Welcome

Office for State, Tribal, Local and Territorial Support

*present*...*

**CDC Vital Signs**
Preventing HIV Among People Who Inject Drugs: The Vital Role of Syringe Services Programs

December 13, 2016
2:00–3:00 pm (ET)
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>2:00 pm</td>
<td>Welcome &amp; Introduction</td>
<td>Steven L. Reynolds, MPH</td>
<td>Deputy Director, Office for State, Tribal, Local and Territorial Support, CDC</td>
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<tr>
<td>2:05 pm</td>
<td>Vital Signs Overview</td>
<td>Cyprian Wejnert, PhD</td>
<td>Epidemiologist, Behavioral and Clinical Surveillance Branch, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC</td>
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<tr>
<td>2:15 pm</td>
<td>Presentations</td>
<td>Matthew J. La Rocco, BS, CADC</td>
<td>Community Outreach Specialist, Louisville Metro Department of Public Health and Wellness</td>
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<td>Jim Johnson</td>
<td>Director, Huntington Mayor’s Office of Drug Control Policy</td>
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<tr>
<td>2:35 pm</td>
<td>Q&amp;A and Discussion</td>
<td>Steven L. Reynolds, MPH</td>
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<td>2:55 pm</td>
<td>Wrap-up</td>
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<tr>
<td>3:00 pm</td>
<td>End of Call</td>
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Teleconference to support STLT efforts and build momentum around the monthly release of CDC Vital Signs
Vital Signs: Trends in HIV Diagnoses, Risk Behaviors, and Prevention Among Persons Who Inject Drugs — United States

Cyprian Wejnert, PhD
Division of HIV/AIDS Prevention, CDC

Vital Signs Town Hall

December 13, 2016
Background

- **Persons who inject drugs (PWID)**
  - At risk from sharing syringes
  - 0.3% of U.S. population injects drugs
  - 9% of annual HIV diagnoses are among PWID

- **U.S. opioid epidemic warning signs**
  - HIV outbreak in Scott County Indiana among PWID
  - Increases in prescription opioid and heroin addiction and overdose
  - 364% increase in HCV transmission in rural areas
Data

- **National HIV Surveillance System**
  - 50 U.S. States and the District of Columbia
  - Annual HIV diagnoses among PWID
  - 2008-2014

- **National HIV Behavioral Surveillance (NHBS)**
  - Interviews of PWID in 22 U.S. cities
  - Trends in injection drug use and associated behaviors
  - New PWID: First injected drugs in the 5 years before interview
HIV Diagnoses among PWID, United States, 2008-2014
Changes in who is starting to inject drugs (new PWID), 22 cities, 2005-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Black</th>
<th>Hispanic/Latino</th>
<th>White</th>
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<tbody>
<tr>
<td>2005</td>
<td>38%</td>
<td>19%</td>
<td>54%</td>
</tr>
<tr>
<td>2009</td>
<td>44%</td>
<td>21%</td>
<td>38%</td>
</tr>
<tr>
<td>2012</td>
<td>44%</td>
<td>21%</td>
<td>44%</td>
</tr>
<tr>
<td>2015</td>
<td>54%</td>
<td>21%</td>
<td>38%</td>
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White new PWID in 2015:
- Younger: 56% <30 years old
- Higher risk: 46% shared syringes

Black new PWID in 2015:
- Older: 79% ≥30 years old
- Lower risk: 28% shared syringes
Trends in syringe access and supply, 22 cities, 2005-2015

- Overall
- African American/Black
- Hispanic/Latino
- White

<table>
<thead>
<tr>
<th>Year</th>
<th>Received syringe from SSP</th>
<th>Received syringes only from sterile sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td></td>
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<tr>
<td>2012</td>
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<tr>
<td>2015</td>
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Percent

- 54
- 25
Syringe sharing among PWID, 22 cities, 2005-2015

- Syringe sharing slightly lower among PWID who received at least 1 syringe from SSPs
- Syringe sharing much lower among PWID who received all their syringe from sterile sources
Syringe Services Programs (SSPs)

- Provide sterile syringes and other comprehensive services
- Reduce HIV risk
- Do NOT increase drug use or crime
- Bridge between public health and PWID communities
Limitations

- Rural areas
- Hepatitis C virus (HCV)

Vulnerable Counties and Locations of Syringe Services Programs, USA

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs

CDC, September 23, 2015

SSPs current as of June 2016 (Source: NASEN)

Legend
- Vulnerable Counties
- Syringe Services Programs

Source: Van Handel, et al. JAIDS; in press
Summary

- HIV diagnoses have decreased, but progress may be slowing
- Fewer blacks, but more whites are beginning to inject drugs
- Access to SSPs has increased
- Supply of sterile syringes is low
- Syringe sharing least common among PWID who have a sufficient supply of sterile syringes
Thank you

Acknowledgements:

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Linda Valleroy
Laura Eastham

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cwejnert@cdc.gov

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.
Making Syringes Accessible: A Primer

Matt La Rocco, BS, CADC
Harm Reduction & Community Outreach Specialist
Louisville Metro Syringe Exchange Program
Plan with the Right People

You can increase the success of your syringe services program (SSP) by engaging community stakeholders in the planning process.

Planning should start with a meeting involving a wide range of community stakeholders.
Plan with the Right Information

Gather data from emergency medical services (EMS), police department, hospitals, and providers of HIV testing & treatment.

Statistics on overdose rates/locations, Naloxone use, arrests for drug-related crimes, hepatitis C rates, and HIV rates.

Understand the federal, state, and local regulations that apply to your program.
Plan with Your Population

People who inject drugs (PWID) are your best source of information for what services your program needs to provide, what barriers may keep PWID from coming to your program, and what supplies you need to have at your program.

PWID are experts on their lives ... we are not.
Developing Community Partnerships

Community partnerships are necessary for SSPs to meet their full potential in the community.

Helps to open doors for access into communities that would otherwise be inaccessible.
Developing Community Partnerships

Increased opportunity for funding and expansion of services.

Reduces the harms associated with drug use for people who don’t use drugs.
Law Enforcement

Understand how SSPs connect with law enforcement values.

Develop relationships with leadership & officers on the street.

Participate in mandatory annual trainings & cadet training.
Hospitals

Improved interactions between people who use drugs (PWUD) and hospital staff should lead to a decrease in acute care and an increase in preventative and ambulatory care.

Provides hospitals with an additional referral source for PWID.

Opportunity to discuss how hospital staff is impacted interacting with PWUD (e.g., vicarious trauma, compassion fatigue).
Academic Community

Provides a safe space for students to develop a new perspective on PWUD and approaches to working with them.

Recruitment of volunteers.

Opportunities to partner in data collection and research.
Pharmacies

Access point for syringes

Syringe drop-off sites

Opportunity to provide harm reduction education to staff

Source of referrals for your program
Community-Based Organizations

Combined resources allow for expanded outreach.

Increased access to funding opportunities.

Shared resources allow for expanded services.

Ambassadors for SSPs in the community.
Matt La Rocco, BS, CADC

Harm Reduction & Community Outreach Specialist

Louisville Metro Syringe Exchange Program

Matthew.LaRocco@LouisvilleKy.gov

502-574-6545
Harm Reduction in Huntington, West Virginia
Geography of Drug Offenses
2004
Geography of Drug Offenses
2014
Moving From Law Enforcement to Health Focus

Incidence of Acute Hepatitis B by Year of Report — West Virginia and U.S., 2008 - 2012

Rate per 100,000

- West Virginia
- United States

- 2008: West Virginia 1.3, United States 1.1
- 2009: West Virginia 1.1, United States 1.1
- 2010: West Virginia 1.1, United States 0.9
- 2011: West Virginia 0.9, United States 0.9
- 2012: West Virginia 7.6, United States 0.9
Convincing Ourselves That Harm Reduction Is a Good Idea

• Visiting a syringe exchange to see how it works and the reasoning behind harm reduction

• Portsmouth, OH visit

• Syringe exchange programs not about the syringe, but about all the other wrap-around services provided

• Captive and repeat audience to provide options for recovery

• Not sold on the idea going to the exchange, but was sold by the time we got back to Huntington
Seeking Community Acceptance for the First Syringe Exchange in WV

- Reaching out to political leaders in area
  - Not syringe exchange but harm reduction
  - Providing political cover (Portal to Treatment)
  - Scott Co, Indiana

- Reaching out to community groups
  - Small groups (1 to 5 people)
  - Spend 6 months laying groundwork before you say “syringe”

- Reaching out to faith community
  - Food ministry (food pantry)
  - Moral obligation to act

- Reaching out to health professionals
  - Reducing cost
Starting up

• Our team was not made up of health professionals

• Reaching out to Health Department, community partners to start

• Pharmacies in local area, medical school, funding partners, training partners, other silent partners
  • Fruth Pharmacy
  • HarmReduction.org
  • Benedum Foundation
  • Recovery Coaches
First Harm Reduction Program in the State of WV

• Started in September of 2015, with 15 brave individuals visiting the exchange. Many addicts still thought it was a trick.

• Expand into Naloxone distribution

• Clients served in one year – 1,973
• Gender – 48% female, 52% male
• Syringes dispensed – 177,376
• Syringes returned – 142,485
Number of Visits, by Month and Type.
Cabell-Huntington Health Department Harm Reduction Program
Huntington, WV
Harm Reduction: Age at 1st Use
CHHD Syringe Exchange
Harm Reduction: Syringe Sharing Among New Syringe Exchange Exchange Clients
Huntington, WV

September, 2015: 26%
March, 2016: 8%
Future of Harm Reduction in West Virginia

- Expanding harm reduction programs in West Virginia
  - I-64 Harm Reduction Group (Great Rivers Harm Reduction Coalition)
  - Northern District of WV

- Expansion of harm reduction to other areas of Huntington and Cabell Co
  - Most overdoses in one zip code, individuals coming from other areas

Jim Johnson – Director Mayor’s Office of Drug Control Policy
Phone: 304-781-1953
Email: johnsonj@cityofhuntington.com
555 7th Ave Huntington WV 25701
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https://tools.cdc.gov/medialibrary/index.aspx#/results

*Vital Signs* interactive buttons and banners
**Prevention Status Reports**

- The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to address 10 important public health problems and concerns.

www.cdc.gov/psr/
Provide feedback on this teleconference: OSTLTSFeedback@cdc.gov

Please mark your calendars for the next Vital Signs Town Hall Teleconference
January 17, 2017
2:00–3:00 pm (ET)

For more information, please contact Centers for Disease Control and Prevention.

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Email: cdcinfo@cdc.gov Web: www.cdc.gov

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