**Attachment # 12**

**Sample Analysis Tables**

**TABLE 1. Program characteristics, by syringe service program location — United States**

**SSP location**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Rural** |  | **Suburban** |  | **Urban** |  | **U.S. total** |
|  | **No. (%)** |  | **No. (%)** |  | **No. (%)** |  | **No.** |
| **Region** |  |  |  |  |  |  |  |
| Midwest |  |  |  |  |  |  |  |
| Northeast |  |  |  |  |  |  |  |
| Puerto Rico |  |  |  |  |  |  |  |
| South |  |  |  |  |  |  |  |
| West |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |
| **Program size (no. of syringes distributed)** |  |  |  |  |  |  |  |
| Small (1–9,999) |  |  |  |  |  |  |  |
| Medium (10,000–55,000) |  |  |  |  |  |  |  |
| Large (55,001–499,999) |  |  |  |  |  |  |  |
| Very large (≥500,000) |  |  |  |  |  |  |  |
| None/unknown/missing |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |
| **No. of syringes distributed**No. of SSPs reporting no. of syringes |  |  |  |  |  |  |  |
| Median no. of syringes per SSP |  |  |  |  |  |  |  |
| Mean no. of syringes per SSP |  |  |  |  |  |  |  |
| **Total no. of syringes** |  |  |  |  |  |  |  |
| **Total SSP funding** |  |  |  |  |  |  |  |
| Mean cost per SSP |  |  |  |  |  |  |  |
| **Total cost for SSP location** |  |  |  |  |  |  |  |
| **Public funding of SSP (city, county, and state funding)** |  |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |
| Unknown/missing |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

**TABLE 2. Selected syringe service program operating characteristics and selected services, by syringe service program location — United States**

**SSP location**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Rural** |  | **Suburban** |  | **Urban** |  |
| Characteristic | **(%)** |  | **(%)** |  | **(%)** |  |
| **Operating Characteristic** |  |  |  |  |  |  |
| Syringes estimated to be distributed via secondary exchange |  |  |  |  |  |  |
| Mobile exchange |  |  |  |  |  |  |
| Experienced a lack of resources/funding |  |  |  |  |  |  |
| Full-time paid personnel |  |  |  |  |  |  |
| Former drug users as program personnel |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Selected Service** |  |  |  |  |  |  |
| Onsite HIV testing |  |  |  |  |  |  |
| Onsite HCV testing |  |  |  |  |  |  |
| Onsite STI screening |  |  |  |  |  |  |
| Distribution of naloxoneReferral to medications for opioid use disorder (MOUD) |  |  |  |  |  |  |