



Department of Health and Social Services
Valerie J. Davidson, Commissioner

3601 C Street, Suite 540
Anchorage, Alaska 99503 <http://dhss.alaska.gov/dph/Epi>

Division of Public Health
Jay C. Butler, MD, Chief Medical Officer
and Director
Local (907) 269-8000
24 Hour Emergency (800) 478-0084

Editors:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH
Bulletin No. 15 July 13, 2017

Syringe Service Programs in Alaska

Introduction

People who inject drugs (PWID) and share needles, syringes, or other injection equipment are at increased risk for bloodborne infections such as human immunodeficiency virus (HIV) and hepatitis B and C viruses (HBV, HCV). Syringe service programs (SSPs), also referred to as needle exchange programs, help to prevent bloodborne infections associated with injection drug use (IDU) by enabling PWID to use a new, sterile syringe each time they inject, and by removing used and contaminated syringes from the community. Alaska law does not explicitly authorize or prohibit SSPs, nor does it prohibit or regulate the sale or distribution of syringes.

Needle exchange services are currently available in four Alaska communities: the Alaskan AIDS Assistance Association (Four A's) in Anchorage and Juneau, Interior AIDS Association's (IAA) Northern Exchange in Fairbanks, and The Exchange in Homer. Needle exchanges are largely anonymous. Four A's clients receive a maximum of 5 syringes per exchange if it is their first visit or if they have brought back ≤ 5 used syringes. Returning clients can receive up to 50 new syringes to trade if they return > 5 used syringes. There is no limit on how often clients can return to Four A's. In addition, the Four A's SSPs also offer education about overdose prevention and response and safe injection practices to prevent infection, guidance on obtaining medical care, information on substance use treatment and recovery, opioid-overdose response kits, and rapid on-site testing for HCV and HIV. This *Bulletin* presents exchange usage and demographic data from the Four A's Anchorage and Juneau SSP locations.

Methods

SSP data available from Four A's were reviewed to characterize demographic characteristics of clients and exchange events that occurred during fiscal year (FY) 2015–FY2016 (July 1, 2014 through June 30, 2016).

Results

The number of unique SSP clients at Four A's is currently estimated to be about 2,500. Compared to FY2015, the number of needle exchange events nearly doubled in FY2016, from 9,336 to 17,193, respectively. Of the 26,432 exchange events in FY2015 and FY2016 during which clients provided demographic information, 14,815 (56%) involved male clients and 19,881 (75%) involved clients aged 20–39 years (Table). Over the 2-year time period, the number of new Four A's SSP clients rose by 25% (from 784 in FY2015 to 979 in FY2016), the number of new syringes and supply kits distributed increased by 25% (from 383,590 to 479,177), and the number of used syringes returned for incineration increased by 34% (from 367,650 to 493,933; Figure). In FY2016, Four A's served persons from 82 different Alaska communities.

Table. Client Demographics Collected During Exchange Events at the Four A's Syringe Service Program, FY2015 and FY2016

Demographic Characteristics		FY2015 # (%)	FY2016 # (%)
Gender	Male	5,101 (55)	9,714 (57)
	Female	4,183 (45)	7,395 (43)
	Transgender	20 (<1)	19 (<1)
Age (in years)	≤ 19	129 (1)	148 (<1)
	20–29	3,636 (39)	6,793 (40)
	30–39	3,269 (35)	6,183 (36)
	40–49	1,345 (15)	2,384 (14)
	≥ 50	871 (9)	1,635 (10)

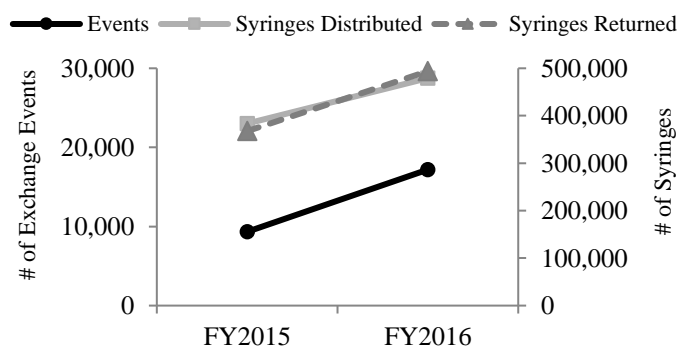
Discussion

The number of clients using Four A's needle exchange services increased considerably from FY2015 to FY2016. In

FY2016, the majority of SSP users were persons aged 20–39 years, which is encouraging because the greatest increase in HCV infection in Alaska since 2011 has occurred among younger adults.¹ HCV is the most common bloodborne pathogen in the United States and is most frequently transmitted through sharing needles or other equipment to inject drugs.

The Institute of Medicine concluded that syringe exchange programs are a “highly cost-effective” strategy for preventing HIV transmission.² Moreover, a recent systematic review of 15 studies analyzing SSPs found that they were associated with decreases in the prevalence of both HIV and HCV.³ The estimated lifetime cost of treating someone for HIV infection is between \$385,200 and \$618,900.⁴ The estimated SSP cost to prevent one case of HIV infection has been calculated to be \$4,000 to \$12,000.⁵ Another cost effectiveness analysis estimated a return on investment of \$7.58 for every \$1 spent on expanding access to clean syringes.⁶

Figure. Number of Exchange Events and Syringes Distributed and Returned at Four A's, FY2015–FY2016



Recommendations

- Health care providers should endorse Substance Abuse and Mental Health Services Administration's evidence-based “Screening, Brief Intervention, and Referral to Treatment” model to assist with assessing patients for risky substance use behaviors, engaging in communications, and providing treatment referral.⁷
- Screen PWID patients for HIV and HCV at least annually in all health care settings.
- Refer active PWID to SSPs at Four A's in Anchorage (907) 263-2050 and Juneau (907) 586-6089; to Northern Exchange in Fairbanks (907) 452-4222; and to The Exchange in Homer at homerexchange@gmail.com (information also available through Kachemak Bay Family Planning Clinic at 907-235-3436), for access to clean needles, safer injection equipment, risk reduction services, and referrals.
- Provide families of PWID with resources about harm reduction, SSPs, and treatment options.

References

- Alaska Epidemiology *Bulletin*. “Increase in Hepatitis C Cases among Young Adults – Alaska, 2011–2015.” No. 19, August 25, 2016. Available at: http://www.epi.alaska.gov/bulletins/docs/b2016_19.pdf
- Institute of Medicine. “No Time to Lose: Getting more from HIV Prevention.” Available at <https://www.nap.edu/read/9964/chapter/1>
- Abdul-Quader AS, et al. Effectiveness of structural-level needle/syringe programs to reduce HCV and HIV infection among people who inject drugs: a systematic review. *AIDS Behav* 2013;17(9):2878-92.
- Schackman BR, et al. The lifetime cost of current human immunodeficiency virus care in the United States. *Med Care* 2006;44(11):990-97.
- AIDSWatch. “Syringe Exchange Programs: Critical to Public Health and Public Safety.” Available at: https://www.aidsunited.org/data/files/Site_18/2014AidsUnited-FactSheet-SyringeExchange.pdf
- CDC. Improving access to prevent the spread of HIV and HCV. Available at: <https://www.cdc.gov/policy/hst/hi5/cleansyringes/index.html>
- Madras B, et al. Screening, brief interventions, referral to treatment for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. *Drug Alcohol Depend* 2009;99(1-3):280-95.