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An Exploratory Study of Syringe Exchange Program Awareness and Perceptions in Kentucky

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Abstract

Research has documented the myriad benefits to public and individual health provided by syringe exchange programs (SEPs), which allow persons who inject drugs access to sterile injection equipment. In 2015, Kentucky passed legislation that permitted public health departments to operate SEPs, but much remains unknown about knowledge and perceptions of the newly-implemented programs, particularly among individuals with histories of substance use. The present study therefore aimed to: 1) describe awareness of SEPs in Kentucky among participants of corrections-based substance abuse treatment programs, surveyed one year after their release into the community; 2) to determine if awareness of SEPs varies based on whether individuals live in counties with operational SEPs; 3) to describe perceptions of SEPs in Kentucky; and 4) to explore barriers and motivations for PWID to use SEPs. Results indicated that the majority of respondents had heard of SEPs in their area, and that individuals living in counties with operational SEPs were significantly more likely to correctly identify that an SEP existed. Analysis of qualitative data demonstrated that respondents were aware of SEPs’ provision of sterile equipment and their role in preventing injury and disease transmission. However, many respondents believed that concerns about confidentiality, specifically related to police or community surveillance, may act as barriers to SEP utilization. These findings suggest that additional outreach, particularly targeting fears of legal repercussions, could increase utilization and positive perceptions of SEPs in Kentucky.

Keywords: harm reduction, syringe exchange, substance use, injection drug use
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Syringe exchange programs (SEPs) provide many preventative health benefits for persons who inject drugs (PWID). Access to sterile syringes and injection equipment has reduced the risk of disease transmission, particularly HIV and hepatitis C virus (HCV; Palmateer et al., 2010), lowered the likelihood of tissue infections resulting from continued reuse of syringes (Phillips & Stein, 2010), and protected communities through provision of a safe disposal site for injection equipment. Additionally, SEPs may improve access to treatment and healthcare services for PWID, in part through facilitating nonjudgmental, non-stigmatizing relationships with professionals who may provide advice and referrals (Hagan et al., 2000).

In response to rising rates of injection drug use in Kentucky, particularly prescription opiates and heroin, Kentucky Senate Bill 192 was signed into law in March of 2015, with provisions allowing for county health departments to begin operating SEPs (Dantzler, 2015). The Kentucky Cabinet for Health and Family Services (KYCHFS, 2017) currently lists 29 locations for SEPs across the state, four of which are in Louisville. Initial data show that utilization of the programs has been high in urban areas, with the Lexington-Fayette County Health Department reporting over twenty-one thousand clean needles dispensed in its first year of operation (Musgrave, 2016).

Data from PWID accessing SEPs are valuable and often possible for SEPs themselves to collect, given their reliable contact with this population. It is more challenging, however, to collect information about awareness and perceptions of SEPs from members of substance-using communities who may or may not have utilized SEP services. In order to improve the efficacy of SEP services in Kentucky, it is important to determine how programs are viewed and
understood by populations of current and former substance users, particularly to explore potential barriers to SEP access and utilization.

Although the benefits of SEPs are well-documented and programs across Kentucky have met with strong demand, awareness and impressions of SEP services among individuals with histories of substance use are not yet well understood. Regardless of personal experience with SEPs, it is likely that drug users’ perceptions will provide important insight into factors that may inhibit potential clients from SEP involvement, such as distance to programs, lack of understanding of services, or concerns about privacy and confidentiality. The purpose of the present study was to: 1) describe awareness of SEPs in Kentucky among individuals with histories of substance use; 2) to determine if awareness of SEPs varies based on whether individuals live in counties with operational SEPs; 3) to describe perceptions of SEPs in Kentucky; and 4) to explore barriers and motivations for PWID to use SEPs.

**Methods**

This study utilized data collected as a part of the Criminal Justice Kentucky Treatment Outcome Study (CJKTOS), an ongoing state-funded evaluation investigating outcomes of individuals who have participated in substance abuse treatment programs through prisons, jails, or treatment in the community under criminal justice supervision. Upon program entry, participants complete a baseline assessment with a Department of Corrections treatment provider, which includes sociodemographics, criminal justice history, drug use, social support, and other relevant variables. Following the assessment, offenders in treatment are asked if they are interested in participating in a follow-up interview 12 months after release. Among those who provide consent, participants are randomly selected for follow-up phone interviews one year
after they are released to the community, conducted by the research team at the University of Kentucky.

The present study used data collected from participants one year post-release from prison, jail, or treatment in the community (including residential and intensive outpatient modalities). Excluding participants who had spent the majority of the 12 months since release living out-of-state (n = 2), 105 interviews were collected between April 26, 2017 and July 31, 2017.

Measures

The 12-month follow-up instrument measures county of residence, substance abuse, employment, reincarceration, and mental health during the year after re-entry to the community. Seven additional questions were added to the instrument to capture information related to participants’ knowledge and perceptions of Kentucky’s SEP network. Participants were asked first to report if they had heard of SEPs in their area (yes or no). If participants said “yes,” they were also asked: 1) if they had friends or acquaintances who had used the programs; 2) if they knew if one existed in their county; 3) what positive things they had heard about SEPs; 4) what negative things they had heard about SEPs; 5) why they thought people would use SEPs; and 6) why they thought people might not use SEPs. Questions 1 and 2 were measured as “yes,” “no,” or “don’t know;” responses to questions 3-6 were open-ended and transcribed verbatim by interviewers.

If participants reported living in their current county of residence for less than six months, prior living history was verified with records available to research staff through the Kentucky Offender Management System, and “primary county” (where participant had lived for the majority of time since release) was identified. Counties were then distinguished as
containing an operational SEP or not, based on information available through the Kentucky Cabinet for Health and Family Services (KYCHFS, 2017).

**Analytic Plan**

All qualitative entries were classified using an inductive coding system. Participant responses were reviewed and salient themes for each question were identified by the researcher. Code definitions were developed on the basis of identified themes, and codes were applied to participant responses. Depending on length and complexity of response, more than one code could be applied. Finally, a series of frequencies (for qualitative data) and chi-square tests (for quantitative data) were performed using IBM SPSS Statistics 23 to address the study’s four aims.

**Results**

Of the total interviews with participants reporting primary residence in Kentucky one year post-release from prison, jail, or community-based treatment (N = 105), the majority (n = 63; 60.0%) had heard of SEPs in their area. Of those 63 respondents, only 30.2% had friends or acquaintances that had utilized the programs; most (60.3%) did not know any SEP users, and 9.5% reported that they were not sure. Regarding knowledge of SEPs in their counties, 39.7% knew that one existed, 20.6% knew that one did not exist, and 39.7% did not know.

Overall, 34 participants (32.4%) reported living in counties with operational SEPs. Chi-square analysis indicated that there were no significant differences in awareness of SEPs between those living in counties with SEPs and those in counties without (with 64.7% v. 57.7% responding affirmatively; \( p = .321 \)). Among those who were aware of SEPs generally, a greater proportion of respondents from SEP counties knew others who had used SEPs, compared to respondents from non-SEP counties (40.9% v. 24.4%), though this difference was also not significant (\( p = .142 \)). Finally, respondents from SEP counties were significantly more likely to
correctly identify whether an SEP existed in their county (72.7% v. 22.0%, \( p < .001 \)). The majority of participants from non-SEP counties (56.1%) did not know if an SEP existed or not.

**Qualitative Responses**

Although 39.7% of respondents familiar with SEPs reported having heard nothing positive about the programs, a greater proportion (76.2%) had heard no negative feedback. Regarding specific positive things participants had heard, most common responses were: disease or injury prevention (25.4%), getting free clean needles and injection equipment (20.6%), and trading used needles for clean ones (9.5%). Less common responses included keeping used needles off the streets, access to Narcan® (an overdose-reversal drug), and a nonjudgmental atmosphere.

Reasons why participants believed people would want to use SEPs reflected many responses to positive things that participants had heard. Most frequently, respondents thought that SEPs would be used to prevent injury or disease transmission (47.6%), to get clean needles and equipment (34.9%), to generally keep users healthy and safe (19.0%), and to prevent sharing or reusing of needles and equipment (11.1%).

Regarding negative feedback, the majority of participants (76.2%) had heard nothing negative about SEPs. Of participants who had, their feedback included: facilitating or condoning drug use (7.9%), people not wanting them in their neighborhoods (4.8%), and more syringes ending up on the streets through improper disposal (3.2%).

When asked why people might not use SEPs, most common responses included: fear of arrest or being surveilled by the police (22.2%), fear of being recognized or known as an addict (20.1%), not caring about their health (12.7%), shame or embarrassment (12.7%), and concerns
about confidentiality (12.7%). Nine respondents (14.3%) could think of no reasons why people would not use the programs.

**Discussion**

Results from the current study have contributed important insight as to knowledge and perceptions of SEPs among individuals with a history of substance use, and may offer valuable feedback to public health officials, law enforcement, and policymakers. It is promising that the majority of participants were aware of SEPs in Kentucky. Findings suggest that those living in counties with SEPs were most well-informed about programs’ existence, given that they were most likely to correctly identify the presence of programs. However, having friends or acquaintances who had used the programs did not vary significantly by residence in counties with or without SEPs. It is surprising that proximity to SEPs did not increase the likelihood of participants to report knowing others who had used them, given that SEP utilization would presumably be higher in counties with operational programs. In counties without SEPs, PWID may be more likely to rely on secondary distribution of equipment (e.g., acquiring syringes from pharmacies or other users; Dechman, 2015; Fisher, Smith, Nairn, & Anderson, 2017) rather than traveling to access the programs themselves. This lack of difference seems to suggest that further outreach may be beneficial, both to increase knowledge, and to close possible gaps between knowledge and utilization of services.

Findings from the present study also suggest that the quality of outreach, as well as quantity, may be crucial to programs’ success. Participants’ responses reflected an accurate understanding of basic benefits that SEPs could provide, but many barriers frequently mentioned – fear of police surveillance, fear of public recognition, embarrassment – indicate that privacy and confidentiality must also be specifically addressed in the course of outreach efforts, and may
be at the root of why PWID may be aware of programs, yet choose not to use them. Kentucky’s Revised Statutes are unspecific in their protections for SEP clients, and indicate only that officers may choose to offer not to charge PWID with possession of syringes if they disclose that they have needles on their person, though they may still be charged for possession of other injection equipment (KRS 218A.500, Section 6; KYL, 2017). Research has documented the importance of positive relationships between SEPs and law enforcement in establishing trust with clients (Strike & Watson, 2017). Future studies should examine how Kentucky’s statutes are implemented in practice, and further explore relationships between law enforcement, SEP clients, and program administrators and staff throughout Kentucky, in addition to exploring other potential barriers to SEP utilization.

In summary, findings from the present study have suggested that concerns about confidentiality and legal repercussions may be significant issues to address in the aims of increasing use of SEP services. Although the majority of participants were aware that SEPs existed in Kentucky, those in counties with SEPs were no more likely to know others who had used the programs, indicating that gaps between knowledge and utilization may still exist. Through increased outreach to users and interagency communication to establish trust between SEPs, potential clients, and law enforcement, these gaps may be narrowed.

Strategies of outreach and facilitating positive relationships may be particularly important given the diffuse nature of Kentucky’s SEP network: currently, programs are spread across 26 different counties, 18 of which are classified as rural (per Office of Rural Health Policy standards; HRSA, 2016). PWID in rural areas have historically lacked access to SEPs and related prevention services (Parker, Jackson, Dykeman, Gahagan, & Karabanow, 2012; Welch-Lazoritz et al., 2017), and may be less familiar with program goals and offerings, as well as
client rights and protections. The provision of SEP services in Kentucky is still a relatively new phenomenon, and it is even more crucial at this point in time – only two and a half years after SEP operation was legalized – to ensure that potential clients are not only aware of programs, but feel safe in accessing them.
References


