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UTAH SYRINGE EXCHANGE NETWORK

Utah Syringe Exchange Program

Handbook

Updated May 2021



Preface

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

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

The information contained in this handbook was originally developed by Heather Bush, UDOH Syringe Exchange Coordinator, and Kirsten Dodge, Master of Professional Communication student at Westminster College. It was updated throughout 2020–2021 by UDOH staff: Heather Bush, Tricia Bishop, Cade Robinson, and Lawanda Esquibel. The UDOH Syringe Exchange Program will continue to update this handbook as necessary.

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

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List of Abbreviations

CDC	Center for Disease Control and Prevention
FTS	Fentanyl test strip
HAV	Hepatitis A virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HHS	U.S. Department of Health and Human Services
HIV	Human immunodeficiency virus
IDU	Injection drug user
PWID	People who inject drugs
PWUD	People who use drugs
REDCap	Research Electronic Data Capture
SEP	Syringe exchange program
SSE	Secondary syringe exchange
SSP	Syringe services program
STD	Sexually transmitted disease
SUD	Substance use disorder
UDOH	Utah Department of Health
USEP	Utah Syringe Exchange Program

Glossary

Department

The Utah Department of Health Bureau of Epidemiology, HIV and STD Program is responsible for oversight of the Utah Syringe Exchange Program.

Fentanyl Test Strip (FTS)

A Fentanyl Test Strip pilot program was developed by the UDOH 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

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

Hepatitis A Virus (HAV)

Hepatitis A is 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)

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

Hepatitis C Virus (HCV)

Hepatitis C virus causes liver disease of varying severity and duration. It can be acute, lasting only a few weeks, or can become a serious, lifelong illness. There is **no** vaccine for HCV; however, treatments can cure most people with HCV in 8 to 12 weeks.

Human Immunodeficiency Virus (HIV)

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

Operating Entity

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

Opiate Antagonist

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

Peer to Peer

Peer to peer refers to the exchange of clean, 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, and does not involve participants of a syringe exchange program or related service.

Program Participant

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

Research Electronic Data Capture

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

Secondary Exchange

Secondary exchange is a more formal and organized peer to peer redistribution of clean syringes involving participants of syringe exchange programs, and represents a key component of harm reduction strategy. The injection drug users (IDUs) participating in these programs receive sterile syringes with the purpose of redistributing them to drug-using peers and friends. This allows for greater expansion and outreach of disease prevention and risk management.

Syringe Services Provider (SSP)

A syringe services provider is an agency engaging 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 preventing the transmission of blood-borne diseases (including HIV/HCV), as well as options for obtaining substance-use treatment services, testing services, and an opiate antagonist. Additionally, the participating agency must report information regarding program activities on an annual basis to the Utah Department of Health.

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)

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

Section I:
Administrative Rule Guide

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

1. Background

The nation is currently experiencing an opioid crisis involving 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 is threatening 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. In 2017, 14% of high school students reported using opioids without a prescription and 1.5% reported having ever injected drugs.

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. 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, and cost-saving, 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 that new users of SSPs 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. 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 Department of Health and Human Services (HHS), 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 that 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 on determining 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.

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 of infection and prevent outbreaks.

During the last decade, the United States has seen an increase in injection drug use—primarily the injection of opioids. Outbreaks of hepatitis C, hepatitis B, and HIV infections have been correlated with these injection patterns and trends.^{16,17} The majority of new hepatitis C virus (HCV) infections are due to injection drug use, and the nation has seen a 3.5-fold increase in reported cases of HCV from 2010 to 2016, reaching a 15-year high. New HCV virus infections are increasing most rapidly among young people, with the greatest incidence among individuals younger than 30.

Until recently, 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. Notably, new HIV infections among people who are white who inject drugs, the group most affected by the

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 that the national increase in acute HCV infection is associated with the nation’s opioid epidemic.”

expanding opioid epidemic, increased 10% from 2014 to 2015. The estimated lifetime cost of treating one person living with HIV is near \$450,000.¹ Hospitalization in the U.S. due to substance-use related infections alone costs more than \$700 million annually. In the United States, the estimated cost of providing health care 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. 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 MAT for substance use. The majority of SSPs offer referrals to MAT, 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,³⁶ which also increases access to MAT. Many comprehensive community-based SSPs offer a range of preventive services including vaccination, infectious disease testing, and linkage to healthcare services.

SSPs can reduce overdose deaths by teaching people who inject drugs how to prevent and respond to a drug overdose, providing them training on how to use naloxone, a medication used to reverse overdose, and providing naloxone to them. Many SSPs provide "overdose prevention kits" containing naloxone to people who inject drugs. SSPs have partnered with law enforcement, providing naloxone to local police departments to help them keep their communities safer.

Public Safety

SSPs can benefit communities and public safety by reducing needlestick injuries and overdose deaths, without increasing illegal injection of drugs or criminal activity. 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 his or her career. Needle stick injuries are among the most concerning and stressful events experienced by law officers.^{40,41} 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.³⁴ People who inject drugs in San Francisco also reported higher rates of safe disposal practices than those in Miami. Data from 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.⁴²

Evidence demonstrates SSPs do not increase illegal drug use or crime. Studies in Baltimore⁴⁴ and New York City⁴³ 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.

Drug poisoning continues to be the leading cause of injury deaths in Utah. **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.

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

On behalf of the state of Utah, the UDOH submitted a "Determination of Need" (DON) to the CDC, identifying Utah as being at risk for significant increases in viral hepatitis infections or an HIV outbreak due to injection drug use. The DON was reviewed and approved by 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 that have 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 for operating 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 wishing to conduct a syringe exchange in Utah.

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

3. Syringe Exchange Program Enrollment

In accordance with the Utah Syringe Exchange Statute and the Utah Syringe Exchange Administrative Rule, agencies interested in providing syringe exchange services in Utah must meet the following conditions and requirements prior to being certified as an SSP Provider.

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

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

Operating 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 abuse treatment, etc.), but that DO NOT distribute or collect syringes, are not considered an SSP provider and do not need to enroll.

Enrollment requirements

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

Agency enrollment form

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

Safety protocol plan

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

Sharps disposal plan

The disposal plan must include the participating agency's procedure for disposing 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 being followed.

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 abuse, law enforcement, local governing bodies, community councils, etc.

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

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

Participating agencies shall provide UDOH with a summary of each community in which they propose to operate, which 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.

Provider agreement

The provider agreement form outlines expectations, protocols, and regulations for conducting syringe exchange services as established by the UDOH 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.

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 Resources.

After the UDOH confirms receipt of an eligible agency's enrollment and safety protocol plan, the eligible agency will be notified of its status as an operating SSP. The UDOH will provide the agency with a program number and a certificate of enrollment, as well as instructions on how to report information required by R386-900 (see Reporting Requirements). Upon approval by UDOH, and 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 the UDOH. They can submit requests using the [UDOH Syringe Exchange Program Supplies Order Form](#). Completed forms should be sent to: syringeexchange@utah.gov.

Termination of syringe exchange operation

If a participating agency discontinues syringe exchange activities, written notice must be submitted to the UDOH by sending an email 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 terminating services may be due to changes in management, agency priorities, funding, etc.

The Department can 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 as outlined in the Utah Syringe Exchange Statute, the Utah Syringe Exchange Administrative Rule, and by the Department.

Program element requirements

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

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

Reporting requirements

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

Required Data Elements

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

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

Optional Data Collection Elements

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

- Participant enrollment form

→ Event activity log

Quarterly reporting information

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

Quarterly Report Form

Refer to the Online Database section found below for detailed information on reporting through the online database. Operating entities will 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.

Dates and deadlines

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

The quarterly dates are as follows:

Quarter 1: January 1–March 31, report due April 15

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

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

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

Online database

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

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

Individual users from operating entities must log into RED Cap 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 by sending an email to syringeexchange@utah.gov requesting interest in enrollment; the contact will be sent a link to an electronic form.

If an operating entity enrolls electronically through REDCap, it will receive an email from the UDOH 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 the UDOH 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 UDOH 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 regarding 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 the UDOH will offer advisory visits with agencies one to two times per year. These efforts will help identify areas that can enhanced or improved to better serve the population.

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

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

- Data collection
- Harm reduction and syringe exchange basics
- HIV/HCV basics
- Naloxone administration
- Online database
- Overdose prevention

Section II:
Operating Syringe Service Provider Handbook

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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 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 (UDOH) 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 Guidance.

The legislative law legalized syringe exchange services in the state; however, it does not address the drug-related paraphernalia law. During the planning phase of program development, consider the constructive step of building strategies to mitigate potential effects of the law.

2. Syringe-Exchange Strategy

Developing 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

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

- What are injecting habits of the target population?
 - What are they injecting?

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

A clear understanding of the target population you plan to serve and how your organization can best meet its needs 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

- *Program participant* privacy is easier to accommodate.
- Exchanges can occur in a comfortable setting away from inclement weather.
- The space can be tailored to fit the needs and preferences of participants.
- On-site storage for syringe exchange supplies is likely available.
- 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.

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

Delivery model

The delivery model relies on syringe exchange staff to travel from place to place or group to group to expand the availability of the services and reach a broader population of PWID. The goal of this model is to broaden the reach of syringe exchange services to 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 the startup of operations 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

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

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

Your organization may wish to consider an integrated approach to its syringe exchange operations, meaning offering 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.

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 strengthen your organization's ability to operate a successful syringe exchange program by broadening the services you provide. For example, service referrals are a key component in supporting participants' ability to improve their health. Prior to implementing your syringe exchange operations, you may want to establish a working relationship with a variety of groups 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

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

Social service agencies

Offering guidance to or information about the appropriate governmental and nonprofit organizations that provide legal, housing, or other social-related assistance can be instrumental in helping 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 that 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. Creating a dialog with influential stakeholders that leads to a mutual understanding between parties is a good way to build cooperation—or at least mitigate barriers to entry—when establishing syringe exchange operations in an area.

Law enforcement

The law enforcement community is an important stakeholder in the overall success of syringe exchange operations. Without the cooperation of local law enforcement, it is extremely difficult to carry out an effective syringe exchange operation. Establishing a relationship of trust and mutual understanding with law enforcement prior to beginning syringe-exchange operations in an area is a wise undertaking. To build a connection, your organization may wish to work with local law enforcement to provide educational materials for members about the goals of syringe exchange and the positive outcomes that 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. Resolving any issues between parties quickly and in a mutually agreeable manner is a worthwhile goal.

4. Program Development

A program plan is a foundational tool that provides a framework for consistent operations. Prior to beginning any exchange services, develop a program plan that establishes the following protocols: lays out clear expectations for staff/volunteers, outlines training and safety standards, communicates the program's transaction model, addresses supply management, details disposal of collected syringes, outlines data to be gathered, lays out the budget and finances, and proposes 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 regarding staff standards:

- Have no outstanding warrants.
- Be clean from drugs or alcohol 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, but do not become personally involved.
- Avoid any situations where a client may attempt to procure drugs.
- Maintain client confidentiality

Identify potential barriers to entry prior to implementing 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.

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. Additionally, 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 participating in exchange activities.

Training

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

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

Common staff jobs include:

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

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

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

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

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

HIV/HCV Testing specialist: Provides testing, education, and counseling.

Harm reductionist: Provides education on safer injection, overdose prevention, and safer sex.

offered in-person and/or a virtual format. See USEN training page for schedule and details. Recertification is available.

HIV/HCV Prevention Counseling and Testing Training

HIV Rapid Testing and Counseling

Description: 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.

Certification Requirements (17 hours):

1. Complete online self-study course (approx. six hours)
2. Participate in live virtual learning (five hours)
3. View online recordings (two hours)
4. Complete pre/post knowledge assessment, shadowing and evaluation (approx. four hours)
5. Continuing education is available.

Contact: Kim Farley, kimfarley@utah.gov

Hepatitis C Rapid Testing and Counseling

Description: 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. The UDOH staff oversees REDCap; staff members are happy to provide organizational-specific training. Contact syringeexchange@utah.gov to request training.

Code of Conduct

To be enrolled as a Utah Syringe Exchange Provider, organizations must ensure a high standard of care and quality service when interacting with program participants. 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 (i.e., 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.

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

Prior to Utah Syringe Exchange Program approval, participating agencies will be required to agree to and sign the Utah Syringe Exchange Program Code of Conduct form, which 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 as well. This will help set expectations for both the SEP staff and the participants. A template can be downloaded [here](#) and can be adapted to each program. Sections highlighted and underlined should include agency-specific information. Please download this document prior to making changes. Please 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 for dealing with disruptive or combative participants.
- Staff should use the buddy system when working under the delivery model.
- Staff should always have appropriate communication systems which allow them to stay in contact with support services in case of an emergency.
- Staff should report any threats or known criminal activity to 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. The safety of staff 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, clean needle and associated supplies for each injection. Syringe exchange entities should consider this goal when deciding on which syringe transaction model to implement.

Strict One-for-One Exchange: Under this model, participants receive one clean needle for every one spent needle returned. This model only allows participants to receive clean syringes and other supplies if they bring in a used syringes. This model does not account for participants who may dispose of used syringes in other manners. It also does not accommodate participants obtaining clean syringes for other injection drug users who may not be able to attend the syringe exchange. This model puts a greater burden on staff members who may recognize the needs of the participants and choose to bend the rules to ensure clean 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, 12 used syringes are returned, 20 new syringes are given out. This model provides a balanced approach to encouraging the return of used needles, while still providing all 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 provides the most flexibility by focusing 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 clean syringes and equipment kits they need, regardless of how many used syringes they have returned. Needs-based exchange allows participants to negotiate their needs based on the frequency of injection, the length of time until they can access clean syringes, and the number of other individuals the client is obtaining clean syringes for. Some organizations place an upper limit on the number of clean syringes a client can receive on a given day; 100 syringes is a commonly set upper limit.

Peer to Peer/Secondary: When someone is collecting syringes for others that may live with or are acquainted with.

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

Supplies

Your organization should determine the breadth of the supplies offered to 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 for the prevention of 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 offering include:
 - Antibacterial ointment
 - Bag for carrying the new supplies
 - Band-Aids
 - Condoms
 - Small bleach kits

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

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

Educational Materials

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 service 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 a myriad of ways including planning for the needs of the population it serves, identifying areas where the organization can improve services, setting future goals, and measuring the overall effectiveness of the operation. Additionally, data is useful in explaining budgetary needs when applying for monies from outside funding sources and when soliciting individual donations. Finally, Utah state law requires all operating entities to submit quarterly reports.

State requirements

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

Beyond requirements

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

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.

Data helps inform a greater understanding of program adequacy, exchange volume, and the impact of the public health services your organization is providing in the community.

Budget and finance

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

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

There are many funding sources available for syringe exchange operators. Prior to applying for funding, you will want to verify that the funding sources you reach out to support goals

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

Local community engagement

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

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

Cleanups: Engage in regularly scheduled park, street, or neighborhood cleanups that include picking up spent needles, condoms, and other trash. For clean-up contact USEN watch at usenwatchslc@gmail.com.

Topic talks: Provide regular educational presentations on preventing the spread of disease among all citizens.

Collections: Host a food collection for the local food pantry, or gather supplies for a local shelter.

Local support: Contribute as a sponsor of local health fairs.

Community boards: Become a member of the local health boards.

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

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. Dialogue with other entities may enable your organization to identify opportunities that have not yet been explored, areas where duplication of services can be eliminated, and assist in formation of strategic partnerships.

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

An example of language and goals that can be used in a Good Neighbor Agreement can be found in Additional Resources.

Section III: Additional Resources

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Administrative Rule

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 Bureau of Epidemiology Prevention, Treatment and Care Program.

(2) "Syringe exchange program" is a program that provides access to sterile syringes other clean and new prevention materials, including, but not limited to, cotton filters, cookers, tourniquets, alcohol swabs, and/or condoms and collects, 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 UDOH 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 needle stick 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

2021 Syringe Service Provider Directory
(current as of June 7, 2021)

Beyond Addiction Mosaic (BAM)

2133 Birch Hollow Cove, Draper, UT 84120

(801) 541-5728

Provide: Syringe services, simple wound care, narcan kits, fentanyl testing strips, and drug treatment resources.



@beyondaddictionmosaic

<http://Beyondaddictionmosaic.org/>

Martindale Clinic

743 E. 300 S., Salt Lake City, UT 84102

(801) 428-3439

Provide: Syringe services, simple wound care, HIV/HCV testing, STD testing and treatment, PrEP services, narcan kits, fentanyl testing strips, and drug treatment resources.



@odysseyhouseut

<http://odysseyhouse.org/>

One Voice Recovery (OVR)

1400 S. 1100 E. Salt Lake City, UT 84105 (385) 434-9324 (call for mobile delivery)

Provide: Syringe service, HIV/HCV testing, narcan kits, fentanyl test strips, vaccines, some STD testing, and drug treatment resources.



@OneVoiceRecovery

onevoicerecovery.com/

Soap2Hope

633 E. 200 S., Salt lake City, UT 84102

(801) 663-0183

Provide: Syringe services, wound care kits, HIV/HCV testing, narcan kits, fentanyl testing strips, and drug treatment resources.



@soap2hope

<http://soap2hopeut.com/>

Southeastern Utah Health Department (SEUHD)

28 S. 100 E., Price, UT 84501

(435)637-3671

Provide: Syringe services, simple wound care, HIV/HCV testing, narcan kits, fentanyl test strips, and drug treatment resources.



@SEUHD

<http://seuhealth.com/>

Utah Harm Reduction Coalition (UHRC)

91 E Fort Union Blvd.

(801) 569-1995

Exchange locations located in Salt Lake City and Tooele.

Provide: Syringe services, HIV/HCV testing, narcan kits, and drug treatment resources.



@UtahHarmReduction

utahharmreduction.org/

****Utah AIDS Foundation (UAF)**

1408 S. 1100 E., Salt Lake City, UT 84105

(801)487-2323

Provide: HIV/HCV testing, STD testing, and drug treatment resources.



@UtahAidsFoundation

utahaids.org/

Utah Naloxone's Wellness Center: Andy's

525 East 100 South Ste. 4400, Salt Lake City, UT 84102

(801)213-9346

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, intramuscular naloxone kits, comprehensive wound care services including skin and soft tissue infection treatment, HCV/HIV rapid and confirmatory testing, HCV/HIV linkage to care, STI testing and treatment, immunization services, substance use disorder referrals to various modalities, peer support, patient navigation.

UtahNaloxone@gmail.com



@UtahNaloxone

naloxone.utah.gov/

****Utah Syringe Exchange Network**

288 N. 1460 W., Salt Lake City, UT 84116

(801) 538-6194 or (801) 538-6199



@UtahSEN

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 Determination of Need (DON)
<http://health.utah.gov/epi/prevention/syringeexchange/UT%20State%20-%20SSP%20Letter.pdf>
- Utah Paraphernalia Law
<https://le.utah.gov/xcode/Title58/Chapter37a/58-37a-S5.html>
- Utah Syringe Exchange Administrative Rule 386–900
<https://le.utah.gov/xcode/Title26/Chapter7/26-7-S8.html>
- Utah Syringe Exchange Statute <https://le.utah.gov/~2016/bills/static/hb0308.html>
- Utah Syringe Exchange Program Code of Conduct-
https://docs.google.com/document/d/1MrQMeQoIfWw_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](http://www.slcdocs.com/hand/Homeless%20Services%20Resource%20Guide.pdf)
- Utah Syringe Exchange Network (USEN)
<https://sites.google.com/utah.gov/usen/home>
- USEN: Recovery and Treatment
[http://health.utah.gov/epi/prevention/syringeexchange/USEN Resources Recovery FullSheet.pdf](http://health.utah.gov/epi/prevention/syringeexchange/USEN%20Resources%20Recovery%20FullSheet.pdf)
- USEN: Health Care, Food, Shelter
[http://health.utah.gov/epi/prevention/syringeexchange/USEN Resources Other FullSheet.pdf](http://health.utah.gov/epi/prevention/syringeexchange/USEN%20Resources%20Other%20FullSheet.pdf)

Disease-Related Resources

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

- Emergency Response for Opioid Overdose and Naloxone Administration (English and Spanish)-
brochure <http://health.utah.gov/epi/prevention/syringeexchange/Overdose.Naloxone.brochure.Eng-Sp.pdf>
- Naloxone 101 training <https://naloxone.utah.gov/n-training>
- Narcan Nasal Spray Written Instructions
<http://health.utah.gov/epi/prevention/syringeexchange/NaloxoneWrittenInstructions.pdf>
- Opiate Overdose - pocket card
<http://health.utah.gov/epi/prevention/syringeexchange/rxdrug-overdose-pocketcard.pdf>
- Stop the Opidemic
<http://www.opidemic.org/>
- UDOH - Prevention Drug Overdose
<https://vipp.health.utah.gov/opioid-overdoses/>
- UDOH - Naloxone
<https://naloxone.utah.gov/>
- Use Only As Directed
<http://useonlyasdirected.org/>
- Utah Naloxone
<http://www.utahnaloxone.org/>

National Resources

- Center for Disease Control and Prevention (CDC)
<https://www.cdc.gov/hiv/risk/ssps.html>
- CDC- Developing, Implementing, and Monitoring Programs
<https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-developing-ssp.pdf>

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