

Key Messages: Talking with Syringe Service Program clients about pre-exposure prophylaxis

Syringe service programs (SSPs) help people reduce their chances of getting HIV from sexual- and injection-related exposures. People are often assessed for pre-exposure prophylaxis (PrEP) eligibility when they visit primary care or infectious disease clinics. SSP clients often feel more comfortable talking about HIV risk and learning about PrEP with trusted SSP staff, who help them navigate challenges in obtaining medical care and make them comfortable asking questions about prevention and treatment options. If your SSP does not offer PrEP services onsite, tell interested clients that you can link or refer them to a provider that does.

Note: This resource is centered around oral PrEP because studies on the use of injectable PrEP by people who inject drugs are unfortunately not yet completed.

The following practices will help SSP staff talk about PrEP with clients.



Key messages about PrEP

The goal of your initial conversations about PrEP with SSP clients is to convey basic information and address any concerns that the client may have. Your messages should be clear and unambiguous.

Note: The messages outlined in this document are intended as a guide. When talking about HIV risk with SSP clients, use language that they will understand and relate to, rather than using the suggestions here word for word. For messages that have alternate wording, you and your team can decide which approach makes the most sense in the context of your organization and each client.

- **Awareness:** “There is a pill that you can take once a day to reduce your chances of getting HIV.”

Alternate: PrEP is a way for people who don’t have HIV but are at risk (through sex or injecting drugs) to avoid getting HIV by taking a pill every day. Studies have shown that PrEP, if taken as prescribed, is very effective in reducing chances of HIV infection.

- **Effectiveness/Safety:** “PrEP is a safe and effective way to reduce your chances of getting HIV.”

- Address concerns about interactions with medications or other substances.
- Discuss perceived and actual side effects.

Note: You can refer to the [AIDS Education & Training Center \(AETC\) Prescribing PrEP provider pocket guide](#) for information on side effects and drug interactions.

- **Cost:** “Most people can get their PrEP medication costs covered by insurance and financial assistance.”

Alternate: Here in Massachusetts, most people can get PrEP for free.

- **Adherence:** “PrEP works best when you take it every day at the same time.”

Alternate: People who take PrEP should take it every day at the same time.

Alternate: If taken every day, PrEP is incredibly effective at reducing chances of getting HIV from both sexual- and injection-related exposures.

Alternate: PrEP must be taken every day around the same time, for a period of time. Is this something that you think you could do?

- **Retention in care:** “People who take PrEP need to see a medical provider every three months. If I helped link you to a medical provider, could you regularly attend appointments?”

Alternate: People interested in PrEP need to meet with a medical provider to discuss their risk for HIV and get tested. They also need to see a medical provider every three months while on PrEP. I can help link you to a medical provider. What would it be like for you to do this? Why?

Sample language

Language is important when talking with clients about potentially sensitive topics such as drug use, sexual history, and HIV risk. SSP staff should use a **trauma-informed approach** and be patient, flexible, and non-judgmental. In addition, many people who inject drugs are sexually active, so SSP staff should ask questions to assess both types of risk.

Motivational interviewing can guide these conversations and ensure that clients are involved in making PrEP decisions. For example, when initiating conversations about PrEP, staff can ask clients why they want to be healthy.



Trauma-informed Care: “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

— Substance Abuse and Mental Health Services Administration



Motivational interviewing is a “collaborative, person-centered counseling approach that aims to strengthen someone’s inner motivation for change by exploring and actively considering possibilities for changing one’s behavior.”

—Justice Resource Institute

When assessing risk

- **Explain:** “The reason I ask these questions is because this information will help me know what to offer to help keep you safe and decrease your chances of getting HIV and other infections.”
- **Use wording that is direct and concrete:**
 - “When was the last time you used a needle that someone else used before you?”
 - “Do you ever use a cotton or cooker that someone else used before you? When was the last time?”

It is important to ask about all practices/equipment in the injection process. Some clients may not re-use or share syringes but may re-use or share other injection equipment such as cookers, water, and cotton.

- **Ask open-ended questions** to allow the client to share thoughts, questions, and concerns:
 - “What is your understanding of the way HIV is transmitted?”
 - “What do you think your risk is like for getting HIV?”
 - “What questions or concerns do you have when it comes to HIV?”
 - “Tell me about the last time you shared your works with someone else.”
- **Take cues:** Pay close attention to the language the client uses and use their language in your conversations with them. This will demonstrate that you are listening carefully, and will help you develop a trusting relationship with the client. For example:
 - “What I heard from you is that you don’t always have access to new works and sometimes end up sharing with your friends.”
 - “You mentioned that someone you were staying and using with last week might have mentioned they have HIV?”
 - “I heard you say you needed rigs. Do you have a size you prefer?”

When conducting sexual health conversations

- **Ask Permission to begin the conversation:** “I have some information about practicing safer sex that might be useful. Can I tell you about it?”
 - It is important to convey that you respect your client’s boundaries, and that your SSP is a space where staff welcome people and encourage honest conversations.

Alternate: Do you know about ways that HIV can be transmitted through sex?

Alternate: When was the last time you were tested for HIV? Is that something you would be interested in doing?

- **Give Permission:** “If you have questions or worries about sex, I’m open to any topic you want to bring up.”

Alternate: Talking about sex can be really difficult, but I’ve heard a lot of this before and am open to any questions that you may have.

- **Ask about behaviors:**
 - “When was your most recent sex without a condom?”
 - “Do you use any drugs or other substances during sex?”

As you build a relationship with the client, you will learn more about their identities, which can factor into deciding if PrEP may be right for them.

- **Normalize:** “We ask these questions to get a better understanding of people’s risks, and we want everyone to get a chance to get on PrEP because we want everyone to have the chance to avoid HIV.”
 - Clients will feel more comfortable disclosing information if you let them know that PrEP and post-exposure prophylaxis (PEP) are topics that are mentioned to all SSP clients. This will help to ensure that certain clients do not feel singled out.

Alternate: Because so many people in SSPs have questions about sexual risk for HIV, I bring this up with all of our clients.

Alternate: We recognize that everyone has different sexual experiences and we have resources to help you stay safer in the process.



Identifying and removing barriers to PrEP adherence and retention in care

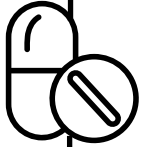
When discussing PrEP, SSP staff should listen to the client’s concerns and tailor counseling to the needs of each client. For example, clients may have questions about insurance coverage or co-pays, or safely storing their medication, and may need help coming up with strategies for adherence, or to keep track of appointments.

- Establish an **adherence plan** (e.g., matching PrEP to a daily routine, using pill boxes and alarms) that can work no matter the client’s circumstances.
- Try to accommodate the client’s schedule:
 - Provide **flexible appointments**/drop-in times.
 - Offer to meet in location(s) of their choosing.
 - Conduct PrEP follow-up appointments when the client comes back to pick up syringes or use other SSP services.
- Assist clients who need full **insurance coverage** or help with copays for PrEP-related services by submitting MassHealth and/or PrEPDAP applications.
- Discuss **ways to keep medications safe** with clients who are concerned that it may get lost or stolen:
 - Offering medication storage at the SSP
 - Using nondescript bottles.
 - Keeping only small amounts of pills on their person.
- Offer to **accompany** the client to the pharmacy, lab, or appointments.
- Provide **same-day services** that reduce the need for repeated visits.



When is a good time to have these conversations?

- When assessing the client for PrEP Eligibility - if the client:
 - Re-uses or shares needles, syringes, or other equipment to inject drugs.
 - Has an injection partner with HIV.
 - Had sex without condoms in the last 6 months with a person who is at high risk for HIV (injects drugs, has partners of unknown HIV status, has HIV and is not on or adhering to treatment).
 - Has bacterial sexually transmitted infections (e.g., gonorrhea, chlamydia, syphilis).
- When a client is interested in or practicing other preventive/harm reduction measures.
- These conversations should be based on a foundation of trust.
 - SSP staff often build trusting relationships by supporting the client's urgent medical and survival needs.
 - It is also helpful to ask clients what is important to them, and what motivates them to be healthy.



Post-exposure prophylaxis (PEP)

In the event that a person had a potential exposure to HIV within the past 72 hours, make every effort to initiate PEP as soon as possible. Prompt initiation of PEP will maximize its effectiveness. The client should be prescribed a 28-day course of PEP.

PEP can also be an entry point for PrEP initiation. For example, people who engage in behaviors that result in frequent, recurrent exposures should be offered PrEP at the conclusion of their 28-day PEP medication course.

Sources

- [PrEP For HIV Prevention Among People who Use Substances](#)
- [Addressing High-Risk Sexual Behavior Among People in SUD Treatment: Tips for Counselors](#)
- [CDC Pre- Exposure Prophylaxis For The Prevention Of HIV Infection In The United States: A Clinical Practice Guideline](#)
- [Connecting Care Podcast Episodes](#)
- [Webinar: HIV Pre-Exposure Prophylaxis \(PrEP\) for Patients with Substance Use Disorders](#)
- [Perspectives on HIV pre-exposure prophylaxis \(PrEP\) utilization and related intervention needs among people who inject drugs](#)

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