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Barriers Encountered by Syringe Exchange Clients in Vermont

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INTRODUCTION

Syringe exchange programs (SEP), while considered controversial by many, have proven their importance in supplying care to intravenous drug users well beyond needle exchanges.¹ They sit on the front line and remain one of the few places where preventative services are organized and delivered to clients.¹ Some of the services include referrals to physicians, injection and overdose counseling, and, in some cases, disease specific testing.² The lack of preventive services in this population has been recognized as a major factor on personal health, cost, and emergency room visits.³

Vermont CARES is a nonprofit HIV prevention organization that also provides care to intravenous drug users. Extending support well beyond needle exchange, their aim is to improve the quality of life for those dealing with substance abuse. They seek to correct and prevent co-morbidities associated with intravenous drug use. This project seeks to identify the barriers faced and additional services desired by Vermont CARES clients.

AIMS

1. Determining barriers that Vermont CARES clients face in accessing SEPs.
2. Needs-based assessment analysis of Vermont CARES clients.
3. Identify what additional services Vermont CARES could offer its clients to improve the SEP.

METHODS

- A focus group run by our research team and Vermont CARES staff was held in the St. Johnsbury site. 4 subjects participated and information regarding barriers to accessing syringe exchange services were assessed in a free form discussion.
- A cross-sectional 39 point anonymous survey was distributed to three Vermont CARES sites: Barre, St. Johnsbury, and Rutland, Vermont. The survey included a Likert-Type scale and aimed at assessing education, experience with law enforcement, insurance access, barriers to accessing services, and services that, if provided by Vermont CARES, clients would be likely to use.
- 63 subjects completed the survey, which is 31.3% of the organization's SEP client base during the survey period (July-September 2017).

Statistical Analysis:

- SPSS Statistical Software was used to create a 2-Tailed Fischer's exact test.

RESULTS

Demographics		
Variable (n=63)		% (N=)
Gender		
Male		49.2 (31)
Female		50.8(32)
Age		
18-25		9.5 (6)
26-35		60.3 (38)
36-45		17.5 (11)
46-55		12.7 (8)
Education level		
No High School Degree/GED		28.6 (18)
High School Degree/GED		71.4 (45)
Relationship Status (n=62)		
Partnered		66.1 (41)
Sources of Income		
Employment		55.6 (35)
Public Assistance		28.6 (18)

Figure 1. Demographic information of survey participants.

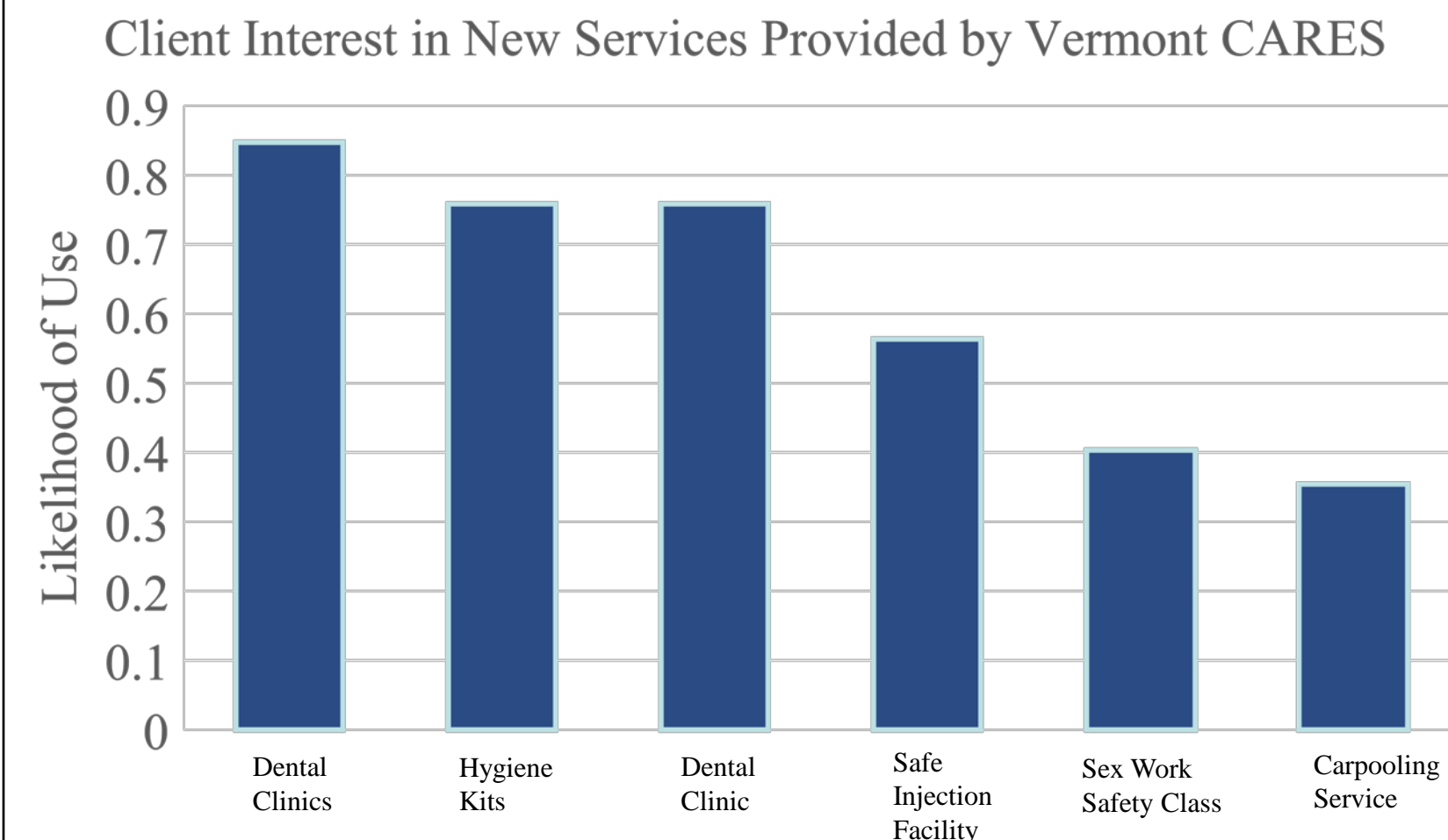


Figure 2. This graph demonstrates the likelihood of Vermont Care clients using different potential services. The services that are the most likely to be used, if implemented, include a food pantry (84.7%), hygiene kits (75.9%), and a dental clinic (75.9%).

DISCUSSION

Barriers

- Respondents who were unemployed and those who reported not enough income to meet their basic needs faced more barriers in accessing Vermont CARES services than those who were employed and had sufficient income. (Figure 3)

Needs

- 78.3% respondents said they rate their support system as somewhat strong, strong, or extremely strong.
- 61.9% of respondents said they do not have enough income to meet their basic needs.
- Of those who did not have enough income to meet their basic needs, the most common reasons were: substance abuse: 46.2% (n=18), disability: 30.8% (n=12), and family commitments: 25.6% (n=10)
- 55.6% (n=35) reported doing illegal things to get by: 46% (n=29) are involved with selling drugs, 27% (n= 17) participate in theft, and 9.5% (n=6) have traded sex for drugs or gifts.

Services

- The data demonstrates that the services most likely to be used by respondents include a food pantry (84.7%), hygiene kits (75.9%), and a dental clinic (75.9%). The services that are least likely to be used include sex work safety classes (40.4%), and carpooling services (35.4%). (Figure 2)
- 56.4% respondents said they would use a safe injection facility if provided by Vermont CARES. There was a statistically significant (p =0.02) association between not having enough income to meet basic needs and using a safe injection facility, suggesting that the Vermont CARES population that struggles more with economic security would be likely to use this service.
- Interestingly, there was no positive association between individuals who had participated in sex work and likelihood of using a sex work safety class, although our sample size was small.

Limitations

- This study included 31.3% of Vermont CARES' client base during the survey period. Our relatively small sample size of n=63 limited our ability to make certain statistical comparisons.

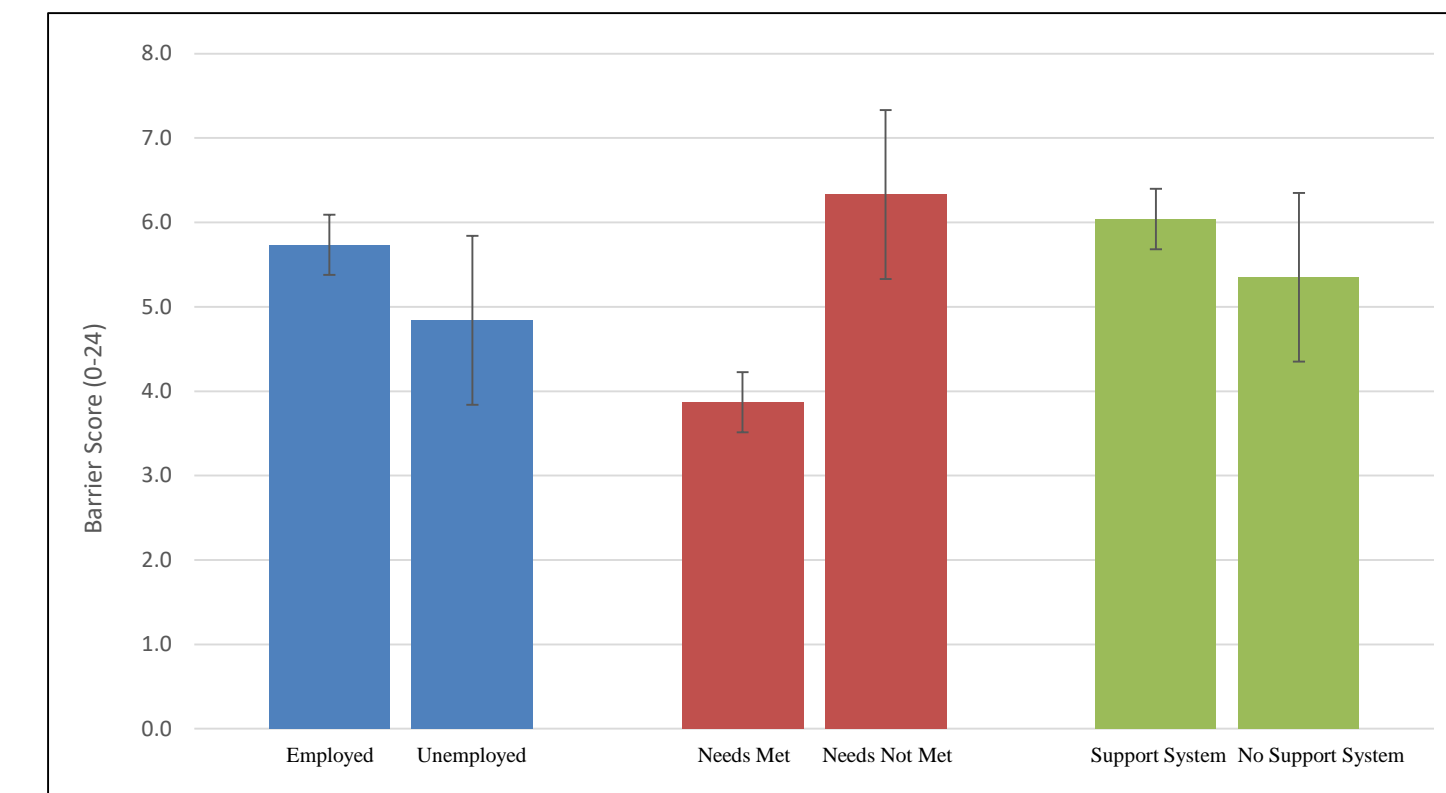


Figure 3. Average number of barriers encountered regarding employment, needs, and support system.

RECOMMENDATIONS

- The services most likely to be utilized by SEP participants if implemented by Vermont CARES are a food pantry, hygiene kits, and a dental clinic, with over 75% of respondents stating that they would potentially use those services.
- Over half (56.4%) of respondents said they would use a safe injection facility if provided by Vermont CARES. There was a statistically significant association between not having needs met and using a safe injection facility, suggesting that the Vermont CARES population that is struggling to meet their basic needs would be likely to use this service. As there are strong potential benefits to a safe injection facility as well as significant barriers to implementation, this warrants further investigation.

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