

Syringe Service Programs in Maine Annual Report

2019

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

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

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About this Report

Maine law 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, 2018, through October 31, 2019.

Report Author

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A Brief Overview of Syringe Service Programs in Maine

Maine has seven certified Syringe Service Programs (SSP) operating in the communities of Portland, Augusta, Waterville, Bangor, Belfast, Ellsworth, and Machias. The location in Portland is Maine's first, opening in 1998. Belfast is the newest location, opening in 2019. These seven locations are operated by three organizations; City of Portland, MaineGeneral Medical Center, and Health Equity Alliance. All certified SSPs are required to submit their data annually to the Maine Center for Disease Control and Prevention (Maine CDC).

In 2019, Maine's SSPs:

- Collected 948,904 used syringes
- Distributed 879,853 new syringes
- Had 5,594 enrolled participants
- Enrolled 670 new participants
- Made 17,382 referrals to services such as primary care, STD clinics, HIV and hepatitis testing, substance use treatment, family planning, food, housing, transportation, MaineCare, and mental health services.
- Conducted 80 HIV tests

Executive Summary

The Maine Department of Health and Human Services' (DHHS) Center for Disease Control and Prevention (Maine CDC) is authorized by 22 MRSA c.252-A, §1341(1) ("Hypodermic Apparatus Exchange Programs") to certify hypodermic apparatus exchange programs (also known as Syringe Service Programs) to facilitate the prevention of HIV and other blood borne pathogens. This report is required as part of statute (22 MRSA c.252-A, §1341(3)), and reflects the syringe service activities conducted by the certified program sites in Maine for the period from November 1, 2018 to October 31, 2019.

The certification of Syringe Service Programs (SSP) by the DHHS is allowed only for those programs that meet the requirements established by statute (22 MRSA c.252-A, §1341(2)). 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 c.252). The Maine Legislature passed LD 1707 (*An Act To Reduce the Cost of Care Resulting from Blood-borne Infectious Diseases*) on July 9, 2018. This bill provides funds to support SSPs. Funding from this legislation was distributed to the three state-certified SSP operators in early 2019.

During this reporting period, State of Maine funds were used to support activities at the SSPs through LD 1707. No federal 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, 2016.¹ In December 2019, Maine CDC submitted a Determination of Need request to the federal Centers for Disease Control and Prevention (CDC) to be allowed to apply for federal funding to support SSPs. In January 2020, CDC approved the request and concluded that the State is at risk for increases in viral hepatitis and HIV infections due to a significant increase in injection drug use in the state of Maine.

Three state-certified SSPs operated seven physical location sites in Maine during this reporting period:

- The City of Portland operates one site in Portland.
- Down East AIDS Network/Health Equity Alliance operates sites in Bangor, Ellsworth, Machias, and Belfast. Belfast is a new site that opened in March of 2019.
- MaineGeneral Medical Center/Health Reach Harm Reduction operates sites in Augusta and Waterville.

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

SSPs reduce the risk of bloodborne infection, like hepatitis B, hepatitis C and HIV, and prevent outbreaks.² SSPs have been shown to reduce new hepatitis C and HIV cases by an estimated 50%.³ SSPs provide an important link to other health services, including bloodborne pathogen testing, treatment for

¹ *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>

² *Centers for Disease Control and Prevention*. Syringe Service Programs Fact Sheet, <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

³ 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.

hepatitis B, hepatitis C and HIV, and medication-assisted treatment (MAT) for opioid use disorder.⁴ 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.^{5,6} 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.⁷ SSPs help to prevent overdose deaths by providing naloxone to members, and teaching enrollees how to recognize an overdose and administer that naloxone.^{8,9,10,11,12,13} SSPs reduce the number of discarded used syringes in communities.¹⁴

Maine has seen a sharp increase in cases of hepatitis B and hepatitis C in recent years, attributed to the ongoing opioid crisis. From 2013 to 2018, acute hepatitis B rates increased 388 percent and acute hepatitis C rates increased 314 percent. These figures reflect new, acute cases, which serve as an indicator of the rising burden of these illnesses.

In 2017, the last year federal data are available, Maine had the 2nd highest acute hepatitis B rate, the 10th highest acute hepatitis C rate, and the 6th highest opioid overdose death rate in the United States. 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.¹⁵ In Maine, as is

⁴ *Centers for Disease Control and Prevention*. HIV and Injection Drug Use, [HIV and Injection Drug Use – Vital Signs – CDC. Centers for Disease Control and Prevention](#). Published December 2016.

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.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² 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.

¹³ 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.

¹⁴ 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.

¹⁵ Michelle M Van Handel, MPH, Charles E Rose, PhD, Elaine J Hallisey, MA, Jessica L Kolling, MPH, Jon E Zibbell, PhD, 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

nationwide¹⁶, 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.

Viral hepatitis is a leading cause of liver cancer and the most common reason for liver transplantation among adults in the United States.¹⁷ More people die from hepatitis C than from all of the other 60 reportable infectious diseases combined.¹⁸ People chronically infected with hepatitis B are 100 times more likely to develop liver cancer than uninfected people.¹⁹ People with hepatitis C are more than twice as likely to die from heart disease than people without hepatitis C.²⁰

In 2019, Maine CDC released the “Vulnerability Assessment for Opioid Overdoses and Bloodborne Infections Associated with Non-Sterile Injection Drug Use in Maine.”²¹ This report shows the geographic areas where residents are at highest risk of opioid overdoses and bloodborne infections from injection drug use. These most vulnerable areas are Kennebec County, Penobscot County, the Portland area of Cumberland County, Somerset County, and Washington County.

The Vulnerability Assessment makes recommendations for interventions that strategically allocate resources to the highest risk areas, including to support the opening of SSPs in the most vulnerable areas and expand the operating hours and staff at the already existing SSP locations.

Historically, Maine had not provided funding for the certified SSPs in the state. In 2018, the Maine State Legislature passed LD 1707, which provided funding to build the capacity of the SSPs in the state. In 2019, Governor Janet Mills announced additional funding for the SSPs, and those funds are currently being processed for distribution. This new funding will support the opening of new SSPs, preferably in the most vulnerable areas, as well as, build the capacity of the seven existing SSPs.

All certified SSPs are required to submit their data annually to the Maine CDC. In 2019, 5,594 individuals were enrolled in SSPs. This is a 3.7% increase from 2018. DHHS regulation requires a one-to-one exchange except in the initial enrollment exchange when ten unused syringes can be distributed for future exchanges. The certified SSPs collected a total of 948,904 used syringes from the 5,594 enrolled individuals, which is an average of 170 syringes exchanged per person. The 948,904 used syringes were collected during 18,079 exchange events. An *exchange event* is when an individual visits an SSP to exchange one or more used syringes and/or to receive support services. This is an average of 53 syringes exchanged per visit. The 5,594 enrolled individuals visited certified SSPs 18,079 times in 2019, which is an average of 3.2 visits per person.

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.

¹⁶ Centers for Disease Control and Prevention. Syringe Services Programs Fact Sheet, <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

¹⁷ Centers for Disease Control and Prevention, <https://www.cdc.gov/hepatitis>

¹⁸ 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>

¹⁹ Centers for Disease Control and Prevention, <https://www.cdc.gov/hepatitis>

²⁰ Ibid.

²¹ Maine Center for Disease Control and Prevention (2019). Vulnerability Assessment for Opioid Overdoses and Bloodborne Infections Associated with Non-Sterile Injection Drug Use in Maine. <https://www.maine.gov/dhhs/mecdc/navtabs/documents/Maine-CDC-Vulnerability-Assessment-Report.pdf>

The collection of used syringes has increased steadily over the last fourteen years (see Graph 3.5 on page 16). During the reporting period (11/1/18 – 10/31/19), 879,853 new syringes were distributed. This is a 15.2% increase from 2018. The SSPs continue to collect more syringes than they distribute and are often asked to dispose of used syringes found in public places. Collecting more syringes than are distributed is an important factor for reducing the possibility of used syringes being the cause of infectious disease transmission.

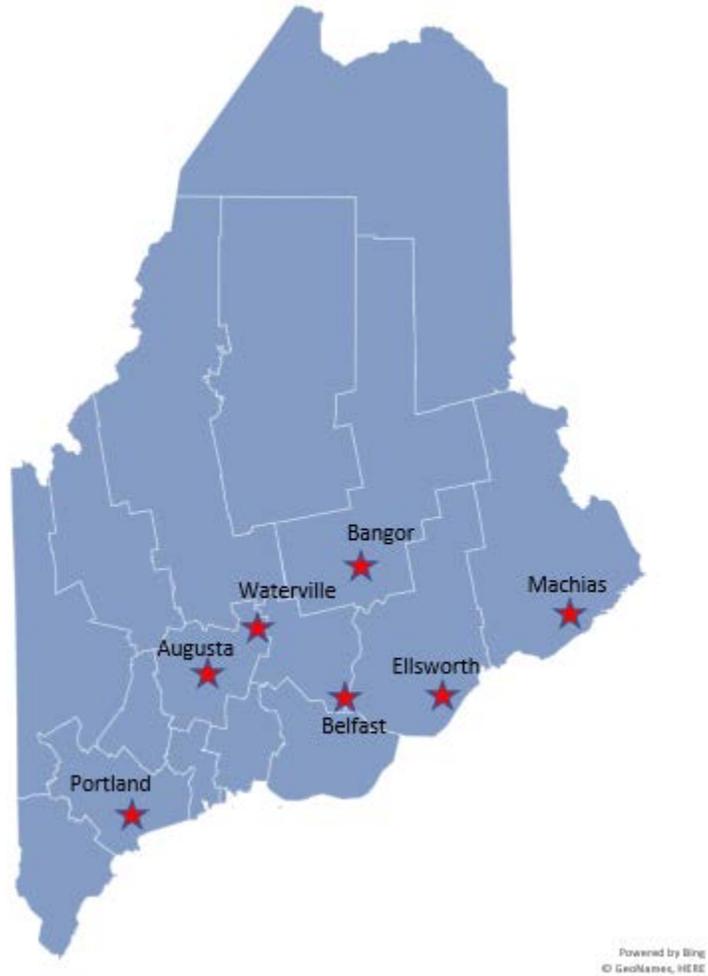
A total of 80 HIV tests were conducted with enrolled individuals at the SSPs. There were 3,021 referrals for HIV testing and 548 referrals for Hepatitis C testing offered. SSP staff made a total of 17,382 referrals to primary care providers, substance use treatment programs, and housing assistance programs. This is an 87% increase from the 2018 report.

Syringe Service Programs Report for 2019; Reporting Period 11/1/2018 – 10/31/2019

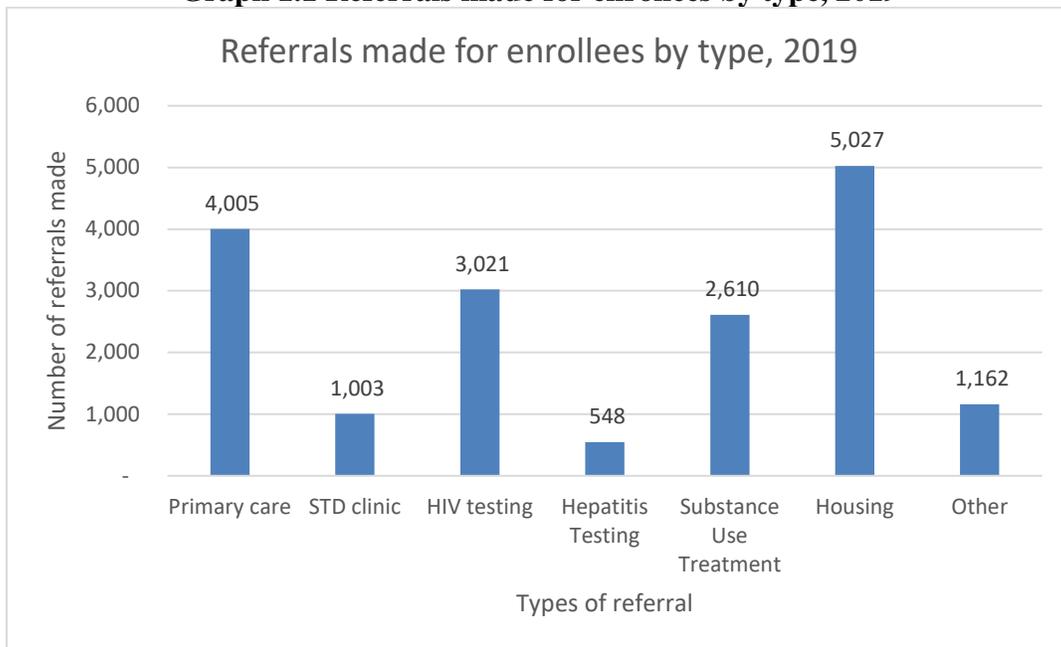
Three state-certified Syringe Service Programs operated seven physical location sites in Maine during this reporting period.

Agency	Site Location	Certification Date
City of Portland	Portland	September 1998
Health Equity Alliance	Ellsworth	July 2014
Health Equity Alliance	Bangor	July 2014
Health Equity Alliance	Machias	July 2014
Health Equity Alliance	Belfast	March 2019
Health Reach Harm Reduction	Augusta	December 2004
Health Reach Harm Reduction	Waterville	February 2018

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



Graph 1.1 Referrals made for enrollees by type, 2019



From 11/01/18 to 10/31/2019, Syringe Service Program enrollees received 4,005 referrals for primary care, 1,003 referrals for STD clinic services, 3,021 referrals for HIV testing, 548 referrals for hepatitis testing, 2,610 referrals for substance use disorder treatment, 5,027 referrals for housing, and 1,162 other referrals.

Table 1.1 - 2019 Enrollee Demographics by Ethnicity

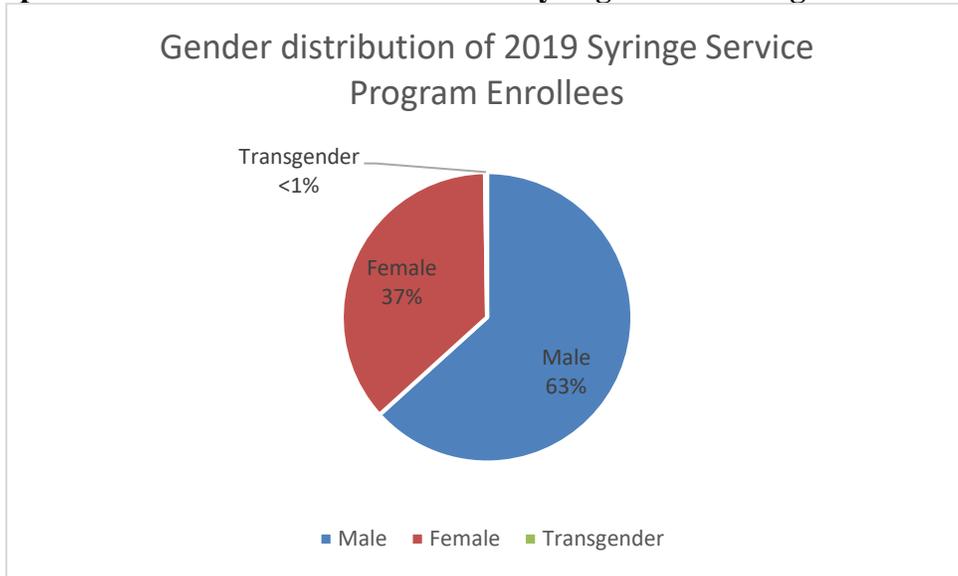
Ethnicity	Male 18- 29	Male 30+	Female 18-29	Female 30+	Trans- gender M-F 18-29	Trans- gender M-F 30+	Trans- gender F-M 18-29	Trans- gender F-M 30+	Total
Hispanic/ Latino	12	20	7	11	0	0	0	0	50
Non- Hispanic/ Latino	1116	2157	717	1171	1	1	8	2	5,173
Total	1128	2177	724	1182	1	1	8	2	5,223

Table 1.2 - 2019 Enrollee Demographics by Race

Ethnicity	Male 18- 29	Male 30+	Female 18-29	Female 30+	Trans- gender M-F 18-29	Trans- gender M-F 30+	Trans- gender F-M 18-29	Trans- gender F-M 30+	Total
American Indian/Alaskan Native	23	38	10	36	0	0	0	0	107
Asian	5	4	5	5	0	0	0	0	19
Black/African American	19	64	17	6	1	0	2	0	109
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	1073	2059	689	1127	0	1	6	2	4957
Other Races	8	12	3	8	0	0	0	0	31
Total	1128	2177	724	1182	1	1	8	2	5223

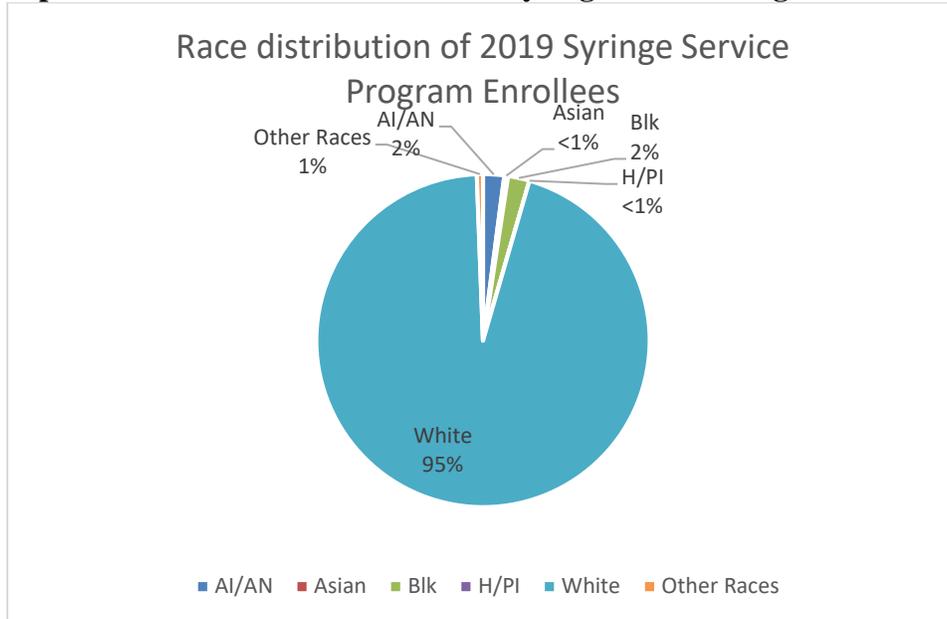
Note: enrollees can decline to provide demographics

Graph 2.1 - Gender Distribution of 2019 Syringe Service Programs Enrollees



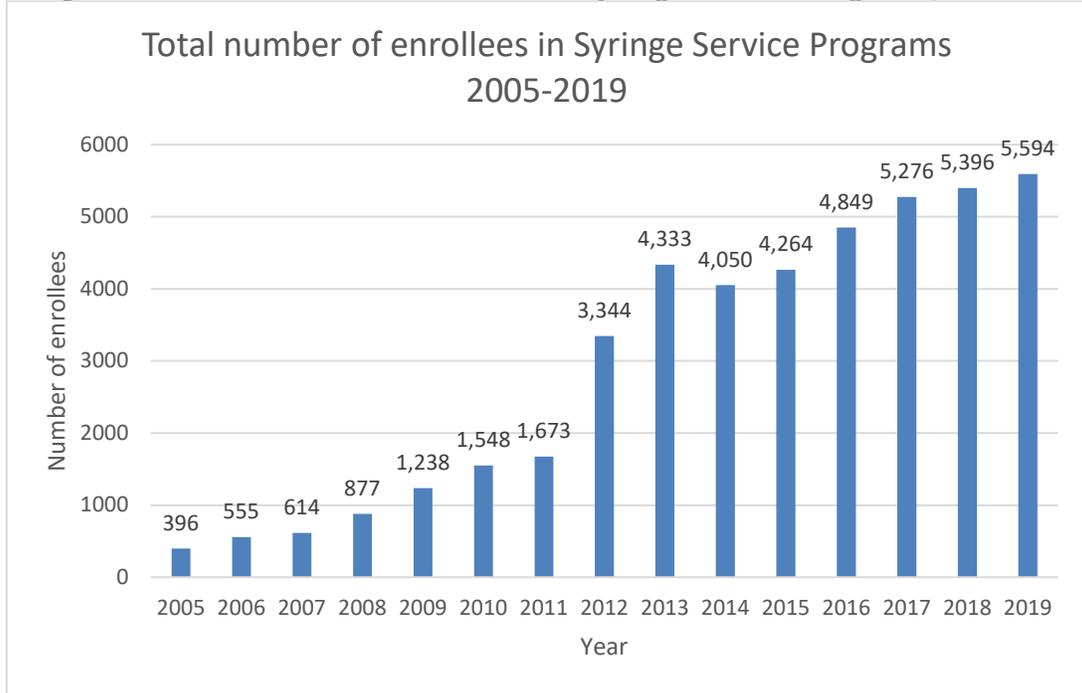
From 11/01/18 to 10/31/2019, 63% of Syringe Service Program enrollees were male, 37% of enrollees were female, and less than 1% were transgender.

Graph 2.2 - Race Distribution of 2019 Syringe Service Program Enrollees



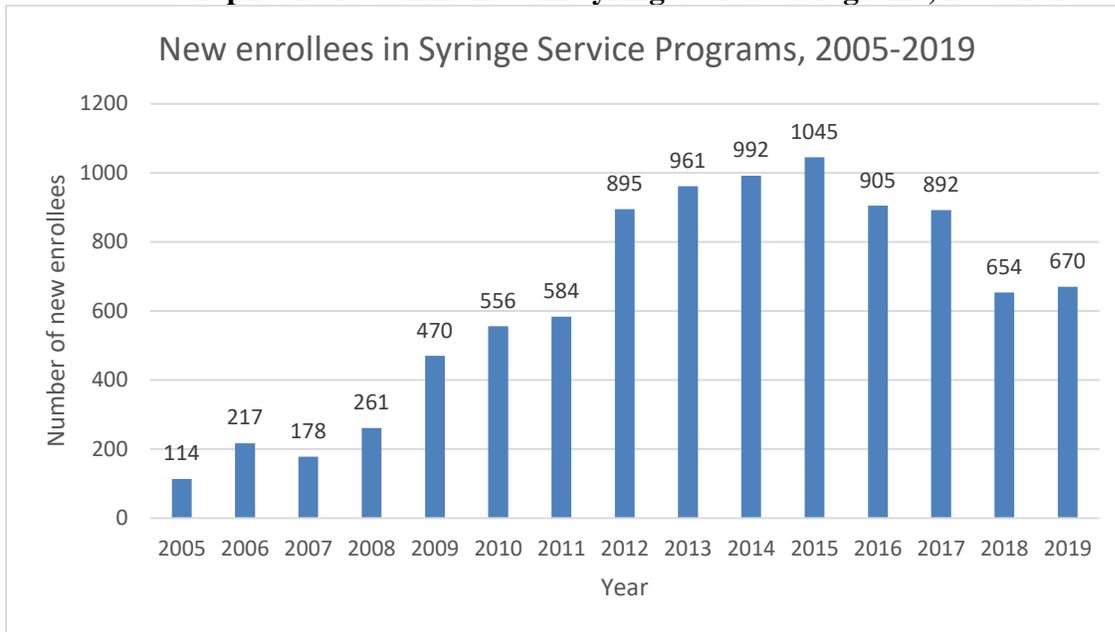
From 11/01/18 to 10/31/2019, the race distribution for syringe service program enrollees was 95% white, 2% were American Indian or Alaskan Native, 2% were Black or African American, less than 1% were Asian, less than 1% were Hawaiian or Pacific Islander, and 1% identified as another race not listed.

Graph 3.1 - Total Number of Enrollees in Syringe Service Programs, 2005-2019



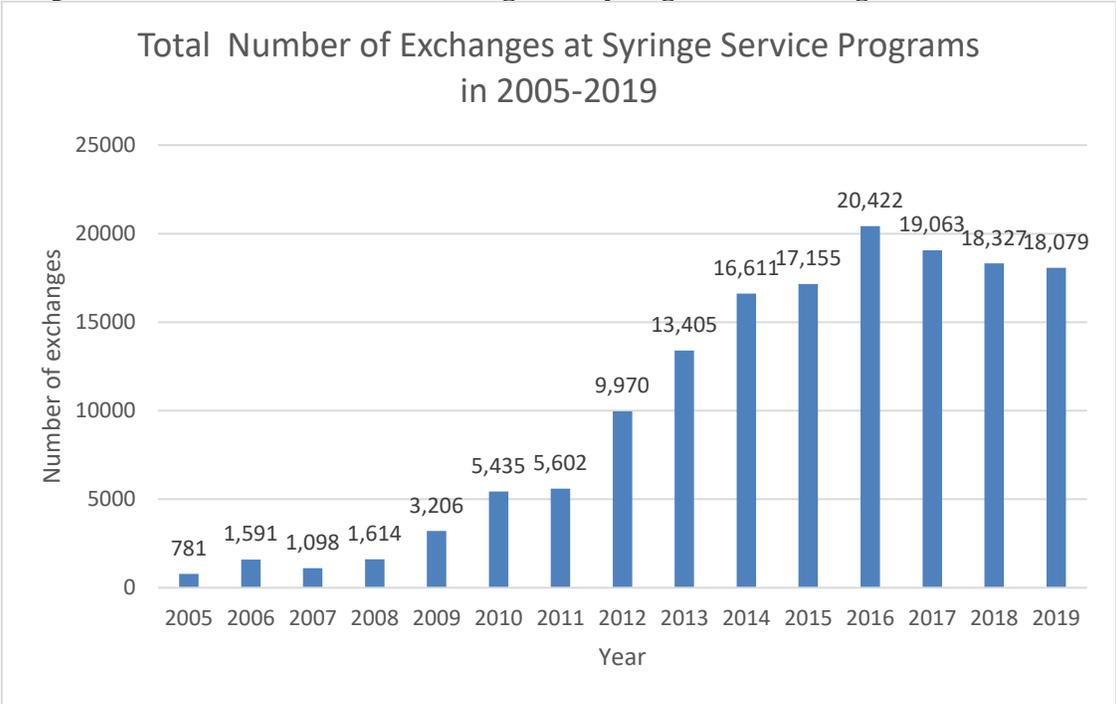
Graph 3.1 highlights the total number of enrollees in Syringe Service Programs since 2005. Trends indicate a steady increase of participants in SSPs with 5,594 enrollees in 2019.

Graph 3.2 - New Enrollees in Syringe Service Programs, 2005-2019



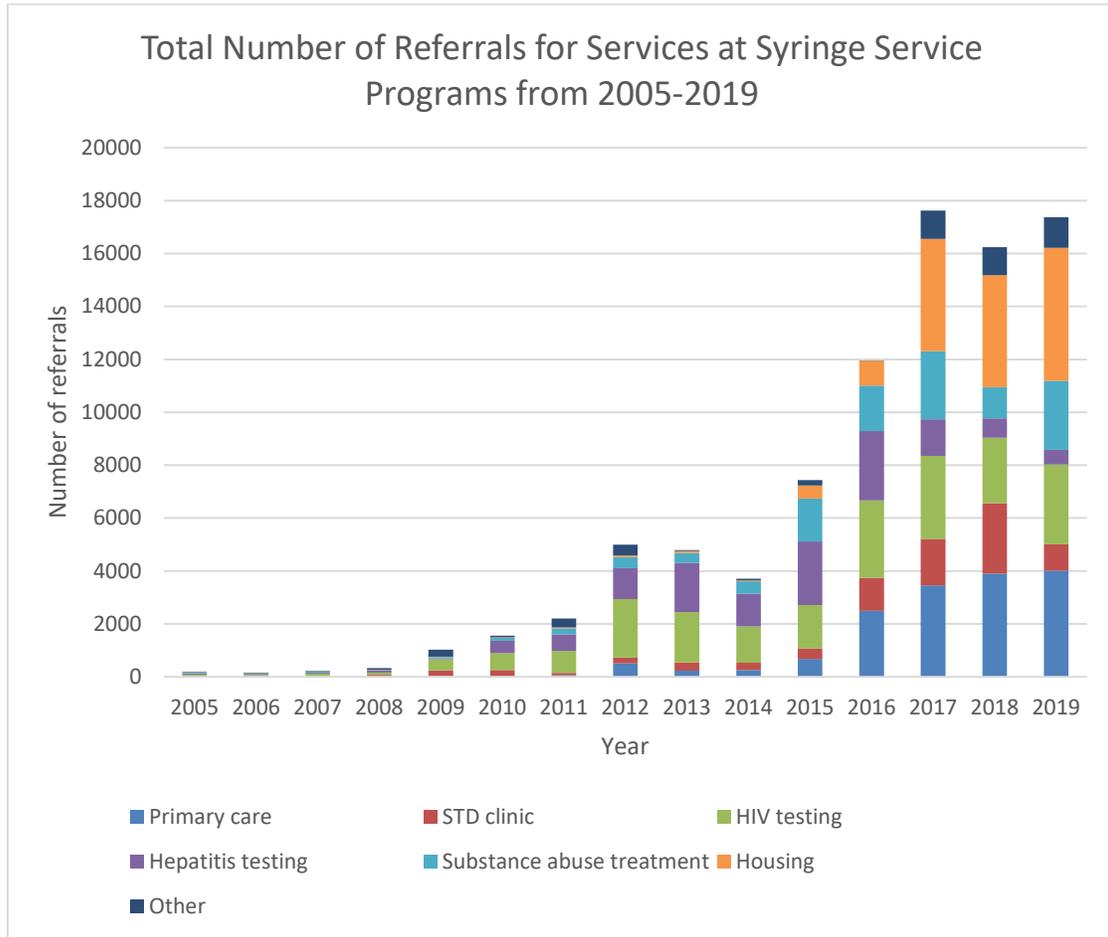
Graph 3.2 shows the total *new* enrollees in Syringe Service Programs since 2005. There was a continual increase in new enrollees from 2005 to 2015, followed by three years of decrease in new enrollees in 2016 to 2018. In 2019, there was a slight increase in new enrollees.

Graph 3.3 - Total Number of Exchanges at Syringe Service Programs in 2005-2019



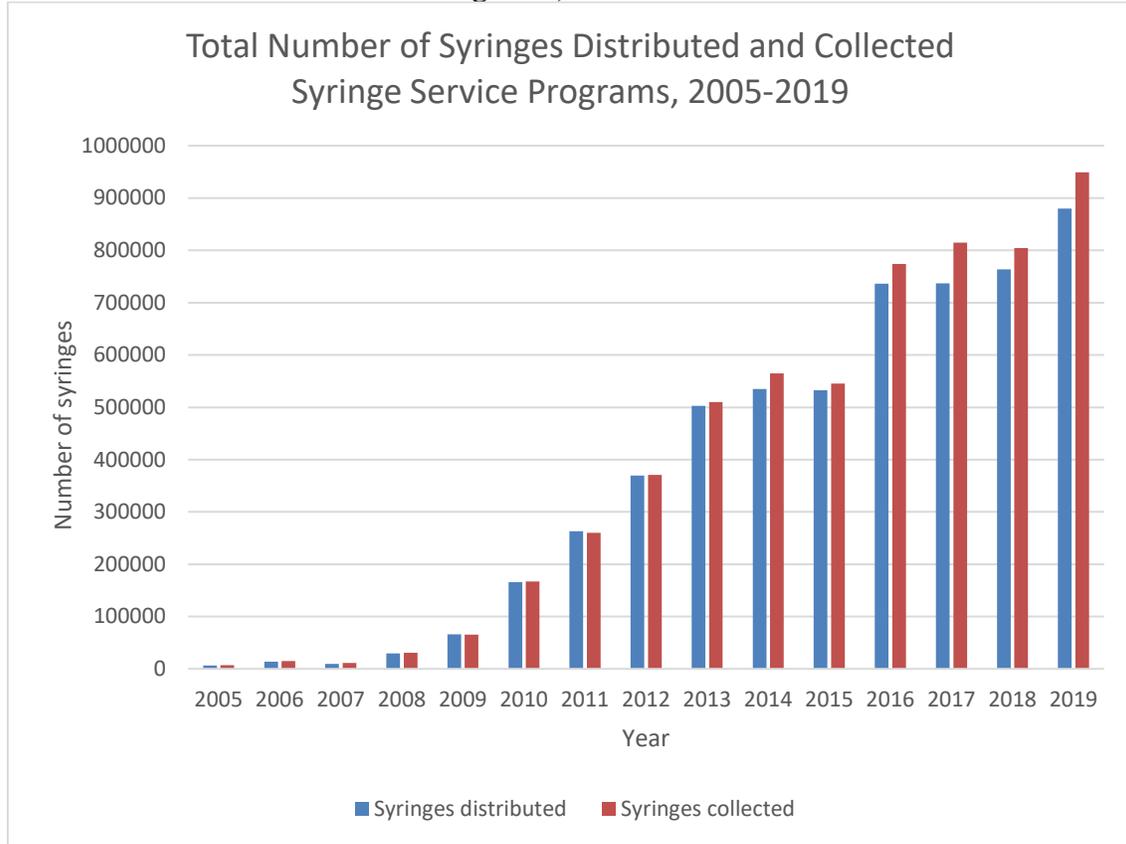
Graph 3.3 shows the number of exchanges (face-to-face interactions, not number of syringes) completed at Syringe Service Programs since 2005. Exchange events have increased from 2005 to 2016, followed by a slight decrease in new enrollees in 2017 to 2019.

Graph 3.4 - Total Number of Referrals for Services at Syringe Service Programs from 2005-2019.



Graph 3.4 shows the importance of the Syringe Service 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 use treatment, and housing services. In 2019, a total of 17,382 referrals were made.

Graph 3.5 - Total Number of Syringes Distributed and Collected at Syringe Service Programs, 2005-2019.



Graph 3.5 highlights the increase in both the number of syringes distributed and collected since 2005. In 2019, there were 948,904 syringes collected and 879,853 syringees distributed.

Attachments

Attachment A; Portland Annual Hypodermic Apparatus Exchange Report 11/1/2018 to 10/31/2019

Portland Needle Exchange Program

Operator: City of Portland

Location of Sites India Street Public Health, Oxford & Preble Street
1998

Indicator	Quantity
Total enrolled	3,550
New enrollees, total	216
Number of HIV Tests conducted with new enrollees	8
Total number of HIV Tests conducted with all exchange consumers	52
Number of syringes collected , total	257,187
Number of syringes disposed , total	257,187
Syringes distributed, total	221,303
Number of initial exchange kits (Up to but not more than 10 clean syringes) distributed	200
Total number of clients who receive a “initial exchange kits.	200
Number of syringes distributed without exchange at enrollment	2,000
Total exchanges	6964
Number of off-site exchanges	2639
Total referrals made	17,035

List Number of referrals made to: Primary Care- 4,000
STD clinic- 1,000
HIV testing- 3,000
Hepatitis Testing and/or treatment- 500
Substance Use Treatment- 2,600
Housing- 5,000

List other referrals, as necessary:

Anti-Trafficking Coalition- 35

Case Management- 500

Maine Family Planning/Planned Parenthood- 400

Enrollee Demographics:

Clients served w/ CDC Funds	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgen. M-F 18-29	Transgen. M-F 30+	Transgen. F-M 18-29	Transgen. F-M 30+
Hisp/Latino	6	5	3	2	0	0	0	0
Non-Hisp/Lat	824	1309	480	653	1	0	5	0
TOTALS	830	1314	483	655	1	0	5	0
AI/AN	2	3	3	1				
Asian	4		5					
Blk/Af. Am	15	60	17	4	1		2	
H/P.I.								
White	809	1251	458	650			3	
Other races								
TOTALS	830	1314	483	655	1	0	5	0

Attachment B; Bangor

Eastern Maine AIDS Network Annual Report For the period: 11/1/2018 to 10/31/2019

Operator: Eastern Maine AIDS Network

Location of Sites:
370 Harlow Street, Bangor Maine (Est. 2002)

Indicator	Quantity
Total Enrolled	842
New Enrollees	302
Syringes Collected	339941
Syringes Distributed	321067
Total Exchanges	7022
Off Site Exchanges	1
Referrals Made	247
Starter Kits Given	340

Referrals made to:

EMAN HIV testing	16
Hepatitis Testing	21
STD Clinic	3
Acadia	0
Discovery House	1
Metro Treatment Center	0
Summer Street Clinic	0
Penquis CAP	0
CHCS	0
Food Pantry	127
Homeless Shelter	3
Wellspring	1
Other	75

Enrollee Demographics	Males		Females		Trans M-F		Trans F-M	
	18-29	30+	18-29	30+	18-29	30+	18-29	30+
Caucasian	164	280	123	168	0	1	3	1
Native American	19	12	6	18	0	0	0	0
Hispanic/Latino	3	4	2	2	0	0	0	0
African American	3	1	0	1	0	0	0	0
Asian/Asian American	1	2	0	0	0	0	0	0
Multi-ethnic	6	6	2	2	0	0	0	0
Undetermined	0	0	1	0	0	0	0	0
TOTAL	196	305	134	191	0	1	3	1

Attachment C; Belfast

Eastern Maine AIDS Network Annual Report For the period: 3/7/2019 to 11/1/2019

Operator: Eastern Maine AIDS Network

Location of Sites:

370 Harlow Street, Bangor Maine (Est. 2002)
147 Waldo Ave, Belfast Maine

Indicator	Quantity
Total Enrolled	23
New Enrollees	23
Syringes Collected	2968
Syringes Distributed	2565
Total Exchanges	61
Off Site Exchanges	0
Referrals Made	0
Starter Kits Given	12

Referrals made to:

EMAN HIV testing	0
Hepatitis Testing	0
STD Clinic	0
Acadia	0
Discovery House	0
Metro Treatment Center	0
Summer Street Clinic	0
Penquis CAP	0
CHCS	0
Food Pantry	0
Homeless Shelter	0
Wellspring	0
Other	0

Enrollee Demographics	Males 18-29	Males 30+	Females 18-29	Females 30+
Caucasian	1	9	5	5
Native American	0	0	0	0
Hispanic/Latino	0	0	0	1
African American	0	0	0	0
Asian/Asian American	0	0	0	0
Multi-ethnic	0	0	0	1
Undetermined	0	1	0	0
TOTAL	1	10	5	7

**Attachment D; Ellsworth
Eastern Maine AIDS Network**

Annual Report

For the period: 10/31/2018 to 11/1/2019

Operator: Eastern Maine AIDS Network

Location of Sites:

5 Long Lane, Ellsworth, ME (Est. 2000)
304 Hancock Street, Suite 3B, Bangor, ME (Est. 2002)
7 VIP Dr., Machias, ME (Est. 2014)

Indicator	Quantity
Total Enrolled	295
New Enrollees	51
Syringes Collected	195652
Syringes Distributed	184618
Total Exchanges	3239
Off Site Exchanges	0
Referrals Made	10
Starter Kits Given	324

Referrals made to:

EMAN HIV testing	2
Hepatitis Testing	2
STD Tests	0
MAT	0
Recovery	0
Mental Health	0
CHCS	0
Food	0
Housing	0
Insurance	0
Other	0

Enrollee Demographics	Males 18-29	Males 20+	Females 18-29	Females 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Caucasian	50	81	37	36	0	0	0	0
Native American	1	2	0	1	0	0	0	0
Hispanic/Latino	1	1	0	0	0	0	0	0
African American	0	1	0	0	0	0	0	0
Asian/Asian American	0	0	0	0	0	0	0	0
Multi-ethnic	0	0	0	0	0	0	0	0
Undetermined	1	0	0	0	0	0	0	0
TOTAL	53	85	37	37	0	0	0	0

Attachment E; Machias

Eastern Maine AIDS Network

Annual Report

For the period: 10/31/2018 to 11/1/2019

Operator: Eastern Maine AIDS Network
Location: 7 VIP Rd, Machias, Maine (est. 2014)

Indicator	Quantity	Referrals made to:	
Total Enrolled	47	HIV testing	2
New Enrollees	25	Hepatitis testing	1
Syringes Collected	12,617	STD clinic	0
Syringes Distributed	15,790	Mental Health Services	0
Total Exchanges	100	Recovery Centers	1
Off Site Exchanges	2	Food Pantry	4
Referrals Made	29	Other	21
Starter Kits given	26		

Enrollee Demographics

	Males 18-29	Males 30+	Females 18-29	Females 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+
Caucasian	5	16	5	7	0	0	0	0
Native American	0	0	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0	0	0	0
African American	0	0	0	0	0	0	0	0
Asian/Asian American	0	0	0	0	0	0	0	0
Multi-Ethnic	0	0	0	0	0	0	0	0
Undetermined	1	3	0	5	0	0	0	0
Total	6	19	5	12	0	0	0	0

Attachment F; Augusta

Annual Hypodermic Apparatus Exchange Report 11/1/2018 to 10/31/2019

Next Step Needle Exchange

Operator: MaineGeneral Community Care
Harm Reduction Program

Location of Sites 9 Green Street, 2nd Floor, Augusta
December 2004

Indicator	Quantity
Total enrolled	818
New enrollees, total	47
Number of HIV Tests conducted with new enrollees	4
Total number of HIV Tests conducted with all exchange consumers	24
Number of syringes collected , total	125,761
Number of syringes disposed , total	125,761
Syringes distributed, total	121,572
Number of initial exchange kits (Up to but not more than 10 clean syringes) distributed	43
Total number of clients who receive an “initial exchange kits.	43
Number of syringes distributed without exchange at enrollment	430
Total exchanges	589
Number of off-site exchanges	0
Total referrals made	39

List Number of referrals made to: Primary Care - 5
 STD clinic - 0
 HIV testing - 1
 Hepatitis Testing - 17
 Substance Use Treatment - 6
 Other (Housing, etc.) – 22

Narcan Distribution: The Next Step Needle Exchange locations are now distributing Narcan Kits. The Augusta location distributed 14 Narcan kits.

Enrollee Demographics:

Clients served w/ CDC Funds	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgen. M-F 18-29	Transgen. M-F 30+	Transgen. F-M 18-29	Transgen. F-M 30+
Hisp/Latino	2	9	2	6	0	0	0	0
Non-Hisp/Lat	43	428	59	269	0	0	0	1
TOTALS	45	437	61	275	0	0	0	1
AI/AN	1	21	1	16	0	0	0	0
Asian	0	2	0	5	0	0	0	0
Blk/Af. Am	1	2	0	1	0	0	0	0
H/P.I.	0	0	0	0	0	0	0	0
White	43	410	60	253	0	0	0	1
Other races	0	2	0	0	0	0	0	0
TOTALS	45	437	61	275	0	0	0	1

Attachment G; Waterville

Annual Hypodermic Apparatus Exchange Report 11/1/2018 to 10/31/2019

Next Step Needle Exchange

Operator: MaineGeneral Community Care
Harm Reduction Program

Location of Sites Thayer Center for Health
149 North Street, Terrace Level, Waterville
March 2018

Indicator	Quantity
Total enrolled	19
New enrollees, total	6
Number of HIV Tests conducted with new enrollees	1
Total number of HIV Tests conducted with all exchange consumers	4
Number of syringes collected , total	14,778
Number of syringes disposed , total	14,778
Syringes distributed, total	12,938
Number of initial exchange kits (Up to but not more than 10 clean syringes) distributed	6
Total number of clients who receive an “initial exchange kits.	6
Number of syringes distributed without exchange at enrollment	60
Total exchanges	104
Number of off-site exchanges	0
Total referrals made	3

List Number of referrals made to: Primary Care - 0
 STD clinic - 0
 HIV testing - 0
 Hepatitis Testing - 7
 Substance Use Treatment - 1
 Other (housing, etc.) - 2

Testing: MaineGeneral continues to provide testing services at Discovery House. Due to program staff shortages during the reporting timeframe, there were 5 HCV test and 2 HIV tests completed at the Discovery House. Of the 5 HCV tests, 2 were positive and referred for confirmation testing and primary care.

Narcan Distribution: The Next Step Needle Exchange locations are now distributing Narcan Kits. The Waterville location distributed 2 Narcan.

Enrollee Demographics:

Clients served w/ CDC Funds	Male 18-29	Male 30+	Female 18-29	Female 30+	Transgen. M-F 18-29	Transgen. M-F 30+	Transgen. F-M 18-29	Transgen. F-M 30+
Hisp/Latino	0	1	0	0	0	0	0	0
Non-Hisp/Lat	0	10	1	7	0	0	0	0
TOTALS	0	11	1	7	0	0	0	0
AI/AN	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Blk/Af. Am	0	0	0	0	0	0	0	0
H/P.I.	0	0	0	0	0	0	0	0
White	0	11	1	7	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTALS	0	11	1	7	0	0	0	0

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