



Report on the Activities and Outcomes of the Syringe Exchange Programs Operating in the State of Utah: December 1, 2016-June 30, 2017

I. 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. To date, USEN has provided input on the Health and Human Services requirement of a Determination of Need, allowing for reallocation or application of federal funds to support syringe exchange activities in Utah, the Administrative Rule, data collection tools, and best practice guidance.

The Prevention, Treatment and Care Program 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 other community partners to identify ways to improve and support SEPs. Technical assistance has been provided to UDOH by the National Association of State and Territorial AIDS Directors, the Centers for Disease Control and Prevention (CDC) and the national Harm Reduction Coalition. SEP Providers in Utah receive guidance and support from the Prevention, Treatment, and Care Program according to national guidelines and best practices.

II. SEP Timeline

March 25, 2016:	HB 308 signed into law
May 10, 2016:	HB 308 goes into effect
May 18, 2016:	First meeting of Utah Syringe Exchange Network
June 10, 2016:	CDC approves Utah's "Determination of Need"
October 2016:	UDOH visits Albuquerque, New Mexico for training, technical assistance and a syringe exchange site visit
November 7, 2016:	Utah Syringe Exchange Administrative Rule goes into effect
December 1, 2016:	First syringe exchange encounter in Utah
February 2017:	"Harm Reduction Navigator" training provided by the National Association of State and Territorial AIDS Directors and the national Harm Reduction Coalition
March 2017:	"Training of Trainers" training provided by the National Association of State and Territorial AIDS Directors and the national Harm Reduction Coalition
April 2017:	Launched online data base for syringe exchange and Naloxone distribution in partnership with the UDOH Violence & Injury Prevention Program
July 1, 2017:	Four agencies funded by Prevention, Treatment and Care Program to provide syringe exchange as part of HIV early intervention services program
July 2017:	UDOH releases "Utah SEP Handbook" and USEN Fact Sheets

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III. Reported Syringe Exchange Activity

To date, five agencies have enrolled with UDOH to conduct syringe exchange activities (Table 1). Three of these five agencies conducted syringe exchange activities during the reporting period of December 1, 2016 to June 30, 2017. Enrolled SEPs are required to report the number of SEP encounters, syringes collected, and syringes distributed to the UDOH on a quarterly basis (Table 2).

Syringe exchange programs throughout the nation utilize different transaction models for making clean 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 transaction model has merits, the SEPs currently operating in Utah utilize a one-to-one plus exchange model, which more efficiently enables participants to meet their actual injection needs while reducing the need for participants to carry used injection equipment.¹

In this reporting period, SEPs distributed an average of 32 syringes per encounter and collected an average of 10 syringes per encounter, representing a return ratio (distributed:collected) of 3.1. This ratio is continuing to approach one to one as more disposal opportunities are provided and trust and support of services increases among participants.

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

Agency	Active Dates	Counties	Services ²
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	Syringe Exchange, Naloxone Distribution, HIV/HCV Testing
Salt Lake County Health Department	3/1/17-present	Salt Lake	Disposal services
Utah AIDS Foundation	7/1/17-present	Salt Lake	Syringe Exchange, HIV/HCV Testing

Table 2. Syringe Exchange Activities by Agency

Agency	Time Period	Exchange Encounters	Syringes Collected	Syringes Distributed	Return Ratio
One Voice Recovery	3/17/17-6/30/17	385	3,288	4,430	1.35
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
Total SEP Activities	12/1/16 - 6/30/17	5,605	58,792	180,197	3.06

¹Winkelstein, Emily. 2010. Guide to developing and managing syringe access programs. *Harm Reduction Coalition*. <http://harmreduction.org/wp-content/uploads/2011/12/SAP.pdf> (accessed September 28, 2017).

²HIV = human immunodeficiency virus, HCV = hepatitis C virus

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In addition to syringes collected during SEP encounters, two agencies reported collecting syringes during community clean-up events (Table 3). Utah Harm Reduction Coalition also included participant-reported disposal data during SEP encounters regarding the number of syringes properly disposed of elsewhere. When these reported collections/disposals are included, the modified return ratio (distributed:collected) becomes 2.6.

Table 3. Syringes Cleaned-Up or Self-Reported Properly Disposed by Agency

Agency	Time Period	Collected during Clean-Up Events	Self-Reported Proper Disposal Elsewhere	Modified Return Ratio
One Voice Recovery	3/17/17-6/30/17	5,000	0	0.53
Utah Harm Reduction Coalition	12/1/16-6/30/17	3,230	1,762	2.69
Utah Naloxone	1/13/17-6/30/17	0	0	3.32
Total SEP Activities	12/1/16-6/30/17	8,230	1,762	2.62

IV. Impact of SEPs

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

As stated by the National Academies of Sciences, Engineering, and Medicine, “The most effective way to prevent hepatitis C among people who inject drugs is to combine strategies that improve the safety of injection with those that treat the underlying addiction. People who inject drugs account for about 75% of new HCV infections.”³ As SEPs have only been active for seven months and monitoring and evaluation efforts were unfunded, UDOH is unable to directly measure changes in blood-borne pathogen incidence among persons who inject drugs. However, UDOH monitors processes that are indicators of this harm reduction strategy, including HIV/HCV testing referrals and provision of educational materials (Table 4-5).

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

In 2011, the Surgeon General of the United States Public Health Service determined that SEPs are effective in reducing drug abuse.⁴ SEP providers in Utah consistently provided educational materials and referrals for substance abuse treatment and overdose prevention (Table 4-5). Furthermore, SEP providers utilized their relationship with persons who inject drugs to distribute Naloxone with the goal of reversing and stopping opioid overdoses.

³National Academies of Sciences, Engineering, and Medicine. 2017. A national strategy for the elimination of hepatitis B and C. Washington, DC: The National Academies Press.

⁴Office of the Secretary, Department of Health and Human Services. Notice. “Determination That a Demonstration Needle Exchange Program Would be Effective in Reducing Drug Abuse and the Risk of Acquired Immune Deficiency Syndrome Infection Among Intravenous Drug Users.” *Federal Register* 76, no. 10038 (February 23, 2011)

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Table 4. Referrals Provided by Agency

Agency	Time Period	HIV/HCV Testing	Substance Abuse	Overdose / Naloxone
One Voice Recovery	3/17/17-6/30/17	361	354	345
Utah Harm Reduction Coalition	12/1/16-6/30/17	2,997	3,001	2,903
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

Table 5. Education Materials Distributed by Agency

Agency	Time Period	HIV/HCV Testing	Substance Abuse	Overdose / Naloxone
One Voice Recovery	3/17/17-6/30/17	385	385	385
Utah Harm Reduction Coalition	12/1/16-6/30/17	2,990	N/A	N/A
Utah Naloxone	1/13/17-6/30/17	644	1,080	1,900
Total SEP Referrals	12/1/16-6/30/17	4,019	1,465	2,285

V. Potential Impact if SEP Receives Funding

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

UDOH has created an online database to monitor SEPs and four organizations are currently contracted to utilize this database. Dedicated and specific funding for SEP would permit UDOH Prevention, Treatment and Care Program to utilize the data collected in this database and conduct enhanced monitoring and evaluation of these programs. 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. Each infection averted represents reductions in state and local spending tied to treatment and care.

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VI. Outcomes

A. Whether SEP promotes illicit use of drugs

Research has shown that SEPs do not increase rates of community drug use and represent effective prevention programs that “should be adapted and extended to reduce the injuries, disabilities, and deaths caused by substance misuse.”⁵ In fact, studies have shown SEP participants are more likely to enter drug treatment and to report reductions in injection, including stopping injecting altogether.⁶

UDOH is currently unable to assess the full impact of Utah SEPs on illicit use of drugs, given the short duration of this effort to date and lack of dedicated funding. However, the law does require that SEP participants must receive information and referrals to substance abuse treatment options and that is reflected in the quarterly reports from providers. Anecdotally many SEP participants have expressed interest in treatment but have experience barriers to access, including financial need and availability of appropriate services. SEP providers have reported placing people in treatment and reductions in drug use self-reported among their participants. The Prevention, Treatment and Care Program is working to identify funding to better assess this impact.

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

The SEPs **should be continued** as new lessons are learned and new developments arise that help improve and inform program development. Further data and information gathering will assist with understanding the long term effects of SEPs in Utah and identify other areas for intervention. The SEP Administrative Rule R386-900 is currently under revision to address issues identified since its original release date of November 7, 2016, such as clearly defining “syringe exchange” and providing additional guidance on convening community stakeholders to assess community readiness, norms, needs, and parameters for syringe exchange implementation.

⁵U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

⁶Hagan, McGough, Thiede, et al., “Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors,” *Journal of Substance Abuse Treatment*, no. 19 (2000):247-252.