



Report on the Activities and Outcomes of the Syringe Exchange Programs Operating in the State of Utah: December 1, 2016-June 30, 2019

I. Introduction

This report is a summary of the activities as outlined in Utah Code 26-7-8, created by H.B. 308, *Disease Prevention and Substance Abuse Reduction Amendments* (2016 General Session), that requires the department to report to the Legislature every two years on the activities and outcomes of syringe exchange programs operating in the state, including:

- (a) the number of individuals who have exchanged syringes;
- (ii) the number of used syringes exchanged for new syringes;
- (iii) the number of new syringes provided in exchange for used syringes;
- (iv) the impact of the programs on blood-borne infection rates; and
- (v) the impact of the programs on the number of individuals receiving treatment for a substance use disorder;
- (b) the potential for additional reductions in the number of syringes contaminated with blood-borne disease if the programs receive additional funding;
- (c) the potential for additional reductions in state and local government spending if the programs receive additional funding;
- (d) whether the programs promote illicit use of drugs; and
- (e) whether the programs should be continued, continued with modifications, or terminated.

II. Background

In response to the passing of HB 308, the Utah Department of Health (UDOH) designated an employee within the Prevention, Treatment and Care Program (PTCP) as the Syringe Exchange Program Coordinator to oversee the requirements of the law and to help create effective and sustainable syringe exchange programs (SEPs) in the state of Utah. In collaboration with community stakeholders and local partners, the Syringe Exchange Program Coordinator created the Utah Syringe Exchange Network (USEN) to gather community input and garner support.

The PTCP also collaborates with other states and jurisdictions, other state agencies and UDOH programs, local health departments, health care providers, law enforcement, city and county governments, and community partners to identify ways to improve and support SEPs. SEP providers in Utah receive guidance and support from the PTCP according to national guidelines and best practices.

Utah was selected in 2018 to participate in a National Governor's Association Learning Lab on "State Strategies for Addressing Infectious Disease Related to Substance Abuse." UDOH, in partnership with Utah Department of Public Safety, Office of the Governor, Department of Human Services, Division of Substance Abuse and Mental Health received technical assistance over a nine month period to develop an action plan for Utah.

This report covers data collected December 1, 2016-June 30, 2019. Data collection methods have improved and expanded in that time; some data collected varies from year to year. The PTCP began funding SEP programs in July 2017 resulting in more oversight, quality control, and consistent data collection. Additional information and resources can be found at the end of this document.

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III. SEP Timeline

March 25, 2016:	HB 308 signed into law
May 10, 2016:	Utah Code 26-7-8 goes into effect
June 10, 2016:	CDC approves Utah’s “Determination of Need”
November 7, 2016:	Utah Syringe Exchange Administrative Rule goes into effect
December 1, 2016:	First syringe exchange encounter in Utah
July 2017:	PTCP begins contracts with four agencies to provide syringe services or related activities began enhanced data collection
December 2017:	First monthly report of SEP activities
April-Dec 2018:	Participated in NGA Learning Lab
July 2018:	PTCP renews contracts with two organizations to provide syringe exchange
August 2018:	Salt Lake County Health Department and Salt Lake City posts public sharps disposal boxes
December 2018:	Started Syringe Exchange Program Evaluation Survey of program participants
July 1, 2019:	Revised Utah Syringe Exchange Administrative Rule goes into effect
September 2019:	Program completes Syringe Exchange Program Evaluation Report

IV. Reported Syringe Exchange Activity

To date, five agencies have enrolled with UDOH to conduct syringe exchange activities (Table 1). Each agency has a different level and type of involvement with syringe exchange activities. Enrolled SEPs are required to report the number of SEP encounters, syringes collected, and syringes distributed to the UDOH on a quarterly basis (Table 2a-b).

Syringe exchange programs throughout the nation utilize different exchange models for making sterile syringes available including: needs-based syringe distribution, one-for-one exchange, and one-for-one-plus exchange. Needs-based syringe distribution does not require the collection of used syringes, while exchange models require the collection of at least one used syringe to provide new syringes. While each exchange model has merits, the SEPs currently operating in Utah utilize a one-for-one-plus exchange model, which more efficiently enables participants to meet their injection needs, while reducing the need for participants to carry used injection equipment.¹

Table 1. Agencies enrolled with UDOH to conduct syringe exchange activities

Agency	Active Dates	Counties	Services
Utah Harm Reduction Coalition	12/1/16-present	Salt Lake, Weber, Tooele	Syringe Exchange, Naloxone Distribution, HIV/HCV Testing
Utah Naloxone	1/1/17-6/30/17	Salt Lake	Syringe Exchange, Naloxone Distribution
ONE Voice Recovery	3/1/17-present	Salt Lake, Carbon	Syringe Exchange, Naloxone Distribution, HIV/HCV Testing
Salt Lake County Health Department	3/1/17-present	Salt Lake	Sharps disposal services
Utah AIDS Foundation	7/1/17-present	Salt Lake	Syringe Exchange, HIV/HCV Testing

Table 2a. Total Syringe Exchange Activities by Agency – December 1, 2016-June 30, 2019

Agency	Time Period	Exchange Encounters	Syringes Collected	Syringes Distributed	Return Ratio*
Utah Harm Reduction Coalition	12/1/16-6/30/19	18,384	352,770	640,207	1.81
Utah Naloxone	1/13/17-6/30/17	1,900	20,558	68,277	3.32
One Voice Recovery	3/17/17-6/30/19	6,819	287,538	336,464	1.17
Utah AIDS Foundation	7/1/17-6/30/19	466	34,259	43,900	1.28
Total SEP Activities	12/1/16-6/30/19	27,569	695,125	1,088,848	1.56

*Exchange Ratio: syringes distributed divided by syringes collected.

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Table 2b. Syringe Exchange Activities by Agency Per Year

Year 1 – 12/1/16-6/30/17

Agency	Time Period	Exchange Encounters	Syringes Collected	Syringes Distributed	Return Ratio
Utah Harm Reduction Coalition	12/1/16-6/30/17	3,320	34,946	107,490	3.08
Utah Naloxone	1/13/17-6/30/17	1,900	20,558	68,277	3.32
One Voice Recovery	3/17/17-6/30/17	385	3,288	4,430	1.35
Total SEP Activities	12/1/16 - 6/30/17	5,605	58,792	180,197	3.06

Year 2 - 7/1/17-6/30/18

Agency	Time Period	Exchange Encounters	Syringes Collected	Syringes Distributed	Return Ratio
Utah Harm Reduction Coalition	7/1/17-6/30/18	9,005	145,053	272,605	1.88
One Voice Recovery	7/1/17-6/30/18	3,671	105,477	135,134	1.28
Utah AIDS Foundation	7/1/17-6/30/18	63	5,958	7,255	1.22
Total SEP Activities	7/1/17-6/30/18	12,739	256,488	414,994	1.62

Year 3 - 7/1/19-6/30/19

Agency	Time Period	Exchange Encounters	Syringes Collected	Syringes Distributed	Return Ratio
Utah Harm Reduction Coalition	7/1/19-6/30/19	6,059	172,771	260,112	1.51
One Voice Recovery	7/1/19-6/30/19	2,763	178,773	196,900	1.10
Utah AIDS Foundation	7/1/19-6/30/19	403	28,301	36,645	1.29
Total SEP Activities	8/1/19-6/30/19	9,225	379,845	493,657	1.30

In addition to syringes collected during SEP encounters, Salt Lake City and Salt Lake County collaborated to provide, install and maintain five sharps collection boxes in areas identified as having a high need throughout Salt Lake City. Collection boxes provide 24 hour access for people to properly dispose syringes in a public container. These have proven to be quite effective as an additional disposal option. All SEPs conduct regular syringe, biohazard, and other litter cleanup activities around SEP activity locations, and as needed or requested by community members. Salt Lake County Health Department provides disposal services for all SEPs operating within the county. **From July 1, 2017-June 30, 2019, Salt Lake County collected approximately 774,000 syringes combined from SEPs and sharps collection boxes.**

V. Impact of SEPs

A. The impact of SEPs on blood-borne infection rates

Viral hepatitis, HIV, and other blood-borne pathogens can spread through injection drug use if people use needles, syringes, or other injection materials that were previously used by someone who had one of these infections. Injecting drugs can also lead to other serious health problems, such as skin infections, abscesses and endocarditis. The best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of infection and prevent HIV and Hepatitis C outbreaks.

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During the last decade, the United States has seen an increase in injection drug use — primarily the injection of opioids. Outbreaks of hepatitis C (HCV), hepatitis B and HIV infections have been correlated with these injection patterns and trends. The majority of new HCV infections are due to injection drug use, and the nation has seen a 3.5-fold increase in reported cases of HCV from 2010 to 2016, reaching a 15- year high in 2016.³

The estimated lifetime cost of treating one person living with HIV is approximately \$450,000. Hospitalization in the United States due to substance- use related infections alone costs over \$700 million annually. In the United States, the estimated cost of providing health care services for people living with chronic HCV infection is \$15 billion annually. SEPs can help reduce these healthcare costs by preventing viral hepatitis, HIV, endocarditis, and other infections.³

SEPs are a tool that can help reduce transmission of viral hepatitis, HIV, and other blood-borne infections. SEPs are associated with an approximately 50% reduction in HIV and HCV incidence. When combined with medications that treat opioid dependence (also known as medication-assisted treatment or MAT), HIV and HCV transmission is reduced by more than two-thirds.³

Utah SEPs began offering testing for HIV and HCV during exchange activities in July 2017. Many participants were able to get tested for the first time. SEPs are able to identify people with HIV or HCV who otherwise would not be tested and/or receive services, including treatment. Identifying current participants living with HIV or HCV who are out of care, linking them to services, and ensuring they are not sharing equipment is another important activity performed by SEPs. Routine testing, identification, and linkage to care are essential steps in identifying and halting disease transmission and outbreaks. Additionally, the rapport and trust built with SEP participants allows providers to link these hard to reach populations with other services, such as vaccinations and disease investigations. UDOH monitors processes that are indicators of this harm reduction strategy, including HIV/HCV testing referrals and provision of educational materials (Tables 3,5,6).

Table 3: HIV/HCV Testing and Identification by Year		
Year 2 - 7/1/2017-6/30/2018	Hepatitis C	HIV
Total Tests Conducted	161	175
Positive Tests	33	1
Positivity Rate	20.5%	.005%
Year 3 - 7/1/2018-6/30/2019	Hepatitis C	HIV
Total Tests Conducted	431	686
Positive Tests	114	4
Positivity Rate	26.5%	.6%
Reported positive at intake	251	20

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B. The impact of SEPs on the number of individuals receiving treatment for a substance abuse disorder

Syringe services programs serve as a bridge to other health services, including HCV and HIV diagnosis, and treatment and MAT for substance use. The majority of SEPs offer referrals to MAT. **People who inject drugs who regularly use an SEP are more than five times as likely to enter treatment for a substance use disorder and nearly three times as likely to report reducing or discontinuing injection as those who have never used an SEP.**^{4,5} People who use SEPs show high readiness to reduce or stop their drug use. There is also evidence that people who inject drugs who work with a nurse at an SEP, or other community-based venue, are more likely to access primary care than those who do not.⁴

Syringe exchange programs can reduce overdose deaths by teaching people who inject drugs how to prevent and respond to a drug overdose, providing training on how to use naloxone, a medication used to reverse overdose, and providing naloxone. SEPs are an efficient way to distribute overdose prevention information and naloxone directly to the people who need it most. This occurs by utilizing their relationship with persons who inject drugs to distribute Naloxone with the goal of reversing and stopping opioid overdoses. Many Utah SEP participants report either surviving an overdose, or saving a friend or family member, with naloxone and other tools obtained at an SEP (Table 4). In addition, Utah SEP providers consistently provide educational materials and referrals for substance abuse treatment and overdose prevention, amongst many other services (Table 5-6).

Table 4. Naloxone Distribution and Overdose Reversals Reported to SEP

Year 3 – July 1, 2018-June 30, 2019	
Naloxone Distributed	1,434
Reversals Reported	109

VI. Potential Impact if SEP Receives Funding

A. The potential for additional reductions in the number of syringes contaminated with blood-borne disease if SEP receives funding.

UDOH has created an online database to collect individual-level data for all SEP activities throughout the state. The database allows UDOH to create monthly and yearly reports, monitor agencies, ensure funding requirements are met, and show changes in individuals and across the program. However, UDOH does not receive any direct funding to develop, monitor, perform quality assurance, or perform analysis on this data. Dedicated funding for SEP would permit UDOH to utilize the data collected to enhance monitoring and evaluation of SEPs. These enhanced efforts could include assessments of temporal trends in syringe exchange, evaluation of the success rates of substance abuse referrals, and direct assessments of the impact of SEPs on blood-borne infection rates.

B. The potential for additional reductions in state and local government spending if SEP receive additional funding.

Dedicated and consistent funding would permit UDOH to evaluate SEPs and estimate the number of cases of Hepatitis C and HIV averted due to SEP participation, as well as other health issues. Each infection averted represents reductions in state and local spending tied to treatment and care. It would allow for comparisons with overdose rates, substance abuse treatment usage, and other related areas.

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Table 5. Referrals Provided by Agency and Referral Type, by Year				
Year 1- Dec 1, 2016-June 30 2017				
Agency	Time Period	HIV/HCV Testing	Substance Abuse Tx	Overdose / Naloxone
Utah Harm Reduction Coalition	12/1/16-6/30/17	2,997	3,001	2,903
One Voice Recovery	3/17/17-6/30/17	361	354	345
Utah Naloxone	1/13/17-6/30/17	51	22	2,165
Total SEP Referrals	12/1/16-6/30/17	3,409	3,377	5,413
Year 2 – July 1, 2017-June 30, 2018				
Agency	Time Period	HIV/HCV Testing	Substance Abuse Tx	Overdose / Naloxone
Utah Harm Reduction Coalition	7/1/17-6/30/18	8,807	8,703	8,832
One Voice Recovery	7/1/17-6/30/18	3,628	3,619	3,627
Utah AIDS Foundation	7/1/17-6/30/18	54	46	31
Total SEP Referrals	7/1/17-6/30/18	12,489	12,368	12,490
Year 3 – July 1, 2018 – June 30, 2019				
Agency	Time Period	HIV/HCV Testing	Substance Abuse Tx	Overdose / Naloxone
Utah Harm Reduction Coalition	7/1/18-6/30/19	6,302	6,048	6,054
One Voice Recovery	7/1/18-6/30/19	2,293	2,750	2,763
Utah AIDS Foundation	7/1/18-6/30/19	393	403	403
Total SEP Referrals	7/1/18-6/30/19	8,988	9,201	9,220

Table 6. Education Materials Distributed December 1, 2016-June 30, 2019				
ALL AGENCIES	Time Period	HIV/HCV	Overdose / Naloxone	Substance Abuse Tx
Total Education Materials	12/1/16-6/30/19	25,516	12,066	13,969

VII. Outcomes

A. *Whether SEP promotes illicit use of drugs*

SEPs are proven and effective community-based prevention programs that can provide a range of services, including access to, and disposal of, sterile syringes and injection equipment, vaccination, testing, and linkage to infectious disease care and substance use treatment. SEPs reach people who inject drugs, an often hidden and marginalized population. Nearly 30 years of research has shown that comprehensive SEPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections. SEPs that provide naloxone also help decrease opioid overdose deaths. SEPs protect the public and first responders by facilitating the safe disposal of used needles and syringes.³

UDOH is currently unable to assess the full impact of Utah SEPs on illicit use of drugs, given the lack of dedicated funding needed to do this type of analysis. However, the law does require that SEP participants receive information and referrals to substance abuse treatment options, and that is reflected in the quarterly reports from providers. Although SEPs report many successful links to treatment, privacy and confidentiality laws prohibit the ability to follow up and know if the participant successfully completed treatment. However, many former SEP clients have returned to SEPs to volunteer after quitting using substances. The PTCP is working to identify funding to better assess this impact.

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B. Whether the programs should be continued, continued with modifications, or terminated

The nation is currently experiencing an opioid crisis involving the misuse of prescription opioid pain relievers, as well as heroin and fentanyl. The increase in substance use has resulted in concomitant increases in injection drug use across the country. This has caused not only large increases in overdose deaths, but also tens of thousands of viral hepatitis infections annually, and is threatening recent progress made in HIV prevention. The most effective way for individuals who inject drugs to avoid the negative consequences of injection drug use is to stop injecting. Many people are unable or unwilling to do so, or have little or no access to effective treatment. Approximately 775,000 Americans report having injected a drug in the past year. In 2017, 14% of high school students reported using opioids without a prescription and 1.5% reported having ever injected drugs.³

The Utah SEPs should be continued as the program has largely been a success, and close monitoring and oversight has provided many opportunities for changing and adapting services to meet the growing need in Utah. Future plans of the Utah Syringe Exchange Program include expansion into the more rural areas hardest hit by the opioid epidemic. This will entail integrating services into community based clinics, and working with local partners to provide more services for high risk populations.

Reasons for continuation of the Utah Syringe Exchange Program Include:

- In self-reported evaluations of current SEP participants, less sharing and reusing of drug in injection equipment was reported.⁶
- SEPs are an opportunity for HIV and HCV outbreak prevention, identification, and response.
- SEPs are a Health and Human Services (HHS) endorsed essential tool for infectious disease control and intervention to deliver substance treatment and overdose prevention during the opioid epidemic.
- HHS has named SEPs as essential tools in both the HIV and Hepatitis C Disease Elimination Plans.^{7,8}
- Data collection and further analysis needs to continue to study impacts of SEPs. There is a need to integrate and identify new data sources to better understand the impact on infectious disease and treatment.

References:

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