

## Keeping Up with the Evidence: Issue 9

### Background

Highlights and references of recent publications related to HIV and other STBBIs, harm reduction, and other related work.

### Interventions: Interruption in services, low-barrier access, and policing.

This issue Keeping Up With the Evidence looks at various elements related to a range of interventions. The first article discusses the potential consequences of stopping the provision of a syringe program, the second one presents benefits of low-barrier services to engage certain populations, and the last one provides some insight on the impact of community policing on uptake of supervised consumption services.

#### The consequences of suspending a rural syringe service program (Allen et al., 2019)

**Summary:** This article concerns the aftermath of the suspension of a syringe service program (SSP) in a rural area of West Virginia. The harm reduction program had begun in 2015 and was definitely cancelled in early 2018. Based on a series of semi-structured interviews with 27 people who inject drugs (PWID) the authors explore the public health impacts of the discontinuation of this service. These impacts include the loss of valuable trust-based relationship with staff of the SSP program, increase of injections with used syringes, the rise of syringes as a street trade commodity, decrease access to naloxone and less opportunity for routine HIV testing.

**Implications:** This article provides a strong caution in regard to the discontinuation of established harm reduction programs. It is a case study which can be referred to in establishing rationales for maintaining ACCH members' harm reduction programs as well as providing evidence to the importance of the relationships which are created through these programs.

**Link:** <https://doi.org/10.1186/s12954-019-0305-7>

**Reference:** Allen, S. T., Grieb, S. M., O'Rourke, A., Yoder, R., Planchet, E., White, R. H., & Sherman, S. G. (2019). Understanding the public health consequences of suspending a rural syringe services program: a qualitative study of the experiences of people who inject drugs. *Harm Reduction Journal*, 16(1), 33. doi:10.1186/s12954-019-0305-7

#### The San Francisco Street Medicine Team (Carter, Zevin, & Lum, 2019)

**Summary:** This paper provides the result of a pilot project of providing low-barrier access to buprenorphine treatment to people experiencing homelessness in the city of San Francisco. The stated primary goals of this project were to retain clients in care, with secondary goals of improved health, reduction in opioid use, and abstinence where possible. The low-barrier access was provided through

non-judgmental services, meeting clients where they obtain other services, providing same-day prescriptions, forgoing urine tests or other procedures if it would make it likely that it would jeopardize retention, and flexible care plans. The study looked at the trajectory of 95 eligible participants and found that such an approach was effective in engaging and retaining a significant subset of the target population. It concludes that “intermittent treatment with buprenorphine and decreased opioid use were more common [the abstinence] in this pilot and may confer important reductions in opioid and injection-related harms.”

**Implications:** The result of this study further reinforces the evidence showing that flexible, low-barrier access to services are necessary in engaging and retaining vulnerable populations such as people experiencing homelessness and engaging in substance use.

**Link:** <https://doi.org/10.1186/s13722-019-0149-1>

**Reference:** Carter, J., Zevin, B., & Lum, P. J. (2019). Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in San Francisco. *Addiction Science & Clinical Practice*, 14(1), 20. doi:10.1186/s13722-019-0149-1

### **The impact of policing on SCS uptake (Bardwell, Strike, Altenberg, Barnaby, & Kerr, 2019)**

**Summary:** Back in a Canadian context, this article provides the results of a study through which the authors compared the impact of policing on two different supervised consumption services in the Toronto area. One of the two sites was subject of more active policing while the other one was not as closely monitored by law enforcement. One should however note that the Toronto police services have recently spoken out in support of SCS and that they acknowledged possible negative impacts of policing and criminalization of people who use drugs. Despite this relatively favourable relationship between the SCS and the Toronto police, policing remains a factor which can limit uptake at the SCS because of fear of arrests.

**Implications:** This article provides a healthy discussion of the relationship between law-enforcement, SCS, and people who use drugs. It can be referred to when engaging in communications with local law enforcement agencies.

**Link:** <https://doi.org/10.1186/s12954-019-0302-x>

**Reference:** Bardwell, G., Strike, C., Altenberg, J., Barnaby, L., & Kerr, T. (2019). Implementation contexts and the impact of policing on access to supervised consumption services in Toronto, Canada: a qualitative comparative analysis. *Harm Reduction Journal*, 16(1), 30. doi:10.1186/s12954-019-0302-x

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- Allen, S. T., Grieb, S. M., O'Rourke, A., Yoder, R., Planchet, E., White, R. H., & Sherman, S. G. (2019). Understanding the public health consequences of suspending a rural syringe services program: a qualitative study of the experiences of people who inject drugs. *Harm Reduction Journal*, 16(1), 33. doi:10.1186/s12954-019-0305-7
- Bardwell, G., Strike, C., Altenberg, J., Barnaby, L., & Kerr, T. (2019). Implementation contexts and the impact of policing on access to supervised consumption services in Toronto, Canada: a qualitative comparative analysis. *Harm Reduction Journal*, 16(1), 30. doi:10.1186/s12954-019-0302-x



Carter, J., Zevin, B., & Lum, P. J. (2019). Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in San Francisco. *Addiction Science & Clinical Practice*, 14(1), 20. doi:10.1186/s13722-019-0149-1