



Testimony Appropriations Committee

Carter Lennon, Deputy Director of Programs and Operations, AIDS Connecticut, Inc.

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Good evening Senator Bye, Representative Walker and members of the committee. My name is Dr. Carter Lennon and I am the Deputy Director of Programs and Operations at AIDS Connecticut (ACT). I oversee our Syringe Services, Outreach, Testing and Linkage to Care programs.

Over the last 10 years we have made great strides in increasing the quality of life for people living with HIV/AIDS. As a result, the number of people living with HIV/AIDS in Connecticut has increased by 15% to 10,637. Unfortunately, funding during this time has not kept pace to support people with HIV/AIDS and to prevent new HIV infections from occurring. The proposed \$85,000 cut to AIDS Services, along with the already carried out 5% rescission to syringe services programs will result in decreased efforts to prevent new HIV infections, get people tested as soon as possible after transmission and assist people living with HIV/AIDS to access and remain in necessary care. National and state goals are to bring the number of new HIV infections down to zero. This will not happen if we keep cutting funding to programs that have been successful in reducing those rates.

The recent 5% cut to the syringe services programs have impacted the way the programs are run on the state and local levels. At the state level, this latest rescission forced DPH to fund only three syringe services programs down from five. Locally, AIDS Connecticut has had to adjust the way we operate our Hartford and Willimantic based syringe services programs. We have had to cut hours from both of our programs and are in a constant struggle to maintain adequate levels of supplies. Our programs exchange over 150,000 syringes a year, keeping hundreds of individuals from contracting and transmitting diseases (e.g., HIV, Hepatitis C), in addition to keeping dirty syringes off the streets and out of our communities where they would pose a risk to the general public. We serve clients from all over Connecticut, and even have clients from Massachusetts and Rhode Island. Recently, we have seen an increase in young, white females from suburban areas utilizing our services. A recent survey conducted with our clients revealed that clients need increased access (e.g., weekend and evening hours) to clean syringes and that clients understand the benefits that these programs have for the community.



Furthermore, syringe services programs do not just exchange syringes, we provide HIV testing, overdose prevention kits, safer sex materials, risk reduction counseling, referrals to a myriad of services (most often substance use treatment) and education on a number of health topics. These programs help save lives and help facilitate the substance use recovery process.

Connecticut is a known leader in decreasing rates of HIV in injecting drug users, let's not lose the reputation we have built. Syringe services programs are incredibly cost effective, evidenced-based HIV prevention interventions. In the last 10 years alone, incident cases of HIV in injecting drug users has decreased by 30%. Syringe services programs have played a key role in reducing these rates. Cutting funding for AIDS services and syringe services programs is, simply put, bad public policy.

Not only are we facing cuts to our syringe services programs, but the AIDS Services line in the Department of Public Health budget primarily funds HIV prevention services (e.g., testing, outreach and linkage to care for newly diagnosed). This line item also funds a program that provide HIV medications to sexual assault victims who are un- or under-insured who may have been exposed to HIV. According to the CDC, Connecticut is a second-tier HIV area and over the next few years we will experience a 50% reduction in our federal HIV prevention funds. If state funds are cut as well, Connecticut will find itself regressing back to issues faced decades ago: People knowing they are infected later on in the disease progression (and thereby infecting more people while they do not know their status), people with HIV/AIDS not receiving adequate care or having adequate housing and a rise in HIV rates.

I urge you to restore these cuts to ensure that people living with HIV/AIDS, families, the vulnerable and those already struggling with the disease are not whose backs we balance the budget on.

Thank you for your time. I am happy to answer any questions that you might have. You can reach me at my contact information below.

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