

# Point for Point Needle Exchange Program for Injection Drug Users

# Prevention Point Needle Exchange & San Francisco AIDS Foundation

# FOCUS

#### SUMMARY

- Injection Drug Users & Their Non-injecting Partners
- Gay/Bisexual Men
- STD Clinic Clients
- U Women

Minority Specific

Other

# **ORIGINAL SITE**

Community-Based

Clinic-Based

# **APPROACH**

Behavioral Skills Development
Community Outreach
Condom Education/Access
HIV/STD Education

Needle Cleaning/Exchange

Self Efficacy/Self-Esteem

### COMPONENTS

Behavioral Skills Practice

- I Group Discussion\*
- HIV Antibody Testing/Counseling
- I Lectures\*
- Peer Counseling/Instruction

Needle exchange interventions operate on the premise that increased availability of sterile syringe can reduce the prevalence of needle sharing, which is associated with high HIV/AIDS and other infectious disease transmission rates. *POINT FOR POINT (PFP)* works to reduce the spread of HIV/AIDS by reducing the number of previously used, potentially contaminated syringes in the community.

*PFP* was created around harm reduction principles: it neither condemns people for their lifestyle choices nor attempts to ignore the dangers associated with illicit drug use. Instead, it tries to meet injection drug users (IDUs) on their own terms to provide them with important health services.

PFP is based on the San Francisco needle exchange program Prevention Point (currently known as the San Francisco AIDS Foundation HIV Prevention Project). Prevention Point was originally evaluated in connection with the Urban Health Study (UHS), a long-term study of the San Francisco IDU community. They UHS study revealed that Prevention Point had become the principle source of clean syringes for San Francisco IDUs, and that IDUs who reported regular use of the needled exchange were significantly less likely to engage in needle sharing than those who did not.

### SUITABLE FOR USE IN

Although created for an urban setting, PFP can be adapted for use in smaller community settings. Needle exchange on the PFP model requires that cooperation of law enforcement and other community agencies.



Safer Sex Communication/Negotiation

U Video

Other: Needle Exchange ad Provision of Safer Injection and Safer Sex Supplies

\* volunteer training only

# **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