



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Agenda – Syringe Service Programs: The Essential Roles of Non-Governmental and Community-Based Organizations

Webinar Introduction: Sharon Ricks, OASH Region 4

Presentations: Daniel Raymond, Harm Reduction Coalition

Chuck Wexler, Police Executive Research Forum

Grace Keller, Howard Center Safe Recovery

Webinar Q & A: Corinna Dan, OASH Office of Infectious Disease & HIV/AIDS Policy



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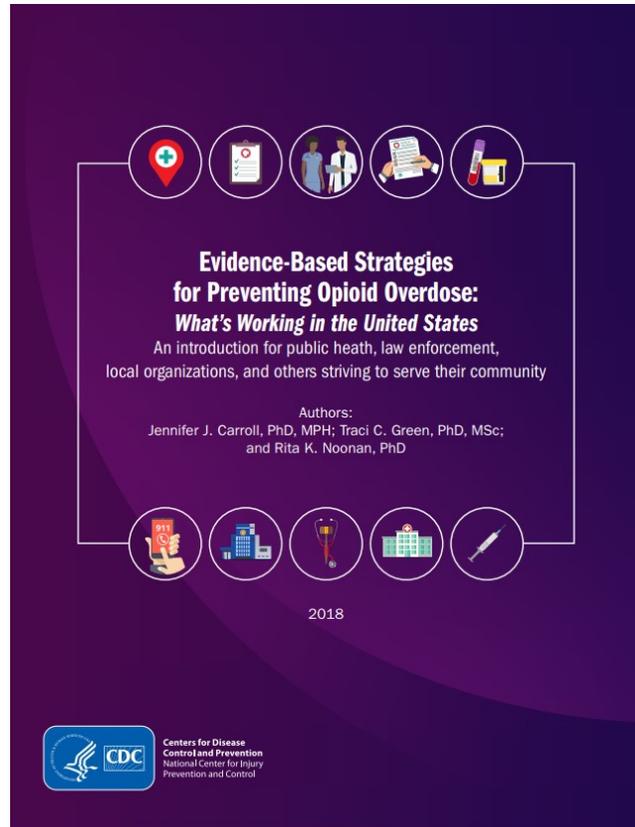


COMPREHENSIVE SYRINGE SERVICES PROGRAMS: AN ESSENTIAL PART OF THE SYNDEMICS SOLUTION

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



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/>



HHS Blog – Substance Misuse, Infectious Disease, and the Powerful Potential of Syringe Service Programs

HHS.gov

U.S. Department of Health & Human Services

Substance Misuse, Infectious Disease, and the Powerful Potential of Syringe Service Programs

November 6, 2019 | By: *Adm. Brett P. Giroir, M.D., Assistant Secretary for Health*

Summary: Opioid and drug misuse has profound economic and health consequences on Americans, including a rise in certain infectious diseases throughout our nation.

Opioid and drug misuse has profound economic and health consequences on Americans, including a rise in certain infectious diseases throughout our nation. Drug misuse is linked to marked increases in acute hepatitis C infections, increases in acute hepatitis B infections in some states, and hepatitis A outbreaks in 30 states since 2016. Injection drug use has also been associated with local HIV outbreaks in multiple areas of the country. In 2017, approximately 9% of new HIV cases in the United States were linked to injection drug use, threatening prior progress made in reducing HIV.

<https://www.hhs.gov/blog/2019/11/06/substance-misuse-infectious-disease-powerful-potential-syringe-service-programs.html>

“Comprehensive syringe services programs (SSPs) have the proven ability to help combat the opioid crisis and prevent the spread of infectious disease linked to injection drug use.”



ADM Brett P. Giroir, M.D.
Assistant Secretary for Health



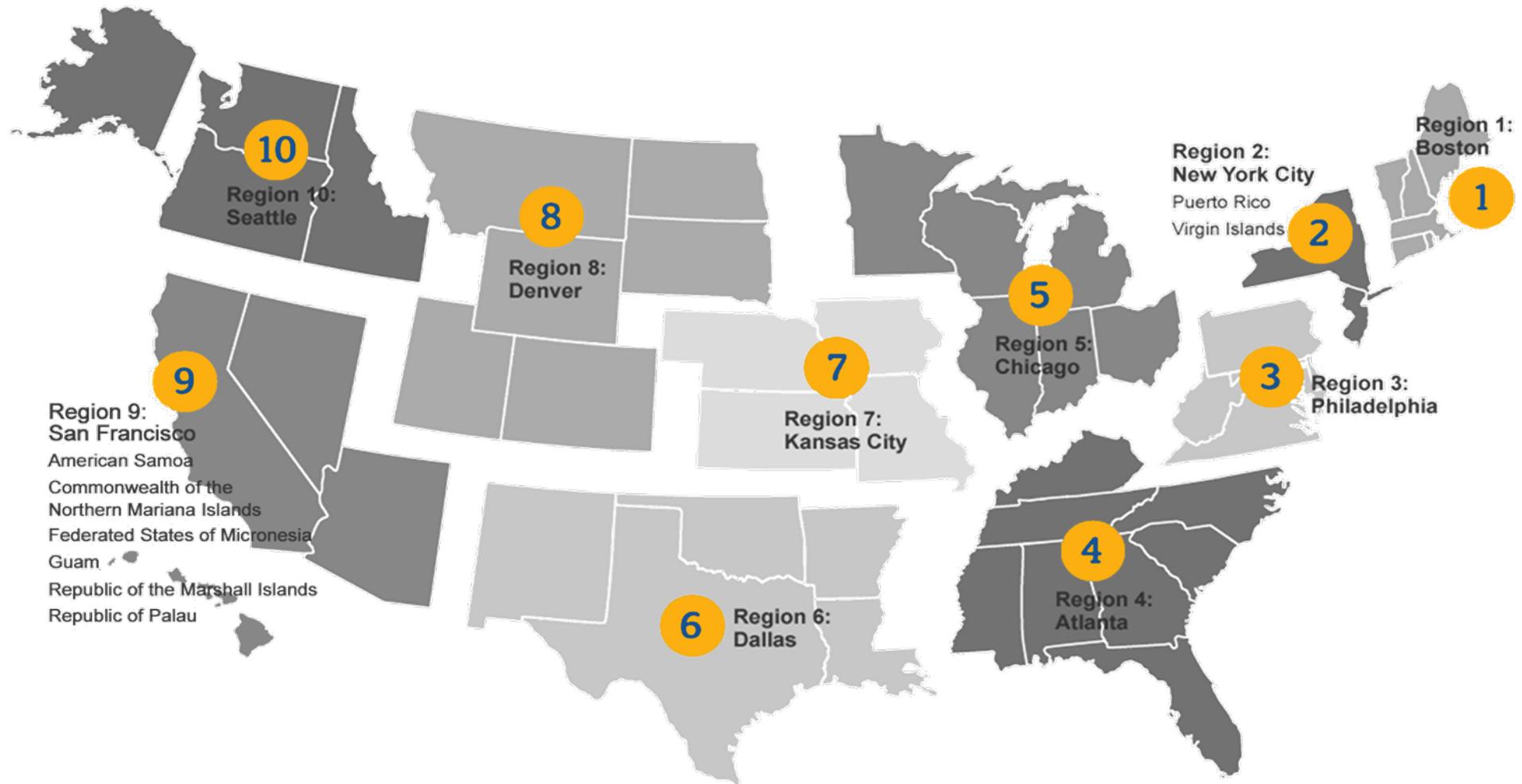
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HHS Resources Available to Support SSPs

- Suite of materials available at www.cdc.gov/ssp
- National Harm Reduction Technical Assistance and Syringe Services Program Monitoring and Evaluation recently awarded from CDC:
 - National Alliance of State and Territorial AIDS Directors (NASTAD) will develop a national network that provides harm reduction technical assistance responsive to the needs of states and local jurisdictions.
- Support through [Ryan White HIV/AIDS Program](#) and the [Substance Abuse Prevention and Treatment Block Grant](#)



OASH Regional Office SSP Efforts Underway





harm reduction
COALITION

Comprehensive Syringe Services Programs: Making Harm Reduction Work

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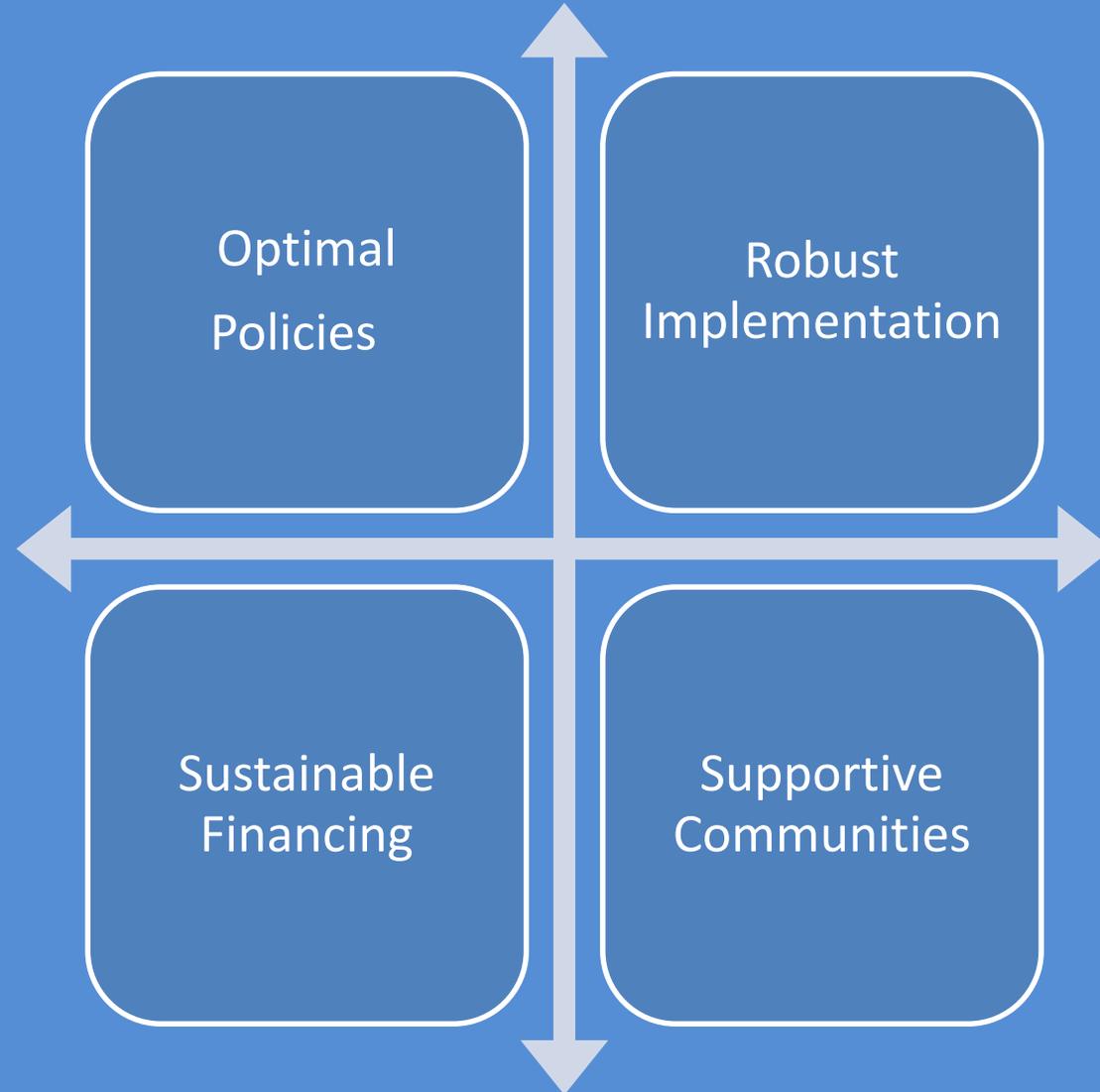
CONTEXT: MORE THAN HIV PREVENTION

- Outreach & engagement platforms
- Sentinel sites & rapid response
- Innovators on overdose response
- Hub for comprehensive services

STATUS: ACTIVE POLICY SPACE AND RAPID DIFFUSION

- Roughly 400 programs across the United States
- Legal frameworks in roughly 3/4 of states
- 80% of young people who inject drugs live at least 10 miles from nearest SSP

50-STATE STRATEGY



ADVOCACY FOR OPTIMAL POLICIES

- **State legislation**
- **Guidance and regulation**
- **Building advocacy capacity**
- **Leadership development**

CAPACITY BUILDING FOR ROBUST IMPLEMENTATION

- **Training & technical assistance for new programs**
- **Guidance on operational issues**
- **Identification & dissemination of best practices and promising models**

RESOURCE MOBILIZATION FOR SUSTAINABLE FINANCING

- Innovative financing & funding streams (e.g. Medicaid, SAMHSA)
- Analyzing resource & capacity gaps, impact
- Advocacy for federal investments

ENSURING COMMUNITY SUPPORT

- **Messaging and communications to build a harm reduction constituency**
- **Facilitating partnerships, coalitions**
- **Meaningful involvement of people who use drugs, people in recovery, family members**

KEY TACTICS

- **Convening and building networks (CASEN, IDUHA, HepConnect)**
- **Expanding the range of services (NYS health hubs)**
- **Meaningful involvement of people who use drugs (employment, advocacy)**

OPPORTUNITIES FOR ADVANCING PROGRESS

- Training, technical assistance, resources guides (SSP implementation manual, [rural SSPs](#))
- 2020 National Harm Reduction Conference

<https://harmreduction.org/conference/>

Law Enforcement and Syringe Services Programs

CHUCK WEXLER

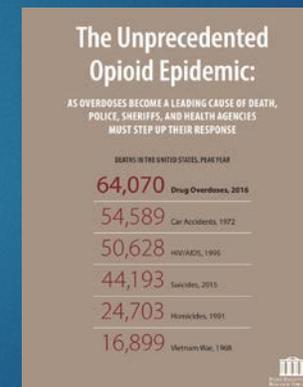
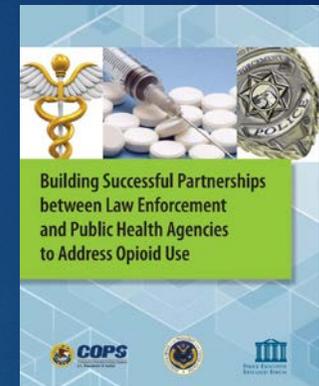
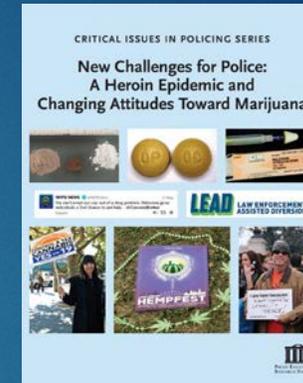
EXECUTIVE DIRECTOR, POLICE EXECUTIVE RESEARCH FORUM

POLICE EXECUTIVE
RESEARCH FORUM



Previous PERF work on the opioid epidemic

- ▶ New Challenges for Police: A Heroin Epidemic and Changing Attitudes Toward Marijuana (2014)
- ▶ Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use (2016)
- ▶ The Unprecedented Opioid Epidemic: As Overdoses Become a Leading Cause of Death, Police, Sheriffs, and Health Agencies Must Step Up Their Response (2017)
- ▶ Ten Standards of Care: Policing and the Opioid Crisis (2018)



Ten Standards of Care: Policing and the Opioid Crisis

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7. To reduce HIV and hepatitis outbreaks, protect officer health, and help individuals reach treatment, the standard of care should be for Departments to collaborate with public health and community-based agencies to support well-managed syringe service programs.



Ten Standards of Care: Policing and The Opioid Crisis

In 2016, **64,000 Americans** died of drug overdose.

Overdose is now the leading cause of unintentional injury death in the United States, surpassing motor vehicle deaths. About two-thirds of overdose deaths could be linked to opioids. Overdose deaths have risen fivefold since 1999. In the early 2000s, most overdoses were attributable to prescription opioids, but today heroin and illicit fentanyl are present in more than half of all overdose deaths. Notably, synthetic opioids such as fentanyl were involved in 46% of deaths in 2016, up from 14% in 2010.

The causes of the crisis are many and complex, with the medical community's excessive prescriptions of opioids one of the major reasons why so many Americans have become addicted. Police officers are on the front lines, encountering individuals in distress, arriving first on the scenes of overdoses, and responding to numerous other consequences of addiction. Together with partners in public health, health care, corrections, and the private sector, many Police Departments across the country have demonstrated extraordinary leadership in combating this crisis and saving lives.

To build on this work, and drawing on high-quality evidence, a group of public safety and public health experts developed the following recommendations as standards of care for Police Departments. Some of these standards reflect actions Police Departments can take themselves; others represent expectations that Police Departments should have of their partners, including health agencies. Taken together, these 10 steps would have a major impact on the opioid crisis in their communities.

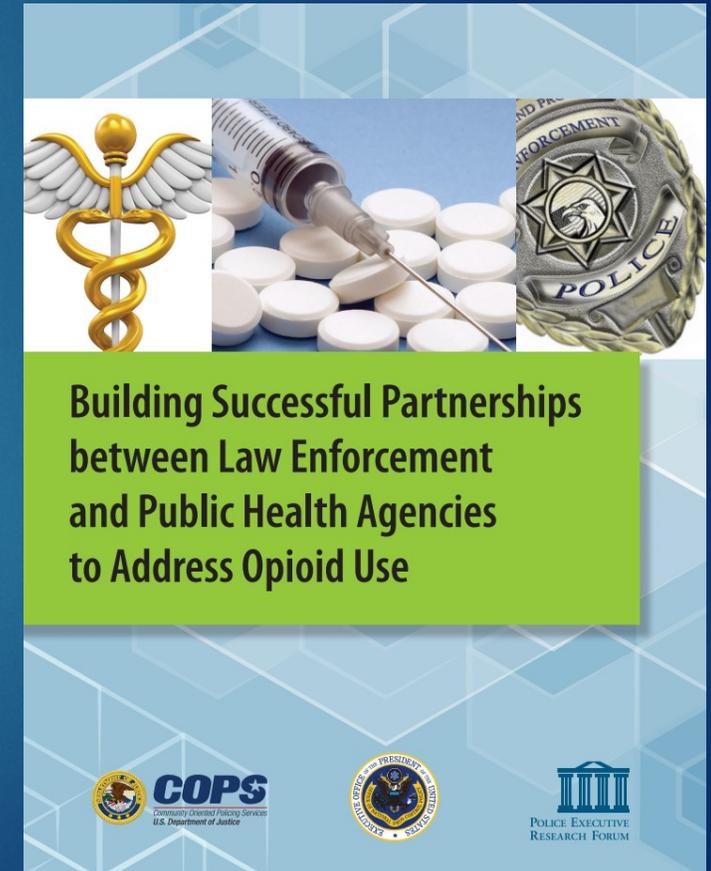
- 1. Focus on overdose deaths.**
Just as homicide is the leading indicator for violence, the standard of care for Departments should be to work with public health agencies toward the goal of reducing overdose deaths, using data-driven approaches and rigorous research to drive our strategies and measure effectiveness.
- 2. Use naloxone.**
Naloxone saves thousands of lives each year. To reverse otherwise fatal overdoses, the standard of care for Departments should be to equip and train officers in the use of naloxone.
- 3. Educate on addiction and stigma.**
As respected and influential voices in their communities, Police Departments and Health Departments should work together to support training and public education on addiction to dispel the stigma on people with substance use disorders. Within Police Departments, the standard of care should be for this training to be part of the naloxone program.
- 4. Refer to treatment.**
To save lives from overdose, address opioid addiction, and reduce recidivism, the standard of care should be for Departments to equip, train, and recognize officers for helping people in need to access effective treatment that offers all three FDA-approved medications, including as alternatives to arrest.

Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use

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Advice from the report:

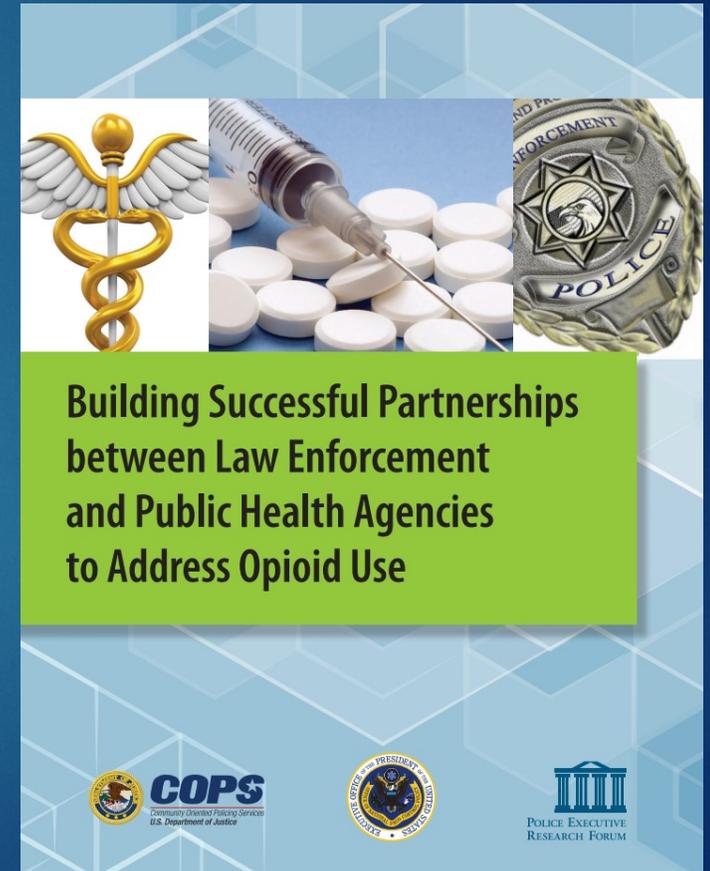
- ▶ Emphasize that syringe services programs are not just a “drive-thru” for syringes. They connect people with treatment services and other longer-term assistance.
- ▶ Discuss officer safety and how syringe services programs can reduce officers’ risk of needle sticks.
- ▶ Take a gradual approach to get people comfortable with the idea.



Case Study: Huntington, West Virginia

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- ▶ Population 50,000
- ▶ 474 overdoses, 34 of those fatal, in the first six months of 2015
- ▶ Implemented a harm reduction program that included:
 - ▶ Syringe exchange
 - ▶ Naloxone deployment

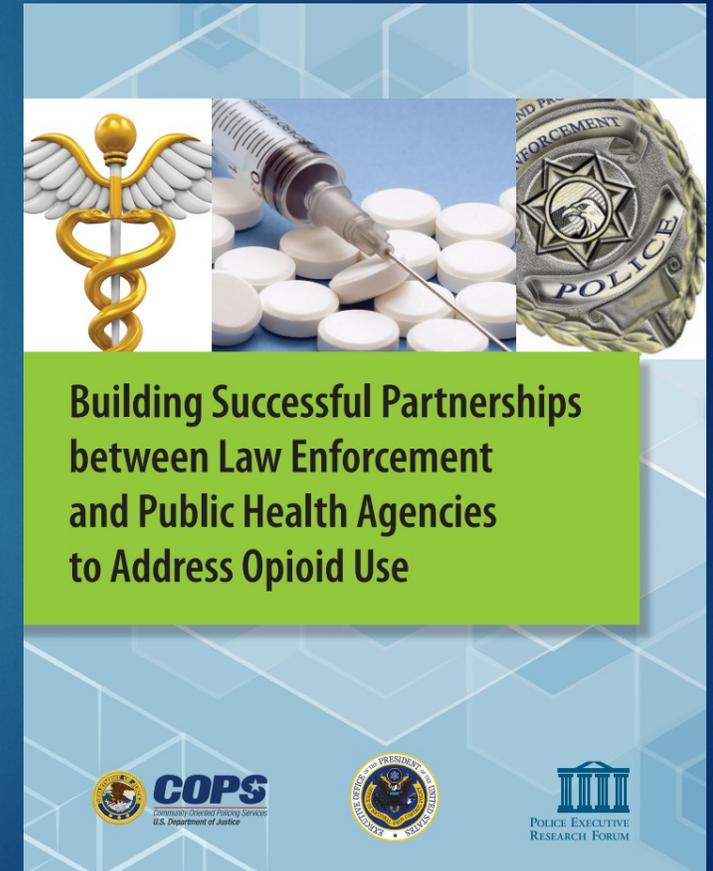


Case Study: Huntington, West Virginia

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Three-step process to build community support:

- ▶ **Raise awareness** among local officials and other community members, addressing both the moral imperative and the cost-effectiveness of harm reduction programs.
- ▶ **Build a coalition** of supporters, one person or one group at a time.
- ▶ **Have strong leadership** and support from top officials, to demonstrate ownership of the problem from the top down.



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**HOWARD
CENTER**
Help is here.

Grace Keller

Program Coordinator

Howard Center Safe Recovery

Our Approach

- Client-centered & non-judgmental
- Meet people where they are
- Drop-in services
- Consistent hours
- Needs based distribution
- High positive regard for the client
- Anonymous and low barrier
- Diverse menu of options all under one roof



Safe Recovery Services:

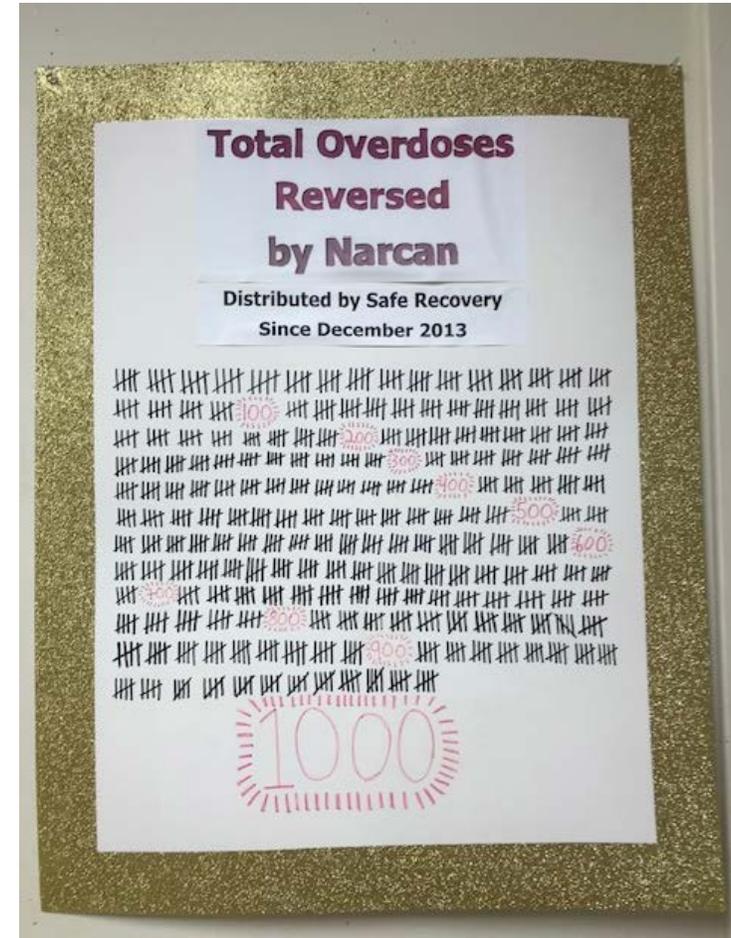
- Syringe exchange
- Community case management
- Narcan/Naloxone distribution and overdose prevention education
- Fentanyl testing strips
- HIV and Hepatitis C testing and linkage to medical care
- Drug treatment options counseling and referral
- Low-barrier Buprenorphine treatment on site
- Transportation assistance
- Hepatitis A/B vaccinations
- Legal clinic



Safe Recovery by the Numbers

- >5,000 Members
- >25,092 doses of Narcan distributed
- >1,466 overdose reversals reported

Source: Safe Recovery Data 2019





The most important aspect of a syringe service program is the human connection.

Client Satisfaction

- 100% of clients received the help that they needed.
- 100% of clients received services that were right for them.
- 100% of clients say the staff treated them with respect.
- 100% of clients said the services they received made a difference.
- 97% of clients report their quality of life improved as a result of the services they received.

Source: 2018 Howard Center Safe Recovery client satisfaction survey

What Is Low-Barrier Buprenorphine?

- Same Day Access
- Flexible Appointments Including Walk-ins
- Nonjudgmental, Client-Centered Approach
- Supports Clients Struggling with Poly-Substance Use

Total Served: 146

96% Retention Rate



HOWARD
CENTER

Help is here.

OASH Regional Office Efforts to Support SSPs

- Meetings to identify state- and community-specific challenges and opportunities
- Engaged 22 states and nearly 80 individuals:
 - Federal, State, and County governments
 - Harm Reduction and other Community-focused organizations
 - Law enforcement
 - Universities
 - Associations
- Outcomes to inform next steps





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Q & A Session





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- Please give us your feedback on today's session.
- Click on the link that appears at the end of today's session.
- Visit <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs> to learn more about syringe services programs.