Syringe Service Program (SSP) Evaluation Plan

for Maine's Department of Health and Human Services,
Office of Behavioral Health,
Data and Evaluation

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Executive Summary

Syringe Service Programs are community-based prevention and harm reduction programs that provide a range of services for people who use drugs including syringe exchange.

Clients, often people who use drugs (PWUD), enroll at the SSP and are able to discard syringes and receive sterile syringes and other safer-use drug aparati. In addition to these exchanges, SSP staff refer and connect clients to a host of services, including: naloxone distribution and education, peer support, substance use treatment, hepatitis C testing, wound care, primary care, drug testing kits and education, HIV testing, food assistance, and basic needs (clothes, hygiene, etc.).

This evaluation has been designed to determine the effectiveness of SSPs in reducing instances of HIV infection in PWUD in Maine, tracking trends in infection rates pre and post-implementation of SSPs, and examining whether PWUD participating in syringe distribution services at SSPs seek additional services, like peer services, at a higher rate than those that do not utilize SSPs.

At the time of submission of this Evaluation Plan, there are 15 Syringe Service Programs in Maine, and each will be evaluated. See Appendix A.3 for the list of SSPs involved in this evaluation.

By integrating implementation and outcome evaluations, this comprehensive assessment provides insights into SSP effectiveness and guides future program enhancements. Addressing evolving challenges, such as the opioid crisis, underscores the ongoing importance of SSPs in safeguarding public health and promoting harm reduction among vulnerable populations.

Program Description

Syringe Service Program Introduction

A Syringe Service Program (SSP) is a community-based prevention and harm reduction program that provides a range of services for people who use drugs including syringe exchange. These programs address the risk of disease spread associated with sharing contaminated needles and other drug injection equipment, particularly HIV, which poses a serious threat to public health (Centers for Disease Control and Prevention [CDC], 2019). HIV or human immunodeficiency virus, is an infection that attacks the body's immune system. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of this disease. HIV, viral hepatitis, and other blood-borne pathogens can spread through injection drug use if people use needles, syringes, or other injection materials that were previously used by someone who had one of these infections (CDC, 2020).

For people who use drugs (PWUD), preventing disease transmission involves complex challenges such as stopping drug injection, using sterile syringes, and refraining from sharing needles (CDC, 2020). However, these steps are often difficult for individuals struggling with addiction to achieve independently.

SSPs play a crucial role in addressing this challenge by taking a community public health approach. They provide sterile needles and offer support services to PWUD, recognizing the need for comprehensive harm reduction strategies.

Historical Context

SSPs were first established in the United States in the early 1990's by people affected by drug use and drug users themselves who wanted to safeguard friends and loved ones from the risks of HIV infection. Groups like AIDS Coalition to Unleash Power (ACT UP) and the Association for Drug Abuse Prevention and Treatment (ADAPT) led the advocacy for syringe exchange, facing opposition from public officials and community leaders (McLean, 2013).

Because of the bravery of these grassroots efforts, and the evaluations that ensued (McLean, 2013), SSPs evolved into recognized evidence-based public health interventions. Their inception during the AIDS crisis underscores the courage and love that

drove individuals to take action in the face of tragedy, offering a lifeline to vulnerable communities during times of crisis.

SSPs in Maine

In 1997, Maine enacted legislation authorizing the Maine Center for Disease Control and Prevention (Maine CDC), a division of the Department of Health and Human Services (DHHS), to certify Syringe Service Programs (Title 22, §1341: Hypodermic Apparatus Exchange Programs, 1997). The following year, in 1998, Portland became the site of Maine's inaugural SSP.

Over a decade later, Maine expanded its legislative support for SSPs, allowing the Maine CDC to allocate state funds to these programs. Subsequently, in 2017, legislation mandated that the Maine CDC not only could but must allocate state funds to SSPs. Since 2018, an additional 13 SSPs have been established in Maine (Gauthierm, L. 2023)..

Maine's laws have adapted to address the needs of SSPs and their constituents. In 2021, an amendment decriminalized the possession of syringes with residual amounts of scheduled drugs, marking a significant development for SSPs and their stakeholders (Gauthierm, L. 2023).

In 2023, there were 15 SSP sites operating across Maine, overseen by eight different agencies (Gauthierm, L. 2023). There are currently 500 SSPs in operation nationwide (SOURCE).

The Current Opioid Crisis

Maine has seen a dramatic increase in infectious diseases associated with injection drug use in recent years due to the ongoing opioid crisis (CDC, 2023). In 2020, Maine reported on significant trends: it recorded the highest rate of acute hepatitis C in the United States, the second highest rate of acute hepatitis B, the 7th highest rate of hepatitis A, and the 7th highest rate of opioid overdose deaths (CDC, 2023).

Program Stakeholders & Culturally Responsive and Equitable Evaluation

Maine SSPs involve a variety of stakeholders from the state level organizations passing statute and amending laws, to the community members advocating for SSPs, to the participants who utilize services. Each stakeholder plays an integral role in SSPs and shape and enhance their ability to function.

The following is a detailed list of Maine's SSP Stakeholders:

- Maine DHHS, Office of Behavioral Health
- Maine Unified Data (MUD) Warehouse
- Maine Center for Disease Control (CDC)
- Public Health Officials
- Healthcare Providers
- Community Organizations and Advocacy Groups
- Research and Evaluation Team
- Funders and Donors
- Law Enforcement Agencies
- Academic Institutions
- 15 State-certified SSPs operated by 8 organizations
- SSP Administrators and Staff
- PWUD (People Who Use Drugs)

This evaluation will focus on the 15 SSP sites in Maine that are hosted by 8 different organizations. These 15 sites while delivering the same program may have to utilize different strategies to meet their goals due to the landscape of their specific communities. Program administrators that arrange the business and inventory side of SSP operations, as well as program staff administering the program to participants will be asked to participate in interviews and surveys. One key feature of an SSP is to train client facing staff so that they can best serve the program participants. SSPs often also recruit staff that have lived experience with drug use and will know more intimately how to work with and support PWUD. Staff training includes confidentiality protocols, blood borne pathogen infection control including detailed post-exposure protocols, HIV and hepatitis B & C prevention, substance use disorder treatment, referral processes and any and all additional training necessary for the safe and lawful operation of the program.

Data collection is a critical component of the evaluation. Fortunately, the Maine SSPs collect data routinely and this data is made accessible for this evaluation through the Maine Unified Data (MUD) Warehouse. Utilizing MUD ensures that no personally identifiable data is available for use by evaluators thereby reducing the risk of exposing

any identifiable information throughout the evaluation process, which is critical for retaining safety and integrity of SSP participation. While participant voice is vital to creating a narrative understanding of the SSP, the data collection process for this evaluation should neither act as a barrier to PWUD participation nor should distract from the primary mission of syringe distribution. Surveys and interviews with SSP participants will be limited, in order to preserve the low-threshold, low-barrier program allocation for PWUD.

Evaluation team members will need to be responsive to their own biases when working with SSP staff and participants. Each evaluation team member will go through a cultural sensitivity training as well as undergo a weekly reflective process to be mindful of the biases that may appear in this work. Respect and comfort will be prioritized in the development of a process for and the conducting of interviews to mitigate any interference between a staff member or participant and the SSP. Survey and interview data collection should never become a barrier to participation in the program (Bluthenthal R, Clear A, Des Jarlais D, et al., 2009).

Evaluation of Program Implementation Objectives

Implementation Objectives

1. Deliver harm reduction counseling to all new SSP enrollees.
2. Provide sterile syringes and collect used or unwanted syringes for disposal.
3. Referrals to primary care, housing, food assistance, mental health services, substance use treatment centers, and other social supports.

The program is primarily implemented by agency staff working within the SSPs. These staff members are trained and qualified in harm reduction practices, substance use disorder treatment, and social service provision. They may include counselors, outreach workers, nurses, and program coordinators and often possess a combination of education, experience, and skills relevant to working with individuals who use drugs. SSP staff are trained to provide nonjudgmental support, maintain participant confidentiality, and effectively engage with diverse populations.

The target population for the program includes people who use drugs (PWUD), particularly those who inject drugs, and are at risk of experiencing harm associated with drug use. This population includes people of various ages, genders, races, and socioeconomic backgrounds.

Implementation Evaluation Questions

1. How successful was the SSP program in implementing harm reduction counseling for PWUD that were new enrollees at the SSP?
2. How successful was the SSP program in implementing syringe distribution and collection services for community members?
3. How successful was the SSP in obtaining their objective of referring PWUD to other services and opportunities to improve health outcomes?

By creating implementation questions that focus on the main pillars of SSPS - harm reduction counseling, syringe distribution and collection, and referrals - this evaluation will gather data on whether or not the program has been successful in implementing their main program activities.

Evaluation Design

Implementation Evaluation Design				
	Evaluation Design	Outcome Variable	Analysis Approach	Data Sources
Question 1	Quasi-experimental	Implementation of harm reduction counseling for new SSP enrollees	Comparative analysis of harm reduction counseling administration for first-time SSP enrollees	MUD Warehouse (de-identified patient-level data), SSP administrative records, Interview data
Question 2	Quasi-experimental	Implementation of syringe distribution and collection services, Participants' perceptions of SSP staff, Availability of supplies at SSPs	Analysis of enrollment and utilization patterns, Analysis of survey responses, Analysis of procurement and inventory records	MUD Warehouse (de-identified patient-level data), SSP administrative records, Survey data, SSP site-specific procurement/ inventory records
Question 3	Quasi-experimental	Referral of PWUD to other services, Utilization of additional services at SSPs	Comparative analysis of referrals and utilization of additional services for SSP enrollees	MUD Warehouse (de-identified patient-level data), SSP administrative records, Interview data

Data Collection Plan

Overall Data Collection

There are two main data collection approaches for this evaluation process: data requested from Maine's Unified Data Warehouse (MUD), and data collected by the evaluation team.

The MUD is an integrated health data warehouse that contains records of patients in the Maine healthcare system that utilize various health services, including SSP programming, peer services, and other substance use disorder (SUD) treatments, birth and death records, emergency services and hospital visit data.

Due to the highly sensitive nature of this data request, data will be de-identified through use of unique person identifiers. In order to receive the reports that the evaluation team wants, a specific set of data criteria are submitted to an MUD technician. The records are then delivered to the evaluation team for analysis within a secure database for auditing purposes. This data cannot be combined with survey and interview data due to de-identification of participants and ethical analysis restrictions.

The data collected by the evaluation team will consist of surveys and interviews of Syringe Service Program (SSP) program administrators, direct service workers, and SSP participants. Both staff and participant data will include some demographic and identifiable data. Findings will be reported through aggregate level data with only sparse de-identified quotes or cases presented in the reports.

Data Requested from Maine's Unified Data Warehouse (MUD):

- SSP Administrative Records - client level enrollment details, program activity utilization, referrals, dates
- Substance Use Disorder (SUD) Data Records - a flag in the system if a patients clinical records show "drug abuse", "drug use", "drug utilization", "drug overdose", or "patient referred to SUD treatment"
- HIV Clinic Records - client level results (positive or negative), date
- Peer Services Data - client level enrollment details, program activity utilization, dates

Data Collected by Evaluation Team:

- Surveys of Participants
- Surveys of Staff
- Interviews of Staff
- SSP site specific syringe procurement/inventory records

Implementation Data Collection Plan

The implementation questions focus on how the program was delivered. Program staff as well as program participants will be surveyed to gather a narrative experience. To aid in understanding specific elements of implementation, site specific inventory records will be assessed as well as site specific administrative records.

Imp. RQ1	How successful was the SSP program in implementing harm reduction counseling for PWUD that were new enrollees at the SSP?
Data	De-identified patient data including enrollment date, demographics, and harm reduction counseling by SSP. Interviews with program staff to assess implementation barriers and facilitators.
Sample	Census of all SSP participants. Purposeful sampling of 3-5 staff members per SSP
Data Analysis	Comparison of harm reduction counseling completion rates among enrollees. Inductive qualitative analysis of interview data for emergent themes. A table will represent findings of SSPs both on an aggregate level and also across all 15 SSP locations.
Limitations	Potential missing demographic data. Resource intensive interview process. Limited participant input due to program structure.

Imp. RQ2	How successful was the SSP program in implementing syringe distribution and collection services for community members?
Data	De-identified patient data including SSP data and demographics from MUD. Survey data on participant perceptions of program implementation and accessibility. SSP procurement and inventory records.
Sample	Census of all SSP participants in MUD data. Convenience sampling for surveys.
Data Analysis	Assessment of enrollment and utilization patterns. Analysis of survey data for participant perceptions. Comparison of procurement data with participant activity.
Limitations	Site specific operations and sentiment data should have high internal validity. Some recency bias in survey responses to be expected. External validity may be limited by the representativeness of the sample and generalizability of findings to other settings. The policies, opioid rates, and HIV rates of other states may be incompatible with Maine's population.

Imp. RQ3	How successful was the SSP in obtaining their objective of referring PWUD to other services and opportunities to improve health outcomes?
Data	De-identified patient data including referrals and demographics from MUD. Interviews with program staff, identified on program level, will focus on referral policies, practices, and procedures for additional services along with barriers and facilitators to administering harm reduction counseling.
Sample	Census of all SSP participants. Purposeful sampling of 3-5 staff members per SSP.

Data Analysis	Comparative analysis of referral rates among SSP enrollees. Inductive qualitative analysis of interview data for emergent themes. A table will represent findings of SSPs both on an aggregate level and also across all 15 SSP locations.
Limitations	Missing demographic data, specifically in regards to clients who decline to give full name. Resource-intensive interview process. Limited participant input due to program structure.

Evaluation of Participant Outcome Objectives

Outcome Objectives

1. Reduce HIV infection rates among PWUD in Maine
2. Reduce HIV infection rates among PWUD that utilize SSP
3. Increase referrals to health services to PWUD
4. Reduce number of discarded/abandoned syringes in

Outcome Evaluation Questions

1. How effective was the project in attaining its expected outcome of decreasing HIV infection in Maine?
2. Are the PWUD enrolled at SSPs demonstrating a lower rate of HIV infections than PWUD that are not enrolled and do not utilize SSP services?
3. Do PWUD enrolled at the SSP seek peer services at a higher rate than PWUD that have never enrolled at the SSP?
4. Were SSPs successful in reducing the number of discarded and abandoned syringes in the towns that host SSPs after implementation?

Evaluation Design

The outcome questions will be approached with quasi-experimental designs. This design approach is best suited for the availability of data, including the MUD Warehouse data. With the MUD Warehouse, comparison groups can be created retroactively to the PWUD and utilize SSP services. Experimentation would not be appropriate, as the SSP program has been in place in Maine for over 25 years.

Outcome Evaluation Design				
	Evaluation Design	Outcome Variable	Analysis Approach	Data Sources
Question 1	Quasi-experimental	HIV infection rates	Comparative analysis of HIV infection rates before and after SSP implementation	MUD Warehouse (aggregate, county-level data on HIV infections)
Question 2	Quasi-experimental	HIV infection rates	Comparative analysis of HIV infection rates between PWUD enrolled at SSPs and those not enrolled	MUD Warehouse (de-identified patient-level data)
Question 3	Quasi-experimental	Peer services utilization	Comparative analysis of peer service utilization rates between PWUD enrolled at SSPs and those not enrolled	MUD Warehouse (de-identified patient-level data)
Question 4	Quasi-experimental	Syringe-related events	Comparative analysis of syringe-related incidents before and after SSP implementation in towns hosting SSPs	Maine 211 service (aggregate data on syringe-related incidents), SSP site-specific data

Data Collection Plan

Data for the evaluation of SSP outcome objectives will come from the MUD Warehouse, with additional supplemental data coming from Maine 211 services and SSP site-specific inventory data.

For details specific to the overall data collection plan, refer to: Overall Data Collection

Outcome Data Collection Plan

Out. RQ 1	How effective was the project in attaining its expected outcome of decreasing HIV infection in Maine?
Data	Aggregate, county level data HIV infection data 5 years before and after SSP implementation
Sample	Census population gathered and aggregated by county by MUD Warehouse
Data Analysis	Statistical analysis to identify significant difference in HIV cases pre and post-implementation
Limitations	Missing data, potential confounding factors such as other modes of HIV transmission, and external influences on HIV rates

Out. RQ 2	Are the PWUD enrolled at SSPs demonstrating a lower rate of HIV infections than PWUD that are not enrolled and do not utilize SSP services?
Data	De-identified patient level data including SSP utilization, HIV test results, and demographic information.
Sample	Population includes those flagged in MUD for substance use disorder (SUD) and have completed an HIV test. Two groups identified: PWUD enrolled in SSP services and PWUD that are not enrolled in SSP services.
Data Analysis	Statistical comparison of HIV infection rates between SSP enrolled and non-enrolled PWUD, controlling for demographics.
Limitations	Missing data, potential biases due to other modes of HIV transmission, and unaccounted confounding factors.

Out. RQ 3	Do PWUD enrolled at the SSP seek peer services at a higher rate than PWUD that have never enrolled at the SSP?
Data	De-identified patient row level data including SSP and peer service utilization and demographics.
Sample	Matched sampling employed to create groups: SSP enrolled and non-enrolled PWUD.
Data Analysis	Comparative analysis of peer service utilization rates between SSP enrolled and non-enrolled PWUD.
Limitations	Potential inherent differences between groups, potential biases due to varying motivations and access to care.

Out. RQ 4	Were SSPs successful in reducing the number of discarded and abandoned syringes in the towns that host SSPs after implementation?
Data	Aggregate data on syringe-related incidents from Maine 211. SSP location and opening dates from MUD.
Sample	Syringe-related incidents reported to Maine 211 by county from 2000 to 2024 will be included in the analysis. The counties in the Maine 211 dataset will be matched with SSP sites in those counties.
Data Analysis	County specific comparative analysis of syringe-related incidents before and after SSP implementation.
Limitations	External factors influencing incident frequency, potential missing data from 211 service, and interpretation challenges regarding causality.

Comprehensive Program Evaluation

The implementation and outcome evaluation, by incorporating different data sets on the same program and participants, are able to complement each other, thereby enhancing the evaluation's robustness and internal validity. For instance, consider the evaluation of syringe distribution and collection.

In the implementation evaluation, the focus lies on the program's efficacy in achieving its goals of distributing and collecting syringes. It examines participant's experience with the program to gauge its effectiveness in meeting their needs. Additionally, inventory records are assessed to gain insight into the availability and distribution of harm reduction supplies. The outcome evaluation analyzes HIV rate changes in the years before and after SSP implementation, as well as among SSP participants and non-participants.

By supplying both qualitative narratives and quantitative data, this evaluation sheds light on how each SSP is implementing its objectives as well as achieving the desired outcomes.

For instance, if an SSP consistently experiences inventory shortages and Maines HIV rates are alarmingly high, it prompts the question of whether increased funding fo rSSPs is urgently needed. Conversely, if an SSP frequently has excess inventory and participants report accessibility issues, alongside recent spikes in HIV rates, it suggests that addressing accessibility rather than inventory levels should be prioritized. Analyzing these data together can provide insights into whether the delivery of syringe distribution services is associated with lower HIV infection rates among program participants.

The implementation and outcome questions designed in this evaluation have multiplying power to enhance the understanding of the other. Integrating data from both sets of plans allows for a more holistic assessment of the program's effectiveness.

Appendix A1 - Logic Model

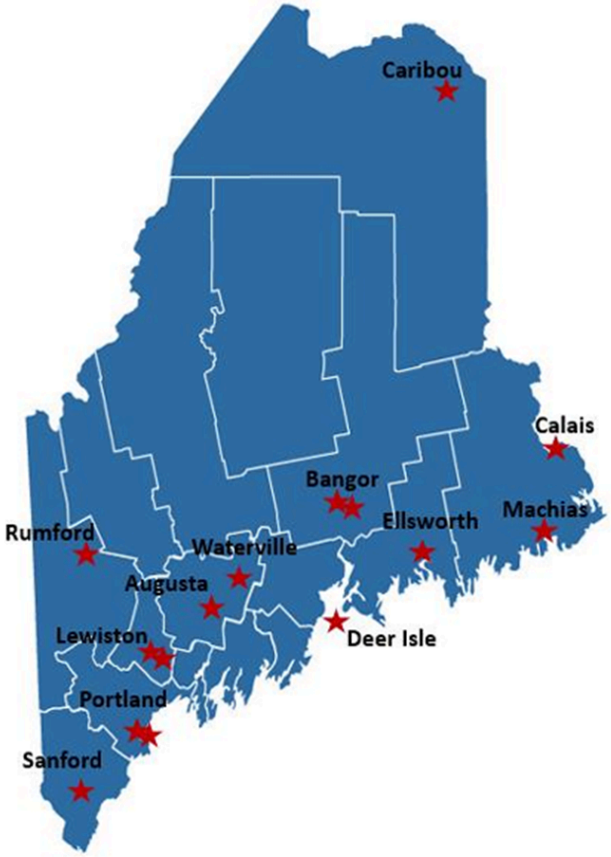
Inputs	Assumptions	Activities	Outputs	Immediate Outcomes	Subsequent Outcomes	Impacts
15 State-certified SSPs operated by 8 organizations Participants of Programs - often Persons who use drugs (PWUD) CDC - SSPs are required to report to CDC Program Funding (state allocations, Opioid Use Disorder Prevention and Treatment Fund, etc) Policies Staff: Different for each SSP Staff Training: Confidentiality protocols, blood borne pathogen infection control including detailed post-exposure protocols, HIV and hepatitis B & C prevention, substance use disorder treatment, the referral process and any and all training necessary for the safe and lawful operation of the Program Program Budget	Overview: People who use drugs (PWUD) are at high risk for contracting HIV or other blood borne diseases.	Overview: Implement a program that provides syringe distribution and collection and other harm reduction services and strategies alongside referrals to other health services.	Overview: Serve the Maine communities experiencing high instances of drug use. Provide services to PWUD in those communities.	Overview: Encourage harm reduction and recovery and improve the lives of PWUD by providing services that meet their immediate and future needs.	Overview: Reduce rates of HIV and other blood-borne diseases in PWUD.	Overview: PWUD have access to a reliable and judgment-free space where they can receive sterile syringes and other harm reduction support. Enrollees may eventually choose to enroll in treatment programs.
	The risk for HIV and other blood-borne diseases will decrease if PWUD have access to free sterile needles by preventing needle- sharing practices among PWUD. PWUD without access to safe needles will reuse needles and/or share needles with others. Finding sterile needles is an accessibility issue. Diseases are transmitted through the reuse of syringes and through sharing syringes.	Distribute syringes to PWUD Enroll all new clients at SSP centers. Staff training on culturally competent and non-judgmental communication to effectively meet PWUD where they are and provide support.	Enroll all new clients at SSP centers. Distribute syringes alongside harm reduction kits and education to all new enrollees. Expand sterile syringe access	PWUD enroll at SSP and engage in harm reduction PWUD increase awareness of syringe use dangers PWUD reduce needle sharing and unsafe drug use leading to fewer new cases of HIV or other blood-borne diseases in the community PWUD feel safe to come to SSP if they need support in any way	PWUD return to SSP instead of engaging in needle sharing or unsafe drug use. PWUD share their positive experience at SSP with others, encouraging new enrollees	Decrease in new HIV cases in PWUD community PWUD have a safe space to receive support services, including syringes and referrals to other services. Reduced public health costs associated with HIV and hepatitis treatment
	The risk for needle stick injury and reusing needles will decrease if safe and accessible spaces for syringe collection are available. PWUD dispose of their needles in unsafe ways due to lack of access to safe disposal options. PWUD may feel more comfortable coming to the center if they have something to bring with them.	Provide PWUD with a safe space to bring used or unused needles for collection. Establish collection protocols in non-judgemental ways. Provide education and resources to PWUD on safe needle disposal practices.	Reduce the number of used syringes in the community. Ensure that the number of syringes collected exceeds the number distributed through responsible disposal efforts.	PWUD create a consistent pattern of returning needles to collection points. Implementation of harm reduction practices for PWUD and the community.	Reduction in the risk of needlestick injuries and needle reuse in the community. Decrease in the presence of discarded needles in the community.	Increase in the feeling of safety within the community. Decrease in HIV transmission in community. Reduction in spread of blood-borne diseases among IDU will reduce stigma against PWUD in the community.

Supplies: Sterile Syringes Safer Smoking Kits Fentanyl Test Strips Straps, Cookers, Waters, Saline Alcohol Wipes, Naloxone Kits, etc. Referral network with healthcare providers and social services.	By providing education materials and spreading awareness about reducing the spread of diseases, PWUD will engage in less risky behavior. Provision of education materials and awareness campaigns targeting PWUD will lead to a reduction in risky behaviors associated with disease transmission.	Deliver harm reduction counseling sessions tailored to PWUD, focusing on vein health, safer injection practices, overdose prevention, and the risks of HIV and hepatitis transmission.	Ensure that all first-time enrollees receive comprehensive harm reduction counseling. Monitor and measure the increase in awareness, understanding, and utilization of harm reduction strategies among all enrolled clients.	PWUD utilize the harm reduction skills and apparati they received in harm reduction counseling. PWUD develop trust in SSP staff, actively seeking guidance and support as needed.	The integration of harm reduction skills into drug use practices serves as a pathway for PWUD to access additional substance use disorder support services. PWUD become advocates for harm reduction within their social circles, increasing community-wide awareness and adoption of safer practices.	PWUD demonstrate heightened awareness of the risks associated with sharing drug apparati, leading to a reduction in disease transmission rates. The implementation of harm reduction strategies contributes to a decrease in overdose incidents and HIV transmission rates within the community.
	Interactions with staff at the SSP have the potential to create opportunities and motivate PWUD to seek treatment for substance use disorder. Exposure to the various support services at SSP and the nonjudgemental experience at the SSP may lead individuals to engage with other treatment services (like HIV testing or primary care) immediately or at a later date.	Make referrals to various services, including primary care, STD clinics, HIV and hepatitis testing, substance use treatment, peer support, recovery coaches, overdose aftercare, food assistance programs, and case management. Provide education on overdose prevention and treatment resources	Facilitate bidirectional referrals between the SSP and primary care, medication-assisted treatment (MAT), and other health and support services. Report on the number of referrals made to specific services, including HIV and STD testing and naloxone distribution.	PWUD gain access to health services, demonstrating that their needs are addressed with dignity and respect.. PWUD receive affirmation of support, reducing feelings of isolation and reinforcing the importance of seeking help.	PWUD receive appropriate care for HIV/STD. PWUD have access to naloxone enabling them to respond effectively to overdoses in their community. PWUD engage with treatment services and receive ongoing support, leading to improved health outcomes and potential entry into recovery programs.	PWUD have access to a reliable space where they can receive essential services, including sterile syringes, until they are ready to pursue treatment for substance use disorder. Clients who enter recovery treatment achieve sobriety, enhancing their overall well-being and reducing the harm associated with drug use within the community.

Syringe Service Programs (SSP) offer sterile syringes alongside a myriad of support services and referrals. Drug use and misuse is a complex public health issue. SSPs meet people who use drugs (PWUD) where they are and offer a judgment-free space to receive services.

Appendix A.2 - List of SSP Sites in Maine

Agency	Site Location	Certification Date
Amistad	Portland	November 2020
Church of Safe Injection	Lewiston	September 2021
City of Portland	Portland	September 1998
Health Equity Alliance	Ellsworth	July 2014
Health Equity Alliance	Bangor	July 2014
Health Equity Alliance	Deer Isle	February 2021
Health Reach Harm Reduction	Augusta	December 2004
Health Reach Harm Reduction	Waterville	February 2018
Maine Access Alliance	Sanford	February 2020
Maine Access Alliance	Calais	February 2020
Maine Access Alliance	Rumford	June 2022
Maine Access Alliance	Machias	March 2021
Maine Access Alliance	Caribou	February 2020
TriCounty Mental Health Services	Lewiston	March 2020
Wabanaki Public Health and Wellness	Bangor	February 2021



(Gauthierm, L. 2023)

Appendix A.3 - MUD Warehouse Data Dictionary

Data	Example	Description
Unique Person Index (UPI)	77ssJJ3300jlVb8733wE	De-identified ID created by MUD for use by evaluators. This ensures that no information can be led back to the person.
DOB	01/01/2001	Date of Birth
Gender	Female	Options: Female, Male, Non-Binary, Trans
Race	Asian	Options: Asian, Black, Multi-Race (two or more race), Native American, White
Ethnicity	Not Hispanic	Options: Hispanic, Not Hispanic
Marital	Married	Options: Divorced, Married, Single, Widowed
Housing	Shelter	Options: Own Home, Rent, Living with Family, Living with Friends, Sheter, Residential Home, Literally Homeless
Income	25,000	Income level identified by patient
SSP Enrolled Ever	Yes	Yes/No
SSP Site Enrolled 1*	Church of Safe Injections	Site Name
SSP HRC Date 1*	Yes	Complete Harm Reduction Counseling (Yes/No)
SSP HRC Date 1*	05/01/2023	Complete Harm Reduction Counseling (Date)
SSP Encounter 1*	05/01/2023	Date of Encounter
SSP Referral 1A*	06/01/2023	Date of Referral
SSP Referral 1B*	State HIV Clinic	Agency of Referral
SSP Referral 1C*	HIV Testing	Service of Referral
* Indicates a measure that will be repeated and numbered in order		

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