

Point for Point

Needle Exchange Program for Injection Drug Users

Prevention Point Needle Exchange & San Francisco AIDS Foundation

| FOCUS | | SUMMARY |
|---------------------|---|--|
| M | Injection Drug Users & Their Non-injecting Partners | Needle exchange interventions operate on the premise that increased availability of |
| | Gay/Bisexual Men | sterile syringe can reduce the prevalence of needle sharing, which is associated with |
| | STD Clinic Clients | high HIV/AIDS and other infectious disease transmission rates. <i>POINT FOR POINT</i> |
| | Women | (PFP) works to reduce the spread of HIV/AIDS by reducing the number of |
| | Minority Specific | previously used, potentially contaminated syringes in the community. |
| | Other | PFP was created around harm reduction |
| ORIG | GINAL SITE | principles: it neither condemns people for their lifestyle choices nor attempts to ignore |
| M | Community-Based | the dangers associated with illicit drug use. Instead, it tries to meet injection drug users |
| | Clinic-Based | (IDUs) on their own terms to provide them with important health services. |
| APPROACH | | PFP is based on the San Francisco needle exchange program Prevention Point |
| | Behavioral Skills Development | (currently known as the San Francisco AIDS Foundation HIV Prevention Project). |
| M | Community Outreach | Prevention Point was originally evaluated in connection with the Urban Health Study |
| M | Condom Education/Access | (UHS), a long-term study of the San Francisco IDU community. They UHS study |
| | HIV/STD Education | revealed that <i>Prevention Point</i> had become the principle source of clean syringes for |
| M | Needle Cleaning/Exchange | San Francisco IDUs, and that IDUs who reported regular use of the needled |
| | Self Efficacy/Self-Esteem | exchange were significantly less likely to engage in needle sharing than those who |
| COMPONENTS did not. | | |
| | Behavioral Skills Practice | SUITABLE FOR USE IN |
| M | Group Discussion* | Although created for an urban setting, PFP can be adapted for use in smaller |
| | HIV Antibody Testing/Counseling | community settings. Needle exchange on the PFP model requires that cooperation of |
| M | Lectures* | law enforcement and other community agencies. |
| | Peer Counseling/Instruction | |

| Role Pay* | | |
|---|--|--|
| ☐ Safer Sex Communication/Negotiation | | |
| Video | | |
| Other: Needle Exchange ad Provision of Safe | | |
| njection and Safer Sex Supplies | | |

ORIGINAL INTERVENTION SAMPLE

Age, Gender

73.8% between 31 and 50 years of age, 69% male

Race/Ethnicity

45.1% African-American, 34.4% White, 14.1% Latino, 6.3% Other Race/Ethnicity

PROGRAM LENGTH

Volunteer training has two components: one full-day classroom training session and an on-site apprenticeship over a six-week period. In communities without a needle exchange program, full implementation may take as long as a year.

STAFFING REQUIREMENTS/TRAINING

Needle exchange sites are staffed by volunteers who undergo the training outlined in the *Volunteer Recruitment and Training Manual*. Depending on the scope of needle exchange in your community, a trained, full-time staff may be necessary for program support and administration.

HAPPA PROGRAM PACKAGE

The HAPPA Program Package for this program includes:

- Point for Point User's Guide
- Volunteer Recruitment and Training Manual
- Site Logistics Manual
- Supplemental Documents booklet
- HAPPA Adaptation Workbook
- Activity Masters packet
- HAPPA Evaluation Assistance Kit (includes the Evaluation Questionnaire)
- Original Evaluation Instrument
- Process Evaluation Instrument
- ▶ Telephone technical support on implementation and evaluation for 1 year

^{*} volunteer training only