

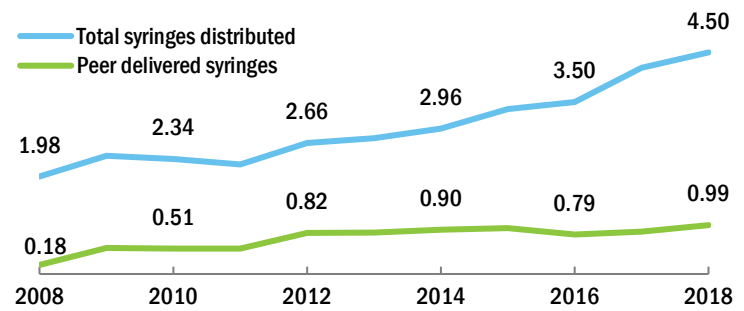
Syringe Service Programs in New York City

In the early 1990's, more than half of injection drugs users in New York City (NYC) were HIV-infected. Under considerable pressure from activists, the New York State (NYS) Health Commissioner filed for an emergency exemption from drug paraphernalia laws to allow for the establishment of syringe exchange programs (SEPs) to help prevent HIV transmission. Evaluations have shown significant reductions in HIV incidence¹ among SEP participants. In 2008, NYS expanded the exemption to include Peer Delivered Syringe Exchange (PDSE), which allows non-SEP staff to provide syringes to their social network and other contacts who might not visit an SEP. Initially, SEPs primarily provided sterile injection equipment; however, over time SEPs evolved and expanded to Syringe Service Programs (SSPs) that now provide a multitude of services to people who use drugs.

Services provided by programs in 2018

- There are 14 SSPs in NYC operating in all five boroughs. SSPs provide services at 14 storefront locations, on 33 mobile vans, and via PDSE. Each SSP offers new, sterile drug use supplies (syringes, cotton, cookers, antiseptic wipes, adhesive bandages) and safer sex supplies (condoms, lubricant, dental dams).
- From 2008 to 2018, the number of syringes distributed by SSPs increased 127%, from 1.98 million to 4.5 million.
- Twenty-two percent (992,426) of syringes dispensed in 2018 were distributed via PDSE.
- In 2018 SSPs provided:
 - Syringes to 18,274 unique participants; and
 - Non-syringe services to 16,950 unique participants.
 - The most common service, health education and promotion, was received by 9,496 (56%) of participants.
 - 9,402 (56%) participants received take-home naloxone, a medication used to reverse an overdose.
 - 1,660 (10%) participants received hepatitis B and C screening and 1,503 (9%) participants received education and counseling about hepatitis treatment.

Syringes (in millions) distributed by staff and peers, New York City, 2008-2018



Source: AIDS Institute Reporting System, 2008-2018

- Health care coordination services, such as scheduling medical appointments, were provided to 971 (6%) participants.
- Nine out of 14 SSPs provided buprenorphine, a medication used to treat opioid use disorder.
- 2,037 (12%) participants received referrals to services such as medical care, housing and nutrition benefits.

Definitions:

Cookers are containers used to dissolve, mix and heat a drug with water for injection. **Buprenorphine** is a medication used to treat opioid addiction. It is used in opioid replacement therapy to reduce symptoms of withdrawal and drug cravings. **Naloxone** is a medication used to block the effect of opioids and reverse an opioid overdose. **Health promotion** is the provision of information to enable participants to improve their health. Topics covered include safer sex practices, overdose prevention, and safer drug use practices. **Care coordination** is assisting participants in navigating the health care system, including scheduling of appointments, referral to care, and escort to medical appointments. SSPs provide care coordination for general health care and for hepatitis-related care. **Hepatitis treatment counseling** is the provision of information about the effects of hepatitis medication, the process of receiving treatment, and how maintenance in treatment works.

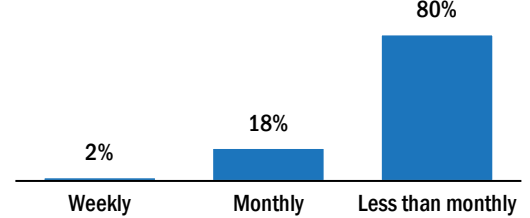
Reference:

1. Des Jarlais DC, Marmor M, Paone D, Titus S, Shi Q, Perlis T, Jose B, Friedman SR. HIV incidence among injection drug users in New York City syringe exchange programmes. *Lancet*. 1996;348(9033):987-91.

Syringe Service Programs provide needed services in neighborhoods with high poverty

- On average, one in five participants visited an SSP at least once per month. Most visited less frequently.
- There were more participants who identified as men (58%) than women (40%) or other gender identity (3%).
- Nearly 50% of participants were Latino/a.
- The largest proportion of participants were ages 35 to 54 (44%).
- Most participants resided in either Manhattan (38%) or the Bronx (29%).
- More than two thirds of participants resided in neighborhoods with high (36%) or very high (36%) rates of poverty.

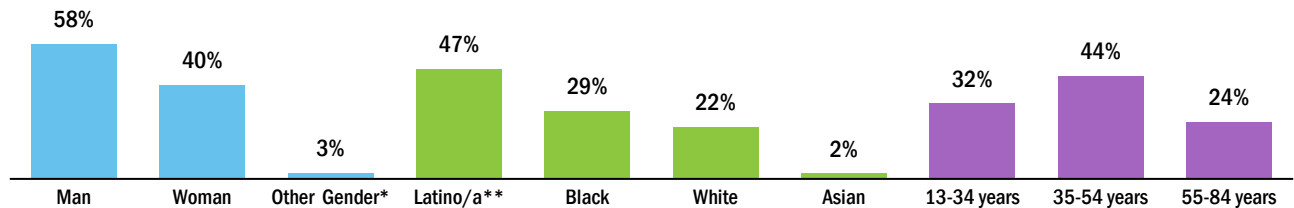
Frequency of syringe service participant visits,* New York City, 2018



*Visit frequency was categorized as less than monthly (<1 visit per month), monthly (1-3 visits per month), weekly (4-19 visits per month), daily (20 or more visits per month)

Source: AIDS Institute Reporting System, 2018

Syringe service program participants by gender, race/ethnicity, and age, New York City, 2018

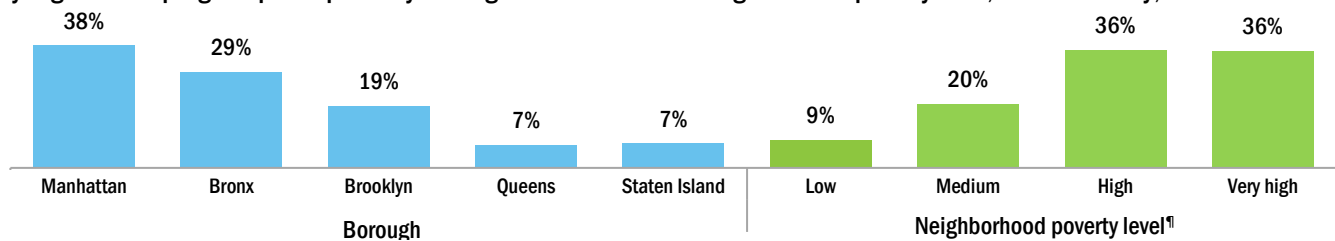


*Other gender identity includes transgender M-F, transgender F-M, gender nonconforming, non-binary and not sure/questioning.

**Latino/a includes persons of Hispanic or Latino/a origin, as identified by the question “Are you Hispanic or Latino/a?” and regardless of reported race. Black, White, and Asian race categories exclude those who identify as Latino/a.

Source: eSHARE, 2018

Syringe service program participants by borough of residence and neighborhood poverty level, New York City, 2018



¶ Neighborhood poverty (based on ZIP code) is defined as the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey (2007-2011). Neighborhoods are categorized into four groups as follows: “Low poverty” neighborhoods are those with <10% of the population living below the FPL; “Medium poverty” neighborhoods have 10-<20% of the population below FPL; “High Poverty” neighborhoods have 20-<30% of the population living below the FPL; “Very high poverty” neighborhoods have ≥30% of the population living below the FPL.

Source: eSHARE, 2018

Data Sources: **AIDS Institute Reporting System:** A data system built and managed by the New York State Department of Health AIDS Institute. New York State AIDS Institute provides regular data extracts to NYC DOHMH to track syringe provision. **eSHARE:** Electronic System for HIV/AIDS Reporting and Evaluation. A web-based data system built by the NYC DOHMH to hold information on NYC HIV services and clients. Data presented are limited to participants ages 13-84 years. Thirteen is the minimum age at which participants can receive non-syringe services from a SSP. We cannot match participants across data sources, and data are reported from each system separately.

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New York City Department of Health and Mental Hygiene





Epi Data Tables

June 2019, No. 110

Syringe Service Programs in New York City

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- Table 7.** Waivered syringe service program and United Hospital Fund neighborhoods served, 2018

Data Sources

AIDS Institute Reporting System: A data system built and managed by the New York State Department of Health AIDS Institute. New York State AIDS Institute provides regular data extracts to NYC DOHMH to track syringe provision.

eSHARE: Electronic system for HIV/AIDS Reporting and Evaluation. A web-based data system built by the NYC DOHMH to hold information on NYC HIV services and clients. Data presented are limited to participants ages 13-84 years. Thirteen is the minimum age at which participants can receive harm reduction services from a SSP. We cannot match participants across data sources, and data are reported from each system separately.

New York City State Department of Health AIDS Institute: The NYS State department of health maintains a list of programs currently waived to distribute syringes. Due to existing data governance, we are unable to match participants across eSHARE and the AIDS Institute Reporting System, and must report data from each system separately.

Table 1. Syringes distributed by programs and peers, New York City, 2008-2018*Source: AIDS Insite Reporting System, 2018, extract date 2/06/2019*

	Total syringes distributed	Syringes distributed by peers	Percent of syringes distributed by peers
Year			
2008	1,980,865	183,347	9.26%
2009	2,400,532	526,078	21.92%
2010	2,338,682	518,854	22.19%
2011	2,227,343	518,965	23.30%
2012	2,661,080	835,796	31.41%
2013	2,757,284	841,868	30.53%
2014	2,955,422	900,987	30.49%
2015	3,347,388	933,314	27.88%
2016	3,495,171	799,078	22.86%
2017	4,188,604	859,576	20.52%
2018	4,500,926	992,426	22.05%

Table 2. Syringe service program visit frequency, 2018*Source: AIDS Insite Reporting System, 2018, extract date 2/06/2019*

	Number	Percent
Total Unique Participants 2018		
	18,274	100.0%
Visit frequency		
Daily	8	0.04%
Weekly	333	1.82%
Monthly	3,275	17.92%
Less than Monthly	14,658	80.21%

Table 3. Demographic characteristics of participants receiving non-syringe services, 2018

Source: eSHARE 2018, extract date 2/11/2019

Rates are calculated using DOHMH population estimates, modified from US Census intercensal population estimates 2000-2016, updated January, 2018. Rates per 100,000 New Yorkers are age adjusted to Census 2000 US standard population.

	Number	Percent	Rate
Total Participants Receiving Harm Reduction Services	16,950	100%	232.9
Sex at birth[†]			
Male	9,838	59.3%	284.1
Female	6,751	40.7%	177.3
Gender identity			
Man	9,749	57.5%	N/A
Woman	6,781	40.0%	N/A
Transgender Man	42	0.3%	N/A
Transgender Woman	336	2.0%	N/A
Other Gender Identity*	42	0.3%	N/A
Race/ethnicity^{††}			
Latino/a/x	7,650	46.7%	378.3
White	3,614	22.1%	156.0
Black	4,738	28.9%	288.7
Asian/Pacific Islander	382	2.3%	34.1
Age group[†]			
13-17	164	1.0%	36.1
18-24	1,360	8.1%	176.6
25-34	3,854	22.9%	248.1
35-44	3,396	20.2%	288.0
45-54	3,984	23.7%	362.2
55-64	3,061	18.2%	303.2
65-84	1,020	6.1%	96.3
Borough[†]			
Bronx	4,015	29.4%	343.6
Brooklyn	2,567	18.8%	116.8
Manhattan	5,135	37.5%	350.3
Queens	952	7.0%	47.0
Staten Island	1,010	7.4%	251.1
Neighborhood poverty^{0†}			
Low (wealthiest)	1,156	8.5%	79.7
Medium	2,674	19.6%	97.7
High	4,940	36.1%	283.4
Very High	4,906	35.9%	391.4

[†]Percentage of participants are calculated among categories presented.

* Other gender identity includes gender nonconforming, non-binary, not sure/questioning.

^{††} For the purpose of this publication, Latino/a includes person of Hispanic origin based on ancestry reported in eSHARE demographics, regardless of reported race. Black, White and Asian race categories do not include persons of Latino/a origin.

⁰ Neighborhood poverty (based on ZIP code) was defined as percent of residents with incomes below 100% of the federal poverty level (FPL) per American Community Survey 2007-2011, in four groups: low (<10%), medium (10 %-< 20%), high (20 %-< 30%), and very high (>=30%)

Rates among male and female participants, and count, proportion, and rate among Asian/Pacific Islander participants have been updated from previously published version of this table.

Table 4. Syringe service program participants by New York City United Hospital Fund neighborhoods, 2018*

Source: eSHARE 2018, extract date 2/11/2019

Rates are calculated using DOHMH population estimates, modified from US Census intercensal population estimates 2000-2016, updated January, 2018. Rates per 100,000 New Yorkers are age adjusted to Census 2000 US standard population.

United Hospital Fund neighborhood number	United Hospital Fund neighborhood name	Number	Percent	Rate
Total Participants Receiving Harm Reduction Services				
		16,950	100%	232.9
Bronx				
101	Kingsbridge - Riverdale	74	0.4%	100.1
102	Northeast Bronx	155	0.9%	93.7
103	Fordham - Bronx Park	466	2.8%	223.0
104	Pelham - Throgs Neck	498	2.9%	192.8
105	Crotona - Tremont	879	5.2%	519.9
106	High Bridge - Morrisania	950	5.6%	553.3
107	Hunts Point - Mott Haven	993	5.9%	911.9
Brooklyn				
201	Greenpoint	104	0.6%	92.5
202	Downtown - Heights - Slope	336	2.0%	161.3
203	Bedford Stuyvesant - Crown Heights	507	3.0%	181.5
204	East New York	277	1.6%	178.8
205	Sunset Park	66	0.4%	57.7
206	Borough Park	70	0.4%	27.4
207	East Flatbush - Flatbush	266	1.6%	104.5
208	Canarsie - Flatlands	174	1.0%	99.5
209	Bensonhurst - Bay Ridge	48	0.3%	26.4
210	Coney Island - Sheepshead Bay	134	0.8%	59.4
211	Williamsburg - Bushwick	583	3.4%	317.4
Manhattan				
301	Washington Heights - Inwood	2,010	11.9%	824.8
302	Central Harlem - Morningside Heights	621	3.7%	399.6
303	East Harlem	940	5.6%	981.7
304	Upper West Side	217	1.3%	120.2
305	Upper East Side	81	0.5%	45.6
306	Chelsea - Clinton	405	2.4%	289.5
307	Gramercy Park - Murray Hill	129	0.8%	127.8
308	Greenwich Village - Soho	83	0.5%	108.0
309	Union Square - Lower East Side	599	3.5%	339.1
310	Lower Manhattan	48	0.3%	91.7
Queens				
401	Long Island City - Astoria	125	0.7%	62.9
402	West Queens	210	1.2%	50.7
403	Flushing - Clearview	28	0.2%	12.4
404	Bayside - Littleneck	14	0.1%	20.4
405	Ridgewood - Forest Hills	87	0.5%	41.1
406	Fresh Meadows	17	0.1%	18.3
407	Southwest Queens	100	0.6%	39.1
408	Jamaica	212	1.3%	77.8
409	Southeast Queens	80	0.5%	44.7
410	Rockaway	92	0.5%	87.8
Staten Island				
510	Port Richmond	183	1.1%	333.6
502	Stapleton - St. George	325	1.9%	309.6
503	Willowbrook	205	1.2%	266.6
504	South Beach - Tottenville	297	1.8%	183.8
Outside of New York City/Unknown				
		3,262	19.2%	N/A

*The United Hospital Fund classifies New York City into 42 neighborhoods, composed of contiguous ZIP codes. Neighborhood refers to residence of participant. For more information visit:

<http://www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf>.

Table 5. Syringe service program non-syringe services, 2018

Source: eSHARE 2018, extract date 2/11/2019

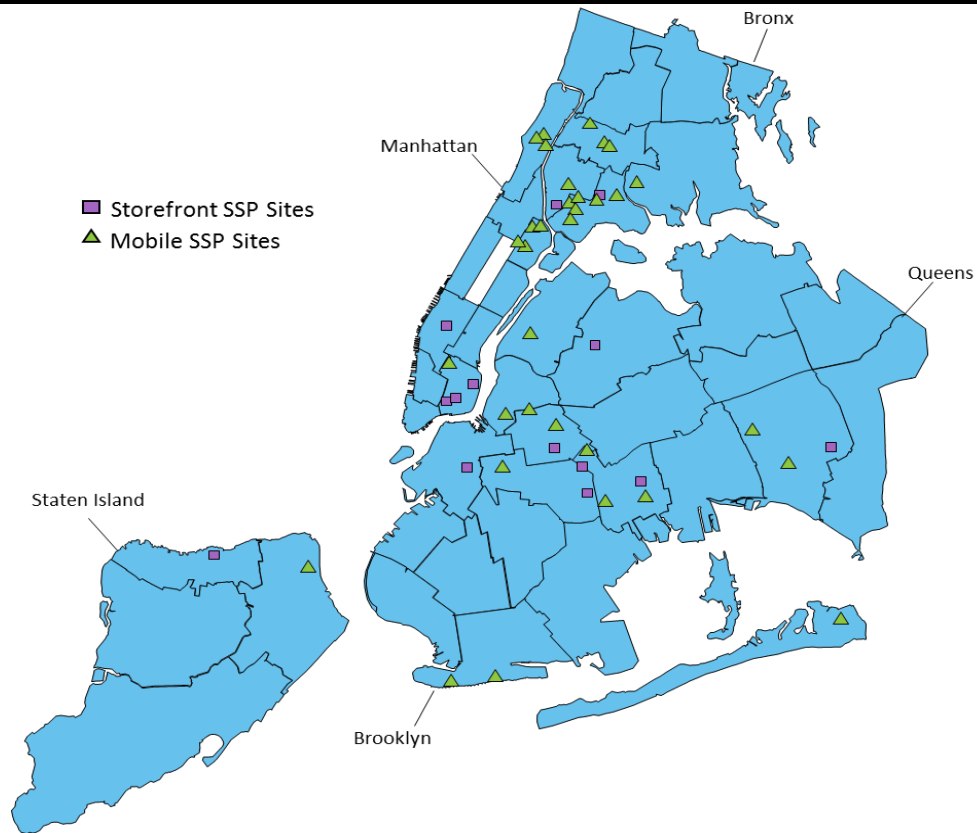
	Number of Services	Unique Participants	Percent of Participants Receiving Service
Total Participants Receiving Harm Reduction Services		16,950	100%
Harm reduction services*			
Intake Assessments ⁰	9,396	9,230	54.5%
Individual Health Education and Promotion	25,259	9,496	56.0%
Health Care Coordination	1,695	971	5.7%
Naloxone Distribution	12,060	9,402	55.5%
Hepatitis Screening	1,733	1,660	9.8%
Hepatitis Care Coordination	860	520	3.1%
Hepatitis Treatment Counseling	6,387	1,503	8.9%
Complementary Services [^]	4,441	932	5.5%
Referrals	3,154	2,037	12.0%

*Service categories are not mutually exclusive; percent does not sum to 100%

⁰Intake assessments are defined as the initial meeting with a participant to assess their current needs to encourage retention in services[^]Includes acupuncture, acupressure, yoga, massage, and aroma therapy

Table 6. Map of waived syringe service program locations by United Hospital Fund Neighborhood and site type, 2018*^

Source: New York State Department of Health AIDS Institute, 2018



*The United Hospital Fund classifies New York City into 42 neighborhoods, composed of contiguous ZIP codes. Neighborhood refers to residence of participant. For more information visit: <http://www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf>.

^Waivered programs do not require a prescription to dispense syringes.

Table 7. Waivered syringe service program and United Hospital Fund neighborhoods served, 2018*^

Source: New York State Department of Health AIDS Institute, 2018

Syringe service program	UHF neighborhood(s)
AIDS Center of Queens County	Long Island City
	West Queens
	Jamaica
	Rockaway
Alliance for Positive Change / Lower East Side Harm Reduction	Union Square-Lower East Side
BOOM!Health	High Bridge-Morrisania
	Hunts Point-Mott Haven
Community Health Action of Staten Island	Port Richmond, Stapleton-St. George
Family Services Network	Bedford Stuyvesant - Crown Heights
	East New York
	Jamaica
	Crotona – Tremont
FROST'D / Harlem United	Greenpoint
	Bedford Stuyvesant - Crown Heights
	Coney Island - Sheepshead Bay
	East Harlem
Housing Works	East New York
	Union Square-Lower East Side
	Pelham - Throgs Neck
New York Harm Reduction Educators	Crotona – Tremont
	Hunts Point-Mott Haven
	East Harlem
	Chelsea-Clinton
Positive Health Project, Inc.	Chelsea-Clinton
Safe Horizon Inc.	Union Square-Lower East Side
St. Ann's Corner of Harm Reduction	Hunts Point-Mott Haven
The After Hours Project, Inc.	East New York
	Williamsburg-Bushwick
Voices of Community Activists	Downtown-Heights-Slope
Washington Heights CORNER Project	Washington Heights-Inwood

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Neighborhood refers to residence of participant. For more information visit:

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