiction care; referrals
Scioto	*Portsmouth City Health*	Fixed Site SEP
Scioto	*Shawnee State University*	Interns and research opportunities with Health Sciences program
Mahoning	*Mahoning County Mental Health & Recovery Board*	Network of providers working in addiction treatment; Access to a pool of potential funders
Trumbull	*Trumbull County Combined Health District*	Community-based drug overdose education and Naloxone distribution program. Partnership with Kent State University.
Portage	*Hiram College Biomedical Humanities Department*	Strong alignment with HRO's mission provides a potentially strong volunteer recruitment base.
Columbiana	*Family Recovery Center*	Provide clinical and preventative services, including those related to opioid abuse.

Vehicles, Operating Hours, and Exchange Model

Some well-funded programs such as Miami's IDEA Exchange operate out of a large RV with a staff of three at all times, while others rely on a volunteer to exchange needles from a minivan, and others such as Nashua, NH rely solely on volunteers who arrange to deliver on foot in a highly urban area. The majority of organizations use a van for their mobile units. A few specifically noted that they used a "sprinter van" with no identifying markers. Most of the organizations have a regular weekly or monthly schedule for where the van will be located. Schedules are generally posted online, along with a number to call for more information, but most programs indicated they rely heavily on word-of-mouth for PWID to learn about the service.

Programs we researched were divided between a one-for-one exchange model and a needs-based model. However, even those that operate as a one-for-one exchange offered a starter kit for new clients. Some programs have a limit on the number of needles that could be exchanged at one time.

As you can see from the table in *Appendix E*, hours of operations vary widely from program to program. Most programs appear to operate during the day on weekdays, but a few programs offer some weekend and evening availability.

Strengths and Limitations of Service Delivery Models

There are pros and cons to the various service delivery models in which SEPs operate. The Kentucky Public Health department published a useful guide in 2015 to provide information about implementing an SEP. While the guide was aimed primarily at Kentucky health departments, it provides some practical and beneficial information for any organization starting an SEP. The guide offered a section on strengths and limitations of various service delivery models. Those have been summarized in *Appendix F*.

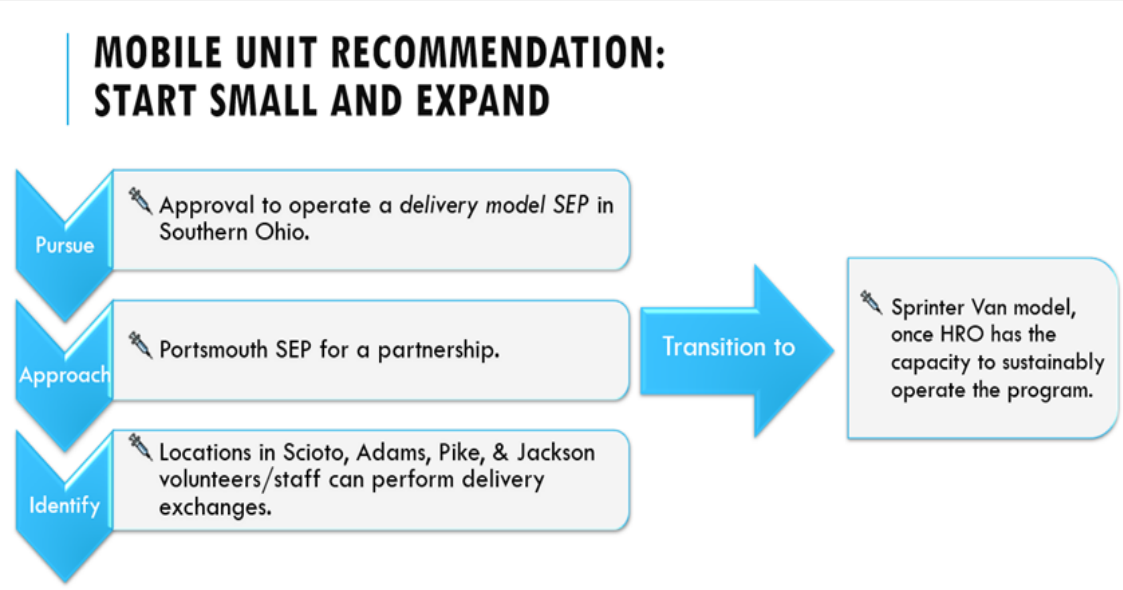
Model Recommendation

Given HRO's current capacity, we recommend the organization start small and expand. HRO should pursue a **delivery model approach** for its first mobile syringe exchange program. This model has been used by SSANA in Nashua, HIPS in Washington D.C., and CHCV in New Haven.

A delivery model can be operated at a lower cost on an "as-needed" basis. HRO can set up a phone line and schedule exchanges when clients call in. Volunteers can be trained and supplied to conduct exchanges. HRO can identify fixed locations within the areas of operation (i.e. a public library or health clinic) for performing these exchanges in compliance with the state's rules. A program coordinator could be hired part-time to manage volunteers, schedule exchanges, and maintain supplies.

This model fits HRO's intention of meeting drug users "where they are". It also adds an additional layer of anonymity, which our research of other programs showed is an important factor when engaging clients.

HRO will approach the SEP in Portsmouth to begin a partnership in which deliveries can bolster the current efforts in Scioto county. With Scioto's approval of SEPs, it will be easier for HRO to make headway on gaining approval to operate and can seek approval in surrounding Pike, Adams, and Jackson.

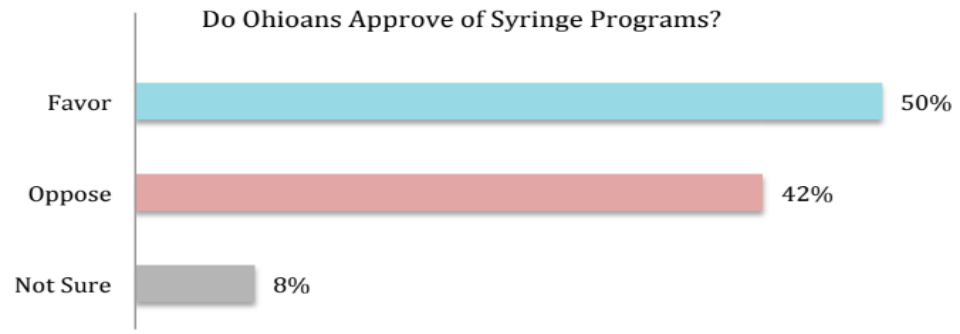


Once HRO has become more established in the community and has strengthened its internal infrastructure through its strategic planning, the mobile unit should transition to a **sprinter van model.** This model is more sustainable for syringe exchange and can provide a greater amount of services. A sprinter van model regularly visits predetermined locations and provides syringe exchange services along with additional services such as health testing and vaccinations. Vermont CARES has seen great success across the state with its easily identifiable van.

A proper sprinter van may cost upwards of $20,000 for purchase. As an asset, the vehicle would depreciate over time. Vehicle maintenance and insurance would add several thousand dollars in annual expenses. While additional services can be provided from the van, some services like testing and wound care require a specialized employee such as a nurse or case worker. Salaries and benefits for a part-time or full-time employee can range from $15,000-$50,000 annually. Sustainable funding should be identified to ensure the continuation of the program before the transition from delivery to a sprinter van begins.

The Need for Political Advocacy

With the literature clearly pointing toward syringe exchange programs having a positive effect on the communities in which they are established, the prevalence of such programs should be much broader than it currently is. However, scientific evidence is often insufficient to override moral beliefs. Nationally, support for syringe exchange programs has fallen to 39% from 58% in 2000 while stigma towards PWID appears to be on the rise.[25] Conversely, researchers have found community support for syringe services is stronger if injection drug use is prevalent and the community is lacking in such services.[26] Beliefs that PWID are not deserving of additional support or services tend to be a barrier against garnering approval of SEPs. Perceptions of PWID as dangerous and irresponsible are among the rationales given for not endorsing syringe programs, which has resulted in large gaps in services in the state and the nation altogether.[27] Approval ratings for establishing syringe exchange programs appears to split among Ohioans. A 2017 survey found approximately 50% of Ohioans approve of syringe exchange programs while 42% disapprove.[28]



Data retrieved from the Ohio Health Issues Poll taken by Interact for Health in 2017.

Despite the plethora of research on syringe exchange programs, the message is not translating to many. Only 40% of Ohioans are familiar with syringe exchange programs; but of those people, 61% approve of them.[29] There is a void in advocacy for these programs that HRO's board can fill. The literature on nonprofit organizations points to board members as the most influential members of an organization. Among the responsibilities of a nonprofit board is to strengthen the organizations programs and to enhance the organization's standing.[30] In order to be successful in this endeavor, HRO's board will need to become political advocates when proposing syringe exchanges programs to resistant county boards of health. Harlan and Saidel's examination of board

roles found that younger organizations with boards seen as legitimate in their field are in the strongest position to become political advocates.[31] HRO's board is currently comprised of established medical professionals; their legitimacy as knowledgeable practitioners sets the stage for the board to be effective in the role of political advocacy. Furthermore, by engaging local constituencies and including them in their decision-making, HRO can build out the scope and intensity of their advocacy efforts.[32] The Harm Reduction Coalition recommends including local stakeholders such as law enforcement and faith-based organizations when establishing syringe exchange programs, which can in turn bolster a proposed program's chances of garnering approval from the board of health.[33] The literature points to the effectiveness of leveraging a strong board and building community support when implementing syringe services in localities that are wary of supporting such measures.

Recommendations – Political Advocacy

With Licking County's board of health unanimously opposing a syringe exchange program, it is clear that advocacy efforts in favor of establishing syringe exchange programs must increase. HRO's board members can leverage their legitimacy within the public health and medical communities to advocate for syringe exchange programs. Obtaining board of health approval is a key component to HRO's plan to implement a mobile syringe exchange unit. We recommend the board of directors appoint several members to become political advocates that can testify to the benefits of syringe exchange programs. The *Stand for Your Mission* campaign has free training videos for teaching board members the merits of advocating to advance the mission, methods for advocating, and the legal rules when lobbying. We believe HRO will be more effective in their endeavor to provide syringe services to all of Ohio if members of the board are trained and engaged in advocacy.

Additionally, HRO may want to appoint board members that can round out their advocacy efforts. One such example: a board member with a law enforcement background may give greater credence to the argument that syringe exchanges do not increase drug use or crime rates. The "Strategic Planning team" for Harm Reduction Ohio provides guidance for board structure in their report and we defer to their recommendations on this matter.

Conclusion

Harm Reduction Ohio has the opportunity to provide a much-needed service to people who inject drugs in Ohio. Southern Ohio has an especially great need of syringe exchanges services that HRO can meet with a mobile syringe exchange unit. The best course of action is for HRO to find partner organizations that can support the establishment of a delivery model SEP. As HRO grows, they will be able to transition to a sprinter van model and expand to other parts of the state, such as northeast Ohio.

References

[1] Harm Reduction Coalition. Principles of harm reduction. Retrieved: https://harmreduction.org/about-us/principles-of-harm-reduction/

[2] Mallet, K. (2019, February 20). *Licking County Board of Health votes against needle exchange program*. Newark Advocate. https://www.newarkadvocate.com/story/news/2019/02/20/licking-county-board-health-votes-against-needle-exchange-program/2927840002/

[3] Power, R. & Nozhkina, N. (2002). The value of process evaluation in sustaining HIV harm reduction in the Russian Federation. *AIDS*. 16(2):303-304

Gibson, D.R., Brand, R., Anderson, K., Kahn, J. G., Perales, D., & Guydish, J. (2002). Two- to six-fold decreased odds of HIV risk behaviour associated with use of syringe exchange. *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology*.

[4] Groseclose, S.L. et al. (1995). Impact of increased access to needles and syringes on practices of injecting-drug users and police officers– Connecticut, 1992-1993. *Journal of Acquired Immune Deficiency Syndromes*. 10:82-89.

Monterroso, E.R. et al. (2000). Prevention of HIV infection in street-recruited injection drug users. The Collaborative Injection Drug User Study (CIDUS). *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology*. 25(1):63-70.

[5] Gleghorn, A. A., Wright-DeAguero, L. & Flynn, C. (1998). Feasibility of one-time use of sterile syringes: a study of active injection drug users in seven United States Metropolitan areas. *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology*.18(Suppl. 1):S30-6.

[6] Hunter, G.M. et al. (1995). Changes in the injecting risk behaviour of injecting drug users in London, 19901993. *AIDS*. 9(5):493-501.

[7] World Health Organization. (2004). Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among IDUs. Retrieved from: https://www.who.int/hiv/pub/idu/e4a-needle/en/

[8] Bluthenthal, R. N., Anderson, R., Flynn, N. M., Kral, A. H. (2007). Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug and Alcohol Dependence*, Volume 89, Issues 2–3, Pages 214-222, ISSN 0376-8716, Retrieved from: https://doi.org/10.1016/j.drugalcdep.2006.12.035.

[9] Belani, H. K. & Muennig, P. A. (2008). Cost-effectiveness of needle and syringe exchange for the prevention of HIV in New York City." *Journal of HIV/AIDS & Social Services* 229-240.

[10] IBID

[11] Health Policy Institute of Ohio. (2018). Ohio addiction policy inventory and scorecard. Retrieved from: https://www.healthpolicyohio.org/wp-content/uploads/2019/02/AddictionScorecard_ODReversalOtherHarmReduction.pdf.

[12] IBID

[13] IBID

[14] Centers for Disease Control and Prevention. (2018, July 19). Vulnerable counties and jurisdictions experiencing or at-risk of outbreaks. Retrieved from: https://www.cdc.gov/pwid/vulnerable-counties-data.html

[15] IBID

[16] Iyengar, S., Kravietz, A., Bartholomew, T. S., Forrest, D., & Tookes, H. E. (2019). Baseline differences in characteristics and risk behaviors among people who inject drugs by syringe exchange program modality: an analysis of the Miami IDEA syringe exchange. *Harm Reduction Journal, Vol 16, Iss 1, Pp 1-8 (2019)*, (1), 1. Retrieved from: https://doi-org.proxy.lib.ohio-state.edu/10.1186/s12954-019-0280-z

[17] Rudell, T. (2017, October, 22). Should health agencies in the Mahoning Valley give needles to addicts? *The Vindicator*. Retrieved from: http://www.vindy.com/news/2017/oct/22/should-health-agencies-in-the-mahoning-v/?mobile

[18] Iyengar, S., Kravietz, A., Bartholomew, T. S., Forrest, D., & Tookes, H. E. (2019). Baseline differences in characteristics and risk behaviors among people who inject drugs by syringe exchange program modality: an analysis of the Miami IDEA syringe exchange. *Harm Reduction Journal, Vol 16, Iss 1, Pp 1-8 (2019)*, (1), 1. Retrieved from: https://doi-org.proxy.lib.ohio-state.edu/10.1186/s12954-019-0280-z

[19] IBID

[20] IBID

[21] IBID

[22] Strike, C. & Miskovic, M. (2018). Scoping out the literature on mobile needle and syringe programs—review of service delivery and client characteristics, operation, utilization, referrals, and impact. *Harm Reduction Journal.* https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0212-3.

[23] Harm Reduction Coalition. (2010). Guide to developing and managing syringe access programs. *Londres: HRC.* Retrieved from: https://harmreduction.org/wp-content/uploads/2011/12/SAP.pdf

[24] IBID

[25] McGinty, E. E., Barry, C. L., Stone, E. M., Niederdeppe, J., Kennedy-Hendricks, A., Linden, S., Sherman, S. G. (2018). Public support for safe consumption sites and syringe services programs to combat the opioid epidemic. *Preventive Medicine*. Volume 111. Pg 73-77, ISSN 0091-7435, https://doi.org/10.1016/j.ypmed.2018.02.026.

[26] Davis, S. M., Davidov, D., Kristjansson, A. L., Zullig, K., Baus, A., & Fisher, M. (2018). Qualitative case study of needle exchange programs in the Central Appalachian region of the United States. *PloS one*, *13*(10), e0205466. doi:10.1371/journal.pone.0205466

[27] Bluthenthal, R. N., Anderson, R., Flynn, N. M., Kral, A. H. (2007). Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug and Alcohol Dependence*, Volume 89, Issues 2–3, Pages 214-222, ISSN 0376-8716, Retrieved from: https://doi.org/10.1016/j.drugalcdep.2006.12.035.

[28] Interact for Health. (2018, January). Half of Ohio adults say they favor needle exchange programs. *Ohio Health Issues Poll 2017*. Retrieved from: https://www.interactforhealth.org/upl/media/ohip_needle_exchange_final_010318.pdf

[29] IBID

[30] Tschirhart, M., & Bielefeld, W. (2016). *Managing nonprofit organizations*. San Francisco: John Wiley & Sons. https://doi.org/10.1002/9781119051626

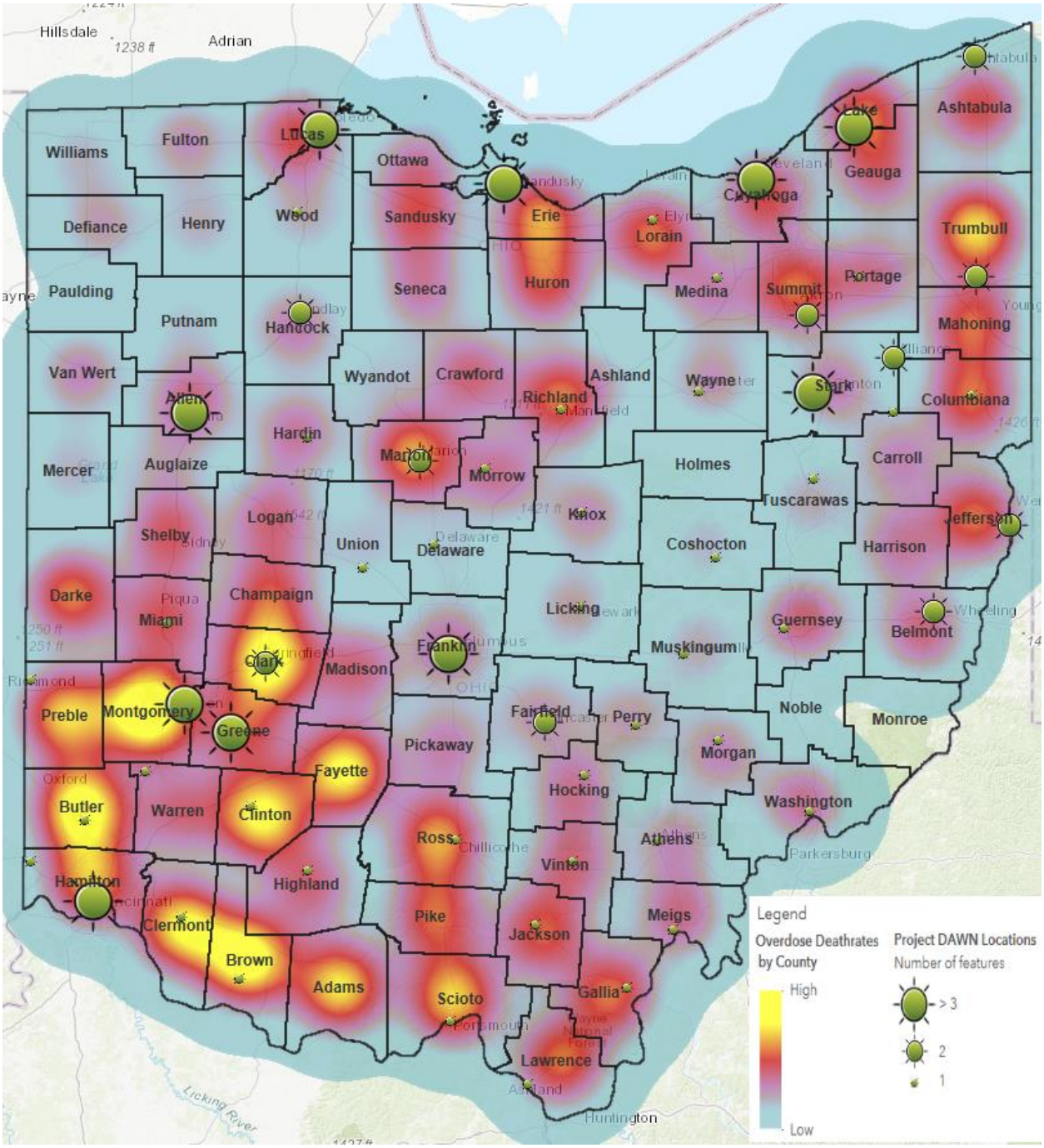
[31] Harlan, S. L., & Saidel, J. R. (1994). Board members' influence on the government-nonprofit relationship. *Nonprofit Management and Leadership*, *5*(2), 173-196.

[32] Guo, C., & Saxton, G. D. (2010). Voice-in, voice-out: Constituent participation and nonprofit advocacy. Nonprofit Policy Forum, 1(1).

[33] Harm Reduction Coalition. (2010). Guide to developing and managing syringe access programs. *Londres: HRC.* Retrieved from: https://harmreduction.org/wp-content/uploads/2011/12/SAP.pdf

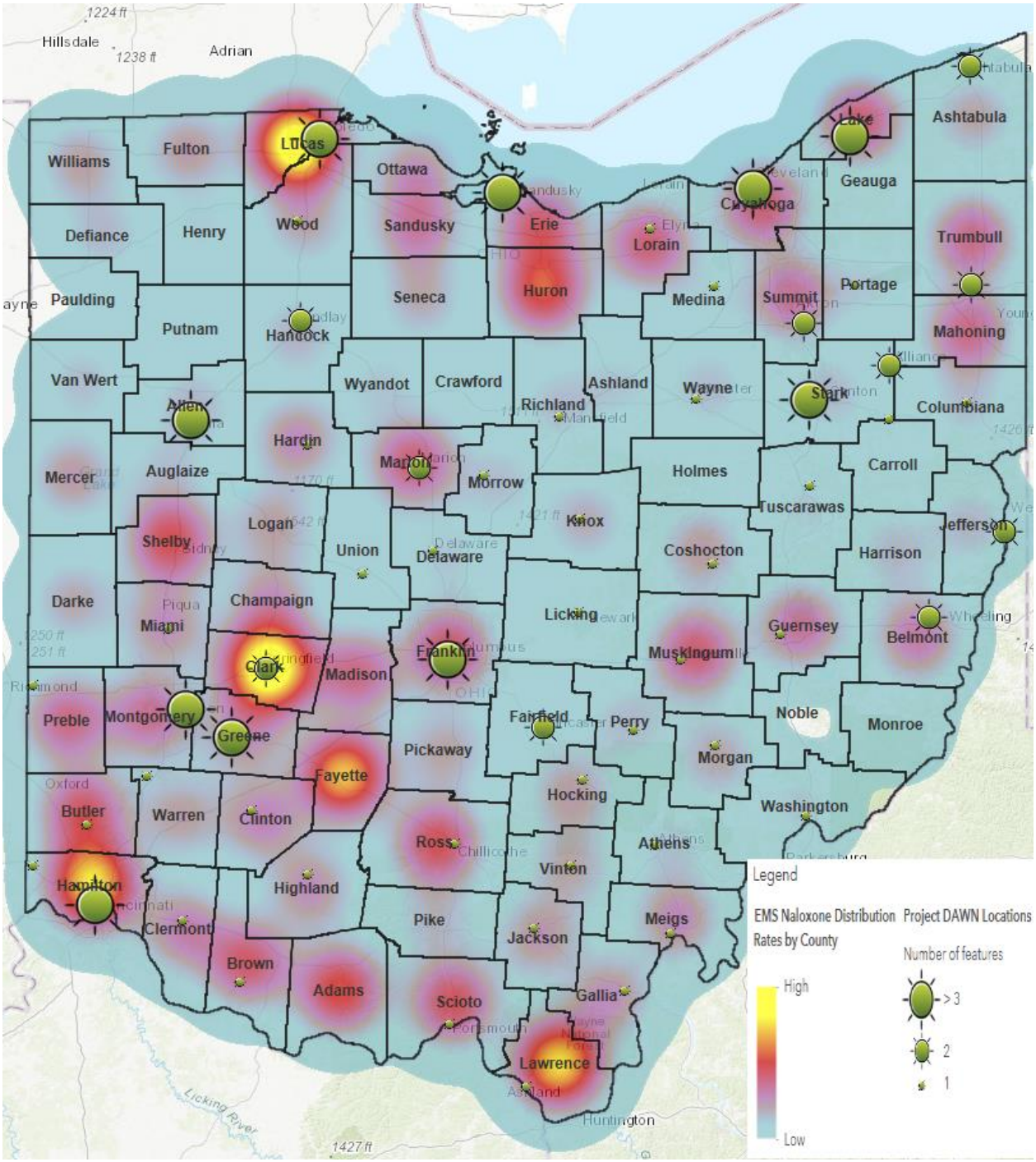
Appendix A

Overdose Death Rates in 2017 & Current Project DAWN Locations



Appendix B

Naloxone Distribution Rates by EMS in 2018



Appendix C

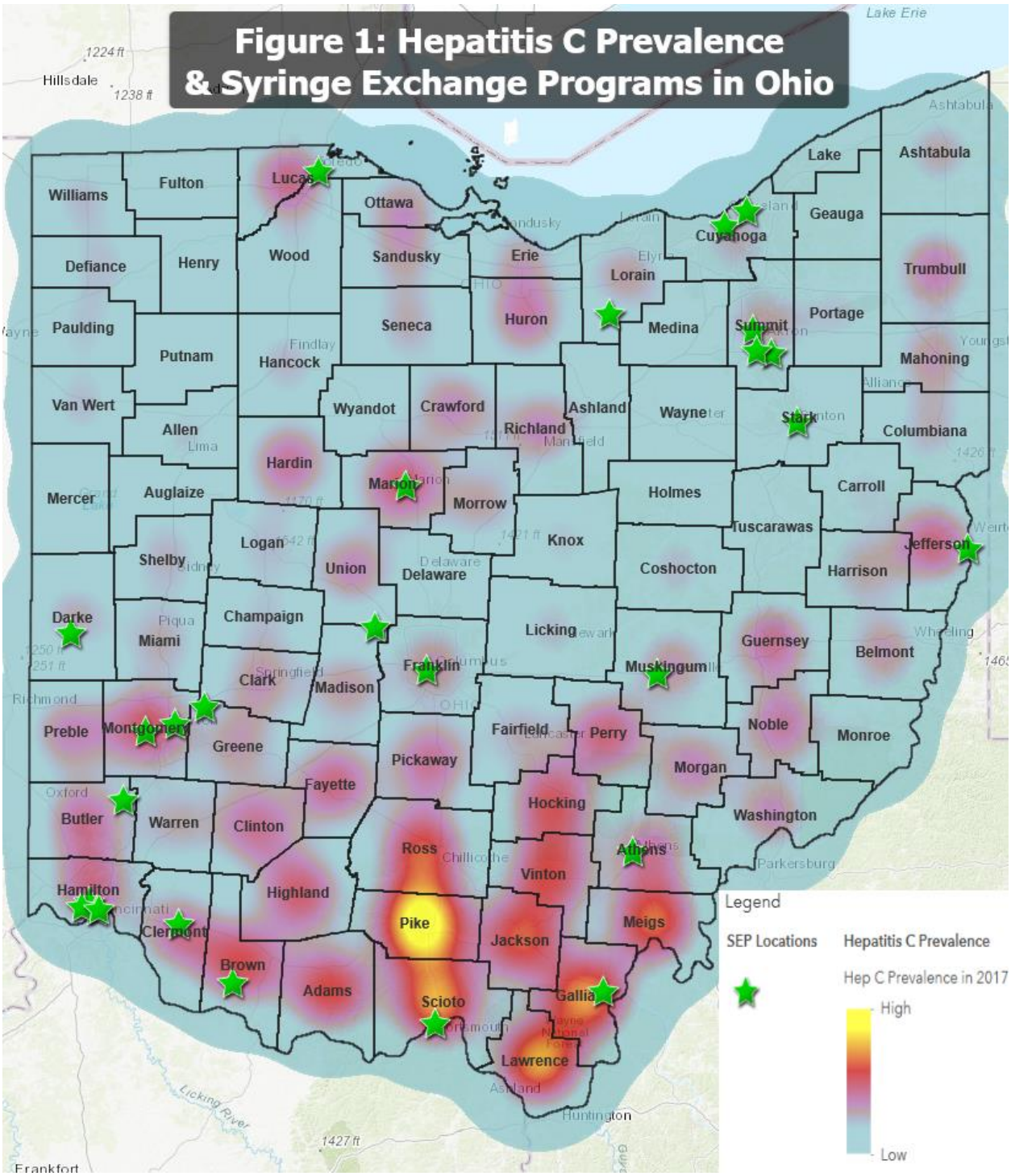


Figure 1: Hepatitis C Prevalence & Syringe Exchange Programs in Ohio
Lake Erie
Ashtabula
Lake
Geauga
Cuyahoga
Trumbull
Portage
Summit
Mahoning
Stark
Columbiana
Carroll
Jefferson
Harrison
Belmont
Guernsey
Muskingum
Noble
Monroe
Morgan
Washington
Athens
Meigs
Gallia
Lawrence
Scioto
Pike
Jackson
Vinton
Hocking
Perry
Fairfield
Ross
Highland
Adams
Brown
Clermont
Hamilton
Butler
Warren
Clinton
Fayette
Pickaway
Greene
Preble
Montgomery
Darke
Miami
Champaign
Clark
Madison
Franklin
Licking
Knox
Coshocton
Holmes
Tuscarawas
Shelby
Logan
Union
Delaware
Morrow
Marion
Hardin
Mercer
Auglaize
Allen
Van Wert
Putnam
Paulding
Defiance
Williams
Fulton
Lucas
Wood
Henry
Ottawa
Sandusky
Erie
Huron
Seneca
Wyandot
Crawford
Richland
Ashland
Wayne
Medina
Lorain
Hancock
Findlay
Lima
Hillsdale
1224 ft
1238 ft
1427 ft
Frankfort
Huntington
Parkersburg
Legend
SEP Locations
Hepatitis C Prevalence
Hep C Prevalence in 2017
High
Low

Appendix D

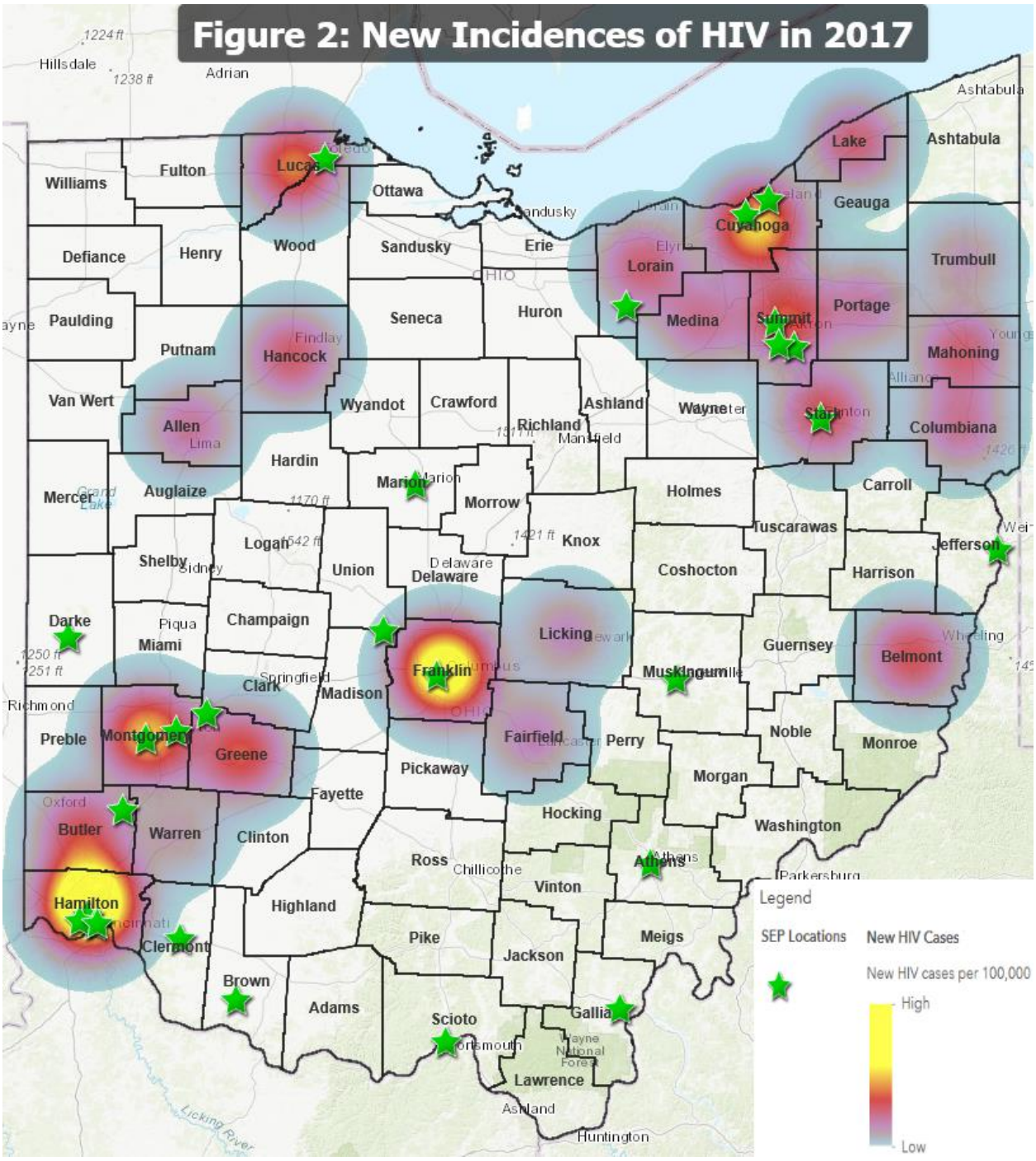


Figure 2: New Incidences of HIV in 2017
Williams
Fulton
Lucas
Ottawa
Defiance
Henry
Wood
Sandusky
Erie
Paulding
Putnam
Hancock
Seneca
Huron
Van Wert
Allen
Wyandot
Crawford
Richland
Ashland
Wayne
Hardin
Marion
Morrow
Mercer
Auglaize
Holmes
Logan
Knox
Shelby
Union
Delaware
Coshocton
Darke
Champaign
Licking
Miami
Franklin
Guernsey
Clark
Madison
Muskingum
Preble
Montgomery
Greene
Fairfield
Perry
Noble
Pickaway
Morgan
Fayette
Hocking
Butler
Warren
Clinton
Washington
Ross
Vinton
Hamilton
Highland
Pike
Meigs
Clermont
Jackson
Brown
Adams
Scioto
Gallia
Lawrence
Ashland
Huntington
Ashtabula
Lake
Geauga
Cuyahoga
Trumbull
Lorain
Portage
Medina
Summit
Mahoning
Columbiana
Carroll
Tuscarawas
Jefferson
Harrison
Belmont
Monroe
Legend
SEP Locations
New HIV Cases
New HIV cases per 100,000
High
Low

Appendix E
Mobile Syringe Program Summary

Organization Name	CT Center for Harm Reduction	Deschutes County Syringe Exchange	IDEA Exchange	Northern KY Health Dept
Location	Hartford, CT	Deschutes, OR	Miami, FL	
# Years in Operation	20 years in Hartford 2 years in Middletown	2.5 years	2	3 yrs in Grant Cty (fixed site) Less than 1 yr Kenton & Campbell Cty (mobile)
Hours of Operation	30 hrs/week		20 hrs/week	4 hrs/week
# Days per Week	5	2	4	1 day/wk in each of the 3 counties
Weekend Operations	No	No	No	No
Evening Hours	No		No	No
# Clients Served Annually	20,000 Hartford 6,000 Middletown	235 clients 1200 visits	1200 in overall program 200 enrolled through mobile unit. Mobile serves 5-10 people per day though surges happen periodically to upwards of 50/day	351 clients in Campbell County 619 clients in Kenton County
# Syringes Provided Annually	300,000 Hartford Not sure for Middetown		~26,000 500/week	
# of Vehicles	2		1	1
Vehicle Type	Dodge Caravan Chrysler Town & Country Van No identifying markers	Sprinter Van*	RV	2 room trailer provided by KY Fire Commission
Miles Driven Weekly	Do not drive a lot of miles but in winter the vehicle is left running for long periods of time to keep warm.		70 miles a week to 6 different locations	
# of Employees	2 on the van at a time. Total of 8 employees on the harm reduction team. 2 staff dedicated to operating the van 3 days a week.. Manager and others fill in on the van at other times.	1 employee Occasional volunteers and interns Has access to an Administrative Assistant for ordering supplies.	3 staff on board the RV at a time. Mobile unit has one fulltime staff member who performs other duties when the mobile unit is not deployed. The other two staff interchange depending on who is available: University of Miami students, interns, or other IDEA staff.	3 staff the unit at a time 2 nurses and 1 admin All employees of NKY Dept of Health
Exchange Model	Need based	One-for-One Limit 100 per exchange	One-for-One No limit on number Starter kit provided for first-time enrollees	Needs-based 40 syringe limit
Funding Sources	CDC funding though the State Dept of Public Health	Funded through the State of Oregon, Oregon Health Authority (OHA) County General Fund plus grants they apply for. Recently received grant for 100 doses of Narcan	Grants and donations. Private funding. Grants include M•A•C AIDS Fund, Gilead Pharmaceuticals, Elton John AIDS Foundation, AIDS HealthcareFoundation	Private foundation, state grants for naloxone distribution, federal funds for services except sterile needle and syringes, Medicaid billing for certain services such as vaccination and confirmatory testing.
Storage of Van & Supplies	AIDS CT has access to a community distribution center for the state of CT where they can house both of the vans and supplies.			KY Fire Commission stores unit Supplies stored at health dept
Costs:				
Annual Budget			$500,000 - $1M*	
Vehicle Cost	$60,000*		Vehicle was donated to them from another dept within the University of Miami system.	
Gasoline	$150-$200/month			
Vehicle Maintenance	$1,000/month			
Partners	A Program of AIDS Connecticut	Deschutes County HIV Prevention and Testing Program	Operates within the University of Miami	KY Fire Commission provides vehicle St. Elizabeth Hospital allows the unit to operate in parking lot of urgent care centers
Person Interviewed	Norman LeBron, Harm Reduction Services Program Manager	Laurie Hubbert- Communicable Disease Coordinator/Harm Reduction Coordinator	Carlos Padron	Program Manager
Contact Information	860-247-2437 x331 nlebron@aids-ct.org			Public Information Coordinator, Stephanie Haggard stephanie.haggard@nkyhealth.org
Web site	http://www.harmreduction-ct.org	https://www.deschutes.org/health/page/syringe-exchange-program	http://ideaexchangeflorida.org/	https://nkyhealth.org/individual-or-family/individual-health/addiction-response/syringe-access-exchange-program/
Other info	*Estimated for 2 new Ford Transit vans that will be customized. Recently received capital funding to replace existing.	*Deschutes County HIV Prevention and Testing program allows use of their van by the SEP 2 days a week	*Includes both fixed and mobile sites	

Appendix E Continued
Mobile Syringe Program Summary

Organization Name	Syringe Services Alliance of Nashua Area (SSANA)	Utah Harm Reduction Coalition	Vermont CARES
Location	Nashua, NH	Salt Lake City, UT	Vermont
# Years in Operation	1		2
Hours of Operation	40*		15 hrs/month (mobile)
# Days per Week		6*	
Weekend Operations		Sat	
Evening Hours			
# Clients Served Annually	~1,128 Estimated based on 94 clients served last month		~600 Estimated based on 149 unique PWID served last quarter.
# Syringes Provided Annually	~48,000 Estimated based on 4,000/month		~96,000 Estimated Based on 24,000 syringes distributed last qtr (17,000 used syringes returned in last qtr)
# of Vehicles	N/A Volunteers meet clients on foot		
Vehicle Type		Van	Sprinter Van
Miles Driven Weekly			1 weekly trip north of Burlington (30 miles round trip) Stops in Newport, Wells River and Middlebury about once a month (locations about 80 miles from Burlington)
# of Employees	All volunteer at this point. Wendy LeBlanc is the vice president of Southern NH HIV/AID Taskforce. Oversight of the exchange is one of her duties, though she is not technically paid to do this.		1 Fulltime Vermont CARES employee. Part-time she is a case manager Part-time operates the mobile unit and handles upkeep of supplies Volunteers/students assist with the program.
Exchange Model	Need based No requirement for return but volunteers express the importance of returning syringe		One-for-One No limit on number Starter kit of 100 syringes provided for first-time enrollees
Funding Sources	Small grants and donations primarily from AIDS/HIV- related organizations. Original grants were two $15,000 yearly grants from AIDS United Syringe Access Fund. Also $5,000 from OraSure, and HIV testing company. State is providing naloxone kits and condoms. Have applied for federal funding and told they WILL be funded but are still waiting.	Utah Department of Health	Grants and donations Receive $50,000 from Elton John AIDS Foundation which went to purchasing the van and outfitting it with shelving and desk space
Storage of Van & Supplies			Van parked near main office in Burlington when not in use.
Costs:			
Annual Budget			
Vehicle Cost			$47,000*
Gasoline			$100/month
Vehicle Maintenance			$400/year
Partners	Southern NH HIV/AIDS Task Force handles grantwriting and oversight of the program.		
Person Interviewed	Wendy LeBlanc, Vice President of Southern NH HIV/AID Taskforce	Stephanie Cowley, Mental Health Therapist	Peter Jacobsen
Contact Information	603-816-0595		802-345-460
Web site	http://nhhrc.org/ https://www.nashuanh.gov/1174/Syringe-Services- SSANA	https://utahharmreduction.org/	https://vtcares.org/prevention/syringe-exchange/
Other info	*Google phone number that diverts the call to volunteers during normal business hours. Client calls and a volunteer sets up time and location of exchange.	*Includes both mobile and fixed sites	*$40K for van, shelving $3-4K, custom wrap for the van about $3K **Based on case worker salary (not incl benefits)

Appendix E continued
Mobile Syringe Program Summary

Organization Name	Any Positive Change	AIDS Center of Queens County	Four A's (Alaskan AIDS Assistance Association)	Ohio Valley Harm Reduction Coalition	Volunteers of America - Louisville	Yale Community Healthcare Van
Location	Chicago, IL	Queens County, NY	Anchorage, AK		Louisville, KY	New Haven, CT
# Years in Operation	15+					2
Hours of Operation		12 hrs/wk (mobile) Mon.-Thur. Fixed site on Fridays	~16/wk	8		32.5
# Days per Week	7	4 days wk mobile(Mon-Thur) Friday's at fixed site	5	2	6 days a week at fixed site 5 days a week at mobile sites	5
Weekend Operations	Sat/Sun	No	No	No	Sat. (fixed site only)	No
Evening Hours	Yes up to 9:00 p.m.	At fixed location only 4:00 - 10:00 p.m. Fridays	No	No	No	No
# Clients Served Annually	39,695*					
# Syringes Provided Annually	3,390,000*		765,677 in 2018 786,354 used syringes incinerated			
# of Vehicles			2			2
Vehicle Type		Van	Vans			Large van/bus for primary health svcs Mini-van for outreach and harm reduction
Miles Driven Weekly						
# of Employees						Van staffed by a nurse practitioner No other info available
Exchange Model	Need based		One-for-One 200 syringe limit			Need based
Funding Sources			Private foundations and individual donors			
Storage of Van & Supplies						
Costs:						
Annual Budget			277000*			
Vehicle Cost						
Gasoline						
Vehicle Maintenance						
Partners	A Program of The Chicago Recovery Alliance				In partnership with Louisville Health Department	
Person Interviewed	N/A		Moe Lihea, Administrative Assistant		N/A	N/A
Contact Information		(718) 896-2500 ext. 256	(907) 263-2050	Jefferson County Health Dept: 740-283-4946	502-635-4503 or 502-574-6720 (Louisville Dept of Health)	
Web site	https://anypositivechange.org	https://acqc.org/services/acqc-harm-reduction-syringe-exchange/	http://www.alaskanaids.org/index.php/prevention/syringe-exchange	http://ovhrc.org	https://www.voamid.org/hiv- services-syringeaccessprogram/ https://louisvilleky.gov/government/health-wellness/syringe-exchange-program/	https://medicine.yale.edu/intmed/infdis/yccr/chcv/
Other info			Funding and budget info is from the web site and is for the overall SEP not just mobile*		See link below for Kentucky Public Health document with guidelines for SEPs. https://louisvilleky.gov/sites/default/files/health_and_wellness/clinics/2015_kydph_hrsep_guidelines_long_version.pdf	

Appendix F

Delivery Model	Strengths	Limitations
Fixed Site **SEP located in a building or specific location such as local health dept. building, storefront, office or other space. My include hospital/clinic-based settings.** **Works best in jurisdictions where PWIDs are clustered in a somewhat centrally located area**	Easier for other social service agency to refer clients because it is set location and predictable hours	May be more costly to maintain due to overhead and upkeep
	Other services can more easily be offered	Clients my reluctant to go to site because of concerns about stigma
	Easier to tailor the space to suite needs	Challenging to stay abreast of and adapt to changes in the drug scene
	Provides better privacy	Community may not support the site's location
	Computer-bases system more easily supported in a set indoor location	Participants must come to the site which can be a barrier if PWIDs are spread apart geographically or do not have transportation
	Sheltered form weather and street-based activity	
	On-site storage may be available	
Collaboration or Satellite Structure **Syringe services provided at partner social service agencies in fixed sites in the community such as a homeless shelter.** **Works best in jurisdictions where SEPs are supported and there is a need to increase access through multiple modalities**	Access may be enhanced through additional locations and expanded hours	Challenging to keep track of inventory if systems are not in place to do so
	Existing participants can help advertise availability of SEP with their peers	Parent organization and satellite site may have differing policies and procedures which can lead to inconsistencies or discord
	Parent program can help manage public relations to increase community support for SEPs	
Mobile/Street Based **Programs conducted on foot, by bicycle or by vehicle. Often combined with a fixed-site but may operate independently.** **Works best in jurisdictions where PWIDs do not congregate in central locations or where participants' transportation options are limited.**	May get less resistance from location community because it will not attract congregations of PWIDs	Less anonymous because people can see who is using the services in the community
	Offer heightened flexibility and advantage of being closer to a street drug market, increasing accessibility for PWID who are unable to come to a fixed site	Staff needs to have valid driver's license if vehicle involved
	Can adapt to changes in the drug scene or neighborhood and relocate to places PWIDs congregate	Services can be interrupted when vehicle needs to be repaired
	Existing participants can help promote time and place of services to their peers	Can be harder to provide additional services that require a physical location
	Informal and easily accessible location may put participants at ease	Work conditions can be stressful for staff due to inclement weather or concerns about safety
		Supplies need to be stored elsewhere and transported to the sites
		Participants may be less likely to come in inclement weather.
		Can be costly to maintain because of vehicle maintenance and insurance
Delivery **Delivery of injection supplies to a prearranged site such as a house, apt., or hotel. Can take place on a regular schedule of by appointment.** **Works best if site managers and landlords of the facilities that unspecified social services are coming to the location.**	More discrete and reduces negative reactions from the neighboring community which is rarely aware of the program activity	Requires SEP to have and use transportation to provide services
	Since participants do not have to transport used syringes, it reduces needle stick risk and potential involvement of law enforcement	Can be challenging to sustain due to staff burnout
	Can be easier to being a delivery program than other models due to reduced need for physical space	Potentially time consuming depending on geographic dispersion of participants
	Information sharing about injection practices, health, and other issues can occur more privately	May take time to overcome potential privacy concerns and build trust
	Participants safety is enhanced if they do not need to leave their home	Worker and volunteer safety is a concern
	Increases access to PWID who may be less likely to attend a fixed site	Can be expensive to maintain and insure vehicles
	More opportunity for SEP staff to interact with family and peer networks	

(Kentucky Public Health, 2015)

Kentucky Public Health. (2015, May 11). *Kentucky Harm Reduction and Syringe Exchange Program (HRSEP) Guidelines for Local Health Departments Implementing Needle*. Retrieved from: https://louisvilleky.gov/sites/default/files/health_and_wellness/clinics/2015_kydph_hrsep_guidelines_long_version.pdf