Agenda: **Syringe Service Programs – State and Local Perspectives on the Role of Policy, Funding, and Partnerships**

Webinar Introduction:	ADM Brett Giroir, MD
Perspective from Kentucky:	Connie Gayle White, MD, MS, FACOG
Perspective from North Carolina:	Danny Staley, MS
Perspective from New Mexico:	Andrew Gans, MPH and Joshua Swatek
Webinar Q & A:	Corinna Dan, RN, MPH

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HIV CASES INCREASING
AMONG INDIVIDUALS WITH OPIOID USE DISORDER

BOSTON Herald

September 2, 2019

HIV infections on the rise among opioid addicts in Massachusetts

HIV is on the rise among drug users — fueled by fentanyl, the sharing of dirty needles and drug-related unsafe sex — with the number of new cases among infected addicts skyrocketing in Massachusetts.

POLITICO

September 2, 2019

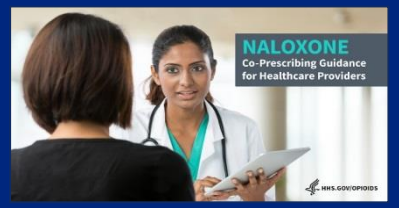
‘The nightmare everyone is worried about’: HIV cases tied to opioids spike in West Virginia county

A cluster of HIV cases in a rural West Virginia county represents what public health officials have long feared amid the nationwide opioid epidemic.

Cabell County became the first West Virginia county to fund a needle exchange. | Spencer Platt/Getty Images

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH



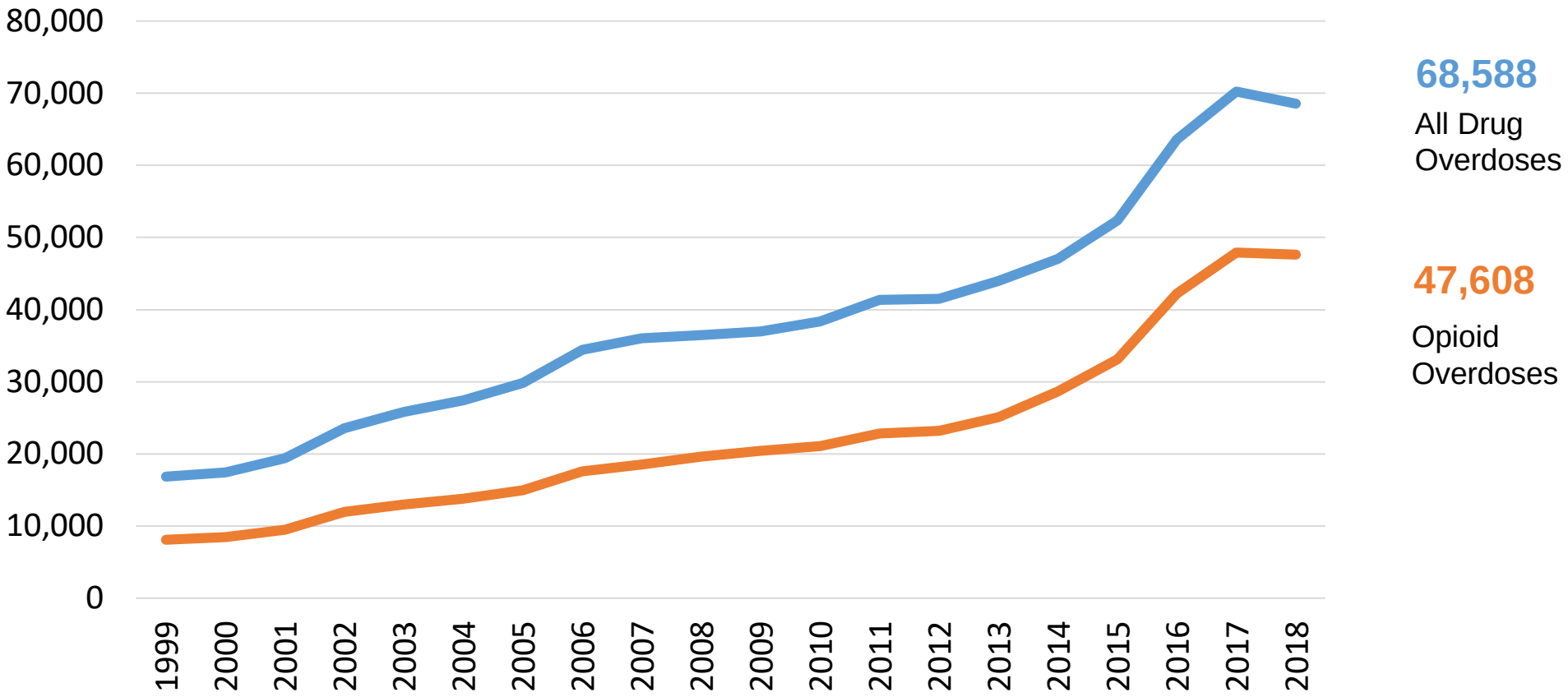
Syringe Services Programs –

State and Local Perspectives on the Role of Policy, Funding, and Partnerships

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



68,588
All Drug Overdoses

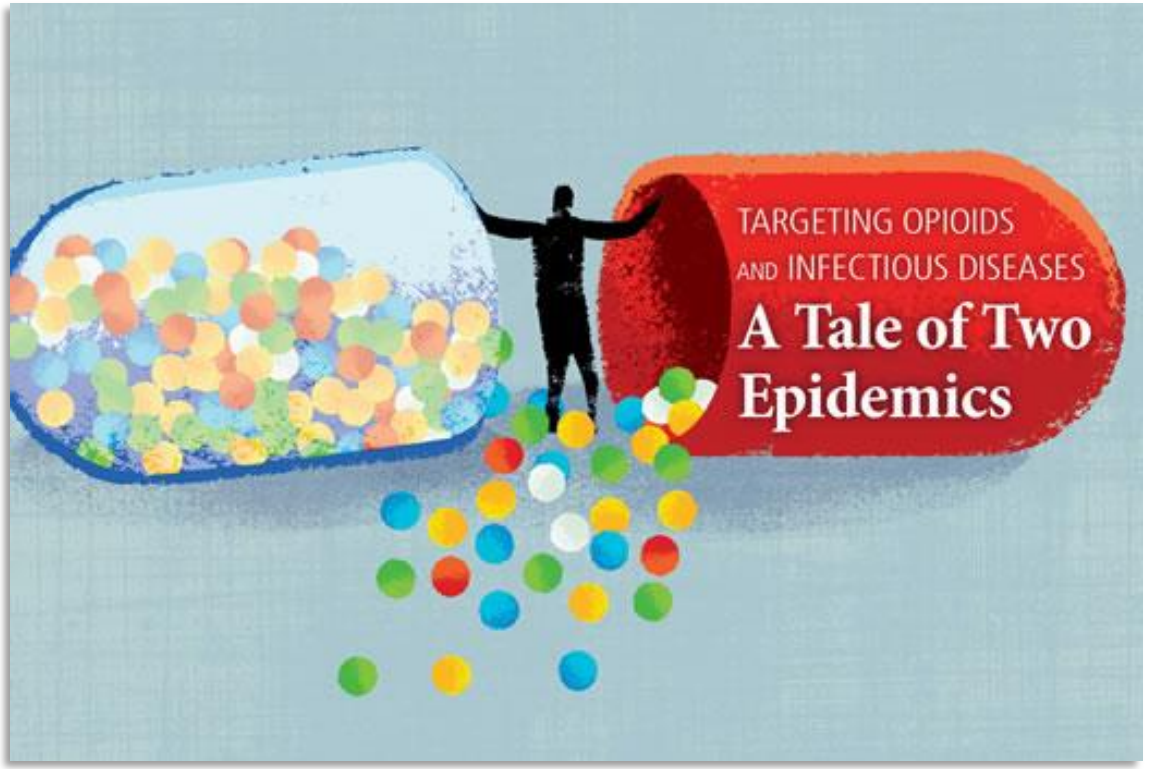
47,608
Opioid Overdoses

OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH

SOURCE: NCHS, National Vital Statics System, Mortality

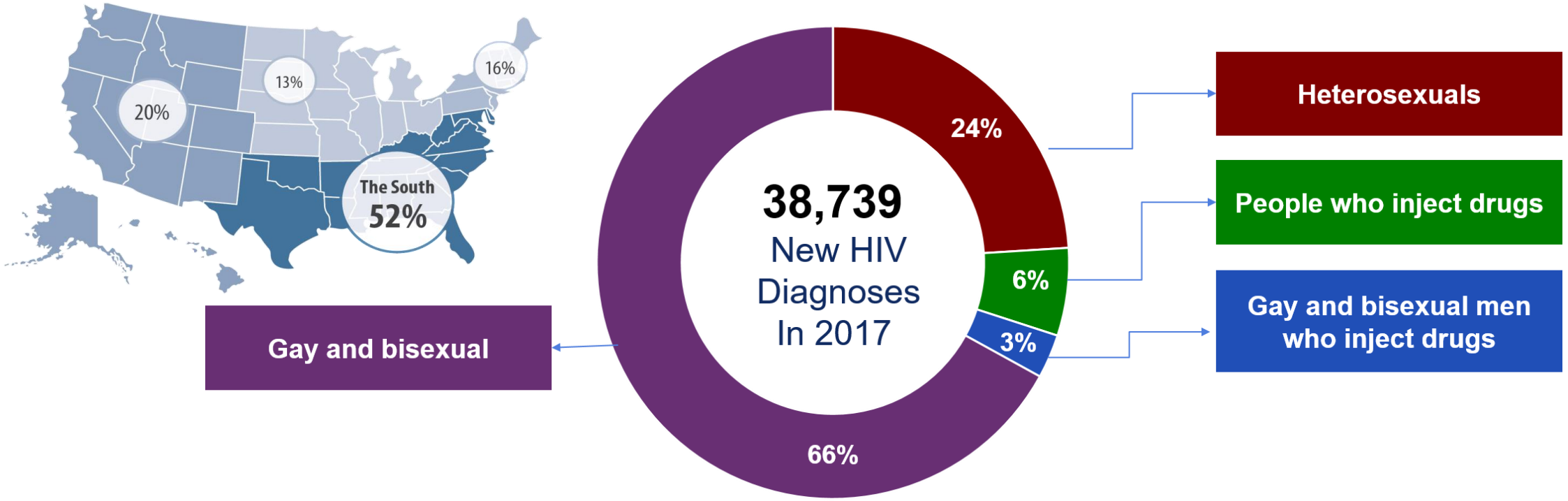
INFECTIOUS CONSEQUENCES OF THE OPIOID EPIDEMIC

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



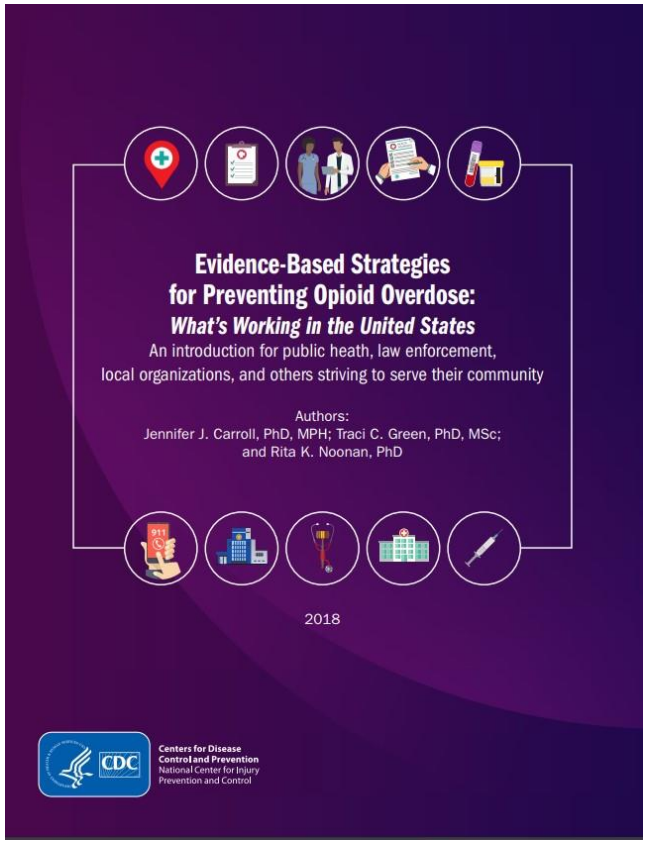
National Academies Workshop
Sponsored by OASH, Report July 2018

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



https://www.cdc.gov/hiv/statistics/overview/ataglance.html
https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf

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

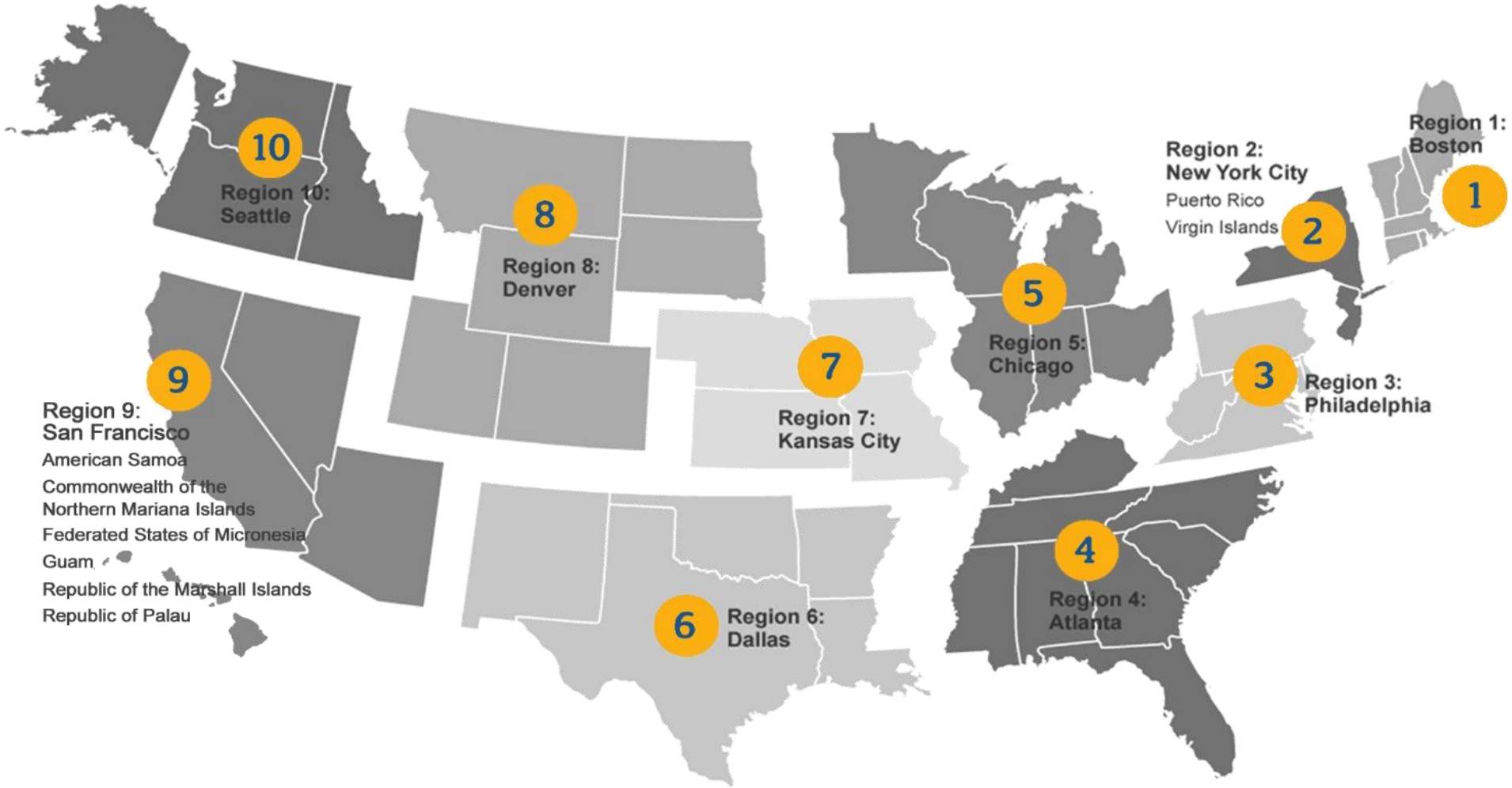


Syringe Services Programs

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

NEED FOR IMPROVED ACCESS TO SSPs



Syringe Service Programs: State and Local Perspectives on the Role of Policy, Funding, and Partnerships

Kentucky Experience

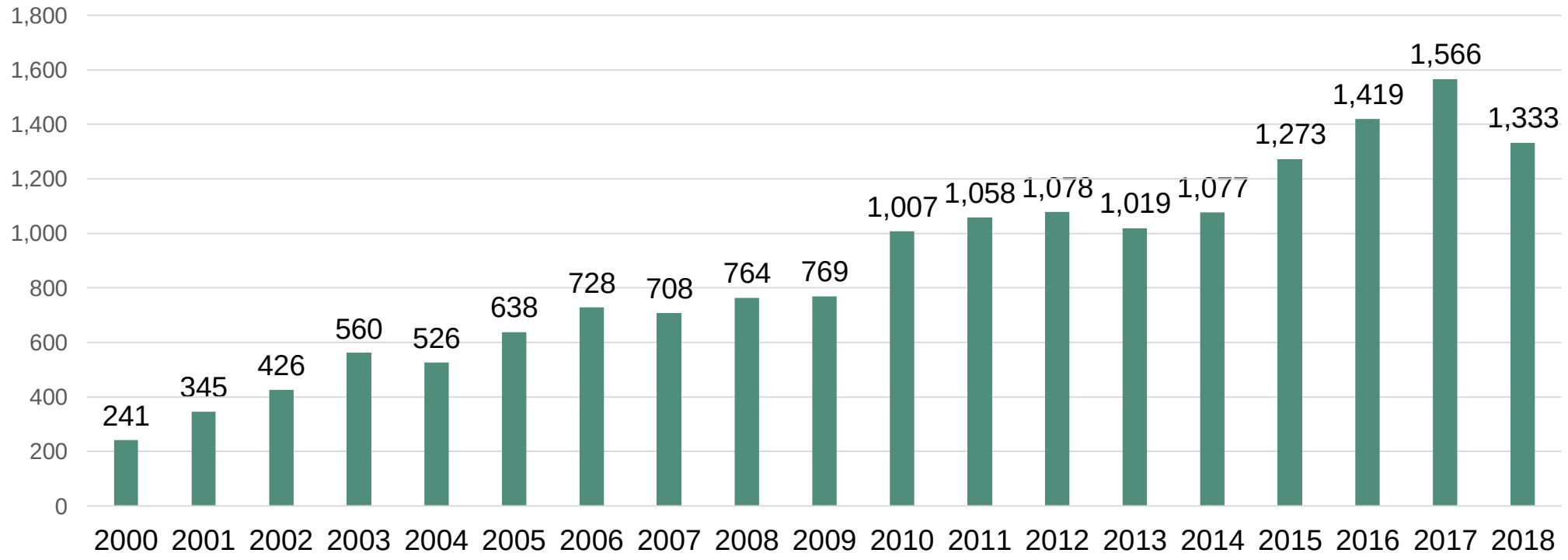
Connie Gayle White, MD, MS, FACOG

Deputy Commissioner

Kentucky Public Health

Prevent. Promote. Protect.

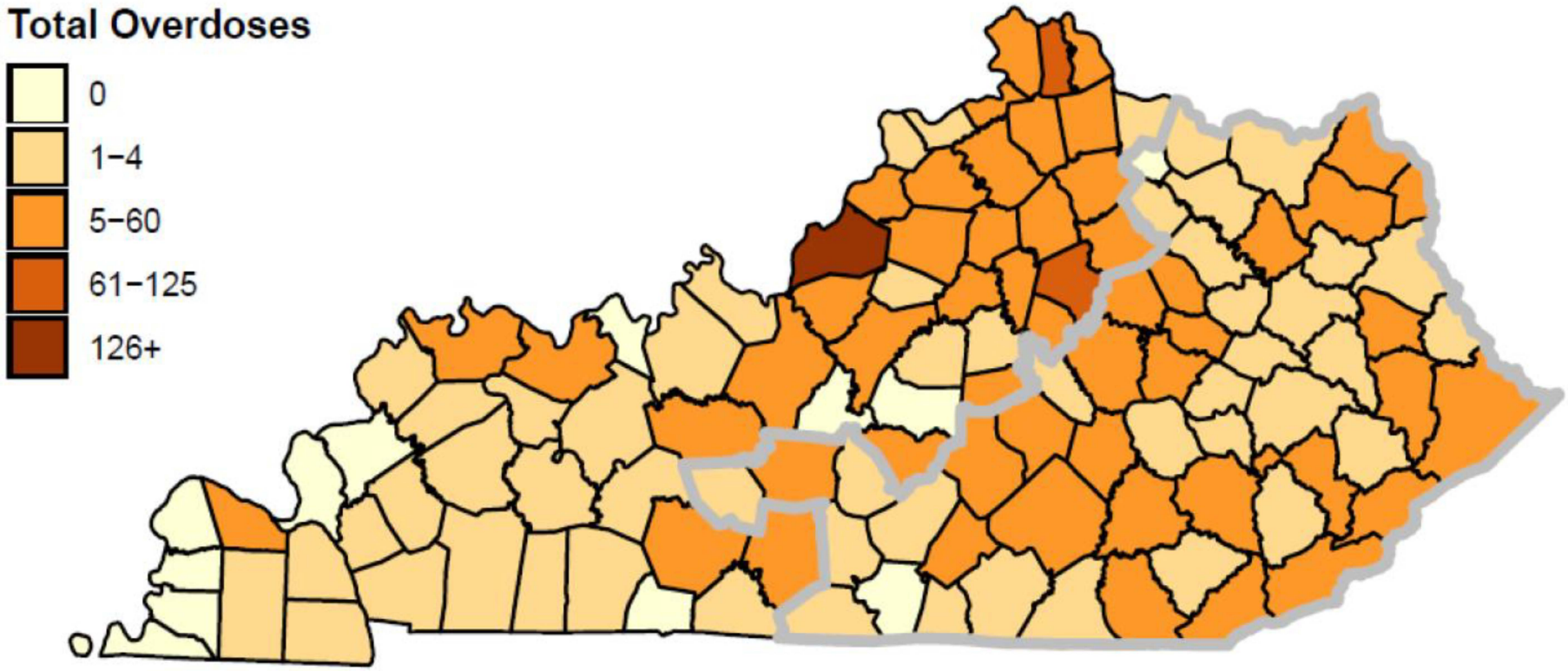
Kentucky Drug Overdose Deaths
2000 - 2018



KIPRC – Kentucky Injury Prevention Research Center

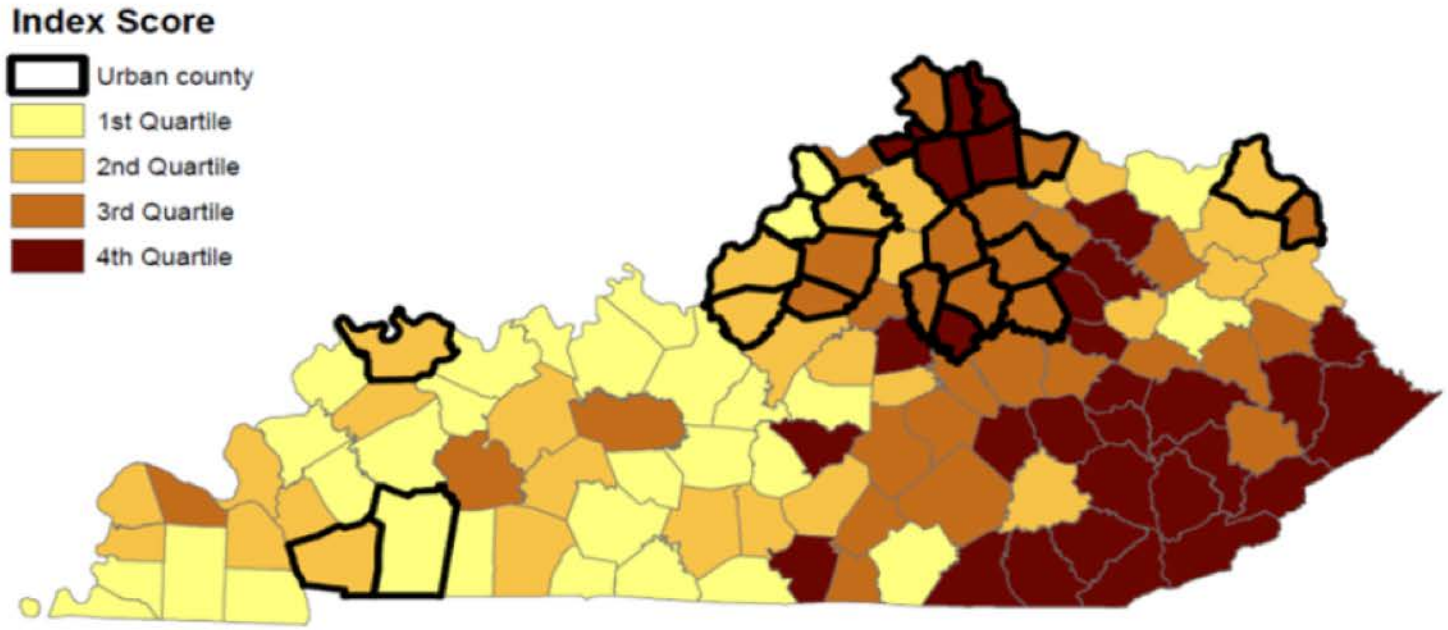
Count of Drug Overdose Deaths by County of Residence, Kentucky, 2018

Grey line denotes Appalachian Counties



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. July 2019. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. This report was supported by Cooperative Agreement Number 6 NU17CE002732–04, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Composite Risk Index for Opioid Overdose

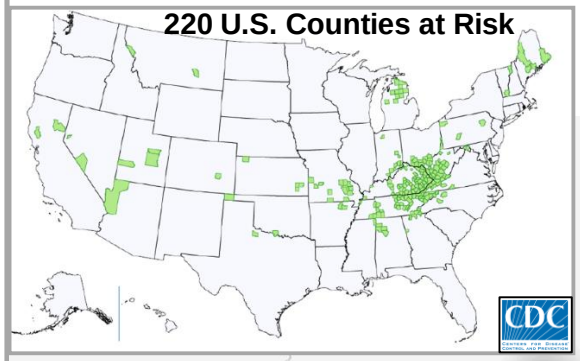


Index score calculated by averaging county ranks m 1) fatal opioid overdose rate, 2) opioid overdose emergency department visit rate; 3) opioid overdose hospitalization rate, 4) MME >=100 rate; 5) neonatal abstinence syndrome rate

Data sources Kentucky Inpatient and Outpatient Hospitalization Claims Files, Frankfort, KY, Cabinet for Health and Family Services. Office of Health Policy, Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services; KASPER Quarterly Trend Report, Third Quarter 2015, Kentucky Department for Public Health Data are provisional and subject to change.

CHFS
Cabinet for Health and Family Services

54 Kentucky Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs and Preventive Syringe Services Programs (SSPs)



Specific concerns regarding Kentucky Counties:

1. Dense drug user networks similar to Scott County, Indiana
2. Lack of syringe services programs

National Ranking by County*

1	**Wolfe ***	34	Martin	108	Gallatin
3	**Breathitt ***	**35**	**Boyle ***	**125**	**Bath ***
4	**Perry ***	39	Lawrence	126	Grayson
5	**Clay ***	40	Rockcastle	**129**	**Greenup ***
6	Bell	45	Harlan	132	Green
8	Leslie	**48**	**McCreary ***	153	Casey
9	**Knox ***	**50**	**Letcher ***	**154**	**Carter ***
10	**Floyd ***	53	Johnson	163	Monroe
11	Clinton	**54**	**Russell ***	**167**	**Garrard ***
12	**Owsley ***	**56**	**Elliott ***	**175**	**Robertson ***
14	**Whitley ***	**65**	**Laurel ***	178	Lewis
15	**Powell ***	67	Carroll	179	Edmonson
17	Knott	**75**	**Taylor ***	180	Allen
21	**Pike ***	**77**	**Grant ***	**187**	**Boyd ***
23	**Magoffin ***	**93**	**Adair ***	191	Hickman
25	**Estill ***	**97**	**Lincoln ***	202	Breckinridge
30	**Lee ***	99	Wayne	**212**	**Campbell ***
31	Menifee	101	Cumberland	**214**	**Mercer ***

** Vulnerable Counties in **RED** have Operating SSPs*

54 Vulnerable Counties

63 Operating SSPs
(56 Counties) as of 09/12/2019

3 Counties are Approved but
Not Yet Operational

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.

History of Opioids in Kentucky (1)

- 2001 DEA map of zip codes with the highest opioid prescribing in the US
  - One in Northern California
  - One in South Florida
  - Seven in Eastern Kentucky and West Virginia

History of Opioids in Kentucky (2)

- 2001 DEA map of zip codes with the highest opioid prescribing in the US
  - One in Northern California
  - One in South Florida
  - Seven in Eastern Kentucky and West Virginia
- 2003 Representative Hal Rogers, KY 5th District, forms Operation UNITE

History of Opioids in Kentucky (3)

- 2001 DEA map of zip codes with the highest opioid prescribing in the US
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  - Seven in Eastern Kentucky and West Virginia
- 2003 Representative Hal Rogers, KY 5th District, forms Operation UNITE
- 2004 Operation UNITE Help Line report
  - 1:10 IV drug use

History of Opioids in Kentucky (4)

- 2001 DEA map of zip codes with the highest opioid prescribing in the US
  - One in Northern California
  - One in South Florida
  - Seven in Eastern Kentucky and West Virginia
- 2003 Representative Hal Rogers, KY 5th District, forms Operation UNITE
- 2004 Operation UNITE Help Line report
  - 1:10 IV drug use
- 2010 Reps Rogers and Bono Mack develop the Congressional Caucus on Prescription Drug Abuse

History of Opioids in Kentucky (5)

- 2001 DEA map of zip codes with the highest opioid prescribing in the US
  - One in Northern California
  - One in South Florida
  - Seven in Eastern Kentucky and West Virginia
- 2003 Representative Hal Rogers, KY 5th District, forms Operation UNITE
- 2004 Operation UNITE Help Line report
  - 1:10 IV drug use
- 2010 Reps Rogers and Bono Mack develop the Congressional Caucus on Prescription Drug Abuse
- 2018 Operation UNITE Help Line report
  - 10:10 IV drug use

Legislative approval

- Initial introduction in the 2014 legislative session – no success

Legislative approval (contined)

- Initial introduction in the 2014 legislative session – no success
- Introduced in 2015 – ‘Heroin Bill’
  - 14 Chapters with one chapter on “Pill Mills”
  - Good Samaritan Provision
  - Naloxone restrictions loosened
  - Syringe Service Programs legalized
  - Other criminal justice reforms

Three levels of Approval (1)

- Local Board of Health

Three levels of Approval (2)

- Local Board of Health
- City Council

Three levels of Approval (3)

- Local Board of Health
- City Council
- County Government

Three levels of Approval (4)

- Local Board of Health
- City Council
- County Government

- Be alert after elections!
  Will need to re-introduce harm reduction

Principles of Harm Reduction

- Accept there is drug use
- Understand the complex phenomenon, recognizing that some methods are safer than others
- Establish quality lives
- Deliver non-judgmental services
- Provide a real voice to the client
- Empower them to make good choices and prevent their harm; then share that with others
- Acknowledge the impact of the social determinants of health
- Recognize the realities and dangers of drug use

Services Provided at SSPs

- Testing for HIV/HCV and other co-morbidities
- Vaccination (Hepatitis A)
- Naloxone supply
- Peer support specialists availability
- Referral to infectious disease treatment
- Transfer to substance use disorder treatment

SSPs Sustainability in Kentucky

- Local approval process
- Secure on-going financial support
- Define and re-define data collection system
- Continue to re-inform local government officials of the importance of harm reduction

findhelpnowky.org

connie.white@ky.gov

A North Carolina Perspective on SSPs

Danny Staley, Former Director of NC Division of Public Health, Chief Caribbean Operations, ASTHO

16 Sept. 2019

Making Progress in a Challenging Environment

- Regulatory/policy structures and public perception
- Data to drive our work
- Creating sustainable and impactful work

Regulatory and Policy Change

- The impact of the opioid epidemic has helped us look at regulation and policies that are barriers to SSPs.
- Changing regulations and policies is a process that requires time and education.
- Finding the best person for the message.
- Politics are local.
- Not in my backyard.

Timeline and Policy Evolution

- Initial Legislation, 2013- HB 850, Possession of Needles/Tell Law Officer. Stated purpose: Protect officers from punctures and exposure to HIV and Hepatitis.
- 2015- HB 172, Pilot SSP limited to 4 counties, 1 year report back to legislature.
- 2016- HB 972, amended state statutes to authorize needle and exchange programs.
- 2017- HB 243, clarification that allowed SSPs to use non-state governmental funds.

Boundary Spanning Leadership/Moral Foundations Theory

- The issue of opioids and SSPs is not only a public health issue.
- We have a common mission with many partners.
- Using all the values of Moral Foundation Theory, we craft a richer message.
  - Fairness, Care, Liberty, Loyalty, Authority, and Sanctity.

Data Driving our Work

- Use Data to paint the picture and engage the Community.
  - Death registry and Emergency Department data
- Use Data to inform your plan.
- Use Data to help sustain efforts.
  - Registration of sites with annual reports of activities

Reporting Data Points Collected and Used to Support Program Sustainability

- Counties covered by SSPs and model(s) of SSPs
- Population served
- Information and referral
- Educational materials
- What and how many supplies distributed
- Opioid antagonist distribution and stats
- Infectious disease testing and referral

Useful Resources

North Carolina Safer Syringe Initiative

https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative

A Public Health Guide to Ending the Opioid Epidemic
Butler, J; Fraser, M.

Danny Staley
dstaley@astho.org
336-984-0066

NEW MEXICO
DEPARTMENT OF
HEALTH

Comprehensive, Client-Centered Syringe Services Program (SSP): The New Mexico Model

Andrew Gans, MPH
HIV, STD and Hepatitis Section Manager

Josh Swatek
Hepatitis and Harm Reduction Program Manager

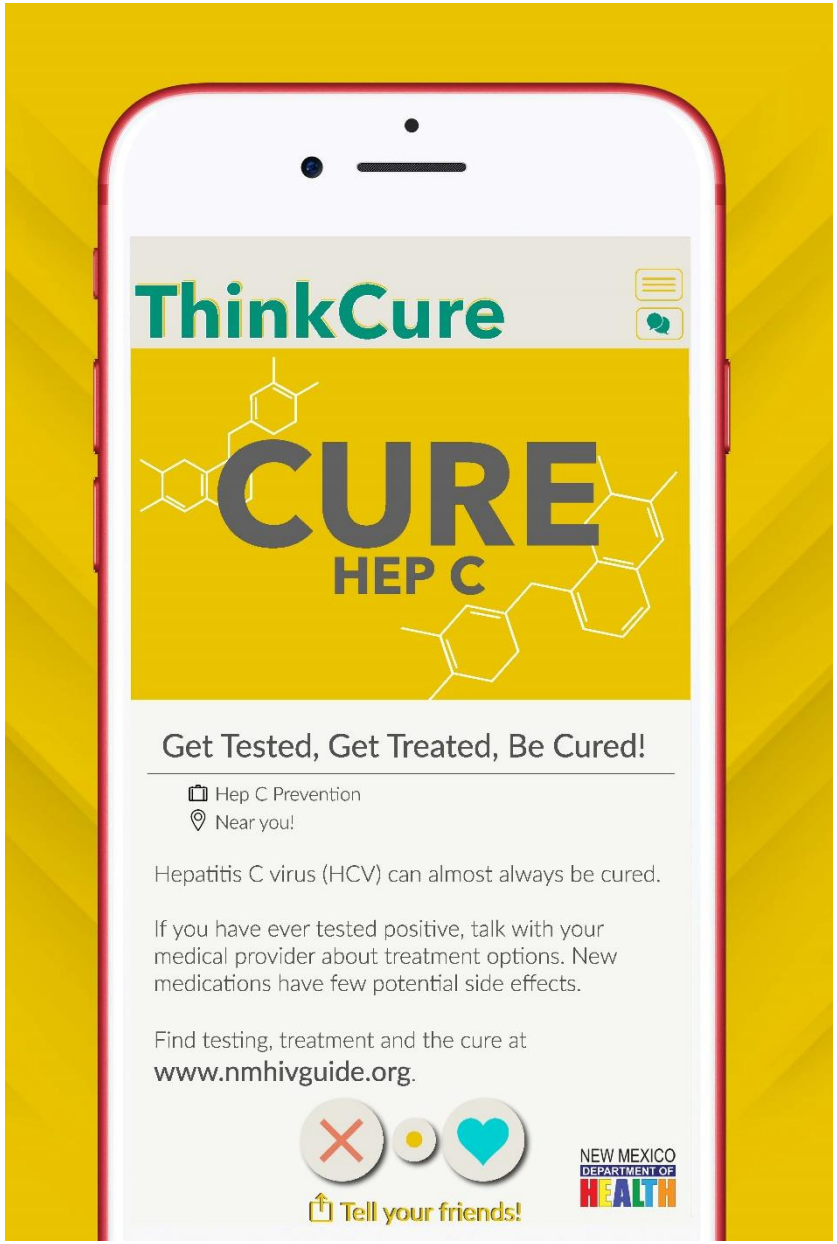
Objectives

1. Highlight key elements of a comprehensive, client-centered Syringe Services Program (SSP).
2. Review New Mexico history and origins in establishing the program.
3. Review strategies that respond to client needs and reduce stigma.
4. Highlight positive impacts on prevention and response to infectious disease.

Key Elements of Comprehensive Syringe Services

- Provision of new, sterile syringes.
- Safe disposal of syringes via both program interactions and community dropboxes. Small sharps containers provided to participants to return to program.
- Provision of other "works" needed to prevent the spread of infectious disease.
- Overdose prevention.
- Navigation (not just referrals) to substance use services, public health interventions, and social services.

Hepatitis C Virus (HCV) Elimination!



Origins of New Mexico Program and Data to Demonstrate Need

- Sero-prevalence study conducted in 1994-1997 found high rates of hepatitis C virus (HCV) but low rates of HIV.
  - 1,003 participants in study
  - Only 0.5% had HIV infection, but 61% positive for hepatitis B and 82% for HCV.
  - *Samuel, M.C., Doherty, P.M., et. al, 2001. *Association between heroin use, needle sharing and tattoos received in prison with hepatitis B and C positivity among street-recruited injecting drug users in New Mexico, USA.* Epidemiological Infections, 127, 475-484.
- Fastest increases in new HCV infections among persons under age 30 per NMDOH data.

Statewide Law and Policy to Support Program Activities

- New Mexico Harm Reduction Act passed in 1997.
- Authorized the Department of Health to:
  - Compile data to assist in planning and evaluation.
  - Provided immunity for exchange or possession of hypodermic syringes from the Controlled Substances Act for both participants and providers.
  - Approve community providers across the state.
- Program operations started in 1998.

Limitations of Original Program

- Original state rules were detailed in terms of data collection and reporting. This necessitated long intake interviews and some irrelevant questions (i.e. sexual behaviors).
- Eligibility is only for state residents aged 18 and over.
- Some educational messages that became outdated (i.e. use of bleach) were written into initial regulations.
- Exchange was one-for-one only with a limit of 200 syringes per interaction (hindering secondary exchange).

Program Has Grown Quickly, Particularly as Barriers Have Been Reduced

- Over 12,300 persons with unique client identification codes were served during state fiscal year (SFY) 2019. This is a 40% increase from SFY 2017.
- Over 45,000 syringe services sessions during SF 2018.
- Over 50 locations:
  - NMDOH Public Health Offices
  - 17 contract providers

Need for Expansion with Opiate Overdose Prevention

- New Mexico had the highest rate of unintentional overdose deaths in the United States in 2001 – 2011.
- The state dropped to 13th in 2016 and 18th in 2017.
- The Harm Reduction Program is the best way to access key populations including heroin users and those around them.

History of Opiate Overdose Prevention

- 2001 – First state to enact legislation allowing naloxone distribution to third parties.
- 2005-06 – Implementation of shorter 15-20 minute “on the street” educational curriculum.
- 2016 – New legislation allowing distribution of naloxone through medical Standing Orders.
- 2017 – All SSP locations required to integrate naloxone distribution.

Comprehensive Overdose Prevention

- Education has to be brief and understandable.
- Need to saturate community around persons using opioids.
- Data collection on return visits tracks use of Naloxone to measure outcomes.

- Over 23,400 doses of Naloxone distributed in SFY2019 via more than 10,000 client interactions.
- 3,446 successful reversals reported.

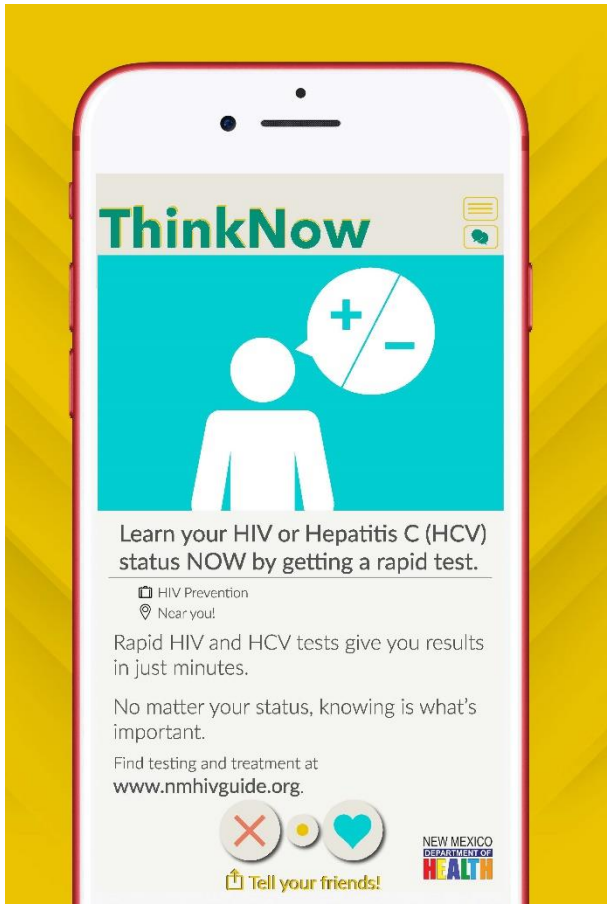
Program Evolution and Expansion

- Navigation for hepatitis C virus (HCV) including to confirmatory testing and curative treatment.
- Provision of vaccines for hepatitis A and B.
- Ability to find program sites and/or dropboxes via a searchable online resource guide at: www.nmhivguide.org (also in Spanish and mobile versions)
- Additional dropboxes in public locations provided by local governments (i.e. City of Albuquerque).
- Wound and abscess care on site.
- Provision of food and water.

Training is Key

- All staff and volunteers must complete an 8-hour certification every other year. This has been required since 2008. Ensures readiness to be client-centered and use a harm reduction approach with all participants.
- Training is done across all five regions of the state by a cadre of statewide trainers certified via a 3-day Train the Trainer course.
- Continuing education credits offered via collaboration with the South Central AIDS Education and Training Center (AETC).
- Training on rapid and conventional HIV and HCV testing and risk reduction counseling has been integrated since 2015.

Integrated HIV and HCV rapid testing



Strengths of the New Mexico Model

- "Negotiated exchange" allows tailoring to client needs, while still striving to maximize collection of used syringes.
- Services are comprehensive. Locations at NMDOH Public Health Offices offer HIV, HCV and STD testing and services, WIC, family planning, etc. Many sites are at FQHCs or other health care providers.
- Services are low threshold. New clients can enroll with just a brief interview.
- Confidential program, but unique client identification codes can be used to ensure immunity from prosecution for possessing syringes.

Strategies to Reduce Barriers and Stigma

- Offer a variety of types of programs, including fixed sites and mobile units. Clients can choose between "public" sites operated by NMDOH and "community" sites provided by contracted partners.
- Ensure availability in rural and frontier areas.
- Harm reduction philosophy ensures that clients have choices.
- Reduce survey intensity and detail. Don't ask irrelevant questions that can be a barrier or hindrance.
- Navigation should be active and client-centered.

Key Points to Reduce Stigma

- Meet people where they are. Offer a range of options that respond to what the individual reports.
- Ask open ended questions and listen.
- Use affirming language.
- People use substances in a variety of settings. They are not “drug users”, “abusers” or “addicts”.
- Reflect the language and jargon used by participants. Ask if you don’t understand it.

Positive Public Health Outcomes

- SSP was an ideal venue to provide hepatitis A vaccines during an outbreak.
- SSP are a key venue to educate about curative treatment for HCV, as well as to provide navigation to confirmatory testing and treatment.
- HIV rates remain very low in persons who inject substances in New Mexico.
- SSP allowed rapid expansion of overdose prevention and distribution of naloxone.

NEW MEXICO DEPARTMENT OF HEALTH

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