



**NORTHERN KENTUCKY
INDEPENDENT DISTRICT
HEALTH DEPARTMENT**

*Promoting and protecting the health of Northern Kentucky by providing
public health services essential for a safe and healthy community*



**A RESOLUTION
REGARDING THE CREATION OF A SYRINGE ACCESS EXCHANGE PROGRAM
BY THE
NORTHERN KENTUCKY INDEPENDENT DISTRICT HEALTH DEPARTMENT**

WHEREAS Northern Kentucky is suffering from an epidemic of heroin and other injection drug use as evidenced by the increases in all of the following: drug overdoses and untimely deaths, emergency room visits and hospitalizations due to heroin and other drug use, babies born to women with drug addiction, rates of communicable diseases, and law enforcement arrests and incarceration due to heroin and other drug possession and associated criminal activity;

WHEREAS needles, syringes, and other equipment for injection drug use can become contaminated with blood that contains hepatitis C, hepatitis B, and HIV and these viruses can be transmitted when such equipment is shared among injection drug users;

WHEREAS contaminated drug injection equipment puts the public and first responders at risk for exposure through accidental needle sticks when such contaminated equipment is improperly discarded;

WHEREAS the Hepatitis C rates in Northern Kentucky are among the highest in the nation with a rate 2.7 times that of Kentucky and 19.5 times that of the United States, and with Northern Kentucky comprising 9% of Kentucky's population, yet comprising 24% of the Hepatitis C cases in the state;

WHEREAS the Northern Kentucky Health Department's Hepatitis C testing program from 2012-2014 tested 2,704 residents for Hepatitis C and 304 (11%) tested positive, with 80% of those testing positive reporting a history of injection drug use;

WHEREAS the cost of the medications for one course of treatment for Hepatitis C is \$84,000 and left untreated, may progress to cirrhosis, liver cancer or liver failure requiring a liver transplant at a cost of \$600,000;

WHEREAS sharing needles, syringes, and other drug injection equipment is the second highest cause of HIV infection in the United States and Northern Kentucky has the third highest number of diagnosed HIV cases in Kentucky, and in addition, 1 in 5 individuals are positive but do not know their status;

WHEREAS the cost of treating HIV infection, a lifelong chronic disease, is \$600,000, and for every \$1 spent on a Syringe Access Exchange Program, \$3-\$7 is saved on costs associated with HIV infection;

WHEREAS the Indiana State Department of Health and the Centers for Disease Control and Prevention (CDC) are investigating a large outbreak of human immunodeficiency virus (HIV) infections among persons who inject drugs in Scott County, Indiana and the CDC has issued a health advisory recommending that health departments ensure persons actively injecting drugs have access to integrated prevention services, including but not limited to access to sterile injection equipment from a reliable source;

WHEREAS the Northern Kentucky Independent District Health Department is statutorily mandated per KRS 211.180 to perform the duties of detection, prevention, and control of communicable diseases such as Hepatitis C and B and HIV and implementation of a Syringe Access Exchange Program helps fulfill this mandate;

WHEREAS Syringe Access Exchange Programs have been operated in the United States since the 1980's, with 211 programs operating in 32 states, DC, Puerto Rico, and Indian nations;

WHEREAS researchers at the National Institutes of Health, the General Accounting Office, the CDC, and the National Academy of Sciences concur that Syringe Access Exchange Programs are an effective public health approach to reducing HIV and viral hepatitis infection;

WHEREAS Syringe Access Exchange Programs have been supported as a harm reduction strategy by many health and governmental organizations including the CDC, the American Medical Association, the American Public Health Association, the American Pharmaceutical Association, the American Psychiatric Association, the American Bar Association, and the US Conference of Mayors;

WHEREAS research has also shown that Syringe Access Exchange Programs advance public safety, including the safety of law enforcement officials, by taking contaminated syringes off the streets and out of parking lots, parks, school grounds and playgrounds;

WHEREAS Syringe Access Exchange Programs are an important link to mental health and addiction treatment services, serve as an entry point for other health care services, such as testing for HIV, HCV, pregnancy, and sexually transmitted diseases, vaccinations, overdose prevention kits, and education and counseling, and are cost effective interventions compared to treating HIV and Hepatitis C;

WHEREAS Syringe Access Exchange Programs have also been shown to NOT encourage individuals to begin using drugs, nor increase drug use among existing users, nor increase crime in neighborhoods in which such a program operates;

WHEREAS the Northern Kentucky Heroin Impact Response Task Force has advocated for and is supportive of measures to control the spread of communicable diseases associated with injection drug use;

WHEREAS the Northern Kentucky Independent District Board of Health is concerned about the public health risks associated with this epidemic of injection drug use due to the rapid increase in

the rates of hepatitis C and B over the past several years, with a substantial portion of cases reporting a history of injection drug use;

AND WHEREAS the General Assembly of the Commonwealth of Kentucky passed Senate Bill 192 in the 2015 Regular Session which amends KRS 218A.500, adding sections (5) (a) – (c), enabling local health departments to operate a substance abuse treatment outreach program which allows participants to exchange hypodermic needles and syringes with the consent of the local board of health and the legislative body of the city and county in which the program would operate;

NOW THEREFORE, BE IT RESOLVED on this DATE, the 10th of June, 2015 that the Northern Kentucky Independent District Board of Health believes that a Syringe Access Exchange Program would reduce the risk of spreading infectious diseases through the availability of sterile drug injection equipment for the above stated reasons.

AND

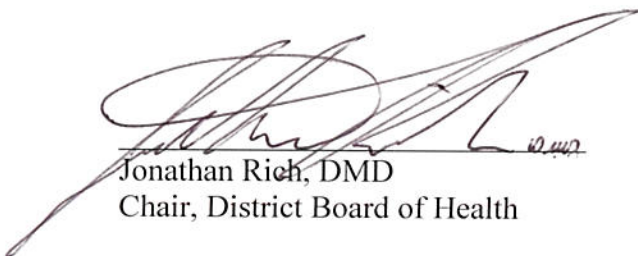
LET IT BE FURTHER RESOLVED that the Northern Kentucky Independent District Health Department is hereby directed to develop a phased Syringe Access Exchange Program in Northern Kentucky to prevent and control the spread of communicable diseases associated with injection drug use and in so doing advance the public safety of Northern Kentucky.

AND


LET IT BE FURTHER RESOLVED that pursuant to the newly amended KRS 218A.500(5)(b), the Northern Kentucky Independent District Health Department shall obtain consent from the legislative body of the county and home rule class city of any jurisdiction in which the Syringe Access Exchange Program would operate prior to implementation.

AND

LET IT BE FURTHER RESOLVED that program implementation and progress shall be reviewed by the Population Health and Clinical Services Committees and the District Board of Health.



Jonathan Rich, DMD
Chair, District Board of Health



Lynne M. Saddler, MD, MPH
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Secretary, District Board of Health