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► [Benefits of concurrent syringe exchange and substance abuse treatment participation.](#)

Kidorf M., King V.L., Pierce Jessica. et al. [Request reprint](#)

Journal of Substance Abuse Treatment: 2011, 40, p. 265–271.

From Baltimore in the USA, evidence that encouraging syringe exchange participants to enter treatment will reduce their drug use, crime and injecting more than syringe exchange alone.

Summary Participation in syringe exchange programmes is associated with many individual and public health benefits but may have little impact on reducing drug use without concurrent treatment engagement. Over a four-month observation window, this study evaluated rates of drug use, other risk behaviours, and illegal activities in 240 participants newly registered at Baltimore's mobile syringe exchange service who were also enrolled versus not enrolled in substance abuse treatment, and examined the effect of days in treatment on these outcomes. The data was drawn from a [study](#) of ways to encourage treatment entry among syringe exchange users which found that motivational and treatment readiness sessions did not improve on standard referral procedures unless accompanied by financial incentives. The featured study effectively ignores how participants were encouraged to enter treatment, and asks what the effect was of entering versus not entering and of how long participants stayed in treatment.

[Main findings](#)

After controlling for baseline differences between the participants, the 113 syringe exchange registrants enrolled in treatment reported fewer days per month of opioid (18 v. 23) and cocaine (8 v. 12) use, injection drug use (18 v. 23), illegal activities (2 v. 5), and incarceration than the 127 not enrolled in treatment. Since entering the study, those who enrolled for treatment had also reduced their cocaine and heroin use significantly more than those not enrolled. For those enrolled in treatment, the number of days they were in treatment was strongly correlated with each of these outcomes.

[The authors' conclusions](#)

These findings provide good evidence for a dose–response effect of treatment engagement by syringe exchange users (ie, the more treatment, the better) and suggest that substance abuse treatment significantly expands the harm reduction benefits of syringe exchange participation. However, they are based on observed associations rather than random allocation to treatment; despite efforts to control for this, the possibility remains that differences between the people who chose to enter or persist with treatment account for part of the observed links.

FINDINGS

From the [original study](#) we know that methadone maintenance accounted for most of the treatment entrants and that the groups randomly allocated to the most effective treatment referral procedure – motivational sessions plus financial incentives – injected and used heroin less often than the other study participants. This is relatively strong evidence that treatment entry itself was an active ingredient, at least in affecting these behaviours.

For a similar UK analysis focused on hepatitis C infection see this [Findings entry](#), which includes a more extended discussion of the role of treatment entry in harm reduction among syringe exchange users.

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