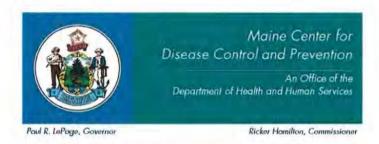
## MAINE STATE LEGISLATURE

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# Hypodermic Apparatus Exchange Programs Report for 2017

## Reporting Period 11/1/2016 - 10/31/2017

Prepared by the DHHS, Maine CDC HIV, STD, and Viral Hepatitis Program

Maine law 22 MRSA c.252-A, § 1341, Hypodermic Apparatus Exchange Programs, requires the Maine Center for Disease Control to file an annual report to the Legislature's Judiciary and Health and Human Services Committees on the status of exchange programs certified under this section.

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Ricker Hamilton, Commissione

Department of Health and Human Services Commissioner's Office 221 State Street 11 State House Station Augusta, Maine 04333-0011 Tel.: (207) 287-3707; Fax (207) 287-3005 TTY Users: Dial 711 (Maine Relay)

March 19, 2018

Senator Eric Brakey, Chair Representative Patricia Hymanson, Chair Joint Standing Committee on Health and Human Services #100 State House Station Augusta, Maine 04333-0100

Senator Lisa Keim, Chair Representative Matthew W. Moonen, Chair Joint Standing Committee on Judiciary #100 State House Station Augusta, Maine 04333-0100

Dear Senators Brakey and Keim, and Representatives Hymanson and Moonen and Members of the Joint Standing Committees on Health and Human Services and Judiciary:

Enclosed please find the Hypodermic Apparatus Exchange Report for 2017. Maine law 22 MRSA c.252-A, § 1341, Hypodermic Apparatus Exchange Programs, requires the Department of Health and Human Services to file an annual report to the Legislature's Judiciary and Health and Human Services Committees on the status of exchange programs certified under this section.

Please feel free to contact Dr. Bruce Bates at 287-3270 if you have any questions or concerns.

Sincerely,

Ricker Hamilton Commissioner

RH/klv

Enclosure

#### **Executive Summary**

DHHS' Maine Center for Disease Control and Prevention is authorized by 22 MRSA ch. 252-A, §1341(1) ("Hypodermic Apparatus Exchange Programs") to certify hypodermic apparatus exchange programs as a public health promotion strategy. This report is required as part of statute (22 MRSA ch. 252-A, §1341(3)), and reflects the exchange activities conducted by the certified exchange sites in Maine for the period from November 1, 2016 to October 31, 2017.

The certification of Hypodermic Apparatus Exchange Programs<sup>1</sup> by the Department is allowed only for those programs that meet the requirements established by statute (22 MRSA ch. 252-A, §1341(2)). No State or Federal funds are used to support the exchange activities at the sites during this reporting period. The ban on using federal funds to support exchange activities was lifted on January 6, 2016<sup>2</sup>. The Maine Legislature passed LD 1552 (*An Act To Reduce Morbidity and Mortality Related to Injection Drugs*) in the spring of 2016, but no funds were appropriated to support this action. Additional regulatory rules were also promulgated through this statute (10-144 CMR Ch. 252). Rules will be updated in 2018.

Four state-certified Hypodermic Apparatus Exchange Programs operated six sites in Maine in 2017. The sight operated by Frannie Peabody Center closed in June of 2017.

Agency	Site Location	Certification Date
City of Portland	Portland	September 1998
Down East AIDS Network	Ellsworth	July 2014
Down East AIDS Network	Bangor	July 2014
Down East AIDS Network	Machias	July 2014
Health Reach Harm Reduction	Augusta	December 2004
Frannie Peabody Center	Lewiston	March 2015 Closed 6/17

<sup>2</sup> http://harmreduction.org/wp-content/uploads/2012/01/Syringe-Exchange-June-4-NMAC.pdf

2

<sup>&</sup>lt;sup>1</sup> Hypodermic Apparatus Exchange Programs are also known as Needle Exchange Programs (NEP) or Syringe Exchange Programs (SEP) and may be used interchangeably here within.

Needle exchange programs (NEPs) are an evidence-supported structural intervention<sup>3</sup> that target injection drug users (IDUs) to reduce the transmission of HIV, Hepatitis C, and bacterial infections (Neaigus et al., 2008; Holtzman et al., 2009; Des Jarlais et al., 2005). These programs not only provide IDUs with harm reduction materials at legal agencies, but NEPs have also been shown to reduce injection risk behaviors over time (Huo & Ouellet, 2007; Des Jarlais et al., 2009). Huo & Ouellet (2007) examined long-term needle exchange program usage and showed that NEPs facilitated long-term reductions in injection risk practices.

In 2017, 5,276 individuals were enrolled at Hypodermic Apparatus Exchange Programs in order to exchange contaminated hypodermic apparatus for a clean apparatus. This is a 9% increase from 2016. Maine State law requires a one-to-one exchange except in the initial enrollment exchange, where ten clean hypodermic syringes can be distributed for future exchanges.

The sites collected a total of 815,005 used needles from 5,276 individuals during 19,063 exchange events<sup>4</sup>. This is an average of 3.6 visits per person, with an average of approximately 43 needles exchanged per visit, and an average of 154 needles exchanged per person annually.

The collection of contaminated needles has increased steadily over the last five years (see Graph 3.5 on page 10). During the reporting period (11/1/16 – 10/31/17), 736,673 clean needles were distributed. This is about the same as in 2016. The exchange sites continue to collect more needles than they distribute and are often asked to dispose of used needles found in public places. Collecting more needles than are distributed is an important factor for reducing the possibility of contaminated needles being the cause of infectious disease transmission.

A total of 132 HIV tests were conducted with enrolled individuals at the needle exchange sites. There were 3,150 referrals for HIV testing and 1,383 referrals for Hepatitis C testing offered. Exchange site staff made a total of 17,630 referrals to primary care providers, substance abuse treatment programs, and housing assistance programs. This is a 47.52% increase from the 2015 – 2016 report.

Globally, nationally, and locally in Maine, evidence has shown Hypodermic Exchange Programs continue to be a proven intervention for HIV and Hepatitis C prevention as well as a direct link to many health services, especially substance abuse treatment and care programs.

<sup>4</sup> An exchange event is considered to happen when an individual accesses an exchange site to exchange one or more used needles for unused ones and/or to receive other support services.

<sup>&</sup>lt;sup>3</sup> A structural intervention is generally accepted as an intervention that is replicable and governed by specific standards and process.

#### Maine Center for Disease Control, HIV, STD, and Viral Hepatitis Program

#### Hypodermic Apparatus Exchange Programs Report for 2016 Reporting Period 11/1/2016 – 10/31/2017

Maine law 22 MRSA ch. 252-A, §1341 (2) <u>Hypodermic Apparatus Exchange Programs</u>, requires the Maine Center for Disease Control to file an annual report to the Legislature's Judiciary and Health and Human Services Committees on the status of exchange programs certified under this section. The required information is contained below.

<u>Certified Hypodermic Apparatus Exchange Programs in Maine:</u> There were four certified Hypodermic Apparatus Exchange Programs operating six sites in Maine during the 2016-2017 reporting period.

- The City of Portland was certified in September 1998, and operates one site in Portland.
- Down East AIDS Network was recertified in July 2014 under the new name
   Down East AIDS Network + Health Equity Alliance, and assumed the operation of the former Eastern Maine AIDS Network site and added a new site in Machias.
- Health Reach Harm Reduction, located in Augusta, was certified in December 2004.
- Frannie Peabody Center is located at the Recovery Together facility in Auburn.
   This site closed in June of 2017 due to a change in location for the partnering treatment provider that did not allow needle exchange on the premises.

For agency-specific information and data please see Attachments A, B, C, D, E, and F.

Map 1.1 - Location of Hypodermic Apparatus Exchange Sites in Maine



#### 2017 Data

From 2010 to 2017, Maine Needle Exchange Programs have demonstrated increased usage. The total number of individuals enrolled, total number of needles exchanged and total number of referrals to other services have consistently increased over the last eight years. There has also been a significant increase (See Graph 3.5) in the total number of syringes collected and syringes disposed of through the Needle Exchange Program from 2010 to 2017.

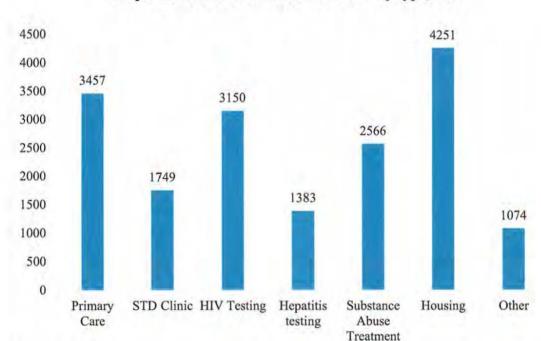
#### Aggregate Data for Maine Hypodermic Apparatus Exchange Programs for 2017

Indicator	Quantity
Total enrolled	5,276
New enrollees, total	892
Number of HIV Tests conducted with new <sup>5</sup> enrollees	66
Total number of HIV Tests conducted with exchange consumers	132
Number of syringes collected, total	815,005
Number of syringes disposed of, total	815,005
Number of syringes distributed, total	736,673
Number of initial exchange kits distributed*	856
Total exchanges	19,063
Number of off-site exchanges <sup>6</sup>	1,372
Total referrals made (see Graph 1.1)	17,630

<sup>\*</sup>Initial exchange kits contain 10 syringes per kit.

<sup>&</sup>lt;sup>5</sup> Newly enrolled within the reporting period: November 1, 2016 - October 31, 2017

<sup>&</sup>lt;sup>6</sup> Exchanges made outside of certified physical site may include mobile units or locations set by appointment with staff.



Graph 1.1 Referrals made for enrollees by type, 2017

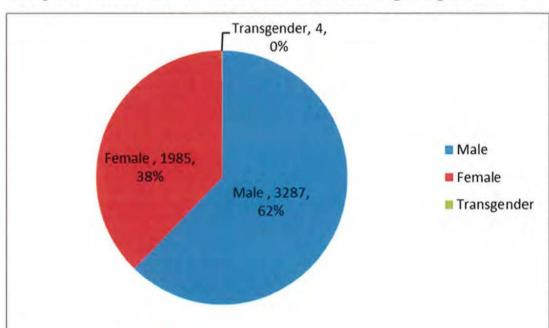
From 11/01/16 to 10/31/2017, needle exchange enrollees were given 3,457 referrals for primary care, 1,749 referrals for STD clinic services, 3,150 referrals for HIV testing, 1,383 referrals for Hepatitis testing, 2,566 referrals for substance abuse treatment, 4,251 referrals for housing, and 1,074 other referrals.

Table 1.1 - 2017 Enrollee Demographics by Ethnicity

Ethnicity	Male 18-29	<u>Male</u> 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
Hispanic/Latino	15	19	7	11	0	0	0	0	52
Non- Hispanic/Latino	1192	2061	782	1185	2	1	1	0	5224
Total	1207	2080	789	1196	2	1	1	0	5276

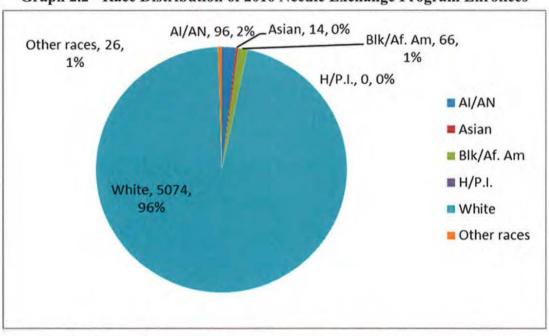
Table 1.2 - 2017 Enrollee Demographics by Race

Race	Male 18-29	<u>Male</u> 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
American Indian/ Alaskan Native	19	38	14	25	0	0	0	0	96
Asian	4	2	7	1	0	0	0	0	14
Black/African American	23	18	16	8	1	0	0	0	66
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	1153	2014	748	1156	1	1	1	0	5074
Other Races	8	8	4	6	0	0	0	0	26
Total	1207	2080	789	1196	2	1	1	0	5276



Graph 2.1 - Gender Distribution of 2017 Needle Exchange Program Enrollees

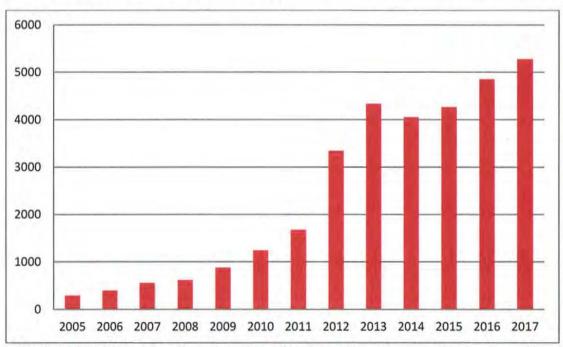
From 11/01/16 to 10/31/2017, 62% of needle exchange program enrollees were male, 38% of enrollees were female, and less than 1% were transgender.



**Graph 2.2 - Race Distribution of 2016 Needle Exchange Program Enrollees** 

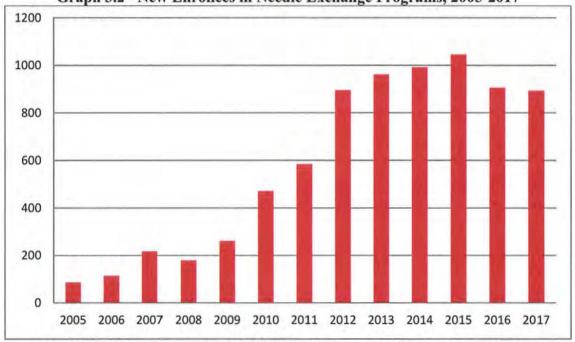
From 11/01/16 to 10/31/2017, the race distribution for needle exchange enrollees was 96% white, 2% were American Indian or Alaskan Native, 1% were Black or African American, less than 1% were Asian, less than 1% were Hawaiian or Pacific Islander and 1% identified as another race not listed.

Graph 3.1 - Total Number of Enrollees in Needle Exchange Programs, 2005-2017



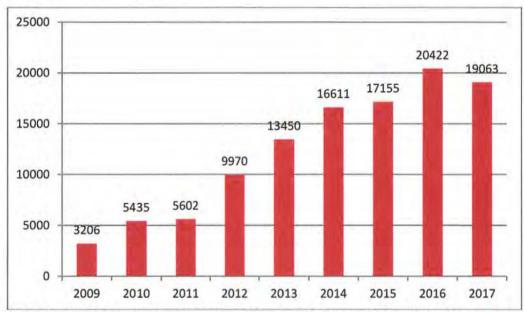
Graph 3.1 highlights the total number of enrollees in needle exchange programs since 2005. Trends indicate a steady increase of participants in NEPs with 5,276 enrollees in 2017.

Graph 3.2 - New Enrollees in Needle Exchange Programs, 2005-2017



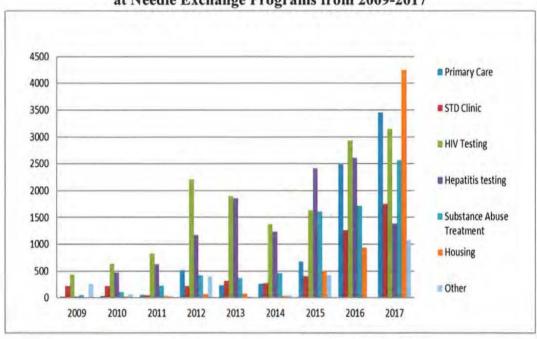
Graph 3.2 shows the total *new* enrollees in a needle exchange program since 2005. There was a continual increase in new enrollees from 2005 to 20015, and there was subsequently a slight decrease in new enrollees in 2016 and 2017.

Graph 3.3 - Total Number of Exchanges at Needle Exchange Programs in 2009-2017

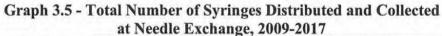


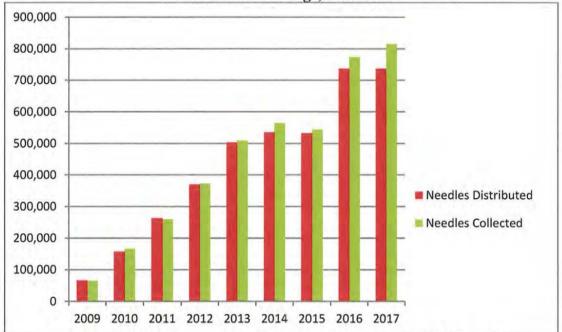
Graph 3.3 shows the number of exchanges (face to face interactions, not number of needles) completed at needle exchange programs since 2009. Needle exchange events have increased from 2009 to 2016, but there was a slight decrease in events in 2017.

Graph 3.4 - Total Number of Referrals for Other Services at Needle Exchange Programs from 2009-2017



Graph 3.4 shows the importance of the needle exchange programs in connecting People Who Inject Drugs to other services that may increase improved health outcomes for this population. These other services include referrals to primary care STD clinics, HIV testing, viral hepatitis testing, substance abuse and treatment, and housing services. In 2017, a total of 17,630 referrals were made to needle exchange enrollees.





Graph 3.5 highlights the increase in both the number of needles distributed and the number of needles collected since 2009.

#### Attachment A

## City of Portland, Public Health Division Maine Annual Report 2017

Operator: City of Portland, Maine Public Health Division

Location of Sites: 103 India St. Portland, ME; Preble Street Day Shelter;

Preble Street Teen

Indicator	Quantity
Total enrolled	3,054
New enrollees, total	275
Number of HIV Tests conducted with new enrollees	10
Total number of HIV Tests conducted with exchange consumers	35
Number of syringes collected, total	186,189
Number of syringes disposed, total	186,189
Syringes distributed, total	173,219
Number of initial exchange kits distributed*	260
Total exchanges	6,614
Number of off-site exchanges	1,372
Total referrals made	15,835

<sup>\*</sup>Initial exchange kits contain 10 syringes per kit.

#### List number of referrals made to:

Primary Care - 3415 STD clinic - 1625 HIV testing - 2655 Hepatitis Testing - 450 Substance Abuse Treatment - 2405 Housing - 4215 Other- 1070

## Enrollee Demographics by Client Ethnicity, City of Portland, 2017:

Ethnicity	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
Hispanic/Latino	6	5	3	2	0	0	0	0	16
Non- Hispanic/Latino	724	1209	450	653	1	0	1	0	3,038
Total	730	1214	453	655	1	0	1	0	3,054

### Enrollee Demographics by Client Race, City of Portland, 2017:

Race	Male 18-29	Male 30+	Female 18-29	Fem ale 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
American Indian/ Alaskan Native	2	3	3	0.10	0	0	0	0	9
Asian	4	0	5	0	0	0	0	0	9
Black/African American	15	10	12	4	1	0	0	0	42
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	709	1201	433	650	0	0	1	0	2,994
Other Races	0	0	0	0	0	0	0	0	0
Total	730	1214	453	655	1	0	- 1	0	3,054

#### Attachment B

### Down East AIDS Network + Heath Equity Alliance Annual Report 2017

Operator: Down East AIDS Network + Health Equity Alliance (Established

2005 and recertified in 2014)

Location of Site: Ellsworth Office

25A Pine Street

Ellsworth, ME 04065

Indicator	Quantity
Total enrolled	403
New enrollees, total	120
Number of HIV Tests conducted with new enrollees	9
Total number of HIV Tests conducted with exchange consumers	13
Number of syringes collected, total	198336
Number of syringes disposed, total	198336
Syringes distributed, total	181823
Number of initial exchange kits distributed*	120
Total exchanges	3759
Number of off-site exchanges	0
Total referrals made	492

<sup>\*</sup>Initial exchange kits contain 10 syringes per kit.

#### List number of referrals made to:

Primary Care - 10 STD clinic - 24 HIV testing - 206 Hepatitis Testing - 206 Substance Abuse Treatment - 46 Housing - 0 Other - 0

## Enrollee Demographics by Client Ethnicity Down East AIDS Network + HEAL – Ellsworth, 2017:

Ethnicity	Male 18-29	<u>Male</u> 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
Hispanic/Latino	1	1	0	1	0	0	0	0	3
Non- Hispanic/Latino	63	192	36	108	0	0	0	0	399
Total	64	193	36	109	0	0	0	0	402

## Enrollee Demographics by Client Race Down East AIDS Network + HEAL – Ellsworth, 2017:

Race	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
<u>American</u>	1	2	0	1	0	0	0	0	4
Indian/Alaskan Native									
Asian	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	63	190	36	107	0	0	0	0	396
Other Races	1	1	0	1	0	0	0	0	3
Total	65	193	36	109	0	0	0	0	403

#### Attachment C

## Down East AIDS Network + Heath Equity Alliance Annual Report 2017

Operator: Down East AIDS Network + Health Equity Alliance (Established

2005 and recertified in 2014)

Location of Site: Bangor Office

51 Broadway /109 Pine Bangor ME 04401

Indicator	Quantity
Total enrolled	909
New enrollees, total	389
Number of HIV Tests conducted with new enrollees	43
Total number of HIV Tests conducted with exchange consumers	70
Number of syringes collected, total	234,589
Number of syringes disposed, total	234,589
Syringes distributed, total	217,894
Number of initial exchange kits distributed*	389
Total exchanges	7,548
Number of off-site exchanges	0
Total referrals made	389

<sup>\*</sup>Initial exchange kits contain 10 syringes per kit.

#### List number of referrals made to:

Primary Care - 0 STD clinic - 68 HIV testing - 268 Hepatitis Testing - 630 Substance Abuse Treatment - 106 Housing - 36 Other- 0

## Enrollee Demographics by Client Ethnicity Down East AIDS Network + HEAL Bangor Site, 2017:

Ethnicity	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
Hispanic/Latino	3	3	2	2	0	0	0	0	10
Non- Hispanic/Latino	258	281	173	187	0	0	0	0	899
Total	261	284	175	189	0	0	0	0	909

## Enrollee Demographics by Client Race Down East AIDS Network + HEAL Bangor Site, 2017:

Race	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
American Indian/Alaskan Native	13	14	9	9	0	0	0	0	45
Asian	0	0	0	0	0	0	0	0	0
Black/African American	5	6	3	4	0	0	0	0	18
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	238	258	159	172	0	0	0	0	827
Other Races	5	6	4	4	0	0	0	0	19
Total	261	284	175	189	0	0	0	0	909

#### Attachment D

## Down East AIDS Network + Heath Equity Alliance <u>Annual Report 2017</u>

Operator: Down East AIDS Network + Health Equity Alliance (Established

2005 and recertified in 2014)

Location of Site: Machias Office

7 VIP Drive

Machias, ME 04654

Indicator	Quantity
Total enrolled	40
New enrollees, total	27
Number of HIV Tests conducted with new enrollees	3
Total number of HIV Tests conducted with exchange consumers	3
Number of syringes collected, total	41,655
Number of syringes disposed, total	41,655
Syringes distributed, total	23,481
Number of initial exchange kits distributed*	27
Total exchanges	168
Number of off-site exchanges	0
Total referrals made	64

<sup>\*</sup>Initial exchange kits contain 10 syringes per kit.

#### List number of referrals made to:

Primary Care - 0 STD clinic - 0 HIV testing - 8 Hepatitis Testing - 54 Substance Abuse Treatment - 2 Housing - 0 Other- 0

## Enrollee Demographics by Client Ethnicity Down East AIDS Network + HEAL Machias Site, 2017:

Ethnicity	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
Hispanic/Latino	0	0	0	0	0	0	0	0	0
Non- Hispanic/Latino	5	19	3	13	0	0	0	0	40
Total	5	19	3	13	0	0	0	0	40

## Enrollee Demographics by Client Race Down East AIDS Network + HEAL Machias Site, 2017:

Race	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	. 5	19	3	- 13	0	0	0	0	40
Other Races	0	0	0	0	0	0	0	0	0
Total	5	19	3	13	0	0	0	0	40

#### Attachment E

## Health Reach Harm Reduction Annual Report 2017

Operator: Health Reach Harm Reduction (Established 2004)

Location of Site: 9 Green Street

Augusta, ME 04330

Indicator	Quantity
Total enrolled	731
New enrollees, total	57
Number of HIV Tests conducted with new enrollees	1
Total number of HIV Tests conducted with exchange consumers	11
Number of syringes collected, total	125136
Number of syringes disposed, total	125136
Syringes distributed, total	116216
Number of initial exchange kits distributed*	36
Total exchanges	794
Number of off-site exchanges	0
Total referrals made	30

<sup>\*</sup>Initial exchange kits contain 10 syringes per kit.

#### List Number of referrals made to:

Primary Care- 3 STD clinic - 3 HIV testing - 8 Hepatitis Testing - 13 Substance Abuse Treatment - 2 Housing - 0 Other - 1

## Enrollee Demographics by Client Ethnicity Health Reach Harm Reduction, 2017:

Ethnicity	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
Hispanic/Latino	3	9	2	6	0	0	0	0	20
Non-Hispanic/Latino	92	334	88	197	0	0	0	0	711
Total	95	343	90	203	0	0	0	0	731

## Enrollee Demographics by Client Race Health Reach Harm Reduction, 2017:

Race	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
American Indian/Alaskan Native	3	19	2	14	0	0	0	0	38
Asian	0	2	2	1	0	0	0	0	5
Black/African American	1	2	0	0	0	0	0	0	3
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	89	319	86	187	0	0	0	0	681
Other Races	2	1	0	0	1	0	0	0	4
Total	95	343	90	202	1	0	0	0	731

#### Attachment F

## Frannie Peabody Center Annual Report 2017

Operator: Frannie Peabody Center

30 Danforth Street, Suite 311

Portland, Maine 04101

Location of Site: Recover Together

97 Main St, 3<sup>rd</sup> Floor Auburn, ME 04210

Indicator	Quantity
Total enrolled	137
New enrollees, total	24
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	29,100
Number of syringes disposed, total	29,100
Syringes distributed, total	24,040
Number of initial exchange kits distributed*	24
Total exchanges	180
Number of off-site exchanges	0
Total referrals made	101

<sup>\*</sup>Initial exchange kits contain 10 syringes per kit.

#### List Number of referrals made to:

Primary Care- 29 STD clinic - 29 HIV testing - 5 Hepatitis Testing - 30 Substance Abuse Treatment - 5 Housing - 0

Other - 3

## Enrollee Demographics by Client Ethnicity Frannie Peabody Center, 2017

Ethnicity	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
Hispanic/Latino	2	1	0	0	0	0	0	0	3
Non-Hispanic/Latino	49	26	32	27	0	0	0	0	134
Total	51	27	32	27	0	0	0	0	137

#### Enrollee Demographics by Client Race, Frannie Peabody Center, 2017

Race	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgender M-F 18-29	Transgender M-F 30+	Transgender F-M 18-29	Transgender F-M 30+	Total
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0
Black/African American	2	0	1	0	0	0	0	0	3
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	49	27	31	27	0	0	0	0	134
Other Races	0	0	0	0	0	0	0	0	0
Total	51	27	32	27	0	0	0	0	137

#### Sources:

Bluthenthal, R.N., Anderson, R., Flynn, N.M., & Kral, A.H. (2007). Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. Drug and Alcohol Dependence, 89, 214-222.

Des Jarlais, D.C., McKnight, C., Goldblatt, C., & Purchase, D. (2009). Doing harm reduction better: Syringe exchange in the United States. Addiction, 1-6.

Des Jarlais, D.C., Perlis, T., Arasteh, K., Torian, L.V., Hagan, H., & et al. (2005). Reductions in hepatitis C virus and HIV infections among injecting drug users in New York City, 1990-2001. AIDS, 19, S20-S25.

Gibson, D.R., Flynn, N.M., & Perales, D. (2001). Effectiveness of syringe exchange programs in reducing HIV risk behavior and HIV seroconversion among injecting drug users. AIDS, 15, 1329-1341.

Hagan, H., Thiede, H., & Des Jarlais, D. C. (2005). HIV/hepatitis C virus co-infection in drug users: risk behavior and prevention. AIDS, S199-S207.

Holtzman, D., Barry, V., Ouellet, L.J., Des Jarlais, D.C., Vlahov, D., & et al. (2009). The influence of needle exchange programs on injection risk behaviors and infection with hepatitis C virus among young injection drug users in select cities in the United States, 1994-2004. Preventive Medicine, 49, 68-73.

Huo, D., & Ouellet, L.J. (2007). Needle exchange and injection-related risk behaviors in Chicago. J Acquir Immune Defic Syndr, 45, 108-114.

Neaigus, A., Zhao, M., Gyarmathy, A., Cisek, L., Friedman, S.R., & Baxter, R.C. (2008). Greater drug injecting risk for HIV, HBV, and HCV infection in a city where syringe exchange and pharmacy syringe distribution are illegal. Journal of Urban Health, 85, 309-322.