Expanding Access to Syringe Services Programs is Critical to Hepatitis C Elimination

Sonia Canzater, JD, MPH
Hepatitis Policy Project
O’Neill Institute for National and Global Health Law
Georgetown University Law Center
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Increasing Numbers of PWID and HCV Prevalence

- In 2018, 67,367 overdose deaths occurred in the U.S.¹
  - 46,802 deaths, nearly 70% of them were opioid-related deaths¹
- CDC-reported cases of acute HCV have increased 426% from 2010-2018
  - 850 to 3,621²,³

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¹ https://www.cdc.gov/drugoverdose/data/statedeaths.html
Harm Reduction and Syringe Services Programs

- Harm Reduction Strategies
  - Syringe Services Programs (SSPs)/Needle Exchange Programs

- Evidence-based intervention that play an important role in the response to the opioid crisis

- Provide a safe, consistent, non-judgmental place for people who inject drugs (PWID) and substance use disorder (SUD).
Services Offered at SSPs

• Sterile syringes
• Naloxone and overdose prevention
• Wound care
• Medication-assisted treatment for SUD
• Infectious disease screenings
• Condoms and lubricants
• Outreach and education
• Referral to SUD treatment or social services
SSP Effectiveness

• Use of SSPs can reduce risk of acquiring HCV by as much as 80%

• Cost effective
  • A $1 syringe can prevent an HCV infection that could cost over $205,000 in lifetime health care costs.

https://oneill.law.georgetown.edu/media/Expanding-access-to-syringe-services-programs.pdf
SSP Access

• Most recent 2020 data report 366 SSPs currently operating in the U.S. ¹

• Approx. half of PWID have access to an SSP. ²

• Access may be limited by transportation issues

• Politically contentious

1. https://ehe.amfar.org/data/num_SSPs
2. https://oneill.law.georgetown.edu/media/Expanding-access-to-syringe-services-programs.pdf
Community Knowledge and Support

- West Virginia
  - Houses 28 of the 220 counties identified by the CDC as the most vulnerable for HCV and HIV outbreaks, in large part due to injection drug use
  - State incidence of HCV is 9x higher the national average; drug overdose deaths 2.3 times the national average
    - Yet only 9 of the states most vulnerable counties have operating SSPs.
  - Changes in leadership and increased social pressure led to the closing of some of the most frequently utilized SSPs in the state, which provided exchange and wraparound services to approx. 400 clients a week
    - Ongoing support depends on continued engagement of critical stakeholders, political leadership, and the community.
Community Knowledge and Support

• North Carolina
  • Facing strong resistance from the legislature, advocates worked to generate support from law enforcement to change public sentiment and political will to support harm reduction legislation
    • This collaboration led legislators to legalize SSPs and enact laws to provide standing order distribution of naloxone – a drug used for quick response overdose prevention

• NC established 26 SSPs and distributed over 1.1 million syringes in the first 18 months following legalization.
  • As of January 2019, NC Harm reduction coalition reports over 101,000 naloxone kits have been distributed, and 13,394 confirmed overdose reversals since the naloxone law passed in 2013.¹

¹. https://oneill.law.georgetown.edu/media/Expanding-access-to-syringe-services-programs.pdf
• Kentucky has 54 of the 220 most vulnerable counties

• With leadership led by the state governor, the state created cross-agency partnerships to gain the required community and political support to implement SSPs throughout the state

• Currently 73 SSPs operating in 62 counties throughout the state.

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Responsiveness and Innovation

• Successful SSPs form the strongest partnerships with other community stakeholders to address problems before they arise and address concerns as they are raised.
  • Engage the community to allay concerns regarding crime, safety, litter, etc.
  • Ensures the program understands the needs of its target population and implements effective outreach interventions

• Hawaii
  • HI Health and Harm Reduction Center (HHHRC) implemented mobile SSPs that follow set schedules to serve clients throughout the state, in both urban and rural areas. After identifying that many of their clients were presenting in local EDs for wound care needs, started providing this service through their mobile outreach.
  • Also receive HCV testing, care coordination and other social services assistance.

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Questions and Comments

thank you!

Sonia Canzater
sc1574@georgetown.edu