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Georgia Southern Examines Legal Space for Syringe Exchange Programs

May 27, 2016



Copious evidence indicates that syringe exchange programs (SEPs) are effective structural interventions for HIV prevention among persons who inject drugs (PWID). The efficacy of SEPs in supporting the public health needs of PWID populations is partially dependent on their accessibility and consistent utilization among injectors. Research has shown that SEP access is an important predictor of PWID retention at SEPs, yet policies exist that may limit the geographic areas where SEP operations may legally occur.

Since 2000 in the District of Columbia (DC), SEP operations have been subject to the 1000 Foot Rule (§48–1121), a policy that prohibits the distribution of “any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1000 feet of a public or private elementary or secondary school (including a public charter school).” The 1000 Foot Rule may impede SEP services in areas that are in urgent need for harm reduction services, such as locations where injections are happening in “real time” or where drugs are purchased or exchanged. We examined the effects of the 1000 Foot Rule on SEP operational space in injection drug use (IDU)-related crime (i.e., heroin possession or distribution) hot spots from 2000 to 2010.

The research found that the removal of the 1000 Foot Rule could significantly improve the public health of PWID via increased access to harm reduction services. Buffer zone policies that restrict SEP operational space negatively affect the provision of harm reduction services to PWID.

“[Legal space for syringe exchange programs in hot spots of injection drug use-related crime](#),” was published in the Harm Reduction Journal.

Dr. Jeff Jones, assistant professor of health policy and management at the Jiann-Ping Hsu College of Public Health Georgia Southern University was one of the co-authors of the study.

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Georgia Southern Examines Emerging Trends and Pathogens in Healthcare

May 27, 2016



Since the change in paradigm in healthcare that nosocomial or healthcare-associated infections (HAIs) are a natural consequence of treatment to a practice of surveillance and prevention, hospital acquired infections are no longer considered consequences of inpatient treatment. Prevention includes protecting patients, healthcare workers, visitors, volunteers and health science students. This paper aims to describe the contributory roles of affected populations with their attendant drivers, healthcare sites and healthcare workers, and emerging pathogens.

“The Perfect Storm: Emerging Trends and Pathogens in Healthcare,” was published in *Clinical Laboratory Science* as the second of four in a FOCUS series about HAIs.

Dr. Pat Tille, South Dakota State University, was the lead author and Dr. Julie Reagan, Assistant Professor of Health Policy and Management at the Jiann-Ping Hsu College of Public Health Georgia Southern University was one of the co-authors.

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