Syringe Services Programs –
A Critical Public Health Intervention
U.S. DRUG OVERDOSE DEATHS
THE MOST CRITICAL PUBLIC HEALTH CHALLENGE OF OUR TIME

SOURCE: NCHS, National Vital Statics System, Mortality
THE WAVES OF THE OVERDOSE OVERDOSE CRISIS:
1999-2017

Source: Data retrieved on June 6, 2019 from CDC WONDER
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
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

38,739 New HIV Diagnoses In 2017

- The South 52%
- Gay and bisexual 66%
- Heterosexuals 24%
- People who inject drugs 6%
- Gay and bisexual men who inject drugs 3%

https://www.cdc.gov/hiv/statistics/overview/ataglance.html
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 waivered 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

HHS OPIOIDS TEAM GOAL
Reduce U.S. drug overdose mortality by at least 15% (>10,000 lives) by January 2021

Source: CDC National Vital Statistics System, reported July 2019

5.1% Decrease in Deaths in 2018 Compared to 2017
COMPREHENSIVE SYRINGE SERVICES PROGRAMS: AN ESSENTIAL PART OF THE SYNDEMIC 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.
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
Syringe Service Programs: A Critical Public Health Intervention

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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

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

Source: CDC Surveillance Data
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


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

Increasing incidence of Syphilis among PWID

Proportion of P&S Syphilis Cases Reporting Meth Use

Proportion of P&S Syphilis Cases Reporting Heroin Use

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

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

P&S – Primary and secondary
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

References:
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

Fernandes. BMC Public Health. 2017
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

Des Jarlais. MMWR. 2015
New resources available

- Suite of materials available now at [www.cdc.gov/ssp](http://www.cdc.gov/ssp)
- Technical package of SSP implementation
- Technical assistance
Thank You

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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)
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

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!

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Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov

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Harm Reduction and SSPs

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Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
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.

<table>
<thead>
<tr>
<th></th>
<th>General Population (%)</th>
<th>Those Living with HIV (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder (General)</td>
<td>7.4</td>
<td>22.7</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.3</td>
<td>5.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.3</td>
<td>5.8</td>
</tr>
<tr>
<td>Mental Illness (Generally)</td>
<td>18.6</td>
<td>37.7</td>
</tr>
<tr>
<td>Serious Mental Illness</td>
<td>4.4</td>
<td>7.9</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>6.9</td>
<td>11.4</td>
</tr>
<tr>
<td>Co-Occurring Substance Use and Mental Disorder</td>
<td>3.4</td>
<td>13.4</td>
</tr>
</tbody>
</table>
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.
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.