

The Southern NH HIV/AIDS Task Force, requests funding for its Syringe Service Alliance of the Nashua Area (SSANA) program, one of only two syringe exchange programs in NH and the only one in the state's most populous county, Hillsborough. Fifty miles north of Boston, the program serves Nashua, the state's second largest city, and the 12 surrounding towns, and will help halt the increased spread of bloodborne illness brought on by the opioid epidemic. Its collaborations make it sustainable, and its evaluation capacity will provide important data for new syringe exchange programs.

**Need.** The opioid crisis has devastated New Hampshire. The number of overdose deaths increased 8-fold from 48 in 2013 to 395 in 2017. The state has the third-most deaths related to opioids nationwide, is first in the nation for fentanyl-related opioid deaths, and is tied for fourth for young-adult opioid overdose deaths. Greater Nashua and Manchester lead the state in overdose deaths.

The crisis has led to more people injecting drugs (about 36,000 NH residents, including at least 2,500 from the Nashua region), and because of the expense and unavailability of syringes, many use syringes unsafely, promoting infection and blood borne illness. From 2011-2015, only 5% of all new HIV cases were among people who inject drugs (PWID), however, in 2016-2017, 15% of all new cases were among PWID. The State of NH recently released a public health warning: because of the opioid crisis, new HIV infections jumped 66% in 2017. While HCV is not tracked as thoroughly, a similar increase is suspected. Correlating this suspicion, in the past quarter, half of all patients enrolled in our affiliate's Medication Assisted Treatment program tested positive for HCV.

We must act now to stop the rise of HIV and HCV. While treatment for HIV and HCV has improved dramatically in the last decade, medication regimens are still difficult to maintain and expensive. Regimens are particularly trying for individuals with mental illness and low-incomes—segments of the population already at greater risk of injecting drugs. Missed doses compromise treatment, putting individuals at risk of complications, and the community at-risk of new transmissions. The lifetime cost of treating just one individual is \$355,000 for HIV and \$65,000 for HCV.

**Program.** Prevention is by far the best way to avoid the suffering and expense of these illnesses, and the SSANA program is critical to prevention. A collaborative effort between the Southern NH HIV/AIDS Task Force and other key partners (below), SSANA offers the public, at no charge and anonymously, clean syringes, sharps containers, other essential items (below), disposal services, Naloxone, and screenings for infectious diseases. Equipped with backpacks and mobile phones, volunteers, including Master's Level clinical interns from Rivier University, regularly provide services at sites where people who inject drugs congregate, and respond to requests from established participants during "on-call" hours. The service area includes the City of Nashua and the more rural surrounding towns. All volunteers undergo rigorous vetting, oversight, and training. **They also provide educational services on safer injection practices and overdose response.**

The program's on-the-ground, community approach is essential for success. Nashua's urban core contains all the critical access hospitals, specialty care clinics, and health and human service agencies. With no public transportation between the 12 surrounding towns and Nashua, SSANA must travel to area residents. Moreover, volunteers gain the trust of our constituency, who are easily dissuaded from services by fears of prosecution, stigmatization, and pressures to pursue treatment.

**Participating Institutions and Key Individuals.** SSANA is led by the Southern NH HIV/AIDS Task Force in collaboration with several key partners. All major partners of SSANA have provided letters of support of the program. The Alliance meets bi-weekly and consists of the following members:

- **The Southern NH HIV/AIDS Task Force (lead entity):** provides project management, fundraising, and reporting; orders and stores supplies, and distributes them to partners.

- **Nashua Department of Public Health and Community Services:** provides outreach and direct service, volunteer/intern training, HIV/HCV testing, and a public awareness campaign.
- **Rivier University:** oversees volunteer/intern training
- **Harbor Homes:** operates an FQHC healthcare for the homeless clinic, including a mobile van which provides syringe services; provides behavioral healthcare, including MAT and PrEP, and primary care, such as for communicable and bloodborne illnesses.
- **Dartmouth Hitchcock Medical Center:** operates an early intervention HIV clinic to provide syringe services in combination with existing outreach and education.
- **Peer Recovery Support Services Centers:** raises awareness among their clients.
- **NH Harm Reduction Coalition (advocacy group):** trains volunteers conducting services.

Leading the program, Wendy LeBlanc is the Southern NH HIV/AIDS Task Force (SNHTF) VP of Operations, and is one of NH's experts in HIV/AIDS care and supports. Under her leadership, 94% of the Task Force's HIV/AIDS clients are virally suppressed, significantly higher than the national rate of 49%. Karyn Heavner, PhD, MSPH, is leading a thorough evaluation of the program.

**Outcomes.** In FY2019, the program will exchange 100,000 syringes and serve at least 250 individuals (10% of individuals injecting in our area). This is a conservative estimate, and the program will grow as clients become comfortable with it. The program will also distribute clean cotton swabs, sharps containers, tourniquets, condoms, and Naloxone. We track all distributed items, returned syringes, HIV/HCV tests administered, referrals to treatment, and educational sessions. In Greater Nashua, we anticipate a 5% decline in incidence of HIV and HCV, and increased usage of local agencies for substance use disorder treatment, healthcare, and other services.

Three-quarters of participants will likely be between 18 and 34, given the low prevalence of treatment use, combined with high rates of ODs among this age group. The served demographic will also be of lower socioeconomic class, have a 3:1 male to female ratio, and be, in decreasing prevalence, white, African American, and Hispanic, as is consistent with our service area. We predict that at least 10% will be LGBTQ, as we currently serve a significant number of gay men who also inject drugs.

With support from funders we expect this program to grow in 2019 and beyond. As the first syringe exchange program in Greater Nashua and the second in NH, our program will affect public opinion and future programs. In addition to education for PWID, SSANA provides educational sessions for first-responders, policy-makers, and the public to understand the importance of harm reduction services. Program evaluation—through focus groups and anonymous survey of volunteers and clients (inside and outside treatment facilities)—will benefit our program and new SEPs.

**Funding.** The opioid crisis has stressed NH's resources and made crises compete for funding. While the need for syringe exchange programs is clear—so much so that the NH legislature cleared the way for their creation in June 2017—organizations must work quickly to prove their value and ensure public and private funding. Thanks to the collaborative nature of the SSANA, the majority of funding is provided in-kind from members of SSANA, and is supplemented by relatively small grants from community and national funders. Our primary funder, AIDS United, provided first-time two-year funding (\$25,000 annually). Our program was among one of the six new syringe exchange programs selected nationwide elected by AIDS United, due to community need, a strong program design, and high evaluation capacity. In addition, we received \$5,000 from the New Hampshire Charitable Foundation, and we requested funding from the Cardinal Health Foundation and the Comer Foundation. Nearly all grant funding will pay for supplies, as direct staff expenses are being performed pro bono until we can secure more funding. On behalf of all the members of SSANA, and those we serve, the Southern NH Task Force sincerely appreciates the Hofmann Foundation's consideration of this request, and asks for \$5,000 to help decrease incidence of bloodborne illness among NH's most at-risk communities.