

Syringe Service Programs in Maine Annual Report

2020

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

Submitted by:
Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services
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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, 2019, through October 31, 2020.

Report Author

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A Brief Overview of Syringe Service Programs in Maine

Maine has eleven certified Syringe Service Programs (SSP) operating in the communities of Portland, Augusta, Waterville, Bangor, Belfast, Ellsworth, Sanford, Calais, Lewiston, and Machias. Under the Governor's Executive Order 27 issued during this reporting period, sites had the option of mailing supplies and educational materials in accordance with Covid-19 social distancing practices. The location in Portland is Maine's first, opening in 1998. Calais is the newest location, opening in June 2020. These eleven locations are operated by five organizations; City of Portland, MaineGeneral Medical Center, Maine Access Points, TriCounty Mental Health Services, 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 2020, Maine's SSPs:

- Collected 1,310,524 used syringes
- Distributed 1,666,280 new syringes
- Had 5,730 enrolled participants
- Enrolled 707 new participants
- Made 2,607 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, and mental health services.
- Conducted 178 HIV tests
- Conducted 64 Hepatitis C tests
- Distributed naloxone to 1,973 individuals

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, 2019 to October 31, 2020.

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.

In 2019, Maine CDC released the "Vulnerability Assessment for Opioid Overdoses and Bloodborne Infections Associated with Non-Sterile Injection Drug Use in Maine."¹ 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.

In response to the vulnerability assessment, Governor Janet Mills announced additional funding, through the Fund for Healthy Maine, for the two-year budget cycle making available approximately \$2 million for both existing, certified SSPs and newly certified SSPs. This initiative allowed for the expansion of certified SSPs sites from seven, in 2019, to eleven in 2020, across five agencies.

During this reporting period, State of Maine general funds were used to support activities at the SSPs through LD 1707 and the Fund for Healthy Maine. 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, 2016.² 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.

On March 15th, Governor Janet Mills proclaimed a state of emergency for the state of Maine to respond and reduce the transmission of SARS-nCoV-2 (COVID-19). The pandemic dramatically changed how SSPs

¹ 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>

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>

operated due to lockdown measures, social distancing, and COVID-19 safety precautions. In response to the pandemic's effect on people who inject drugs, effective March 30th, Governor Janet Mills issued Executive Order 27 (EO27) ("An Order Regarding State Certified Hypodermic Apparatus Exchange Programs"), which reduced barriers to clients of SSPs to continue operation in ways that reduce the spread of COVID-19 in keeping with US CDC's interim guidance for syringe services programs.³

Under EO27, syringe service programs were allowed to suspend the one-to-one needle exchange limit, resulting in a needs-based exchange; SSPs could expand their operation outside of their approved physical location so long as it is within the same municipality and Maine CDC was notified; hours of operation could be expanded or contracted with Maine CDC notification; and SSPs could mail supplies (including biohazard waste containers) to the extent permitted by federal law.

In January 2021, Maine released the "Maine Opioid Response: 2021 Strategic Action Plan"⁴ to address the epidemic of substance use disorder (SUD), particularly opioid use disorder (OUD) and its impact in the state. One of the strategies provided, Strategy 17, aims to "increase awareness, understanding, and utilization of harm reduction strategies and resources." Under Strategy 17, Maine aims to continue to fund and expand sterile syringe access in 2021 and to prioritize the evaluation of safe supply programs and implementation effective harm reduction programs in the future.

Five state-certified SSPs operated 11 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, Belfast, and Calais.
- MaineGeneral Medical Center/Health Reach Harm Reduction operates sites in Augusta and Waterville.
- Maine Access Points operates two mobile sites in Sanford and Calais. Under EO27, Maine Access Points also operates a mailing syringe service program.
- Tri-County Mental Health Services operates a site in Lewiston.

For agency-specific information and data, please see Attachments A through K.

SSPs reduce the risk of bloodborne infection, like hepatitis B, hepatitis C and HIV, and prevent outbreaks.⁵ SSPs have been shown to reduce new hepatitis C and HIV cases by an estimated 50%.⁶ 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) for opioid use disorder.⁷ When a person who participates in an SSP is enrolled in MAT for opioid dependency, the transmission of

³ Centers for Disease Control and Prevention. Interim Guidance for Syringe Services Programs, <https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html>

⁴ State of Maine. Governor's Office of Policy Innovation and the Future. Maine Opioid Response: 2021 Strategic Action Plan. <https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Strategic%20Action%20Plan%202021.Full%20Plan.1.31.21%20FINAL.pdf>

⁵ Centers for Disease Control and Prevention. Syringe Service Programs Fact Sheet, <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

⁶ 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.

⁷ 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.

bloodborne pathogens is reduced by two-thirds.^{8,9} 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.¹⁰ SSPs help to prevent overdose deaths by providing naloxone to members, and teaching enrollees how to recognize an overdose and administer that naloxone.^{11,12,13,14,15,16} SSPs reduce the number of discarded used syringes in communities.¹⁷

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 2019, acute hepatitis B rates increased 438% and acute hepatitis C rates increased 633%. These figures reflect new, acute cases, which serve as an indicator of the rising burden of these illnesses.

In 2018, the last year federal data are available, Maine had the 3rd highest acute hepatitis B rate, the 13th highest acute hepatitis C rate, and the 13th 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.¹⁸ In Maine, as is nationwide¹⁹, 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.

⁸ 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.

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² 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.

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ 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.

¹⁷ 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.

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>

Viral hepatitis is a leading cause of liver cancer and the most common reason for liver transplantation among adults in the United States.²⁰ People chronically infected with hepatitis B are 100 times more likely to develop liver cancer than uninfected people.²¹ People with hepatitis C are more than twice as likely to die from heart disease than people without hepatitis C.²²

All certified SSPs are required to submit their data annually to the Maine CDC. In 2020, 5,730 individuals were enrolled in SSPs. This is a 2.4% increase from 2019. DHHS regulation requires a one-to-one exchange except in the initial enrollment exchange when ten unused syringes can be distributed for future exchanges; however, under EO27, effective March 15th, 2020, SSPs were able to suspend the one-to-one limit during the State of Civil Emergency. The certified SSPs collected a total of 1,310,524 used syringes from the 5,730 enrolled individuals, which is an average of 229 syringes exchanged per person. The 1,310,524 used syringes were collected during 16,634 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 79 syringes exchanged per visit. The 5,730 enrolled individuals visited certified SSPs 16,634 times in 2020, which is an average of 2.9 visits per person. This is down slightly as compared to 2019, when the average number of visits per person was 3.2.

There were 69 referrals for HIV testing and 64 referrals for Hepatitis C testing offered. SSP staff made a total of 81 referrals to primary care providers, substance use treatment programs, and housing assistance programs. There were 90 referrals to peer support or recovery coaches. There were 42 referrals made to food assistance programs and food pantries. Additionally, there were 22 referrals to overdose aftercare for those clients who experienced a nonfatal drug overdose.

Much of the data submitted in 2020 is greatly affected by the pandemic and expansion of 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. However, 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. 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. 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.

²⁰ Centers for Disease Control and Prevention, <https://www.cdc.gov/hepatitis>

²¹ Centers for Disease Control and Prevention, <https://www.cdc.gov/hepatitis>

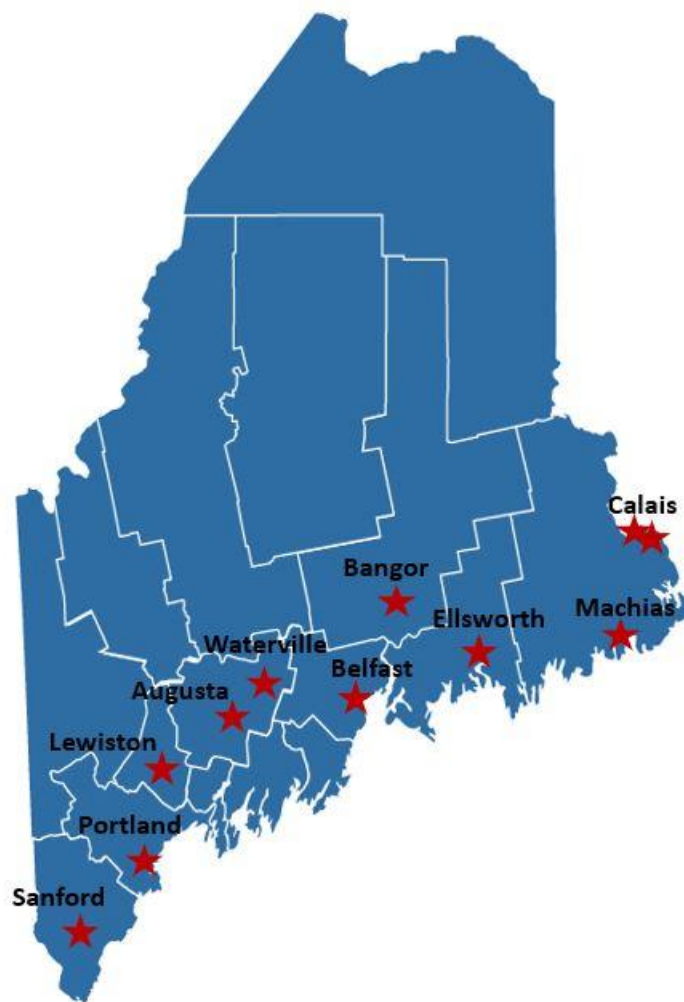
²² Ibid.

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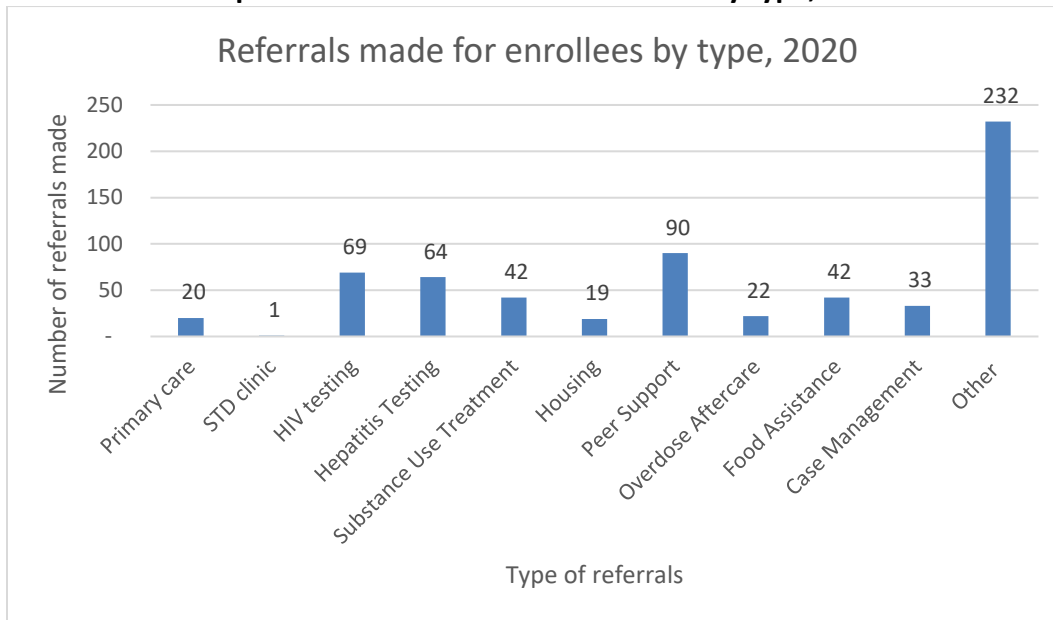
Five state-certified Syringe Service Programs operated 11 physical location sites in Maine during this reporting period.

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 Equity Alliance	Calais	February 2020
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
TriCounty Mental Health Services	Lewiston	March 2020

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



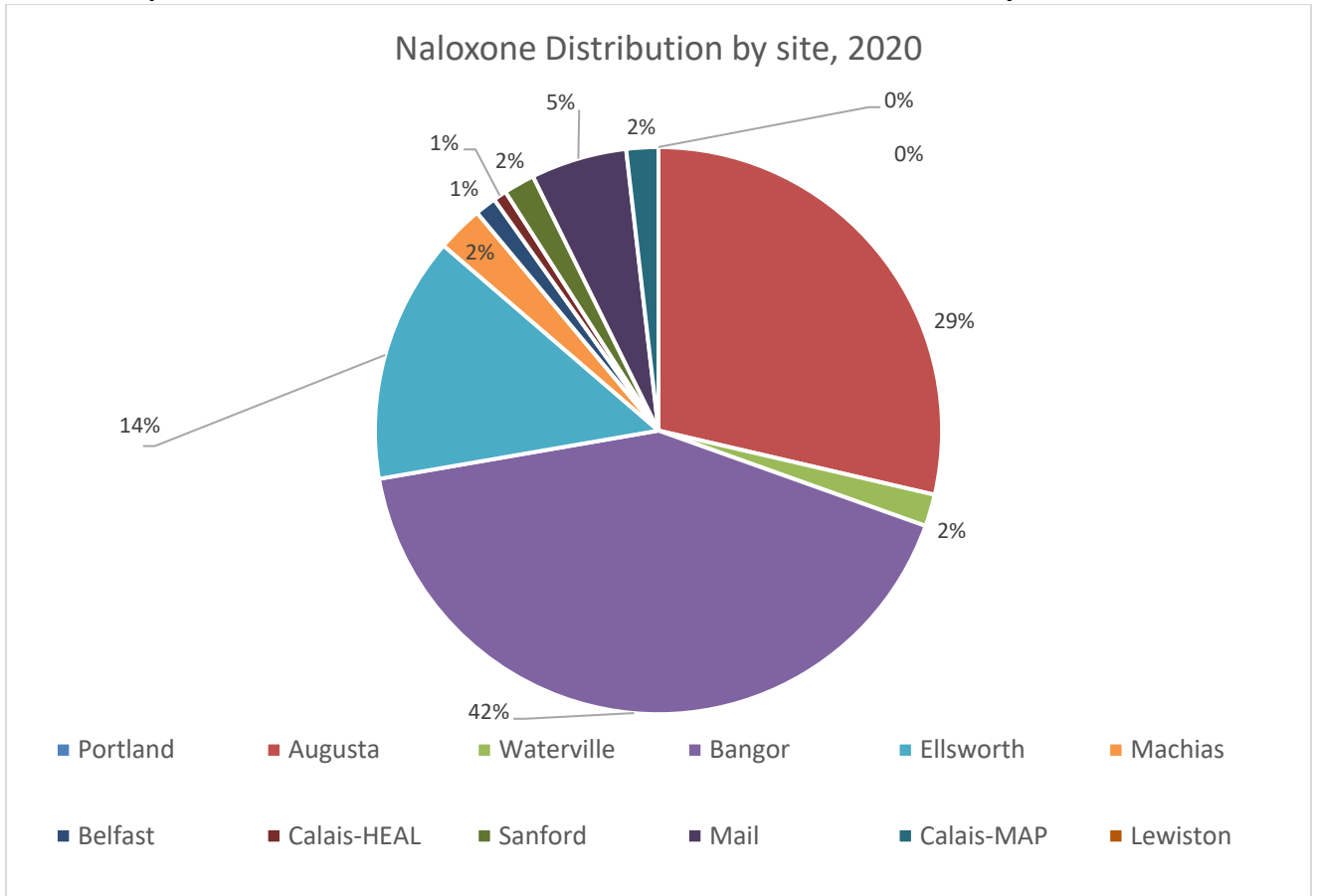
Graph 1.1 Referrals made for enrollees by type, 2020



From 11/01/19 to 10/31/2020, Syringe Service Program enrollees received 20 referrals for primary care, 1 referral for STD clinic services, 69 referrals for HIV testing, 64 referrals for hepatitis testing, 42 referrals for substance use disorder treatment, 19 referrals for housing, 90 referrals for peer support/recovery coaching, 22 for overdose aftercare, 42 for food assistance, 33 for case management, and 232 other referrals. Other referrals includes: wound care, legal assistance, clothing assistance, and mental health services. As noted previously, Covid-19 had a significant impact on services, including referrals, in 2020.

Note: missing data on referrals from some SSPs for reporting period.

Graph 2.1 Referrals made for Naloxone Distribution and Education by site, 2020



From 11/01/20 to 10/31/2021, Syringe Service Program sites distributed 1,973 naloxone kits to enrollees.

Table 1.1 - 2020 Enrollee Demographics by Ethnicity

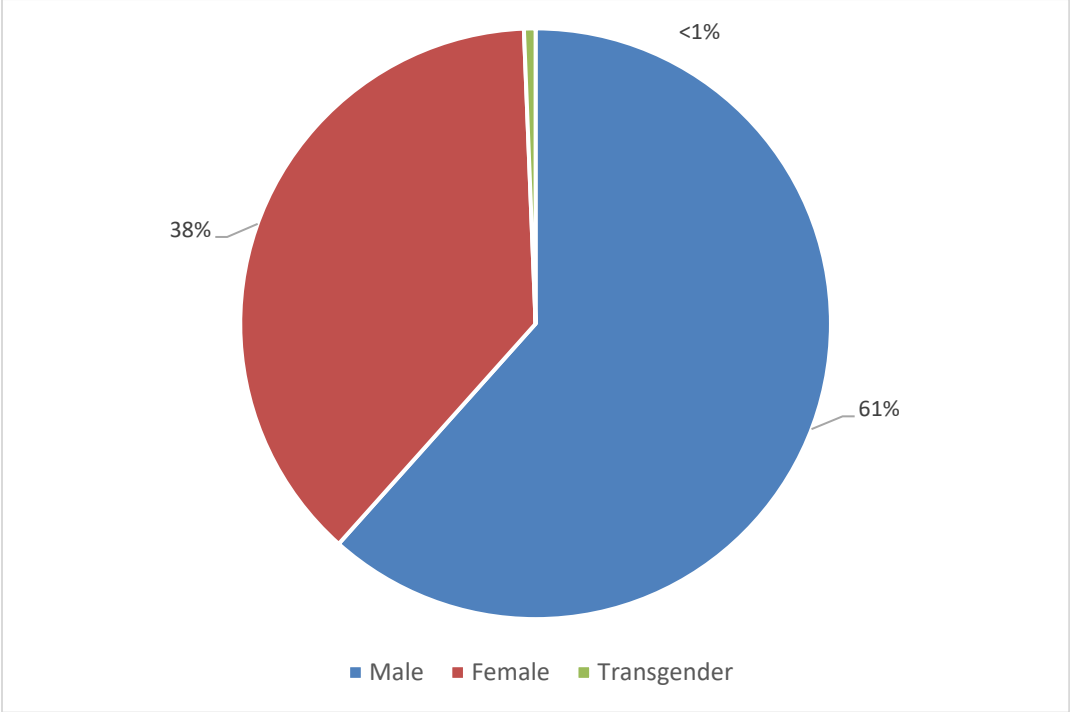
Ethnicity	Male 18-29	Male 30+	Female 18-29	Female 30+	Trans M-F 18-29	Trans M-F 30+	Trans F-M 18-29	Trans F-M 30+	Total
Hispanic/Latino	23	31	8	17	0	0	0	0	79
Non-Hispanic/Latino	1130	2340	821	1315	5	16	3	13	5,643
Total	1153	2371	829	1332	5	16	3	13	5,643

Table 1.2 - 2020 Enrollee Demographics by Race

Ethnicity	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+	Total
American Indian/Alaskan Native	14	47	17	43	0	0	0	0	121
Asian	6	4	2	7	0	0	0	0	19
Black/African American	17	52	14	17	0	0	0	0	100
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0
White	1085	2208	775	1233	5	16	3	12	5,337
Other Races	30	41	16	23	0	0	0	0	110
Total	1152	2352	824	1323	5	16	3	12	5,687

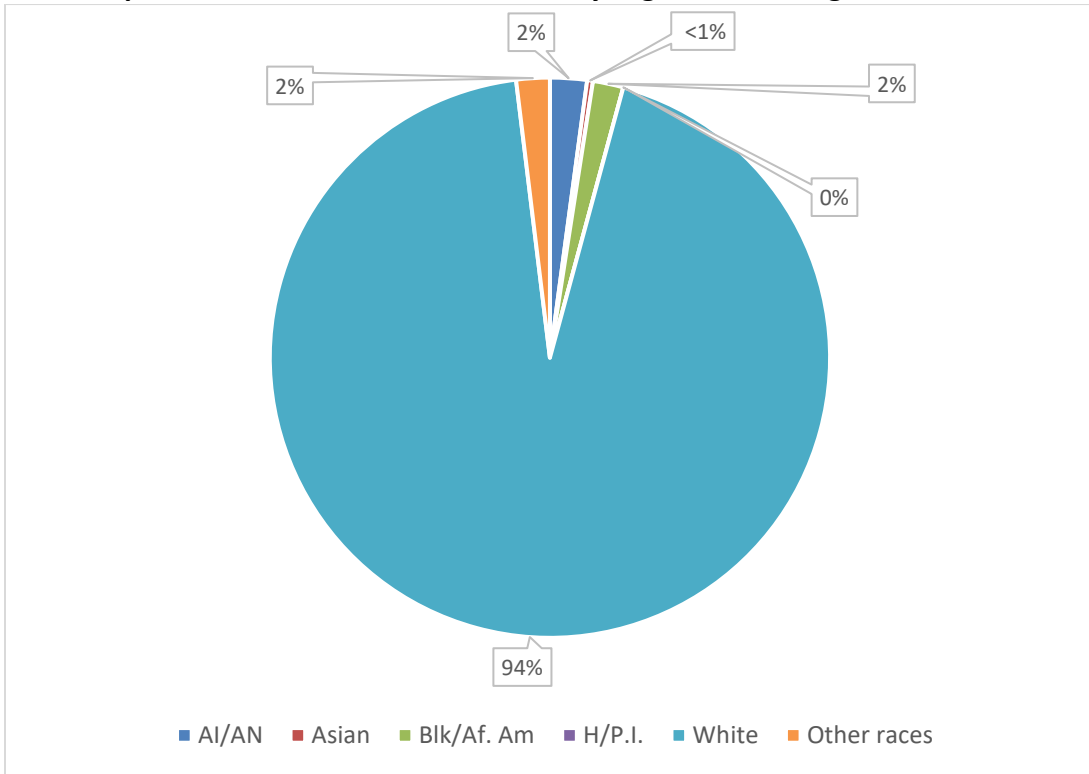
Note: enrollees can decline to provide demographics

Graph 3.1 - Gender Distribution of 2020 Syringe Service Programs Enrollees



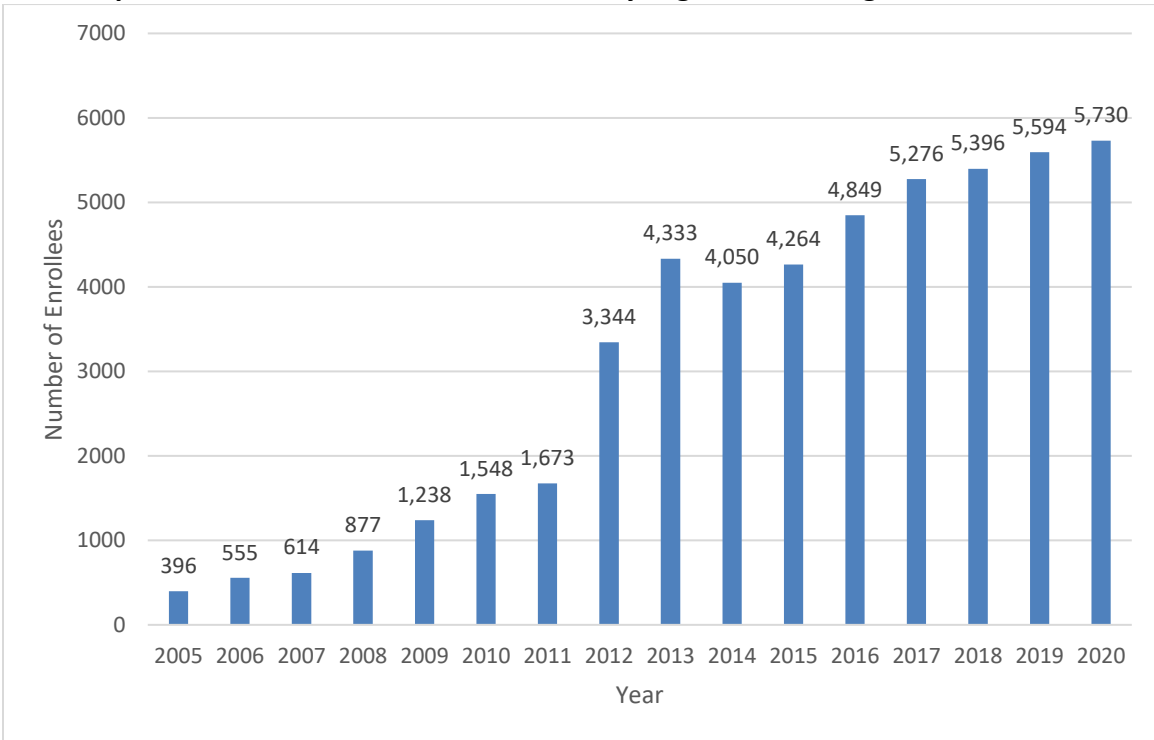
From 11/01/19 to 10/31/2020, 61% of Syringe Service Program enrollees were male, 38% of enrollees were female, and less than 1% were transgender.

Graph 4.1 - Race Distribution of 2020 Syringe Service Program Enrollees



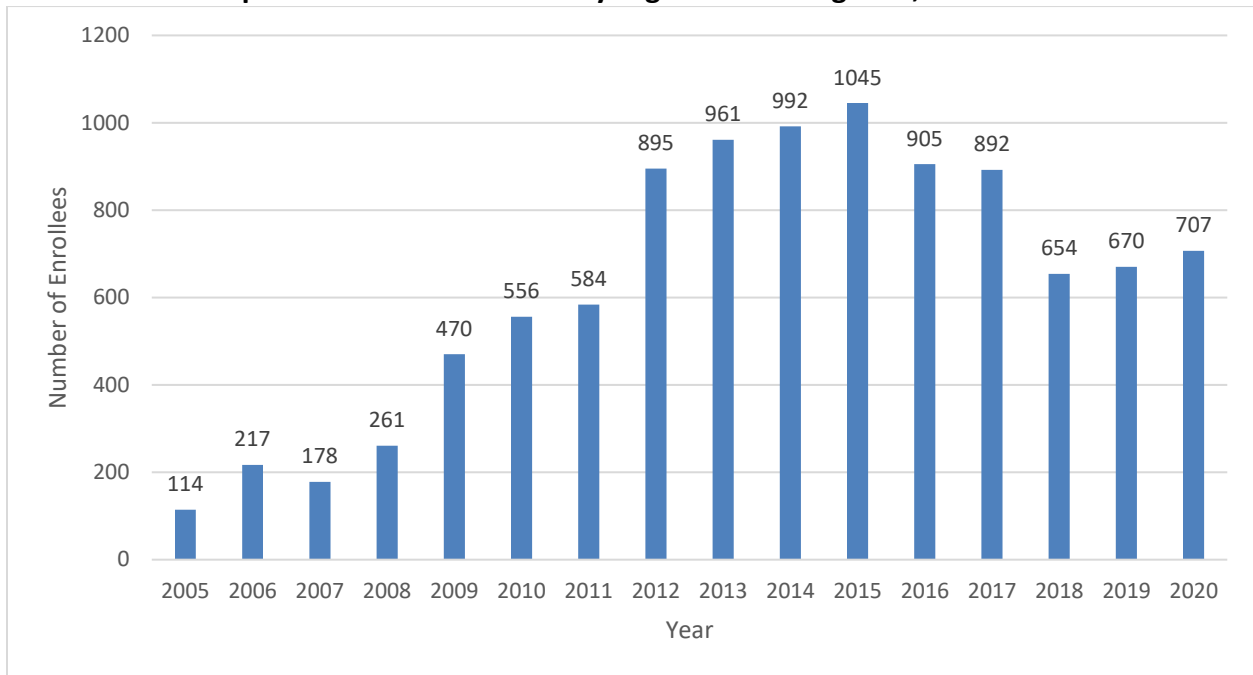
From 11/01/19 to 10/31/2020, the race distribution for syringe service program enrollees was 94% white, 2% were American Indian or Alaskan Native, 2% were Black or African American, less than 1% were Asian, 0% were Hawaiian or Pacific Islander, and 2% identified as another race not listed.

Graph 5.1 - Total Number of Enrollees in Syringe Service Programs, 2005-2020



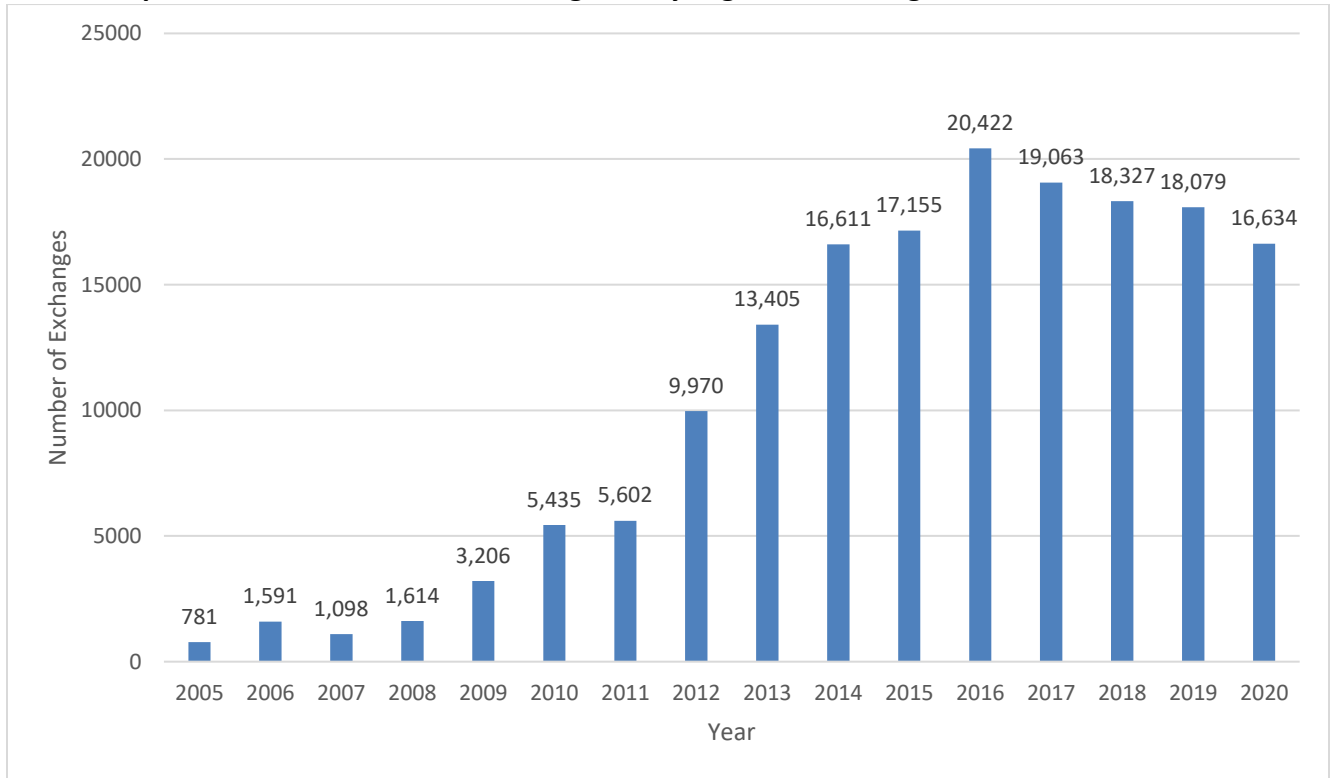
Graph 5.1 highlights the total number of enrollees in Syringe Service Programs since 2005. Trends indicate a steady increase of participants in SSPs with 5,730 enrollees in 2020.

Graph 6.1 - New Enrollees in Syringe Service Programs, 2005-2020



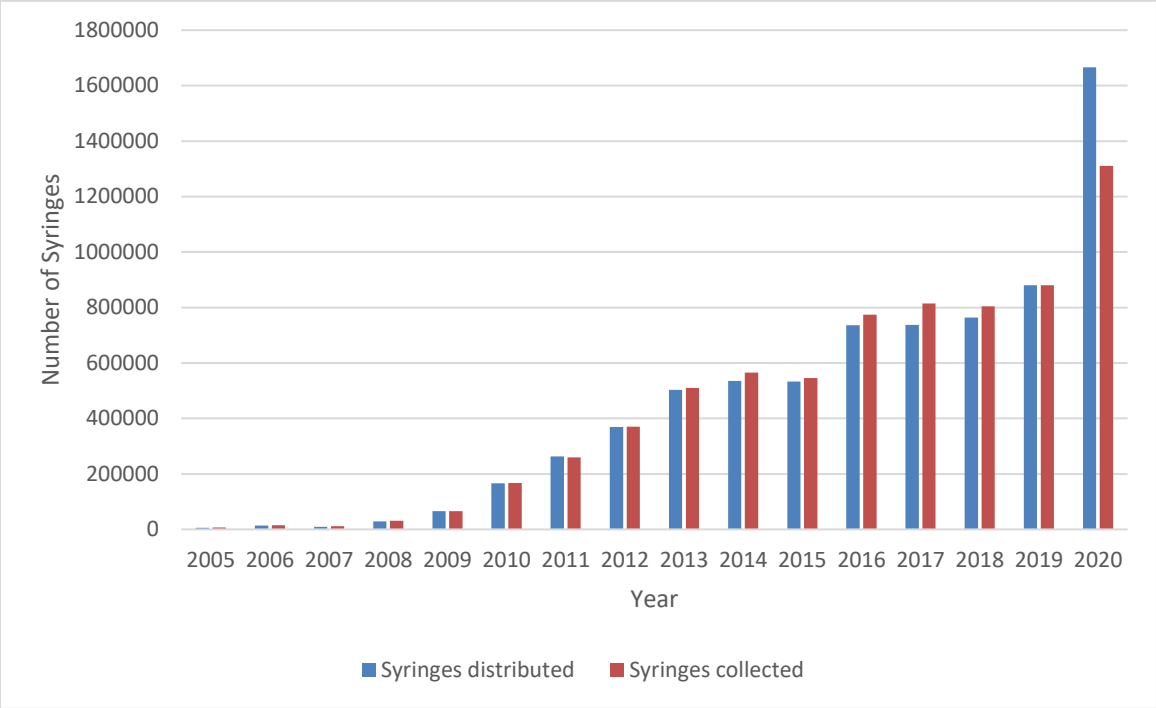
Graph 6.1 shows the total *new* enrollees in Syringe Service Programs since 2005. There was a continual increase in new enrollees from 2005 to 2015, followed by three years of decrease in new enrollees in 2016 to 2018. Since 2018, there has been a slight increase in new enrollees.

Graph 7.1 - Total Number of Exchanges at Syringe Service Programs in 2005-2020



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 2005. Exchange events have increased from 2005 to 2016, followed by a decrease in events from 2017 to 2020.

Graph 8.1 - Total Number of Syringes Distributed and Collected at Syringe Service Programs, 2005-2020.



Graph 10.1 highlights the increase in both the number of syringes distributed and collected since 2005. In 2020, there were 1,310,524 syringes collected and 1,666,280 syringees distributed.

Attachments

**Attachment A; Portland
Annual Report 11/1/2019 to 10/31/2020
City of Portland
Needle Exchange Program**

Operator: City of Portland

Location of Sites: 1) India Street Health Center, 103 India Street, Portland, Maine; 2) Outreach at Portland and Oxford Streets, Portland, Maine. Established 1998

Indicator	Quantity
Total enrolled	3388
New enrollees, total	71
Number of HIV Tests conducted with new enrollees	NR
Total number of HIV Tests conducted with exchange consumers	93
Number of syringes collected, total	225980
Number of syringes disposed, total	225980
Number of syringes distributed without exchange at enrollment	4345
Syringes distributed, total	370740
Number of initial exchange kits distributed	61
Total exchanges	6982
Number of off-site exchanges	4405
Total referrals made	NR
Total number of clients who receive a "starter kit"	61

*NR=No data reported

***Note: Data not provided as of date this report was produced.**

List Number of referrals made to: Primary Care- none reported
 STD clinic- none reported
 HIV testing- none reported
 Hepatitis Testing- none reported
 Substance Abuse Treatment- none reported
 Housing- none reported

List other referrals, as necessary: none reported

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	19	17	5	9	0	0	0	0
Non-Hisp/Lat	808	1318	571	629	3	8	1	0
TOTALS	827	1335	576	638	3	8	1	0
AI/AN	3	8	5	17	0	0	0	0
Asian	2	1	2	2	0	0	0	0
Blk/Af. Am	15	43	14	16	0	0	0	0
H/P.I.	0	0	0	0	0	0	0	0
White	788	1249	542	588	3	8	1	0
Other races	18	15	8	6	0	0	0	0
TOTALS	827	1335	576	638	3	8	1	0

Attachment B; Bangor

Annual Report 11/1/2019 to 10/31/2020
Down East AIDS Network (dba Health Equity Alliance)

Operator: Down East AIDS Network
Location of Sites 304 Hancock St., Bangor, ME, 04401
 Est. Date - 2002

Indicator	Quantity
Total enrolled	825
New enrollees, total	245
Number of HIV Tests conducted with new enrollees	5
Total number of HIV Tests conducted with exchange consumers	23
Number of syringes collected, total	452513
Number of syringes disposed, total	452513
Number of syringes distributed without exchange at enrollment	1640
Syringes distributed, total	591981
Number of initial exchange kits distributed	164
Total exchanges	5086
Number of off-site exchanges	2
Total referrals made	825
Total number of clients who receive a "starter kit"	164

List Number of referrals made to: Primary Care- none reported
 STD clinic- none reported
 HIV testing- 23
 Hepatitis Testing- 23
 Substance Abuse Treatment- none reported
 Housing- none reported

List other referrals, as necessary: Case Management – 33
 Naloxone – 825
 Food Pantry - 33

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	2	3	1	2	0	0	0	0
Non-Hisp/Lat	172	293	125	206	2	7	2	10
TOTALS	174	296	126	208	2	7	2	10
AI/AN	9	15	10	6	0	0	0	0
Asian	2	0	0	0	0	0	0	0
Blk/Af. Am	0	4	0	0	0	0	0	0
H/P.I.	0	0	0	0	0	0	0	0
White	154	262	110	192	2	7	2	10
Other races	9	15	6	10	0	0	0	0
TOTALS	174	296	126	208	2	7	2	10

Attachment C; Belfast
Annual Report 11/1/2019 to 10/31/2020
Down East AIDS Network (dba Health Equity Alliance)

Operator: Down East AIDS Network
Location of Sites 147 Waldo Ave, Belfast, ME
 Est. Date - 2019

Indicator	Quantity
Total enrolled	24
New enrollees, total	10
Number of HIV Tests conducted with new enrollees	1
Total number of HIV Tests conducted with exchange consumers	3
Number of syringes collected, total	10254
Number of syringes disposed, total	10254
Number of syringes distributed without exchange at enrollment	100
Syringes distributed, total	1011
Number of initial exchange kits distributed	10
Total exchanges	151
Number of off-site exchanges	1
Total referrals made	30
Total number of clients who receive a "starter kit"	10

List Number of referrals made to: Primary Care- none reported
 STD clinic- none reported
 HIV testing- 3
 Hepatitis Testing- 3
 Substance Abuse Treatment- none reported
 Housing- none reported

List other referrals, as necessary: Naloxone - 24

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	0	0	0	0	0	0	0	0
Non-Hisp/Lat	2	10	4	7	0	0	0	0
TOTALS	2	10	4	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	2	10	4	5	0	0	0	0
Other races	0	0	0	2	0	0	0	0
TOTALS	2	10	4	7	0	0	0	0

Attachment D; Ellsworth
Annual Report 11/1/2019 to 10/31/2020
Down East AIDS Network (dba Health Equity Alliance)

Operator: Down East AIDS Network
Location of Sites 5 Long Ln., Ellsworth, ME 04605
 Est. Date - 2000

Indicator	Quantity
Total enrolled	277
New enrollees, total	40
Number of HIV Tests conducted with new enrollees	5
Total number of HIV Tests conducted with exchange consumers	26
Number of syringes collected, total	181038
Number of syringes disposed, total	181038
Number of syringes distributed without exchange at enrollment	400
Syringes distributed, total	166521
Number of initial exchange kits distributed	40
Total exchanges	2479
Number of off-site exchanges	0
Total referrals made	329
Total number of clients who receive a "starter kit"	40

List Number of referrals made to: Primary Care- none reported
 STD clinic- none reported
 HIV testing- 26
 Hepatitis Testing- 26
 Substance Abuse Treatment- none reported
 Housing- none reported

List other referrals, as necessary: Naloxone - 277

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	0	1	0	0	0	0	0	0
Non-Hisp/Lat	46	130	25	72	0	1	0	2
TOTALS	46	131	25	72	0	1	0	2
AI/AN	0	2	0	1	0	0	0	0
Asian	0	1	0	0	0	0	0	0
Blk/Af. Am	0	1	0	0	0	0	0	0
H/P.I.	0	0	0	0	0	0	0	0
White	44	120	24	67	0	1	0	2
Other races	2	7	1	4	0	0	0	0
TOTALS	46	131	25	72	0	1	0	2

Attachment E; Machias
Annual Report 11/1/2019 to 10/31/2020
Down East AIDS Network (dba Health Equity Alliance)

Operator: Down East AIDS Network
Location of Sites 7 VIP Dr., Machias, ME
 Est. Date - 2014

Indicator	Quantity
Total enrolled	52
New enrollees, total	18
Number of HIV Tests conducted with new enrollees	2
Total number of HIV Tests conducted with exchange consumers	5
Number of syringes collected, total	15025
Number of syringes disposed, total	15025
Number of syringes distributed without exchange at enrollment	180
Syringes distributed, total	18660
Number of initial exchange kits distributed	18
Total exchanges	193
Number of off-site exchanges	0
Total referrals made	62
Total number of clients who receive a "starter kit"	18

List Number of referrals made to: Primary Care- none reported
 STD clinic- none reported
 HIV testing- 5
 Hepatitis Testing- 5
 Substance Abuse Treatment- none reported
 Housing- none reported

List other referrals, as necessary: Naloxone - 52

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	0	0	0	0	0	0	0	0
Non-Hisp/Lat	8	21	6	16	0	0	0	0
TOTALS	8	21	6	16	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	7	19	5	15	0	0	0	0
Other races	1	2	1	1	0	0	0	0
TOTALS	8	21	6	16	0	0	0	0

**Attachment F; Calais-HEAL
Annual Report 11/1/2019 to 10/31/2020
Down East AIDS Network (dba Health Equity Alliance)**

Operator: Down East AIDS Network
Location of Sites 10 Barker St., Calais, ME
 Est. Date - 2020

Indicator	Quantity
Total enrolled	15
New enrollees, total	15
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	3298
Number of syringes disposed, total	6305
Number of syringes distributed without exchange at enrollment	150
Syringes distributed, total	4096
Number of initial exchange kits distributed	15
Total exchanges	42
Number of off-site exchanges	0
Total referrals made	30
Total number of clients who receive a "starter kit"	15

***Note: Data not provided as of date this report was produced.**

List Number of referrals made to: Primary Care- none reported
 STD clinic- none reported
 HIV testing- none reported
 Hepatitis Testing- none reported
 Substance Abuse Treatment- none reported
 Housing- none reported

List other referrals, as necessary: Naloxone – 15
 Syringe Services - 15

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	0	0	0	0	0	0	0	0
Non-Hisp/Lat	2	6	2	5	0	0	0	0
TOTALS	2	6	2	5	0	0	0	0
AI/AN	0	1	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	2	5	2	5	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTALS	2	6	2	5	0	0	0	0

Attachment G; Augusta
Annual Hypodermic Apparatus Exchange Report 11/01/2019- 10/31/2020

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	874
New enrollees, total	54
Number of HIV Tests conducted with new enrollees	6
Total number of HIV Tests conducted with all exchange consumers	16
Number of syringes collected , total	228,641
Number of syringes disposed , total	228,641
Syringes distributed, total	234,511
Number of initial exchange kits (Up to but not more than 10 clean syringes) distributed	21
Total number of clients who receive an “initial exchange kits.	21
Number of syringes distributed without exchange at enrollment	1802
Total exchanges	689
Number of off-site exchanges	0
Total referrals made	26

List Number of referrals made to: Primary Care - 13
 STD clinic – none reported
 HIV testing – none reported
 Hepatitis Testing - 2
 Substance Use Treatment - 4
 Other (Housing, etc.) – 7

Narcan Distribution: The Next Step Needle Exchange locations are now distributing Narcan Kits. The Augusta location distributed 565 Narcan kits.

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	2	9	2	6	0	0	0	0
Non-Hisp/Lat	51	451	65	285	0	0	0	1
Total	53	460	67	291	0	0	0	1
AI/AN	1	21	1	16	0	0	0	0
Asian	1	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	50	433	66	269	0	0	0	0
Other races	0	2	0	0	0	0	0	0
TOTALS	53	460	67	291	0	0	0	0

**Attachment H; Waterville
Annual Hypodermic Apparatus Exchange Report 11/01/2019/-10/31/2020**

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	27
New enrollees, total	6
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with all exchange consumers	0
Number of syringes collected , total	21,633
Number of syringes disposed , total	21,633
Syringes distributed, total	28,955
Number of initial exchange kits (Up to but not more than 10 clean syringes) distributed	1
Total number of clients who receive an "initial exchange kits.	1
Number of syringes distributed without exchange at enrollment	220
Total exchanges	56
Number of off-site exchanges	0
Total referrals made	4

List Number of referrals made to: Primary Care - 1
 STD clinic – none reported
 HIV testing – none reported
 Hepatitis Testing - 2
 Substance Use Treatment - 1
 Other (Housing, etc.) – none reported

Narcan Distribution: The Next Step Needle Exchange locations are now distributing Narcan Kits. The Waterville location distributed 36 Narcan kits.

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	0	1	0	0	0	0	0	0
Non-Hisp/Lat	3	11	1	7	0	0	0	0
TOTALS	3	12	1	7	0	0	0	0
AI/AN	1	0	0	0	0	0	0	0
Asian	1	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	1	12	1	7	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTALS	3	12	1	7	0	0	0	0

Attachment I; Calais-MAP
Annual Report 11/1/2019 to 10/31/2020
Maine Access Points

Operator: Maine Access Points
Location of Sites Calais, ME – mobile outreach
 Start date: June 25, 2020

Indicator	Quantity
Total enrolled	36
New enrollees, total	36
Number of HIV Tests conducted with new enrollees	1
Total number of HIV Tests conducted with exchange consumers	1
Number of syringes collected, total	3,007
Number of syringes disposed, total	0*
Number of syringes distributed without exchange at enrollment	N/A
Syringes distributed, total	10,600
Number of initial exchange kits distributed	N/A
Total exchanges	67
Number of off-site exchanges	67
Total referrals made	165
Total number of clients who receive a “starter kit”	N/A

***Syringe disposal was completed by partnering agencies and were included in those reports.**

List Number of referrals made to: Primary Care- 1
 STD clinic- none reported
 HIV testing- 1
 Hepatitis Testing- 1
 Substance Abuse Treatment- 23
 Housing- 9

List other referrals, as necessary:

- Overdose prevention education and naloxone distribution – 36
- Drug checking education and fentanyl test strips - 36
- Overdose aftercare and support – 8
- Peer support and/or recovery coaching – 31
- Community Organizing – 4
- Mental health services – 3
- Food services – 2
- Clothing services – 4
- Transportation - 3
- Legal assistance – 1
- Education - 2

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	0	0	0	0	0	0	0	0
Non-Hisp/Lat	2	18	3	13	0	0	0	0
TOTALS	2	18	3	13	0	0	0	0
AI/AN	0	0	1	1	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	2	18	2	12	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTALS	2	18	3	13	0	0	0	0

Attachment J; Sanford
Annual Report 11/1/2019 to 10/31/2020
Maine Access Points

Operator: Maine Access Points
Location of Sites Sanford, ME – mobile outreach
 Start date: April 18, 2020

Indicator	Quantity
Total enrolled	85
New enrollees, total	85
Number of HIV Tests conducted with new enrollees	5
Total number of HIV Tests conducted with exchange consumers	5
Number of syringes collected, total	168,260
Number of syringes disposed, total	0
Number of syringes distributed without exchange at enrollment	N/A
Syringes distributed, total	164,895
Number of initial exchange kits distributed	N/A
Total exchanges	619
Number of off-site exchanges	619
Total referrals made	172
Total number of clients who receive a “starter kit”	N/A

***Syringe disposal was completed by partnering agencies and were included in those reports.**

List Number of referrals made to: Primary Care- 4
 STD clinic- 1
 HIV testing- 5
 Hepatitis Testing- none reported
 Substance Abuse Treatment- 8
 Housing- 10

List other referrals, as necessary:
 Overdose prevention education and naloxone distribution – 35
 Drug checking education and fentanyl test strips - 27

Overdose aftercare and support – 4
 Peer support – 52
 Community Organizing – 5
 Mental health services – 2
 Wound care – 4
 IPV services – 1
 Food services – 7
 Clothing services - 7

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	0	0	0	0	0	0	0	0
Non-Hisp/Lat	11	40	5	29	0	0	0	0
TOTALS	11	40	5	29	0	0	0	0
AI/AN	0	0	0	1	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Blk/Af. Am	1	2	0	0	0	0	0	0
H/P.I.	0	0	0	0	0	0	0	0
White	10	38	5	28	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTALS	11	40	5	29	0	0	0	0

Attachment K; Mailing Services
Annual Report 11/1/2019 to 10/31/2020
Maine Access Points

Operator: Maine Access Points
Location of Sites Mail delivery services
 Start date: May 1, 2020

***Note: Under Executive Order 27 MAP choose to employ the mailing option**

Indicator	Quantity
Total enrolled	118
New enrollees, total	118
Number of HIV Tests conducted with new enrollees	6
Total number of HIV Tests conducted with exchange consumers	6
Number of syringes collected, total	0
Number of syringes disposed, total	0
Number of syringes distributed without exchange at enrollment	N/A
Syringes distributed, total	69,450
Number of initial exchange kits distributed	N/A
Total exchanges	244
Number of off-site exchanges	244
Total referrals made	291
Total number of clients who receive a "starter kit"	N/A

List Number of referrals made to: Primary Care- 0
 STD clinic- 0
 HIV testing- 6
 Hepatitis Testing- 2
 Substance Abuse Treatment- 3
 Housing- 0

List other referrals, as necessary:

Overdose prevention education and naloxone distribution – 108
 Drug checking education and fentanyl test strips - 111
 Overdose aftercare and support – 10
 Peer support - 7

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino								
Non-Hisp/Lat	24	41	11	42				
TOTALS	24	41	11	42				
AI/AN				1				
Asian								
Blk/Af. Am								
H/P.I.								
White	24	41	11	41				
Other races								
TOTALS	24	41	11	42				

**Attachment L; Lewiston
Annual Report 11/1/2019 to 10/31/2020
Tri-County Mental Health Services**

Operator: Tri County Mental Health Services
Location of Sites Lewiston, Maine TCMHS
 Established May 2020

Indicator	Quantity
Total enrolled	9
New enrollees, total	9
Number of HIV Tests conducted with new enrollees	0
Total number of HIV Tests conducted with exchange consumers	0
Number of syringes collected, total	~875*
Number of syringes disposed, total	~875*
Number of syringes distributed without exchange at enrollment	3,985
Syringes distributed, total	4,860
Number of initial exchange kits distributed	9
Total exchanges	26
Number of off-site exchanges	0
Total referrals made	4
Total number of clients who receive a "starter kit"	2

***Following safety guidelines, syringes returned in sharps bins are based on client report and due to COVID-19 sites setup drop boxes to follow social distancing guidelines, therefore syringes collected and disposed are estimates.**

List Number of referrals made to: Primary Care- 1
 STD clinic- none reported
 HIV testing- none reported
 Hepatitis Testing- none reported
 Substance Abuse Treatment- 3
 Housing- none reported

List other referrals, as necessary: none reported

Enrollee Demographics:

Clients served w/ CDC Funds	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+
Hisp/Latino	0	0	0	0	0	0	0	0
Non-Hisp/Lat	1	1	3	4	0	0	0	0
TOTALS	1	1	3	4	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	1	1	3	4	0	0	0	0
Other races	0	0	0	0	0	0	0	0
TOTALS	2	2	3	4	0	0	0	0

Attachment M; Portland Amended Reports

***Note: Reports have been updated based on information that was received. There are no updates to referrals or demographics reported in the years listed below and are therefore not included in this attachment.**

Annual Report 11/1/2015 to 10/31/2016

City of Portland

Operator: Portland Needle Exchange Program

Location of Sites 103 India Street, Portland & Corner of Oxford & Elm Streets,
Portland Established 1998

Indicator	Quantity
Total enrolled	2717
New enrollees, total	265
Number of HIV Tests conducted with new enrollees	25
Total number of HIV Tests conducted with exchange consumers	108
Number of syringes collected, total	158,942
Number of syringes disposed, total	158,942
Number of syringes distributed without exchange at enrollment	2596
Syringes distributed, total	152,997
Number of initial exchange kits distributed	260
Total exchanges	6877
Number of off-site exchanges	860
Total referrals made	7826
Total number of clients who receive a "starter kit"	260

Annual Report 11/1/2016 to 10/31/2017
City of Portland

Operator: Portland Needle Exchange Program

Location of Sites 103 India Street, Portland & Corner of Oxford & Elm Streets,
 Portland Established 1998

Indicator	Quantity
Total enrolled	3054
New enrollees, total	275
Number of HIV Tests conducted with new enrollees	10
Total number of HIV Tests conducted with exchange consumers	35
Number of syringes collected, total	174,089
Number of syringes disposed, total	174,089
Number of syringes distributed without exchange at enrollment	2,600
Syringes distributed, total	187,937
Number of initial exchange kits distributed	260
Total exchanges	6,614
Number of off-site exchanges	1372
Total referrals made	15,835
Total number of clients who receive a “starter kit”	260

Annual Report 11/1/2017 to 10/31/2018
City of Portland

Operator: Portland Needle Exchange Program

Location of Sites 103 India Street, Portland & Corner of Oxford & Elm Streets,
 Portland Established 1998

Indicator	Quantity
Total enrolled	3316
New enrollees, total	229
Number of HIV Tests conducted with new enrollees	10
Total number of HIV Tests conducted with exchange consumers	39
Number of syringes collected, total	180,532
Number of syringes disposed, total	180,532
Number of syringes distributed without exchange at enrollment	2,200
Syringes distributed, total	205,740
Number of initial exchange kits distributed	220
Total exchanges	6,795
Number of off-site exchanges	2,426
Total referrals made	15,835
Total number of clients who receive a "starter kit"	220

Annual Report 11/1/2018 to 10/31/2019
City of Portland

Operator: Portland Needle Exchange Program

Location of Sites 103 India Street, Portland & Corner of Oxford & Elm Streets,
 Portland Established 1998

Indicator	Quantity
Total enrolled	3550
New enrollees, total	216
Number of HIV Tests conducted with new enrollees	8
Total number of HIV Tests conducted with exchange consumers	52
Number of syringes collected, total	221,303
Number of syringes disposed, total	221,303
Number of syringes distributed without exchange at enrollment	2,000
Syringes distributed, total	257,177
Number of initial exchange kits distributed	200
Total exchanges	6,964
Number of off-site exchanges	2,639
Total referrals made	17,035
Total number of clients who receive a “starter kit”	200

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, [HIV and Injection Drug Use – Vital Signs – CDC. Centers for Disease Control and Prevention](#). 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/urban/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.