

Quarter 1 FY 2022

Syringe Services Report

Quarter 1: 07/01/2021–09/30/2021



Syringe service metrics are calculated to determine the reach of program services. Seven Syringe Service Providers (SSPs) exchanged syringes with clients from July 1, 2021 to September 30, 2021: Utah Harm Reduction Coalition, One Voice Recovery, Utah Naloxone, Soap 2 Hope, Southeast Utah Health Department, Martindale Clinic, and Beyond Addiction Mosaic.

Table 1. Syringe Service Program metrics

Metric	July	August	September	Q1 Totals
Syringes In	86,185	86,949	92,443	360,692 [†]
Syringes Disposed Elsewhere*	2,009	633	734	11,420 [†]
Syringes Out	96,869	100,273	100,492	432,402 [†]
Return Ratio**	1.12	1.15	1.09	1.20 [†]
Return Ratio (with disposed)	1.10	1.14	1.08	1.16 [†]
Total Unique Clients Served	970	1,007	981	1,946
Total Encounters	1,538	1,656	1,634	6,499 [†]
New Participants	216	224	259	699 [†]

*Self-reported proper disposal

**"Return Ratio" is Syringes Out divided by Syringes In

[†] Quarterly totals include Utah Naloxone data

As indicated in the table above, Utah Naloxone data is only represented in the quarterly totals. Utah Naloxone reports quarterly with aggregate totals as per Utah law and does not gather client-level data.

The return ratio syringe metric is calculated by dividing the number of syringes distributed by the number of used syringes collected. This ratio is calculated with the number of syringes turned in directly to syringe service providers, and also with that number combined with the number of syringes reported to be properly disposed of elsewhere. During this time period, the return ratio varied by month, but averaged to 1.20 over the quarter.



Table 2. Naloxone provided by SSPs

Naloxone	July	August	September	Q1 Totals
Doses Distributed	335	96	141	572
Reversals Reported	20	5	3	28

At each SSP encounter, participants are asked if they were the recipient of an overdose reversal with naloxone, or if they performed a reversal for someone else in the time since their last visit. It is possible a participant could report more than one reversal per month, or encounter. Participants are given the option to decline to answer this question.

Reversals are defined as survival of an individual when one or more naloxone doses were administered to a person in a suspected overdose event. Additional naloxone purchased by Utah Naloxone and distributed by syringe service providers is not included in doses distributed.

Table 3. Gender reported by clients

Gender	Q1 (%)	Q1 (N)
Male	58.8%	1,091
Female	40.5%	752
Trans/Nonconforming	0.4%	8
Declined	0.2%	4

Table 4. Race reported by clients

Race	Q1 (%)	Q1 (N)
White	77.1%	1,431
Other	6.0%	112
Black	4.6%	86
Multiple	4.5%	84
Declined/Unknown	3.3%	61
American Indian/Alaskan Native	2.4%	44
Native Hawaiian/Pacific Islander	1.6%	29
Asian	0.4%	8

New clients are asked a series of intake questions at their first visit, including questions about gender, race, and ethnicity. All data on gender, race, and ethnicity is self-reported.

Clients are not asked intake questions about gender, race, or ethnicity during follow up syringe exchange encounters. If a client wants to change the self-reported data in their record, they may do that at any time. Gender and race data was not available for 91 participants during the quarter. The percentages in Tables 3 and 4 are based on 1,855 complete client records.

Figure 1. Gender reported by clients

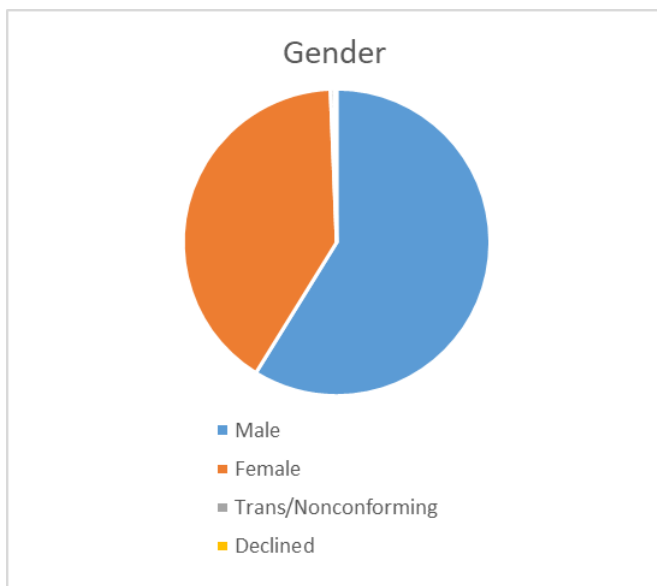


Figure 2. Race reported by clients

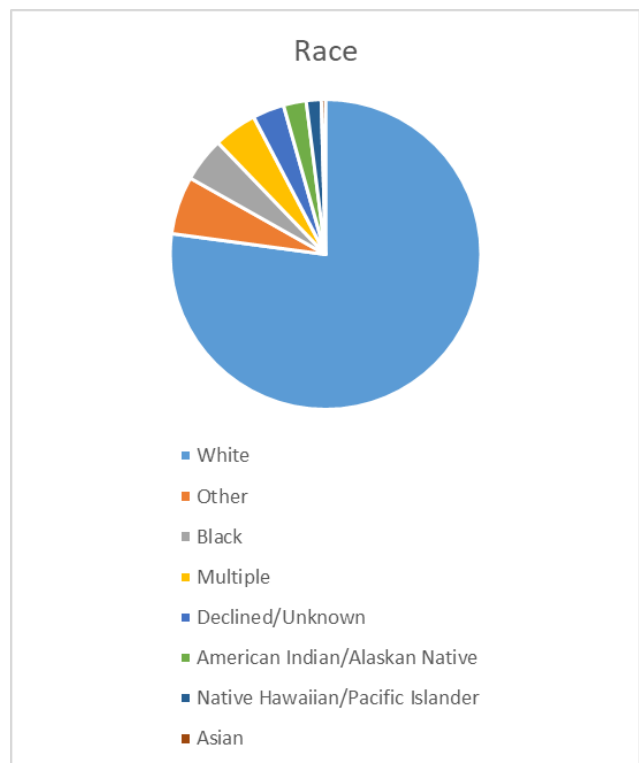
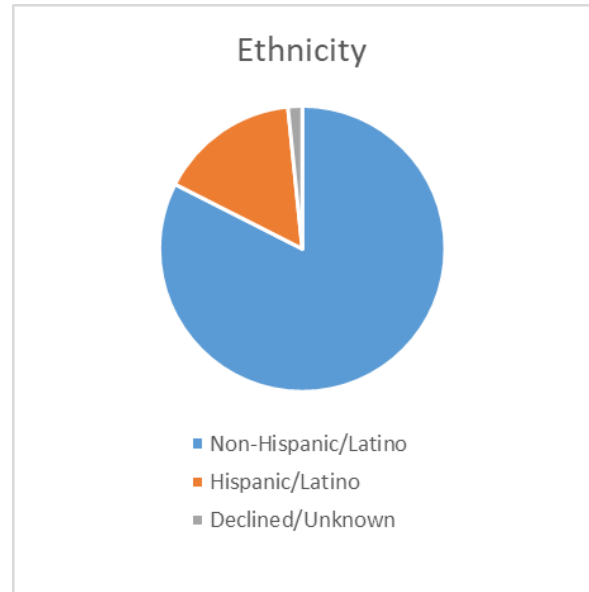


Table 5. Ethnicity

Ethnicity	Q1 (%)	Q1 (N)
Non-Hispanic/Latino	82.5%	1,530
Hispanic/Latino	15.9%	295
Declined/Unknown	1.6%	30

Ethnicity data was not available for 91 participants during the quarter. The percentages in Table 5 is based on 1,855 complete client records.

Figure 3. Ethnicity**Table 6. HCV testing and identification**

HCV at Intake	July	August	September	Q1 Totals
Reported HCV positive at intake	32	24	11	67
HCV Testing	July	August	September	Q1 Totals
Tested	81	52	42	175
Tested Positive	28	21	15	64
Positivity Rate	34.6%	37.5%	35.7%	36.6%

Three syringe services providers provided rapid HIV and HCV tests to clients, shown in tables 6 and 7: Utah Harm Reduction Coalition, One Voice Recovery, and Southeast Utah Health Department. All SSPs collect self-reported information on HIV and HCV status upon intake. Two additional syringe service providers offer testing in their clinic locations, which is not reported here: Utah Naloxone and Martindale Clinic.

Syringe services providers who do not provide testing, provide referrals to testing sites and can make testing appointments for clients. All syringe services providers must offer referrals for HCV and HIV testing at each syringe encounter, regardless of testing capability.

Table 7. HIV testing and identification

HIV at Intake	July	August	September	Q1 Totals
Reported HIV positive at intake	2	1	0	3
HIV Testing	July	August	September	Q1 Totals
Tested	80	55	44	179
Tested Positive	1	0	0	1
Positivity Rate	1.3%	-	-	0.6%

Table 8. Referrals

Referrals July	Written	Verbal	Active
Substance Use Treatment	968	1,103	21
HIV/HCV Testing	968	1,521	13
Naloxone	96	1,532	49
Referrals August	Written	Verbal	Active
Substance Use Treatment	921	1,172	13
HIV/HCV Testing	921	1,632	4
Naloxone	921	1,648	23
Referrals September	Written	Verbal	Active
Substance Use Treatment	803	1,138	13
HIV/HCV Testing	805	1,595	21
Naloxone	803	1,627	37
Referrals Q1 Total	Written	Verbal	Active
Substance Use Treatment	4,363	3,413	3,413
HIV/HCV Testing	4,365	4,748	4,748
Naloxone	3,491	4,807	4,807

Substance Use Treatment, HIV/HCV Testing, and Overdose Prevention/Naloxone referrals are required at each encounter for all providers. Providers may give more than one type of referral. For example, a provider may speak with a client about HIV testing and also schedule an appointment for the client to be tested.

Table 9. Substances reported at intake

	July	August	September	Q1 Total
New Clients	216	224	259	699
Meth	175	195	223	593
Heroin	154	181	202	537
Marijuana	96	90	94	280
Alcohol	71	57	72	200
Tobacco	87	59	42	188
Crack/Cocaine	42	38	36	116
Benzodiazepines	29	24	44	97
Prescription Pain Medicines	23	26	44	93
Fentanyl	28	27	21	76
Suboxone	20	16	12	48
Gabapentin	13	17	13	43
Methadone	13	9	6	28
Spice	8	8	7	23
Subutex	6	5	6	17

Data is collected from individuals who use the syringe service program at intake, and upon return to the program from jail or a residential treatment center. Individuals are asked what substances they have used in the past 30 days.

If an individual has used more than one substance, they will mark each substance used.

Table 10. Substances reported at intake, by percentage

Substance	July	August	September	Q1 Total
Meth	81.0%	87.1%	86.1%	84.8%
Heroin	71.3%	80.8%	78.0%	76.8%
Marijuana	44.4%	40.2%	36.3%	40.1%
Alcohol	32.9%	25.4%	27.8%	28.6%
Tobacco	40.3%	26.3%	16.2%	26.9%
Crack/Cocaine	19.4%	17.0%	13.9%	16.6%
Benzodiazepines	13.4%	10.7%	17.0%	13.9%
Prescription Pain Medicines	10.6%	11.6%	17.0%	13.3%
Fentanyl	13.0%	12.1%	8.1%	10.9%
Suboxone	9.3%	7.1%	4.6%	6.9%
Gabapentin	6.0%	7.6%	5.0%	6.2%
Methadone	6.0%	4.0%	2.3%	4.0%
Spice	3.7%	3.6%	2.7%	3.3%
Subutex	2.8%	2.2%	2.3%	2.4%

The most common two substances reported at intake are displayed in the figure below. Most clients report using meth and/or heroin.

Figure 4. Substances reported at intake, by percentage
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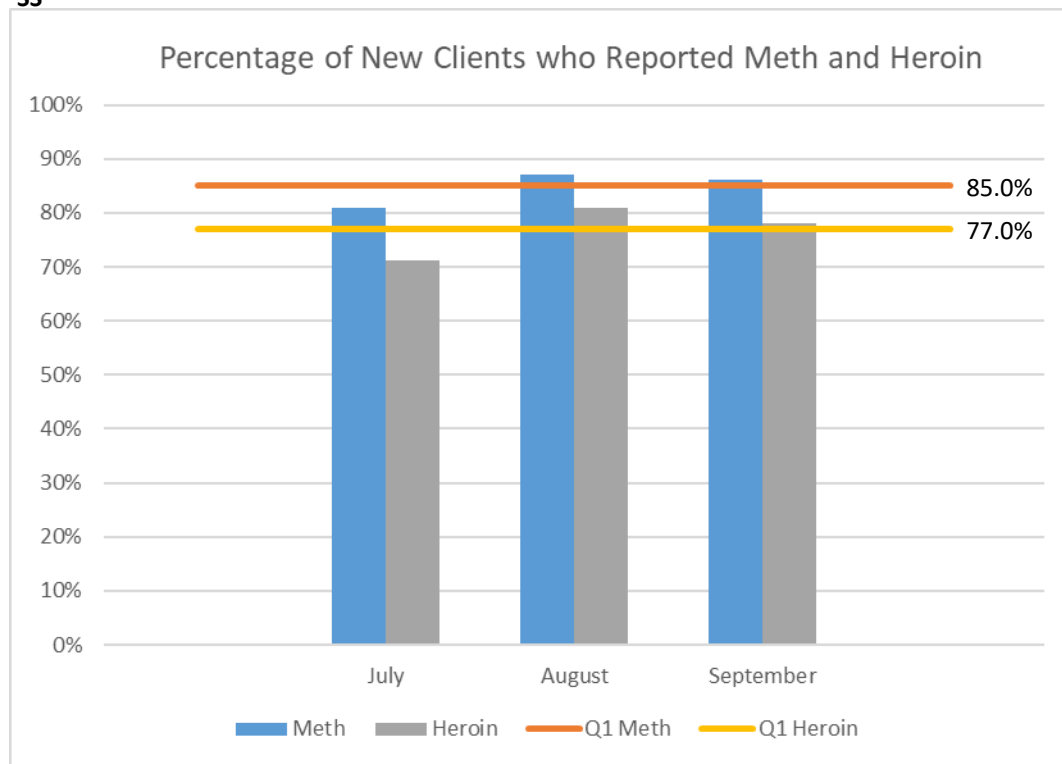
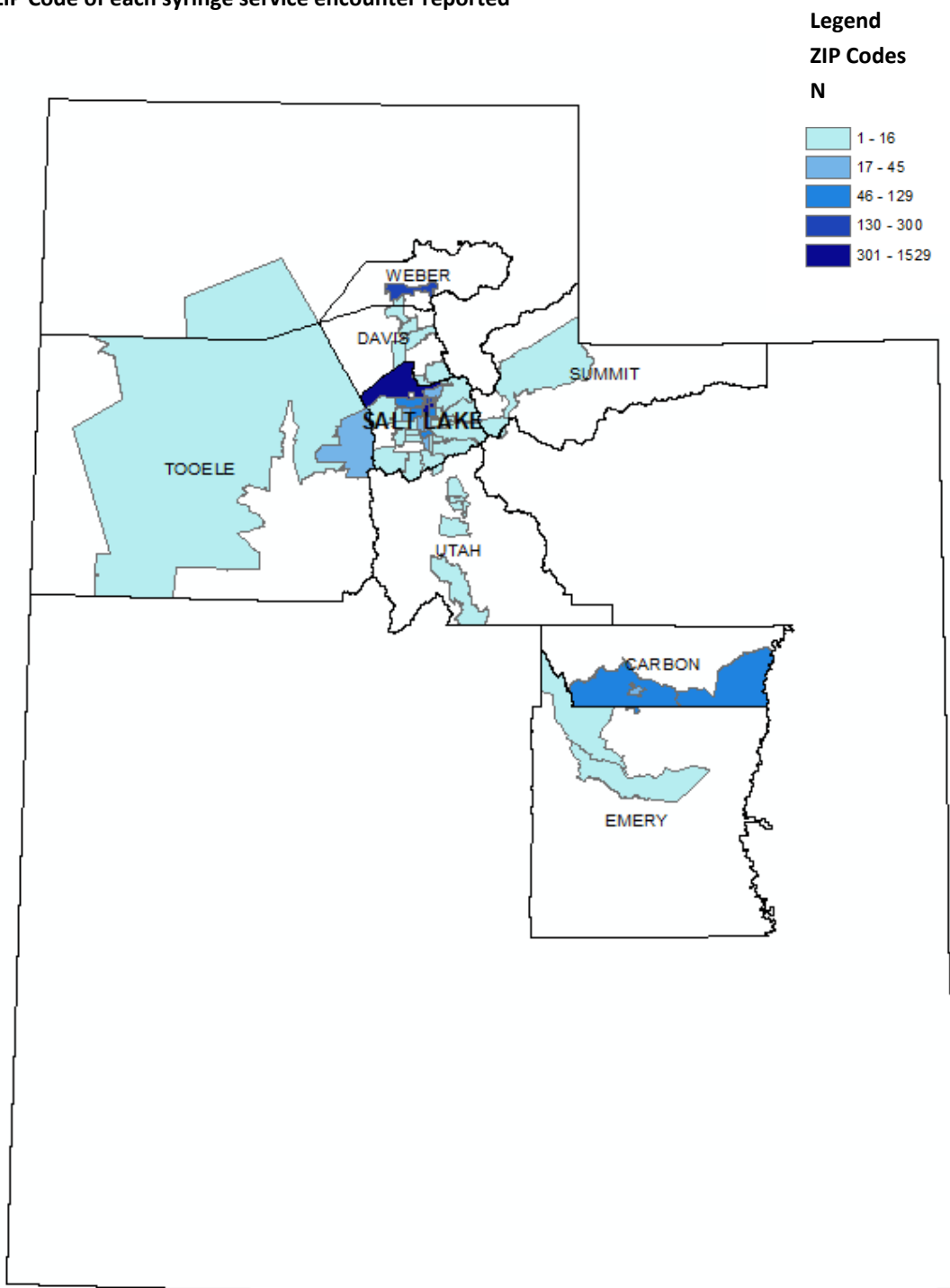


Figure 5. ZIP Code of each syringe service encounter reported



SSPs record the ZIP Code of the location of each SSP encounter. The map below displays the ZIP Code of SSP encounters for the report period. ZIP Code locations with higher numbers of encounters are marked by darker shades of blue.

Table 11. ZIP Code of encounters

ZIP	N	ZIP	N
84116	1,529	84094	4
84105	788	84037	3
84115	760	84096	3
84101	300	84118	3
84111	220	84124	3
84401	189	84126	3
84102	169	84129	3
84104	129	84041	2
84501	87	84042	2
84106	65	84057	2
84119	62	84065	2
84520	59	84110	2
84047	57	84114	2
84074	45	84117	2
84103	42	84010	1
84107	38	84015	1
84542	38	84017	1
84123	24	84054	1
84120	20	84060	1
84070	19	84084	1
84020	16	84091	1
84044	16	84097	1
84029	14	84108	1
84062	13	84109	1
84121	13	84113	1
84067	10	84195	1
84088	9	84216	1
84092	8	84402	1
84081	7	84513	1
84528	6	84524	1
84093	5	84601	1
84128	5	84651	1

Table 12. Kiosk Use by SSP clients

How often did you use the kiosks posted around the city to dispose of syringes?	
Always	10(0.6%)
Usually	28(1.6%)
Sometimes	44(2.6%)
Rarely	56(3.2%)
Never	1,591(92.0%)

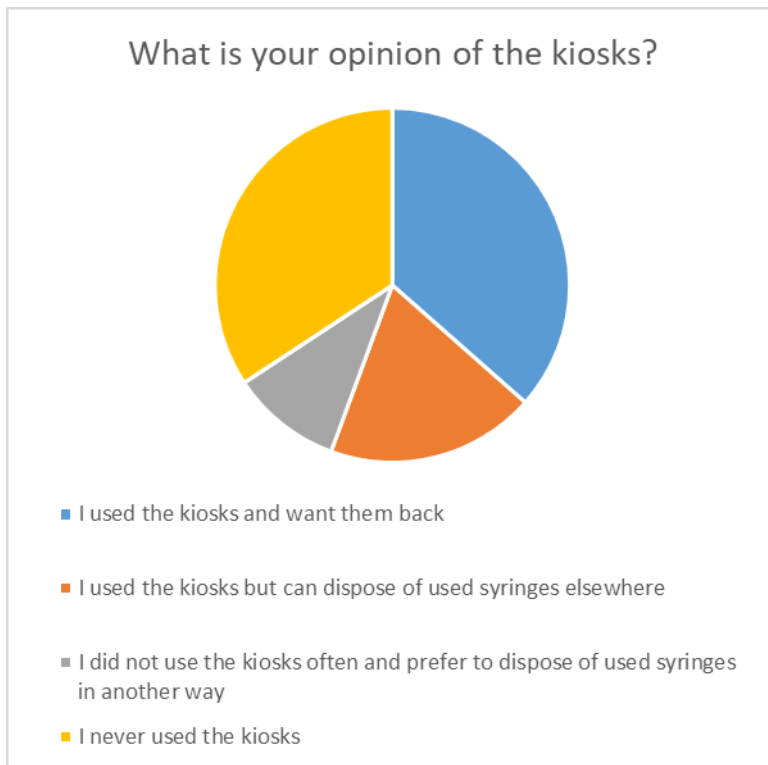
Red syringe disposal kiosks were temporarily placed around downtown Salt Lake City, from August 2017 to October 2021. These kiosks provided an additional location for people who use drugs to dispose of used syringes in a proper manner. Kiosks were removed due to safety concerns and challenges with clean up due to improper use.

People who used syringe exchange services within Salt Lake County from May 15, 2021 to September 30, 2021 were asked their opinions of the kiosks. This question was not required by participants who accessed syringe services. 1,729 responses were gathered. Of those 1,729 individuals, only 178 (10.2%) reported they were aware of the kiosks and only 138 (8.0%) reported using a kiosk to dispose of syringes.

Table 13. Kiosk opinions by SSP clients who were aware of kiosks

What is your opinion of the kiosks?	
I used the kiosks and want them back	65(36.5%)
I used the kiosks but can dispose of used syringes elsewhere	34(19.1%)
I did not use the kiosks often and prefer to dispose of used syringes in another way	18(10.1%)
I never used the kiosks	61(34.3%)

Figure 6. Kiosk opinions from SSP clients who were aware of kiosks



Participant responses are being used to inform future decisions about syringe disposal.

Fentanyl Test Strip Update

06/01/2020–09/30/2021

In May 2020, the Utah Department of Health (UDOH) received funding from the Division of Substance Abuse and Mental Health (DSAMH) to purchase and distribute fentanyl test strips to participants of the Utah Syringe Exchange Program. The test strips were distributed through Syringe Services Providers (SSPs) and Community Based Organizations (CBOs), beginning June 1, 2020. All participating agencies agreed to UDOH guidelines on fentanyl test strip distribution and were asked to collect self-reported data from individuals who used the test strips. SSPs and CBOs submitted participant responses by paper or electronic form.

The fentanyl test strips used in this project are re-purposed fentanyl urinalysis strips. The test strip detects the presence of fentanyl and several of the most common fentanyl analogs. The test strips cannot identify which fentanyl analog is present or how much fentanyl is in the drug. Participants are given fentanyl test strips and provided education on how to use the strips, interpret results, and options for behavior changes they can make based on results. Participants are also given information on additional overdose prevention methods and substance use disorder treatment options.

The data displayed below was collected through survey response between June 1, 2020 and September 30, 2021. During that same time period, SSPs and CBOs distributed 15,438 fentanyl test strips to 5,901 individuals. One thousand four hundred sixty (1,460) post-use survey responses were collected.

Table 14. Test Strip Use

Did you use the Fentanyl Test Strip	
Yes	1,211(83%)
No	249(17%)

Of the 1,460 survey responses collected, 1,211 reported using the fentanyl test strips. Of the 249 people who did not report using the fentanyl test strips, most declined to provide a reason for why the test strip was not used.

Table 15. Testing Behaviors

Why did you not use it?	
I forgot to use it	80(62.0%)
I lost it	20(15.5%)
Other	15(11.6%)
It was stolen	11(8.5%)
I don't know how	3(2.3%)
Declined to answer	120

Table 16. ZIP Code of Encounters, in fiscal year

Did you purchase the drugs from a known source?	
Yes	337(85.1%)
No	59(14.9%)
Declined to answer	1064

Individuals who reported using the fentanyl test strips were asked additional questions. They were given the option to decline to answer most questions.

Table 17. ZIP Code of Encounters, in fiscal year

Did you test the drugs before or after use?	
Before	295(72.3%)
After	113(27.7%)
Declined to answer	1,052

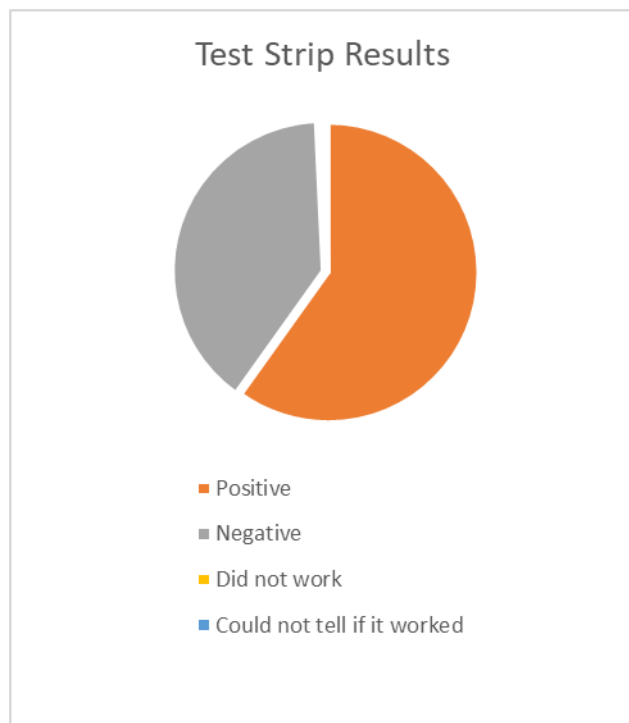
Education provided recommends participants test the drugs prior to use.

Of participants who chose to respond, most tested their drugs prior to use and purchased the tested drugs from a known source.

Table 18. Test Strip Use

What were the test strip results?	
Positive	725(59.9%)
Negative	477(39.4%)
Did not work	5(0.4%)
Could not tell if it worked	4(0.3%)

Figure 7. Test Strip Use



Participants were asked to report the results of the fentanyl test strips. Clients may have been more likely to report positive results, compared to negative results, or strips that were difficult to interpret due to user error. Agency staff who gathered fentanyl test strip post-use surveys were instructed to confirm the number of lines a client reported seeing on the positive or negative strip, in order to identify whether the test result was interpreted properly.

User error may also contribute to the large proportion of positive test results. For most in the People Who Use Drugs community in Utah, this is a new harm reduction tool.

Table 19. Test Strip Use

Based on test strip results, what did you do differently?	
Had naloxone available	189(24.0%)
Used with someone else around	154(19.6%)
Used the same as if I hadn't used the test strip	107(13.6%)
Went slow	79(10.1%)
Shared results with others using the drug	74(9.4%)
Used less	58(7.4%)
Did a test shot/hit	35(4.5%)
Let seller know results	30(3.8%)
Disposed/threw them out	22(2.8%)
Other	12(1.5%)
Gave them away	9(1.1%)
Smoked instead of injected	8(1.0%)
Sold them	6(0.8%)
Sought drug treatment or counseling	3(0.4%)
Snorted instead of injected	0(0.0%)
Declined to Answer	845

Participants were asked to select or describe what harm reduction behaviors, if any, they used based on the results of the fentanyl test strips. If the participants employed multiple harm reduction behaviors, they were asked to select each one. The most common harm reduction behavior reported was having naloxone available.

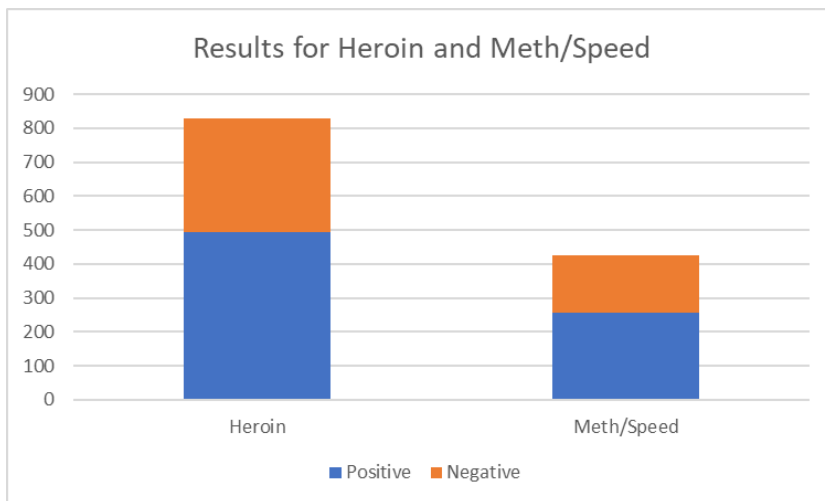
Table 20. Test Strip Use

What drug(s) was tested? (If a mixed drug, check all)	
Heroin	836(64.2%)
Meth/Speed	426(32.7%)
Crack/Cocaine	9(0.7%)
Fentanyl	9(0.7%)
Prescription Pain Medicine	7(0.5%)
Benzodiazepines	6(0.5%)
Other	4(0.3%)
Marijuana	3(0.2%)
Spice	2(0.2%)
Gabapentin	1(0.1%)
Methadone	0(0.0%)
Suboxone	0(0.0%)
Subutex	0(0.0%)

Participants were asked to provide the type of drug that was tested. If a participant was using a mix of drugs, they were asked to report all the drugs tested with a single fentanyl test strip. If a fentanyl test strip used to test multiple drugs had a positive strip result, it would not be possible to discern which of the drugs contained fentanyl.

Ten participants reported testing fentanyl with fentanyl test strips. It was not reported what form of fentanyl was tested. Eight of the ten tested positive for the presence of fentanyl by test strip.

Figure 8. Test Strip Use



Methamphetamines and heroin were the most commonly reported drugs tested with fentanyl test strips.

Additional reports on syringe services and fentanyl test strips can be found at:

<https://ptc.health.utah.gov/prevention/syringe-services/>