UNDERSTANDING SYRINGE EXCHANGE IN UTAH

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COMMUNITY NEEDS ASSESSMENT OF
PEOPLE WHO INJECT DRUGS (PWID) IN SALT LAKE CITY, UTAH

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Purpose of Research:
Conduct a community needs assessment of both current and former PWID in Salt Lake City, to develop a better understanding of what is needed for the program to be successful and benefit the community.

Research Objectives:
1. Assess risk behaviors
2. Identify needs for SEP location and services
3. Identify barriers to SEPs
METHODS

- Cross-sectional descriptive study
- Snowball sampling
- Data collected via paper and online surveys from:
  - Shelters
  - Substance abuse programs
  - Community health clinics
  - Referrals
- Incentive to participate
PROTECTION OF HUMAN SUBJECTS

- Anonymous survey
- Consent form
- Survey participant could not be severely impaired
- Reduction of stigmatization
BREAKDOWN OF PARTICIPANTS

340 Survey Participants

211 (62.1%) History of IDU

- 59 (28.0%) Current Users
- 152 (72.0%) Former Users

112 (33.0%) No History of IDU

17 (5.0%) N/A
RESULTS: HIV/HC V KNOWLEDGE

- 85.2% (n=281) understanding of disease transmission
- No significant differences when compared to age, gender, race/ethnicity, level of education, or injection drug use status
RESULTS: RISK BEHAVIORS OF PWID

- Shared paraphernalia in last 60 days (31.9%)
- Use new syringes: never or sometimes (54.6%)
- Do not clean syringes for re-use (22.7%)
- Clean syringes for re-use (71.6%)
RESULTS: BARRIERS TO USING SEP

- Fear of law enforcement (52.5%)
- Distance to service (34.2%)
- Jail or prison in last 90 days ($X^2(1, N=190)=4.78, p=.029$)
- No significant difference in reported barriers between whites and people of color
RESULTS: SEP LOCATIONS AND SERVICES

- Would use service (83.2%)
- Would return used syringes (87.0%)
- Use SEP daily (52.1%)
- Use SEP weekly (27.6%)
CONCLUSION

- Sharing syringes
- Cleaning syringes for reuse
- Fear of law enforcement
- No matter what type, people want this service
SYRINGE EXCHANGE IN UTAH

Heather Bush
Syringe Exchange Program Coordinator
Utah Department of Health
WHAT IS SYRINGE EXCHANGE?

More than just exchanging syringes! 
It's all about the CONNECTION!

A community-based public health program that provides comprehensive harm reduction services such as:

- Sterile needles, syringes, and other injection equipment
- Safe disposal containers for needles and syringes
- HIV and hepatitis testing and linkage to treatment
- Education about overdose prevention and safer injection practices
- Referral to substance use disorder treatment, including medication-assisted treatment
- Referral to medical, mental health, and social services
- Tools to prevent HIV, STDs, and viral hepatitis including counseling, condoms, and vaccinations

And so much more:

- Reaches people where they are with what they need to reduce the harms associated with drug use.
- Reaches people who may not otherwise access services
- Without judgement, stigma, shoulds/should nots
- Provide referrals, support, education, linkages and CONNECTION!
SYRINGE EXCHANGE MYTHS

✓ **DOES NOT** INCREASE, ENCOURAGE OR CONDONE DRUG USE
✓ **DOES** DECREASE HIV AND HEPATITIS C TRANSMISSION
✓ **DOES** PROVIDE ACCESS TO OVERDOSE PREVENTION/NALOXONE
✓ **DOES** REDUCE ACCIDENTAL NEEDLE STICKS
✓ **DOES** REDUCE OTHER INJECTION DRUG RELATED HEALTH ISSUES AND HEALTH CARE COSTS

KEEP CALM SUPPORT HARM REDUCTION
Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

- Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
- Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” (but doesn’t leave them there!) addressing conditions of use along with the use itself.
HIV AND HEPATITIS C TRANSMISSION

• Both HIV and HCV are transmitted blood to blood
• Both are transmitted by sharing injection drug use equipment including:
  • Needles and syringes
  • Cookers
  • Cotton
  • Water
  • Tourniquet
  • Surface

• Non-injection Equipment:
  • Cocaine straws, “tooters”
  • Pipes

• Other Needle sharing
  • Tattoos
  • Piercings
SYRINGE EXCHANGE IS HIV & HCV PREVENTION

Past or current injection drug use is the most important risk factor for HCV infection.\(^3\)  
- US Preventive Services Task Force

With an estimated 34,000 new HCV infections in the United States in 2015, new infections have nearly tripped in the past 5 years, reaching a 15-year high.\(^2,4,*\)

\(~3.5\) million people living with chronic HCV in the United States\(^2\)

\(~60\%) are current or former PWIDs\(^3\)

PWIDs Worldwide

64% of PWIDs in the world are chronically infected with HCV\(^3\)

The average age at first heroin use is 25.4 years.
**Viral Factors**

- HIV, hepatitis C (HCV) and hepatitis B (HBV) are transmitted from one person to another by blood from an infected person getting into the bloodstream of another.

- Injection drug use is the most common way people get hepatitis C, by sharing any equipment that may have come in contact with someone's blood while injecting.

- HCV can survive outside the body on inanimate surfaces, cookers, and filters for days, and can last even longer in the barrel of a syringe.

- In controlled healthcare environments, HCV is transmitted at up to a 10-fold rate relative to HIV following needlesticks.

- Risk estimates show that the average chance that an HIV-negative person will get HIV each time that person shares needles to inject drugs with an HIV-positive person is about 1 in 160.

- IDU can cause other diseases and complications.

**Host & Societal Factors**

- **Sharing** needles, syringes, and other injection equipment are common among PWID.

- Injecting drugs can reduce inhibitions and increase sexual risk behaviors.

- The epidemic of prescription opioid misuse and abuse has led to increased numbers of PWID.

- Individuals using prescription drugs non-medically may turn to injection as a more efficient method of drug delivery.

- Heroin use has increased dramatically nationwide in the past several years.

- Social and economic factors limit access to HIV and HCV prevention and treatment services among PWID.

- Stigma and discrimination are associated with illicit substance use.
HCV & HIV outbreaks associated with IDU are occurring throughout the United States.
Where Disease Eruption Is a Threat

A CDC report identified 220 counties where factors such as unemployment rates, overdose deaths and sales of prescription painkillers contribute to a high vulnerability for outbreaks of HIV and hepatitis C among injection drug users.

**Counties vulnerable to outbreaks of HIV and hepatitis C**

Source: Centers for Disease Control and Prevention

THE WALL STREET JOURNAL.
Syringe exchange provides information on:
• Preventing overdose
• Recognizing an overdose
• Responding to an overdose
• Administering naloxone
Reaches end users and their friends and family

THE REALITY BEHIND UTAH’S ADDICTION

7TH - UTAH HAS THE SEVENTH HIGHEST DRUG OVERDOSE RATE IN THE U.S.

80% OF HEROIN USERS STARTED WITH PRESCRIPTION OPIOIDS

6 UTAHNS DIE EVERY WEEK FROM OPIOID OVERDOSE
HEPATITIS C AND OPIATE EPIDEMICS MUST BE ADDRESSED TOGETHER

• The CDC reports in many areas around the country, the populations newly infected with HCV are strongly linked to those affected by the opioid crisis, mostly young, white men in rural counties.

• People with HCV who use alcohol or other drugs have much higher rates of liver disease and death than those who are not using.

• Clinical recommendations suggest that everyone diagnosed with HCV should receive curative treatment, only a fraction of these individuals are currently eligible due sobriety restrictions.

• In order to eliminate HCV, we must identify, test and treat active PWID.

• People who have been incarcerated or in substance abuse treatment are at much higher risk of overdose and engaging in risky behaviors (sharing or high risk sex) after release.
Agencies in Utah “may operate a syringe exchange program in the state to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs and those individuals’ contacts” and collect data to prove effectiveness and show that SEPs do not increase drug use.

Utah Syringe Exchange Law requires any SEP to provide:
- Clean, new syringes for free
- Collect and properly dispose of used syringes
- Information and referrals:
  - HIV and HCV prevention and testing
  - Substance abuse treatment
  - Overdose prevention and access to Naloxone

Agencies who choose to conduct syringe exchange must work with UDOH and comply with the administrative rule and provide aggregate data to UDOH on a quarterly basis.

UDOH mandated to report to Utah State Legislature annually.
Syringe exchange and access refer to the provision of sterile syringes and collection of used syringes. Syringe service programs provide an array of services beyond syringe access including HIV/STI testing, overdose prevention, health education, and referrals to substance use and mental health treatment.

States with authorized syringe service programs:
- CA
- CO
- CT
- DC
- DE
- FL
- HI
- IA
- ID
- IL
- IN
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MO
- MS
- MT
- NE
- NH
- NJ
- NM
- NV
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- RI
- SC
- SD
- TN
- TX
- UT
- VA
- VT
- WA
- WI
- WV
- WY

Local units interpreted state laws to allow syringe access services:
- AK

No law that prohibits syringe exchange:
- AR
- AZ
- CO
- CT
- DE
- DC
- FL
- HI
- IA
- ID
- IL
- IN
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MO
- MS
- MT
- NE
- NH
- NJ
- NM
- NV
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- RI
- SC
- SD
- TN
- TX
- UT
- VA
- VT
- WA
- WI
- WV
- WY

Syringe exchange would require legislative action and/or supportive interpretation of local laws:
- AL
- NY

States with pending SSP legislation:
- AK
- AZ
- CA
- CO
- CT
- DE
- DC
- HI
- IA
- ID
- IL
- IN
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MO
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- WY
Assessment of whether a state had established
- Authorization of syringe exchange statewide or in selected jurisdictions
- Exemption of needles or syringes from the definition of drug paraphernalia
- Decriminalization of possession and distribution of syringes or needles for participants of a legally authorized syringe service program
- Avoidance of criminal prosecution for possession of drug paraphernalia by disclosing possession of a needle or sharp object to an arresting officer
- Allowance for the retail sale of syringes without a prescription to PWIDs

CURRENTLY ENROLLED SEPS

Utah Harm Reduction Coalition
Downtown SLC - mobile outreach
Sandy - fixed site 2x/week
Tooele - mobile delivery 1x/week
Ogden - 1x week

ONE Voice Recovery
Outreach/Mobile - SLC

Utah Naloxone
Support SEPs with Naloxone and training

Salt Lake County Health Department
Syringe Collection, disposal Naloxone

Utah AIDS Foundation
Fixed Site
HIV/HCV/STD Testing
UTAH DEPARTMENT OF HEALTH ROLE

- Administer SEP and Opiate Overdose Laws
- Collect, analyze and report data from SEPs and Overdose Prevention Providers
- Provide support, technical assistance and capacity building
- Develop support and resource materials
- Identify funding opportunities
- Provide training opportunities with quality and consistency across the state
- Identify community resources
- Facilitate communication and collaboration among Utah agencies
- Provide community education
- Provide SEP supplies and naloxone when available
- Receive training, technical assistance and consultation from national and other state’s programs.
- Address policy around state
• The contribution of health risk behaviours to excess mortality in American adults with chronic hepatitis C: A population cohort-study, Authors: H. Innes, A. McAuley, M. Alavi, H. Valerio, D. Goldberg, S.J. Hutchinson

• Hepatitis C Virus outbreak among millennials, Capitol Weekly, August 17, 2017 National Viral Hepatitis Roundtable, “Hepatitis C: The State of Medicaid Access, 2016”

• National Academies of Sciences, Engineering, and Medicine; A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report (2017); Gillian J. Buckley and Brian L. Strom, Editors

• 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 HHS Notice February 2011


• CDC: Syringe Services Programs Fact Sheet, https://www.cdc.gov/hiv/risk/ssps.html
HOW SYRINGE EXCHANGE WORKS

Mindy Vincent, LCSW
Utah Harm Reduction Coalition
The Utah Harm Reduction Coalition (UHRC) is a non-profit community based organization providing harm reduction services, education, and advocacy throughout the state of Utah. Our mission is to provide evidence based interventions to aid people in reducing health and social harms associated with substance use.
WHO WE ARE….

- Utah Harm Reduction Coalition was founded in July 2016
- First legal provider of syringe exchange services in Utah
- We are the largest provider, serving more than 500 with 2000 syringe exchange encounters per month
- We have exchange activities in Salt Lake County, Weber County and Tooele County and will be starting exchanges soon in Utah, Carbon and Emery Counties.
YOU GIVE THEM WHAT?

Items Distributed

• Tourniquets
• Cookers and Twist Tie
• Cottons
• Alcohol Pads
• Condoms
• Triple Antibiotic Ointment
• Personal Sharps Container

Why do they need that?

• We are first and foremost trying to prevent the spread of diseases such as HIV and HCV
• We are also trying to help prevent drug related injury such as abscess, endocarditis, sepsis, cotton fever and soft tissue damage, just to name a few…
Risks of Re-using Syringes

- The “pits” can hold blood, tissue, and micro-organisms. This increases the risk for infections and the transmission of blood-borne pathogens.
- Pieces of the metal can flake off in the injection site.
- The bent tip creates a more jagged puncture point, resulting in more tissue damage and longer healing times.
- Bacteria from skin and surfaces
YOU GIVE THEM WHAT?

• Naloxone and overdose prevention education
• Free HIV and HCV testing and prevention information
• Access to substance abuse assessments, treatment, detox, medical care, recovery support and much more
• Most of all we give them LOVE and HOPE!
HOW IT WORKS

• Participants enroll by completing an interview with demographic information, drug use and sharing history, HIV/HCV risk assessment and other information.
  • All information is kept strictly confidential and used to inform and improve syringe exchange activities
  • Participants are assigned a code that is easy to remember and they are able to use at any exchange location.

• Participants must turn in at least 1 syringe to exchange
  • We use 1 for 1 Plus Model- working toward a 1 for 1 Plus Enhanced Model
  • Participants may get up to 30 syringes on their first enrollment
  • Participants must report what they are doing with their syringes if they are not turning them in to us.
IS SYRINGE EXCHANGE A SUBSTANCE ABUSE TREATMENT?

- Drop in counseling
- Clinical Groups
- Healthy Living Classes (including safer injection)
- Non abstinence based recovery support groups
- Motivational Interviewing
- DBT
- Seeking Safety
- REBT
- Shame Resiliency
- Good old fashioned case management
BARRIERS

- Law Enforcement concerns
- Stigma – drug use, homelessness, etc
- Fear and misunderstanding
- Lack of compassion
- Lack of clarity in the law
- Conflict with drug paraphernalia law
- Disposal vs. Distribution
WHAT WE ARE DOING TO OVERCOME

- Gain support - Continue to build allies throughout the state
- Education and Awareness - Educational Town Hall meetings, presentation, social media,
- Community service - UHRC does multiple clean ups per week
- Meet in the middle – Assess and identify community needs and readiness
Syringe Exchange Activity
December 1, 2016 - June 30, 2017

- Syringes collected: 8230
- Syringes distributed: 1762
- Clean ups: 68784
- Disposed elsewhere: 180197

Return Ratio: 2.29
PARTNERSHIPS

Utah Department of Health
Youth Futures
Salt Lake Co Health Department
Downtown Alliance
4th St. Clinic
Utah AIDS Foundation
One Voice Recovery
Metamorphosis
Southeast Health Department
Acqua Recovery
Weber Human Services

Northern Utah Coalition
Wasatch Co. Health
A&D Psychotherapy
VOA
Ogden Regional
Midtown Clinic
Twilight Concert Series
Weber/Morgan Health Department
Clean Team
Daylight Recovery
Tooele County Health Dept
True North Treatment Center
AND MANY MORE!
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