MAINE STATE LEGISLATURE

The following document is provided by the

LAW AND LEGISLATIVE DIGITAL LIBRARY

at the Maine State Law and Legislative Reference Library

http://legislature.maine.gov/lawlib



Reproduced from electronic originals (may include minor formatting differences from printed original)

Syringe Service Programs in Maine 2022 Annual Report

A Report to the Maine State Legislature Joint Standing Committee on Health and Human Services and Joint Standing Committee on Judiciary

Submitted by: Maine Center for Disease Control and Prevention Maine Department of Health and Human Services March 2023



Table of Contents

About this Report	3
Report Author	3
A Brief Overview of Syringe Service Programs in Maine	3
Executive Summary	
Syringe Service Programs Report for 2022; Reporting Period 11/1/2021 – 10/31/2022	
Map 1.1 - Location of Operating Syringe Service Program sites in Maine	
Graph 1.1 Referrals made for enrollees by type, 2022	
Graph 2.1 Referrals made for services at syringe service programs, 2012-2022	12
Graph 2.2 Top 10 Referrals Made for Enrollees by Type, 2022	13
Graph 3.1 - 2022 Enrollee Demographics by Ethnicity	14
Graph 3.2 - 2022 Enrollee Demographics by Race	15
Graph 4.1 - Gender Distribution of 2022 Syringe Service Programs Enrollees	16
Graph 5.1 - Total Number of Enrollees in Syringe Service Programs, 2012-2022	17
Graph 6.1 - New Enrollees in Syringe Service Programs, 2012-2022	18
Graph 7.1 - Total Number of Exchanges at Syringe Service Programs in 2012-2022	19
Graph 8.1 - Total Number of Syringes Distributed and Collected at Syringe Service	
Programs, 2012-2022	20
Appendices: Provider-Specific Data	21
Appendix A: Amistad-Portland 11/02/21-10/31/22	
Appendix B: Amistad-Portland 11/1/2021-10/31/2022	24
Appendix C: Tri-County Lewiston 11/1/2021 – 10/31/2022	26
Appendix D: MaineGeneral Medical Center – Waterville 11/1/2021 – 10/31/2022	
Appendix E: MaineGeneral Medical Center – Augusta 11/1/2021 – 10/31/2022	30
Appendix F: Maine Access Points – Rumford 11/1/2021-10/31/2022	
Appendix G: Maine Access Points – Caribou 11/1/2021-10/31-2022	
Appendix H: Maine Access Points – Sanford	
Appendix I: Maine Access Points – Machias	
Appendix J: Maine Access Points – Calais 11/1/2021-10/31-2022	
Appendix K: Health Equity Alliance – Bangor 11/1/2021-10-31-2022	
Appendix L: Health Equity Alliance – Ellsworth 11/1/2021 – 10/31/2022	
Appendix M: Health Equity Alliance – Deer Isle 11/1/2021 – 10/31/2022	
Appendix N: Wabanaki Public Health and Wellness – Bangor 11/1/2021-10/31/2022	
Appendix O: Church of Safe Injection – Lewiston 11/1/2021-10/31-2022	
TT v	50 52

About this Report

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

The reporting period for this report is November 1, 2021, through October 31, 2022.

Report Author

This report was prepared by the following staff of the Viral Hepatitis Prevention Unit, within the Maine Center for Disease Control and Prevention's Infectious Disease Prevention Program.

Lauren Gauthier, MPH

Interim Viral Hepatitis Prevention Coordinator, Infectious Disease Prevention Program Director For correspondence about this report: Lauren.Gauthier@maine.gov; 207.287.5551

A Brief Overview of Syringe Service Programs in Maine

During the reporting period, Maine had 15 certified Syringe Service Programs (SSP) operating in the communities of Portland, Augusta, Waterville, Bangor, Ellsworth, Sanford, Calais, Lewiston, Rumford, Caribou, Deer Isle, and Machias. These 15 locations are operated by eight organizations: City of Portland, MaineGeneral Medical Center, Maine Access Points, TriCounty Mental Health Services, Amistad, Wabanaki Public Health and Wellness, Church of Safe Injection, and Health Equity Alliance. The location in Portland, operated by the City of Portland, is Maine's first, opening in 1998. Church of Safe Injection's (CoSI) Lewiston site was the newest agency to begin operations. The total organizational count mirrors that of 2021. However, three locations by HEAL in Rockland, Machias, and Belfast were not operational for the first time this year. Efforts are underway to build additional capacity to restore some of those locations in 2023. Currently, there are 22 certified sites in total in Maine. All certified SSPs are required to submit their data quarterly to the Maine Center for Disease Control and Prevention (Maine CDC). The data submitted in this report is based on the 15 sites operating during the reporting period November 1, 2021 through October 31, 2022.

2022 Highlights

In 2022, Maine's SSPs:

- Collected 2,425,814 used syringes.
- Distributed 2,368,746 new syringes.
- Had 6,718 enrolled participants.
- Enrolled 1,677 new participants.
- Made 7,810 referrals to services such as primary care, STD clinics, HIV and hepatitis testing, substance use treatment, peer support, recovery coaches, overdose aftercare, food,

housing, transportation, health insurance benefits, mental health services, and other social supports.

- Conducted 96 HIV tests.
- Distributed naloxone to 891 individuals.

Executive Summary

The Department of Health and Human Services (DHHS) Maine Center for Disease Control and Prevention (Maine CDC) is authorized by 22 MRSA c.252-A, §1341(1) to certify hypodermic apparatus exchange programs, also referred to as Syringe Service Programs, to facilitate the prevention of HIV (human immunodeficiency virus) and other blood borne pathogens. Pursuant to 22 MRSA §1341(3), this report reflects the syringe service activities conducted by 15 certified program sites in Maine for the period from November 1, 2021 to October 31, 2022.

Public Law 1997 chapter 340 established the authority for the DHHS to certify Syringe Service Programs (SSP) that meet the requirements established by statute and specified in adopted program rules (10-144 CMR chapter 252). The statute was further amended when the 127th Maine State Legislature passed LD 1552, *An Act To Reduce Morbidity and Mortality Related to Injection Drugs* (Public Law 2015 chapter 507), directing the Maine CDC to allocate State funds to new and existing SSPs, but no funds were appropriated to support this mandate. Public Law 2017 chapter 464, *An Act To Reduce the Cost of Care Resulting from Blood-borne Infectious Diseases*, introduced as LD 1717, was enacted by the 128th Maine State Legislature, providing funds to support hypodermic apparatus exchange programs in the State.

In December of 2019, the Governor's Office of Policy Innovation and the Future released the *Opioid Response Strategic Plan* with the goal of "reducing the negative health and economic impacts of substance use disorder and opioid use disorder on individuals, families, and communities in Maine". Under Priority G, increased support to enhance and build capacity of new syringe service partners was set. This plan serves as a guide to support SSPs and to reduce substance use-related challenges in Maine.

In January 2021, building on the success of the previous two-year funding award through the Fund for Healthy Maine, Maine CDC was awarded \$800,000 through the Opioid Use Disorder Prevention and Treatment Fund to continue supporting SSPs through June 30, 2022. This funding allowed for further expansion to 22 sites across eight agencies. In January 2022, Maine CDC was awarded \$1,000,000 through the Opioid Use Disorder Prevention and Treatment Fund to continue supporting SSPs through June 30, 2023. This allowed for increased funding in areas with high acute hepatitis C disease burden and continued funding for existing organizations.

During this reporting period, State of Maine general funds were used to support activities at the SSPs through LD 1707 and the Opioid Use Disorder Prevention and Treatment Fund. No federal

¹ Maine Opioid Response Strategic Action Plan, 2019. https://www.maine.gov/future/sites/maine.gov future/files/inline-files/MaineOpioidResponse.StrategicActionPlan.FINAL .12.11.19.pdf

funds were used to support SSP activities at the sites during this reporting period. The ban on using federal funds to support SSP activities was lifted on January 6, 2016.²

In July of 2021, Governor Mills repealed and signed into law amendments that decriminalized the possession and furnishing of syringes with residual amounts of any scheduled drug and drug testing equipment. It further removed language considering syringes as 'drug paraphernalia' (17-A MRSA c. 434, §1106, §1107, §1110, and §1111(5)). Those changes went into effect on October 18, 2021.

In early Fall 2021, through advocacy led by the syringe service partners, Maine updated it's *Syringe Services Programs Rule*(10-144 CMR chapter 252), formerly *Rules Governing the Implementation of Hypodermic Apparatus Exchange Programs*. In September 2022, rule amendments were implemented by emergency rulemaking, which was followed by the adoption of routine technical rule changes in November 2022. (5 MRS §8054.) In addition to removing stigmatizing language, the rules ease burdensome administrative directives. The rules also allowed certified SSPs to exchange syringes via a 1:1+ strategy. Whereby if a client visits a SSP with no syringes to return, they can receive up to 100 syringes if desired or at the site's discretion and considering it's inventory. This moves Maine closer to a needs-based exchange, which is considered best practice by US CDC.³

Eight State-certified SSPs operated 15 sites in Maine during this reporting period:

- The City of Portland operates one site in Portland.
- Amistad operates one site in Portland.
- Down East AIDS Network/Health Equity Alliance operates sites in Bangor, Ellsworth, and Deer Isle.
- MaineGeneral Medical Center/Health Reach Harm Reduction operates sites in Augusta and Waterville.
- Maine Access Points operates sites in Sanford, Rumford, Caribou, Machias, and Calais.
- Tri-County Mental Health Services operates a site in Lewiston.
- Wabanaki Public Health and Wellness operates a site in Bangor.
- Church of Safe Injection operates a site in Lewiston.

For agency-specific information and data, please see Appendices A through O.

SSPs reduce the risk of bloodborne infection, like hepatitis B, hepatitis C and HIV, and prevent outbreaks. SSPs have been shown to reduce new hepatitis C and HIV cases by an estimated 50%. SSPs provide an important link to other health services, including bloodborne pathogen testing, treatment for hepatitis B, hepatitis C and HIV, and medication-assisted treatment (MAT)

² Harm Reduction Coalition. National Minority Aids Council Briefing, Federal Funding for Syringe Exchange, https://harmreduction.org/wp-content/uploads/2012/01/Syringe-Exchange-June-4-NMAC.pdf

³ Centers for Disease Control and Prevention. Needs-Based Distribution at Syringe Service Programs Fact Sheet, https://www.cdc.gov/ssp/docs/cdc-ssp-fact-sheet-508.pdf

⁴ *Centers for Disease Control and Prevention*. Syringe Service Programs Fact Sheet, https://www.cdc.gov/ssp/syringe-services-programs-factsheet html

⁵ Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. Cochrane Database Syst Rev. 2017;9:CD012021. doi:10.1002/14651858.CD012021.pub2.

for opioid use disorder.⁶ When a person who participates in an SSP is enrolled in MAT for opioid dependency, the transmission of bloodborne pathogens is reduced by two-thirds.^{7,8} New enrollees in SSPs are five times more likely to participate in a substance use recovery program and three times more likely to stop injecting drugs than people who use drugs who are not enrolled in an SSP.⁹ SSPs help to prevent overdose deaths by providing naloxone to members, and teaching enrollees how to recognize an overdose and administer that naloxone.^{10,11,12,13,14,15} SSPs reduce the number of discarded used syringes in communities.¹⁶

Maine has seen a sharp increase in cases of hepatitis A, hepatitis B, and hepatitis C in recent years, attributed to the ongoing opioid crisis. From 2015 to 2020, the rate of hepatitis A increased tenfold, acute hepatitis B rates nearly tripled and acute hepatitis C rates increased by 7 times. The marked increase in cases of acute viral hepatitis represents the rising burden of disease from viral hepatitis. In Maine in 2021, 64% of acute hepatitis A cases, 31% of acute hepatitis B cases, and 25% of acute hepatitis C cases identified injection drug use. Injection and non-injection drug use was most often reported among people aged 30-39 years (40%) across all acute viral hepatitis infections however without any significant differences by sex.

The COVID-19 pandemic has greatly impacted disease burden among certain groups at increased risk of acquiring hepatitis A, like people who use both injection and non-injection drugs, people experiencing unstable housing or homelessness, and people who are currently or

⁶ Centers for Disease Control and Prevention. HIV and Injection Drug Use, <u>HIV and Injection Drug Use – Vital Signs – CDC. Centers for Disease Control and Prevention</u>. Published December 2016.

⁷ Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. Cochrane Database Syst Rev. 2017;9:CD012021. doi:10.1002/14651858.CD012021.pub2.

⁸ Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.
⁹ Des Jarlais DC, Nugent A, Solberg A, Feelemyer J, Mermin J, Holtzman D. Syringe service programs for persons who inject drugs in urban, suburban, and rural areas — United States, 2013. MMWR Morb Mortal Wkly Rep. 2015;64(48):1337-1341. doi:10.15585/ mmwr mm6448a3.

¹⁰ Seal KH, Thawley R, Gee L. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. J Urban Health. 2005;82(2):303–311. doi:10.1093/jurban/jti053.

¹¹ Galea S, Worthington N, Piper TM, Nandi VV, Curtis M, Rosenthal DM. Provision of naloxone to injection drug users as an overdose prevention strategy: Early evidence from a pilot study in New York City. Addict Behav. 2006;31(5):907-912. doi:10.1016/j. addbeh.2005.07.020.

¹² Tobin KE, Sherman SG, Beilenson P, Welsh C, Latkin CA. Evaluation of the Staying Alive programme: Training injection drug users to properly administer naloxone and save lives. Int J Drug Policy. 2009;20(2):131-136. doi:10.1016/j.drugpo.2008.03.002.

¹³ Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: Bystander-administered intranasal naloxone hydrochloride for opioid overdose. Am J Public Health. 2009;99(5):788-791. doi:10.2105/ajph.2008.146647.

¹⁴ Bennett AS, Bell A, Tomedi L, Hulsey EG, Kral AH. Characteristics of an overdose prevention, response, and naloxone distribution program in Pittsburgh and Allegheny County, Pennsylvania. J Urban Health. 2011;88(6):1020-1030. doi:10.1007/s11524-011-9600-7.

¹⁵ Leece PN, Hopkins S, Marshall C, Orkin A, Gassanov MA, Shahin RM. Development and implementation of an opioid overdose prevention and response program in Toronto, Ontario. Can J Public Health. 2013;104(3):e200-204. ¹⁶ Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. Drug Alcohol Depend. 2012;123(1-3):255-259. doi:10.1016/j.drugalcdep.2011.12.001.

recently incarcerated. Among these groups access to hygienic supplies, housing, and vaccines has been difficult during the pandemic.

Since 2019, Maine continues to be part of a widespread person-to-person outbreak of hepatitis A across the United States. The outbreak in Maine is linked to person-to-person transmission across several states which started in 2016. In Maine, 53% of hepatitis A cases for whom this information was available reported recreational drug use (both injection and non-injection).

According to the 2020 Centers for Disease Control and Prevention Viral Hepatitis Surveillance Report, Maine had the highest rate of acute hepatitis C in the country, the second highest rate of acute hepatitis B, and the 7th highest rate of hepatitis A. At the same time, Maine reported the 7th highest rate of opioid overdose deaths in the United States.¹⁷ Public health officials identified a link between the opioid epidemic and the spread of bloodborne infections such as human immunodeficiency virus (HIV), hepatitis B, and hepatitis C. 18 In Maine, as is nationwide 19, the highest risk factor for acquiring hepatitis B and hepatitis C is injection drug use. Viral hepatitis can be spread by sharing syringes, needles, and injection equipment, such as water, tourniquets, cotton, drug cookers, contaminated surfaces, or the drugs themselves. The number of fatal overdoses rose 4.5% from 2020 to 2021 in Maine. In 2022, 79% of drug death cases were attributed to nonpharmaceutical fentanyl. ²⁰ The number of drug deaths continues to remain high in 2022.²¹

Viral hepatitis is a leading cause of liver cancer and the most common reason for liver transplantation among adults in the United States. ²² People chronically infected with hepatitis B are 100 times more likely to develop liver cancer than uninfected people.²³ People with hepatitis C are more than twice as likely to die from heart disease than people without hepatitis C.²⁴

All certified SSPs are required to submit their data annually to the Maine CDC. In 2022, 6,718 individuals were enrolled in SSPs. This is a 24% increase from 2021. The certified SSPs collected a total of 2,425,814 used syringes from the 6,718 enrolled individuals, which is an average of 361 syringes exchanged per person. The 2,425,814 used syringes were collected during 20,047 exchange events. An exchange event is when an individual visits a SSP to exchange one or more used syringes and/or to receive support services. This is an average of 121 syringes exchanged per visit. The 6,718 enrolled individuals visited certified SSPs 20,047 times in 2022, which is an average of 3 visits per person. This is slight decrease when compared to 2021, when the average number of visits per person was 3.8.

¹⁷ Centers for Disease Control and Prevention. 2020 Viral Hepatitis Surveillance Report. https://www.cdc.gov/hepatitis/statistics/SurveillanceRpts.htm. Published July 2021.

¹⁸ Centers for Disease Control and Prevention. Viral Hepatitis Surveillance – United States, 2018. https://www.cdc.gov/hepatitis/statistics/SurveillanceRpts.htm

¹⁹ Centers for Disease Control and Prevention. Syringe Services Programs Fact Sheet, https://www.cdc.gov/ssp/syringe-services-programs-factsheet html

²⁰ Maine Drug Data Hub, https://mainedrugdata.org/

²¹ Maine Drug Data Hub, https://mainedrugdata.org/

²² Centers for Disease Control and Prevention, https://www.cdc.gov/hepatitis

²³ Centers for Disease Control and Prevention, https://www.cdc.gov/hepatitis

²⁴ Ibid.

In 2022, the number of SSP clients enrolled increased despite the decrease in the number of new enrollees compared to 2021. There was also a 31% increase in the number of referrals from 2021 to 2022. There were 372 referrals for HIV testing, 134 referrals for STD testing, and 432 referrals for Hepatitis C testing offered. SSP staff made a total of 408 referrals to primary care providers, 551 to substance use treatment programs, and 259 to housing assistance programs. There were 1,118 referrals to peer support or recovery coaches, which was a 83% increase from 2021. There were 296 referrals made to food assistance programs and food pantries. Additionally, there were 243 referrals to overdose aftercare for those clients who experienced a nonfatal drug overdose. There were 302 referrals to the DHHS Office of Family Independence, General Assistance and basic needs programs. There were 430 referrals to wound care, this represented a 277% increase from 2021. SSPs were able to make referrals for clients to COVID-19 testing, vaccine, and support programs. Many SSPs serve as either Tier 1 or Tier 2 naloxone distribution sites. There were 891 referrals to the overdose prevention education and naloxone distribution program through the syringe service programs directly.

The top 10 most referred services were: naloxone distribution and education, peer support, substance use treatment, hepatitis C testing, wound care, primary care, drug testing kits and education, HIV testing, food assistance, and basic needs (clothes, hygiene, etc.)/General Assistance.

Much of the data submitted in 2022 is greatly affected by the pandemic and reversion to prepandemic SSP rules to allow for more comprehensive harm reduction services. To comply with pandemic protocols, much of the data on syringe collection and disposal are underreported. Despite operational challenges due to the pandemic, many agencies were able to work collaboratively with their local jurisdictions to provide biohazard sharps disposal boxes in key hotspots in their respective towns. Those towns include Portland, Lewiston, Westbrook, and Bangor. Many SSPs provided educational brochures and communication from Maine's Department of Environmental Protection on safe disposal of household medical sharps. This allowed clients to safely dispose of syringes while maintaining social distancing guidelines. Additionally, SSPs have coordinated to host community outreach and syringe waste pick events, help provide sharps bins to local community, and commercial partners. SSPs were an essential resource for many clients particularly those who are unstably housed by providing hygiene kits, food, masks, hand sanitizer, and warm clothing to clients.

From experiences during the COVID-19 pandemic, SSPs, in the summer of 2022, served on a working group to fight the emerging mpox (monkeypox) outbreak in the US. They provided expertise, outreach education, and support for mpox testing, vaccination, and treatment. Additionally, Maine's SSPs served on the HIV/AIDS Advisory Board (MeHAAB) which drafted a 5-year strategic plan to reduce new HIV infections and increase support services for those living with HIV in Maine. SSPs continue to serve as a vital connection to public health programs of all kinds given the vulnerable populations they support.

_

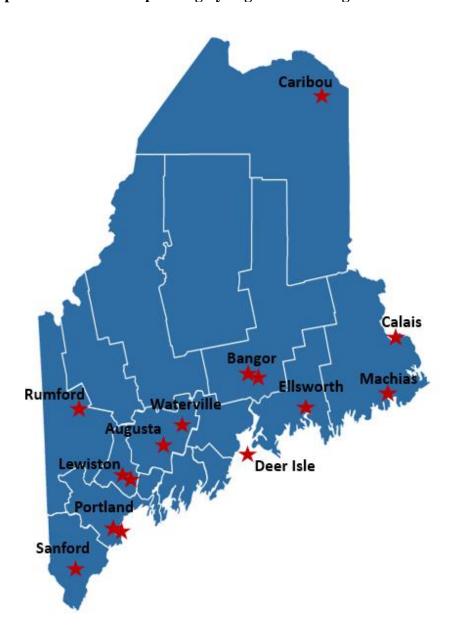
²⁵ Maine Integrated HIV Prevention and Care Plan, 2022. https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/documents/Maine Integrated Plan 2022.pdf

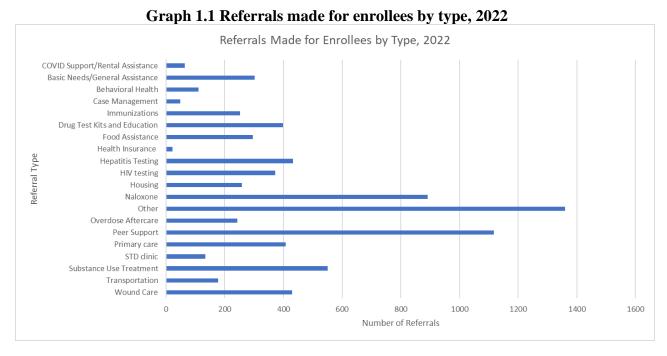
Syringe Service Programs Report for 2022; Reporting Period 11/1/2021 – 10/31/2022

Eight State-certified SSPs operated 15 sites in Maine during this reporting period.

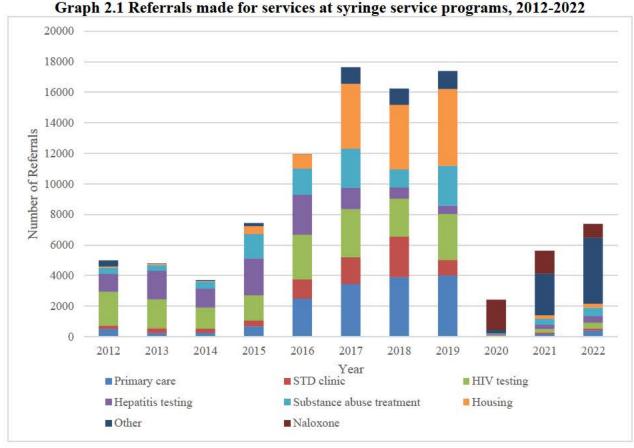
Agency	Site Location	Certification Date
Amistad	Portland	November 2020
Church of Safe Injection	Lewiston	September 2021
City of Portland	Portland	September 1998
Health Equity Alliance	Ellsworth	July 2014
Health Equity Alliance	Bangor	July 2014
Health Equity Alliance	Deer Isle	February 2021
Health Reach Harm Reduction	Augusta	December 2004
Health Reach Harm Reduction	Waterville	February 2018
Maine Access Points	Sanford	February 2020
Maine Access Points	Calais	February 2020
Maine Access Points	Rumford	June 2022
Maine Access Points	Machias	March 2021
Maine Access Points	Caribou	February 2020
TriCounty Mental Health Services	Lewiston	March 2020
Wabanaki Public Health and Wellness	Bangor	February 2021

Map 1.1 - Location of Operating Syringe Service Program sites in Maine.



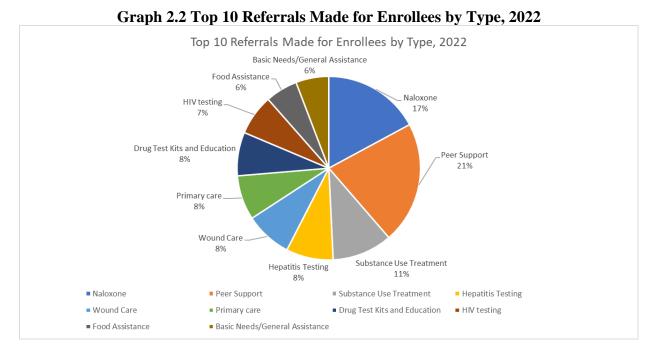


From 11/01/2021 to 10/31/2022, Syringe Service Program enrollees received 408 referrals for primary care, 134 referral for STD clinic services, 372 referrals for HIV testing, 432 referrals for hepatitis testing, 551 referrals for substance use disorder treatment, 259 referrals for housing, 1,118 referrals for peer support/recovery coaching, 243 for overdose aftercare, 296 for food assistance, 48 for case management, 110 for behavioral and mental health, 250 for basic needs and General Assistance, 399 for drug testing kits and education, 64 for COVID-19 testing and support, 22 for health insurance enrollment, 177 for transformation assistance, and 1360 other referrals. Other referrals include legal assistance, education support, financial education and assistance, intimate partner violence, community organizing, daycare/child supports among others. As noted previously, COVID-19 had a continued significant impact on services, including referrals, in 2022.

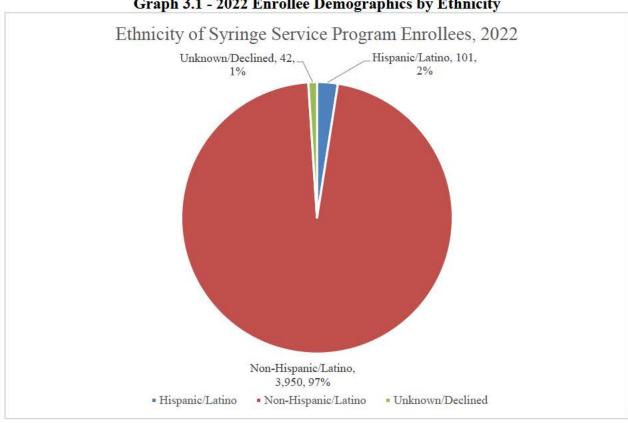


Graph 2.1 Referrals made for services at syringe service programs, 2012-2022

As noted previously, COVID-19 has a significant impact on services including referrals. However, the number of referrals has increased 31% in 2022 from 2021.

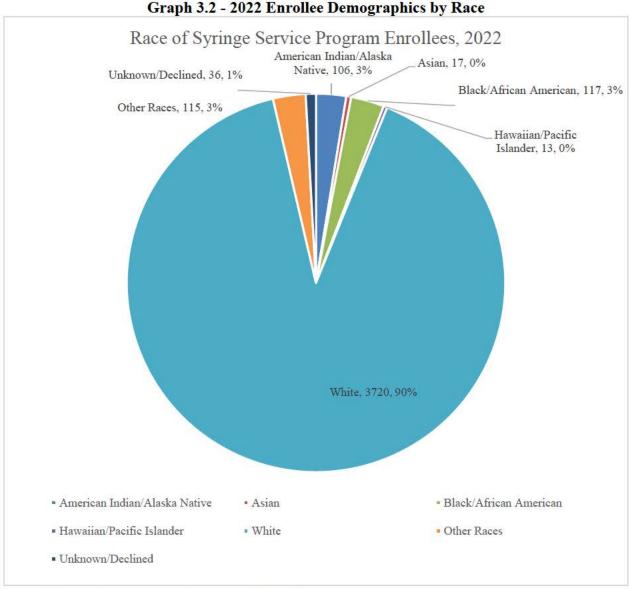


From 11/01/2021 to 10/31/2022, these were the top ten referrals made for enrollees by type: naloxone education and distribution, peer support, substance use treatment, hepatitis testing, wound care, primary care, drug test kits and education, HIV testing, food assistance, and basic needs/General Assistance. These highlight the acute needs and concerns for clients that access SSPs and show that clients seek services beyond the distribution of syringes alone.

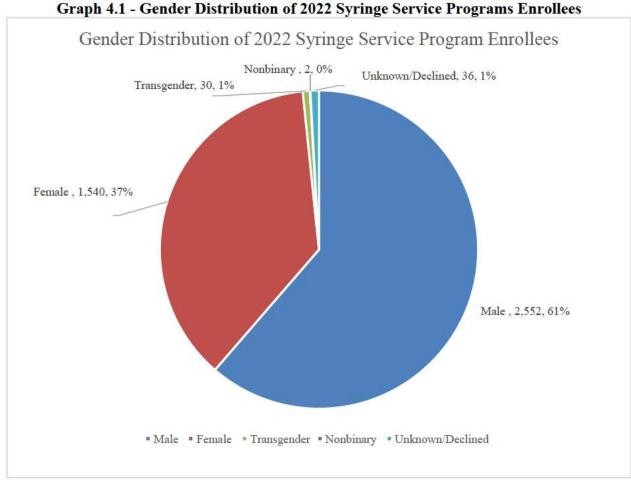


Graph 3.1 - 2022 Enrollee Demographics by Ethnicity

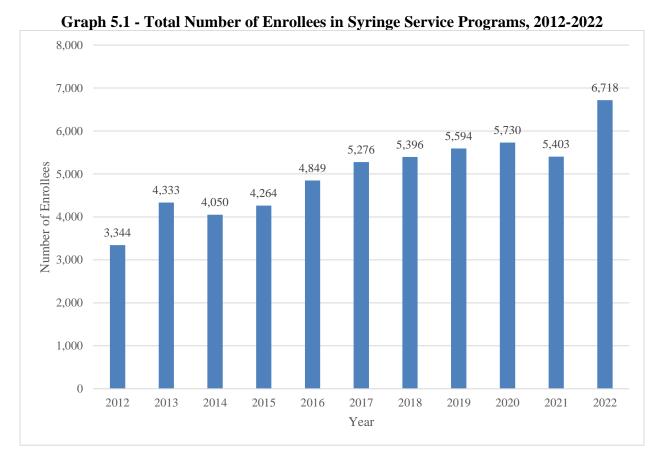
From 11/01/2021 to 10/31/2022 2% of program enrollees identified as Hispanic/Latino, which is slightly higher than the percent (1.8%) of Hispanic/Latino identified persons in Maine. Note: enrollees can decline to provide demographic information.



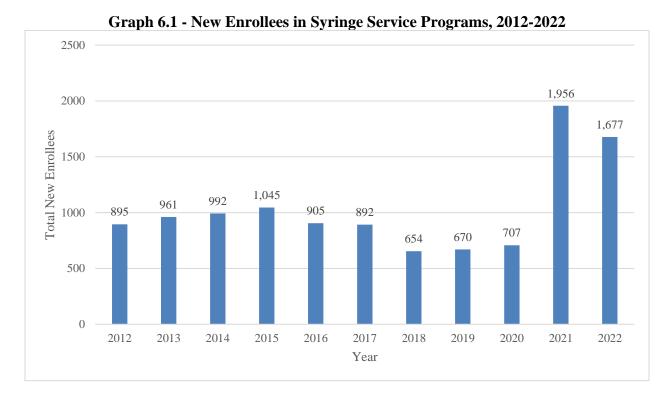
From 11/01/2021 to 10/31/2022, 106 (3%) of program enrollees identified as American Indian/Alaska Native, which is higher than the percent (.7%) of American Indian/Alaska Native identified persons in Maine. The percent of Black/African American persons is also higher (3%) than the state population percent (1.7%). Note: enrollees can decline to provide demographics



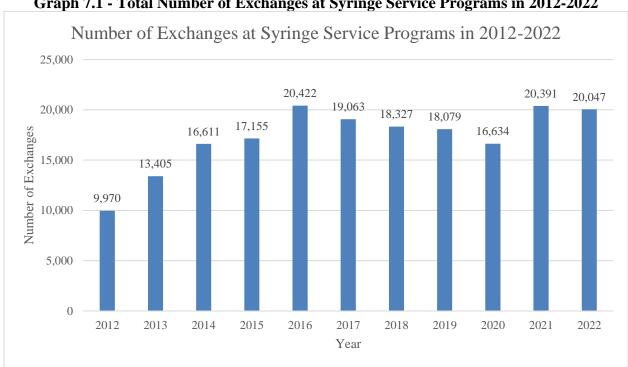
From 11/01/2021 to 10/31/2022, 61% of Syringe Service Program enrollees were male, 37% of enrollees were female, and 1% were transgender. Additionally, 68% of individuals were 30 years old or older. Note: enrollees can decline to provide demographics.



Graph 5.1 highlights the total number of enrollees in Syringe Service Programs since 2012. There was an 24% increase in the number of enrollees in 2022 from 2021.



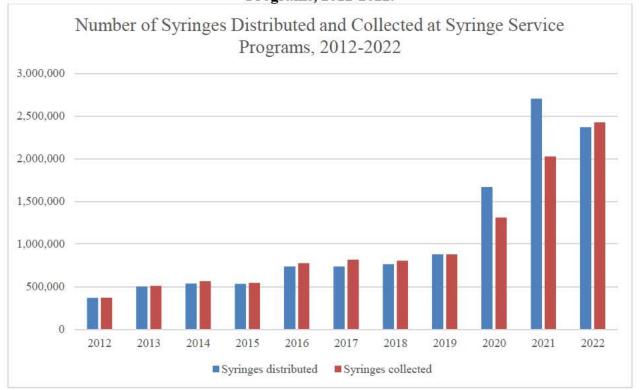
Graph 6.1 shows the total *new* enrollees in Syringe Service Programs since 2012. Since 2018, there has been an increase in new enrollees. 2021 saw the highest number of new enrollees and the highest increase of new enrollees, with a 178% increase. Although the number of new enrollees has decreased in 2022, the overall total number of enrollees has increased in the same year.



Graph 7.1 - Total Number of Exchanges at Syringe Service Programs in 2012-2022

Graph 7.1 shows the number of exchanges (face-to-face or by mail interactions, not number of syringes) completed at Syringe Service Programs since 2012. Exchange events have decreased from 2017 to 2020. 2021 showed an increase in the number of exchanges at SSPs, the second highest number since data has been collected. 2022 showed a slight decrease from the previous year.

Graph 8.1 - Total Number of Syringes Distributed and Collected at Syringe Service Programs, 2012-2022.



Graph 8.1 highlights the increase in both the number of syringes distributed and collected since 2012. In 2022, there were 2,425,814 syringes collected and 2,368,746 syringes distributed.

Appendices: Provider-Specific Data



Appendix A: Amistad-Portland 11/02/21-10/31/22

Operator: Amistad

Location of Site: 835 Forest Ave, Portland, ME 04101

Established Date: March 16, 2021

Indicator	Quantity
Total enrolled	625
New enrollees, total	48
Number of HIV Tests conducted with new enrollees	1
Total number of HIV Tests conducted with exchange consumers	1
Number of syringes collected, total	94103
Number of syringes disposed, total	94103
Number of syringes distributed without exchange at enrollment	n/a
Syringes distributed, total	128351
Number of initial exchange kits distributed	n/a
Total exchanges	3457
Number of off-site exchanges	2165
Total referrals made	1045
Total number of clients who receive a "starter kit"	n/a

Number of Referrals Made	Quantity
Primary Care	52
STD clinic	23
HIV testing	8
Hepatitis Testing	8
Substance Abuse Treatment	48
Housing	32
Peer Support	212
Overdose Aftercare	49
Food Assistance	11
Case Management	6
Other: MaineCare Enrollment	22
Other: Medical/Mental Health provider	46
Other: General Assistance/Hotel	23
Other: Basic Needs (tents, clothes, outdoor supplies, etc.)	200
Other: Transportation	55
Other: Legal supports	250
Total Referrals Made	1045

Enrollee Demographics

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	7	29	3	2	0	0	2	0
Non-Hispanic/ Latino	78	277	61	73	1	1	2	0
TOTAL	85	306	64	75	1	1	4	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	2	0	1	1	0	0	0
Black/African American	6	34	2	11	0	2	0	0
Hawaiian/ Pacific Islander	0	1	0	0	0	3	0	0
White	78	277	61	73	3	1	2	0
Other races	0	0	0	0	0	6	0	0
TOTAL	84	314	63	85	4	12	2	0

Appendix B: Amistad-Portland 11/1/2021-10/31/2022

Operator: Portland Public Health

On site exchanges: 39 Forest Ave, Portland, ME

Outreach: Corner of Oxford and Elm Streets, Portland, ME

Established Date: 1998

Indicator	Quantity	Notes
Total enrolled	1797	Includes those who only received naloxone
New enrollees, total	572	Includes those who only received naloxone
Number of HIV Tests conducted with new enrollees	Unknown	
Total number of HIV Tests conducted with exchange consumers	48	
Number of syringes collected, total	693567	
Number of syringes disposed, total	693567	
Number of syringes distributed without exchange at enrollment	24041	Includes all clients with none to exchange (not just enrollment)
Syringes distributed, total	704717	
Number of initial exchange kits distributed	496	Excludes those who only received naloxone
Total exchanges	5999	
Number of off-site exchanges	2428	
Total referrals made	991	
Total number of clients who receive a "starter kit"	496	Excludes those who only received naloxone

Number of Referrals Made	Quantity
Primary Care/ General medical care	77
STD clinic	37
HIV and/or Hepatitis C testing	193
HIV and/or Hepatitis C testing	193
Substance Use Treatment/ Detox	61
Housing	49
Food Assistance	43
Other: Patient Care Navigator	16
Other: Recovery resources	18
Other: General Assistance	29
Other: Naloxone distribution only	271
Other: Immunizations	1
Other: Clothing and other basic needs	3
Total Referrals Made	991

Enrollee Demographics

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+	Non binary 18-29	Non binary 30+
Hispanic/Latino	0	11	1	2	0	0	0	0	0	0
Non-Hispanic/ Latino	44	428	44	242	1	1	2	0	1	1
Unknown	0	0	0	2	0	0	0	0	0	0
TOTAL	44	439	45	244	1	1	2	0	1	1
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+	Non binary 18-29	Non binary 30+
American Indian/Alaska Native	0	4	1	5	0	0	0	0	0	0
Asian	0	2	0	0	0	0	0	0	0	0
Black/African American	1	11	1	5	0	0	0	0	1	0
Hawaiian/ Pacific Islander	0	0	0	0	0	0	0	0	0	0
White	39	407	42	208	1	1	2	0	0	1
Other races	4	4	0	4	0	0	0	0	0	0
Unknown	0	11	1	22	0	0	0	0	0	0
TOTAL	44	439	45	244	1	1	2	0	1	1

^{*}Demographic information was not collected for those who only received naloxone

Appendix C: Tri-County Lewiston 11/1/2021 - 10/31/2022

Operator: Tri-County Mental Health Services

Location: Lewiston

Established Date: May 2020

Indicator	Quantity
Total enrolled	37
New enrollees, total	30
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	7800
Number of syringes disposed, total	7800
Number of syringes distributed without exchange at enrollment	300
Syringes distributed, total	6800
Number of initial exchange kits distributed	30
Total exchanges	37
Number of off-site exchanges	3
Total referrals made	125
Total number of clients who receive a "starter kit"	30

Number of Referrals Made	Quantity
Primary Care	9
STD clinic	23
HIV testing	20
Hepatitis Testing	23
Substance Abuse Treatment	12
Housing	6
Peer Support	6
Overdose Aftercare	8
Food Assistance	6
Case Management	12
Total Referrals Made	125

Enrollee Demographics

	Enronce Demographies							
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	0	1	0	0	0	0	0	0
Non-Hispanic/ Latino	0	1	1	0	0	0	0	0
TOTAL	0	2	1	0	0	0	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/African American	0	3	2	0	0	0	0	0
Hawaiian/ Pacific Islander	0	0	0	0	0	0	0	0
White	11	4	7	7	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTAL	11	7	9	7	0	0	0	0

Appendix D: MaineGeneral Medical Center - Waterville 11/1/2021 - 10/31/2022

Operator: MaineGeneral Medical Center

Location of Site: Thayer Center for Health, 149 North Street, Terrace Level, Waterville

Established Date: 2018

Indicator	Quantity
Total enrolled	154
New enrollees, total	79
Number of HIV Tests conducted with new enrollees	8
Total number of HIV Tests conducted with exchange consumers	14
Number of syringes collected, total	110459
Number of syringes disposed, total	110459
Number of syringes distributed without exchange at enrollment	790
Syringes distributed, total	108605
Number of initial exchange kits distributed	52
Total exchanges	376
Number of off-site exchanges	0
Total referrals made	317
Total number of clients who receive a "starter kit"	52

Number of Referrals Made	Quantity
Primary Care	65
STD clinic	0
HIV testing	33
Hepatitis Testing	50
Substance Use Treatment	53
Housing	17
Peer Support	9
Overdose Aftercare	0
Food Assistance	35
Case Management	0
Other: Emergency Department	6
Other: Express Care	7
Other: Family Planning	0
Other: Patient Navigator	0
Other: Education	11
Other: Financial Counseling	0
Other: Resource Connection	14
Other: Transportation	0
Other: Other Services	17
Total Referrals Made	317

Enrollee Demographics

Clients Served Hispanic/Latino Non-Hispanic/ Latino Unknown	Male 18-29 1 12	Male 30+ 2 46	Female 18-29 0 9	Female 30+ 0 38	Trans M-F 18-29 0 2	Trans M-F 30+ 0 0	Trans F-M 18-29 0 0	Trans F-M 30+ 0 0
Declined	0	7	1	1	0	0	0	0
TOTAL	13	57	10	39	4	0	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/Alaska Native	1	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/African American	0	1	0	0	0	0	0	0
Hawaiian/ Pacific Islander	0	0	0	0	0	0	0	0
White	12	56	10	40	0	0	0	0
Other races	0	0	0	0	0	0	0	0
Declined	0	1	0	0	0	0	0	0
TOTAL	13	58	10	40	0	0	0	0

Appendix E: MaineGeneral Medical Center – Augusta 11/1/2021 – 10/31/2022

Operator: MaineGeneral Medical Center Location of Site: 9 Green Street, Augusta

Established Date: December 2004

Indicator	Quantity
Total enrolled	1048
New enrollees, total	104
Number of HIV Tests conducted with new enrollees	7
Total number of HIV Tests conducted with exchange consumers	29
Number of syringes collected, total	280162
Number of syringes disposed, total	280162
Number of syringes distributed without exchange at enrollment	1050
Syringes distributed, total	261054
Number of initial exchange kits distributed	78
Total exchanges	1099
Number of off-site exchanges	0
Total referrals made	485
Total number of clients who receive a "starter kit"	78

Number of Referrals Made	Quantity
Primary Care	80
STD clinic	0
HIV testing	75
Hepatitis Testing	79
Substance Use Treatment	40
Housing	28
Peer Support	8
Overdose Aftercare	0
Food Assistance	60
Case Management	0
Other: Emergency Department	1
Other: Express Care	6
Other: Family Planning	7
Other: Patient Navigator	1
Other: Education	42
Other: Financial Counseling	10
Other: Resource Connection	35
Other: Transportation	3
Other: Other Services	10
Total Referrals Made	485

Enrollee Demographics

Enronce Demographies								
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	1	11	0	11	0	0	0	0
Non-Hispanic/ Latino	36	359	32	252	0	1	0	0
Unknown	0	4	0	1	0	0	0	0
Declined	3	10	2	7	0	0	0	0
TOTAL	40	384	34	271	0	1	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	25	0	15	0	1	0	0
Asian	0	4	0	6	0	0	0	0
Black/African American	1	3	0	1	0	0	0	0
Hawaiian/ Pacific Islander	0	0	0	0	0	0	0	0
White	38	334	33	239	0	0	0	0
Other races	0	2	0	1	0	0	0	0
Declined	0	1	0	0	0	0	0	0
TOTAL	39	369	33	262	0	1	0	0

Appendix F: Maine Access Points - Rumford 11/1/2021-10/31/2022

Operator: Maine Access Points Location of Site: Rumford

Established Date: 2020, services began June 2022

Indicator	Quantity
Total enrolled	24
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	10620
Number of syringes disposed, total	10620
Number of syringes distributed without exchange at enrollment	0
Syringes distributed, total	10620
Number of initial exchange kits distributed	0
Total exchanges	39
Number of off-site exchanges	0
Total referrals made	142
Total number of clients who receive a "starter kit"	0

Number of Referrals Made	Quantity
Primary Care	0
STD clinic	1
HIV testing	3
Hepatitis Testing	3
Substance Abuse Treatment	0
Housing	0
Peer Support	39
Overdose Aftercare	7
Food Assistance	1
Case Management	0
Other: Clothing services	0
Other: Community Organizing	0
Other: Mental health services	0
Other: Drug checking education and fentanyl test strips	24
Other: Overdose prevention education and naloxone distribution	23
Other: Family/affected-other supports	0
Other: Education/work	0
Other: Wound care/Health education	28
Other: COVID-testing/vaccine	12

Other: COVID Rental Assistance	0
Other: Pet supports/ Clinic	1
Other: Daycare & child mental health supports	0
Other: Transportation	0
Other: Intimate Partner Violence	0
Other: Legal assistance	0
Total Referrals Made	142

Enrollee Demographics

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	0	0	1	0	0	0	0	0
Non-Hispanic/ Latino	3	12	8	0	0	0	0	0
TOTAL	3	12	9	0	0	0	0	0
5								
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Tran s M- F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	1	0	0	0	0	0	0
Black/African American	0	1	0	0	0	0	0	0
Hawaiian/ Pacific Island	0	0	0	0	0	0	0	0
White	3	9	0	7	0	0	0	0
Other races	0	1	0	2	0	0	0	0
TOTAL	3	12	0	9	0	0	0	0

Appendix G: Maine Access Points - Caribou 11/1/2021-10/31-2022

Operator: Maine Access Points Location of Site: Caribou Established Date: 2021

Indicator	Quantity
Total enrolled	145
New enrollees, total	7
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	10500
Number of syringes disposed, total	10500
Number of syringes distributed without exchange at enrollment	0
Syringes distributed, total	10500
Number of initial exchange kits distributed	0
Total exchanges	34
Number of off-site exchanges	0
Total referrals made	121
Total number of clients who receive a "starter kit"	0

Number of Referrals Made	Quantity
Primary Care	4
STD clinic	0
HIV testing	0
Hepatitis Testing	7
Substance Abuse Treatment	0
Housing	5
Peer Support	34
Overdose Aftercare	0
Food Assistance	0
Case Management	0
Other: Clothing services	0
Other: Community Organizing	0
Other: Mental health services	0
Other: Drug checking education and fentanyl test strips	34
Other: Overdose prevention education and naloxone distribution	34
Other: Family/ affected-other supports	0
Other: Education/ work	0
Other: Wound care/ Health education	1
Other: COVID-testing/ vaccine	0

Other: COVID Rental Assistance	0
Other: Pet supports/ Clinic	0
Other: Daycare & child mental health supports	0
Other: Transportation	2
Other: Intimate Partner Violence	0
Other: Legal assistance	0
Total Referrals Made	121

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	0	0	0	0	0	0	0	0
Non-Hispanic/ Latino	6	0	1	0	0	0	0	0
TOTAL	6	0	1	0	0	0	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/ African American	0	0	0	0	0	0	0	0
Hawaiian/ Pacific Islander	0	0	0	0	0	0	0	0
White	6	0	1	0	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTAL	6	0	1	0	0	0	0	0

Appendix H: Maine Access Points - Sanford

Operator: Maine Access Points Location of Site: Sanford Established Date: 2020

Indicator	Quantity
Total enrolled	210
New enrollees, total	81
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	169350
Number of syringes disposed, total	169350
Number of syringes distributed without exchange at enrollment	0
Syringes distributed, total	169350
Number of initial exchange kits distributed	0
Total exchanges	896
Number of off-site exchanges	0
Total referrals made	1664
Total number of clients who receive a "starter kit"	0

Number of Referrals Made	Quantity
Primary Care	15
STD clinic	6
HIV testing	4
Hepatitis Testing	5
Substance Abuse Treatment	30
Housing	22
Peer Support	536
Overdose Aftercare	54
Food Assistance	56
Case Management	2
Other: Clothing services	17
Other: Community Organizing	5
Other: Mental health services	7
Other: Drug checking education and fentanyl test strips	167
Other: Overdose prevention education and naloxone distribution	375
Other: Family/affected-other supports	0
Other: Education/work	1
Other: Wound care/Health education	233
Other: COVID-testing/vaccine	62
Other: COVID Rental Assistance	0

Other: Pet supports/ Clinic	0
Other: Daycare & child mental health supports	0
Other: Transportation	45
Other: Intimate Partner Violence	12
Other: Legal assistance	10
Total Referrals Made	1664

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	1	2	0	0	0	0	0	0
Non-Hispanic/ Latino	6	27	6	30	0	0	0	0
TOTAL	7	29	6	30	0	0	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/African American	0	0	0	1	0	0	0	0
Hawaiian/ Pacific Islander	0	0	0	0	0	0	0	0
White	6	26	6	30	0	0	0	0
Other races	1	3	0	1	0	0	0	0
TOTAL	7	29	6	32	0	0	0	0

Appendix I: Maine Access Points - Machias

Operator: Maine Access Points

Location: Machias Established Date: 2021

Indicator	Quantity
Total enrolled	67
New enrollees, total	31
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	34600
Number of syringes disposed, total	34600
Number of syringes distributed without exchange at enrollment	0
Syringes distributed, total	34600
Number of initial exchange kits distributed	0
Total exchanges	155
Number of off-site exchanges	0
Total referrals made	959
Total number of clients who receive a "starter kit"	0

Number of Referrals Made	Quantity
Primary Care	51
STD clinic	6
HIV testing	0
Hepatitis Testing	18
Substance Abuse Treatment	169
Housing	42
Peer Support	134
Overdose Aftercare	38
Food Assistance	28
Case Management	0
Other: Clothing services	15
Other: Community Organizing	17
Other: Mental health services	26
Other: Drug checking education and fentanyl test strips	55
Other: Overdose prevention education and naloxone distribution	81
Other: Family/affected-other supports	1
Other: Education/work	18
Other: Wound care/Health education	59
Other: COVID-testing/vaccine	97

Other: COVID Rental Assistance	42
Other: Pet supports/Clinic	0
Other: Daycare & child mental health supports	3
Other: Transportation	47
Other: Intimate Partner Violence	5
Other: Legal assistance	7
Total Referrals Made	959

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	0	0	0	0	0	0	0	0
Non-Hispanic/ Latino	3	3	6	9	0	0	0	0
TOTAL	3	3	6	9	0	0	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0
White	3	3	6	9	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTAL	3	3	6	9	0	0	0	0

Appendix J: Maine Access Points - Calais 11/1/2021-10/31-2022

Operator: Maine Access Points

Location of Site: Calais Established Date: 2020

Indicator	Quantity
Total enrolled	77
New enrollees, total	14
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	34400
Number of syringes disposed, total	34400
Number of syringes distributed without exchange at enrollment	0
Syringes distributed, total	34400
Number of initial exchange kits distributed	0
Total exchanges	136
Number of off-site exchanges	0
Total referrals made	783
Total number of clients who receive a "starter kit"	0

Number of Referrals Made	Quantity
Primary Care	27
STD clinic	8
HIV testing	3
Hepatitis Testing	16
Substance Abuse Treatment	102
Housing	38
Peer Support	107
Overdose Aftercare	40
Food Assistance	25
Case Management	0
Other: Clothing services	15
Other: Community Organizing	22
Other: Mental health services	31
Other: Drug checking education and fentanyl test strips	31
Other: Overdose prevention education and naloxone distribution	104
Other: Family/ affected-other supports	9
Other: Education/ work	19
Other: Wound care/ Health education	41
Other: COVID-testing/vaccine	80

Other: COVID Rental Assistance	22
Other: Pet supports/ Clinic	0
Other: Daycare & child mental health supports	3
Other: Transportation	25
Other: Intimate Partner Violence	7
Other: Legal assistance	8
Total Referrals Made	783

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	0	0	0	0	0	0	0	0
Non-Hispanic/ Latino	1	4	4	5	0	0	0	0
TOTAL	1	4	4	5	0	0	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	3	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/African American	0	1	0	0	0	0	0	0
Hawaiian/ Pacific Islander	0	0	0	0	0	0	0	0
White	1	3	1	5	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTAL	1	4	4	5	0	0	0	0

Appendix K: Health Equity Alliance – Bangor 11/1/2021-10-31-2022

Operator: Down East AIDS Network/Health Equity Alliance

Location of Site: 304 Hancock Street Suite 3B, Bangor, ME 04401

Indicator	Quantity
Total enrolled	1094
New enrollees, total	276
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	1
Number of syringes collected, total	751326
Number of syringes disposed, total	751326
Number of syringes distributed without exchange at enrollment	0
Syringes distributed, total	672066
Number of initial exchange kits distributed	640
Total exchanges	4959
Number of off-site exchanges	0
Total referrals made	163
Total number of clients who receive a "starter kit"	64

Number of Referrals Made	Quantity
Primary Care	0
STD clinic	0
HIV testing	9
Hepatitis Testing	1
Substance Abuse Treatment	0
Housing	2
Peer Support	0
Overdose Aftercare	0
Food Assistance	10
Case Management	2
Other	139
Total Referrals Made	163

	Enronce Demographics									
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+		
Hispanic/ Latino	3	2	2	2	0	0	0	0		
Non-Hispanic/ Latino	178	312	137	189	0	1	3	1		
TOTAL	181	314	139	191	0	1	3	1		
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+		
American Indian/ Alaska Native	10	13	10	12	0	0	0	0		
Asian	0	0	0	0	0	0	0	0		
Black/African American	3	4	0	1	0	0	0	0		
Hawaiian/ Pacific Islander	3	2	2	2	0	0	0	0		
White	151	255	119	159	0	1	2	1		
Other races	14	40	8	17	0	0	1	0		
TOTAL	181	314	139	191	0	1	3	1		

Appendix L: Health Equity Alliance – Ellsworth 11/1/2021 – 10/31/2022

Operator: Down East AIDS Network/Health Equity Alliance Location of Site: 5 Long Lane Suite 1, Ellsworth, ME 04605

Indicator	Quantity
Total enrolled	329
New enrollees, total	138
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	163286
Number of syringes disposed, total	160499
Number of syringes distributed without exchange at enrollment	0
Syringes distributed, total	163286
Number of initial exchange kits distributed	1380
Total exchanges	2033
Number of off-site exchanges	0
Total referrals made	28
Total number of clients who receive a "starter kit"	138

Number of Referrals Made	Quantity
Primary Care	0
STD clinic	0
HIV testing	0
Hepatitis Testing	0
Substance Abuse Treatment	0
Housing	0
Peer Support	0
Overdose Aftercare	0
Food Assistance	0
Case Management	0
Other: Substance Use Education/Naloxone	0
Other	28
Total Referrals Made	28

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18- 29	Trans F-M 30+
Hispanic/Latino	0	0	0	0	0	0	0	0
Non-Hispanic/ Latino	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F- M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0

Appendix M: Health Equity Alliance – Deer Isle 11/1/2021 – 10/31/2022

Operator: Downeast AIDS Network/Health Equity Alliance Location of Site: 627 N. Deer Isle Road, Deer Isle, ME 04627

Indicator	Quantity
Total enrolled	N/A
New enrollees, total	N/A
Number of HIV Tests conducted with new enrollees	N/A
Total number of HIV Tests conducted with exchange consumers	N/A
Number of syringes collected, total	1398
Number of syringes disposed, total	1398
Number of syringes distributed without exchange at enrollment	N/A
Syringes distributed, total	972
Number of initial exchange kits distributed	N/A
Total exchanges	N/A
Number of off-site exchanges	N/A
Total referrals made	3
Total number of clients who receive a "starter kit"	N/A

Number of Referrals Made	Quantity
Primary Care	0
STD clinic	0
HIV testing	0
Hepatitis Testing	0
Substance Abuse Treatment	0
Housing	0
Peer Support	0
Overdose Aftercare	0
Food Assistance	0
Case Management	0
Other: Substance Use Education/Naloxone	3
Total Referrals Made	3

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	0	0	0	0	0	0	0	0
Non-Hispanic/ Latino	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0
loop a see an	Male	Male	Female	Female	Trans	Trans	Trans	Trans
Clients Served	18-29	30+	18-29	30+	M-F 18-29	M-F 30+	F-M 18-29	F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0

Appendix N: Wabanaki Public Health and Wellness - Bangor 11/1/2021-10/31/2022

Operator: Wabanaki Public Health and Wellness Location of Site: 157 Park Street 32A Bangor, ME

Indicator	Quantity
Total enrolled	6
New enrollees, total	6
Number of HIV Tests conducted with new enrollees	3
Total number of HIV Tests conducted with exchange consumers	3
Number of syringes collected, total	256
Number of syringes disposed, total	256
Number of syringes distributed without exchange at enrollment	30
Syringes distributed, total	140
Number of initial exchange kits distributed	12
Total exchanges	3
Number of off-site exchanges	0
Total referrals made	27
Total number of clients who receive a "starter kit"	3

Number of Referrals Made	Quantity
Primary Care	1
STD clinic	0
HIV testing	4
Hepatitis Testing	4
Substance Abuse Treatment	4
Housing	4
Peer Support	4
Overdose Aftercare	2
Food Assistance	0
Case Management	4
Total Referrals Made	27

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	0	0	0	0	0	0	0	0
Non-Hispanic/ Latino	0	4	0	2	0	0	0	0
TOTAL	0	4	0	2	0	0	0	0
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	4	0	2	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/ African American	0	0	0	0	0	0	0	0
Hawaiian/ Pacific Islander	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTAL	0	4	0	2	0	0	0	0

Appendix O: Church of Safe Injection – Lewiston 11/1/2021-10/31-2022

Operator: Church of Safe Injection

Location of Site: Lewiston, established February 2021

Established Date: 2018, Certified in 2021

Indicator	Quantity		
Total enrolled (YTD)	1105		
New enrollees, total	267		
Number of HIV Tests conducted with new enrollees	0		
Total number of HIV Tests conducted with exchange consumers	0		
Number of syringes collected, total	63987		
Number of syringes disposed, total	63987		
Number of syringes distributed without exchange at enrollment	2670		
Syringes distributed, total	63285		
Number of initial exchange kits distributed	267		
Total exchanges	824		
Number of off-site exchanges	N/A		
Total referrals made	957		
Total number of clients who receive a "starter kit"	267		

Number of Referrals Made	Quantity			
Primary Care	0			
STD clinic	30			
HIV testing	20			
Hepatitis Testing	25			
Substance Abuse Treatment	32			
Housing	14			
Peer Support	12			
Overdose Aftercare	45			
Food Assistance	21			
Case Management	22			
Other: Wound Care Information	68			
Other: Drug Checking	88			
Other: Recovery Center/Recovery Residence	125			
Other: Injection Technique	105			
Other: Smoking Supplies	350			
Total Referrals Made	957			

Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Hispanic/Latino	0	1	3	0	0	0	0	0
Non-Hispanic/ Latino	196	410	89	246	0	0	0	2
TOTAL	196	411	92	246	0	0	0	2
Clients Served	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
American Indian/ Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black/African American	2	11	2	6	0	0	0	0
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0
White	192	398	89	240	0	0	0	1
Other races	2	2	1	0	0	0	0	1
TOTAL	196	411	92	246	0	0	0	2

Sources:

Bennett AS, Bell A, Tomedi L, Hulsey EG, Kral AH. Characteristics of an overdose prevention, response, and naloxone distribution program in Pittsburgh and Allegheny County, Pennsylvania. J Urban Health. 2011;88(6):1020-1030. doi:10.1007/s11524-011-9600-7.

Centers for Disease Control and Prevention. HIV and Injection Drug Use, <u>HIV and Injection</u> <u>Drug Use – Vital Signs – CDC. Centers for Disease Control and Prevention</u>. Published December 2016.

Centers for Disease Control and Prevention. Syringe Service Programs Fact Sheet, https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html

Centers for Disease Control and Prevention, Hepatitis Kills More Americans Than Any Other Infectious Disease, Press release, May 4, 2016 http://www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html

Centers for Disease Control and Prevention, https://www.cdc.gov/hepatitis

Des Jarlais DC, Nugent A, Solberg A, Feelemyer J, Mermin J, Holtzman D. Syringe service programs for persons who inject drugs in urban, suburban, and rural areas — United States, 2013. MMWR Morb Mortal Wkly Rep. 2015;64(48):1337-1341. doi:10.15585/mmwr.mm6448a3.

Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: Bystander-administered intranasal naloxone hydrochloride for opioid overdose. Am J Public Health. 2009;99(5):788-791. doi:10.2105/ajph.2008.146647.

Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.

Galea S, Worthington N, Piper TM, Nandi VV, Curtis M, Rosenthal DM. Provision of naloxone to injection drug users as an overdose prevention strategy: Early evidence from a pilot study in New York City. Addict Behav. 2006;31(5):907-912. doi:10.1016/j. addbeh.2005.07.020.

Harm Reduction Coalition. National Minority Aids Council Briefing, Federal Funding for Syringe Exchange, https://harmreduction.org/wp-content/uploads/2012/01/Syringe-Exchange-June-4-NMAC.pdf

Leece PN, Hopkins S, Marshall C, Orkin A, Gassanov MA, Shahin RM. Development and implementation of an opioid overdose prevention and response program in Toronto, Ontario. Can J Public Health. 2013;104(3):e200-204.

Michelle M Van Handel, MPH, Charles E Rose, PhD, Elaine J Hallisey, MA, Jessica L Kolling, MPH, Jon E Zibbell, PhD,1 Brian Lewis, BS, Michele K Bohm, MPH, Christopher M Jones,

PharmD, MPH, Barry E Flanagan, PhD, Azfar-E-Alam Siddiqi, MD, PhD, Kashif Iqbal, MPH, Andrew L Dent, MA, MBA, Jonathan H Mermin, MD, MPH, Eugene McCray, MD, John W Ward, MD, and John T Brooks, MD, "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States," *JAIDS Journal of Acquired Immune Deficiency Syndromes*, November 1, 2016, 73(3):323–331.

Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. Cochrane Database Syst Rev. 2017;9:CD012021. doi:10.1002/14651858.CD012021.pub2.

Seal KH, Thawley R, Gee L. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. J Urban Health. 2005;82(2):303–311. doi:10.1093/jurban/jti053.

Tobin KE, Sherman SG, Beilenson P, Welsh C, Latkin CA. Evaluation of the Staying Alive programme: Training injection drug users to properly administer naloxone and save lives. Int J Drug Policy. 2009;20(2):131-136. doi:10.1016/j.drugpo.2008.03.002.

Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. Drug Alcohol Depend. 2012;123(1-3):255-259. doi:10.1016/j.drugalcdep.2011.12.001.