

First Federal Support for Community Based Syringe Exchange Programs: A Panel Presentation by SAMHSA Grantees



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Department of Health and Human Services (HHS) Implementation Guidance for Syringe Services Programs (SSP)

December 2009, the President signed the Consolidated Appropriations Act, 2010, which modified the ban on use of Federal funds for needle exchange programs (also known as syringe exchange programs [SEP]) for many HHS programs.

Syringe Services Programs (SSP) are an adaptation of standard SEPs, inclusive of syringe access, disposal, and needle exchange programs, as well as referral and linkage to HIV prevention services, substance abuse treatment, and medical and mental health care.

Guiding Principles for Using HHS Funding for SSP

Programs that use Federal funding for SSP must adhere to state and local laws, regulations, and requirements related to such programs or services.

Grantees annually certify that they will comply with language included in the Consolidated Appropriations Act, 2010, which states, "None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood-borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution."

Redirected funds for SSP should ensure that referral and linkage to HIV or substance abuse prevention and treatment are maintained and that no funds are being redirected from substance abuse treatment programs to support SSP.

SSP are subject to the terms and conditions incorporated or referenced in the grantee's current cooperative agreement or grants.

SAMHSA/TCE HIV Grantees that participated in the SSP initiative were funded in FY 2006, 2007 and 2008.

Only FY 2010 and 2011 funds were used to support SSP. Grantees were not permitted to utilize 2012 funds to support these programs.

To comply with state and local laws, regulations and requirements, as well as meet the needs of their clients, each of the SAMHSA/TCE Grantees developed their own unique SSP. These programs included:

- Incorporation of SSP into existing needle exchange programs
- The use of mobile units
- Partnerships with community Methadone and other substance abuse treatment and medical care providers
- Collaborations with universities
- The refitting of a vending machine so that it could dispense clean syringes
- A partnership with a major pharmacy chain to establish a syringe voucher program

Funding

- Personnel
- SSP equipment
- Syringe disposal services
- Educational materials, including information about HIV prevention and care services, mental health and substance abuse treatment
- Communication and marketing activities
- Evaluation activities

Current Data and Preliminary Findings

As of September 30, 2011, 363 clients enrolled (baseline GPRA)

Cost range per site - \$300 to \$2,500 per month (estimated)

"SSPs attract persons with greater individual and social deficits than other drug users, thus analyses of SSPs that compare the two groups are limited by a 'selection bias' that may mask positive effects of participation in SSP!"

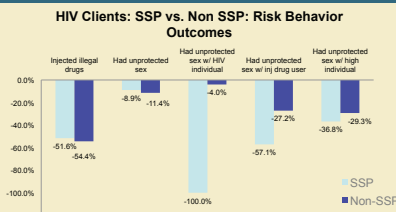
*Gibson DR, Flynn NM, Perales D. Effectiveness of syringe exchange programs in reducing HIV risk behavior and HIV seroconversion among injecting drug users. AIDS. 2001;15(11):1329-1341.

SSP Clients: Outcomes



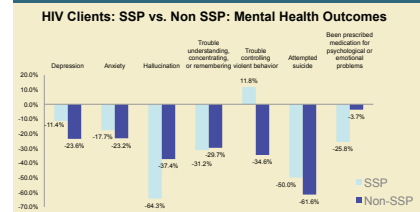
- Clients reporting no arrests increased 2.5%
- Clients reporting being employed increased 44.8%
- Clients reporting being socially connected did not change
- Clients reporting being housed increased 0.8%

SSP Vs. Non SSP: Risk Behavior Outcomes



- 100% of the SSP clients reported no unprotected sex with an HIV+ individual
- 57% of the SSP clients reported a decrease in unprotected sex with an injecting drug user which is nearly 25% more than non-SSP clients.
- 36% of SSP clients reported a decrease in unprotected sex with an individual who was high.

SSP Vs. Non SSP: Mental Health Outcomes



- SSP clients were less likely to report symptoms of hallucinations, less likely to attempt suicide and more likely to control violent behavior than non-SSP clients.
- SSP clients were 25% more likely to have been successfully referred to mental health treatment and prescribed medications when connected to an SSP.

Challenges

- Resistance from law enforcement and local officials
- Lack of treatment options
- Resistance from community (NIMBY)
- Funding
- Follow-up

Benefits of SSP

- Credibility
- Community of grantees
- Support
- Collect & compare federal evaluation data
- Future federal funding
- Visibility and promotion

NOTE ON DATA USAGE: The above unpublished data cannot be used for any purpose without written SAMHSA consent.