



Law Enforcement Safety & Infectious Disease Prevention:

A Critical Component of the Opioid Crisis

Legalizing Syringe Service Programs by Modifying Iowa's Drug Paraphernalia Code

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Our state response to the opioid crisis has focused on the primary prevention of opioid use, reducing the number of deaths from overdose, and increasing treatment access.

But do we have the full story?

In what other ways does opioid use harm our communities?

How can our legislature keep Iowans safe?

HIV
Hepatitis C
Endocarditis
Abscess
Cellulitis + Soft Tissue Infection
Osteomyelitis
Bacteremia

Initiation of
Substance Use

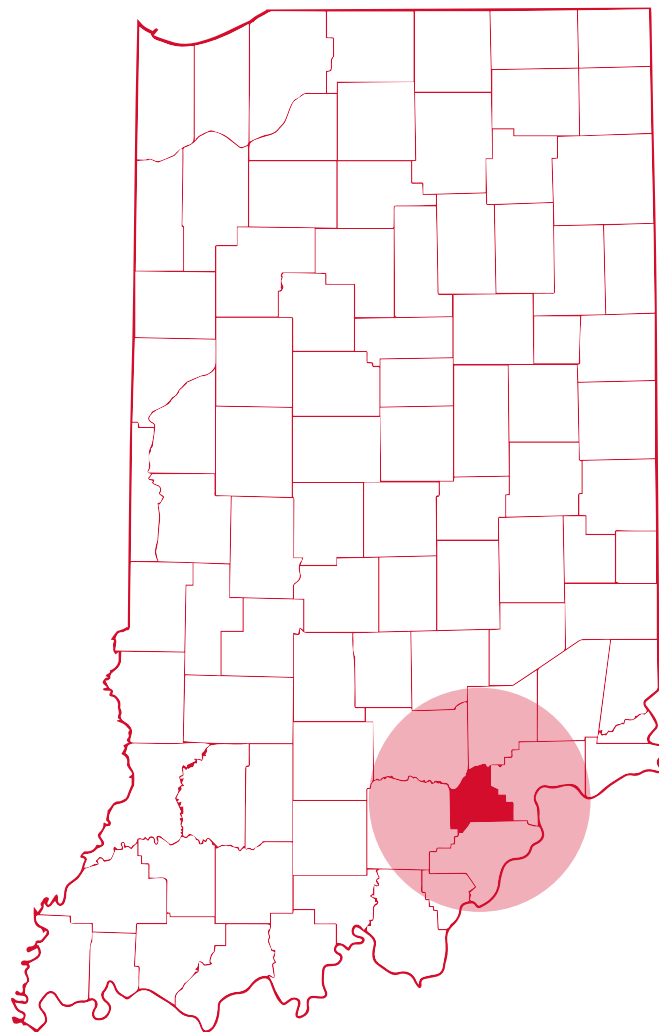
Currently using /
experiencing addiction

Cessation of
Substance Use

Iowans are Injecting Opioids at Increasing Rates

Measurement	Data Source	Geographical Area	Assessment Period: Beginning Year + Number/ Rate	Assessment Period: Ending Year + Number/ Rate	Outcome(s)
Treatment Admissions for Opioids with Method of Use: IV Injection (Past 30 Days)	Iowa Department of Public Health: Division of Behavioral Health	State of Iowa	Year: 2012 Value: 820 Units: Opioid Treatment Admission: IV Injection	Year: 2016 Value: 1,294 Units: Opioid Treatment Admissions: IV Injection	58% Increase

What Can Happen During An Opioid Epidemic: The Scott County, Indiana Story



Scott County, Indiana: Rural Community of 24,000

“This is a public health emergency and as governor of the State of Indiana, I’m going to put the lives of the people of Indiana first”

GOVERNOR PENCE ISSUES EXECUTIVE ORDER
LEGALIZING SYRINGE EXCHANGE

Opioid Use Increases
Among Scott County
Residents

Mar. 26, 2015:

Governor Mike Pence Declares
Public Health Emergency

Sept. + Oct. 2015:

Not a single person
tested positive

Initiation 2004 – 2014:

5 HIV cases diagnosed
of Substance Use

Nov. 2014 – Aug. 2015:

181 Test Positive For HIV

Apr. 2015

Syringe Exchange Program
Begins Operation

2017 – Future:

Lifetime treatment cost
for one person with HIV
is \$379,668 (2010 dollars)



The NEW ENGLAND JOURNAL of MEDICINE

HIV Infection Linked to Injection Use of Oxymorphone in Indiana, 2014–2015

“The circumstances underlying this HIV outbreak are not unique to this community.

Although the magnitude of the outbreak was alarming, the introduction of HIV into a rural community in the United States was not unexpected when considered in the context of increasing trends in injection use of prescription opioid analgesics and the new and steady rise in acute HCV infections in rural areas, particularly central Appalachia. In addition, although approximately 50% of the persons who inject drugs in the United States are estimated to live outside major metropolitan areas, only an estimated 5.8% of syringes were exchanged in rural locations.”

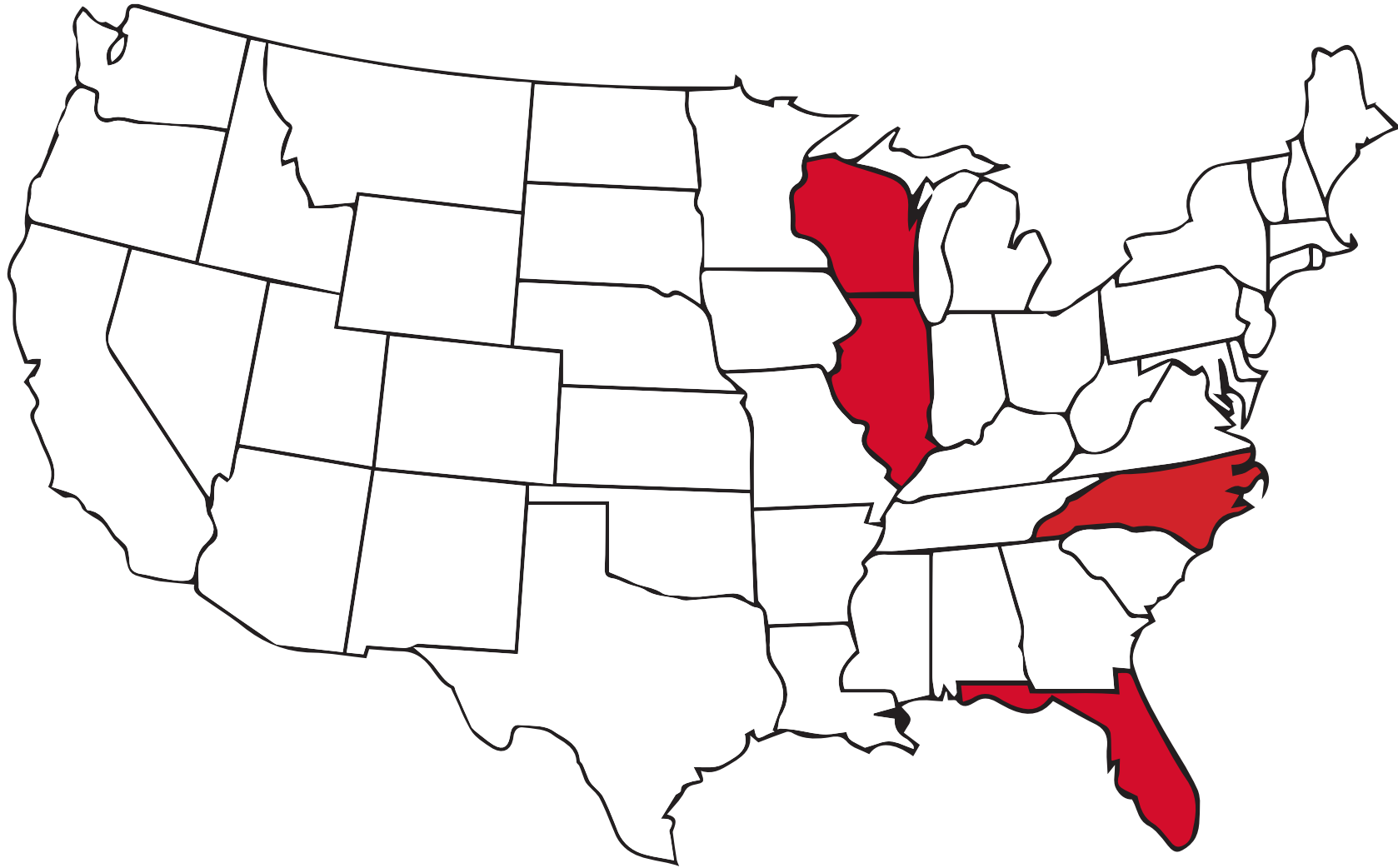
“Reports of new HCV infections should be noted because they can serve as markers of communities at risk for HIV, and interventions to prevent further HCV infections, such as syringe-exchange programs, could possibly contribute to reducing the risk of an HIV outbreak.”

For people who use and inject opioids, for our clients and our patients, advocating for their needs to state legislators is daunting.

Advocating requires taking time off from work, having funds to travel to the capitol, being willing to tell a story publically that is often met with stigma or shame, being willing to disclose illegal activity to legislators / law enforcement, knowing how to speak to others about your experience in a way that invites compassion, and believing that your government will be able to help make your life better.

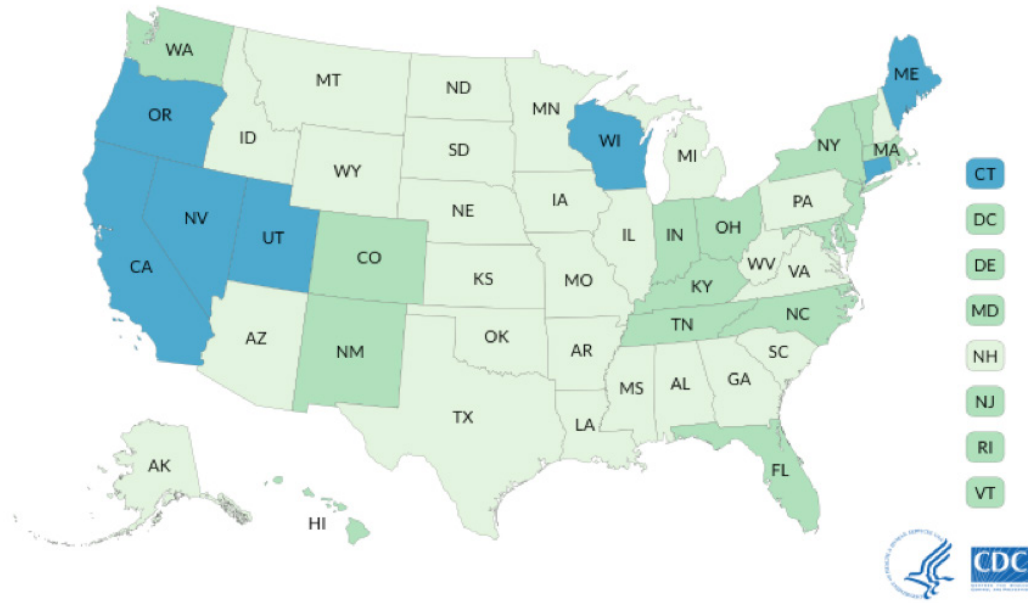


How Have Other States Tackled the Combined Opioid + Infectious Disease Crises? What Have Been Their Successes?

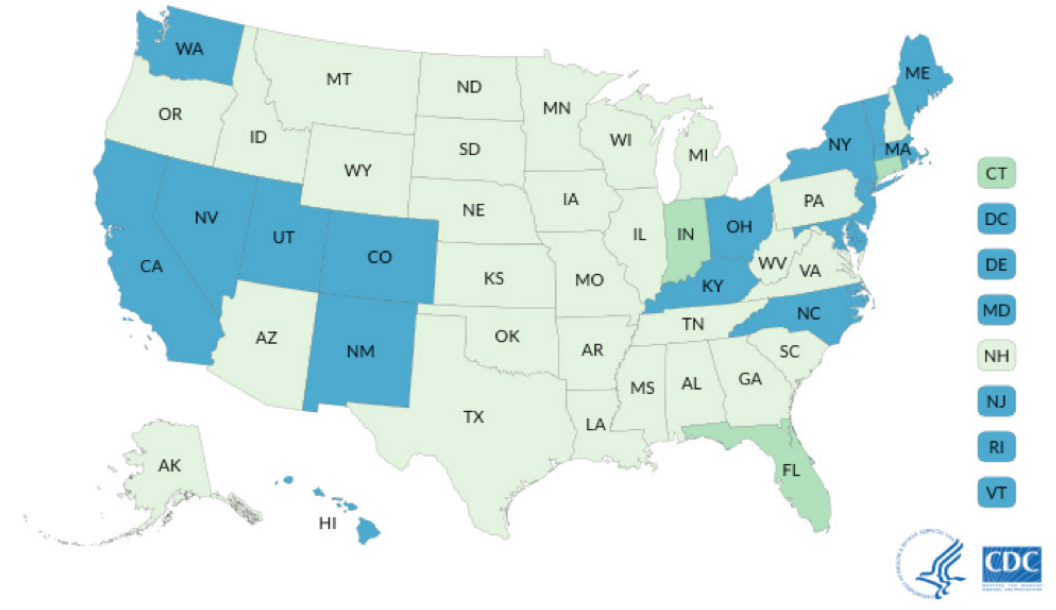


36 States Operate Syringe Exchange Programs

July 2016 assessment of whether a state or DC law exists that exempts syringes and needles from the definition of drug paraphernalia



July 2016 assessment of whether a state or DC law exists that authorizes syringe exchange



Since July 2016, New Hampshire, West Virginia, Virginia, & North Dakota have **legalized syringe exchange**

GA, PA, IL, MI, MN, TX operate legal syringe exchange programs through different legal pathways

Wisconsin

- AIDS Resource Center of Wisconsin: Launched in 1994
- ARCW operates program in 10 WI cities
- ARCW provides supplies to county public health departments outside of these 10 communities
- In 1995, there were 250 HIV infections among just PWID
- In 2015, there were 2 HIV infections in PWID

Wisconsin: Connections to Drug Treatment

- **From July 2016 - July 2017:**

47,680 people participated in the syringe exchanges statewide*

There were 8,046 referrals to drug treatment**

- **This reflects national trends and findings from other states:**

People who use drugs are often marginalized and encounter numerous barriers when seeking drug treatment. SEPs act as a gateway to treatment by helping SEP clients connect to resources and navigate the complex application process.

Participants in needle exchange programs are five times more likely to enter drug treatment programs than people who have never participated in a program.

* This number counts people each time they visit an exchange, and is not unique participants

** Data provided by request from the AIDS Resource Center of Wisconsin and the Wisconsin Department of Public Health

North Carolina

- 22 syringe exchange locations serving 35 counties (out of 100).
- North Carolina Harm Reduction Coalition provides all supplies to 22 locations, which include drug treatment centers, county public health departments, and community-based organizations.
- Legalized July 11, 2016
- 2016's H972 does not fund syringe exchange programs and it prohibits the use of state funds to purchase syringes and other injection supplies. State funds can still be used for all other expenses, including personnel, health care costs, HIV and hepatitis C testing, naloxone, wound care, treatment and social service referrals, etc. Organizations will have to secure funding for syringes and injection supplies through sources such as private grants, individual donors, corporate giving, fundraisers, donations from medical organizations, etc. Local governments may fund injection supplies.

North Carolina: Syringe Service Program Models

Fixed Site Exchanges:

The exchange is located in a building.

This could be a storefront, an office, or other similar space.

Home Delivery or Peer-Based Exchange:

Participants call a phone number to arrange delivery of services, which can be done in their home or at another agreed upon site. Can happen on a regular schedule, or by appointment via cell phone.

Mobile/Street Based Vehicle based exchange:

The exchange is conducted via a van or RV that drives to exchange sites and neighborhoods.

Integrated Syringe Exchange:

An organization adds syringe exchange into their on-going services.

North Carolina:

Keeping Officers Safe

- One in three officers will be stuck by a syringe during their career and 28% will suffer more than one needle-stick injury. These can infect officers with HIV and HCV.
- Syringe exchange program lead to a 66% reduction in needle-stick injury to law enforcement because they take used needles out of people's pockets and into safe disposal sites

**“ I support
harm reduction
programs because
I’ll advocate
anything that
protects my life
and the lives of my
fellow officers.”**

- Corporal D.A. Jackson, Guilford
County Sheriff



Florida: Reducing State Medicaid Costs

- Legalized syringe exchange in 2015, Governor Rick Scott signed into law March 2016
- Operates one syringe exchange site in Miami-Dade County
- “The study identified a cohort of 349 IDUs with preventable bacterial infections that resulted in admissions to the county safety net hospital in Miami during a 12-month period. These hospitalizations resulted in \$11.4 million in healthcare expenses and 17 deaths. The vast majority of hospitalized IDUs (92%) were either uninsured or relied on publicly funded insurers such as county, state and federal programs. While it is customary for hospitals to bill in excess of expected payment for services rendered based on pre-negotiated reimbursement rates, Florida Medicaid was billed \$18.4 million over the study period for injection drug use-related infections. ”

Illinois: Participation Cards & Paraphernalia Code

- Began operation of syringe exchange programs in early 1990s
- Law modifies the drug paraphernalia code so that syringes are exempt when accompanied by a syringe exchange participant membership card

IOWA: IHRC + Wrap Around Services



**Risk Reduction
Kits**



**Syringe
Clean Up**



**HIV/HCV
Rapid Testing**



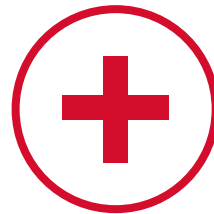
**Naloxone
Kits**



**Linkage to Health
& Social Services**



Hotline



**Referrals to
Addiction Treatment**

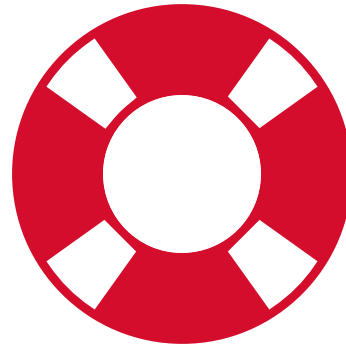


**Fentanyl
Test Strips**



**Enrollment in
Housing Programs**

Harm Reduction Life Boat



Initiation of
Substance Use



Currently using /
experiencing addiction



Cessation of
Substance Use

Envisioning Syringe Service Programs in Iowa

- Funding will come from federal grants (State Targeted Opioid Response Grant) + private foundations (Comer, AIDS United, Elton John, MAC AIDS Fund, Clinton Foundation, Gates Foundation)
- State-wide implementation can happen through the expansion of IHRC into new communities, federally qualified community health centers, and rural county public health departments delivery framework
- By taking used syringes out of communities, these programs keep law enforcement officers safe from deadly infections and keep syringes off of the streets.
- Distributing syringes through a public health program reduces current and long term costs to the state Medicaid budget
- Syringe service programs serve as a “life boat” for people experiencing an addiction and connect them into treatment
- Iowa stands on a precipice: the human and fiscal costs of HIV infection should be prevented before the virus spreads in Iowa

The opioid crisis is complex, with no one solution.

It requires a systems-wide response and comprehensive legislative reform that tackles primary prevention, secondary prevention, and treatment.

While a number of strategies to tackle the crisis will require significant financial investment, syringe exchange requires no funding from the state and promises significant cost reductions to the state's Medicaid budget.