Every DAY, ONE more Kentuckian is diagnosed with HIV.

Overview

1. Background: HIV in Kentucky
2. Background: Hepatitis C Virus in Kentucky
3. Background: Opioid Abuse in Kentucky
4. HIV Outbreak Just Across The Indiana Border
5. Kentucky: Most Vulnerable Counties in US
6. Ky Heroin Bill & Syringe Exchange Programs

Background – HIV

Delayed Testing in Kentucky

{only 17% were tested a year or more before developing AIDS}
**Statewide Total**

Known to be Living with HIV = 6,505

- Scott - 45
- Boyd - 53
- Jessamine - 54
- Shelby - 58
- Franklin - 66
- Bullitt - 68
- Madison - 80
- Daviess - 85
- Christian - 96
- Oldham - 87
- Boone - 95
- McCracken - 102
- Warren - 117
- Campbell - 115
- Hardin - 133
- Kenton - 285
- Fayette - 947
- Jefferson - 2,669
- Jefferson - 2,821


**Hepatitis C Virus (HCV) Transmission**

- Sharing syringes to injecting drugs (60%)
- From infected mother to child during birth
- Hemodialysis (long-term)
- Blood transfusion and/or organ transplant before 1992
- Occupational exposure to blood - mostly needlesticks
- “Baby Boomers”
- Sexual or household exposures (very rare)
Reported cases of acute Hepatitis C — United States, 2008–2013

- **Casualties**
  - # states: 11
  - 1–100: 16
  - 101–200: 5
  - 201–300: 9
  - 301–400: 3
  - 401–500: 4
  - 501–600: 2
  - 601–700: 0
  - 701+: 1 (KY)

- **Rates**
  - # states: 9
  - 0.0–1.0: 34
  - 1.1–2.0: 3
  - 2.1–3.0: 2
  - 3.1–4.0: 2
  - 4.1–5.0: 0
  - 5.1+: 1 (KY)

- **Hospitlized Cases**
  - 2009: 10,184
  - 2010: 11,332
  - 2011: 12,931
  - 2012: 16,481

- **Hepatitis C Cases in Kentucky Hospitals**
  - # outpatient: 10,184
  - # emergency room: 11,332
  - # hospitlized: 12,931
  - # total: 16,481
Hepatitis C Discharge Billing in Kentucky Hospitals

**Background - HCV**

Cost:
- $191,664,905
- $229,028,153
- $277,203,862
- $371,408,959

Rates per 100,000 population

Kentucky
- West Virginia
- Indiana
- Massachusetts

Rates of acute, Hepatitis C per 100,000 population — United States, 2009–2014 Trend

Tennessee

Incidence of acute hepatitis C among persons aged ≤30 years, by urbanicity and year — Kentucky, Tennessee, Virginia, and West Virginia, 2006–2012

HCV increases among Young Injecting Drug Users in Kentucky, Tennessee, Virginia, and West Virginia

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a2.htm?s_cid=mm6417a2_w
Any opioids include heroin and prescription opioids.† Prescription opioids includes buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, illicitly obtained methadone, and any other drug with morphine-like effects.

Virtually a trade-off from prescriptions † to heroin

Substance abuse admissions among 12–29 y.o. in Kentucky, Tennessee, Virginia, and West Virginia

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adair</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Casey</td>
<td>41</td>
<td>40</td>
</tr>
<tr>
<td>Clinton</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>Cumberland</td>
<td>11</td>
<td>34</td>
</tr>
<tr>
<td>Green</td>
<td>25</td>
<td>29</td>
</tr>
<tr>
<td>McGeary</td>
<td>81</td>
<td>101</td>
</tr>
<tr>
<td>Pulaski</td>
<td>206</td>
<td>214</td>
</tr>
<tr>
<td>Russell</td>
<td>36</td>
<td>60</td>
</tr>
<tr>
<td>Taylor</td>
<td>32</td>
<td>59</td>
</tr>
<tr>
<td>Wayne</td>
<td>70</td>
<td>119</td>
</tr>
</tbody>
</table>

Kentucky Resident Drug Overdose Emergency Department Visit Rates, 2008 – 2012

Background – Opioids

Kentucky Resident Drug Overdose Emergency Department Visit Rates, 2008 – 2012

Background – Opioids

Kentucky Resident Drug Overdose Emergency Department Visit Rates, 2008 – 2012

Background – Opioids
Understanding HCV Transmission among Social Network of Injecting Drug Users, Hazard Area, 24 months

Background - Opioids


Background - Opioids

Age-Adjusted Rate for Drug Overdose Deaths Involving Heroin, 2009 – 2013

Background - Opioids

Background – Opioids

United Health Foundation now ranks Kentucky as SECOND highest rate of drug overdose deaths for 2017

Background – Opioids

JUST AS YOU WERE THINKING IT COULDN’T GET WORSE

... IT GOT WORSE

Much of the pills & heroin in Kentucky now cut with the more deadly drug FENTANYL
Background – Indiana Outbreak (what happened before action was made)

With less than 5 confirmed cases of HIV in 2014, Scott County Indiana reported over 180 new cases of HIV between mid December 2014 and spring 2015. Most of 195.

This surge in HIV infections was attributed to injecting drug use and travel to multiple injection centers with Hazard, KY.

Background – Indiana Outbreak

Cumulative HIV infections associated with injection of Opana ER, by date of diagnosis, SC Indiana (N=188, Jan 2016)

Background – Our Vulnerability

Top 220 U.S. Counties with increased vulnerability to rapid dissemination of HIV/HCV infections among people who inject drugs

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

CDC, September 23, 2015

Top 220 U.S. Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs

Vulnerable

Counties

Syringe Exchanges (June 2014)
County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs

CDC, September 23, 2015

Specific concerns regarding Kentucky Counties:
1. Dense drug user networks similar to Scott County Indiana
2. Lack of syringe exchange programs

Vulnerable Counties
1. Wolfe
2. Breathitt
3. Perry
4. Clay
5. Bell
6. Leslie
7. Knox
8. Floyd
9. Clinton
10. Owsley
11. Whitley
12. Powell
13. Knott
14. Pike
15. Magoffin
16. Estill
17. Lee
18. Menifee
19. Martin
20. Boyle
21. Lawrence
22. Rockcastle
23. Harlan
24. McCreary
25. Letcher
26. Johnson
27. Russell
28. Elliott
29. Laurel
30. Carroll
31. Taylor
32. Grant
33. Adair
34. Lincoln
35. Wayne
36. Cumberland
37. Gallatin
38. Bath
39. Grayson
40. Greenup
41. Green
42. Casey
43. Carter
44. Monroe
45. Garrard
46. Robertson
47. Lewis
48. Edmonson
49. Allen
50. Boyd
51. Hickman
52. Breckinridge
53. Campbell
54. Mercer

Kentucky’s 54 Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs

Specific concerns regarding Kentucky Counties:
1. Dense drug user networks similar to Scott County Indiana
2. Lack of syringe exchange programs

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.
Sharing needles is an easy way to get HIV & Hepatitis C Virus.
If you shoot drugs – please do not share needles.

Harm Reduction/Syringe Exchange Programs (HRSEPs) save lives.
Research has proved that they help stop the spread of HIV & Hepatitis C Virus and do not increase drug use.

Although Harm Reduction / Syringe Exchange Programs are new for Kentucky, other states have 20 years' experience:
- 1984 Armstrong
- 1986 Oregon
- 1986 New Haven
- 95% New users
- 95% by 9000
People fear that discarded needles will increase after the opening of syringe exchange programs, to the contrary, SEPs help to keep dirty syringes off the streets, playgrounds, etc.

“Syringe exchange programs take dirty needles off the streets and increase the safety of our police officers. Indeed, these programs have increased needle stick injuries to police by 66 percent.”

—Bob Scott, former Captain, Sheriff’s Office, Macon County, N.C., February 2011

Dr. C. Everett Koop (1982-1989) “…if clean needles will do anything to contain a part of the epidemic, we should not have any foolish inhibitions about doing so.”

Dr. Joycelyn Elders (1993-1994) “Silence about the importance of needle exchange programs is causing deaths of thousands of our bright young black and Latino men and women.”

Dr. David Satcher (1998-2002) Syringe exchange is “…an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.”

Dr. Regina Benjamin (2009-2013) “Syringe exchange programs are widely considered to be an effective way of reducing HIV transmission among individuals who inject illicit drugs and there is ample evidence that SEPs also promote entry and retention into treatment.”

Dr. Vivek Murthy (2014-2017) Syringe exchanges and “harm reduction helps break down the stigma associated with addiction and drug use. In turn, more people are likely to seek help.”
Community residents may worry that SEP locations will increase theft, sex trades, assaults, and the use of contaminated needles in the area.

However, studies have shown that SEP's actually decrease crime in the area they are located.

For every dollar spent on syringe exchange, another seven dollars are saved in healthcare costs for people who rely on Medicaid and Medicare.

A clean syringe costs 20¢ or less, while the lifetime cost of treating someone with HIV is estimated to be about $380,000.

Curing Hepatitis C costs about $85,000 per case. Untreated cases will cost MORE.

Cases of HIV among People Who Inject Drugs dropped by 70%, saving DC $46 million since 2008.
Studies show that HRSEPs do not encourage drug use among HRSEP participants or the recruitment of first-time drug users.

Through their referrals to substance abuse treatment programs, HRSEPs often help People Who Inject Drugs to stop using drugs.

“Based upon the literature that’s been presented to me, syringe exchange programs do not appear to increase crime and/or drug abuse but rather greatly enhance officer and public safety.”

—Cpl/Deputy Sheriff D. A. Jackson, Background Investigator, Guilford County Sheriff’s Office, Greensboro, NC, March 2011

Kentucky Senate Bill 192 (2015) provides for the establishment of Syringe Exchange Programs in KY

- Local option for syringe exchange programs for People Who Inject Drugs to be run by county public health departments.
- “Good Samaritan” language that protects drug users from criminal charges if they report an overdose to the authorities.
- Expanded access to naloxone, a drug that can reverse the effects of a heroin overdose.
- More state funding and Medicaid support for addiction treatment programs.

Most Comprehensive Bill in US to date
Kentucky Senate Bill 192 (2015) provides for the establishment of Syringe Exchange Programs in KY.

- Local option for syringe exchange programs for People Who Inject Drugs to be run by county public health departments;
- "Good Samaritan" language that protects drug users from criminal charges if they report an overdose;
- Expanded access to naloxone, a drug that can reverse the effects of a heroin overdose;
- More state funding and Medicaid support for addiction treatment programs.

A person shall not be charged with or prosecuted for a criminal offense prohibiting the possession of a controlled substance or the possession of drug paraphernalia if:

a) In good faith, medical assistance with a drug overdose is sought from a public safety answering point, emergency medical services, a law enforcement officer, or a health practitioner because the person:
   1) Requests emergency medical assistance for himself or herself or another person;
   2) Acts in concert with another person who requests emergency medical assistance;
   3) Appears to be in need of emergency medical assistance and is the individual for whom the request was made;

b) The person remains with, or is, the individual who appears to be experiencing a drug overdose until the requested assistance is provided;

c) The evidence for the charge or prosecution is obtained as a result of the drug overdose and the need for medical assistance.

This measure protects peace officers from getting stuck with needles.
Kentucky Senate Bill 192 (2015) provides for the establishment of Syringe Exchange Programs in KY:
- Local option for syringe exchange programs for People Who Inject Drugs to be run by county public health departments;
- "Good Samaritan" language that protects drug users from criminal charges if they report an overdose to the authorities;
- Expanded access to naloxone, a drug that can reverse the effects of a heroin overdose;
- More state funding and Medicaid support for addiction treatment programs.

Kentucky Syringe Exchange Programs
Kentucky pharmacists can now be licensed to provide naloxone (Narcan®) to:
- People who use narcotics
- Family members or friends of people who use narcotics
- First responders
See www.kphanet.org for Naloxone Training

The Office of Drug Control Policy provides a Naloxone Locator online at odcp.ky.gov/stop-overdoses

Kentucky Public Health and the Kentucky Pharmacists Association distribute naloxone in communities (also providing HIV and HCV testing)

To date (05/31/18):
- 2,035 naloxone doses dispensed
- 740 people trained on naloxone
- 64 tested for HCV
Recent Headlines - It’s Working for IN
(out a little too late)

Outbreak levels off due to SEP
although approved intermittently by Indiana

Indiana needle-sharing drops from 18% to 5% within first few months.

Kentucky Senate Bill 192 (2015) provides for the establishment of Syringe Exchange Programs in KY

- Local option for syringe exchange programs for People Who Inject Drugs to be run by county public health departments
- "Good Samaritan" language that protects drug users from criminal charges if they report an overdose to the authorities
- Expanded access to naloxone, a drug that can reverse the effects of a heroin overdose
- More state funding and Medicaid support for KRS 218A.500/510 Kentucky Syringe Exchange Programs

The Department for Behavioral Health, Developmental and Intellectual Disabilities provides a Treatment Provider Locator online at dbhdid.ky.gov/ProviderDirectory

Vulnerable Counties

1. Wolfe
2. Breathitt
3. Perry
4. Clay
5. Bell
6. Leslie
7. Knox
8. Floyd
9. Clinton
10. Owsley
11. Whitley
12. Powell
13. Knott
14. Knott
15. Powell
16. Laurel
17. Carroll
18. Taylor
19. Grant
20. Wayne
21. Cumberland
22. Allen
23. Monroe
24. Mercer
25. Gallatin
26. Bath
27. Grayson
28. Greenup
29. Green
30. Rowan
31. Menifee
32. Magoffin
33. Estill
34. Martin
35. Boyle
36. Lawrence
37. Rockcastle
38. Harlan
39. McCreary
40. Letcher
41. Johnson
42. Russell
43. Elliott
44. Muhlenberg
45. Jackson
46. Adair
47. Cumberland
48. Allen
49. Wayne
50. Laurel
51. Rockcastle
52. Casey
53. Carter
54. Johnson
55. Magoffin
56. Menifee
57. Bath
58. Grayson
59. Greenup
60. Green
61. Casey
62. Carter
63. Johnson
64. Magoffin
65. Menifee
66. Bath
67. Grayson
68. Greenup
69. Green
70. Casey
71. Carter
72. Johnson
73. Magoffin
74. Menifee
75. Bath
76. Grayson
77. Greenup
78. Green
79. Casey
80. Carter
81. Johnson
82. Magoffin
83. Menifee
84. Bath
85. Grayson
86. Greenup
87. Green
88. Casey
89. Carter
90. Johnson
91. Magoffin
92. Menifee
93. Bath
94. Grayson
95. Greenup
96. Green
97. Casey
98. Carter
99. Johnson
100. Magoffin
101. Menifee
102. Bath
103. Grayson
104. Greenup
105. Green
106. Casey
107. Carter
108. Johnson
109. Magoffin
110. Menifee

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.
Suddenly and quietly in late December, 2015: Feds kept the federal funding ban on syringes themselves, but ended the ban on all other aspects of the programs — staff, vehicles, gas, rent, and so on. The ban’s end was spearheaded by two Kentucky Republicans, House Appropriations Chair Hal Rogers and Senate Majority Leader Mitch McConnell, in large part as a response to an HIV crisis in Indiana and a heroin epidemic nationwide.

**Recent Headlines – Kentucky Leaders Realized Our Peril & Acted Swiftly**

Feds kept the federal funding ban on syringes themselves, but ended the ban on all other aspects of the programs — staff, vehicles, gas, rent, and so on. The ban’s end was spearheaded by two Kentucky Republicans, House Appropriations Chair Hal Rogers and Senate Majority Leader Mitch McConnell, in large part as a response to an HIV crisis in Indiana and a heroin epidemic nationwide.

**Projected cost of 2017’s cases = $6,840,000**
Harm Reduction/Syringe Exchange Program Data

Kentucky Syringe Exchange Program Data through January 2017

---

Kentucky SEP Locations & Guidelines

Available at chfs.ky.gov/dph/epi/HIVAIDS/prevention

---

SEP Best Practices

Environments of EFFECTIVE SEPs
- Ensure low threshold access to services
  - Maximum access by number of locations and available hours
  - Minimal requirements of participants
  - Minimize the administrative burden of participation
- Promote secondary syringe distribution
  - Take and distribute used needles
- Mix with responsiveness to characteristics of the local people who inject drugs
  - Adapt planning activities and service mission to subgroup needs
- Provide or coordinate the provision of other health and social services
  - Include mental health, substance abuse treatment, and creating a social and legal environment

Environments of AVOID SEPs
- Supplying single-use syringes
- Limiting frequency of visits and number of syringes
- Requiring one-for-one exchange (results in sharing of needles)
- Imposing geographic limits
- Restricting syringe volume with unnecessary maximums
- Requiring identifying documents
- Requiring unnecessary data collection

---
Increase HIV Testing & Linkage to Care
Increase HCV Testing & Linkage to Care
Increase Naloxone (Narcan) Availability
Increase Drug Treatment
Create Harm Reduction / Syringe Exchange Programs

What are we asking of you?
No ordnances. Just your approval to allow the HD to try a Syringe Exchange Program.
No money. The program will get grants and use money targeted for SEP.

What are we offering?
A syringe exchange program that will reduce the HIV and Hepatitis C Epidemic.
The program will reduce medical costs for taxpayers as most of the affected individuals wind up on Medicaid/Medicare.
An increased chance to get IV drug users into rehabilitation reducing jail, court, medical costs and improving the individual's and their family's lives.
Reduced risks for First Responders and reduced risks for needles in public areas such as parks and playgrounds.

Thank you.

Why Would We Give Needles to People Who Inject Drugs?
Because it works.

Questions or Comments?