National Survey of Syringe Services Programs (SSP)

OMB Control Number: 0920-1359
Expiration date: 12/31/2024

Supporting Statement A

Revision

September 25th, 2023

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Goals of the study: The primary goal of this project is to: 1) assess and monitor Syringe Services Programs (SSP) operational characteristics and services, funding resources, community relations, and key operational and programmatic successes and challenges, and 2) support timely analysis and dissemination of national program evaluation survey findings.

Intended Use: Data from this project will be used to inform planning and evaluation of prevention programs that aim to reduce adverse health outcomes among people who use drugs (PWUD). The data collected are needed to continue ongoing program monitoring and evaluation for supporting, sustaining, and improving SSPs nationwide.

Methods to be used to collect data: The survey will be administered annually using the most updated national list of SSPs identified through the North American Syringe Exchange Network (NASEN), respondents to prior RTI Arnold Ventures Surveys of SSPs, and other means during each survey administration. SSPs will be contacted via email and invited to complete a 35-minute program survey. Participants will have options to complete the survey online and via telephone or videoconferencing modalities.

The subpopulation to be studied: During each annual survey administration, all known SSPs in the United States, Territories, and Tribal Nations with contact information available will be contacted and invited to participate in the survey, with a completion rate goal of 80%.

Issues considered during COVID-19 pandemic: Since this survey will be administered remotely (either online or via remote interview), participation will not involve any face-to-face interaction with an interviewer or other project staff. Participation in the survey is not expected to affect SSP operations.

How data will be analyzed: Data will be analyzed using SAS software or other appropriate statistical packages. Univariate and bivariate statistics and multivariable regression methods will be used to address the objectives of the project.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of Viral Hepatitis (DVH) requests a Revision and 3-year approval for a previously approved data collection under the "Strengthening Syringe Services Programs" Notice of Funding Opportunity, PS22-2208 (previously under the "National Syringe Services Program Evaluation" Notice of Funding Opportunity, PS19-1909). This project aims to improve the ability of CDC and local and state partners to monitor and evaluate syringe services programs (SSPs) nationally, with the overall goal of supporting, sustaining, and improving SSPs nationwide. Over the course of three years, an annual program survey will be conducted with support of key partners through a cooperative agreement, to continue building a stable foundation for ongoing SSP monitoring and evaluation. The partners include Research Triangle Institute, International (RTI, the awardee), University of Washington, NASEN, National Harm Reduction Coalition, Heluna Health, Don Des Jarlais, and other individual consultants. Don Des Jarlais and NASEN historically conducted the survey but it has not been consistently implemented since 2013. CDC collaborated with University of Washington, NASEN, and Don Des Jarlais to pilot the 2022 National Syringe Services Program (SSP) Evaluation (NSSPE) survey, which collected data from 2020 through 2021; CDC is now collaborating with the RTI team to administer the 2023 survey, now titled the National Survey of Syringe Services Programs (NSSSP).

Findings from the 2022 survey successfully characterized operational characteristics and services, funding resources, community relations, and key operational successes and challenges. The 2023 survey is currently being implemented. Revisions are being requested to address the increasing number of SSPs nationwide, the changing landscape of drug use nationally, additional SSP supplies and services provided, and ways in which SSPs are developing strategies to address the needs of PWUD.

The two main goals of the project are to 1) assess and monitor SSP operational characteristics and services, funding resources, community relations, and key operational and programmatic successes and challenges, and 2) support timely analysis and dissemination of survey findings.

Background, Need and Circumstances Motivating the Request

The opioid crisis in the United States has led to steep increases in overdose (1), hepatitis C virus (HCV) incidence (2) and HIV clusters and outbreaks among people who inject drugs (PWID) (3-6). These alarming trends indicate an urgent need to strengthen interventions to prevent morbidity and mortality and transmission of infectious disease among PWID. SSPs are evidence-based, highly effective programs that prevent the spread of infectious disease (e.g., HIV and HCV) related to injection drug use (IDU) at the community level (7). SSPs have expanded in many areas in the United States to respond to the increasing need to provide HIV and HCV prevention and other health and social services to PWID and their communities. The Dave Purchase Memorial Survey of SSPs was previously implemented through a collaboration between New York University (NYU) and the North American Syringe Exchange Network (NASEN) but has not been consistently conducted since 2013 (8). Due to an increase in HCV and HIV related to IDU (9,10), it is imperative to understand the operational structures and services provided for the prevention of these infectious diseases and other injection-related harms. The proposed survey will build upon the previous OMB-approved survey to strengthen and improve syringe services program monitoring and evaluation for supporting, sustaining, and improving SSPs nationwide in meeting the needs of PWUD.
It replaces previous questions with questions that account for changes in drug use patterns, syringe services program operational and program characteristics, and the burden estimates account for the growing number of syringe services programs operating over time.

Our previous OMB approval has allowed us to assess SSP operational characteristics and services, funding resources, community relations, and key operational and programmatic successes and challenges, and develop a surveillance report in collaboration with our implementing partners to disseminate findings from the 2020-2021 NSSPE.

This proposed information collection is authorized under Section 301(a) of the Public Health Services Act (42.U.S.C.241) to "… cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies related to the causes, diagnosis, treatment, control, and prevention of

physical and mental diseases and impairments of man…" **(Attachment 1).**

2. Purpose and Use of Information Collection

The primary purpose of the project is to strengthen and improve SSP monitoring and evaluation to support, sustain, and improve SSPs nationwide and meet the needs of PWUD. The project will include all SSPs that are listed in a publicly available directory of SSPs in the United States, Territories and Tribal Nations, maintained by the North American Syringe Exchange Network (NASEN; https://nasen.org). The project will also include SSPs in NASEN's directory that do not wish to be publicly listed but have agreed to be contacted for research purposes, SSPs belonging to NASEN's buyers' club that are not part of the directory, SSPs that have responded to prior RTI Arnold Ventures Surveys of SSPs that are not part of NASEN's datasets, and other SSPs proactively identified through searching state health department websites, funding agencies, state and regional networks, regional conferences, partner organization networks or webinars and via social media. SSPs will be sent a letter of invitation (Attachment 3) to participate in an approximately 35-minute program survey (Attachment 7a, Attachment 7b). The letter of invitation will include options and instructions for completing the survey via different modalities to enhance feasibility and comfort in completing the survey. For example, the survey will be offered online via the Research Electronic Data Capture (REDCap)or a similarly secure web-based application (Attachment 9). Other modalities for survey administration will include a coordinated telephone or videoconferencing interview with NSSSP (formerly known as National Syringe Services Program Evaluation [NSSPE]) project staff. SSPs will be sent reminder letters (Attachment 4) during the approximate 6-month data collection period. SSPs that do not respond to prior reminders, will be sent one final reminder (Attachment 5), and if the SSPs still do not participate, one question on why the SSPs did not complete the survey will be collected to improve subsequent implementation of the survey (Attachment 6).

This project will help develop partnerships with SSPs to collect information to strengthen SSP effectiveness in reducing infectious disease related to IDU and to inform other prevention efforts for PWUD and their communities. As SSPs continue to expand services and build local partnerships, these programs could be ideal long-term partners for national and local surveillance and to inform HIV and HCV elimination efforts.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected electronically to minimize burden to respondents. The survey will be offered online using a secure web-based application, like REDCap. This self-administered survey modality will include programmed logic checks, skip patterns, and range values, thereby improving the quality of the data and reducing burden for respondents. Respondents who do not wish to complete the survey online via secure web-based application will be given other options including to schedule a telephone or videoconference interview with a study interviewer. All data, regardless of survey modality used, will be entered into a secure web-based application, like REDCap. The burden to respondents will remain the same regardless of mode of administration.

4. Efforts to Identify Duplication and Use of Similar Information

The Substance Abuse and Mental Health Services Administration (SAMHSA) collected annual national data on substance use services through the National Survey of Substance Abuse Treatment Services (N-SSATS) (OMB #0930-0106 discontinued 03/02/2022) and on characteristics of persons in substance use treatment through the Treatment Episode Data Set (TEDS). However, the current program survey seeks to understand the breadth of services and operational characteristics provided at SSPs on an annual basis, beyond substance use treatment centers. Moreover, there is currently no systematic, ongoing data collection system for monitoring a range of SSP services and aggregating characteristics of SSP participants. In addition, the “Injection Drug Use Surveillance Project,” (OMB 0920-1325) is focused on drug use patterns of *participants* of SSPs. Data from the current information collection request is different and will provide a program perspective which will allow the CDC and its state and local partners to monitor prevention services provided by SSPs nationwide. Data will also inform prevention planning among national, state, and local partners.

5. Impact on Small Businesses or Other Small Entities

Data will be collected from SSPs, which are typically small, not-for-profit entities. The questionnaire has been held to the absolute minimum required for the intended use of the data. Program directors or designated staff will be able to complete the questionnaire at a time that is convenient for them through the method of their choosing (e.g., online or by scheduling a telephone interview).

6. Consequences of Collecting the Information Less Frequently

Data collection activities under the current funding period are expected to occur annually, as funding and timelines allow. It is expected that if successful, these activities will continue beyond this funding period to establish a routine activity to support continuous program monitoring and improvement. Data for prevention and resource planning need to be collected on an annual basis to inform program planning and funding.

SSPs are an important component of community-level public health interventions addressing the negative sequelae associated with injection and non-injection drug use. Although these programs have operated in the United States for over 30 years, there is a lack of standardized and systematic information about how they are implemented, what services they offer, and who uses them. The consequences of not routinely collecting this information include inadequate program monitoring and evaluation, lack of understanding of national program gaps and needs, and inability to properly support programs to address these gaps and better serve their participants.

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the guidelines of 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice to solicit public comments was published in the *Federal Register* on May 4th, 2023, Volume 88, Number 86, Pages 28552-28553 (**Attachment 2**). There were no public comments received.

9. Explanation of any Payment or Gift to Respondents

Payment will be given to respondents to increase participation and response rates. An NIH-funded survey of SSPs conducted by Cornell University provided a $75 token of appreciation for completing the survey and was only able to achieve a 60% response rate, despite strong efforts of project staff in reaching out to programs and providing multiple ways to complete the survey. While the low response rate may be in part due to the COVID-19 pandemic, based on the experiences with collecting information from SSPs in these previous surveys, a token of approximately $125 is an appropriate amount to encourage participation in the proposed NSSSP project, and it will help achieve a high response rate. Specifically, a response rate below 80% may lead to response biases that will affect our ability to make conclusions based on the data. In addition, a 2018-2019 qualitative study of SSPs to assess HIV, viral hepatitis, substance use treatment, and overdose prevention services offered, conducted by CDC's Division of HIV Prevention, provided each SSP an incentive as high as $3000 to conduct 20 interviews (or $150 per interview). The proposed NSSSP project seeks to collect data from all known SSPs in the United States to ensure accurate program data to inform prevention interventions and CDC's HIV and HCV elimination efforts.

With increased response rates, the reliability of the data will be improved as the sample of participating SSPs will be more representative of the underlying population of all known SSPs in the United States.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The CDC NCHHSTP Privacy and Confidentiality Review Officer has assessed this package for applicability of 5 U.S.C. § 552a, and has determined that the Privacy Act does not apply to the information collection (Attachment 12). The information collection pertains to organizations (i.e. SSPs), not individuals or households. No individual-level information or potentially identifying information about SSP participants or any other individuals will be collected. Any SSP staff member(s) can complete the survey on behalf of the SSP. No information that could be used to identify the staff member(s) completing the survey will be collected. Data collected from responding SSPs will be stored and accessed locally and at CDC by a survey

identification number.

Participation in the survey is optional. SSPs can abstain from participating by simply not accessing the survey, not submitting survey responses, or not scheduling a telephone interview. All participants will be informed that data about their programs will be kept private and secure, reported only in aggregate format and not shared in a way that could potentially lead to their identification beyond the award recipient. Interviewer-administered surveys over the phone or a videoconferencing platform will be conducted by trained staff in a private location where the questions and responses cannot be overheard by others.

Data for this project will be collected using a web-based application like REDCap, a secure web-based data collection program. For respondents who choose to complete the online survey, data entered by respondents will be transmitted directly to the secure web-based application server rather than stored locally. Respondents who choose to complete the survey for example, via telephone or videoconferencing will provide verbal responses to be entered into REDCap by the interviewer at the time of interview. The award recipient will routinely download and clean the data files and will provide routine recruitment monitoring reports to CDC. At the conclusion of data collection, the award recipient will process all data collected and produce a clean, final data set without SSP identifiers for use by CDC. This dataset will be sent via a secure network to CDC.

Data from the proposed information collection will be transmitted to CDC using the internet-based system that is used to transmit HIV surveillance data to CDC. This system is referred to as the Secure Data Network (SDN). Databases submitted through the SDN must be encrypted before being sent to CDC. Encryption security for all data must meet the current National Institute of Standards and Technology (NIST) Federal Information Processing Standards (FIPS), which meet or exceed Advanced Encryption Standards (AES).

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The approved Project Determination Form (**Attachment 8**) indicates that because the project is a program evaluation activity, the protocol will not be reviewed by CDC’s IRB.

Sensitive Questions

This information collection will ask responding SSPs a variety of questions about program services, operational characteristics, and challenges. Some of this information could be viewed as sensitive, as it involves providing harm reduction services to people who use drugs. Furthermore, some SSPs may be reluctant to divulge information about program operations or unmet participant needs. However, collection of this information will improve understanding of national gaps in services for people who use drugs and support program enhancement to reduce infectious disease transmission and other harms related to drug use.

The context in which questions are asked help to overcome their potential sensitivity. Several steps will be taken to minimize sensitivity and reiterate to the respondent the legitimate need for the information:

- Respondents will receive clear information about privacy and confidentiality of survey responses and how and by whom the information will be used.
- Respondents will be made aware that the survey is sponsored by CDC and the award recipient, and phone numbers will be provided if respondents have questions about the survey.
- The program survey is carefully organized to lead smoothly from one topic to another. Transitions are made clear to respondents and the need for the information explained. Assurances about the privacy of the data are reiterated.
- Most questions allow for responses of “don’t know” or “refuse to answer.”
- The provision of a token of appreciation indicates clearly to the respondent that the information is important to the survey sponsors.

12. Estimates of Annualized Burden Hours and Costs

The annualized estimates of respondent burden for each data collection instrument is provided below. We intend to invite all known SSPs to participate in the survey (approximately 1000 SSPs over the next few years). To be eligible to complete the survey, SSPs must have provided at least some services during the recall period of the respective administration of the survey (e.g., previous calendar year). SSPs can agree or decline to participate in the survey. We anticipate that approximately 20% of 1000 SSPs will decline to complete the survey, yielding approximately 800

completed surveys per year.

We estimate that it will take an average of 35 minutes to complete the survey, regardless of how the respondent chooses to complete it (i.e., self-administered online or interviewer-administered by phone or videoconferencing). This is the same amount of time as the previously approved NSSPE and accounts for the amount of time SSPs take collecting requested data, based on now two years of SSP survey implementation.

SSPs that do not respond to the initial survey invitation will be sent reminders to complete the survey over the duration of the survey implementation period. The final reminder will include a link to a single question for SSPs that choose not to complete the survey about why they declined to complete the survey. Given the uncertainties in response rates described above, we are requesting enough burden hours to allow 100% of SSPs to respond to this question. We also estimate that it will take 2 minutes to respond to non-response survey item (Attachment 6).

Burden estimates were informed by mock interviews with staff from CDC and the award recipient, and the median completion time from the last two years of SSP survey implementation.
The estimates in the table below cover the time that each respondent will spend communicating with the project staff to answer survey questions.

Exhibit 12 A: Estimates of Annualized Burden Hours (Based on maximum number of participating SSPs (n=1000)

Respondent	Form	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (hours)	Total Burden (in hours)
All participating SSPs	Survey (Att 7)	1000	1	35/60	583
Non-responding SSPs	Non-Response Survey Item (Att 6)	1000	1	2/60	33
Total Annualized Burden					616

B. Estimated Annualized Cost to Participants

Note: The hourly rate was determined by using data obtained from the U.S. Department of Labor, Bureau of Labor Statistics (http://www.bls.gov/cps/cpsaat39.htm). The 2022 rate for “social and community service managers” was used.

Exhibit 12 B: Annualized Cost to Respondents

Type of Respondent	No. of Participants	No. of Responses per Respondent	Total Burden Hours	Hourly wage rate	Total Respondent Cost
All participating SSPs	1000	1	583	$34.7	$20,230
Non-responding SSPs	1000	1	33	$34.7	$1,145
Total Annualized Cost					$21,375

13. Estimates of Other Total Annual Cost Burden to Participants or Record Keepers

There are no other costs to participants associated with this proposed collection of information.

14. Annualized Cost to the Federal Government

The annualized cost to the government for one year is $890,174 and for the three years is estimated to be $2,670,522. The annualized cost is summarized in Exhibit 14.A.

Exhibit 14.A. NSSSP Annualized Cost to the Federal Government

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Costs to the Federal Government	Personnel Epidemiologist-14 1 15% $18,436 Epidemiologist-13 1 25% $26,002 Epidemiologist-13 1 50% $52,004 Epidemiologist-12 1 25% $21,866 Epidemiologist-12 1 25% $21,866	$140,174
	Cooperative agreement funds	$750,000
	TOTAL COST TO THE GOVERNMENT	$890,174

*Salary estimates were obtained from the U.S. Office of Personnel Management salary scale at https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2023/general-schedule/.

The NSSSP annualized cost to the federal government includes personnel related to the NSSSP data collection, including project officers (epidemiologists) at the GS-12, 13, and 14 levels, and cooperative agreement funds.

The information collection described in this request will be funded through the cooperative agreement “Strengthening Syringe Services Programs” (PS22-2208) with RTI International. This cooperative agreement ends 7/31/2027 and we expect to collect data from the NSSSP annually until the end of the cooperative agreement.

15. Explanation for Program Changes or Adjustments

This is a Revision of a previously approved data/information collection. Overall, 37 questions have been added and 47

questions have been removed, for a net total of 10 fewer questions. Revisions to the previously approved survey instrument are reflected in **Attachment 11a** (de minimus changes) and **Attachment 11b** (requested changes).

Three questions were revised to improve clarity of content and one question was added to characterize accessibility of SSP services to persons with limited English proficiency. An additional 520 SSPs are projected to respond, potentially increasing the annualized participant burden hours by 321 hours. The number of respondents was increased from 800 to 1000 due to adjustment in number of SSPs estimated.

16. Plans for Tabulation and Publication and Project Time Schedule

The survey will be administered up to three times during this approval period; approval is requested for 3 years. The following is a brief overview of the project timeline.

Data from the NSSSP will inform prevention programs services and increase existing knowledge about SSP operations and services provided. See Attachment 10 for sample analysis tables.

Most of the results are expected to be useful at the local level, while other results will be more meaningful aggregated regionally or nationally. CDC, in collaboration with the award recipient RTI International, has primary responsibility for the release of data aggregated from all participating SSPs. These data will be distributed to agencies, researchers, policy makers, and other interested parties through presentations at local, national, and international conferences, publications in peer reviewed journals, and presentations at different forums such as continuing medical education courses and seminars.

Furthermore, CDC will regularly publish an SSP surveillance report using data collected annually. Depending on publication schedules, these reports will be published within 12-18 months of the end of data collection.

National data results will be released through national publications and presentations at conferences, epidemiologic profile reports, and presentations to local SSPs and at local conferences and workshops.

Annual Survey Activities	**Estimated Time Schedule**

	Based on Expected OMB Approval
Begin Data Collection: Year 1	3 months after OMB approval
End Data Collection and Clean Data: Year 1	9 months after OMB approval
Complete Analysis of Data: Year 1	12 months after OMB approval
Publication of Data: Year 1	No more than 14 months after OMB approval
Begin Data Collection: Year 2	15 months after OMB approval
End Data Collection and Clean Data: Year 2	21 months after OMB approval
Complete Analysis of Data: Year 2	24 months after OMB approval
Publication of Data: Year 2	No more than 26 months after OMB approval
Begin Data Collection: Year 3	27 months after OMB approval
End Data Collection and Clean Data: Year 3	33 months after OMB approval
Complete Analysis of Data: Year 3	36 months after OMB approval
Publication of Data: Year 3	No more than 38 months after OMB approval

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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