Stopping the Spread of Infectious Diseases

Syringe Access Exchange Programs
Situation Analysis
Heroin Use in NKY

In NKY the increase in IV drug use (particularly heroin) has led to an increase in:

- Drug overdoses and untimely deaths
- Emergency room visits and hospitalizations
- Babies born to women with drug addiction
- Arrests and incarceration, drug possession, trafficking and other criminal activity
- Impact on businesses and economic development
- Communicable diseases (e.g. hepatitis C)
EDGEWOOD, Ky. — Zach Wayman says he first contracted hepatitis C several years ago by sharing needles with other heroin addicts.
Public Health in Northern Kentucky

The Northern Kentucky Health Department is the public agency charged with performing mandated public health services and addressing priority community health needs.

We prevent disease, promote wellness and protect against health threats.
Communicable Disease Control

In KRS 211.180, health departments under the authority of the Cabinet for Health and Family Services:

“…perform the duties of detection, prevention, and control of communicable diseases…”
Why is public health concerned about IV drug use?

• Sharing needles, syringes, and other drug equipment transmits diseases - hepatitis C, hepatitis B, and HIV

• Contaminated needles, syringes, and other drug equipment get discarded in public places - puts the public and first responders at risk for diseases from accidental needle sticks
Diseases Associated with IV Drug Use

- **Hepatitis C** – viral infection of the liver that can proceed to liver failure and death if untreated. Medication costs to treat=$84,000.
  - In 2014, KY’s Medicaid program spent more than $50 million to treat 800 people infected with hepatitis C.
- **HIV** – chronic disease with a lifetime cost of $300,000 to treat.
- **Hepatitis B** – viral infection of the liver that can become a lifelong infection; can be prevented with vaccination.
## Disease Data in NKY

### Infectious Diseases Spread by IV Drug Use (2016)**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Boone County</th>
<th>Campbell County</th>
<th>Grant County</th>
<th>Kenton County</th>
<th>NKY*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute hepatitis B</td>
<td>Fewer than 5</td>
<td>Fewer than 5</td>
<td>Fewer than 5</td>
<td>19</td>
<td>27 (X)</td>
</tr>
<tr>
<td>Acute hepatitis C</td>
<td>5</td>
<td>10</td>
<td>Fewer than 5</td>
<td>11</td>
<td>27 (X)</td>
</tr>
<tr>
<td>Non-acute hepatitis B</td>
<td>36</td>
<td>30</td>
<td>19</td>
<td>74</td>
<td>159(X)</td>
</tr>
<tr>
<td>Non-acute hepatitis C</td>
<td>311</td>
<td>289</td>
<td>83</td>
<td>599</td>
<td>1,282 (X)</td>
</tr>
<tr>
<td>HIV cumulative from 1982 to June 30, 2016, living and deceased</td>
<td>134</td>
<td>169</td>
<td>34</td>
<td>444</td>
<td>781</td>
</tr>
</tbody>
</table>
Hepatitis C in N KY

Northern Kentucky Hepatitis C Cases by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>314</td>
</tr>
<tr>
<td>2011</td>
<td>615</td>
</tr>
<tr>
<td>2012</td>
<td>821</td>
</tr>
<tr>
<td>2013</td>
<td>935</td>
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<tr>
<td>2014</td>
<td>968</td>
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<tr>
<td>2015</td>
<td>1178</td>
</tr>
<tr>
<td>2016</td>
<td>1295</td>
</tr>
<tr>
<td>2017</td>
<td>1404</td>
</tr>
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</table>
Hepatitis C in NKY
Scott County, Indiana

Outbreak of Recent HIV and HCV Infections among Persons Who Inject Drugs

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
April 24, 2015, 11:00 ET (11:00 AM ET)
CDCHAN-00377

“I don’t think there’s anything that makes Scott County, Indiana, different from any other rural county in America. It just happened to be the first.”

Jennifer Walthall
Indiana Deputy Health Commissioner
Specific concerns regarding Kentucky Counties:
1. Dense drug user networks similar to Scott County, Indiana
2. Lack of syringe exchange programs
CDC Map of HIV Vulnerable Counties
HIV Cluster Investigation

• Total number of cases increased: 37 new cases, compared to 25 cases in 2016 and 34 cases in 2015.

• Risk factor of injection drug use up dramatically: In 2017, a total of 18 people reported injection drug use among risk factors, compared to five in 2016.

• Concentrated in Campbell and Kenton Counties.
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) which enables:

“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.”
NKY Heroin Impact Response Task Force
Syringe Access Exchange Program - One aspect of larger response
Syringe Access Exchange Programs
What is a Syringe Access Exchange Program (SAEP)?

- A comprehensive public health program to reduce the spread of communicable diseases like Hepatitis C and B and HIV in a community.
- Exchanges sterile syringes, needles, and clean injection equipment for contaminated equipment.
- Properly disposes of contaminated equipment. (gets these needles out of public places, decreases likelihood of accidental needlesticks with dirty needles)

But there is a lot more involved…
What is a SAEP?

Health care access:

• Testing for HIV, hepatitis, sexually transmitted diseases, pregnancy
• Vaccinations (e.g. Hepatitis A & B)
• Naloxone (overdose prevention)
• Enrollment in health care coverage
• Counseling and education – connect to treatment
• Other health department services and referrals to other health care providers
Misconceptions and Myths

Syringe Access Exchange Programs:

• Do NOT encourage individuals to begin using drugs.

• Do NOT increase drug use among existing users.

• Do NOT increase crime in neighborhoods in which such a program operates.

Do SAEP’s Work?

YES
Benefits of SAEP’s

• Reduces HIV and hepatitis transmission among injection drug users
• Advances public safety including the safety of law enforcement officials and first responders
• Serve as an important link to mental health and addiction treatment services and other health care services
• Cost effective compared to treating HIV and hepatitis C
Syringe Services Program Coverage in the United States - June 2014

This map was prepared by amfAR, The Foundation for AIDS Research. Information on syringe services programs was provided by the North American Syringe Exchange Network (NASEN) and Mount Sinai Beth Israel from their lists of syringe services programs that confirmed their willingness to have this information made public.

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.
Progress in Portsmouth, Ohio

Hepatitis C Rates
• 2014 - 437 cases
• 2015 - 261 cases

40% decrease

"It's a good sign, but it's too early to say that it's a great sign," Roberts said. "But what we do know is that the people who participate in our program are not sharing their needles with other people so we're containing that spread, which is very important."

Source: WASZ News, Huntington, WVA
Progress Locally

Grant County – Operational on March 16, 2016; data through March 2018

- 322 unduplicated participants
- 163 referrals to addiction treatment
- 458 Naloxone kits distributed to clients
- 295 Naloxone kits distributed to community members
- 129 tests provided for HIV, hepatitis C, sexually transmitted infections and pregnancy
Status of the Program

Support
• St. Elizabeth Healthcare
• NKY Chamber of Commerce
• NKY Office of Drug Control Policy
• N KY Agency for Substance Abuse Policy
• NKY Heroin Impact Response Task Force
• NKY Medical Society
• NKY People Advocating Recovery
• City of Independence
• City of Park Hills
• City Ft. Mitchell
• Campbell Leadership Action Group

Funding
• Private foundation funding
• State funds
  • State grants
    (Naloxone distribution)
• Federal funds (most services except sterile needles and syringes)
• Medicaid billing for certain services
  (vaccination, confirmatory testing)
## Status of the Program

<table>
<thead>
<tr>
<th>County</th>
<th>Board of Health Approval (Date)</th>
<th>County Approval (Date)</th>
<th>City Approval (Date)</th>
<th>Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boone</td>
<td>NKY District Board of Health (June 2015)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campbell</td>
<td>NKY District Board of Health (June 2015)</td>
<td>Campbell County Fiscal Court (May 2016)</td>
<td>Newport (February 2018)</td>
<td>Planning underway for operation in summer 2018</td>
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<tr>
<td>Grant</td>
<td>NKY District Board of Health (June 2015)</td>
<td>Grant County Fiscal Court (February 2016)</td>
<td>City of Williamstown (August 2015)</td>
<td>Began March 2016</td>
</tr>
<tr>
<td>Kenton</td>
<td>NKY District Board of Health (June 2015)</td>
<td>Kenton County Fiscal Court (March 2016)</td>
<td>City of Covington (March 2016)</td>
<td>Planning underway for operation in summer 2018</td>
</tr>
</tbody>
</table>
Questions