

Syringe Services Programs: A Key Strategy for Addressing the Opioid Epidemic

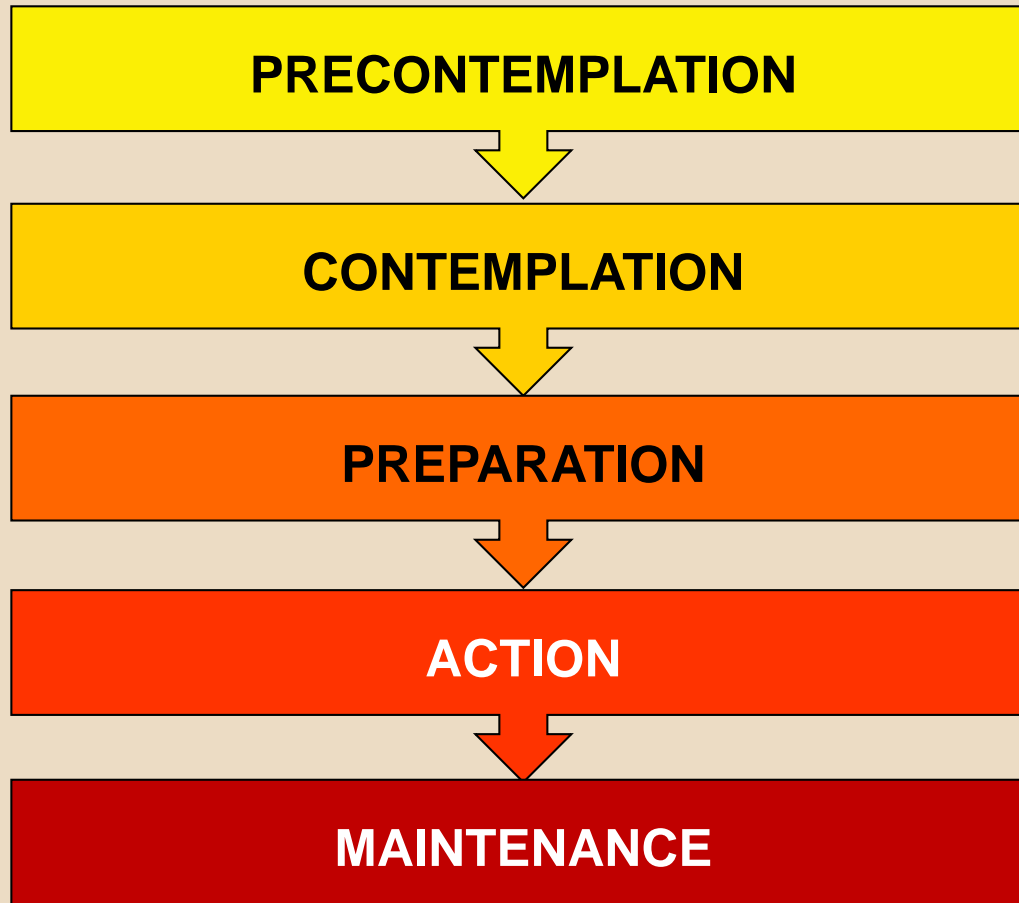
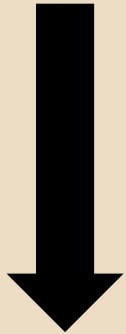
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Maryland Department of Health and Mental Hygiene
Regional Opioid and Substance Abuse Summit

May 9, 2017

The Stages of Change

PROCESS



RELAPSE

Intervention Types

Stages of Change				
Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
OVERDOSE REVERSAL WITH NALOXONE	SYRINGE SERVICES PROGRAMS OVERDOSE REVERSAL WITH NALOXONE		TREATMENT ENTRY: MAT, DETOX, INTENSIVE OUTPATIENT, OP	AA, NA, OTHER SUPPORT GROUPS



Landscape for PWID



Public Health:
Prevention

Law Enforcement:
Arrest
Incarceration

Public Health:
Treatment

Landscape for PWID



Public Health: Syringe Services

Public Health:
Prevention

Law Enforcement:
Arrest
Incarceration

Public Health:
Treatment

Syringe Services Programs

- Are cost effective
- Do not increase drug use
- Do not increase crime
- Reduce used syringes in the community
- Increase law enforcement safety
- Reduce the transmission of disease
- Build trust and bridge people who inject drugs to other needed services

SSP Save \$\$

- The lifetime cost of treating HIV is approximately \$600,000
- The cost of curing Hepatitis C (once) ranges from \$54,600 to \$94,500
- The cost of a liver transplant ranges from \$100,000 to \$575,000
- A sterile syringe costs about 10 cents

1994



Baltimore Mayor Kurt
Schmoke and City Health
Commissioner Peter
Beilenson

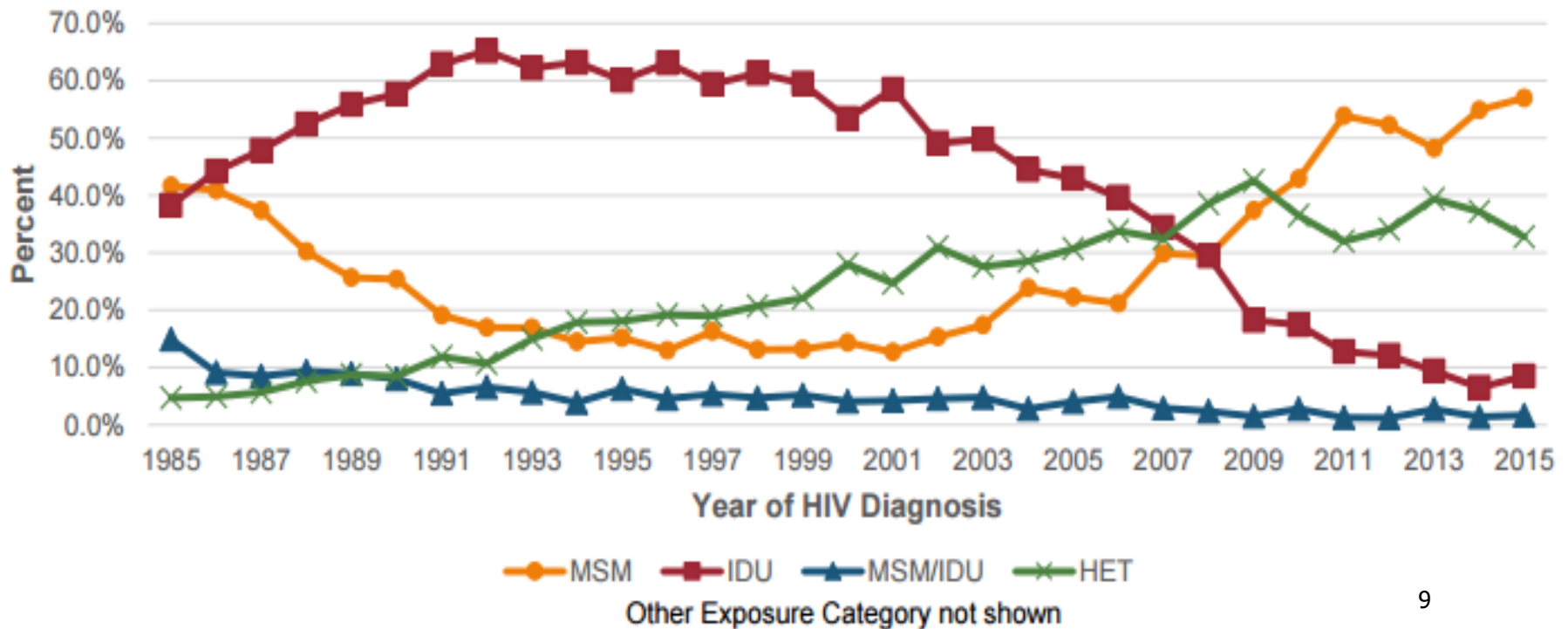


Senate Bill 402, *AIDS Prevention – Pilot Needle Exchange Program (Baltimore City)*, decriminalized possession of sterile injection equipment for program participants

SSP Save Lives: Baltimore Story

Figure 6 – Trends in Adult/Adolescent Reported HIV Diagnoses by Exposure Category, 1985-2015, Reported through 6/30/2016

Percent by Exposure Category of Adult/Adolescent Reported HIV Cases, Age 13+ at HIV Diagnosis, with or without an AIDS Diagnosis (Adult/Adolescent Reported HIV Diagnoses) and with Reported Exposure Category by Year of HIV Diagnosis from 1985 through 2015, as Reported through 6/30/2016



- 190 people were diagnosed with HIV in Scott County, Indiana, in 2015 after HIV was introduced into a network of IDU

Drug-Fueled Indiana HIV Outbreak Was 'Preventable'

— But other poor rural communities face similar risks

A post-mortem analysis of the outbreak, which was fueled by injection drug use, suggests that similar communities remain at risk, according to [John Brooks, MD](#), of the CDC's Division of HIV/AIDS Prevention in Atlanta.

Importantly, there was a sign that the community was ripe for the HIV outbreak.

- That sign was acute Hepatitis C, a virus whose national incidence--driven by injection drug use--has risen sharply in recent years
- The cluster of cases of HCV pointed to widespread injection drug use

2016 Legislative Session

- DHMH joined forces with Delegate Clarence Lam to introduce Senate Bill 97, *Public Health – Opioid-Associated Disease Prevention and Outreach Programs*
- SB97 authorized the establishment of Syringe Services Programs throughout the state of Maryland
- Bill was signed into law May 10 and came into effect October 1, 2016

DHMH Activities

- CDC Determination of Need submission and approval
- Outreach to potential SSP implementation sites
- Development of program application
- Development of SSP regulations—final published in April Maryland Register
- Consideration of other jurisdictions' Policies and Procedures manuals

DHMH Activities

- Development of material to support programs in gaining local approval
- Identification of resources to support SSP
- Establishment of a new staff position, SSP Coordinator (Andrew Bell)
- Launched the SSP Standing Advisory Committee

Future SSP

Work is underway in the following counties to develop an application for approval to implement Syringe Services:

- Anne Arundel
- Baltimore
- Frederick
- Prince George's
- Washington



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