Harm Reduction and Syringe Access Program – Louisville’s Experience

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Agenda

1. Harm Reduction
2. Identifying the problem
3. Benefits of Syringe Access Services
4. Louisville’s Syringe Access Program
Objectives

• Define harm reduction

• Understand the key principles of harm reduction

• Identify the need for harm reduction, focusing on people who inject drugs (PWID)

• Identify key harm reduction strategies to support our work

• Define the need for syringe access programs from a harm reduction perspective
Working Definition of Harm Reduction

A set of practical, public health strategies designed to:

• **Reduce** the negative consequences of drug use, and;

• **Promote** healthy individuals and communities.
Harm Reduction Defined

• A set of practical strategies that reduce the negative consequences of drug use and other risk behaviors (i.e. sexual risk).

• In relation to drug use it incorporates a spectrum of strategies from safer use → managed use → abstinence.

• Harm reduction strategies meet people "where they're at" (but don’t leave them there).
Goals of Harm Reduction

- Increased health and well-being
- Increased self-esteem and self efficacy
- Better living situations
- Reduced isolation and stigma
- Safer drug use
- Reduced drug use and/or abstinence
**Disease Transmission**

New Infections Yearly Due to Syringe and Equipment Sharing (United States)

- **HIV/AIDS**: 8,000
- **Hepatitis C**: 17,000

Sources:
The Center for Disease Control and Prevention, AIDS United.
http://www.aidsunited.org/policy-advocacy/issues/syringe-exchange/
http://www.cdc.gov/iddu/hepatitis/viral_hep_drug_use.htm
http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief_full_page.htm
Figure 19. Number of HIV Disease Diagnoses within each Area Development District of Residence at Time of Diagnosis, for the Most Recent 10.5 years, January 1, 2004—June 30, 2014, Kentucky

No. by ADD: January 1, 2004—June 30, 2014

- 0 - 100
- 101 - 250
- 251 - 500
- 501 - 1000
- >1000

N=3,576
Hepatitis C in Kentucky

- Kentucky’s Hepatitis C rate is 7x the national average

**Kentucky:** 5.1 per 100,000  
**Nation:** 0.7 per 100,000

Outbreak – Austin, IN

184 HIV cases in 2015 (total Austin, IN population: 4,200)

- 86% co-infected with Hepatitis C

- Equivalent in Jefferson Co. would be 33,000 new HIV and 28,000 new Hep C cases
Overdose in the US

- Overdose is the leading cause of accidental death in the US.
- Both heroin addiction and heroin related overdose deaths have been increasing over the past decade.
Unintentional Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine and Heroin: United States, 1999–2011

Number of Deaths

% CHANGE 2006-11

- +28%
- -35%
- +119%

Source: National Center for Health Statistics/CDC, National Vital Statistics Report, Final death data for each calendar year (June 2014).
Overdose in Jefferson Co., KY

- Jefferson Co. leads the state in overdose deaths
- Overdoses:
  - 204 overdoses in 2014, 105 due to Heroin
  - 2,863 EMS naloxone interventions (Jan 2014 through June 2015)

Louisville metro government
Challenges

PWIDs tend to have...

- High prevalence of:
  - Other health problems
  - Mental health issues
  - Trauma

- Poor social support
- Higher level of homelessness
- Higher level of previous incarceration

- Poor relationship with the healthcare system
Barriers to Treatment

Drug treatment is not always a viable option:

- Limited availability

- Research demonstrates drug dependence is a chronic condition (i.e., relapse is a part of the process)

- People may often not be ready to quit or choose not to seek treatment
Meeting People Where They Are

Syringe access programs

• Started in Holland in the 1980s in response to a hepatitis B outbreak

• First US SAP in Tacoma, WA in 1988 in response to the AIDS crisis
Syringe services programs (SSPs) serve as a safe, effective HIV prevention method for people who inject drugs (PWID) to exchange used syringes for sterile needles, thereby significantly lowering the risk of HIV transmission. Since the 1980s, SSPs in conjunction with other HIV prevention strategies have resulted in reductions of up to 80% in HIV incidence among PWID.

- There are currently 194 syringe services programs in 33 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations. (NASEN)
- This map shows the location of 196 cities with SSPs.
Dispelling Myths about SAPs

Syringe Access Programs **DO NOT:**

...encourage drug use

...increase crime rates

...increase inappropriately discarded syringes

...increase needle stick injuries
Benefits of SAPs:
Reduced HIV incidence

- Most effective, evidence-based HIV prevention tool for people who use drugs
- Seven federally-funded studies found syringe exchange programs are a valuable resource
- Across the nation, cities have reversed the course of the AIDS epidemic by providing sterile syringes and harm reduction practices for people who inject drugs.

Evidence of Success - NYC

HIV Seroprevalence Among PWIDs in NYC

- 1990-1992: 50
- 1993-1995: 44
- 1996-1998: 31
Benefits of SAPs: Connecting to Services

SAPs connect difficult-to-reach populations to much needed services:

- Detox and drug treatment programs
- Medical, dental, and mental health services
- Counseling and referral
- Case management
- HIV/HCV services
- Housing services
- Community building
- Overdose prevention
- Prevention for non-injectors
Benefits of SAPs:
Cost-Effectiveness

- Lifetime cost of medical care for each new HIV infection: $385,200 to $618,000
- Lifetime cost of medical care for hepatitis C: $100,000+.
  - Liver transplants: $600,000+
  - New treatments: $1,000 per pill
- Spending the same amount on syringe access could prevent dozens of new HIV and HCV infections annually.
  - Cost of one sterile syringe: 8 cents

Sources:
Benefits of SAPs:

Fewer needle stick injuries

• 30% of law enforcement officers have experienced a needle stick injury (NSI).

• Following implementation of SAPs, 66% reduction in NSIs among law enforcement officers.

What do SAPs look like?

• Storefront
• Street-based
• Secondary or peer-delivered
• Underground programs
• Pharmacy access
Louisville Metro’s Syringe Exchange Program
Louisville Metro Syringe Exchange Program

• Opened June 10, 2015

• Unanimously approved by:
  • Louisville Metro Council
  • Louisville Metro Board of Health

• Primary site: non-mobile unit adjacent to headquarters

• New community exchange sites:
  • Oct 22, 2015: Lake Dreamland Fire Station
    • 4603 Cane Run Rd
    • Thursdays, 11 am – 2pm
  • December 2015: Redeemer Lutheran Church
    • 3640 River Park Dr.
    • Tuesdays, 11am – 2pm
Louisville Metro Syringe Exchange Program - Staff

• A certified alcohol and substance abuse counselor provides staffing for the site

• The Seven Counties Services, Inc. and Jefferson Alcohol and Drug Abuse Center (JADAC) have assigned a full time addictions treatment case manager
  • Works with participants on drug treatment options
  • Makes treatment referrals

• HIV prevention specialists – screen for HIV and Hep C
Program Goals

1. To prevent the spread of blood-borne diseases transmitted by needle sharing, such as HIV and hepatitis C.

2. To link people who inject drugs to the health system where they can get treatment.
The program provides...

- Free sterile syringes
- Sharps container to safely return used syringes
- HIV testing and prevention supplies
- Hepatitis C testing
- Referrals for addiction treatment
- Education and counseling on STD prevention, wound treatment, and syringe disposal
- Naloxone on-site and referrals for the take-home use of naloxone.
Demographics

- Mean Age: 33 years
- Gender: Female 35%, Male 65%
- Sex Orientation: Heterosexual 90%, Gay/Lesbian/Bisexual 10%
- Race: White 92%, Black 5%
- Employment: Employed 36%, Unemployed 64%
- Insurance: Medicaid 56%, Medicare 6%, Private 14%, Uninsured 23%
- Drug Use: Heroin 75%, Other opioids 7%, Cocaine 4%, Methamphetamine 13%
Evidence of Success – Louisville KY

In first 6 months:

• ~1,500 participants

• **No positive** HIV screens

• <62% positive for Hepatitis C

• 91 people referred for drug treatment
Summary

• Harm reduction – strategy to reduce the negative consequences of drug use and promote healthy individuals and communities

• Injection drug use, particularly heroin, is on the rise
  • Increased rate of hepatitis C
  • At risk for HIV outbreak
  • Increase in overdose events

• Syringe Access Programs
  • Prevent spread of blood borne pathogens
  • Connect PWID to services
  • Are cost effective
More Information

Website: https://louisvilleky.gov/government/health-wellness/syringe-exchange-program

- Latest hours and locations
- Guidelines and more presentations
- Handouts – treatment and mental health referrals, safe syringe disposal, naloxone

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