Utah syringe exchange program handbook

An educational resource for parties interested In engaging in syringe exchange activities

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USEN
UTAH SYRINGE EXCHANGE NETWORK

Utah Department of
Health & Human Services
Population Health

Preface

In 2016, the Utah State Legislature passed legislation to legalize syringe exchange programs. The legislation provided limited guidance for the structural elements of a syringe exchange program and gave the Utah Department of Health and Human Services (DHHS) administrative oversight for syringe exchange activities.

As the oversight body, DHHS recognized the need to provide an educational resource for parties interested in engaging in syringe exchange activities. The resource, which evolved into this handbook, outlines the requirements of the legislation, provides guidance about establishing syringe exchange services, and offers a list of other helpful resources for syringe exchange providers. This document serves as a comprehensive resource for organizations that wish to engage in syringe exchange in Utah.

The information contained in this handbook was originally developed by Heather Bush, DHHS syringe exchange coordinator, and Kirsten Dodge, Master of Professional Communication student at Westminster College. It was updated throughout 2020–2021 by DHHS staff: Heather Bush, Tricia Bishop, Cade Robinson, and LaWanda Esquibel. It was most recently updated throughout 2022-2023 by Heather Bush, LaWanda Esquibel, and Hannah Adams. The DHHS Syringe Exchange Program will continue to update this handbook as necessary.

We hope organizations find this handbook to be a valuable resource which enables them to develop a syringe exchange operation to provide great value to participants 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
FTS	Fentanyl test strip
HAV	Hepatitis A virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
DHHS	Department of Health and Human Services
HIV	Human immunodeficiency virus
IDU	Injection drug user
LHD	Local health department
MOUD	Medication for treating opioid use disorder
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
PWUD	People who use drugs
REDCap	Research Electronic Data Capture
SEP	Syringe exchange program
SSE	Secondary syringe exchange
SSP	Syringe services provider
STD	Sexually transmitted disease
SUD	Substance use disorder
USEN	Utah Syringe Exchange Network
USEP	Utah Syringe Exchange Program

Glossary

1:1 Exchange
A practice to restrict syringe access by providing a participant only the number of syringes the participant returns to the SSP for disposal. Not a recommended practice.

Booting
An injection practice whereby a person repeatedly plunges and adjusts the volume of substance in a syringe more than once during a single injection episode. Booting has been shown to be preventive against accidental overdose and can create a more prolonged and pleasurable drug effect. Booting is not possible with retractable syringes, which are not recommended for distribution within SEPs.

Department
The Utah Department of Health and Human Services is responsible for oversight of the Utah Syringe Exchange Program.

Fentanyl Test Strip (FTS)
A fentanyl test strip pilot program was developed by DHHS to help reduce the harm of synthetic opioid fentanyl for people who use drugs. Designed originally for urinary analysis, these strips are used to test drugs mixed with clean water in order to detect the presence of fentanyl or one of its analogues. Participating SSP entities are provided test strips and relevant educational materials to distribute to participants as part of a comprehensive harm reduction strategy to prevent the risk of drug overdose in Utah.

Harm reduction
An approach to policies, programs, or practices which aim to reduce the negative health and social impact of substance abuse.

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, last 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 by the HBV vaccine.

Hepatitis C virus (HCV)
A curable acute virus spread through blood that often becomes chronic and attacks the liver. Over time, if left untreated, it can lead to cirrhosis or cancer of the liver. Common routes of infection include sharing personal items such as razors or toothbrushes with an infected individual, sharing needles or injection equipment, and exposure to blood from needle sticks.

Human immunodeficiency virus (HIV)
An incurable virus that spreads through infected blood, semen, vaginal fluids, rectal fluids or breast milk which attacks the immune system. HIV is manageable with medications but is often fatal if not appropriately treated.

Injection equipment (aka "*works*")
Equipment involved in injecting drugs including cookers, cottons, water, and alcohol wipes. This equipment is typically distributed along with syringes at an SSP to prevent bloodborne disease transmission.

Medication for treating opioid use disorder (MOUD)
The use of medications, such as methadone, buprenorphine, or naltrexone, to treat opioid use disorder. Previously referred to as medication-assisted treatment (MAT).

Naloxone (Narcan)
A synthetic drug that rapidly reverses an opiate overdose by blocking opiate receptors in the nervous system. Naloxone can be injected into a muscle or sprayed into the nose depending on how the drug is packaged. It is non-addictive, safe, and can be administered with minimal training.

Needle exchange
Another term for SSPs, less preferred by some because of its focus on needle distribution (less accurate than syringe distribution) and implication of 1:1 exchange (not a recommended practice.)

Needs-based distribution
A syringe distribution practice which allows participants as many syringes as they say they need, regardless of how many syringes they return to the SSP for disposal. A best practice. For contrast, see *1:1 exchange*.

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

Overdose
A biological response to too much of a substance or mix of substance; can be fatal (a type of poisoning).

Peer to peer
Peer to peer refers to the exchange of new, sterile syringes within a "peer network," or from person to person among drug-using friends and acquaintances. It occurs on a more natural, informal basis as compared with secondary exchange (see secondary exchange), and does not involve participants of a syringe exchange program or related service.

People who use drugs (PWUD)
An acronym used to refer to people who use drugs, and generally preferred as "person-first" non-stigmatizing language.

People who inject drugs (PWID)
An acronym used to refer to people who inject drugs and generally preferred as "person-first" non-stigmatizing language.

People with lived experience
While this term can be used more broadly, in SSP context, it is used to refer to a person with current or former experience of substance use, typically a PWID.

Pre-exposure prophylaxis (PrEP)
A medication for people at high risk for HIV infection to prevent them from acquiring HIV when exposed. This currently requires a daily oral pill, but other treatments are in development and testing, including a long-acting injectable medication.

Program participant
A person who accesses services through a syringe exchange program (SEP).

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

Retractable syringes

Syringes designed to be single-use only, primarily created to reduce the chance of accidental needlesticks in healthcare settings. The use of these types of syringes are discouraged for SSP distribution due to being less preferred by most PWID and coming with higher risk of overdose (see *Booting*).

Secondary syringe exchange
A practice through which SSP participants distribute sterile syringes and injection equipment to peers within their social and drug-using networks who cannot or will not attend SSPs; often secondary exchangers also collect used syringes for safe disposal.

Single-use syringes—see *Retractable syringes*

Syringe services provider (SSP)
A syringe services provider is an agency that engages in the exchange of an individual's used syringe(s) for one or more new syringes, which are contained in sealed sterile packages. Services should include providing individuals with verbal and written instructions on how to prevent the transmission of blood-borne diseases (including HIV/HCV), as well as options to obtain substance-use treatment services, testing services, and an opiate antagonist. Additionally, the participating agency must report information about program activities annually to the Utah Department of Health and Human Services. SSP is also used to refer to syringe services programs.

Syringe exchange program (SEP)
Syringe exchange programs provide free sterile syringes to injection drug users (IDU), and represent one component of a comprehensive approach to reducing the spread of blood-borne diseases among people who inject drugs.

Utah Syringe Exchange Program (USEP)
DHHS developed the Utah Syringe Exchange Program to reduce the spread of disease among people who inject drugs in Utah. The program adheres to rules and guidelines established by the Utah State Legislature. Acting as an administrative oversight body, DHHS is responsible for data collection and providing annual reports about USEP activity to the legislature.

Section I:

Administrative rule guide

Section 1: Table of contents

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

The nation is currently experiencing an opioid crisis which involves the misuse of prescription opioid pain relievers as well as heroin and fentanyl. The increase in substance use has resulted in associated increases in injection drug use across the country. This has caused not only large increases in overdose deaths, but also tens of thousands of viral hepatitis infections annually and threatens recent progress made in HIV prevention. The most effective way for individuals who inject drugs to avoid the negative consequences of injection drug use is to stop injecting. However, many people are unable or unwilling to quit, or they have little or no access to effective treatment. Approximately 775,000 Americans report having injected a drug in the past year.[1] According to the CDC, nearly 75% of drug overdose deaths in 2020 involved an opioid. Overdoses involving opioids killed nearly 69,000 people in 2020, and more than 82% of those deaths involved synthetic opioids.[2]

Syringe services programs (SSPs) are proven and effective community-based prevention programs that can provide a range of services, including access to and disposal of sterile syringes and injection equipment, vaccination, testing, and linkage to infectious disease care and substance use treatment.[3] SSPs reach people who inject drugs, an often hidden and marginalized population. Nearly 30 years of research has shown that comprehensive SSPs are safe, effective, save money, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections. Research shows new SSP users are five times more likely to enter drug treatment and about three times more likely to stop using drugs than those who don't use the programs.[1] SSPs that provide naloxone also help decrease opioid overdose deaths. SSPs protect the public and first responders by facilitating the safe disposal of used needles and syringes.

Appropriations language from Congress in fiscal years 2016–2018 permits use of funds from the United States Department of Health and Human Services (USDHHS), under certain circumstances, to support SSPs with the exception that funds may not be used to purchase needles or syringes. State, local, tribal, or territorial health departments must first consult with CDC and provide evidence their jurisdiction is experiencing or at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use. The CDC has

developed guidance and consults with state, local, or tribal and territorial health departments to determine whether they have adequately demonstrated need according to federal law. Decisions about use of SSPs to prevent disease transmission and support the health and engagement of people who inject drugs are made at the state and local level.

HCV and the opioid epidemic

In 2018, a study published by the American Public Health Association reported a total of 12,953 new cases of HCV infection between the years 2004 to 2014, an annual rate increase of approximately 133%. Concurrently, data recorded by the Substance Abuse and Mental Health Services Administration (SAMHSA) showed increases in substance use disorder (SUD) admissions over the same period of time. Specifically, it noted increases of 76% in admissions attributed to injected drug use (IDU), 85% in admissions attributed to heroin injection, and 258% in admissions attributed to prescription opioid analgesic (POA) injection. As "treatment is provided to only a fraction of persons with SUD in the United States," and the majority of acute cases of HCV infections are found to be asymptomatic, it is estimated that both HCV cases and the overall number of people with SUD who inject drugs are in fact much higher than reported. Although no causative link can be established between the increase in HCV incidence and SUD admissions for people who inject drugs, these study results "strongly suggest the national increase in acute HCV infection is associated with the nation's opioid epidemic."

Prevention of infectious diseases

Viral hepatitis, HIV, and other blood-borne pathogens can spread through injection drug use if people use needles, syringes, or other injection materials previously used by someone who had one of these infections. Injecting drugs can also lead to other serious health problems, such as: skin infections, abscesses, and endocarditis. The best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop, using sterile injection equipment for each injection can reduce the risk for infection and prevent outbreaks.

During the last decade, the United States has seen an increase in injection drug use—primarily opioid injection. Outbreaks of hepatitis C, hepatitis B, and HIV infections have been correlated with these injection patterns and trends. The majority of new hepatitis C virus (HCV) infections are due to injection drug use, and the nation has seen a 124% increase in the incidence rate of hepatitis C since 2013.[5] New HCV virus infections are increasing most rapidly among young people, with the highest incidence of acute hepatitis C among persons aged 20-39.[4]

Until recently, the CDC had observed a steady decline since the mid-1990s in HIV diagnoses attributable to injection drug use. However, recent data show progress has stalled.[1] Notably, new HIV infections among people who are White who inject drugs, the group most

affected by the expanding opioid epidemic, increased 10% from 2014 to 2015. The estimated lifetime cost of treating one person living with HIV is near $450,000.[6] Hospitalization in the U.S. due to substance-use related infections alone costs more than $700 million annually.[1] In the United States, the estimated cost to provide healthcare services for people living with chronic HCV infection is $15 billion annually. SSPs can help reduce these healthcare costs by preventing viral hepatitis, HIV, endocarditis, and other infections.

SSPs are a tool that can help reduce transmission of viral hepatitis, HIV, and other blood-borne infections. SSPs are associated with an approximately 50% reduction in HIV and HCV incidence.[1] When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HIV and HCV transmission is reduced by more than two-thirds.

Linkage to substance use treatment, naloxone, and other healthcare services

SSPs serve as a bridge to other health services including, HCV and HIV diagnosis and treatment and MOUD for substance use. The majority of SSPs offer referrals to MOUD, and people who inject drugs who regularly use an SSP are more than five times as likely to enter treatment for a substance use disorder and nearly three times as likely to report reducing or discontinuing injection as those who have never used an SSP. SSPs facilitate entry into treatment for substance use disorders by people who inject drugs. People who use SSPs show high readiness to reduce or stop their drug use. There is also evidence that people who inject drugs who work with a nurse at an SSP or other community-based venue are more likely to access primary care than those who don't,[1] which also increases access to MOUD. Many comprehensive community-based SSPs offer a range of preventive services including vaccination, infectious disease testing, and linkage to healthcare services.

SSPs teach people who inject drugs how to prevent and respond to a drug overdose, provide them with training on how to use naloxone, and provide naloxone to them which in turn reduces overdose deaths. Many SSPs provide "overdose prevention kits" containing naloxone to people who inject drugs. SSPs have partnered with law enforcement to provide naloxone to local police departments to help them keep their communities safer.

Testing requirement policy

The Utah Department of Health and Human Services advises against requiring program participants to test for certain diseases in exchange for access to syringe exchange program services. It does not support this practice because of its coercive nature, and the trauma or distrust that may result from an unwanted test. Syringe exchange and testing should be offered as separate and independent services. Providers shall encourage, but not require, testing.

Public safety

SSPs reduce needlestick injuries and overdose deaths without increasing illegal drug injection or criminal activity which benefits communities and public safety. Studies show SSPs protect first responders and the public by providing safe needle disposal and reducing community presence of needles. As many as one in every three officers may be stuck by a used needle during their career. Needlestick injuries are among the most concerning and stressful events experienced by law officers.[7] A study compared the prevalence of improperly disposed of syringes and self-reported disposal practices in a city with SSPs (San Francisco) to a city without SSPs (Miami) and found eight times as many improperly disposed of syringes in Miami, the city without SSPs.[8] People who inject drugs in San Francisco also reported higher rates of safe disposal practices than those in Miami. Data from the CDC's National HIV Behavioral Surveillance system in 2015 showed the more syringes distributed at SSPs per people who inject drugs in a geographic region, the more likely people who inject drugs in that region were to report safe disposal of used syringes.[1]

Syringe Exchange Programs reduce needlestick injuries.

Evidence demonstrates SSPs do not increase illegal drug use or crime. Studies in Baltimore[1] and New York City[1] found no difference in crime rates between areas with and areas without SSPs. In Baltimore, trends in arrests were examined before and after an SSP was opened and found there was not a significant increase in crime rates. The study in New York City assessed whether proximity to an SSP was associated with experiencing violence in an inner-city neighborhood and found no association.

Syringe Exchange Programs don't increase illegal drug use.

According to Utah's premier public health database, drug poisoning continues to be the leading cause of injury deaths in the state. Ten Utah adults die each week from drug overdose; eight of which are a result of opioids; and four as a result of prescription opioids, specifically.[8]

Syringe Exchange Programs prevent drug poisoning deaths.

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 SEPs. The guidance is the result of the bipartisan budget agreement 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 an SEP.

The HHS guidance describes how health departments can request federal funds to start or expand SEPs; it also outlines how these funds can be used. The guidance requires state, local, tribal, and territorial health departments to 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, DHHS 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 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 greater supply of drug 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 with direct HHS funding can request direct funding for SEP activities. For example, a direct grantee of CDC, HRSA, or 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, Utah 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 to operate the Utah Syringe Exchange Program. An accompanying Administrative Rule was published on November 7, 2016, updated June 2019, and updated again in January 2020. This rule provides guidelines for eligible agencies who wish to conduct a syringe exchange in Utah.

The following section describes the requirements for agencies that conduct syringe exchange. For additional information, interested parties are encouraged to utilize the DHHS 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 an SSP.

Eligible agencies

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

A. A government agency, including but not limited to: the Utah Department of Health and Human Services (DHHS), a local health department, DHHS Office of Substance Abuse and Mental Health, or a local substance use authority.

B. A non-government 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 SSPs

An operating SSP 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 use treatment, etc.), but that DO NOT distribute or collect syringes, are not considered an SSP and do not need to enroll.

Enrollment requirements

All eligible agencies interested in providing syringe services must enroll with DHHS. Enrollment requires the completion and submission of the following items:

1. ***Agency enrollment form***
   The enrollment form provides written notice of intent to conduct syringe exchange activities, and must be submitted to DHHS within 15 days prior to conducting syringe exchange activities.

2. ***Safety protocol plan***
   The eligible agency's safety protocol plan must include details on how the agency will prevent needlesticks and injuries from sharps for its workers, volunteers, and participants.

3. ***Sharps disposal plan***
   The disposal plan must include the participating agency's procedure to dispose of all spent or used needles it collects. Separate disposal plans may be required for each community, county, and location. The agency is financially responsible for the disposal of used and collected sharps.

   Safety protocol and sharps disposal plans are required to be reviewed and updated as necessary every two years to ensure best practices are followed.

4. ***Community readiness assessment***
   Agencies intending to begin syringe exchange programs within a local community shall meet with local stakeholders, including: public health, mental health, substance use, law enforcement, local governing bodies, community councils, etc.

   Meetings and discussions should provide education about the purpose and goals of a syringe exchange program, as well as corresponding protocols.

   Stakeholders should be made aware of the SSP's plans and community partnerships, and will assess community readiness, norms, needs, and parameters to implement syringe exchange in that area.

Participating agencies shall provide DHHS with a summary of each community in which they propose to operate. The summary should include: area of proposed syringe exchange and proposed plans for implementation, how the agency will fill a gap in the community (without duplicating services) and coordinate with other SSPs, perceived barriers and benefits of the proposed activities, and details/supported documentation of community meetings (i.e., who participated, what was discussed, and subsequent outcomes).

Documentation such as meeting minutes, survey results, and other communication documents must be submitted for each major area where exchange will be conducted, with submission no later than 30 days prior to initiation of the proposed syringe exchange operations in the area.

5. ***Provider agreement***

   The provider agreement form outlines expectations, protocols, and regulations for conducting syringe exchange services as established by DHHS and Utah State Law (per Rule R386-900).

   Participating agencies who violate any part of this agreement may have enrollment suspended or terminated by the Utah Syringe Exchange Program. Agencies are required to review and sign the provider agreement every two years.

6. ***Code of conduct***

   Agencies must ensure a high standard of care and quality service. SEP staff members, volunteers, and contractors will interact in the same nonjudgmental manner, free of any discrimination, or threat of violence, toward all program participants.

   This code of conduct includes strict enforcement and compliance with drug and/or alcohol use policies in the workplace. Participating agencies who violate any part of this agreement may have enrollment suspended or terminated by the Utah Syringe Exchange Program. Agencies are required to review and sign the code of conduct every two years.

To request any of the above forms, please email syringeexchange@utah.gov with your agency's intent to become an SEP provider. You will receive a link to the online enrollment form. Additional information can also be found in Section III: List of resources.

Completing the enrollment process

Prior to starting operations the newly enrolled SSP will present their program to USEN. This will include an overview of services offered, area of outreach, and how services will compliment and coordinate with other SSPs in the area.

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

SSP providers may request available supplies, materials, and training support from DHHS. They can submit requests via the DHHS Syringe Exchange Program Supplies order form. Completed forms should be sent to: syringeexchange@utah.gov.

Termination of syringe exchange operation

If a participating agency discontinues syringe exchange activities, a written notice must be submitted to DHHS via an email sent to syringeexchange@utah.gov stating intent to terminate. Within 15 days of termination of activities, an online disenrollment form will be sent to complete the process.

Reasons for service termination may include such things as changes in management, agency priorities, funding, etc.

The Department can also terminate an agency's status as an operating SSP if it violates a provision of Administrative Rule R386-900. The Department can also assess appropriate penalties as provided in section 26-23-6 of the Administrative Rule.

4. Operating SSP requirements

All operating SSPs must follow the requirements outlined in the Utah Syringe Exchange Statute, the Utah Syringe Exchange Administrative Rule, and by the Utah Department of Health and Human Services.

Program element requirements

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

- Provide a disposable, medical grade sharps container for disposal of used syringes to facilitate the exchange of an individual's used syringes. Sharps disposal is the financial responsibility of the operating entity.
- Give the individual one or more new syringes in a sealed sterile package in exchange, free of charge.
- All recipients of new syringe(s) should be given verbal and written instruction on:
    - Methods to prevent the transmission of blood-borne pathogens, including HIV, HBV, and HCV.
    - Information and referral to substance use treatment.
    - Information and referral for HIV and HCV testing.
    - Instruction on how and where to obtain an opiate antagonist (naloxone).

Reporting requirement

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

Required data elements

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

- 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 an operating entity may wish to submit to DHHS:

- Participant enrollment form
- Event activity log

Quarterly reporting information

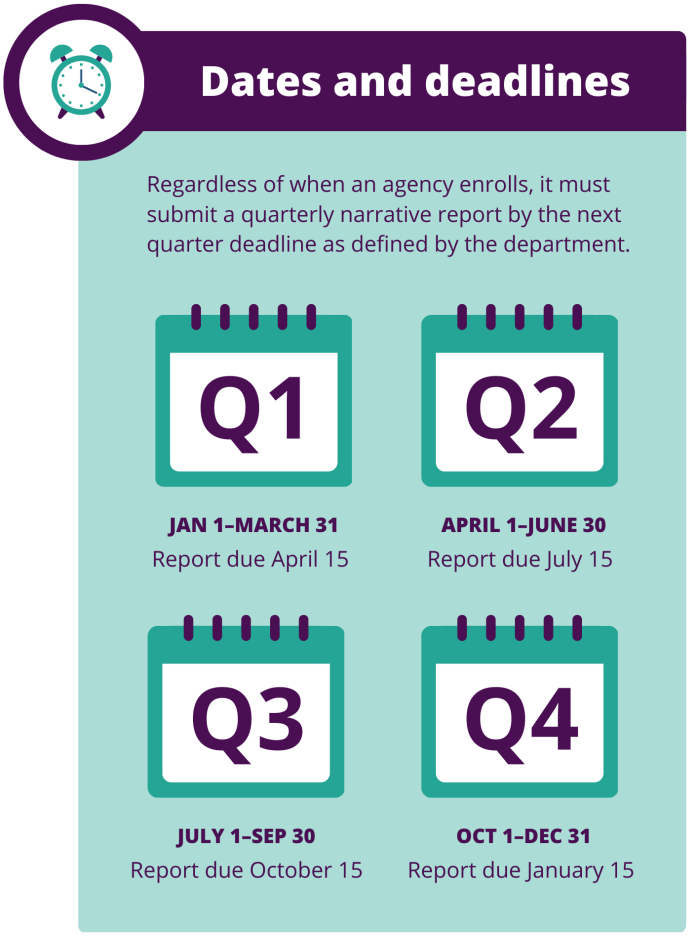
In accordance with the Utah Syringe Exchange Statute, all entities engaging in syringe exchange services must submit a quarterly report to DHHS.

Quarterly report form

Refer to the Online database section found below for detailed information on reporting through the online database. Operating entities will receive a report form to fill out at the end of the quarter. Paper forms are also available. Operating entities engaging in syringe exchange services must return this form to the Department each quarter.

Contracted agencies

In addition to the quarterly report, contracted agencies must complete a quarterly True Up form and a quarterly narrative. True Up is a mandatory form required for all sub-recipients who use fee-for-service reimbursement to prove they do not make a profit from DHHS funds. Specifically, it shows how much it costs agencies to run programs and where the money goes. The narrative is a brief summary of what the agency has done for the quarter that may not otherwise be reflected in the report.



Online database

DHHS utilizes the browser-based Research Electronic Data Capture (REDCap) software to collect and analyze pertinent data on syringe exchange programs and their 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, DHHS sends surveys to operating entities. However, users will not have access to the data 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: Additional resources) is available via an email sent 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 receives an email from DHHS within seven business days, indicating whether the agency has been enrolled as an operating SSP. If an operating entity seeking enrollment has not heard from DHHS within this time, please email syringeexchange@utah.gov to inquire about enrollment status.

User training

Participating agencies who opt-in to using the online database, will be trained on how to create a log in, enter data, and run reports. A DHHS REDCap access and user manual is also available. (see Section III: List of resources).

5. Additional support

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

In an ongoing effort to improve capacity building and provide supportive technical assistance, DHHS offers advisory visits with agencies one to two times per year. These efforts help identify areas that can be enhanced or improved to better serve the population.

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

In order to effectively conduct all of the elements of Administrative Rule 386-900, DHHS provides 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 syringe services provider handbook

Section II: Table of contents

This handbook is a resource for entities interested in conducting syringe exchange services in Utah. The information 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 (Section I) outlines the requirements to become a syringe exchange program and conduct syringe exchange in Utah, this handbook offers suggestions intended to help guide and inform interested parties as they develop syringe exchange services.

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 and Human Services (DHHS) approves applications to become a syringe exchange program in the state of Utah. Details about the application process can be found in the Utah syringe exchange program administrative rule guide.

The 2016 legislation legalized syringe exchange services in the state; however, it did not address the drug-related paraphernalia law. During the 2023 general session, the Utah State Legislature passed a set of drug testing and paraphernalia amendments (S.B. 86). The amendments ensure "civil or criminal liability will not be imposed on a healthcare facility, substance use harm reduction services program, or drug addiction treatment facility that temporarily possesses a controlled or counterfeit substance to conduct a test or analysis on the controlled or counterfeit substance to identify or analyze the strength, effectiveness, or purity of the substance for a public health or safety reason." S.B. 86 also declassifies fentanyl test strips and similar products or equipment as drug paraphernalia.

2. Syringe exchange strategy

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

Target population

Identify the role syringe exchange services play in your organization's overall mission to help define the target population of PWID you plan to serve. Once the target population for services is established, the next step is to understand the overall habits and needs of the population and ways your organization can best meet these needs. This information strengthens your organization's ability to provide the necessary services in a manner best

suited to meet the target population's needs. Answer the following questions to help as you move forward in gaining this understanding:

- What are the 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 helps 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 helps 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 who already offer other related services to PWID at a fixed site and choose to add syringe exchange services to the mix of services.

Strengths

- Easier to accommodate program participant privacy.
- Exchanges can occur in a comfortable setting away from inclement weather.
- The space can be tailored to fit the needs and preferences of participants.
- Storage is likely available on-site storage for syringe exchange supplies.
- A fixed site provides a stable and predictable location for participants.
- 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.
- Participants may feel stigmatized accessing a known syringe exchange operation site.
- Transportation to the fixed site may decrease the participants' ability to access the services on a regular basis.
- The location may restrict hours of operations, thereby limiting participants' 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 participants 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

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

Weaknesses

- There is less anonymity for participants.
- 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 participant attendance and decrease the comfort of the setting.
- Local area law enforcement may be less tolerant of shifting syringe exchange locations.

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 services and reach a broader population of PWID. The goal of this model is to broaden the reach of syringe exchange services to populations who may not otherwise come into contact with syringe exchange, build rapport and credibility with program participants, and encourage them to participate in venue or fixed-site locations. Program participants 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

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

Weaknesses

- Exposes the staff 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 for staff burnout
- Delivery can be time consuming depending on the demand and geographic location.

Creating safe spaces

Whichever model you decide to use, it is a good idea to pro ide a space that allows confidential conversations to occur and provides some anonymity for participants who come to use the syringe exchange services. This is especially crucial if you also offer testing services for HCV or other infections.

Additional consideration: Before 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.

A cutting-edge version of the delivery model provides syringe exchange and other harm reduction services by mail. The goal is to provide syringe access for people who cannot or will not access in-person services. This is especially

beneficial for syringe service providers who wish to operate in rural areas. A mail-based delivery model has been implemented by at least one major nonprofit organization and 10 states as of spring 2023.

Your organization may wish to consider an integrated approach to its syringe exchange operations, meaning you offer more than one service model or a hybrid of one or more models. *It is important to recognize 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.

Strengths and weaknesses of service delivery methods

Models	Strengths	Weaknesses
 **Fixed-site**	• Easier to accommodate participant privacy • Comfortable setting away from inclement weather • Space can be tailored to meet participant needs • Accessible on-site storage • Stable and predictable location • Existing infrastructure lowers start-up costs	• Overhead costs and ongoing expenses can be burdensome • Possible negative community response • Stigma of accessing a known syringe-exchange site • Need for transportation may limit accessibility • Location may restrict hours of operations • Resistance from existing staff
 **Venue-based**	• Flexible and adaptable • Informal setting can put participants at ease • Opportunities to connect with a broader cross-section of participants • Higher likelihood of acceptance by the community-at-large	• Less anonymity for participants • Difficulty offering ancillary services • Necessity of off-site storage • Transportation expenses • Vulnerable to inclement weather • Less tolerance from local law enforcement
 **Delivery**	• Discreet and comfortable environment • Reaches a population that may not otherwise have access • No physical space requires, easier startup • Privacy of information sharing • Staff interaction with family or peer networks	• Greater personal risk for staff • Higher operator liability and less staff supervision • Variable overhead due to fluctuating costs • Risk for on-call staff burnout • Time-consuming nature of delivery

3. Relationship building

Establishing good relationships, with both participants and outside stakeholders, is a key factor in building a successful syringe operation. Participants need to know 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 broaden the services you provide and strengthen your organization's ability to operate a successful syringe exchange program. For example, service referrals are a key component in supporting participants' ability to improve their health. Before you implement your syringe exchange operations, you establish a working relationship with a variety of groups who can serve as referral resources.

Recovery services

Connecting syringe exchange participants 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 who can provide a regular space to your participants.

Medical and health services

Identify local medical, mental health, and dental providers who provide compassionate care to all of their participants, including PWID, to allow you to refer participants to a safe medical environment. Additionally, developing relationships with trusted HIV/STD testing sites can expand medical care options for PWID.

Social services 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 participants in need. Building a personal connection with individuals associated with these types of agencies will enable your organization to direct participants to a specific person who can help. Any steps to aid in PWID's ability to improve their health or life situation can further enhance connections with participants.

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. A good way to build cooperation—or at least mitigate barriers to entry— is to create a dialog with influential stakeholders that leads to a mutual understanding between parties—when you establish syringe exchange operations in an area.

Breaking barriers

Identify potential barriers to entry before you implement a syringe exchange operation, 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 create a dialog of cooperation or understanding is an important first step toward finding common goals and peaceful coexistence.

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. It's a wise undertaking to establish a relationship of trust and mutual understanding with law enforcement prior to beginning syringe exchange operations in an area. 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 result from syringe exchange in other communities. It is also important to listen and validate any concerns expressed by law enforcement and 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. It's a worthwhile goal to resolve any issues between parties quickly and in a mutually agreeable manner.

4. Program development

A program plan is a foundational tool to provide a framework for consistent operations. Before you begin any exchange services, develop a program plan to establish the following protocols: lay out clear expectations for staff/volunteers, outline training and safety standards, communicate the program's transaction model, address supply management, detailed disposal of collected syringes, outline data to be gathered, lay out the budget and finances, and propose local-community engagement efforts.

The next 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 participants regularly served. Your organization may wish to establish a set of general standards all staff is expected to meet and follow. The following list provides some ideas about staff standards:

- Have no outstanding warrants.
- Abstain from drug or alcohol use during work hours.
- Maintain a calm and welcoming demeanor when interacting with participants, 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 participants and law enforcement.
- Maintain a professional relationship with participants; do not become personally involved.

- Avoid any situations where a client may attempt to procure drugs.
- Maintain client confidentiality.

A healthy workforce 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 participants in a respectful, appropriate manner. Being mindful of supporting staff who may be in recovery is important to a healthy workforce. In addition to staff standards, all staff members should receive some sort of syringe exchange and safety training prior to participation in exchange activities.

Training

All staff and volunteers should undergo training before engaging in syringe exchange activities. 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, overdose prevention, CPR and first aid, client engagement skills, and details about the service delivery model including strengths and weaknesses.

For more information, questions, or training dates, contact syringeexchange@utah.gov.

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

Harm reduction navigator

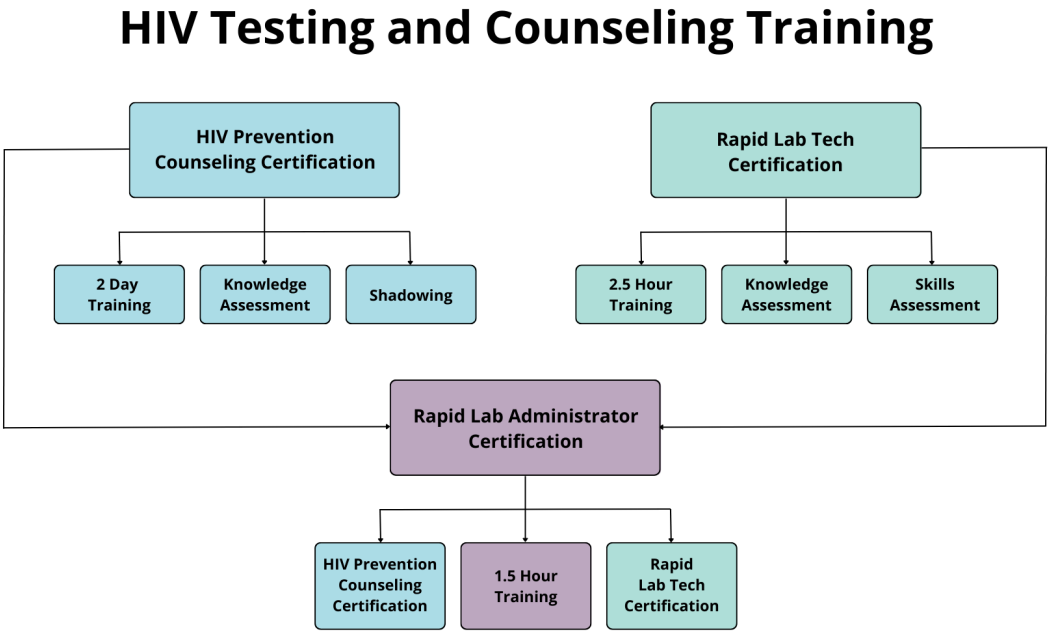
This eight-module training class is taught by local harm reduction specialists. Training opportunities can include all eight modules or can be tailored to specific subjects. Areas covered in the sessions include detailed education on harm reduction, syringe exchange, overdose prevention, naloxone administration, 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. Training is offered twice per year. The training may be offered in person and/or a virtual format. See the USEN training page for a schedule and details. Recertification is available.

HIV/HCV prevention counseling and testing training

HIV tapid testing and counseling

This training is designed to teach providers who work in nonclinical settings how to administer rapid HIV testing technologies, develop client-centered risk reduction plans, and provide appropriate referrals as needed.

DHHS offers three separate certifications under the HIV testing and counseling training. Two certifications comprise the two main components of conducting an HIV testing session. One is the HIV prevention counseling certification. The second is running the test, known as rapid lab tech. The third certification is for those who will manage a rapid test site. Whether you are a one-person operation or managing multiple people, it's important to know how to be a rapid lab administrator.



Prevention counseling involves:

- Identify a person's unique risk factors for acquiring HIV
- Provide education and referrals to reduce that risk
- Explain the testing process and possible results
- Deliver test results

Prevention counseling certification requires:

- 2-day training
- Knowledge assessment
- Shadowing

Rapid lab tech involves:

- Overview of rapid HIV technologies
- Demonstration of how to run a rapid lab and rapid HIV tests
- How to interpret rapid results

- Paperwork completion and quality assurance

Rapid lab tech certification requires:
- 2.5-hour training
- Knowledge assessment
- Skills assessment

Rapid lab administrator involves:
- Rapid test site management
- Running controls
- Quality, ordering, storage, etc., oversight
- Required paperwork and reporting

Rapid lab administrator certification requires:
- HIV prevention counseling certification
- Rapid lab tech certification
- 1.5-hour training

Contact: Kim Farley, kimfarley@utah.gov

Hepatitis C rapid testing and counseling

This training provides background information on the pathology and epidemiology of hepatitis C to provide context for current best practices for patient care. This training also prepares students for rapid testing and patient counseling.

Certification requirements (two–four hours):
1. View online recordings (one hour)
2. Participate in live virtual learning (one hour)
3. Complete pre/post knowledge assessment (10 mins)
4. Optional shadowing/practice (one–two hours)

Contact: Allison Munns, amunns@utah.gov

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

REDCap training

This training is provided to operating entities who are a part of the REDCap online data system. DHHS staff oversee REDCap. Staff members are happy to provide organization-specific training. Contact syringeexchange@utah.gov to request training.

Code of conduct

Organizations must ensure a high standard of care and quality service when interacting with program participants to be enrolled as a Utah Syringe Exchange Provider. Notably, interactions involving SEP staff members, volunteers, and contractors should be nonjudgmental and free of discrimination. This code of conduct includes strict enforcement and compliance with drug and/or alcohol use policies in the workplace. Examples of conduct expectations include:

- No lending to or borrowing money from program participants.
- No violation of program participant confidentiality (identity of users, HIV or HCV status, etc.).
- No violence or threat of violent action against program participants.
- No purchasing, selling, possession, or use of drugs anywhere on the premises or in the vicinity of the organization.

Participating agencies are required to agree to and sign the Utah Syringe Exchange program Code of conduct before receiving Utah Syringe Exchange Program approval The form is listed in Section III and can be accessed by contacting syringeexchange@utah.gov.

In addition to the agency code of conduct, the SSP should consider adopting a participant's rights and responsibilities document as well. This helps set expectations for both the SEP staff and the participants. A template can be downloaded here and can be adapted for each program. Sections highlighted and underlined should include agency-specific information. Download this document before you make changes. Submit a draft to syringeexchange@utah.gov for review.

Safety

Syringe services providers should facilitate a safe environment for both participants 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-toe, 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 participants or between two participants.

- Staff should follow organizational procedures to deal with disruptive or combative participants.
- Delivery model staff should use the buddy system.
- 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 local authorities.
- Unused syringes should be transported in secure, enclosed packaging, in the trunk of a vehicle.
- 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 participants 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 understandable guidance as they carry-out 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 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, participants receive one new needle for every one used needle returned. This model only allows participants to receive new syringes and other supplies if they bring in used syringes. This model does not account for participants who may dispose of used syringes in other manners. It also does not accommodate participants who obtain 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 participants and choose to bend the rules to ensure new needles for participants.

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, if 12 used syringes are returned, 20 new syringes are given out. This model provides a balanced approach to

encourage the return of used needles, while still providing all participants with access to clean syringes.

One–for–one plus enhanced exchange

This model uses the same methodology as the 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 is the most flexible and focuses on the current injection habits and needs of the client. While syringe exchange strongly encourages participants to bring in used syringes for safe disposal, under this model participants negotiate how many new syringes and equipment kits they need, regardless of how many used syringes they return. Needs-based exchange allows participants to negotiate their needs based on the frequency of injection, the length of time until they can access new syringes, and the number of other individuals the participant obtains clean syringes for. Some organizations place an upper limit on the number of new syringes a client can receive on a given day; 100 syringes is a commonly set upper limit.

Peer–to–peer/secondary

When someone collects syringes for others they may live with or are acquainted with.

When deciding on which transaction model to implement, consider the financial implications of the model and any requirements or restrictions from any funding sources you may draw on. It's important to ensure you have the resources to acquire adequate supplies so you can provide consistent and reliable services.

SUPPLIES

Your organization should determine the breadth of the supplies offered to participants. 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 to prevent the spread of HIV and HCV. Syringe exchange operators commonly offer participants the following items:

- Alcohol swabs
- Aluminum cooking caps

- Clean syringes in varying barrel sizes
- Cotton filters
- Gauze pads
- Sterile water vials
- Tourniquets: both latex and non-latex
- Additional supplies to consider 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) participants inject and the commonly used needle length, gauge, and barrel size.

Educational materials

In addition to injection-related equipment and supplies and in accordance with Utah law, operating entities must provide educational materials to all participants. Syringe exchanges can serve as a valuable informational resource for participants. As such, all participants 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 ensure all materials are written in a clear and simple manner and are available in the native languages of your participants.

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 syringe services providers should be sure all staff and volunteers understand and follow the organization's disposal plan.

Disposal is different in each county. An LHD may dispose of used syringes for you, or you may have to find other disposal options.

Data collection

Data collection plays an important role in the ongoing success of syringe exchange operations. The data provides an opportunity to show your organization's impact in the community and can support organizational efforts in many ways including planning for the needs of the population it serves, identifying areas where the organization can improve services, setting goals, and measuring the overall effectiveness of the operation. Additionally, data is useful to explain budgetary needs when you apply for funding from outside sources and when you solicit individual donations. Finally, Utah state law requires all operating entities to submit quarterly reports.

State requirements

Quarterly reports to DHHS must include the following:

- The number of individuals who 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
- The number of referrals provided

More information on Utah reporting requirements can be found in the Utah Syringe Exchange Program administrative rule guide.

Data opens doors

Data helps inform a great understanding of program adequacy, exchange volume, and the impact of the public health services your organization provides in the community. The CDC says while data regarding major trends and performance trends helps with planning and evaluation, data collection should neither distract from the primary mission of syringe distribution for participants nor act as a barrier to PWID participation.

Beyond requirements

In addition to the required data, organizations may wish to record additional information to track the ongoing success of the program.

Useful information may include significant problems encountered, feedback from participants about syringe exchange, participant 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 anticipated expenses such as overhead, utilities, insurance (vehicle, physical space, and business liability), syringe exchange supplies, and employee salaries, the following list includes often overlooked budget items:

- 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. Before you apply for funding, verify the funding sources you reach out to align with your organizational 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 you apply for financial support from private funding sources and government agencies, determine whether there are restrictions about how funds can be used. It's crucial to keep track of and record all incoming money and how it is spent. 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.

A good way to begin to build bridges and connections is to engage in relationship-building activities to support the community-at-large.

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

Cleanups

Engage in regularly scheduled park, neighborhood, or street cleanups that include picking up spent needles, condoms, and other trash to beautify the area.

Topic talks

Provide regular educational presentations on preventing the spread of disease among all citizens. Arrange seminars with open public invitations.

Collections

Host a food collection for the local food pantry, or gather supplies for a local shelter. Engage with other programs and organizations seeking these resources.

Health fairs

Contribute as a sponsor of local health fairs. Volunteer to set up a booth or publicize the event on your organization's social media channels. Donate if possible.

Local boards

Become a member of the local health boards. Search for opportunities to respectfully engage in civil public discourse and share your program's purpose.

Site tours

Offer regular tours to community members. This helps with transparency and builds community trust while demystifying SSP services. Also consider open houses.

Social media

Build a presence in social or other media to spread awareness of your services and mission. Engage with online communities where appropriate.

Community Liason

Have someone at your organization ready to act as a spokesperson if a reporter approaches you for comment on current events which impact your clients.

Operating entities may benefit from outreach 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. Consider the local community's attitude toward syringe exchange operations and find creative ways in which your organization can provide the most value outside normal operations. A Good neighbor agreement is one way to build a mutual understanding between your organization and the local community.

Good Neighbor Agreements

A Good Neighbor Agreement is a non-binding document that outlines common goals and/or aspirations between a syringe services provider and a neighborhood governing or oversight body such as a neighborhood council or association, a town council, or a similarly influential governing body.

A Good Neighbor Agreement is a tool to

- Initiate and maintain open, transparent, and proactive communication
- Develop clear expectations and procedures to resolve problems
- Enhance neighborhood safety and livability while promoting access to services
- Foster positive relationships between the SSP and neighbors

It is imperative to have Good Neighbor Agreements with all businesses and local communities in the area where you provide syringe exchange services because such agreements facilitate community acceptance and positive client experiences. Obtaining Good Neighbor Agreements can be a particular challenge for mobile syringe services providers because it requires extra legwork. However, the benefits of these agreements far outweigh the cost.

When you write a Good Neighbor Agreement, consider the following:

- What is the area's history with syringe exchange services or similar programs?
- Who are the key stakeholders in the area where you wish to provide services?
- Which individuals or entities are most likely to resist establishment of syringe exchange services?
- How can you convincingly demonstrate a need for syringe exchange services in the area?

From the field

"I believe very heavily in the Good Neighbor Agreement. It's very awkward initially because you sit down with a mediator, law enforcement, some neighbors—then talk about what you're going to do and how you're going to do it. And then everybody signs off and then they allow you to just do it and implement it. I like that. Because honestly the Good Neighbor Agreements are very nebulous but people feel heard."
– Community-based SSP Director, Colorado

A Good Neighbor Agreement template is linked here and included in the Additional resources section at the end of the handbook. Keep in mind that the standards set by any Good Neighbor Agreements should be reflected in your program participant Code of conduct.

Stakeholder relations

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. Discussions with other entities may enable your organization to identify unexplored opportunities, areas where duplication of services can be eliminated, and assist in formation of strategic partnerships.

Section III:

Additional resources

Table of contents

Administrative rules

R386. Health, Disease Control and Prevention, Epidemiology.

R386-900. Special Measures for the Operation of Syringe Exchange Programs.

R386-900-1. Authority.

This rule is authorized under Utah Code 26-7-8.

R386-900-2. Purpose.

This rule establishes operating and reporting requirements required of an entity operating a syringe exchange program pursuant to 26-7-8.

R386-900-3. Definitions.

The following definitions apply to this rule:

(1) "Department" means the Utah Department of Health and Human Services.

(2) "Syringe exchange program" is a program that provides access to sterile syringes and other clean and new prevention materials, including, but not limited to, cotton filters, cookers, tourniquets, alcohol swabs, and/or condoms; collects and properly disposes of used syringes, and provides information and referrals and other services as identified by population and community needs to reduce the harms associated with injection drug use; consistent with;

(a) the “Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016” HHS 3/29/2016, and

(b) the CDC Syringe Services Programs standards and definitions.

(3) "Operating entity" is defined in 26-7-8.

(4) "HIV" means human immunodeficiency virus.

(5) "HCV" means hepatitis C virus.

(6) "HBV" means hepatitis B virus.

(7) "Opiate antagonist" is defined by Chapter 55, Opiate Overdose Response Act.

R386-900-4. Operating requirements.

(1) An operating entity intending to begin syringe exchange programming within a local community shall meet with local stakeholders, which should include: public health, mental health, substance abuse, law enforcement, local governing body, community councils, etc. This meeting should provide education on the purpose and goals of a syringe exchange program, syringe exchange protocols, awareness of operating entity's plans and community partnerships and will assess community readiness, norms, needs, and parameters for implementing syringe exchange in that area. The operating entity shall provide DHHS meeting summary(s) which should include: participants, what was discussed, outcomes, and plans for implementation. This documentation must be submitted for each major area where exchange will be conducted upon enrollment and submitted 30 days prior to the initiation of syringe exchange program operation in a new area.

(2) An operating entity shall utilize the department's enrollment form to provide written notice of intent to conduct syringe exchange activities to the department 15 days prior to conducting syringe exchange activities. If an operating entity discontinues syringe exchange activities, written notice shall also be submitted to the department utilizing the department's report form within 15 days of termination of activities.

(3) An operating entity must submit a safety protocol to the department for the prevention of needlestick and sharps injury before initiating syringe exchange activities.

(4) An operating entity shall submit a sharps disposal plan to the department for each county in which services will be offered. Sharps disposal is the financial responsibility of the entity operating and responsible for the syringe exchange program.

(5) An operating entity shall agree to and sign the department's "Utah Syringe Exchange Provider Agreement" upon enrollment, which indicates they have read and understood the requirements outlined in this rule as well as the "Utah Syringe Exchange Program Handbook."

(6) An operating entity shall facilitate the exchange of an individual's used syringes by providing a disposable, medical grade sharps container for the disposal of used syringes.

(7) The operating entity shall exchange one or more new syringes in sealed sterile packages and may provide other clean and new prevention materials to the individual free of charge.

(8) As available, the department will provide syringes, prevention materials, education materials, and other resources to entities operating a syringe exchange program.

(9) An operating entity must provide and make available to all clients of the syringe exchange program, verbal and written instruction on:

(a) Methods for preventing the transmission of blood borne pathogens, including HIV, HBV, and HCV;
(b) Information and referral to drug and alcohol treatment;
(c) Information and referral for HIV and HCV testing; and
(d) How and where to obtain an opiate antagonist.

(10) The Department incorporates by reference the "Guide to Developing and Managing Syringe Access Programs," Harm Reduction Coalition, 2010

(11) The Department incorporates by reference the "Syringe Services Program (SSP) Development and Implementation Guidelines for State and Local Health Departments" National Alliance of State & Territorial AIDS Directors, 2012

R386-900-5. Reporting requirements.

(1) All entities operating a syringe exchange program shall report aggregate data elements in accordance to 26-7-8 to the department on a quarterly basis, utilizing the format provided by the department which is to include:
(a) Number of individuals who have exchanged syringes,
(b) A self-reported or approximated number of used syringes exchanged for new syringes,
(c) Number of new syringes provided in exchange for used syringes,
(d) Educational materials distributed; and
(e) Number of referrals provided.

R386-900-6. Confidentiality of reports.

(1) The department may collect and maintain data on syringe exchange programs and syringe exchange program clients as provided by Section 26-3-2. All information collected pursuant to this rule shall not be released or made public, except as provided by Section 26-3-7 and Section 26-3-8.

R386-900-7. Penalty.

(1) Any person who violates any provision of R386-900 may be assessed a penalty as provided in section 26-23-6.

R386-900-8. Official references.

(1) Centers for Disease Control and Prevention (CDC), 2016, Program Guidance for Implementing Certain Components of Syringe Services Programs.

(2) Federal Register, Health and Human Services Department, 2011, Determination That a Demonstration Needle Exchange Program Would be Effective in Reducing Drug Abuse and the Risk of Acquired Immune Deficiency Syndrome Infection Among Intravenous Drug Users.

(3) Harm Reduction Coalition, 2006, Syringe Exchange Programs and Hepatitis C.

(4) Harm Reduction Coalition, 2006, Syringe Exchange Programs: Reducing the Risks of Needle stick Injuries.

(5) Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Syringe Exchange Program Studies.

(6) United States Department of Health and Human Services (HHS), 2016, Implementation Guidance to Support Certain Components of Syringe Services Programs.

(7) World Health Organization (WHO), 2004, Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users.

KEY: syringe exchange programs, needles, syringes
Date of Enactment or Last Substantive Amendment: February, 2020
Authorizing, and Implemented or Interpreted Law: 26-7-8

2023 Syringe services provider directory

Current as of March 2023

Syringe services agencies provide free, or no cost, sterile syringes and other services to people who use and inject drugs, and represent one component of a comprehensive approach to reducing the spread of blood-borne diseases and other harms associated with drug use. For more information please contact the agencies below.

George E. Wahlen VA Medical Center
(801) 582-1565 ext 1640 or text (385) 228-5627
500 S Foothill Blvd., Salt Lake City, UT 84148
Type: Fixed site
Available for veterans eligible for VA care. For more information on eligibility, please call the enrollment office at the SLC VA.
Provide: Syringe services, harm reduction kits, HIV/HCV testing, IM naloxone, Narcan,fentanyl testing strips, and substance use disorder treatment resources
@vasaltlakecity

Hand in Hand Support Services, Inc
(435) 669-3422
Type: Mobile delivery
Provide: Syringe services, wound care, Narcan, fentanyl testing strips, and substance use disorder treatment resources.
@hand.in.hand_stg
handinhandstg@gmail.com

Martindale Clinic
743 E. 300 S., Salt Lake City, UT 84102
(801) 428-3500
Type: Fixed site
Provide: Syringe services, IM naloxone, Narcan, fentanyl test strips, wound care, HIV/HCV testing, STI testing and treatment, PrEP and PEP, birth control, medication assisted treatment, substance use disorder treatment resources, and primary care.
@odysseyhouseut
http://odysseyhouse.org/

****Salt Lake County Health Department (SLCHD)**
610 S. 200 E., Salt Lake City, 84111
(385) 468-4123
Type: Fixed site
Provide: HIV/HCV testing, immunization services, Narcan, STD testing, and substance use disorder resources
@SaltLakeHealth
http://SaltLakeHealth.org/

Salt Lake Harm Reduction Project (Formerly One Voice Recovery)
1400 S. 1100 E. Salt Lake City, UT 84105
(801) 702-3539
(385) 434-9324 (mobile delivery)
Type: Fixed site and mobile delivery
Provide: Syringe service, HIV/HCV testing, Narcan kits, fentanyl test strips, vaccines, some STD testing, and drug treatment resources.
@saltlakeharmreductionproject
https://www.shrpexchange.org/

Soap2Hope (S2H)
(385) 267-6683 (mobile exchange or appointments)
Type: Mobile delivery
Provide: Mobile outreach, Syringe services, wound care kits, HIV/HCV testing, IM naloxone, Narcan, fentanyl testing strips and substance use disorder treatment resources.
@soap2hope
http://soap2hopeut.com/

Southeastern Utah Health Department (SEUHD)
65 S. 100 E., Price, UT 84501
(435) 609-0807
Type: Fixed site
Provide: Syringe services, simple wound care, HIV/HCV testing, Narcan kits, fentanyl test strips, and drug treatment resources.
@SEUHD
http://seuhealth.com/

Tri-County Health Department
(435) 709-6775
Type: Fixed site and mobile delivery
Provide: Mobile services, syringe services, harm reduction kits, hygiene kits, HIV/HCV testing, Narcan, fentanyl testing strips, and substance use disorder treatment resources.
@tricountyhealth
https://tricountyhealth.com/

Utah Harm Reduction Coalition (UHRC)
(385) 323-2217 (text only)
Type: Mobile
Exchange locations in Salt Lake City, Ogden, and Tooele (delivery)
Provide: Syringe services, harm reduction kits, HIV/HCV testing, IM naloxone, Narcan, fentanyl testing strips, ID vouchers, light touch case management and substance use disorder treatment resources.
@UtahHarmReduction
utahharmreduction.org/

Utah Naloxone's Andy's Wellness Center
525 E. 100 S. Ste. 4400, Salt Lake City, UT 84102
(801) 231-9346 (by appointment only)
Type: Fixed site
Provide: Needs-based syringe exchange, disease prevention supplies including safer injection and smoking supplies/equipment, fentanyl testing strips, personal hygiene supplies, overdose education and prevention, IM naloxone kits, substance use disorder referrals to various modalities, peer support, patient navigation.
UtahNaloxone@gmail.com
@UtahNaloxone
http://www.utahnaloxone.org

****Utah Syringe Exchange Network (USEN)**
(801) 538-6194 or (801) 538-6199
syringeexchange@utah.gov
sites.google.com/a/utah.gov/user-network/

****Agencies do not provide Syringe Exchange, but do have resources and referrals available.**

→ 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 and Human Services Determination of Need (DON) https://docs.google.com/document/d/1it2TM6YCfiL2taB02lNNeO_iPzbdJEmjQmz83nXgd5g/edit?usp=sharing
- Utah Drug Paraphernalia Act 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 Code of conduct https://docs.google.com/document/d/1MrQMeQoIIfWw_Q9sqFFkbPmhJAdg3Mae-HzLMukV8V0/edit?usp=sharing
- Utah Syringe Exchange Program provider agreement https://docs.google.com/document/d/1ozpCVtcsCs48086IBo_4DGkB8AqEW2_bqK-uevlmxLA/edit?usp=sharing

Utah Syringe Exchange Program

The following forms can be accessed by contacting syringeexchange@utah.gov:

- Agency enrollment form
- Client ID form
- Community clean up form
- Event log form
- Quarterly report form

- REDCap user manual
- Supply order form
- Code of conduct form
- Provider agreement

Local resources

- Schedule of Utah Syringe Exchange operators https://sites.google.com/d/1GpNF-s2zwNRqC0fc44j6v13S8MVKGZnt/p/0B9sYnggLVuwtalhGMmRHVmhBWFU/edit
- 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/utah.gov/usen/home

Disease-related resources

- Hepatitis C basics for people who use drugs https://harmreduction.org/issues/hepatitis-c/basics-brochure/
- Hepatitis C: A handbook for people who have used drugs https://epi.health.utah.gov/wp-content/uploads/2021/04/HCV-Resource-Guide_web-view.pdf
- HIV and harm reduction from injecting drugs https://ptc.health.utah.gov/prevention/
- DHHS: HIV/STD/Hepatitis C Free and Low Cost Testing Locations - POSTCARD https://hivandme.com/testing/
- Utah HIV/STD/hepatitis testing and treatment guide https://ptc.health.utah.gov/wp-content/uploads/2020/03/STD_Program_Manual.pdf

Overdose prevention

- Naloxone 101 training https://naloxone.utah.gov/n-training
- Opioid prescription brochure https://vipp.health.utah.gov/wp-content/uploads/OpioidPrescriptionBrochure.pdf
- Narcan nasal spray written instructions https://vipp.health.utah.gov/wp-content/uploads/NaloxoneWrittenInstructions.pdf
- Stop the Opidemic http://www.opidemic.org/
- DHHS—Prevention drug overdose https://vipp.health.utah.gov/opioid-overdoses/
- DHHS—Naloxone https://naloxone.utah.gov/
- Use Only As Directed http://useonlyasdirected.org/
- Utah Naloxone http://www.utahnaloxone.org/

National resources

- Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/ssp/index.html
- CDC—Developing, implementing, and monitoring programs https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-developing-ssp.pdf
- CDC—Summary of information on the safety and effectiveness of syringe services programs (SSPs) https://www.cdc.gov/ssp/syringe-services-programs-summary.html
- CDC—Injury prevention and control: opioid overdose https://www.cdc.gov/drugoverdose/prevention/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

- CDC— Syringe services programs: a technical package of effective strategies and approaches for planning, design, and implementation https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?ACSTrackingID=USCDCNPIN_162-DM45084&ACSTrackingLabel=CDC%20releases%20new%20Syringe%20Services%20Programs%20Technical%20Package&deliveryName=USCDCNPIN_162-DM45084
- Harm reduction hacks: a syringe services program (SSP) provider basic operations handbook https://www.harmreductionhacks.org/

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Utah Department of Health and Human Services. “Health Indicator Report of Drug Overdose and Poisoning Incidents.” *Utah's Public Health Indicator Based Information System*, Utah Department of Health and Human Services, 13 February 2023,

https://ibis.health.utah.gov/ibisph-view/indicator/view/PoiDth.Opi.html. Accessed 16 March 2023.