Assessing the Implementation of Syringe Exchange Programs in Kentucky: A Case Study

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Assessing the Implementation of Syringe Exchange Programs

in Kentucky: A Case Study

Capstone Paper Project

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Abstract

Problem: There are currently 52 operating syringe exchange programs in Kentucky; a state that has 25% of the highly vulnerable counties for an HIV outbreak. The implementation process of syringe exchange programs can limit the potential for growth. The aims of this study were to identify key barriers and successes to the implementation process of syringe exchange programs in Kentucky. This was assessed by comparing various social and political factors that come into play in local communities.

Methods: The study was conducted using an exploratory case study approach. The researcher conducted interviews with three key informants at the Louisville Metro Public Health Department, the Franklin County Public Health Department, and the Kentucky River District Public Health Department. The implementation processes were compared to the Guidelines for Local Health Departments Implementing Needle Exchange Programs in Kentucky. Furthermore, data collected by the SEPs were quantitatively analyzed for comparison.

Results: Information obtained through interviews was assessed based on four categories: assessing the need of the community/engagement/outreach, the approval process and obtaining funding, key barriers and modifications, successes and community impact. This allowed for comparisons and differences to be made between each of the health departments and for an overall conclusion about the implementation process to be proposed.

Discussion: Syringe exchange programs have the ability to reduce harm among injection drug users in Kentucky. The Louisville Metro, Franklin County, and Kentucky River District Health Departments have successfully implemented SEPs, but there are many public health departments located in highly vulnerable counties that have not successfully overcome the barriers to implementation. Syringe exchange programs and the implementation of these programs aim to
provide public health services to the local communities, which aligns with the ten essential public health services.

**Keywords:** Syringe exchange programs (SEPs), injection drug users (IDUs), implementation, public health departments, syringe/needle, harm reduction
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Introduction

Syringe Exchange Programs (SEPs) have existed in the United States since 1988 (Strathdee & Vlahov, 2001). SEPs supply clean needles to reduce the risk of spreading disease that can occur from sharing needles. The first SEPs introduced in the United States were founded by nongovernmental organizations like the National AIDS Brigade and the North American Syringe Exchange Network (Strathdee & Vlahov, 2001). These programs are community-based and provide participants with sterile syringes without requiring payment (Kentucky Syringe Exchange Programs, 2017). The goal of syringe exchange programs is to allow for the safe disposal of syringes and needles, as well as offer education to the community. The implementation of SEPs has continued to develop in counties across Kentucky. Specifically, in Kentucky, SEPs provide referrals to treatment programs, overdose education, access to screening services, hepatitis vaccinations, partner services, and social and mental health services (Kentucky Syringe Exchange Programs, 2017).

There is evidence that indicates that sterile syringes can combat HIV infections among users (Kentucky Syringe Exchange Programs, 2017). SEPs are considered the safest approach for those who are not able to stop injecting with needles and syringes. There have been several studies that have attempted to assess how effective SEPs are at preventing the transmission of HIV. Evidence suggests that they can be successful; decreases in HIV have been observed in cities that have implemented a SEP; in many cases, reductions have not been seen in cities without a SEP (Hurley, Jolley, & Kaldor, 1997). SEPs can reduce HIV prevalence and do not increase the number of syringes that are discarded after use (Meyerson et al., 2017). This research can explain reasons as to why SEPs are an important component of harm reduction, but
they fail to address the process of adopting these policies and implementing programs in communities (Meyerson et al., 2017).

In public health, there have been more practice-based initiatives to improve delivery than there is research to guide the attempt to improve community health in local areas (Scutchfield, Mays, & Lurie, 2009). There are very few specific ways to measure performance and encourage improvement of SEPs due to the lack of research surrounding the implementation process (Scutchfield, Mays & Laurie, 2009). There are also many political barriers to the implementation process of SEPs in the United States. For example, in 1988, there was a federal ban implemented to halt United States funding of programs (Strathdee & Vlahov, 2001). The opposing views consist of a negative outlook toward injection drug users (IDUs). The “war on drugs” can be considered as something that should amount to punishment of injection drug users, instead of utilizing prevention and treatment measures (Strathdee & Vlahov, 2001).

**Harm Reduction as a Practice**

Harm reduction is a model that public health departments are striving to achieve when implementing SEPs. Despite controversies surrounding SEPs, harm reduction aims to offer a perspective different from the moral or the disease models (Marlatt, 1996). The moral model views injection drug users as criminals that deserve to be punished. The disease model believes that addiction is a disease that requires proper treatment. Harm reduction takes a different approach by shifting the focus away from the drug and instead drawing attention to the effects of the behavior (Marlatt, 1996). The effects are based on the potential for the consequences to be either helpful or harmful to the injection drug user. The overarching goal is not to promote abstinence, but to take steps that reduce harm to the person using drugs (Marlatt, 1996). Harm reduction has been utilized as a bottom-up approach that focuses on advocacy for IDUs. Needle-
exchange programs began because of grassroots advocacy that noticed a need for a program to help reduce the risk of HIV in local communities (Marlatt, 1996). It was recognized that users were not going to stop injecting, but instead they could have access to a program to reduce the risk of contracting a disease. Harm reduction is a practice that local health departments are continuing to build upon to reach all members of the community.

Syringe exchange programs are a cost-effective way to utilize harm reduction as a practice in communities. The cost of a single sterile syringe is about $0.97. On average an IDU injects 1,000 times in one year. The cost of a SEP is not comparable to the cost of treatment for HIV, which can total over $618,000 per patient for a lifetime of treatment (Kentucky, 2015). The average cost to implement a SEP is between $23 and $71 per person per year (Wilson et al., 2014). SEPs are relatively inexpensive and allow for clean syringes to be provided at no cost to IDUs (Wilson et al., 2014). SEPs provide cost savings compared to the lifetime cost to treat HIV. This can have a huge impact on those living in rural communities who do not have access to affordable healthcare or transportation to seek alternative care.

Social Construction Theory

“Deviants” are considered a social construction group that is viewed as weak and in a negative manner (Schneider & Ingram, 1993). IDUs are considered to be “deviants” because of the perception that surrounds the group. The Social Construction framework aims to explain how perceived characteristics of a specific group can be affected by public policy (Schneider & Ingram, 1993). It explains why policy designs can impact the reason some groups are more or less advantaged than others (Schneider & Ingram, 1993). In this case, the target population is injection drug users and the way that they are perceived in society due to policies surrounding drug use. Policies are established to help change a behavior that is occurring (Schneider &
Ingram, 1993). Senate Bill 192 was passed to reduce the amount of heroin use that was occurring in Kentucky during that time. The bill included stricter punishment for the selling and use of heroin but also allowed for the implementation of SEPs. “The social construction of a target population refers to the recognition of the shared characteristics that distinguish a target population as socially meaningful, and the attribution of specific, valence-oriented values, symbols, and images to the characteristics” (Schneider & Ingram, 1993). Social constructions include stereotypes that one may have about IDUs (Schneider & Ingram, 1993). This has an impact on policies that public officials pass in regards to IDUs.

Public officials tend to pass stricter policies on negatively constructed groups who are considered to have less power (Schneider & Ingram, 1993). Deviants are considered to be a weaker population. This group is also sensitive to public perception, which has an impact on policy development. “Deviants” do not have control over the policies that are passed and are not able to impact the potential outcomes (Schneider & Ingram, 1993). The government can pass policy with the attempt to solve problems by assessing how the change can serve common interests, instead of special interests. (Schneider & Ingram, 1993). These negative perceptions of “deviants,” allow for this population to have negative experiences with the government. IDUs are perceived negatively because of the policies that have been written to reprimand them (Schneider & Ingram, 1993). SEPs are being implemented to meet IDUs where they are and provide the services that they need at that time.
The image above shows the four social constructions and the benefits and burdens for each group. IDUs are considered “deviants” because of the lack of control, and the policies that are in place are not seen as benefits. However, it could be argued that IDUs have slowly shifted from the bottom right to the bottom left because of a recent shift of perception. Initially, the goal was to punish those who sold and injected drugs but there has been a recent push to provide treatment and services to injection drugs users. This could allow for a shift to the dependent category. They are still considered to be weak, but now there are programs and initiatives in place to provide aid. The perception is starting to change because of the current epidemic; people
want to help those who are using drugs rather than punish them. This is a new way to view social constructions and the way that certain individuals fall into these groups.

**Kentucky SEP Legislation**

SEPs are designed to help tackle various health issues, especially HIV. A total of 220 counties have been identified as being at risk of an HIV outbreak; of these, roughly 25% (54 counties) are in Kentucky (Kentucky Syringe Exchange Programs, 2017). Senate Bill 192 was signed into place by Governor Beshear in March 2015. The goal of the bill was to reduce the trafficking and abuse of heroin in Kentucky because of the growing impact heroin was having on the community. The bill incorporated many key participants such as IDUs, sellers, local law enforcement, and public health officials (Richardson & Sebastian, 2015). There are provisions to the bill that aim to address penalties for use and selling of illegal substances, treatment, needles exchanges, naloxone, and the “good Samaritan” policy (Richardson & Sebastian, 2015). In regards to the needle exchange provision, the local health departments were officially able to begin establishing SEPs to distribute clean needles (Vanderhoff, 2017). Before 2015, this drug-paraphernalia law prevented the implementation of SEPs because clean syringes were said to facilitate illicit drug use (Strathdee & Vlahov, 2001).
KRS 218.500 was created in response to the Senate 192 bill. It specifically addresses illegal “drug paraphernalia” by stating that it is unlawful for any person to use or possess drug paraphernalia. Referencing SEPs, the bill says “this section shall not prohibit a local health department from operating a substance abuse program which allows participants to exchange hypodermic needles and syringes” (KRS 218.500). The following section addresses the consent that must be obtained by the local board of health, the legislative body of the home class city that the program will be operating in, and the legislative body of the county, urban-county government, or consolidated local government (KRS 218.500). This bill also states that this consent can be revoked at any time. Syringes and needles that are exchanged through utilizing these services will not be considered drug paraphernalia while participants are located on site (KRS 218A.500). The Kentucky Department of Public Health published guidelines for local health departments implementing needle exchange programs in 2015 in response to the Senate 192 bill. There are specific guidelines for local health departments when implementing SEPs in
their communities. It is crucial that community members and political leaders are educated about SEPs before beginning the implementation process—this ensures that the proper information and data is being shared and is more likely to allow for the community to accept the SEP in their jurisdiction (Bixler et al., 2018).

**Social and Political Factors**

Social and political factors impact the implementation process depending on the location of the potential SEP. Demographics and political viewpoints can vary in each local community. Urban and rural counties in Kentucky can have very different processes for the implementation of a new community practice. The use of injection drugs was previously thought to be rare in rural Appalachian Kentucky (Havens, Oser, and Leaukefeld, 2011). However, that is not the case now in those communities. The increase in the use of injection drugs puts the population at risk of contracting HIV and other infections. Before implementation of SEPs, there was a lack of available testing in these rural communities, as well as a stigma associated with those who have been diagnosed with the disease (Havens, Oser, and Leaukefeld, 2011). Once someone is diagnosed, the ability to afford treatment is low due to the lack of available resources present in rural Appalachia (Haven, Oser, and Leaukefeld, 2011). Lack of funding for SEPs and the stigmas attached to HIV and other diseases and have an impact on the implementation process in rural communities.

Nationally, there are more SEPs located in urban locations versus rural locations (Jarlais et al., 2015). This uneven distribution of SEPs can be attributed to political, socioeconomic, and organizational characteristics that have the ability to affect needs, resources, and push back in local communities (Tempalski et al., 2007). A complication that is present in the United States is if medical providers and law enforcement believe IDUs should be classified as patients or
criminals (Tempalski et al., 2007). This thought process can vary depending on the community and location. There are different categories of opposition: institutional, community, and negative media portrayals (Tempalski et al., 2007). Community support of SEPs can depend on the perception of IDUs (Tempalski et al., 2007). If community members have not been personally affected or know someone who has been personally affected then they are less likely to have a connection to the issue. Political opposition can occur due to the lack of strong leadership in the community (Tempalski et al., 2007). Strong support for the community can lead to action being taken by the government and implementation of SEPs.

**Implementation Models**

There are three main health benefits that occur from implementing a SEP: the removal of syringes that have been infected from the local area, increasing the availability of clean syringes and the distribution of other goods and services that may reduce disease transmission, such as condoms (Kentucky, 2015). Various implementation models have been used to establish SEPs. These include using community coalitions, community activists, and a top-down approach that uses government authorities. SEPs that are established by community coalitions involving groups that work together to obtain community and local support (Downing et al., 2005). This can be formed by health and social service agencies, community and church groups, neighborhood associations, as well as political leaders and researchers (Downing et al., 2005). The efforts are combined to obtain acceptance from the community on a much wider scale. The overall goal is to implement the SEP with the approval of the community and local government officials (Downing et al., 2005). Establishing a SEP with a community coalition can often be a longer and more difficult process, but it allows for the ability to gain support from local community members (Downing et al., 2005). SEPs established by community activists allow the activists to
play a significant role in the implementation process. These SEPs operate on a smaller scale and without the approval of local authorities (Downing et al., 2005). Community activists can act at a much faster pace, but this model does not often last as long as the others. SEPs that were started by activists soon evolve into other models (Downing et al., 2005). When the government acts to establish SEPs, state and local officials will develop the policy surrounding the SEP, as well as fund and implement the program (Downing et al., 2005). Local law officials can also have an impact on local law enforcement. This model has more access to funds and can gain support from the local community, but there is the inability to make changes or improvements due to the delays that occur within the government (Downing et al., 2005).

**Foundation for Syringe Exchange Programs**

The Guidelines for Local Health Departments Implementing Needle Exchange Programs is a guide to the implementation process for the Kentucky Harm Reduction and Syringe Exchange Program. It provides a model to assess if public health departments are adequately implementing SEPs. It requires that all components of the implementation process must be tailored to the local community and the target population. The first step is to determine if there is a need for a SEP in the jurisdiction of the local health department. This can be assessed by examining the prevalence of HIV and other diseases amongst IDUs in the community (Kentucky, 2015). If a need has been identified, the health department can collaborate with community partners to “identify ways to tailor services based on the specific needs of the special risk subgroups of IDUs in the community, select the types of syringe distribution and service delivery models most appropriate given resources and context and identify potential locations for HRSEPs “(Kentucky, 2015). It may be useful to educate community partners on current data and the importance of disease reduction within the community.
The next step is to assess the readiness of a community to implement a SEP. The law in Kentucky states that to develop a SEP in a county, it must be a local decision. There must be approval from three parties: the local health departments Board of Health, the legislative bodies of the city and county government, and community approval (Kentucky, 2015). Without community approval, it will be challenging to obtain approval from the other two entities. To build community support, there must be a clear outline of options and available information on the attitudes of key stakeholders in the community (Kentucky, 2015). There should be clear goals for the SEPs and pre-planned solutions, if issues may arise. There must be proper syringe disposal in place. This will help protect against health and safety concerns (Kentucky, 2015).

Assessing the need for SEPs and the readiness of the community are key factors to successfully implementing a SEP in Kentucky.

There are currently 52 SEPs operating in the state of Kentucky. These programs vary on hours and days that they are open. Each SEP undergoes a different process for implementation depending on the county and the community. The implementation process for SEPs is fundamental to the success and longevity of the program. Multiple factors play a role in the overall process of implementing SEPs in counties in Kentucky. Assessing the parts of the process will allow for a more in-depth analysis of the importance of implementation and the effect it can have on a successful program in a community. Comparisons of the implementation process amongst SEPs in different locations allows for a more complete view of the programs and the overall impact.
Methods

The protocol for this research was reviewed and deemed exempt by the University of Kentucky Institutional Review Board. An exploratory case study approach was used to assess the implementation process of syringe exchange programs run by public health departments in Kentucky. This research design was chosen so that interviews could be used to better understand SEP implementation in specific counties. Three separate interviews were conducted of primary stakeholders involved with SEPs in Franklin County, the Kentucky River District, and the Louisville Metro area. The three individuals were: The Director of the Franklin County Health Department, the Director of the Kentucky River District Health Department, and the Community Liaison for the Louisville Metro Syringe Exchange Program. The same 13 questions were asked to each of the stakeholders to ensure consistency. These questions were developed based off of the implementation guide for SEPs in Kentucky. The questions were created to assess the implementation process in the health departments jurisdiction. With these answers, the researcher was able to compare each syringe exchange program and determine the key barriers and successes to each program. The SEPs were chosen based on the size of community and program, to provide a balanced analysis of the SEPs across Kentucky. Each individual was contacted based on their involvement with the corresponding SEP. The interview for Franklin County was conducted in person, and the other two interviews were over the phone because of the distance from the researcher.

Each interview was recorded and documented to ensure that information was not left out. The interviews were coded to identify common themes and information that corresponded with the Guidelines for Local Health Departments Implementing Needle Exchange Programs. These common themes were analyzed to evaluate each implementation process and how each one
compares to the other. Quantitative data were also analyzed from the individual SEPs. This data includes numbers of participants and syringe provided. This data was utilized with the qualitative data to further assess the implementation process of syringe exchange programs in Kentucky.

Results

The information is this section was obtained through stakeholder interviews and the analysis of quantitative data provided by each specific public health department. The responses to the interview questions were used to provide insight into the implementation process based on the Guidelines for Local Health Departments Implementing Needle Exchange Programs. Each health department was assessed based on four main categories: assessing the need of the community/engagement/outreach, the approval process and obtaining funding, key barriers and modifications, successes and community impact.

Louisville Metro Syringe Exchange Program

Assessing Community Need/Engagement/Outreach

The Syringe Exchange Program in the Louisville Metro area has been opened since June 10, 2015. The main site is open six days a week and there are an additional five sites that operate in the area. After the legislation was passed in March 2015, the planning process began. The Louisville Metro Public Health Department began to set goals and decide how the SEP should be designed. There was a list of community partners compiled and a working group was formed to write the guidelines for the SEP. They also had a partnership with the Volunteers of America and they collaborated with community sites to promote outreach practices. There was a focus group in the local jail that asked questions about the use of syringes to help define limitation barriers. The questionnaire asked what syringe type would be best, as well as potential hours of operation.
There was not much promotional material created for the program. The majority of participants found out about the program through word of mouth. On opening day, the media came in to document the program but there was no additional coverage. The need for a SEP in Louisville was determined after the HIV outbreak occurred in Indiana. The outbreak was right across the bridge from Louisville and the people in those communities were coming to Louisville to engage in the drug market, which meant that needles could have been shared. The vulnerable counties for an HIV outbreak in Kentucky were also a major concern for the local health department. There was a high population of members of the community that were using drugs. Implementation of a SEP had the potential to prevent an HIV outbreak in Louisville and allow for IDUs to have the opportunity to utilize other available resources, such as testing and vaccinations.

*Approval Process/Obtaining Funding*

The approval process for the Louisville Metro Syringe Exchange Program was not an intensive process due to the overwhelming community support. The mayor and the city council were in favor of the implementation, which made the process much smoother. The law was passed by the state on March 25, 2015. Louisville held a community meeting on April 2, 2015, which was a week after the law had been passed. The Louisville Metro Council approved the SEP on April 23, 2015 and it was signed by Mayor Greg Fisher on May 4, 2015. There were no specific guidelines that had to be followed to obtain and maintain funding for the SEP. They were left wide open as a public health department to decide on the structure of the program and what the most appropriate route would be. The health department must go back each year to request more funding from the city council. There are also a few grants that help fund the SEP, but the majority comes from the city council.
**Key Barriers/Modifications**

In terms of barriers to the implementation of the SEP in Louisville, there were no major issues. The biggest piece was educating the city council and community partners on the importance of a SEP. The main modification that had to be made was the delivery model. The SEP started as a simple needs-based negotiation, which means that participants did not have to bring needles back. To prevent policy changes from the state, they started to limit the amount given. For example, participants could receive 70 syringes to start, then the amount brought back the next time would be doubled up to what was needed for the week. This adjustment had to be made to ensure that the program would not be forced to transition to a one for one delivery model.

**Success/Community Impact**

The Louisville SEP has had many accomplishments since it first opened. Since February 2019, the program has served 18,233 participants and provided 3,620,671 clean syringes. The program was also able to collect 2,374,986 used syringes. These participants were also able to receive education about various topics such as proper disposal of needles and STD counseling and testing, as well as referrals for treatment. The main success of the SEP in Louisville is the treatment of the participants involved in the program. In the beginning, the leadership focused on how to properly treat and talk to injection drug users that were coming in to receive clean needles. Engagement was a key factor in serving the community. The staff has a high opinion of those that inject drugs, not a low opinion. They believe in a healthy functional approach to engaging people that can lead to healthy behavior changes. The goal is to meet people where they are to make changes that they are ready, willing, and able to make. The stages of change are incorporated into this practice to meet people in those stages and allow for the celebration of
future successes. Louisville provides many open hours for the exchange and multiple sites. It also helped that there was not a lot of protesting or negative feedback surrounding the exchange. The SEP offers a variety of other services such as drug treatment, medical health referrals, onsite counselors, vaccinations, naloxone, testing strips, food and shelter needs. These additional services allow them to reach a wider population.

Building community partnerships is also a key factor in the success of the SEP. In 2017, employees worked closely with the Louisville Metro Police Department to provide approximately 40 training sessions for the officers. These training sessions included material focused on how officers can effectively work with injection drug users. Previously, there was a policy within the police department that allowed officers the option to offer not to charge people if they told them that they had needles. It is now required for them to offer to not charge people. This was a significant development because fewer people would throw needles on the street in fear of getting charged. It also allowed for less interference from the police in general. There was an initiative to focus on community outreach with everyone whose lives intersect with those who use drugs. This includes educating the hospital and academic systems on harm reduction. There were training sessions held for the local hospitals with doctors and nurses to improve relationships with those who use drugs. The “war on drugs” and the cultural image of drug users makes for a problematic relationship and can result in compassion fatigue. It is important to establish a long-term relationship with these community members to ensure that harm reduction can be effectively upheld.
Franklin County Health Department Syringe Exchange

Assessing Community Need/Engagement/Outreach

The Franklin County Health Department opened the SEP in May 2016. Implementation practices began before approval went to the fiscal court or the city commission. The health department did not want to start the process with the mindset that the department thought it was a need, but rather that the community did. There were focus groups formed that were centered around Narcan training. The magistrates and city council members were invited to the training sessions. Information was presented about the overdose rates, as well as the Center for Disease Control map with the vulnerable counties at risk of an HIV outbreak. A template was used from the Kentucky State Department of Public health with guidelines that suggested ways to operate a SEP. The implementation process began with a collaboration between an existing MAP coalition and other community stakeholders. Flyers and ads were created and distributed to local community partners and hung in the hospital emergency room. There was also a television commercial ran at the start of the program. Treatment centers were invited to be present at the exchange to be a resource for those who may want to seek treatment. Engagement and collaboration were key to starting the SEP in Franklin County.

Approval Process/Obtaining Funding

The process of approval for the SEP in Franklin County took some time due to the extended process that must be followed. The Board of Health was the first step in the approval process. Once the Board of Health agreed, it went on to fiscal court. The fiscal court approved the SEP, and it was sent to the city commission. The Board of Health approved the SEP on August 17, 2015; the fiscal court approved it on October 16, 2015; the city approval on January 25, 2016. It opened in May, this allowed for time to purchase supplies and participate in the
Harm Reduction Summit training. In the beginning, there was no funding available for the implementation of the SEP. The board agreed to fund the program with local tax dollars. There was an estimated need of $60,000 a year. The first year the SEP was opened, the $60,000 was received for opening costs. The rest of the funding sources was broken down accordingly: $4,000 for the state, $4,000 in federal grants, and $40,000 from the Board of Health. The grant funds are used to pay for staff time and other needs, but not the syringes or needles. There is approximately $15,000 budgeted for salary payment.

There are quite a few grants that help fund the SEP. The state provides $10,000 in grants for HIV prevention. The SEP uses this grant because many resources can be provided through the program for HIV prevention. The grants are applied for through the local Agency for Substance Abuse Policy (ASAP) boards because the health department is not considered a non-profit organization. The Office of National Drug Control Policy released grants and the local ASAP boards applied for these grants to fund the SEP. This funding is used to purchase alcohol supplies, condoms, and other items. The health department will purchase these items and be reimbursed through the grant funding. They must report back monthly stats (visits, testing, drugs, treatment, number of syringes) to the ASAP board. These grants played a role in the functionality of the SEP and allowed for successful implementation.

Key Barriers/Modifications

There were barriers that Franklin County had to overcome to be able to implement the SEP in their jurisdiction. The first barrier was the approval of the Board of Health. The board chair was skeptical due to the concept of permission and the idea that giving clean needles came with permission to use. To overcome this barrier, there was data presented from the CDC and the World Health Organization. They had one on one meetings and provided community education.
The next obstacle was approval from the city commission. During the first vote, two voted “no,” and the third voted to abstain because they wanted more information. Active community members played a significant role in impacting city commission. It ended up passing in city commission by one vote. The only caveat was that there was a requirement for an update every six months and that the program could be taken away at any time. The Public Health Director provided updates twice and after that was not asked to come back again due to success in the implementation phase.

Due to the increasing numbers and 80% return rate, there are still staffing and funding barriers. Every staff member is trained in needle exchange and interns are also utilized to fulfill this need. Grants will not allow for syringes to be purchased with federal money, so the funding must come from other sources. Careful planning of resources comes into play to overcome these challenges. Modifications have been made in terms of the delivery model. There is a cap of 100 needles, which can get them through the week and is enough to give to other people that may need them. The first visit is needs-based and it is ideal for participants to return once a week. There was a bill introduced that could make the delivery model one for one across the board. Due to this, they have been stricter on giving a lower number of needles if participants do not bring back needles. They found that participants are more likely to bring the needles back if they are provided with a sharps container. This container has a card with the information of the health department. If the participant were to get arrested, it would be thrown out as long as there are not drugs present. The hours of operation have expanded since the SEP was first opened. It is now open every day of the week, which allows for the services to be more utilized. There have been some complaints from participants that use other services due to being in the same waiting room
as injection drug users. They try to combat this with education of the SEP and the positives of having one in the county.

Some modifications were made since the program first opened in 2016. When first opened, services were only offered on Fridays. The location was right next to the Sheriff’s Department. These two factors could have contributed to a slow start. The next step was opening a service at another building while utilizing a mobile command center. After this change, there was an increase in numbers and allowed for more accessible public transportation access. The SEP has its own waiting room and area to see participants in the Public Health Department. This change increased participation and use of services.

Success/Community Impact

The SEP is considered a success in Franklin County. For the 2018-2019 year, there were 456 initial visits and 845 subsequent visits. SEP staff made 16 referrals to treatment at the initial visit and 16 referrals at a subsequent visit. There were 85,330 syringes provided and 67,380 syringes collected with a 79% return rate. Additionally, there was significant support from community partners and key stakeholders in the local community. The participation rates have continued to increase due to successful outreach practices. There were many moving parts and community partnerships formed to allow for successful implementation. There is a community needs assessment conducted every five years. In 2013, drug use was the number one concern in the community. The hope is by the next cycle this concern will move down due to the resources that are in place for community members to utilize. This needs assessment allows the health department to address needs within the community and develop future goals to work toward. The SEP in Franklin County has continued to grow due to the respect factor that is incorporated into
their daily practice. They also are open every day of the week, which allows for flexibility for participants.

**Kentucky River District Health Department**

*Assessing Community Need/Engagement/Outreach*

The Kentucky River District Health Department is composed of seven counties in Eastern Kentucky: Owsley, Lee, Wolf, Letcher, Perry, Knott, and Lesley. The first SEP in the district opened in September 2017 in Owsley County. The next one opened in October 2017 in Lee County. Wolf, Letcher, and Perry Counties opened in April 2018. The Public Health Director will present to fiscal court for Knott county in March 2019, as well as Lesley County soon. As of March 2019, there are two counties in the district without SEPs implemented.

The Kentucky River District Public Health Department saw a need for a SEP in the community. According to the Center for Disease Control map with the highly vulnerable counties to have an HIV outbreak, all seven of the counties in the district are on the list, and Wolf County is listed as number one. There has also been a Hepatitis A outbreak. The first case was in August of 2018, and there are now 209 cases in the district with 86% being IV drug users. The health practices of IDUs is increasing the spread of disease. The community has come together to embrace substance use disorder as a disease and not a moral failing.

The outreach for SEPs in the community has been widespread. The health department has held community meetings and used business card advertisements with contact information and hours of operation. The cards were left in public areas where people would see them, such as restrooms and family planning clinics. The most effective method has been word of mouth between family members and participants. The participation rate was slow at the beginning until more people started coming and sharing their experiences with others. Partnerships have also
been key to the implementation. Local law enforcement was educated on the basics of SEPs. Participants are advised to voluntarily give up supplies and to share that they are part of the program. Education of policymakers and the local community was crucial. Through this process they were able to find out what kind of needles would be needed (length and gauge) and what substances were most used. Cultivating local champions in the community is a key part of getting the rest of the community on board. This community assessment was the foundation for the growth of the SEPs in each county.

Approval Process/Obtaining Funding

The process for approval in the Kentucky River District took longer than expected. The first SEP was not approved until two years after the bill was initially passed and there are still two counties that do not have an operating SEP. The process was a slow, deliberate approach; none of the programs were immediately approved. The two counties that still need approval have new judges. The leadership and views of the judge-executive have an impact on approval.

The initial funding came from local tax dollars and grants through the ASAP boards, as well as other local grants. There was a large number of community donations to start the SEP. A pharmacist donated a supply of needles at the beginning. Local doctor offices have also purchased needles to donate to the SEP. Grant funding could not be used to purchase these supplies, so the donations make a significant impact. The department has a partnership with the University of Kentucky; it is a grant to provide funding for the SEP through HRSA. Resources are not abundant in the community, so donations and grants are crucial to the upkeep of the exchange.

Key Barriers/Modifications
The approval process was a key barrier to the implementation process and still is of the remaining counties. Deliberate leadership is key to the implementation of SEPs in these rural counties. There has been some community push back with providing needles to injection drug users. Because of this push back, the SEP does not provide any supplies other than syringes, alcohol prep, and band-aids. Other SEPs, may provide sterile water or cookers but this would be pushing the agenda too far in these communities. There are a few modifications that had to be made throughout the process. There are two different ways to operate the syringe exchange: integrated with other services or a stand-alone model. The main positive of the integrated model is that more hours can be offered. The negative component is the clients that come for other services feel uncomfortable and stop utilizing those services. The SEP is currently open five days a week during regular business hours. Staff is currently looking to reduce the hours of operation for the SEP because they do not want to displace other services. The demands have become too large and there are not enough resources to support the growth. There are over 250 participants in Perry County and over 200 in Owsley County with a population of 4,500 people. The department is aware that this may cause pushback, but the goal is to use grant money to fund a mobile syringe exchange. This will allow for the ability to reach populations differently, while still being able to give attention to the other services that the department offers.

With the department located in Eastern Kentucky, there is a lack of resources and staff dedicated to the SEP. Larger cities can provide more opportunities for staffing. There are often times when they are not able to provide the resources that the community needs. There is a lack of affordable housing, as well as transportation issues outside of the urban areas. There is not a bus system to transport participants to the SEP. With it being such a small community, most everyone knows each other. These people have jobs that they cannot lose, and amenity is crucial
to participation in the program. These barriers are more challenging to overcome in small, tightknit communities. The health department will have to continue to adapt to the best of their ability to accommodate the local community members.

*Success/Community Impact*

The implementation of SEPs in the district has an impact on the population in rural Kentucky. Participants can receive clean needles, which has a potential impact on the spread of disease in the area. Some participants are also getting tested and referred to treatment services. There is a partnership with addictive recovery care that allows referrals to be made. There has also been an exponential amount of growth since the start of the programs. More people are utilizing the services that are offered. Assessing the community impact allows for an improvement plan to be followed and more modifications to be made in the future.

*Summary*

<table>
<thead>
<tr>
<th></th>
<th>Louisville Metro</th>
<th>Franklin County</th>
<th>KY River District</th>
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<tbody>
<tr>
<td><strong>Assessing Community</strong></td>
<td>Community partnerships/working groups, word of mouth</td>
<td>Focus groups around Narcan training, MAP coalition, presentations/flyers and ads</td>
<td>Community meetings, business card advertisements, word of mouth</td>
</tr>
<tr>
<td><strong>Need/Engagement/Outreach</strong></td>
<td></td>
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<tr>
<td><strong>Approval Process/Obtaining Funding</strong></td>
<td>Opened 4 months after law passes, no strict requirements, received funds from city council and grants</td>
<td>Opened over a year later, no funding at beginning</td>
<td>Opened 2 years later, tax dollar and grant funding</td>
</tr>
<tr>
<td><strong>Key Barriers/Modifications</strong></td>
<td>Changed delivery model</td>
<td>Board of health approval, funding and staffing barriers</td>
<td>Struggled to obtain approval, lack of resources and funding, displacement of other services</td>
</tr>
</tbody>
</table>
### Discussion

Each of these local health departments has their own individual implementation process depending on the local characteristics of that particular community. Process monitoring can be used to evaluate the goals of the health department and ensure that identified areas of improvement are being met. Assessing the implementation process amongst these three public health departments allows for comparisons and suggestions to be made in the future. Implementation of SEPs is fundamental to the success of programs in Kentucky and future policy changes. The SEPs in Kentucky were evaluated based on four key categories: assessing the need of the community engagement and outreach practices, the approval process and how funding was obtained, key barriers and modifications, successes and community impact.

Assessing community need in each jurisdiction begins before trying to obtain formal approval. Community engagement and outreach practices can be utilized to get the community members on board and in favor of a SEP in their community. Community engagement can vary depending on the perceived need and the targeted outreach that is used. The Louisville Metro Public Health Department began with a focus group in the jail and a working group comprised of community partners. There was not much promotion; word of mouth was key to their promotional efforts. Community support for the SEP played a significant role in this aspect of the implementation process. The Franklin County Health Department began with a focus group centered on Narcan training. There were many training sessions and presentations on the topic of SEPs. Commercials, ads, road signs and flyers were used to spread the word about the SEP.

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<tr>
<th>Success/Community Impact</th>
<th>Treatment of participants, resources available</th>
<th>Growth of program, resources offered</th>
<th>Testing services, referrals to treatment, growth of program</th>
</tr>
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</table>
Promotion was key in this community. Once more people started using the program, the participant rates picked up but it was a slow process at the beginning. The Kentucky River District Health Department held community meetings and promoted through local community partners. They created business cards with the information of the SEP. The best promotion method was word of mouth due to the size of the community. The SEPs in these counties were slow at first because there was less community support and more of a stigma surrounding injection drug users. Methods for assessing need and promotion was the beginning of the implementation process. This step prepared the health departments for the approval stage.

Louisville Metro, Franklin County, and the Kentucky River District had different implementation processes due to the community population and location of their particular SEPs. The SEP in the Louisville Metro area was the first of the three public health departments to open. The approval process was fast due to the amount of community support. It was not an intensive process because the mayor and city council were in favor of SEPs. Active leadership amongst community members and policymakers in the community were key to approval in the Louisville area. The Franklin County Health Department was the second amongst the three to open. There was more of a push back from the board of health and the city council. This impacted the overall approval process. Once the chair of the board of health was in favor, the process went more smoothly. Education was key to approval in Franklin County. The public health departments located within the Kentucky River District were approved in 2017 and 2018. There are still two counties that have not received approval. The lag in the approval process is due to community perception and the stance that policymakers in the community have on SEPs and injection drug users. The leadership within the court system is key to the approval process in these rural communities. Approval is the first step to implementation of SEPs in Kentucky. There are
several steps that each public health department must take, which can have an impact on their ability to successfully implement a SEP.

Barriers to the implementation process must be overcome to allow for modifications to be made and to support the longevity of the SEP. Due to the success of the community assessment and approval process, there were not any key barriers to implementation for the Louisville Metro Syringe Exchange Program. The one modification that had to be made was the delivery model. This change was made in fear of government push back for supplying too many needles. The Franklin County Health Department had barriers during the approval process. Community members were concerned about giving IDUs permission to use, but the goal of the SEP was to provide prevention efforts. Funding was also a barrier because there was no funding at the beginning. Due to the size of the department, there are still staffing and funding barriers. The SEPs located in counties within the Kentucky River District only provide syringes to participants because of community push back. There were barriers during the approval process and education had to be used to overcome these barriers. There are fewer resources for the health departments located in Eastern Kentucky. Lack of funding and staffing is also typical in this area. Compared to Louisville Metro, Franklin County and Kentucky River District have had more barriers to overcome. Louisville is a much larger community with more support for the implementation of SEPs. Their is staff specifically dedicated to the daily operation of SEPs. Other health departments have services that are being displaced because of the growth of their SEPs.

Resources and community perception play a role in barriers that may be faced during the implementation process.

Each of these three health departments has experienced success with their SEP. These successes are celebrated differently and have different meanings for each community. Amongst
all three departments, education of the community members and policymakers was crucial. Louisville Metro focused on the treatment of participants and being intentional with language surrounding injection drug users. Partnerships with community organizations, the police departments, and local hospital were developed to ensure effective communication and success. The Franklin County Public Health Department has had an increase in utilization of services. The main focus is on providing participants with what they need. IDUs were concerned about being charged if needles were found in their car, so the department provided them with containers for safe storage. These containers also had business cards that had the SEPs information. The Kentucky River District focused on utilizing local “community champions” to obtain community support. Finding community members within the churches, hospitals, and the police department was important to gaining approval. Each department had different focus areas that allowed them to be successful in implementing a SEP.

**Limitations**

A limitation of this study was that it was based on the experiences of only three public health departments. To increase the usefulness of this study, care was taken to purposefully select the public health departments to maximize variation in terms of location and community size. Due to time restrictions, more departments could not be chosen to interview. If time allowed, more locations in different areas of Kentucky could have been interviewed. This could include public health departments that do not have SEPs implemented and the barriers that they currently face with implementation. Similar to all interview studies, the results of this project were limited by the interview participants’ ability to recall and willingness to share insights. To lessen this issue, a structured interview script which included critical incident prompts was
utilized. In addition, some of the public health departments chosen did not have extensive quantitative data due to lack of resources. Quantitative data could provide a more in-depth picture of participation increases and syringe distribution.

**Conclusion**

Syringe Exchange Programs are a key component to harm reduction in Kentucky. Access to clean syringes can save lives by reducing the spread of diseases in local communities. The implementation process lays the groundwork for SEPs and addresses key issues that must first be considered. The Louisville Metro, Franklin County, and Kentucky River District Health Departments have successfully implemented SEPs, but there are many public health departments in Kentucky that have not. There are many causes of this lack of implementation, which can be concluded from the analysis of the public health departments that have a SEP.

Policy surrounding SEPs in Kentucky has an impact on the current limitations to providing clean syringes to injection drug users. Public health departments cannot implement a SEP without government approval. Syringe access is limited because legislatures are not willing to let it be controlled locally. This is a major concern amongst public health departments and a policy that should be reevaluated. Public health departments should have the ability to determine if there is a need for a SEP in their community without having to consult the government. Government officials often lack accurate information which can cause problems during the implementation process. This is also a concern about the perception of injection drug users on a governmental level. The language used surrounding IDUs in certain communities is not aiding with the implementation process. There needs to be a common goal amongst policymakers in
Kentucky, and that is to protect the people living in these communities. Syringe access can prevent deaths from occurring and is a cost-effective way to do so.

The purpose of this capstone was to provide an in-depth look into the implementation of SEPs in Kentucky. This analysis allowed for an examination of SEPs that vary in location, size, and community support. The goal was to provide recommendations and examples for public health departments that have yet to successfully implement a SEP, as well as those that are trying to overcome current barriers. The interviews conducted provide insight into the challenges and successes that occurred. However, implementation in other communities must depend on resources, funding, and ability to convince the community and policymakers of the need. As the amount of injection drug users continues to increase, as well as the spread of diseases such as HIV, there will be a need for more SEPs in local communities. The Center for Disease Control has a goal of 100% coverage, with all injection of drugs to be performed with a sterile syringe (Kentucky, 2015). There are ten essential public health services that include activities that all communities should be involved in (10 Essential Public Health Services, 2018). Syringe exchange programs and the implementation of these programs aim to provide public health services to the local communities. SEPs fall into the majority of the categories shown in the image below. This is evidence that SEPs are a crucial part of public health and can impact injection drug users as more programs are implemented in Kentucky.
Figure 2: The 10 Essential Public Health Services

Image from: Centers for Disease Control and Prevention
Interview Questions

1. How long has the SEP been open to the community?

2. How has the implementation process for the SEP impacted the overall outcomes, such as addressing community need, local collaboration, and outreach practices?

3. What are key barriers to the implementation process? What were some common challenges in getting approval for the SEP? How did you overcome these challenges?

4. How was funding for the SEP obtained? Is the funding public or private? Were there specific criteria that had to be followed to obtain funding?

5. Were there things that your SEP tried that may have not been successful?

6. Did you modify the SEP along the way? If so, how?

7. Why did your agency start an SEP in your jurisdiction?

8. How has the population been impacted since the SEP has been implemented?

9. What has been the most successful aspect of the process?

10. Did it take a long time for the SEP to be approved? If yes, how did that impact your ability to deliver services and address the community health problem?

11. Do you consider your agencies SEP to be a success? If yes, what contributed to the success of your SEP?

12. Has there been any community resistance? If so, how has this been addressed throughout the process? What is the general level of community support?

13. What is the delivery model for the SEP? Has the delivery model changed since the SEP first began?
References:


Franklin County Health Department: Syringe Exchange Program (2019, February 27). [Interview].


Kentucky River District Health Department (2019, March 4). [Interview].

KRS 218A.500


[Interview].

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