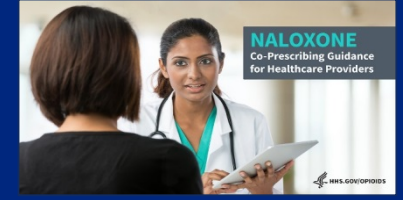


OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH



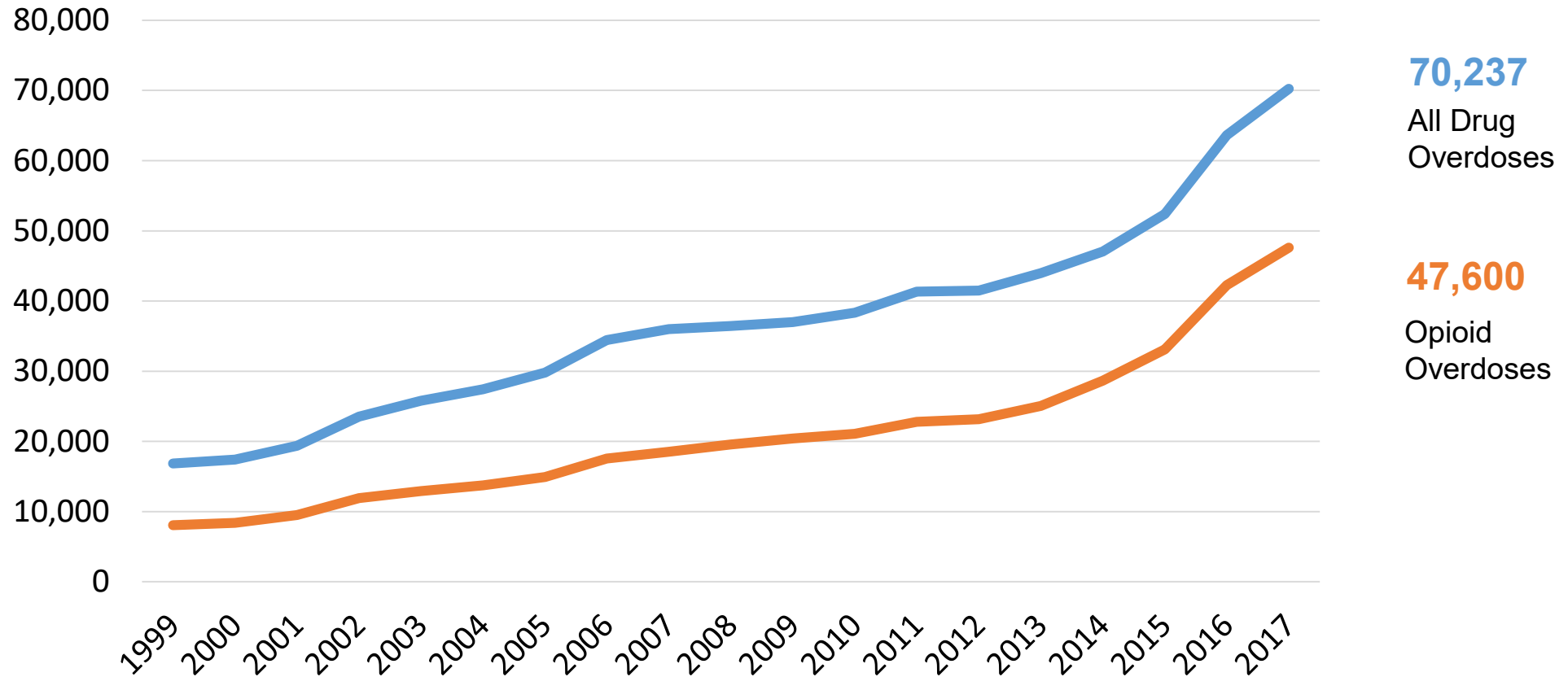
Syringe Services Programs – A Critical Public Health Intervention

ADMIRAL BRETT P. GIROIR, M.D.
Assistant Secretary for Health
Senior Adviser, Immediate Office of the Secretary



U.S. DRUG OVERDOSE DEATHS

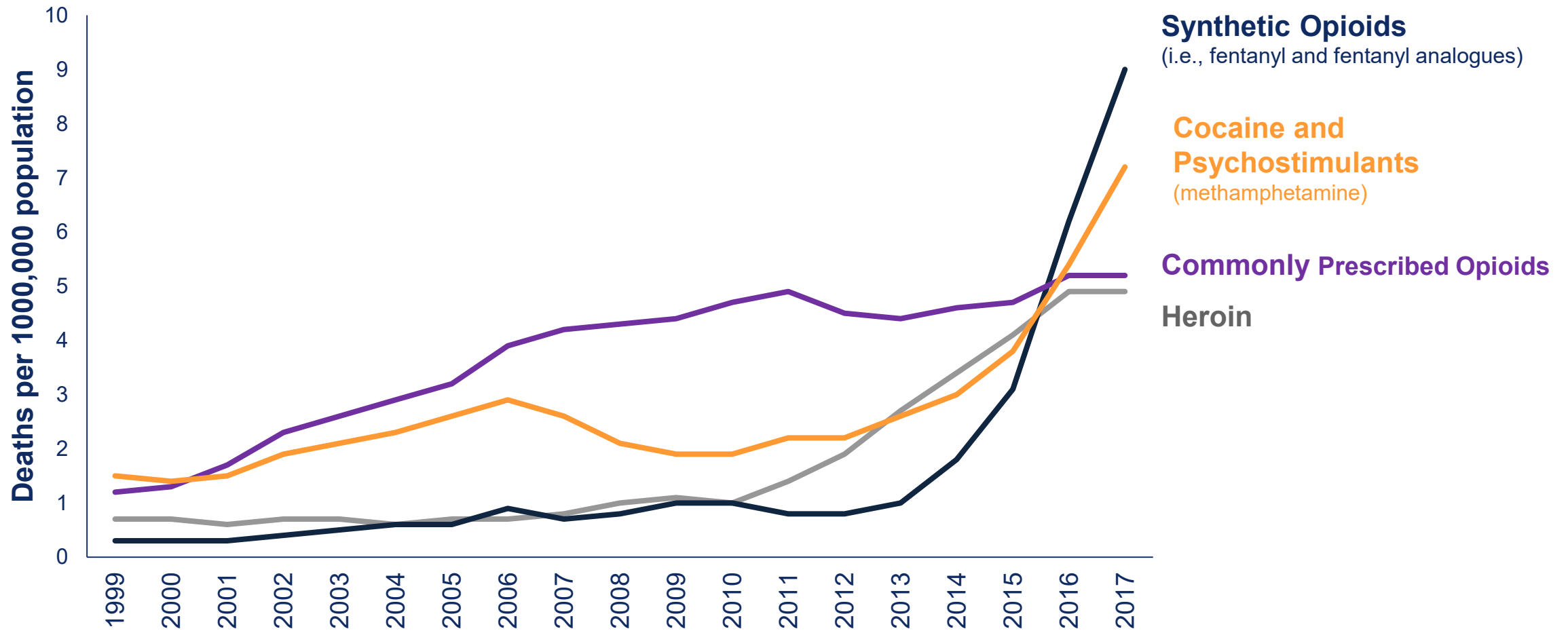
THE MOST CRITICAL PUBLIC HEALTH CHALLENGE OF OUR TIME



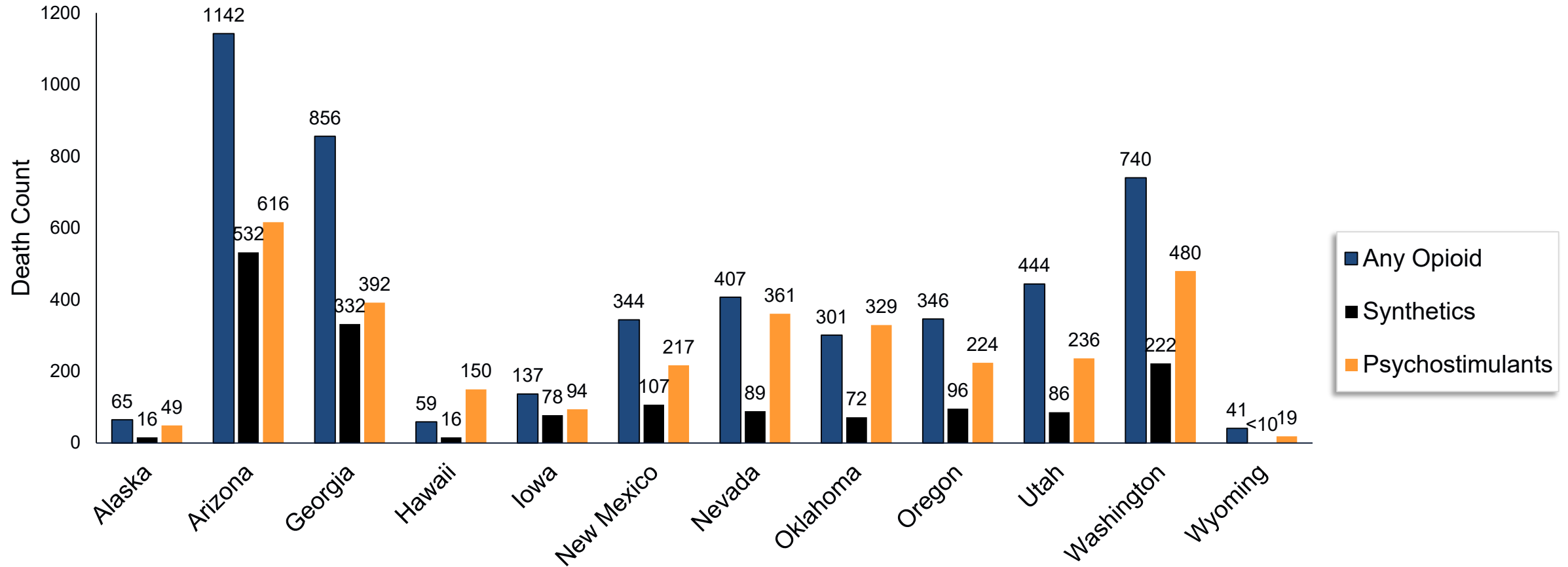
OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH

SOURCE: NCHS, National Vital Statics System, Mortality

THE WAVES OF THE OVERDOSE OVERDOSE CRISIS: 1999-2017



STATES THAT REPORT MORE DEATHS FROM PSYCHOSTIMULANTS THAN SYNTHETIC OPIOIDS* (JULY 2019)



* Provisional deaths by drug type available for 34 jurisdiction

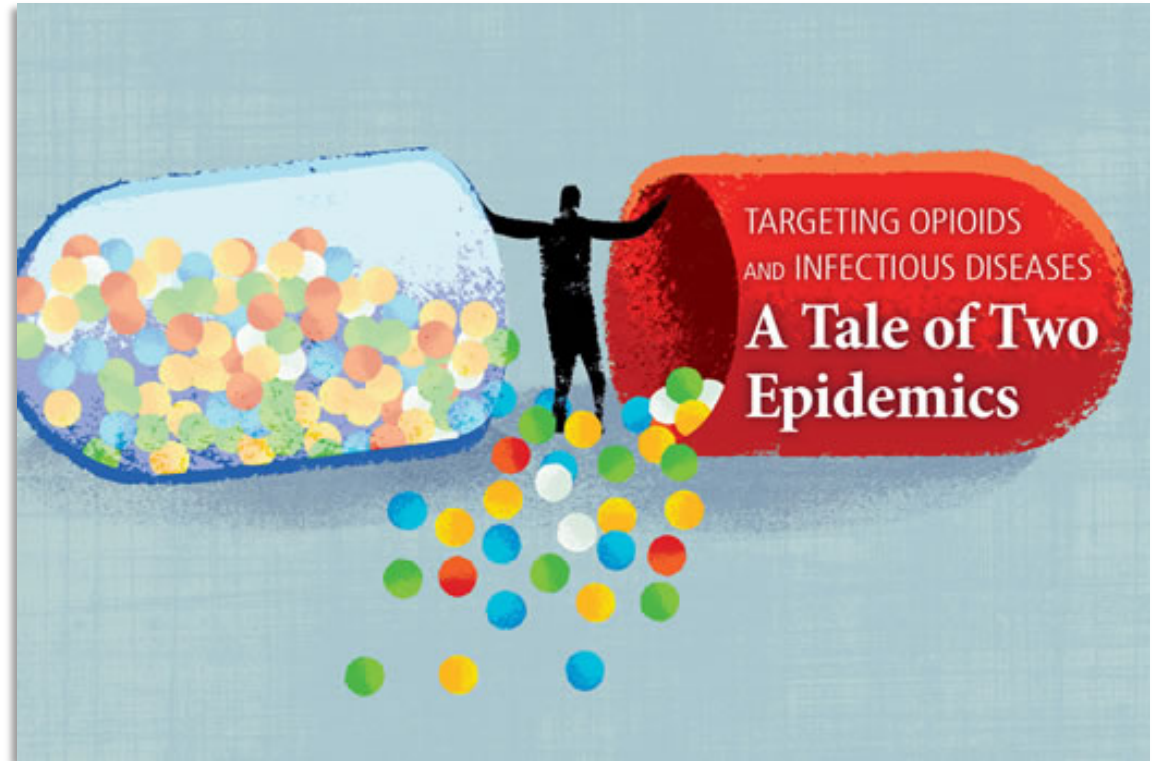
Source: CDC National Vital Statistics System, retrieved July 17, 2019



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INFECTIOUS CONSEQUENCES OF THE OPIOID EPIDEMIC

- HIV
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Endocarditis
- Skin, bone, and joint infections

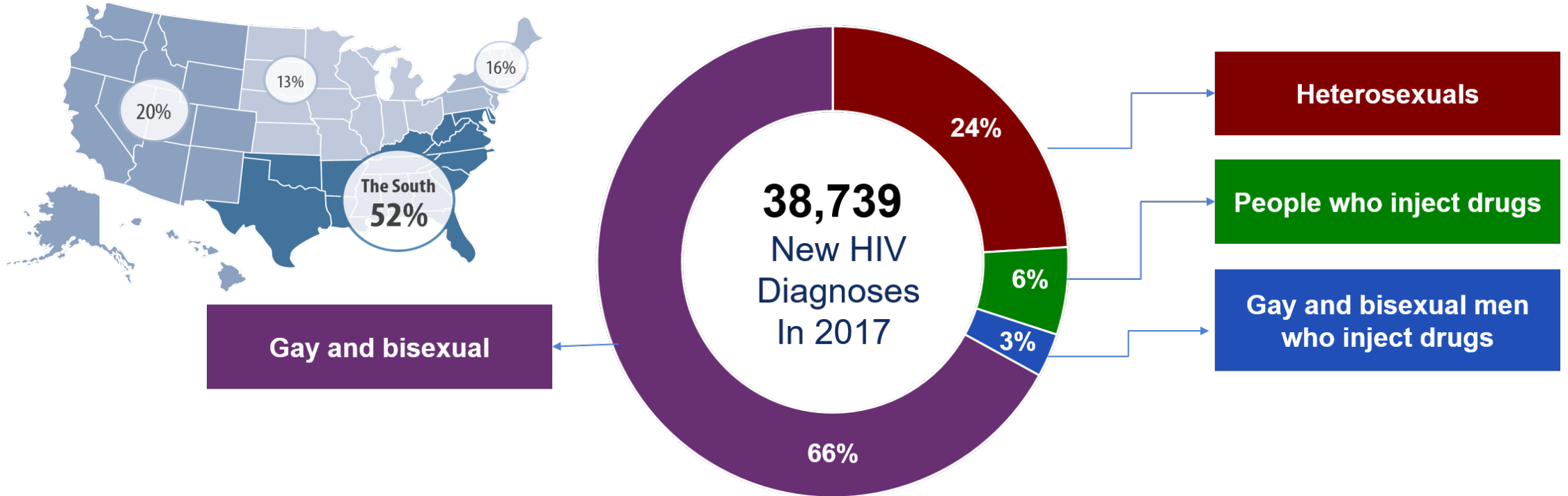


National Academies Workshop
Sponsored by OASH, Report July 2018



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IV DRUG USE ASSOCIATED WITH ~9% OF NEW HIV CASES



<https://www.cdc.gov/hiv/statistics/overview/ataglace.html>

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



1

Better addiction prevention, treatment, and recovery services



2

Better data



3

Better pain management



4

Better targeting of overdose reversing drugs



5

Better research

<https://www.hhs.gov/opioids/>



WHAT IS EVIDENCE-BASED TREATMENT?

- **FDA-approved Medication (MAT)**

- **Naltrexone:** once a month injectable medication, blocks effects of opioids (any prescriber)
- **Buprenorphine** (usually with naloxone): once daily/once monthly, partial agonist opioid from prescribers (DATA 2000 waived prescribers)
- **Methadone:** long acting, once-daily, opioid from specially licensed programs (OTP programs only)

- **Psychosocial Therapies**

- Contingency management, family therapy, cognitive behavioral therapy, others

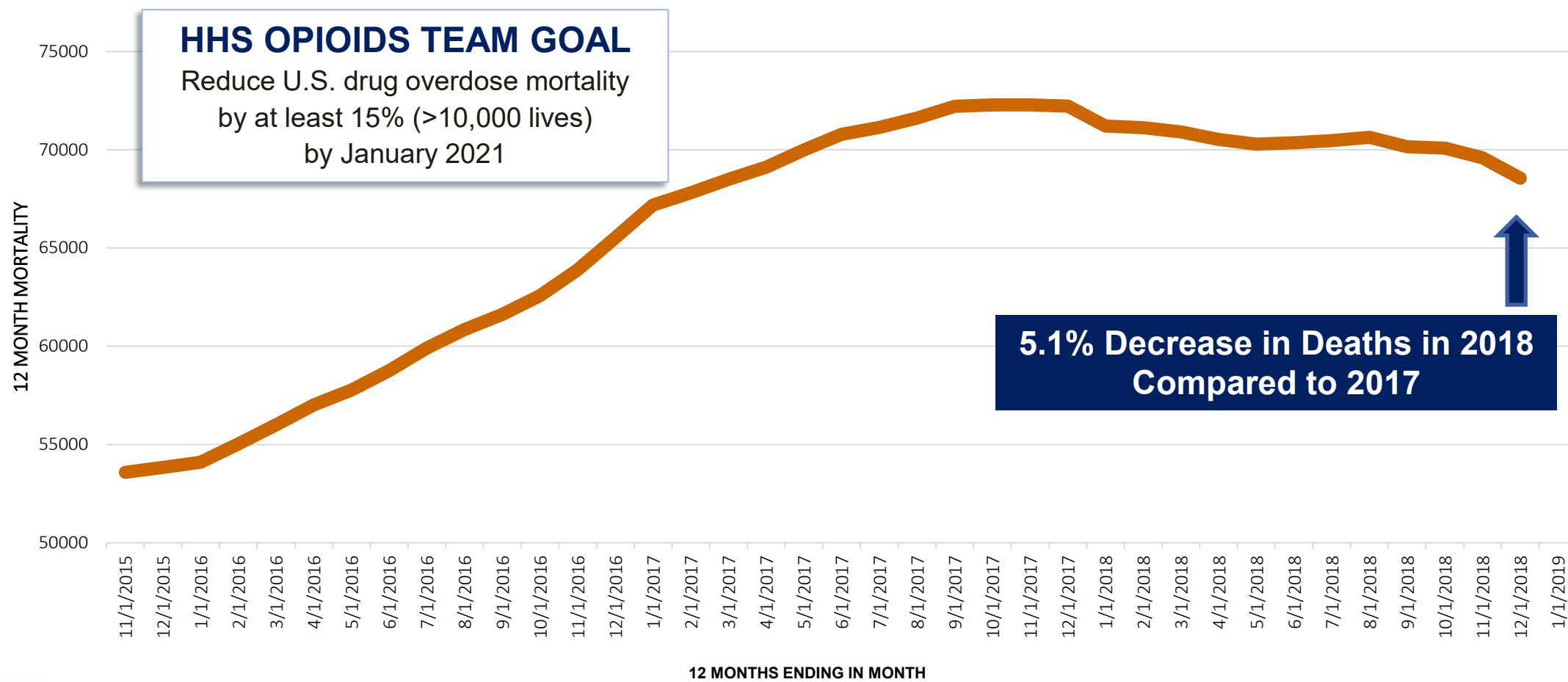
- **Recovery Services - Rebuilding One's Life**

- Social supports to welcome into a healthy community: family, friends, peers, faith-based supports
- Assistance with needs that can impact treatment - recovery housing, transportation and child care
- Employment/vocational training/education

- **Naloxone**



12 MONTH DRUG OVERDOSE MORTALITY (PREDICTED) THROUGH DECEMBER 2018

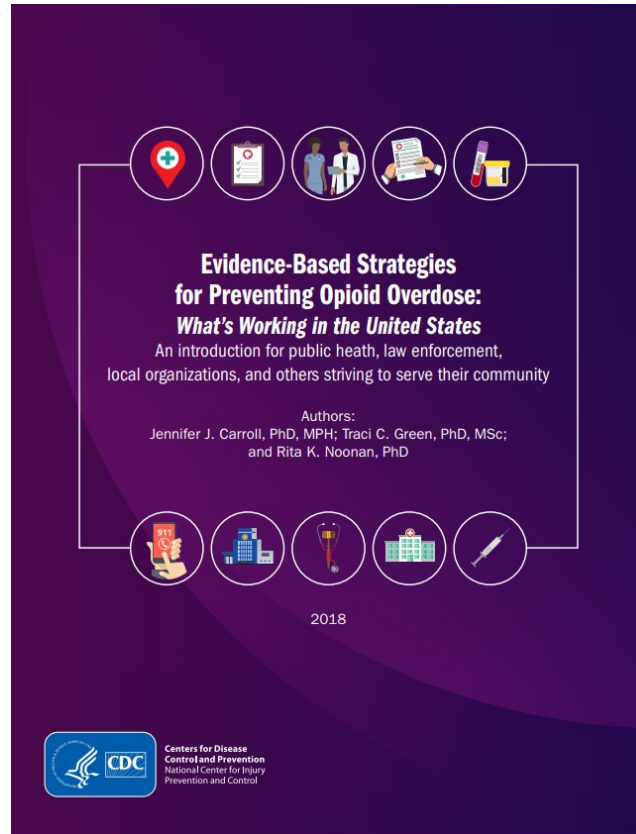


COMPREHENSIVE SYRINGE SERVICES PROGRAMS: AN ESSENTIAL PART OF THE SYNDEMICS SOLUTION

Syringe Services Programs

Sometimes called “needle exchange” or “syringe exchange,” syringe services programs provide access to clean and sterile equipment used for the preparation and consumption of drugs as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution, fentanyl testing strips, and more. Comprehensive syringe services programs also provide additional social and medical services such as: safe disposal of syringes and needles; testing for HIV and hepatitis C infection and linkage to treatment; education about overdose and safer injection practices; referral and access to drug treatment programs, including MAT; tools to prevent HIV and other infectious disease, such as condoms, counseling, or vaccinations; and linkage to medical, mental health, and social services.

SSP participants are 5X more likely to enter drug treatment and 3.5X more likely to cease injecting compared to those who don't use SSP programs



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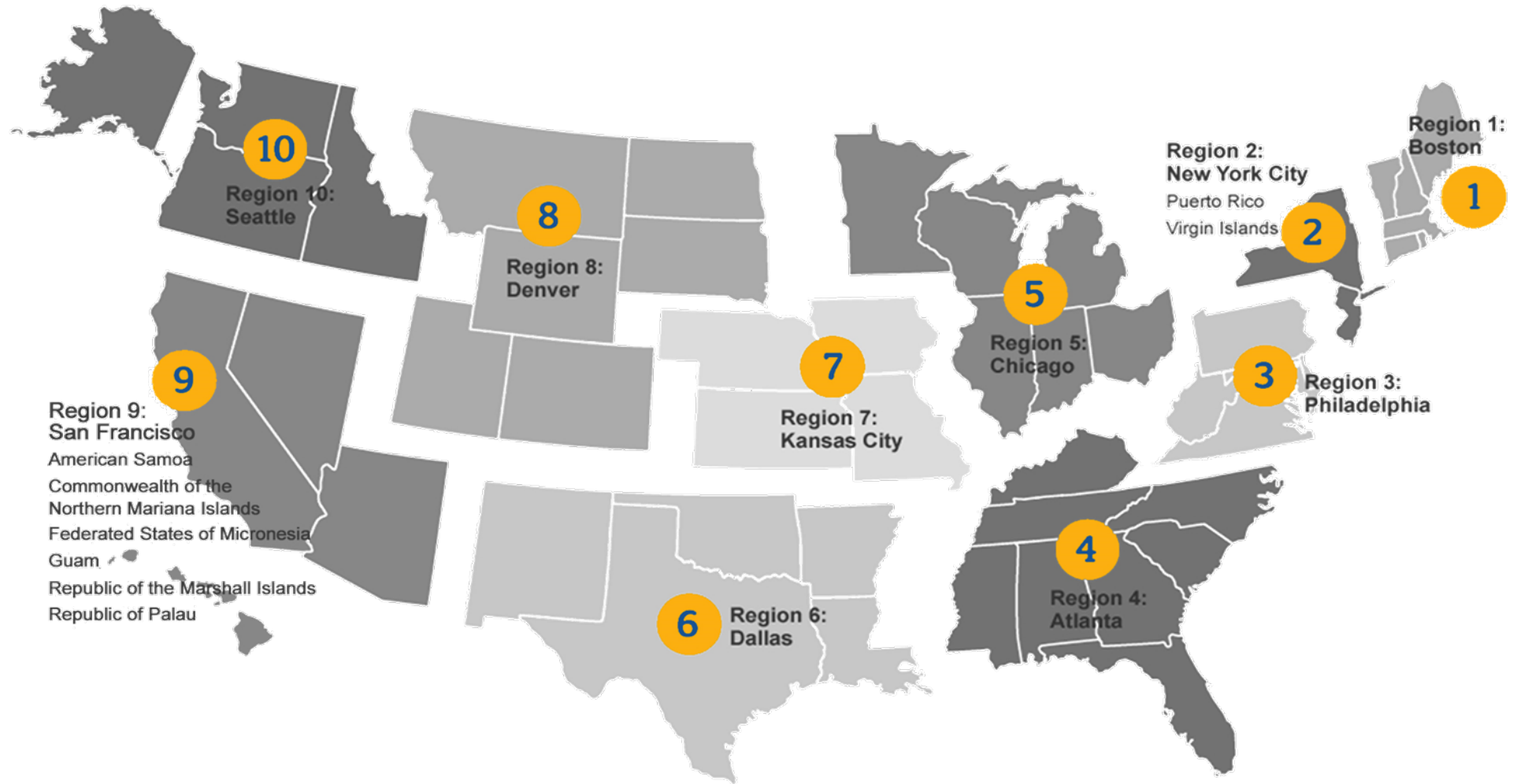
USG SUPPORT FOR SYRINGE SERVICES PROGRAM

Appropriations language from Congress in fiscal years 2016-2019 permits use of funds from HHS, under certain circumstances, to support SSPs with the exception that funds may not be used to purchase needles or syringes.

- Guidance:
<https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>



NEED FOR IMPROVED ACCESS TO SSPs





BRETT P. GIROIR, M.D.

ADM, U.S. Public Health Service

Assistant Secretary for Health

Senior Adviser, Immediate Office of the Secretary

WWW.HHS.GOV/ASH
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@HHS_ASH
ASH@hhs.gov

Syringe Service Programs: A Critical Public Health Intervention

Jonathan Mermin, MD, MPH
Rear Admiral, USPHS

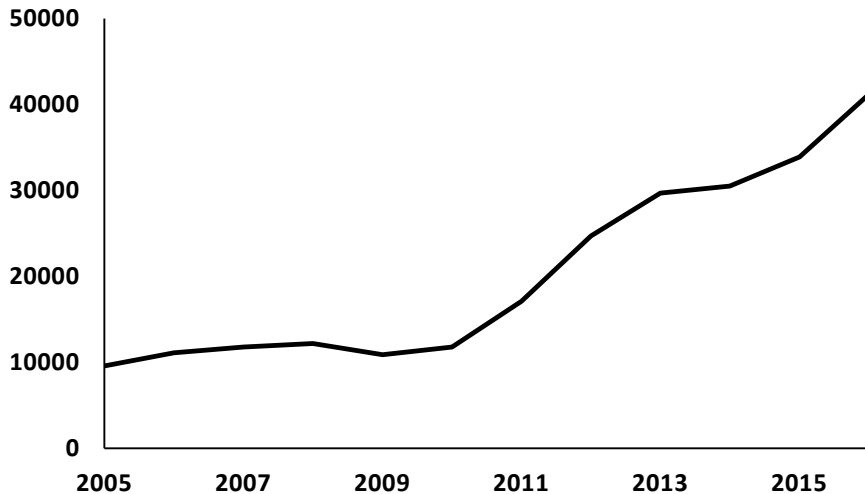
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis,
STD and TB Prevention

July 30, 2019

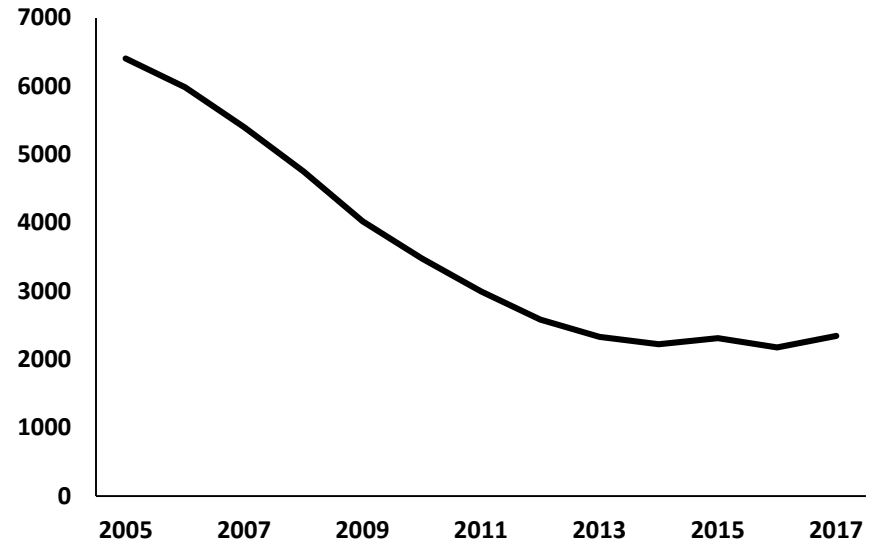


Injection drug use impact on Hepatitis C (HCV) and HIV infections

Estimated HCV Infections



HIV Infections

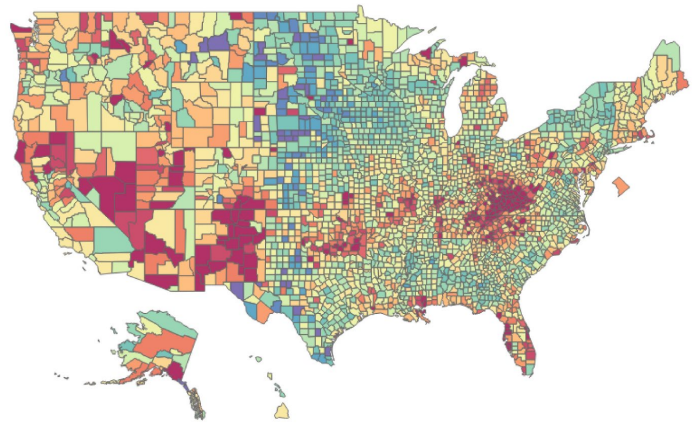


CDC. [Viral Hepatitis Surveillance, 2016](#). 2017.

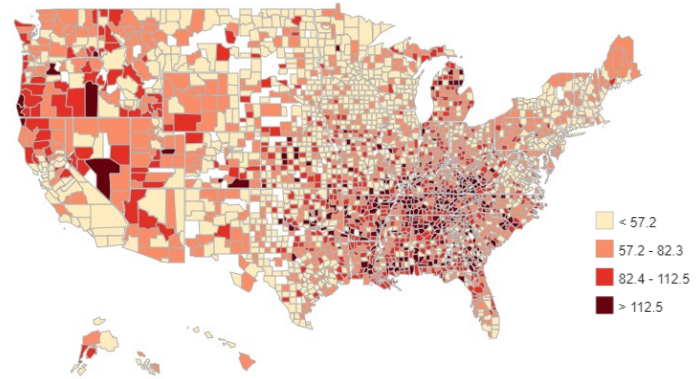
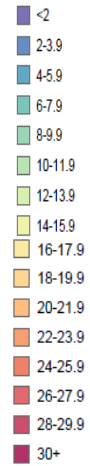
CDC. [Diagnoses of HIV Infection in the United States and Dependent Areas, 2017](#). 2018



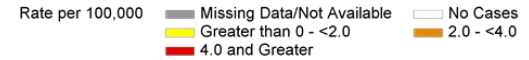
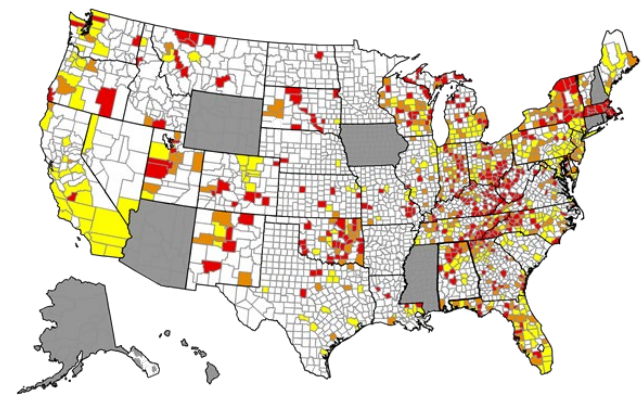
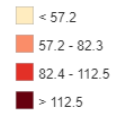
Geographic correlation of opioid prescriptions, drug overdose deaths, and HCV infections



Drug overdose death rates, by county, 2016



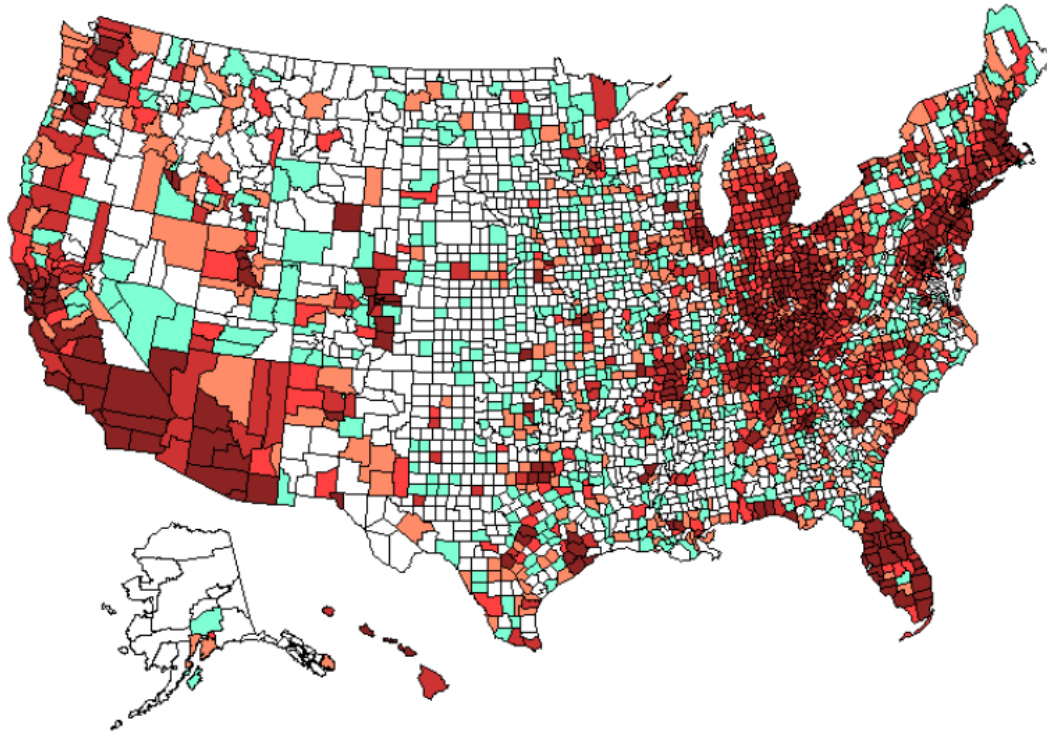
Amounts of opioids prescribed, by county, per 100 people, 2017



Source: NNDSS

Reported New HCV Infections, 2016

Ongoing multi-state outbreak of hepatitis A infections

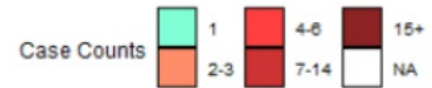


As of July 12, 2019

>22,000 cases

>13,000 hospitalizations

>200 deaths



Multiple local outbreaks of HCV/HIV infections

Scott County, Indiana

- 235 people with HIV
- ~90% had hepatitis C co-infection
- 5% adults with HIV in town
- Over \$100 million in lifetime medical costs

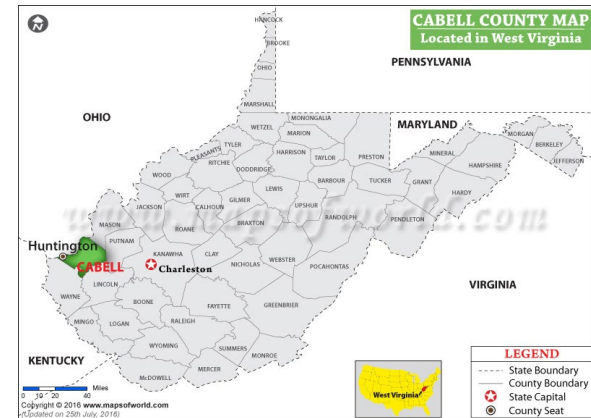
(<https://www.in.gov/isdh/26649.htm> ; *N Engl J Med* 2016;375:229-39.)



Cabell County, West Virginia

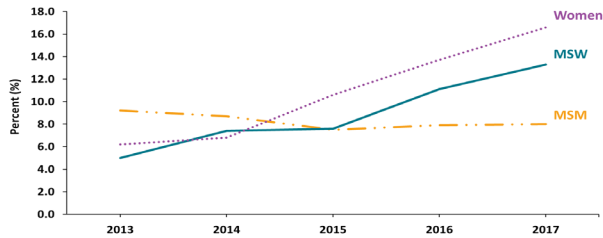
- Cabell County historically has <5 HIV cases among PWID annually
- Since January 2018, Cabell County has had 58 new diagnoses of HIV among PWID

<http://www.WVNews.com> July 3, 2019



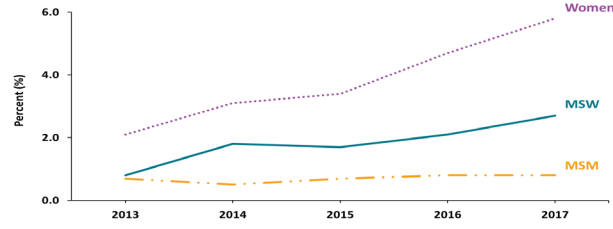
Increasing incidence of Syphilis among PWID

Proportion of P&S Syphilis Cases Reporting **Meth** Use



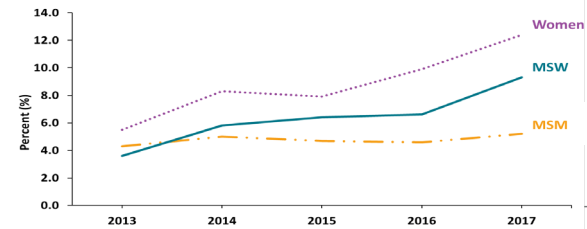
increased among women and MSW, but decreased among MSM.

Proportion of P&S Syphilis Cases Reporting **Heroin** Use



nearly doubled among women, but remained stable among MSW and MSM.

Proportion of P&S Syphilis Cases Reporting **Sex with a PWID**



increased among women and MSW, but remained relatively stable among MSM.

P&S – Primary and secondary

Kidd SE, et. al, Increased Methamphetamine, Injection Drug, and Heroin Use Among Women and Heterosexual Men with Primary and Secondary Syphilis — United States, 2013–2017. *MMWR* 2019;68:144–148

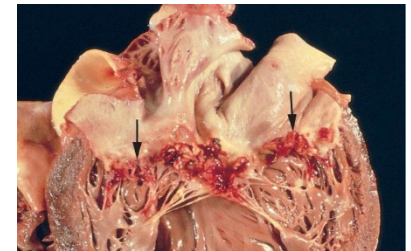


Other severe infectious consequences to opioid use

- From 2002 to 2012, hospitalizations due to opioid use and:
 - Endocarditis ↑ 46%
 - Septic arthritis ↑ 166%
 - Epidural abscess ↑ 164%
 - Osteomyelitis ↑ 115%
- Invasive MRSA among PWID ↑ 124% from 2011 to 2016



Necrotic skin ulcer

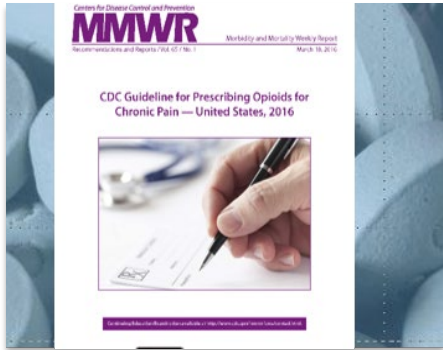


Endocarditis

References:

Ronan & Herzig (2016). Hospitalizations Related To Opioid Abuse/Dependence And Associated Serious Infections Increased Sharply, 2002-12. *Health affairs (Project Hope)*, 35(5), 832-7
Jackson et al. Invasive Methicillin-Resistant Staphylococcus aureus Infections Among Persons Who Inject Drugs — Six Sites, 2005–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:625–628.

What Can We Do?



**Prevent Harmful
Opioid Use**



**Screen and Treat
Infectious Diseases**

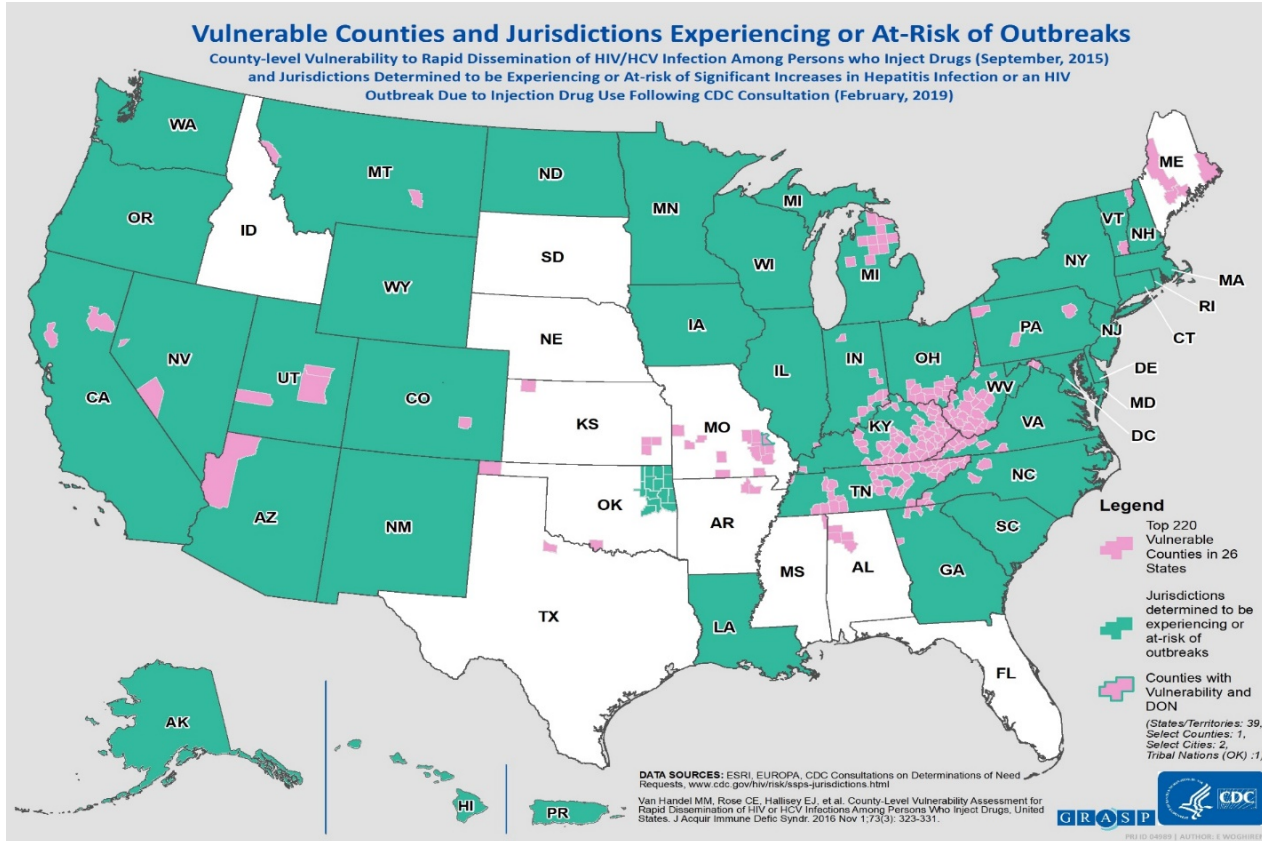


**Treat Substance Use
Disorder**



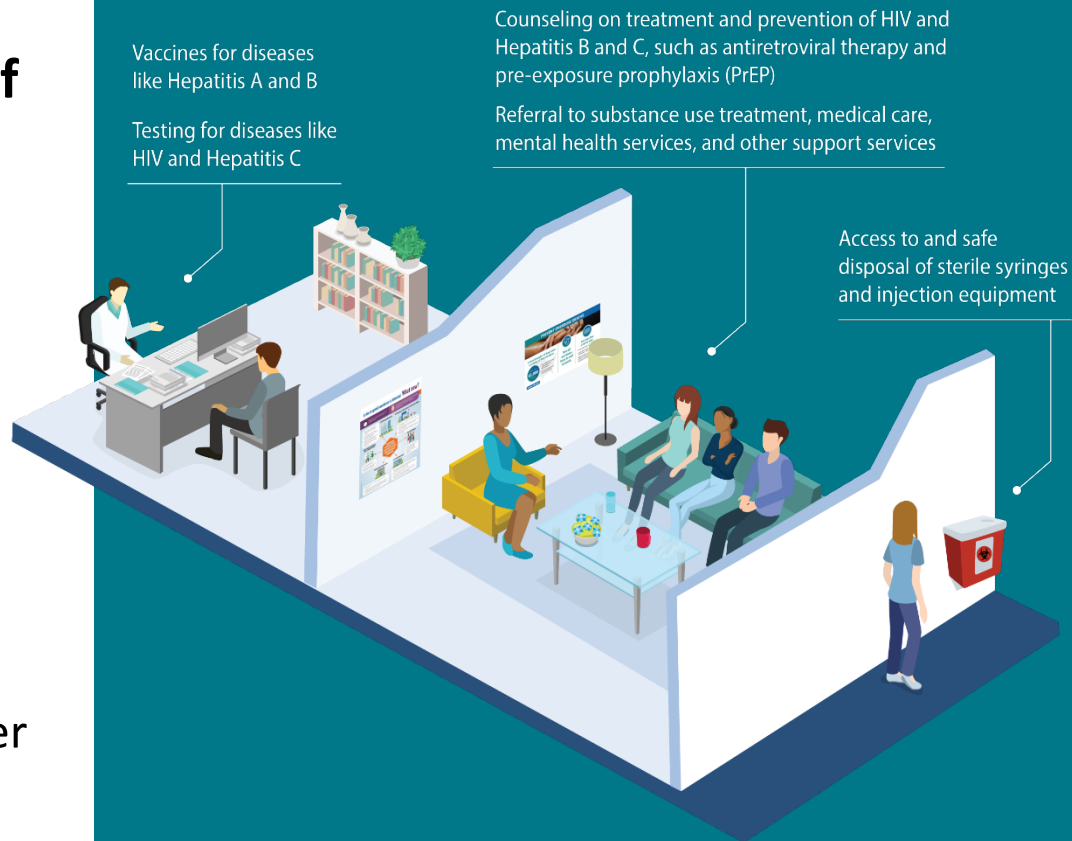
**Prevent Infectious
Diseases**

46 states, DC, and Puerto Rico have documented they have areas experiencing or at risk for increases of HCV/HIV



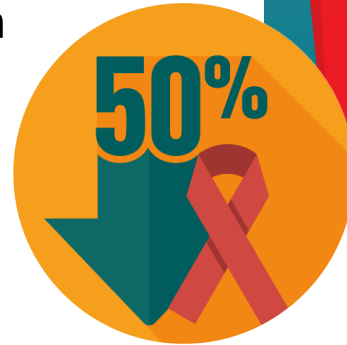
What do comprehensive SSPs provide?

- **Access to and safe disposal of sterile needles and syringes**
- **Services – or referrals to services – including**
 - Substance use disorder treatment
 - Screening and treatment for infectious diseases
 - Naloxone distribution
 - Vaccinations
 - Social, mental health, and other medical services



SSPs prevent transmission of blood-borne infections

- **Nonsterile injections can lead to serious health consequences**
- **Access to sterile injection equipment can prevent infections**
 - SSPs associated with ~50% decline in viral hepatitis and HIV transmission
 - Further declines noted when MAT services offered



SSPs help stop substance use and save lives

People who inject drugs who regularly use an SSP are:

- 3 times more likely to stop using drugs than those who don't use the programs

Providing Naloxone prevents opioid overdose deaths



New resources available

- Suite of materials available now at www.cdc.gov/ssp
- Technical package of SSP implementation
- Technical assistance

Syringe Services Programs (SSPs) Fact Sheet

Helps prevent transmission of blood-borne infections

For people who inject drugs, the best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of acquiring and transmitting infections and prevent outbreaks.

SSPs are associated with an estimated 50% reduction in HIV and HCV incidence.¹ When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds.^{2,3}

SSPs serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder.⁴

The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use.

Reports of acute hepatitis C virus (HCV) cases rose 3.5-fold

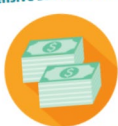
What are Syringe Services Programs (SSPs)?

Syringe Services Programs, often called SSPs, are community-based prevention programs. SSPs provide a range of health services, and they provide a lifeline to those struggling with substance abuse. Comprehensive SSPs offer patients vaccinations and testing for viral hepatitis and HIV), and sterile injection equipment to prevent the transmission of infectious diseases.

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs save lives by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **50% decline** in the risk of HIV transmission.



Users of SSPs were **three times more likely** to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, **90% increase in crime**, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs)

Background

The nation is currently experiencing an opioid crisis involving the misuse of prescription opioid pain relievers as well as heroin and fentanyl.^{1,2} The increase in substance use has resulted in concomitant increases in injection drug use across the country.³ This has caused not only large increases in injection drug use deaths,⁴ but also tens of thousands of viral hepatitis infections annually⁵ and is overdose prevention.⁶ The most effective way for individuals who inject drugs to avoid the negative consequences of injection drug use is to stop injecting.^{7,8} However, many people are unable or unwilling to do so, or they have little or no access to effective treatment.⁹ Approximately 775,000 Americans report having injected a drug in the past year.¹⁰ In 2017, 14% of high school students reported using opioids without an prescription and 5.6% reported using injectable drugs.



Syringe Services Programs (SSPs) FAQs

What is an SSP?

Syringe services programs (SSPs) are also referred to as syringe exchange programs (SEPs) and needle exchange programs (NEPs). Although the services they provide may vary, SSPs are community-based programs that provide access to sterile needles and syringes, facilitate safe disposal of used syringes, and provide and link to other important services and programs such as

- Referral to substance use disorder treatment programs.
- Screening, care, and treatment for viral hepatitis and HIV.
- Education about overdose prevention and safer injection practices.
- Vaccinations, including those for hepatitis A and hepatitis B.
- Screening for sexually transmitted diseases.
- Abscess and wound care.
- Naloxone distribution and education.
- Referral to social, mental health, and other medical services.



Are SSPs legal?

Some states have passed laws specifically legalizing SSPs because of their life-saving potential. SSPs may also be legal in states where possession and distribution of syringes without a prescription are legal.

Decisions about use of SSPs as part of prevention programs are made at the state and local levels. The Federal Consolidated Appropriations Act of 2016 includes language that gives states and local communities meeting certain criteria the opportunity to use federal funds provided through the Department of Health and Human Services to support certain components of SSPs, with the exception of provision of components of SSPs, with the other equipment used solely for the purposes of illicit drug use.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Thank You

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





HRSA and Syringe Services Programs

July 30, 2019

Heather Hauck
Deputy Associate Administrator
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



HRSA Guidance on Use of Funds for SSPs

HRSA recipients are required to obtain prior approval to use HRSA funds for SSPs:

1. Inform appropriate HRSA project officer of intent to request approval
2. Submit documentation (via EHB) from the state, territorial, or tribal health department that the jurisdiction in which federal funds will be used for the SSP is experiencing, or is at risk of experiencing, a significant increase in hepatitis or HIV infections due to injection drug use
3. Submit documentation (via EHB) that the SSP is operating in accordance with applicable federal, state, and local laws and other requirements
4. Recipients that wish to reallocate existing HRSA funding to support SSPs must follow standard reallocation procedures established for that HRSA award



HRSA guidance available <https://www.hiv.gov/sites/default/files/hhs-ssp-hrsa-guidance.pdf>



SSPs and HRSA's Ryan White HIV/AIDS Program

- **Montana:** Supporting SSPs with HRSA's Ryan White HIV/AIDS Program (RWHAP) Part B funds to pay for staff; HIV and HCV testing kits; syringe disposal services; linkage to treatment and care services; educational materials on substance use disorder treatment, recovery support services and medical and mental health services; and naloxone
- **Utah:** Using Early Intervention Services funds to support targeted HIV testing; outreach and health education/risk reduction; linkage to care; and referral services through SSPs in the state
- **Wisconsin:** Using HRSA RWHAP Part B funds to support SSPs to purchase supplies related to safe syringe disposal, HIV testing, education, and outreach



SSPs and HRSA's Health Centers Program

- **Albuquerque Health Care for the Homeless (Albuquerque, NM) Harm Reduction Outreach Program:** collaborating with community-based providers to deliver overdose prevention services to people who inject drugs (PWID)
 - uses the state-approved Overdose Prevention Curriculum
 - Distributed 2,482,110 syringes and collected 1,027,689 (41.40%) syringes, including the center's drop-box
- **Circle Health Services (Cleveland, OH):** operates one of the only syringe exchange programs in Ohio
 - Reduces the incidence of HIV and HCV infection in high risk populations by providing people who inject drugs with clean supplies and education
 - Exchanges of needles are on a one-for-one basis so clients must have a used needle in order to receive one
- **First Nations (Albuquerque, NM):** provides overdose prevention education, sterile needle exchange and Naloxone distribution
 - Expanding from a needle drop box at one of its sites to include one at another site
 - Uses program as an entry point into HIV and HCV testing and treatment and link people into appropriate health, behavioral health and/or other care
- **Outside In's (Portland, OR) Injection Drug Users Health Services:** client-centered, promotion of health and healing for PWID
 - Serves nearly 5,000 people who exchange over one million syringes each year
 - Provides overdose prevention trainings and distributes naloxone



Thank You!

Heather Hauck

Deputy Associate Administrator

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: hhauck@hrsa.gov





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Harm Reduction and SSPs

Elinore F. McCance-Katz M.D., Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

Intersecting Problems: Substance Use Disorders/Mental Illness/HIV

- Those at risk for or living with HIV have high rates of mental and substance use disorders. For many, the **presence of mental and substance use disorders underlie the risk for HIV in the form of high risk drug use behaviors, particularly injection drug use and high risk sexual practices that frequently occur during intoxication and in the situation of untreated mental illness.**

	General Population (%)	Those Living with HIV (%)
Substance Use Disorder (General)	7.4	22.7
Methamphetamine	0.3	5.1
Cocaine	0.3	5.8
Mental Illness (Generally)	18.6	37.7
Serious Mental Illness	4.4	7.9
Major Depressive Episode	6.9	11.4
Co-Occurring Substance Use and Mental Disorder	3.4	13.4

Why is this important? Key Concepts:

- Substance use increases the risk of HIV infection.
 - HIV infection is substantially associated with the use of contaminated or used needles to inject heroin.
- HIV/AIDS, substance use disorders, and mental disorders interact in a complex fashion.
 - Each acts as a potential catalyst or obstacle in the treatment of the other two— substance use and/or untreated mental disorders can negatively affect adherence to HIV/AIDS treatment regimens; substance use disorders and HIV/AIDS are intertwining disorders.
- Substance use disorder treatment is a form of HIV prevention.
 - Placing the person in substance use disorder treatment along a continuum of care and treatment helps minimize continued high-risk behavior. Reducing a client's involvement in these behaviors reduces the probability of infection.
 - For those with opioid use disorder, treatment should include opioid pharmacotherapy.
 - Risk reduction allows for a comprehensive approach to HIV/AIDS prevention. This strategy promotes changing substance related and sex-related behaviors to reduce clients' risk of contracting or transmitting HIV.

SAMHSA TIP 37

Call for Collaboration

SAMHSA is addressing HIV/viral hepatitis with goals of preventing infection, improving health outcomes and reducing mortality in vulnerable populations through its SAPT Block Grant funding and discretionary funding that support:

- Implementation of evidence-based screening tools
- Preventive interventions
- Clinical treatment for substance use and mental disorders as well as for HIV and other infectious diseases
- Community recovery supports

Other actions taken:

- Informing all SUD treatment providers about the importance of HIV testing via a personal communication/call to action from the Assistant Secretary
- Utilizing SAMHSA's new Technology Transfer System to educate about prevention of HIV and how to address HIV and viral hepatitis in SUD and MH settings
- Working with the Department of Health and Human Services to eradicate HIV

Allowable Use of Federal Funding to Support SSPs and Other Harm Reduction Strategies

SABG funds can be repurposed to support elements of SSPs:

- Communication, including use of social media technologies, and outreach activities designed to raise awareness about and increase utilization of SSPs.
- Personnel to support SSP implementation and management (e.g., program staff, as well as staff for planning, monitoring, evaluation and quality assurance).
- Supplies to promote sterile injection/reduce infectious disease transmission through injection drug use (excludes sterile needles, syringes, and drug preparation equipment).
- Testing kits for HIV.
- Syringe disposal services (e.g., contract/other arrangement to dispose of biohazardous material).
- Male and female condoms to reduce sexual risk of infection with HIV and other STDs.

Other Allowable Use of Resources for Services and Activities

**Discretionary and SABG funds support navigation services to ensure linkage to:
HIV and viral hepatitis prevention services:**

- HIV testing,
- Risk reduction education

Treatment and care services: including antiretroviral therapy for HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission and partner services; substance use disorder treatment, and medical and mental health care.

– **Case management services:**

It is sometimes difficult for the HIV-infected person with substance use disorder to find and pay for needed services. The case manager can play an important role in helping find specific services and navigate the plethora of public and private funding options. The counselor should be familiar with funding options for services such as substance use treatment, mental health treatment, medical and dental care, and HIV/AIDS drug therapy.

Educational materials, including information about: safer injection practices; reversing a drug overdose; HIV prevention, testing, treatment and care services; and mental health and substance use disorder treatment, including medication assisted treatment.

Ending the HIV Epidemic: SAMHSA's Role

1. To **provide treatment for mental and substance use disorders** for those at risk for HIV or living with HIV to reduce risk and improve adherence to treatment with an overall goal of improving the lives of those affected
2. To provide prevention interventions to those at risk through **HIV testing with pre/post-test counseling and education** regarding high risk behaviors: both community based and within SUD/MH programs
3. To assure that **all identified with HIV infection or at very high risk and in need of prophylaxis get the appropriate referrals from behavioral health programs to appropriate healthcare resources with ongoing care coordination**
4. Through **SAMHSA's national network of TTCs**, we provide **training and technical assistance to healthcare providers** with a goal of improving screening, assessment and treatment of HIV and associated mental and substance use disorders for those in behavioral health programs.
5. To provide training and technical assistance in **PEPFAR** countries to **assist with building treatment programs for mental and substance use disorders with the goal of reducing risk for and spread of HIV**