Proposed List of SSP Indicators that can be Ethically and Reliably Tracked

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Introduction

Throughout 2023, the University of Washington Supporting Harm Reduction Programs (SHaRP) team engaged in a multi-phase project to identify basic data points, or indicators, that may be ethically collected in SSPs and result in reliable data to monitor and improve services. We envision these as core indicators that may be used in internal monitoring and evaluation as well as reporting the data out to the community and to funders. We reviewed existing literature, including peer-reviewed articles, white papers, and gray literature from programs and drug user organizers; analyzed data collection forms currently in use; had conservations with SSPs, state government officials, and private funders; and, held an in-person convening with SSP stakeholders. Findings from the literature review and convening are located on our website and provide important context for the proposed indicators.

An initial list of potential indicators was extracted from states, funders, and SSPs who offered their forms for our review and analysis. These indicators were categorized into multiple domains (i.e. topical areas). The SHaRP team narrowed that list based on three standards: whether we viewed the indicator as ethical (i.e. low burden of data collection and analysis, not a barrier to services, culturally and structurally relevant, has a clear use, may be securely collected, and if data are breached, minimal harm would occur), as flexible (i.e. would apply to the majority of SSPs in the United States and some indicators allow for the discovery of unexpected findings), and as resulting in quality data (i.e. has an accepted history of use in harm reduction, answers relevant evaluation questions, and collected data could be close to complete, reliable, and accurate). As SSPs collect data from participants and funders and administrators collect data from SSPs, we emphasize that all data should be ethically collected and have a clear use. No data should be collected for curiosity. Program-level indicators (e.g. types of services program provides, how participants are engaged to provide feedback about a program) may be used to show how a program engages with the community or how multiple programs are serving a geographical area.

These indicators were presented to the SSP indicators workgroup that was formed at the in-person convening with SSP stakeholders. Through two rounds of feedback, the workgroup rejected, added to, and suggested changes to the proposed indicators. The current working list of indicators is presented below, grouped by domain. The SHaRP team views this as a core list of indicators that is in conversation with programs on the ground, given that programs may at any time choose to collect additional data based on their specific needs that are *not* a burden to services.

In future work, we plan to develop recommended methods and specific questions to collect these data. We also plan to develop indicators for services beyond basic syringe services, including HIV and hepatitis C testing and drug testing.

Indicators

Service and supply provision: the services that a program provides and the supplies that a program distributes.

	Indicator	Notes
01	Count of syringes distributed	Could be collected as a daily, weekly, monthly, quarterly, or annual estimate
02	Types of services program provides	Reported as a list
03	Types of supplies program distributes	Reported as a list

Service coverage: at the population level, service coverage may refer to the reach of a program in a geographic area. At the individual level, service coverage may refer to the level of engagement, level of services, or comprehensiveness of services provided to a participant.

	Indicator	Notes
04	Hours per week program operates	Reported as a total
05	Program's service model(s)	Reported as a list (i.e. fixed site, mobile, mail-based, street outreach)
06	Total participant visits	Includes duplicated participants and thus does not require unique identification; could be collected as a daily, weekly, monthly, quarterly, or annual estimate

Service quality: effectiveness of services at improving the wellbeing and meeting the self-identified expectations of participants, staff, and volunteers.

	Indicator	Notes
07	Program activities	Narrative with examples
08	Program needs and barriers to service provision	Narrative with examples

Engagement with people who use drugs: the ways that programs empower people who use drugs, include people who use drugs in decision-making, collect feedback from people who use drugs, and incorporate feedback in programming.

	Indicator	Notes
09	How participants are engaged to give feedback about programs	Reported as a narrative with examples
10	How participants have decision making power in programs	Reported as a narrative with examples

Overdose prevention: program services and activities directed towards preventing fatal overdose as well as measures of overdose burden. NOTE: Indicators 12 and 13 are currently proposed indicators and may be deleted or modified based on feedback from the November Indicators Share Back.

	Indicator	Notes
11	Count of naloxone doses distributed	Could be collected as a daily, weekly, monthly, quarterly, or annual estimate
12	Participant overdose experience	Recommended to be collected anonymously from participants via point in time surveys with careful considerations about how data are collected
13	Reported overdose reversals	Could be collected at encounters or via point in time surveys with careful considerations about how data are collected

Demographics: participant characteristics.

	Indicator	Notes
14	Participant age range	Recommended to be collected anonymously (i.e. not connected to unique identifiers) from participants via point in time surveys and reported out categorized as under 30 and over 30
15	Participant gender identity	Recommended to be collected anonymously from participants via point in time surveys and only when safe to collect given local context; see guidance for further information
16	Participant race/ethnicity	Recommended to be collected anonymously from participants via point in time surveys as a single

		question with instructions to select all that apply; see guidance for further information

Structural violence: the ways that local, regional, and national systems and institutions, including economic, political, cultural, and legal institutions, affect the lives and health of participants.

	Indicator	Notes
17	Participant housing status	Recommended to be collected anonymously from participants via point in time surveys with careful considerations about how data are collected
18	Participant interactions with law enforcement	Recommended to be collected anonymously from participants via point in time surveys or informal qualitative data with careful considerations about how data are collected