STATE OF CONNECTICUT



DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

Department of Public Health and Addiction Services Report to the General Assembly on Needle Exchange Programs

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Background on Needle Exchange

The first Needle Exchange Program (NEP) began the summer of 1984 in Amsterdam. The Netherlands, as a tool to reduce the spread of hepatitis B among the hard-to-reach injection drug users. Later, other programs were initiated to reduce the spread of HIV in Australia, Sweden, the United Kingdom, Canada and other countries. During this time, NEP programs in the United States were still quite controversial.

In July 1991, the National Commission on AIDS proposed five recommendations to reduce the spread of HIV infection among drug users. Among these recommendations, there was an array of strategies including needle exchange to reduce the spread of HIV among drug users who could not stop taking drugs or get treatment and the removal of legal barriers to the purchase and possession of injection equipment.

With various NEP models flourishing in the United States, Connecticut began to discuss the possibilities of having a NEP in the city of New Haven. The New Haven Mayor's Task Force on AIDS, local officials, and the New Haven community proposed the NEP bill to legalize access to clean needles in Connecticut. In the spring of 1990, the Connecticut General Assembly passed legislation authorizing the establishment of a legal NEP in New Haven. The bill became law, Public Act 90-214, on July 1, 1990, appropriating \$25,000 for the first year of operation.

Subsequently, other sites have been authorized and appropriated funding by the Connecticut General Assembly: Hartford, Bridgeport and Willimantic.

Connecticut NEPs

The New Haven NEP originally received \$25,000 in state appropriated funds. The NEP started on November 13, 1990, as a mobile unit providing needle exchange and HIV counseling and testing services. The van is staffed by three full time equivalent staff operating weekdays between the hours of 11:00 a.m. and 4:45 p.m.

The Hartford NEP started on March 22, 1993, as a mobile unit providing needle exchange, HIV counseling and testing and sexually transmitted disease testing for syphilis. The van is staffed by three part time and one full time April - June

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yer equivalent staff operating on Monday, Wednesday and Friday between the hour of 10:00 a.m. and 3:15 p.m.

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The Windham NEP was authorized by the Department of Public Health and Addiction Services pursuant to Public Act 92-3. The NEP became operational on May 17, 1993, providing needle exchange at a stationary site out of a garage in a secluded location.

The Bridgeport NEP became operational on May 24, 1993, as a mobile unit providing needle exchange. Staffing includes 2.5 full time equivalents operating on Monday, Wednesday and Thursday between the hours of 10:00 a.m. and 3:00 p.m.

All the mobile NEPs frequent locations where drugs users may be found, such as soup kitchens, crack houses, housing projects and specific street corners.

Presentation/Discussion of NEP Data

Attachment A highlights the data for each of the NEPs in Connecticut, according to the evaluation criteria stated in Public Act 92-3. Some data are not yet available because of late start-up and lack of funding until SFY 94. A total of 1108 clients were enrolled in the programs in SFY 1993.

- 1. The return rate for needles/syringes is well above 80% with New Haven being the highest at 98%. Hartford Health Department had an artificially low return rate of 26%, because clients removed the identification numbers from some of the syringes. The Hartford Health Department has assured clients that the ID numbers are not used for surveillance purposes, and the return rate has gone up to about 80%.
- 2. The behavior change of participants regarding needle cleaning, needle sharing and condom use varies by program. Bridgeport and Windham became operational in May of this year and have just recently started collecting baseline data on behavior change. Hartford, which receives special funds from the American Foundation for AIDS Research (AMFAR) to evaluate the program, collected baseline data indicating that 81.5% or 349 clients out of a total of 428 clients enrolled had not shared their needles within the last 30 days. Forty-five percent or 193 clients had used a condom within the last 30 days. Also, 81% or 347 clients indicated that they cleaned their needles within the last 30 days. New Haven has documented over a period of time a decrease in needle sharing from 10.8% to 6.4% and a decrease in needle cleaning from 83.6% to 79.0%. The decrease in needle cleaning may be related to access to clean needles through NEPs and pharmacies.
- 3. Program participation indicates the number of return clients and the number of new clients enrolled for the quarter. New Haven enrolled twenty-six new clients and had 432 clients return indicating a 6% increase in the client pool for the last quarter of SFY 93.
- 4. The number of participants enrolled and/or referred for drug treatment and for other programs is approximately 16% or 178 clients of the total 1108 NEP population. The services offered are substance abuse treatment, counseling and testing, medical/health care, HIV education, case management, and TB and STD services. New Haven indicates that 92% of the new clients enrolled were referred for substance abuse treatment.

5. Changes in substance abuse behavior could not be documented for the Bridgeport, Hartford and Windham sites. New Haven estimates a 2% decrease in cocaine use; a 3% decrease in heroin use; and a 8% decrease in speedball use.

The New Haven NEP

Since the New Haven NEP became operational as early as November 13, 1990, data have been collected resulting in significant findings.

For the period from 11/13/90 to 6/30/93 the New Haven NEP enrolled a total of 1496 clients, 1173 men and 323 women. The 30 - 34 and 35 - 39 age groups were the most represented in the client population. African-Americans comprised 30%, Whites comprised 60% and Latinos comprised 10%.

A unique evaluation method was developed by Professor Edward Kaplan from the Yale University School of Management and School of Medicine who served as the Principal Investigator on the project. He developed a syringe tracking and testing system to evaluate the impact of the NEP. In order to measure the program's impact, he developed a data collection system. This system, syringe tracking and testing (STT), collects data on needles distributed and returned, including to and from whom they were given or returned as well as when and where they were distributed or returned. The needles are monitored by assigning sequential tracking numbers to each needle and anonymous code names to each program participant. In addition, tests are conducted on a sample of returned needles to detect the presence of HIV from the residual blood remaining in the syringe. These tests use the polymerase chain reaction (PCR) procedure, a technique capable of detecting HIV in extremely small amounts of blood.

The New Haven model projects that there was a 33% reduction over a 1 year period in the transmission of HIV among injection drug users utilizing the NEP. The percentage reduction is based on the theory that the NEP was able to reduce the length of time that needles were in circulation by exchanging used needles for clean ones. This reduced the potential for needles to become infected, to be shared, and to transmit HIV to uninfected drug users.

During the year 07/01/92 - 06/30/93, New Haven reported that a total of 699 clients enrolled, 503 men and 146 women and 50 unknown. A total of 30,887 syringes were distributed and 30,517 were returned. The return rate for syringes that were given out via NEP was 68%; the overall return rate for all syringes, NEP and non-NEP was 98%. The number of participants who were referred by NEP staff and successfully entered drug treatment programs was 261 or 37%.

Data collections systems have been modified to collect more complete behavior change information.

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Contractors	Return Date Reedles/Syrings	Behavior Change of Participants Reedle- sharing/cleaning	Program Participation Rate	Number of Participants Motivated to enter Drug Treatment/	Change in IDU or Substance Abuse Behavior
(Reporting Period)		Condom Use		Other Health Services	
<u>Rew_Haven</u> Client Sample - 124 (4/1/93 - 6/30/93)	Needles dist 6587 Needles retu 6474 6474/6587 = 98% return	Needlesharing 10.8% - 6.4% Condom Use	New clients - 26 Return clients - <u>432</u> Total - 458	Substance Abuse Rx In Rx - 35 Referred - 24	124 Clients as sample Cocaine Use 78% - 76% Heroin Use 89% - 86%
Start-up: 11/13/90	Needles returned includes all syringes exchanged via NEP.	Needlecteaning 83.6% - 79.0%	**************************************	Pretest - 14 Tested - 14 Posttest - 9 HIV(+) - 1 HIV(-) - 6	
Bridgeport	Needles dist - 101	Data not collected	Clients enrolled - 31	Substance Abuse Rx - 11	Baseline Data
- 3	retu = 96% Retu			1 1 1	Injection 2x/day - 23 Injection 2x/wk - 5 Injection 3x/mth - 3
Start-up: 5/24/93	39 out 97 syringes were from NEP.	÷		Other (TB,STD,etc) - 5	
Hartford Client Sample - 428 (3/22/93 - 6/30/93)	Needles dist 5305 Needles retu 1354	Needlesharing (last 30 days)	Client enrolled - 428	Never in Rx - 119	Baseline Data (injected drugs in last
	1354/5305 = 26% Return rate	Condom Use 45% or 193 clients always			No times - 2 1 - 10 times - 18 11 - 50 times - 30 51 - 100 times - 121
<u>Start-up: 3/22/93</u>		Needlecleaning 81% or 347 clients			101 - 200 times - 166 201 - or more - 91
<u>windham</u> Client Sample - 525 (5/17/93 - 7/31/93) Start-up: 5/17/93	Needles dist 2173 Needles retu 1725 1725/2137 = 81% Return	Data not collected	Client enrolled - 525	Data not collected	Data not collected