

# *Creating and Offering a Syringe Exchange Program in Kentucky*

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# Learning Objectives

Upon completion of this educational activity, you will be able to:

- Describe the intersection of injection drug use and Kentucky's HIV and Hepatitis C epidemics and the role of syringe services programs and emergency departments in reaching a highly vulnerable population.
- Discuss the impact of increased walk-in and targeted outreach HIV testing opportunities in identifying PWH and connecting them to comprehensive medical care and supportive services.
- Explain successes, challenges and lessons learned from the KIRP program in the first three years of operation.

# Disclosures

- *The presenters have no disclosures related to this presentation.*
- *This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30535 as part of an award totaling \$4.2m. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).*
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# SYRINGE EXCHANGE PROGRAMS IN KENTUCKY

Greg Corby-Lee: Strategist, The Target4 Project

# Syringe Services Programs in Kentucky

- Syringe service programs (SSPs) distribute sterile syringes, safer drug use supplies, and provide education to people who inject drugs.
- These harm reduction programs are proven to reduce HIV and HCV infection rates by about **50%**
- SSPs are:
  - Central to **reducing disease** and other health burdens among people who inject illicit drugs.
  - Effective in preventing HIV and other blood-borne infections,
  - Essential in **connecting people** who inject drugs with a range of **vital medical and social services** and supports



<https://harmreduction.org/issues/syringe-access/>

<https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>

# Syringe Services Programs in Kentucky

- SB 192 enacted by Kentucky General Assembly in the 2015 Regular Session and signed by Governor Steven L. Beshear was an emergency bill went into effect on March 24, 2015.
- This bill amended KRS 218A.510 to allow a local health department to operate an outreach program in which individuals can exchange used hypodermic needles and syringes for clean needles and syringes.
- Kentucky health departments initially called them “Harm Reduction and Syringe Exchange Programs,” or HRSEPs. The emphasis on *Harm Reduction* was helpful in gaining understanding in the communities.



# Syringe Services Programs in Kentucky

- Kentucky's law provides that the development and implementation of a HRSEP in a given county shall be a local decision.
- Approval by three separate entities is required:
  - the local health department **Board of Health** must agree to operation of a HRSEP
  - the **city** government legislative body and the **county** government legislative body in which the program will be operated must give consent for operation of the program.

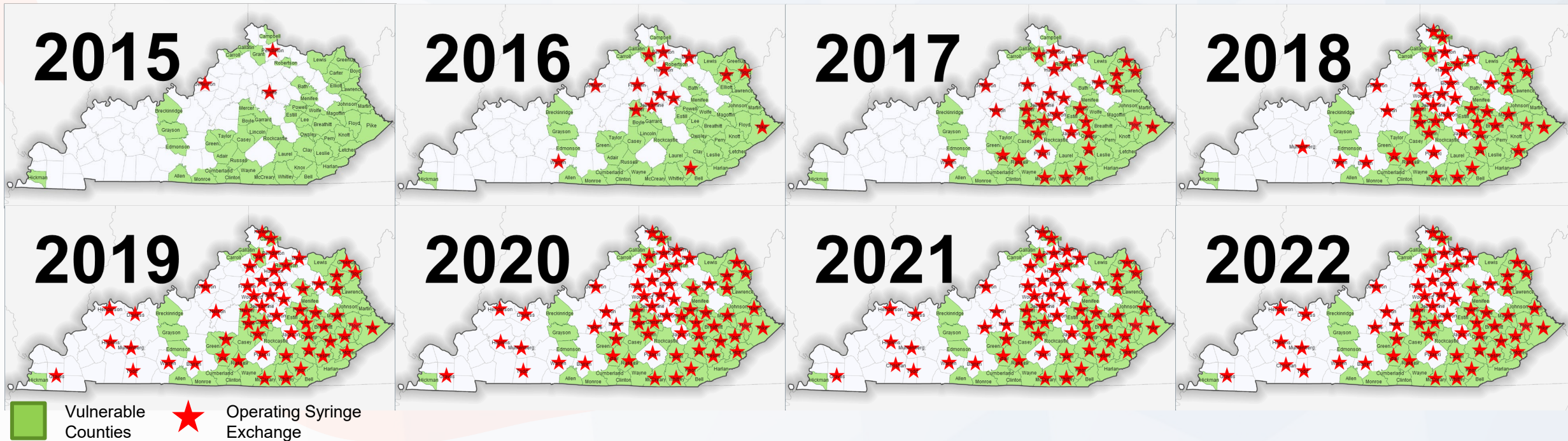


Mary Meehan | Ohio Valley ReSource  
<https://ohiovalleyresource.org/2019/08/16/hiv-infection-clusters-put-focus-on-harm-reduction-programs/>

# Syringe Services Programs in Kentucky

Year	Number of Counties with Operational SSPs	Number of Operational SSPs
2015	3	4
2016	15	18
2017	35	40
2018	43	50

Year	Number of Counties with Operational SSPs	Number of Operational SSPs
2019	59	68
2020	60	75
2021	62	80
2022	62	81





# Syringe Services Programs in Kentucky

- The Kentucky HepConnect Initiatives Operations, Policies, and Best Practices Report on Syringe Service Programs in the Commonwealth of Kentucky (2019)
  - Surveyed Syringe Service Programs (SSPs) across the Commonwealth to determine aspects of program Reach, Effectiveness, Adoption, Implementation, and Maintenance
  - Designed to understand how to reduce disease and infections in persons who use drugs (PWUD) using medical/infection prevention and implementation science approaches.

**Through their literature they found that one study estimated:**

- **Lifetime treatment costs for HIV at \$379,668 (2010 dollars)**
- **Average cost for each hospitalization for endocarditis exceeded \$50,000, and 42% of hospitalizations were among persons on Medicaid or without insurance.**
- **Annual cost per SSP client was \$502.**

**This study found that despite identifying infection prevention as a priority, SSPs reported testing <5% of clients for HIV and/or HCV in 2019.**


# Syringe Services Programs in Kentucky

- Another study entitled “Syringe services programs in the Bluegrass: Evidence of population health benefits using Kentucky Medicaid data” (Journal of Rural Health)
- Found declines in incidence rates of specified infectious diseases (HIV; Hepatitis C; Hepatitis B; Osteomyelitis; Endocarditis; and skin/soft tissue infections) were observable beginning at **1 month** post syringe services program opening.



ORIGINAL ARTICLE

## Syringe services programs in the Bluegrass: Evidence of population health benefits using Kentucky Medicaid data

Cameron Bushling MS, Matthew T. Walton PhD, MSSW , Kailyn L. Conner PhD, MPH, Gilbert Liu MD, MS, Ardis Hoven MD, Jessin Joseph PharmD, MBA, Angela Taylor BS

... See fewer authors ^

First published: 19 September 2021 | <https://doi.org/10.1111/jrh.12623>

“People in small towns, much more than in cities, share a destiny.”

Richard Russo

[Read the full text >](#)

<https://onlinelibrary.wiley.com/doi/10.1111/jrh.12623>



PDF



TOOLS

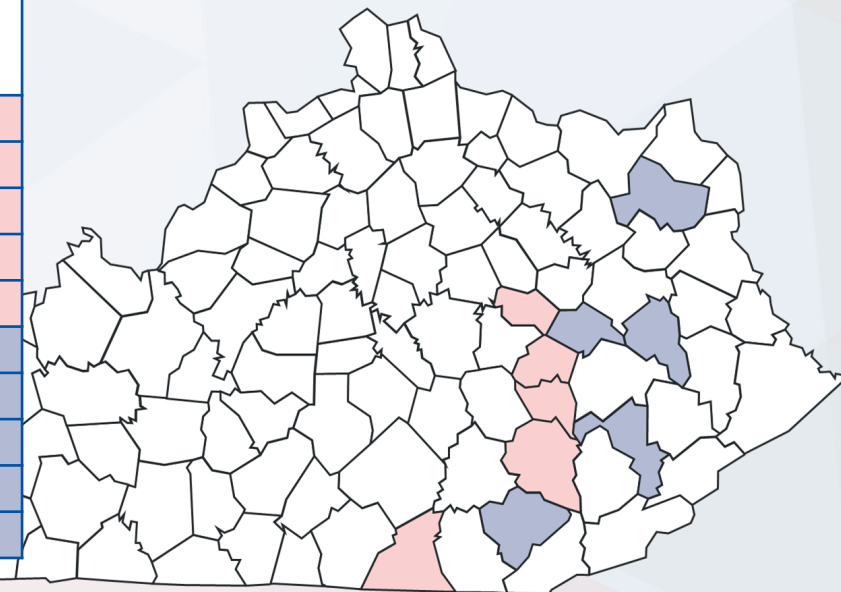


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# Kentucky SSP Participants

## July 2021 – June 2022

County	Total Pop	Pop >14y	1.06% Estimated PWID	2.44% Estimated PWID	Clients at SSPs by County of residence	Coverage at SSPs	*Estimated Prevalence by County
Powell	12,442	9,894	105	241	398	165% - 379%	8.0%
Clay	20,105	16,483	175	402	555	138% - 318%	6.7%
Owsley	4,472	3,583	38	87	105	120% - 276%	5.9%
McCreary	17,408	14,169	150	346	392	113% - 261%	5.5%
Lee	7,033	6,274	67	153	137	89% - 206%	4.4%
Knox	31,304	25,194	267	615	499	81% - 187%	4.0%
Magoffin	12,362	9,906	105	242	185	77% - 176%	3.7%
Wolfe	7,177	5,825	62	142	108	76% - 175%	3.7%
Perry	26,092	20,796	220	507	336	66% - 152%	3.2%
Carter	27,004	21,833	231	533	316	59% - 137%	2.9%



- The Estimated National Prevalence of PWID is 1.06%
- The Estimated Prevalence in Appalachia is 2.44%
- 62 of Kentucky's 120 Counties have approved SSP's
- 48 of the 62 counties utilize KDPH's REDCap database for data management
- Data is from KDPH REDCap database and is based on the zipcode of the participant
- 102 counties had at least one participant represented in the data set.

# BUILDING A SYRINGE EXCHANGE PROGRAM

Jim Thacker, MPH: Project Director, The Target4 Project

# WHEN DID THE LOCAL INTEREST IN SSPS BEGIN?

- Three focus areas were identified in the local health department's Community Health Assessment in 2015 including Substance Abuse. This was based on input from citizens/stakeholders.
- Establishing an SSP in Madison County ranked #2 out of 3 impact projects under the Substance Abuse focus area.

# EDUCATION, EDUCATION, EDUCATION

SSPs in the US:

- While they are new to Kentucky, SEPs have been around 30+ years in the United States.

Decades of research have demonstrated SEPs' effectiveness and show that SEPs:

- REDUCE spread of infections
- ARE cost-effective
- DO NOT promote drug use
- INCREASE community and first responder safety
- CONNECT people to treatment

# SSP: HOW IT PASSED IN MADISON COUNTY

- Board of Health passed a resolution directing MCHD to operate a SEP in Madison County in June 2016.
- Community forums were held in January and February 2017 in Richmond and Berea, featuring expert panelists and a compelling witness on how a SSP impacted the life of Brittany H., a person in recovery.



# SSP: HOW IT PASSED IN MADISON COUNTY

- Both local newspapers wrote editorials urging approval of an SEP.
- The Richmond City Commission, the Berea City Council, and the Madison County Fiscal Court unanimously passed resolutions authorizing the operation of a SEP in February and March 2017.





## IT PASSED – NOW WHAT?

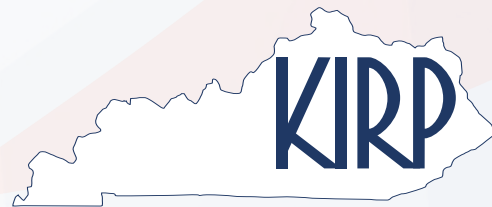
- **Implementation planning**-Staff traveled to observe area SSPs in action, an in-house SSP implementation team met to discuss and finalize issues towards operating the SSP. The SSP program coordinator was appointed.
- **SSP Community Advisory Committee**-Director invited community volunteers to advise the health department on various aspects of SSP operations and how to promote its services in the community. First meeting dealt with safety and security issues.
- **Focus Group**-Staff met with a Focus Group from a local residential recovery center to vet ideas and supplies.

# INTEGRATING EARLY INTERVENTION SERVICES INTO THE SYRINGE EXCHANGE PROGRAM

Jana Collins, MS: Project Director, Kentucky Income Reinvestment Program

## KADAP INCOME REINVESTMENT PROGRAM (KIRP)

- The University of Kentucky (UK) serves as the contract pharmacy for the **Kentucky AIDS Drug Assistance Program (KADAP)** which is funded by the federal Ryan White HIV/AIDS Program – Part B
- UK supplies medications, on the approved KADAP formulary, to enrolled persons living with HIV (PLWH) across the Commonwealth
- Income generated from insurance payments for the KADAP approved medications is identified as Ryan White program income.
- UK and the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Public Health (DPH) have signed a Memorandum of Understanding, collectively called the **KADAP Income Reinvestment Program (KIRP)**,
- The two will work cooperatively to help improve healthcare delivery to citizens of the Commonwealth of Kentucky through disease education, prevention, treatment, and the provision of professional services intended to benefit persons living with HIV (PLWH).



# KIRP Vision and Mission

Established by Memorandum of agreement in September 2018

The **Vision** of the KIRP is to enhance the health, safety, and wellbeing of all people in the Commonwealth of Kentucky by addressing high risk behaviors, providing comprehensive education, and expanding state of the art medical care for persons living with HIV



The **Mission** of the KIRP is to eliminate new HIV infections in the state of Kentucky by:

- Providing comprehensive education and screening services to those at highest risk for HIV infection
- Linking identified HIV-Positive persons into high-quality state of the art medical care and improving access to supportive services to ensure HIV positive persons enjoy health and wellbeing
- Educating current health care providers and students in training to address the substance abuse disorders and the mental health issues that hinder the provision of effective HIV and Hepatitis C medical care

# The Target4 Project

## Early Intervention Services – EIS

- The Target4 Project is built on the 4 components of the Ryan White HIV/AIDS Program (RWHAP) allowable service - Early Intervention Services (EIS)

Targeted HIV Testing  
Referral Services  
Linkage to HIV Care  
Health Education & Risk Reduction



# Targeted HIV Testing Program

Identify persons with undiagnosed HIV infection and link them to HIV medical Care



Identify previously diagnosed individuals living with and link them to HIV medical Care

- Focuses efforts in order to identify as many undiagnosed infections as possible
- Concentrates limited resources (supplies and manpower)
- Maximizes identification of undiagnosed HIV infection
- Uses data to focus program efforts:
  - On the **Right** Populations
  - In the **Right** Settings

# HIV Targeted Testing

High Prevalence - 2%	Low Prevalence – 0.1%
If you test <b>10,000</b> people for HIV <b>200</b> would be HIV positive	If you test <b>10,000</b> people for HIV <b>10</b> would be HIV positive

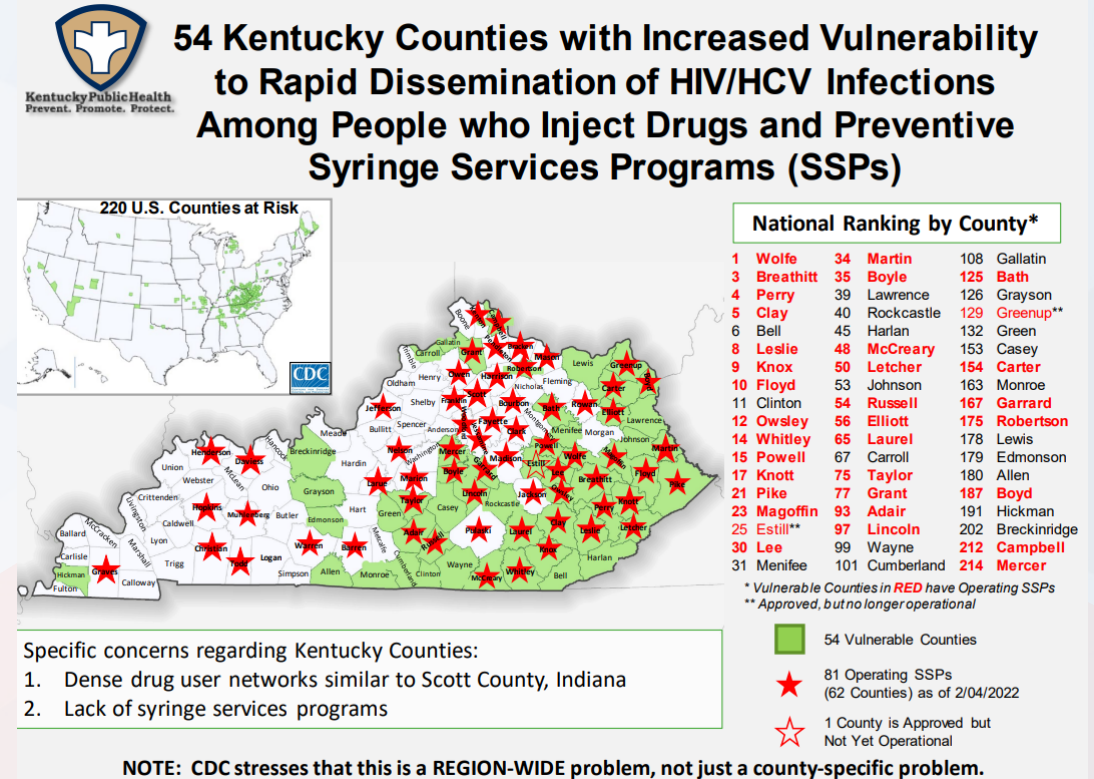


Targeted Testing seeks out High Prevalence populations, communities, jurisdictions

Syringe Services Programs	Targeted Outreach
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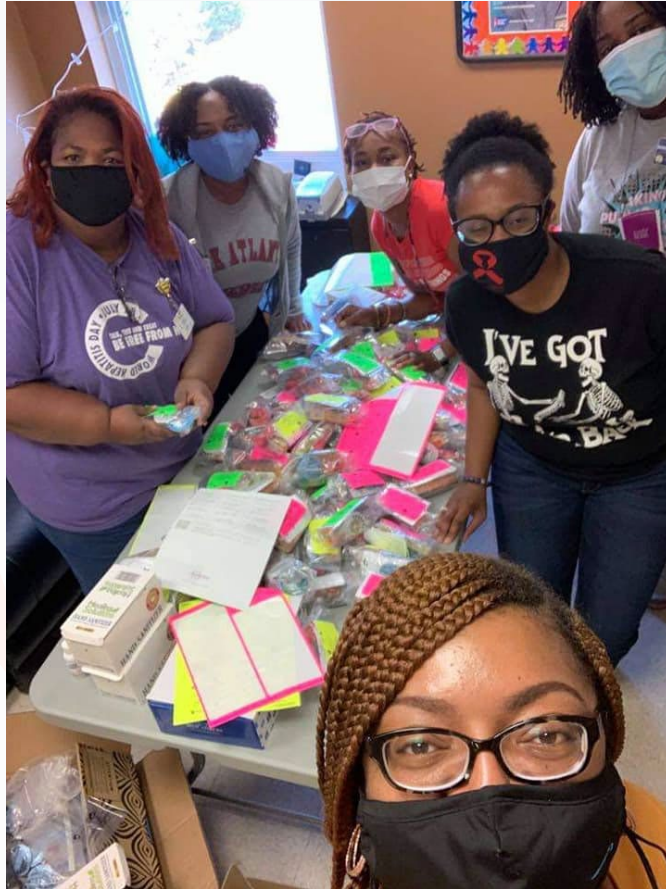
# Syringe Services Program Collaboration

- Collaborate with the local health departments to enhance services embedded in the Harm Reduction programs
- Build on success of engaging persons at high risk for HIV in services
- Interview and hire staff locally, with preference given to those who live in the community in which they would work.





# Syringe Services Program Collaboration



- Embedded staff:
  - provide screening, comprehensive education, and linkage to care for persons at highest risk for contracting and transmitting HIV and Hepatitis C.
  - distribute prevention supplies, education materials and harm reduction learning incentives to at-risk persons visiting the HRP
  - Connect participants to programs providing services for HIV, PrEP/nPEP, and Hepatitis C medical care, as well as mental health and substance abuse counseling

# Visits at Syringe Service Programs Last 12 months



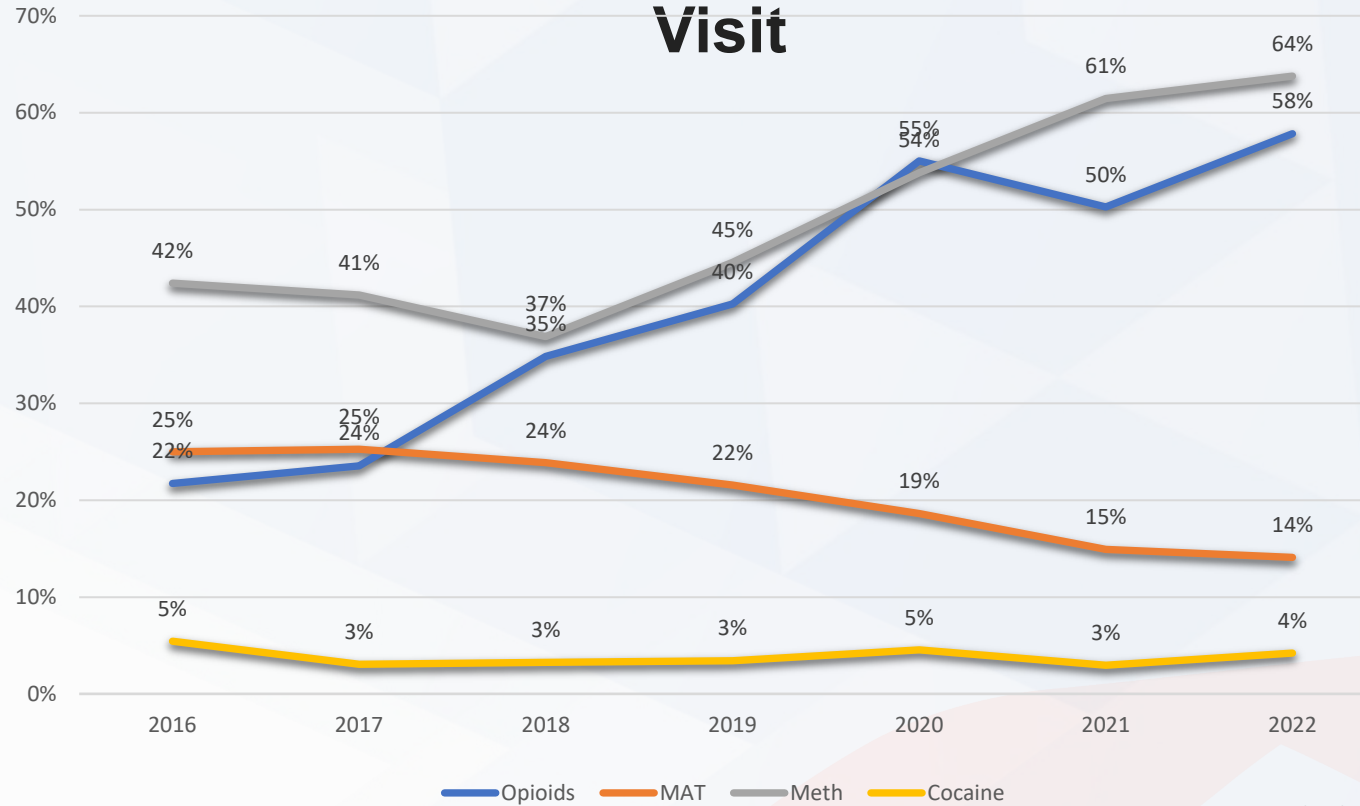
Source: KDPH SSP REDCap Tool. Accessed 06/12/2022

# HIV Test at Syringe Service Programs\* Jan – May (Comparative)

	KIRP 2022	KIRP 2021	Non-KIRP
HIV Test (Unique ID)	2,439	1,023	47
Clients	6,195	6,012	759
Ratio (%)	39.4%	17.0%	6.2%

\*Only KIRP Sites

# Drug-Use Reported by SSP Clients at First Visit



Source: KDPH REDCap SSP. Accessed 07/23/2022

- Statewide REDCap site data only
- First visit data only (drug use does change over time, but that would be a complex chart)
- Not all clients have data on drugs used, so this only includes those who did report
- Some clients use multiple types of drugs, so columns (drug percentages for year) do not add to 100%
- Data for 2022 is only through June 30

# Targeted Outreach Efforts

- Regional staff are tasked with providing 8-16 outreach hours per week
- Targeted outreach is conducted in partnership with community organizations and or community events that would attract persons that are at high risk for HIV
- Focus Populations as Identified by the CDC:
  - Gay and bisexual men of all races and ethnicities
  - People Who Inject Drugs
  - Transgender individuals
  - Youth
  - Persons who exchange sex for money or non-monetary items
  - Black/African Americans
  - Latino/Latina/Latinx



# HIV Screening Tool

- The Screening Tool is used at public facing events to ensure our program is testing persons at high risk for HIV.
- We first assess if participant has been tested previously.
- If participant has been tested within the last 3 months, assess risk and why participant would need to be retested sooner than 3 months. If we (KIRP) tested patient within the last three months we will test them again if they have an identified risk, but should not incentivize them again.
- If participant have tested positive before we do not retest them since antiretrovirals may impact the reliability of the results, instead we assess their linkage to HIV care, make referrals as appropriate

<b>Pre-test Screening</b>	
<b>DOB:</b> _____	
<b>Have you ever been tested for HIV?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when were you last tested?	<input type="checkbox"/> Within last 3 months <input type="checkbox"/> Within the last year <input type="checkbox"/> More than one year ago
<b>Have you ever tested positive for HIV?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you seeing a provider to manage your HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever tested positive for Hepatitis C?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# HIV Screening Tool, cont.

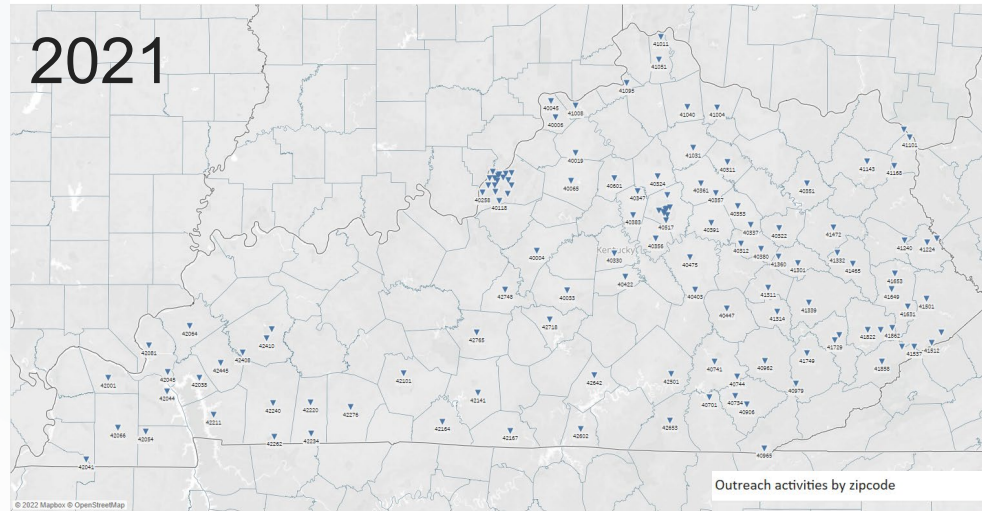
Have you participated in any of the following within the indicated time periods?

	Three Months (Y/N)	Six Months (Y/N)	One Year (Y/N)	Five Years (Y/N)
Sex without a condom with a same sex partner (males only)				
Sex without a condom with an opposite sex partner				
Injected or snorted drugs				
Shared needles or works (straws, rinse water, dollar bill, cotton, cookers) with anyone				
Sex without a condom with a male who has also had sex with other males (females only)				
Sex without a condom with a person who use needles for nonmedical use				

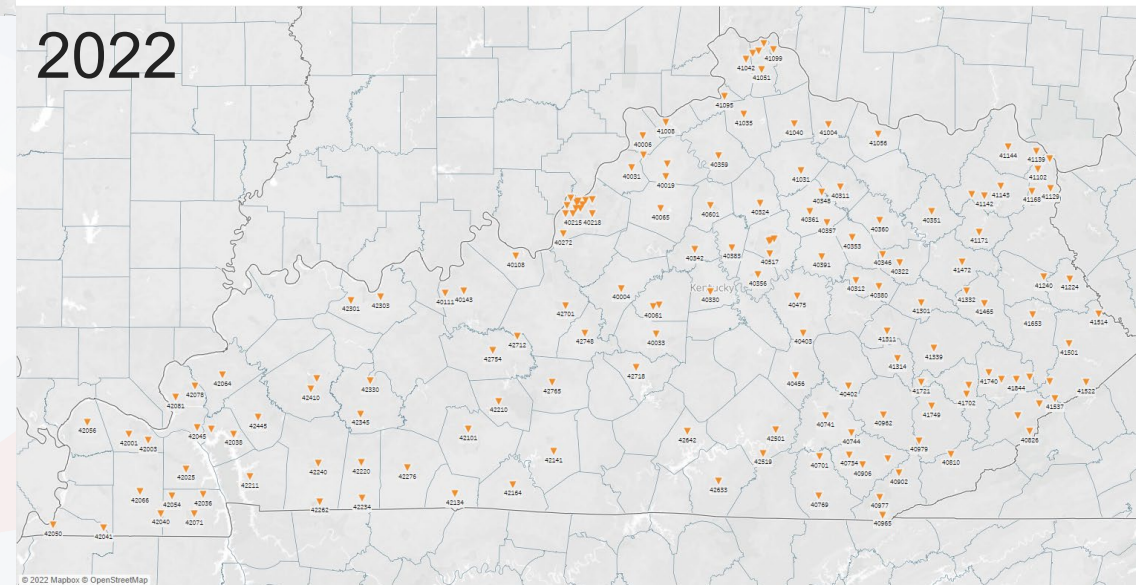
- If a participant has ever tested positive for Hepatitis C or answers **YES** to **ANY** of these questions in the screening tool they have had an encounter that put them at risk for HIV and they **SHOULD** be tested.
- If the participant has **never** tested positive for Hepatitis C or answers **NO** to **ALL** of these categories they have not had an encounter that would put them at risk for HIV and they **SHOULD** be educated and **SHOULD NOT** be tested.

# HIV Testing through Outreach 2021 & 2022

Outreach activities by zipcode



Outreach activities by zipcode





# KIRP Outcomes 2021 & 2022 (YTD)

## HIV Testing & Linkage to Care

	2021			2022 (YTD)		
	# of High-Risk Persons Tested for HIV	# of Persons Identified as HIV Positive	HIV Positivity Rate	# of High-Risk Persons Tested for HIV	# of Persons Identified as HIV Positive	HIV Positivity Rate
SSP	6,407	24	0.4%	4,851	19	0.4%
Walk-In Testing	461	3	0.7%	919	5	0.6%
Targeted Outreach	9,461	10	0.1%	9,249	14	0.2%
Total Program	16,329	37	0.2%	9,479	29	0.3%



In 2021 **73** persons living with HIV have been referred to comprehensive care and supportive services. In 2022 to date **111** PWH have been referred – **58** through the SSP, and **53** through targeted outreach.



# Outreach Testing – Positivity Rate by Focus Population

Race - Ethnicity	# tested	# positives	%
White	9769	17	0.17%
African American	1495	16	1.07%
Hispanic	341	1	0.29%
Other (Not specified)	361	3	0.83%

Race - Gender	# tested	# positives	%
Female, Black/African American	698	5	0.72%
Female, White	5052	2	0.04%
Male, Black/African American	786	10	1.27%
Male, White	4650	15	0.32%

Transmission Risk	# tested	# positives	%
MSM	327	3	0.92%
IDU	438	3	0.68%
MSM/IDU	59	1	1.69%
Heterosexual	5,873	15	0.26%
Other	4,416	12	0.27%
Undetermined	1099	3	0.27%

# KIRP Outcomes 2021 & 2022 (YTD)

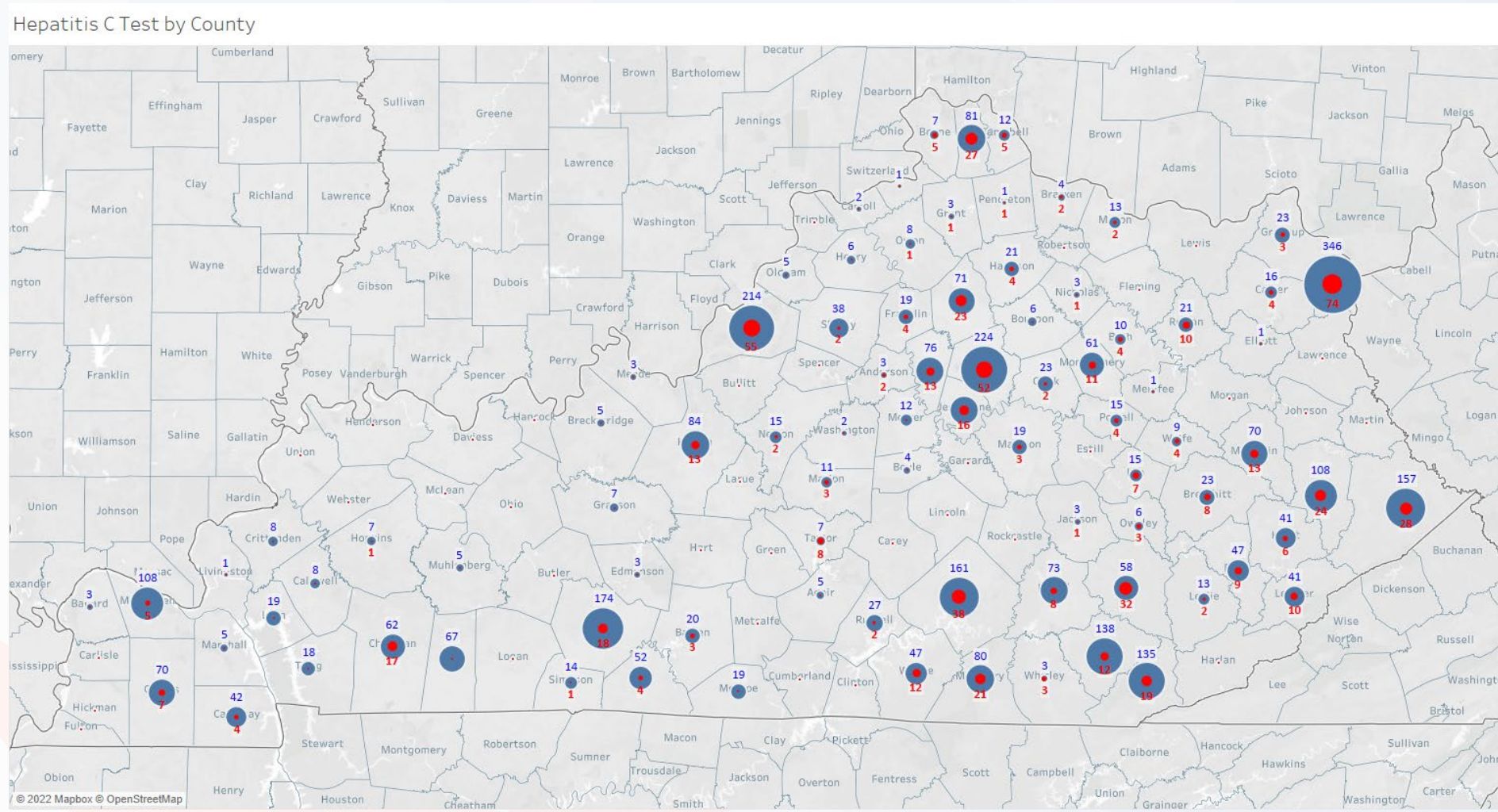
## Hepatitis C Testing & Linkage to Medical Care

	2021			2022 (YTD)		
	# of High-Risk Persons Tested for Hepatitis C	# of Persons Identified as Hepatitis C AB+	Hepatitis C Positivity Rate	# of High-Risk Persons Tested for Hepatitis C	# of Persons Identified as Hepatitis C AB+	Hepatitis C Positivity Rate
SSP	2,196	740	33.7%	1207	377	31.2%
Walk-In Testing	109	12	11%	196	19	9.7%
Targeted Outreach	3,190	555	17.0%	2142	285	13.3%
Total Program	5,495	1,307	23.8%	3545	681	19.2%



**1,062** persons with Hepatitis C have been referred to medical care

# Hepatitis C Testing by KIRP Program by Location of Test (2021)



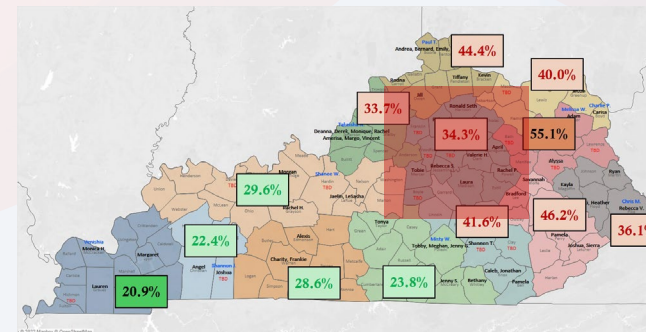
# Hepatitis C Program Success

- KIRP has been collaborating with the Kentucky Department for Public Health to execute a new contract to utilize PS 20-2010 CDC funds to resume Hep C testing and expand HIV testing.
- Effective July 1<sup>st</sup> KIRP will be able to start purchasing Hep C antibody tests again, throughout the program.
- KIRP is Proposing to utilize FOCUS funds to provide staff FTE support to resume Hepatitis C testing in the syringe services program, particularly in areas with high positivity rate



# Hepatitis C Program Success

- KIRP has been collaborating with the Viral Hepatitis Program at the Kentucky Department for Public Health and the WEDCO Public Health District to implement CDC “Component 3” funds.
- Pilot Program is designed to remove barriers for persons who use drugs through the hepatitis care cascade
- Two Care Models
  - Syringe Services Program Referral to NP embedded in the local health department
  - Syringe Services Program referral to academic infections disease clinic
- Assistance in the form of:
  - Medical Case Management
  - Transportation Assistance
  - Incentivized Treatment Milestones



# KIRP Outcomes 2021 & 2022 (YTD) Health Education & Risk Reduction

Counseling & Health Education Encounters provided to at risk members of the community	
2021	61,771
2022 (YTD)	47,062

Counseling & Health Education Encounters provided through Syringe Service Program Activities	
2021	51,913
2022 (YTD)	35,604

Counseling & Health Education Encounters provided through outreach to high-risk populations	
2021	9,858
2022 (YTD)	11,458





# KIRP Outcomes 2021 & 2022 (YTD)

## Referral to Medical Care & PrEP services

### Referred to Medical Care Services

2021	3,500
2022 (YTD)	2,182



### Referred to Pre-Exposure Prophylaxis medical care

2021	8,403
2022 (YTD)	8,315





# AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinician Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: [www.hiv.uw.edu](http://www.hiv.uw.edu)