

Jefferson County Board of Health
October 12, 2016

BOARD OF HEALTH RESOLUTION

Reducing the Burden of Disease Related to Injection Drug Use

WHEREAS, Injection Drug Use (IDU) is a widespread practice in the midst of the current epidemic of opioid addiction and overdoses from injection drugs including heroin and fentanyl (1);

WHEREAS, there is evidence that IDU is a major cause of the spread of Hepatitis C in Jefferson County and other parts of Alabama (2);

WHEREAS, IDU can spread HIV infection and Hepatitis B, and can potentially lead to a major outbreak of either of these infections (3)(4);

WHEREAS, Syringe Service Programs (SSPs), which have also been referred to as syringe exchange programs (SEPs), needle exchange programs (NEPs) and needle-syringe programs (NSPs), are community-based programs that provide access to sterile needles and syringes free of cost and facilitate safe disposal of used needles and syringes (5);

WHEREAS, abundant scientific studies have demonstrated that Syringe Service Programs are effective in reducing the risk of spread of viral hepatitis, HIV and other blood borne infections (6)(7)(8);

WHEREAS, HIV disease and viral hepatitis and other infections related to IDU are very expensive to treat, and prevention efforts, including Syringe Service Programs, can result in tremendous cost savings (9)(10);

WHEREAS, a preponderance of evidence shows either no change or decreased drug use among SSP participants, and individuals in SSPs have an increased likelihood of entering substance abuse treatment programs (11)(12)(13)(14);

WHEREAS, Syringe Service Programs provide an opportunity to encourage people who inject drugs to enter substance abuse treatment (14)(15)(16);

WHEREAS, Syringe Service Programs provide an opportunity to screen and treat people who inject drugs for communicable diseases such as HIV, hepatitis B and C, tuberculosis, and sexually transmitted infections (STIs); to offer education about or referral to other risk reduction services such as access to naloxone for treatment of overdose; and to engage them in primary and preventive care (9)(17);

WHEREAS, SSPs can reduce the number of contaminated needles on streets, on playgrounds and in trash receptacles, thereby protecting children, sanitation workers and others from needle sticks (18)(19);

WHEREAS, Law enforcement personnel are at increased risk of experiencing needle sticks in the course of their work (20);

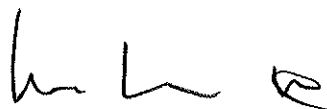
WHEREAS, Law Enforcement Assisted Diversion (LEAD) programs allow law enforcement personnel to offer persons in possession of IDU needles entry to a syringe exchange program as an alternative to arrest and prosecution if they voluntarily divulge their possession of needles. LEAD programs can encourage people who inject drugs to get into SSPs, other associated public health services and addiction treatment, while protecting law enforcement personnel from inadvertent needle sticks and saving the criminal justice system money (21)(22)(23);

WHEREAS, numerous professional and policy organizations have endorsed SSPs as effective public health practice, including the Centers for Disease Control and Prevention, the American Public Health Association (24), the American Medical Association (25), the National Association of County and City Health Officials (26), the Surgeon General of the United States (27), the National Institutes of Health (28)(29), the American Society of Addiction Medicine (30), the Foundation for AIDS Research (31) and the American Bar Association (32);

WHEREAS, the drug paraphernalia law in the State of Alabama Code does not allow for the legal operation of SSPs (33);

BE IT RESOLVED that Jefferson County Board of Health endorses:

- 1) Amendment of the Alabama drug paraphernalia law by the State Legislature to allow the establishment of Syringe Service Programs (SSPs).
- 2) Allowance for the establishment of SSPs in counties where the spread of blood borne disease from infection drug use is a public health concern, as determined by the Alabama Department of Public Health and authorized by the State Health Officer.
- 3) Requirements that SSPs assist program participants in obtaining substance abuse treatment services.
- 4) Requirements that SSPs provide or refer clients to screening for HIV, viral hepatitis, and sexually transmitted infections.
- 5) Requirements that SSPs regularly report activities and outcomes to the Alabama Department of Public Health to ensure that they are fulfilling their public health purpose.
- 6) Law Enforcement Assisted Diversion to SSPs.



Max Michael, III, M.D., Chair
Jefferson County Board of Health

References:

- 1) Annual Drug Report, 2015. Jefferson County Coroner/Medical Examiner's Office (Alabama); Published February, 2016; Available at <https://www.scribd.com/doc/300350235/Drug-deaths-in-Jefferson-County-2015>. Accessed October 4, 2016.
- 2) James Galbraith, MD, Associate Professor, University of Alabama at Birmingham Department of Emergency Medicine, Presentation to the Jefferson County (AL) Board of Health at its September 14, 2016 meeting: "Hepatitis C Virus Infection in Central Alabama." Meeting minutes available from the Jefferson County Department of Health, Birmingham, AL.
- 3) Caitlin Conrad et al. Centers for Disease Control and Prevention (CDC). Community Outbreak of HIV Infection Linked to Injection Drug Use of Oxymorphone — Indiana, 2015. *Morbidity and Mortality Weekly Report (MMWR)* May 1, 2015; 64(16): 443-444.
- 4) Aaron M. Harris, MD et al. Centers for Disease Control and Prevention (CDC). Increases in Acute Hepatitis B Virus Infections — Kentucky, Tennessee, and West Virginia, 2006–2013. *Centers for Disease Control Morbidity and Mortality Weekly Report (MMWR)* January 29, 2016; 65(3): 47–50.
- 5) Centers for Disease Control and Prevention website: "Syringe Services Programs." Available at <http://www.cdc.gov/hiv/risk/ssps.html>. Accessed October 4, 2016.
- 6) Holtzman D, Barry V, Ouellet LJ, et al. The influence of needle exchange programs on injection risk behaviors and infection with hepatitis C virus among young injection drug users in select cities in the United States, 1994–2004. *Preventive Medicine* 2009; 49:68–73.
- 7) Hagan H, Des Jarlais D, Friedman SR, Purchase D, Alter MJ. Reduced risk of Hepatitis B and Hepatitis C among injection drug users in the Tacoma syringe exchange program. *American Journal of Public Health* 1995; 84:1531–1537.
- 8) Des Jarlais DC, Marmor M, Paone D, et al. HIV incidence among injecting drug users in New York City syringe exchange programs. *Lancet* 1996; 348:987–91.
- 9) The Foundation for AIDS Research (amfar). Federal Funding for Syringe Services Programs: Saving Money, Promoting Public Safety, and Improving Public Health. Issue Brief, January 2013. Available at http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/issue-brief-federal-funding-for-syringe-service-programs.pdf. Accessed October 7, 2016.
- 10) Bob Segall, WTHR Channel 13 Indianapolis, Indiana. "Inside an epidemic: HIV outbreak brings massive cost." Published 05/21/15; updated 03/24/16. Available at <http://www.wthr.com/article/inside-epidemic-hiv-outbreak-brings-massive-cost>. Accessed October 3, 2016.
- 11) National Institutes of Health. Consensus Development Conference Statement: Interventions to Prevent HIV Risk Behaviors, February 11-13, 1997. Available at <https://consensus.nih.gov/1997/1997PreventHIVRisk104html.htm>. Accessed October 3, 2016

- 12) Hagan H, McGough JP, Thiede H, Hopkins SG, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *Journal of Substance Abuse Treatment* 2000; 19(3): 247-252.
- 13) Fisher D, Fenaughty AM, Cagle HH, Wells RS. Needle exchange and injection drug use frequency: A randomized clinical trial. *Journal of Acquired Immune Deficiency Syndromes* 2003; 33: 199-205.
- 14) New Jersey Department of Health & Senior Services, Division of HIV/AIDS Services. New Jersey Syringe Access Program Demonstration Project Interim Report: Implementation of P.L. 2006, c.99 "Blood-borne Disease Harm Reduction Act." January 2010. Available at http://www.njleg.state.nj.us/OPI/Reports_to_the_Legislature/bloodborne_disease_annual_2010.pdf. Accessed October 7, 2016.
- 15) GENERAL ASSEMBLY OF NORTH CAROLINA, SESSION 2015. SESSION LAW 2016-88; HOUSE BILL 972. "SECTION 4. Article 5C of Chapter 90 of the General Statutes is amended by adding a new section to read Section 90-113.27. Needle and hypodermic syringe exchange programs authorized; limited immunity."
- 16) FLORIDA LEGISLATURE, SB242, 2016 SESSION. An act relating to an infectious disease elimination pilot program; creating the "Miami-Dade Infectious 3 Disease Elimination Act (IDEA)"; amending s. 381.0038, 4 F.S.; authorizing the University of Miami and its affiliates to establish a sterile needle and syringe exchange pilot program in Miami-Dade County.
- 17) Centers for Disease Control and Prevention (CDC). Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report (MMWR)* November 9, 2012; 61(RR05): 1-40
- 18) Papenburg J, Blais D, Moore D, Al-Hosni M, Laferriere C, Tapiero B, Quach C. Pediatric injuries from needles discarded in the community: epidemiology and risk of seroconversion. *Pediatrics* 2008; 122(2): e487-92.
- 19) Oliver, Kathy J.; Friedman, Samuel R.; Maynard, Hugo; Magnuson, Linda; Des Jarlais, Don C. Impact of a Needle Exchange Program on Potentially Infectious Syringes in Public Places. *Journal of Acquired Immune Deficiency Syndromes* 1992; 5(5): 534-535.
- 20) Lorentz J, Hill J, Samini B. Occupational needle stick injuries in a metropolitan police force. *American Journal of Preventive Medicine* 2000; 18:146–150.
- 21) Public Defender Association, Seattle-King County, WA. Law Enforcement Assisted Diversion (LEAD). Available at <http://www.defender.org/projects/lead>. Accessed October 5, 2016.
- 22) LEAD: Law Enforcement Assisted Diversion. King County, WA. General Information and Frequently Asked Questions. Available at <http://leadkingcounty.org/about/#faq>. Accessed October 7, 2016.
- 23) NC Harm Reduction Coalition (NCHRC). "NCHRC is a strong advocate for getting Law Enforcement Assisted Diversion (LEAD) programs in North Carolina and the American South." Available at

<http://www.nchrc.org/law-enforcement/law-enforcement-assisted-diversion/>. Accessed October 7, 2016.

24) American Public Health Association. APHA Policy Statement 200212: Syringe Prescription to Reduce Disease Related to Injection Drug Use. November 13, 2002. Available at <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/11/11/37/syringe-prescription-to-reduce-disease-related-to-injection-drug-use>. Accessed September 19, 2016.

25) American Medical Association. Drug Abuse Policy: Syringe and Needle Exchange Programs H-95.958. Last Modified: 2013. Available at <https://searchpf.ama-assn.org/SearchML/searchDetails.action?uri=%2FAMADoc%2FHOD.xml-0-5337.xml>. Accessed September 19, 2016.

26) National Association of County and City Health Officials. Statement of Policy 05-09: Syringe Services Programs. Approved December 2005. Updated June 2015. Available at <http://www.naccho.org/uploads/downloadable-resources/05-09-Syringe-Services-Programs.pdf>. Accessed October 5, 2016.

27) Federal Register. "Determination That a Demonstration Needle Exchange Program Would be Effective in Reducing Drug Abuse and the Risk of Acquired Immune Deficiency Syndrome Infection Among Intravenous Drug Users." A Notice by the Health and Human Services Department on 02/23/2011. Available at <https://www.federalregister.gov/documents/2011/02/23/2011-3990/determination-that-a-demonstration-needle-exchange-program-would-be-effective-in-reducing-drug-abuse>. Accessed October 4, 2016.

28) National Institutes of Health. Consensus Development Conference Statement: Interventions to Prevent HIV Risk Behaviors. February 11-13, 1997. Available at <https://consensus.nih.gov/1997/1997PreventHIVRisk104html.htm>. Accessed October 3, 2016.

29) Anthony Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health. Testimony before the U.S. House of Representatives Committee on Oversight and Reform, September 16, 2008.

30) American Society of Addiction Medicine. Public Policy Statement on Access to Sterile Syringes and Needles. Adopted October 1994; revised December 2000. Available at <http://www.asam.org/docs/default-source/public-policy-statements/1access-syringes-12-00.pdf?sfvrsn=0>. Accessed October 5, 2016.

31) The Foundation for AIDS Research. A Clear Case for Supporting Syringe Services Programs: New Study Shows Relationship between Public Funding and Lower HIV Incidence. Issue Brief, May 2015.

32) American Bar Association, Section of Individual Rights and Responsibilities. Report and Recommendation 106B. August, 1997. Available at http://www.americanbar.org/content/dam/aba/directories/policy/1997_am_106b.authcheckdam.pdf. Accessed 10/3/2106.

33) Alabama Code - Section 13A-12-260: DRUG PARAPHERNALIA; USE OR POSSESSION; DELIVERY OR SALE; FORFEITURE.