



# Infectious Disease Consequences of the Opioid Crisis

NCSL Opioid Policy Fellows

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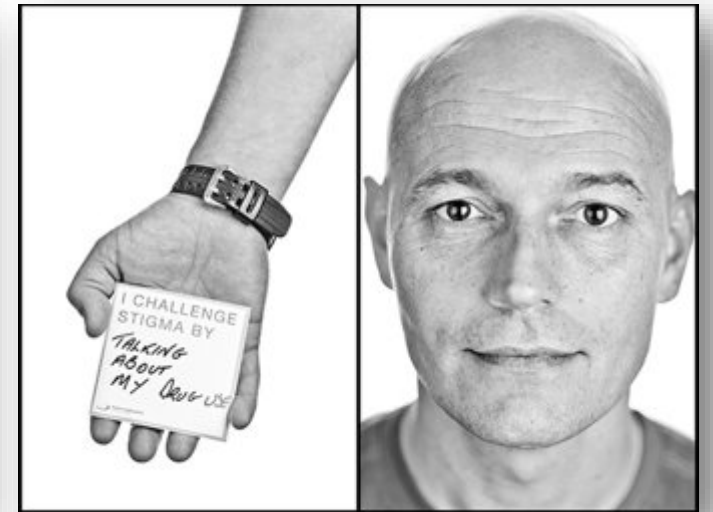
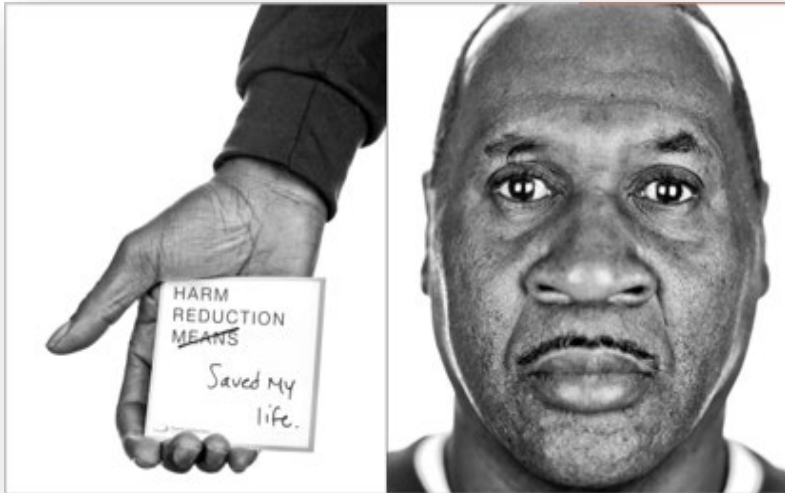
NCHHSTP/CDC

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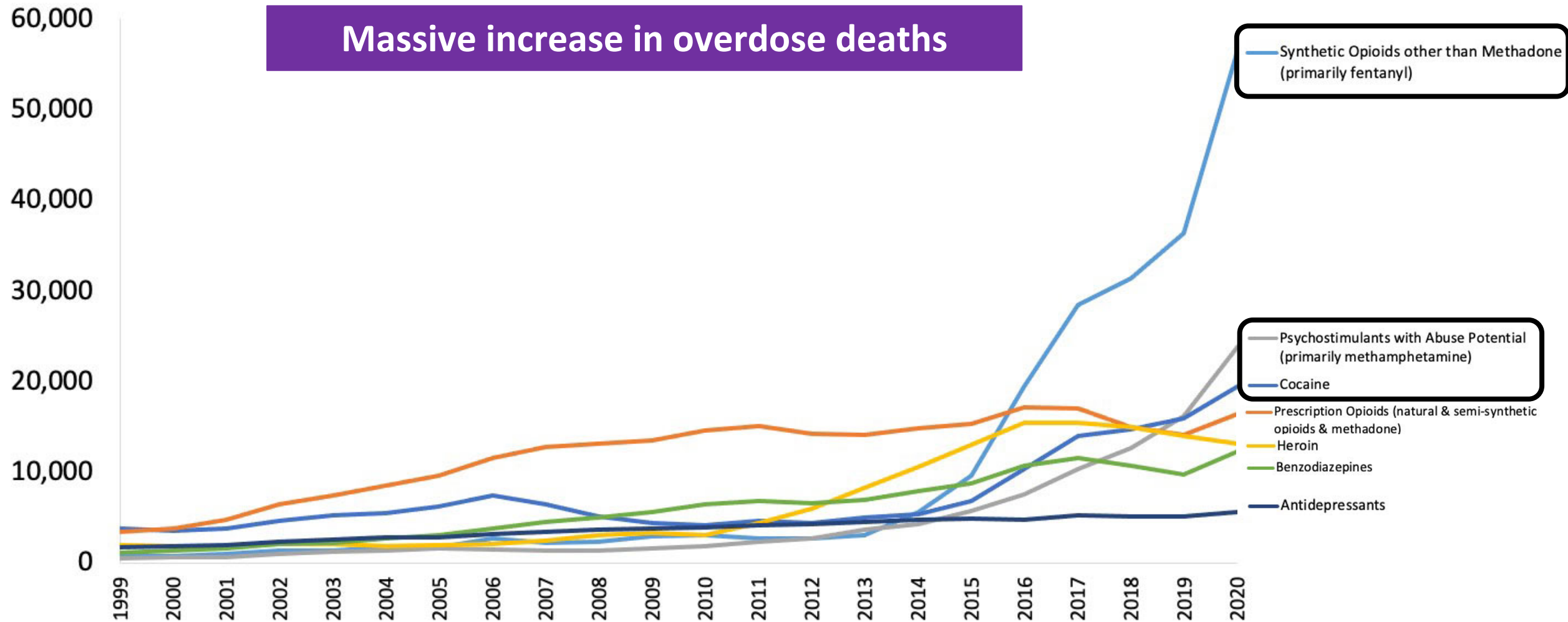
NCHHSTP/CDC

# The human toll of opioid addiction

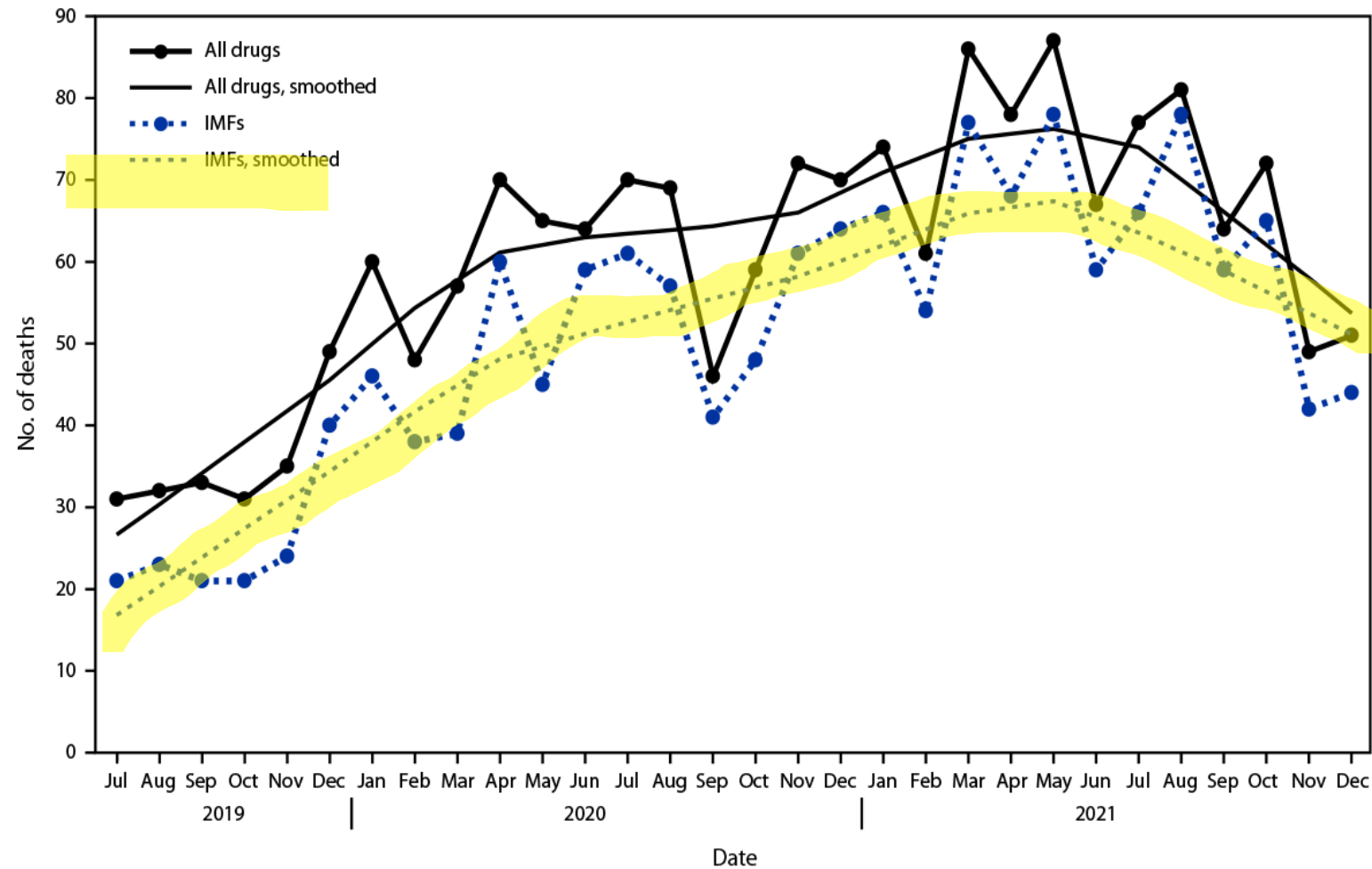


**The average U.S. life expectancy shortened by over 7 months last year to 76.4 years – the lowest in nearly 2 decades.**

# Largest Increase in Overdose Deaths Involving Fentanyl

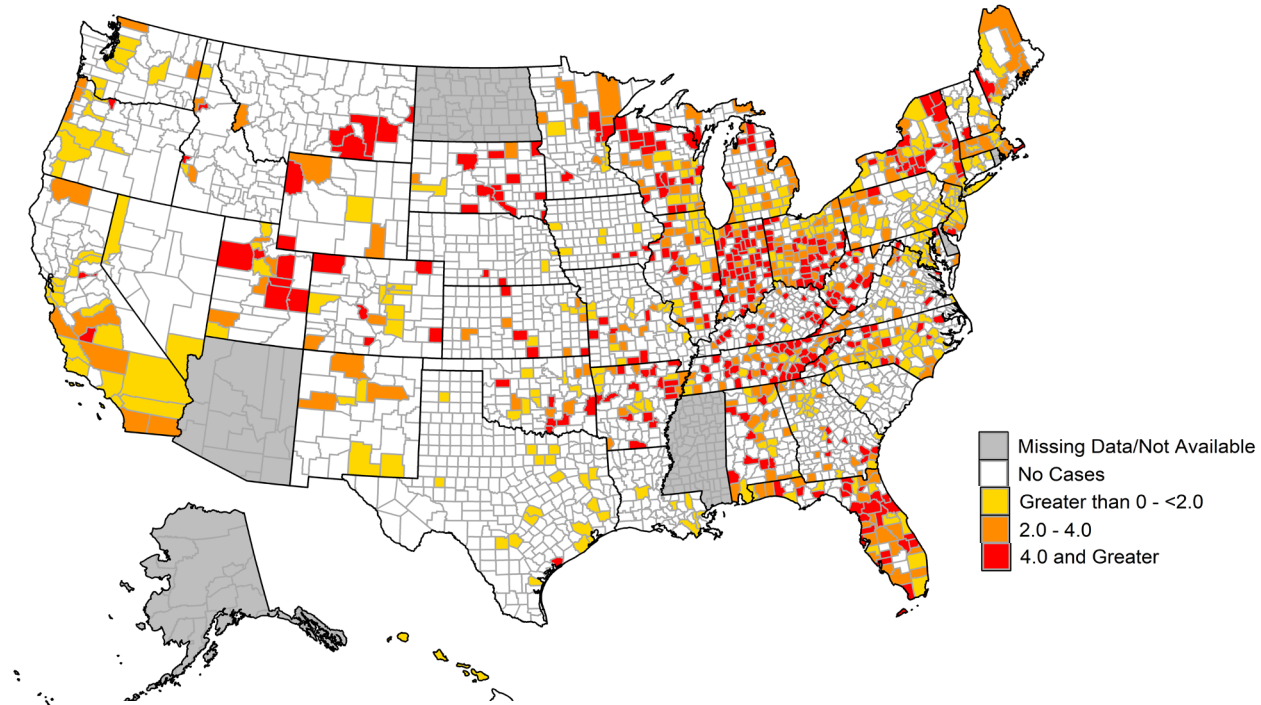


# Fentanyl Overdoses among Young People have Peaked; Remain Incredibly High

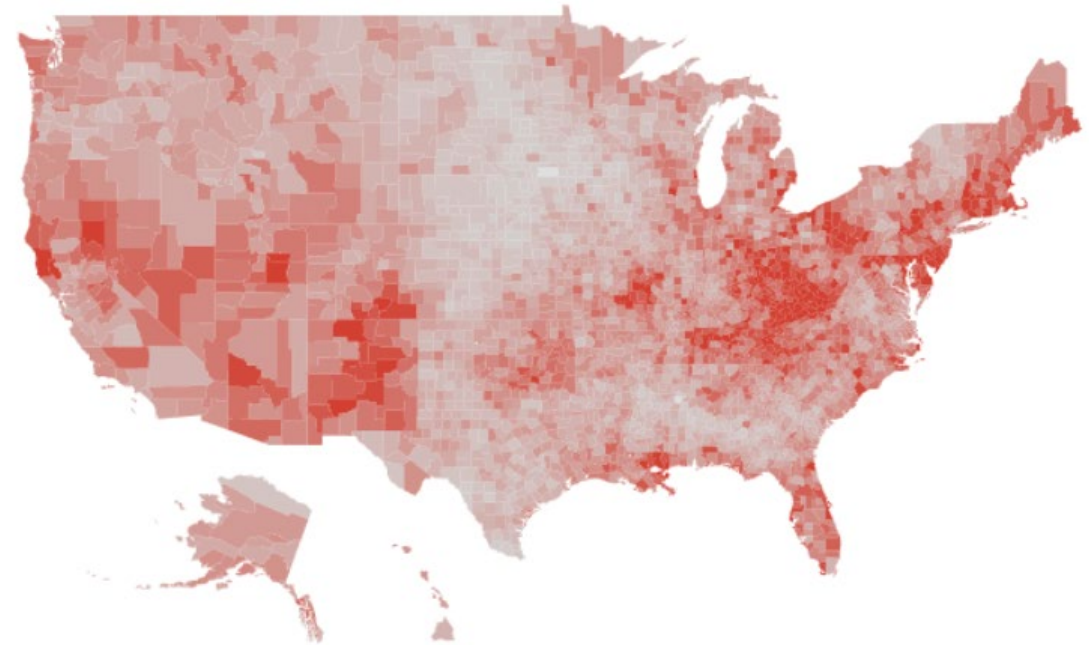


Abbreviations: IMF = illicitly manufactured fentanyl; SUDORS = State Unintentional Drug Overdose Reporting System.

# Geographic correlation of drug overdose deaths and hepatitis C virus infections



**Rates of Reported Acute Hepatitis C Virus Infections by County, 2019**

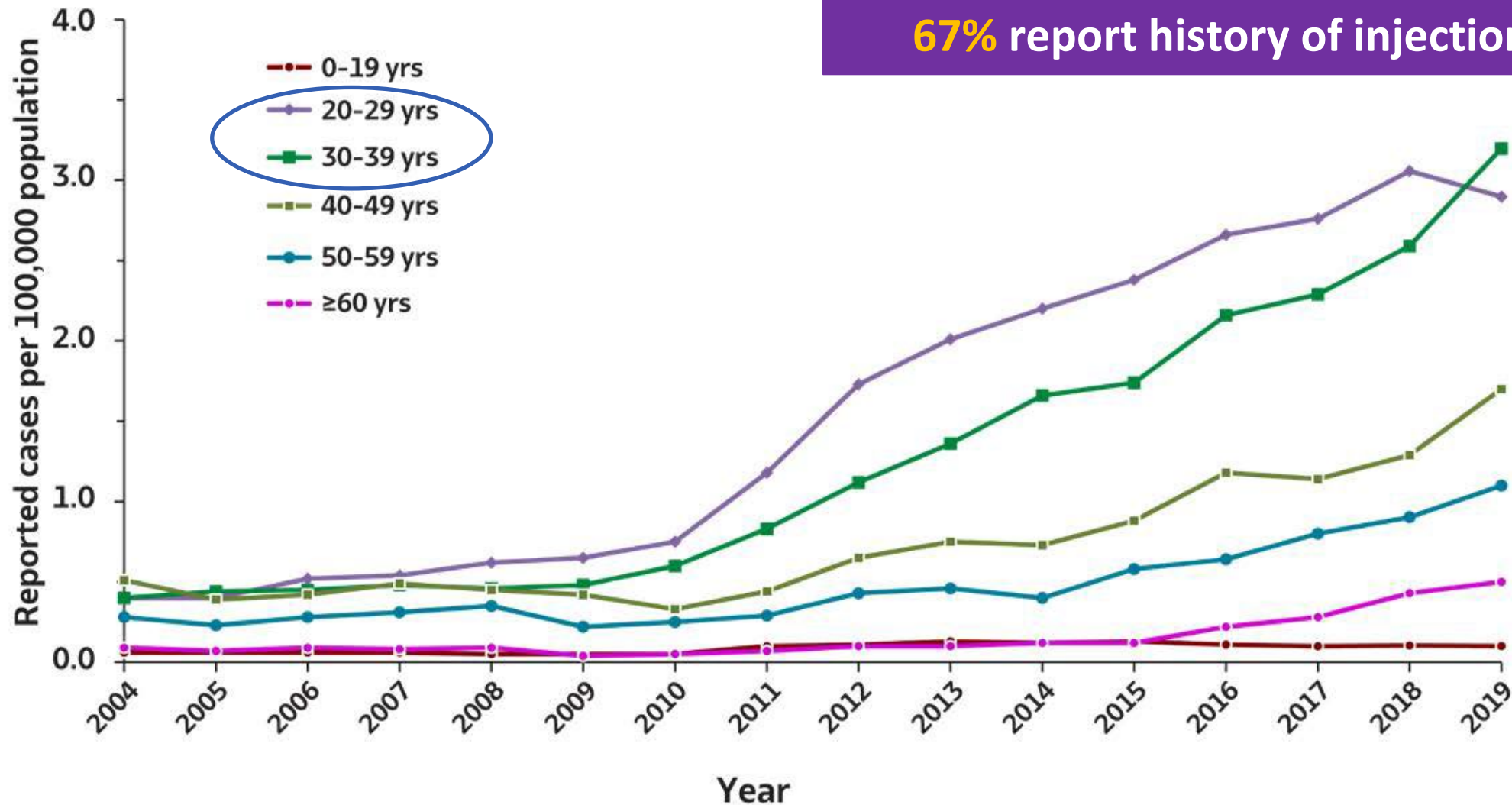


**Estimated Crude Death Rates for Drug Poisoning by County, 2019**



# Rates of acute hepatitis C virus infection high among younger groups

67% report history of injection drug use



Source: CDC, National Notifiable Diseases Surveillance System

# Sharing used syringes is higher among younger people who inject drugs (PWID)

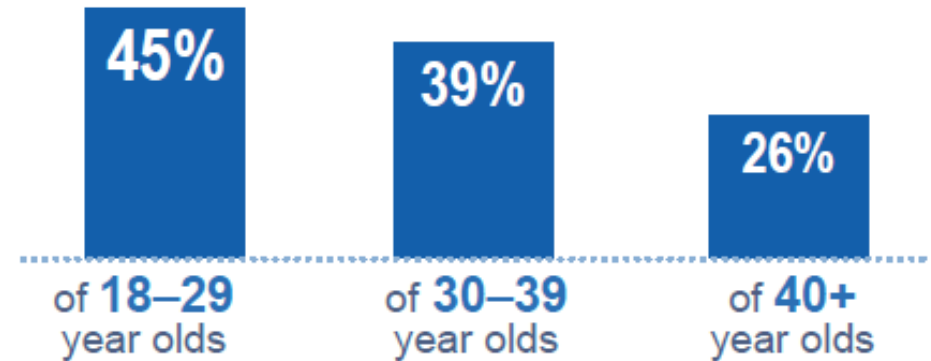
- 11,437 PWID interviewed in 23 cities in the US: National HIV Behavioral Surveillance

Sharing syringes puts PWID at high risk for HIV and other infections.



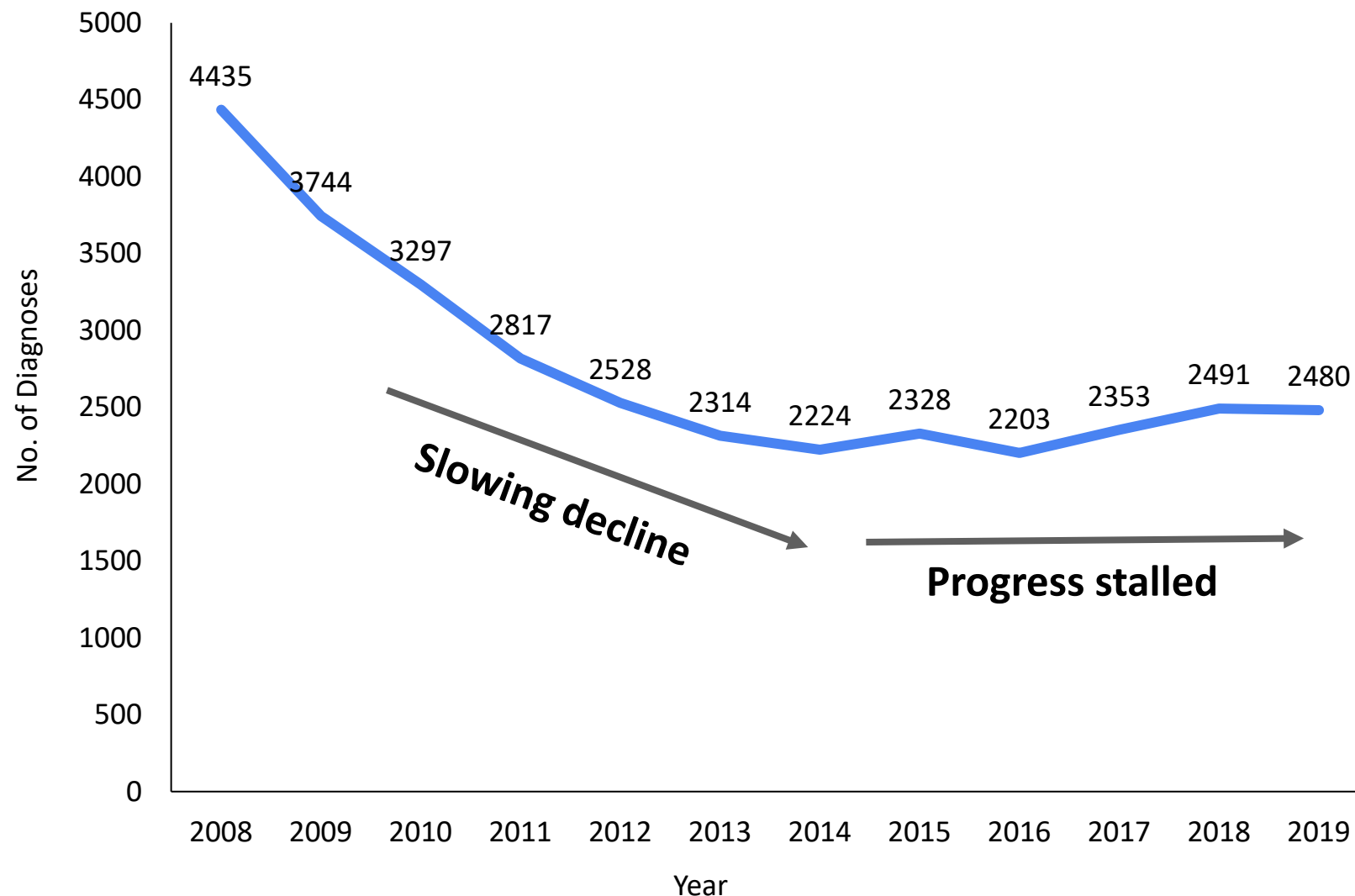
Overall **32%** used a syringe  
**after someone else used it.**

Syringe sharing was more common among young people.



# Progress on HIV Diagnoses Among PWID has Stalled

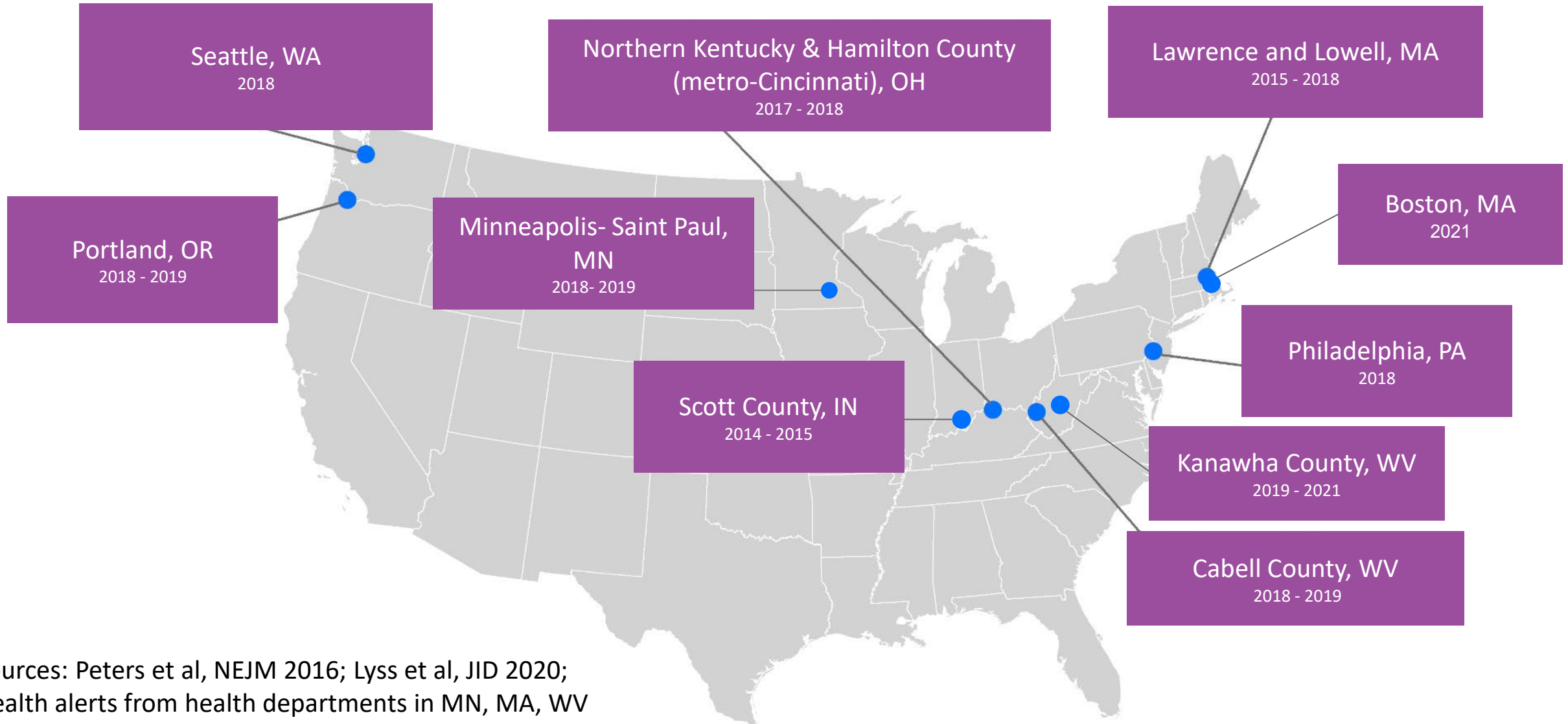
HIV infections attributed to injection drug use peaked in 1993 and have been steadily declining until 2014



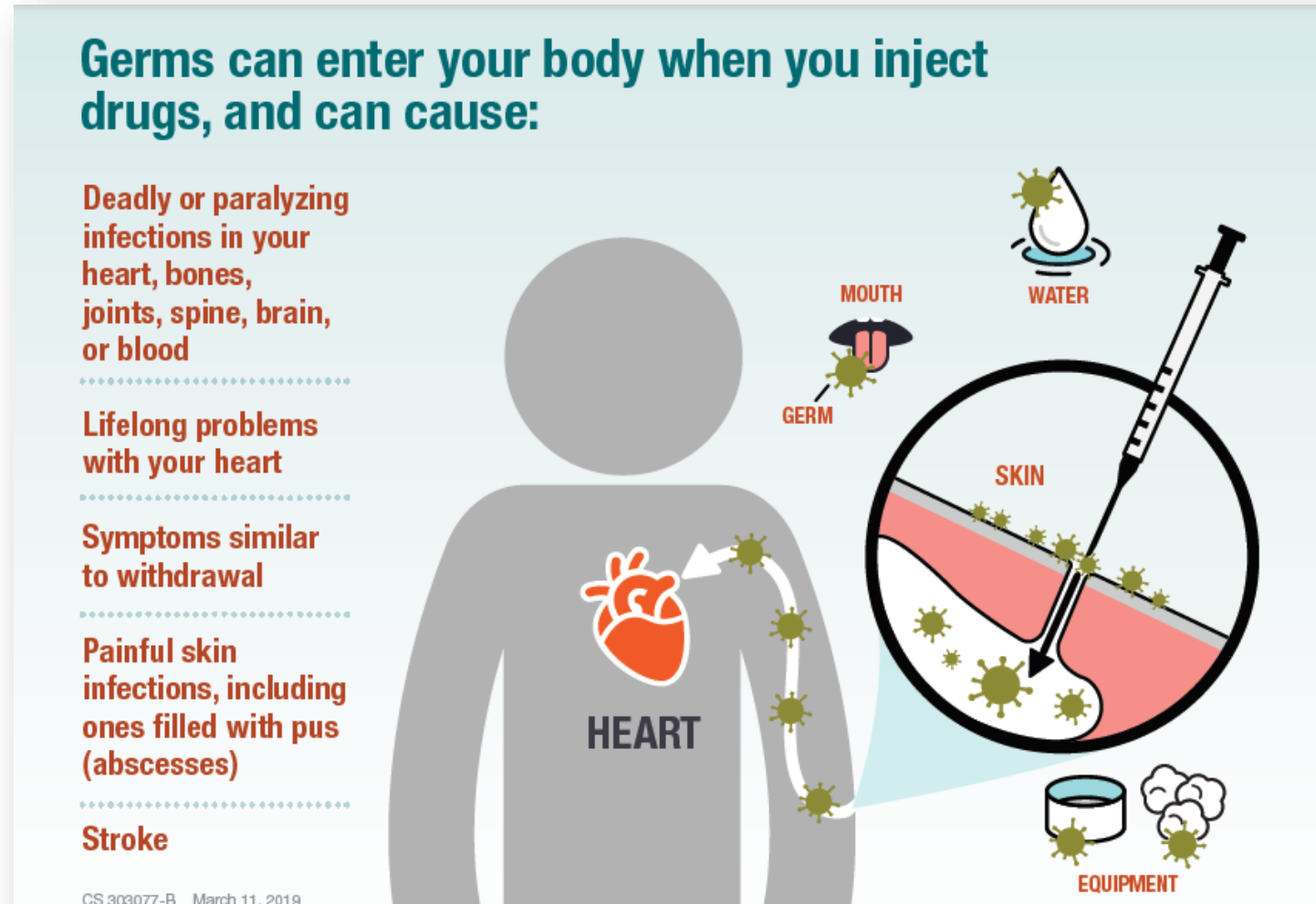
Source: CDC, NCHHSTP Atlas Plus (accessed 10/22/21): <https://www.cdc.gov/nchhstp/atlas/index.htm>



# HIV outbreaks and clusters related to injection drug use



# Bacterial and fungal infections from Injection Drug Use



# Stigma is the enemy of public health

There are several challenges to addressing infectious disease among people who use drugs but often at the core of many of them is stigma.

- **Dehumanizes people struggling with substance use disorder**
- **Discourages people from accessing healthcare**
  - Often limited to emergency department visits
- **Reducing stigma is essential for reducing infectious disease transmission**
  - Use a patient-centered approach to providing care in current systems
  - Create settings where patients can more comfortably access key services



# What is Harm Reduction?

- **A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use**
  - Incorporates a spectrum of strategies that includes safer use, managed use, and abstinence, and addresses conditions of use along with the use itself
- **Harm reduction is grounded in the principle of “meeting people where they are”**
  - Harm reduction practices aim to **reduce the harms associated with substance use by providing non-judgmental services and supports to people who use drugs.**
  - In meeting people where they are, harm reduction accepts that **not everyone is interested in or capable of stopping their substance use at a given time.**
- **Harm reduction strategies:**
  - Syringe services programs
  - Naloxone
  - Medications for opioid use disorder, e.g., buprenorphine and methadone
  - Fentanyl test strips
  - OTC syringe sales



# SSP Effectiveness

- **Syringe services programs (SSPs) are proven and effective community-based prevention programs** that can provide a range of services, including access to sterile syringes and injection equipment, disposal of used syringes, vaccination, testing, and linkage to infectious disease care and substance use disorder treatment.
- Nearly 30 years of research has shown that SSPs are **safe, effective, and cost saving**, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.



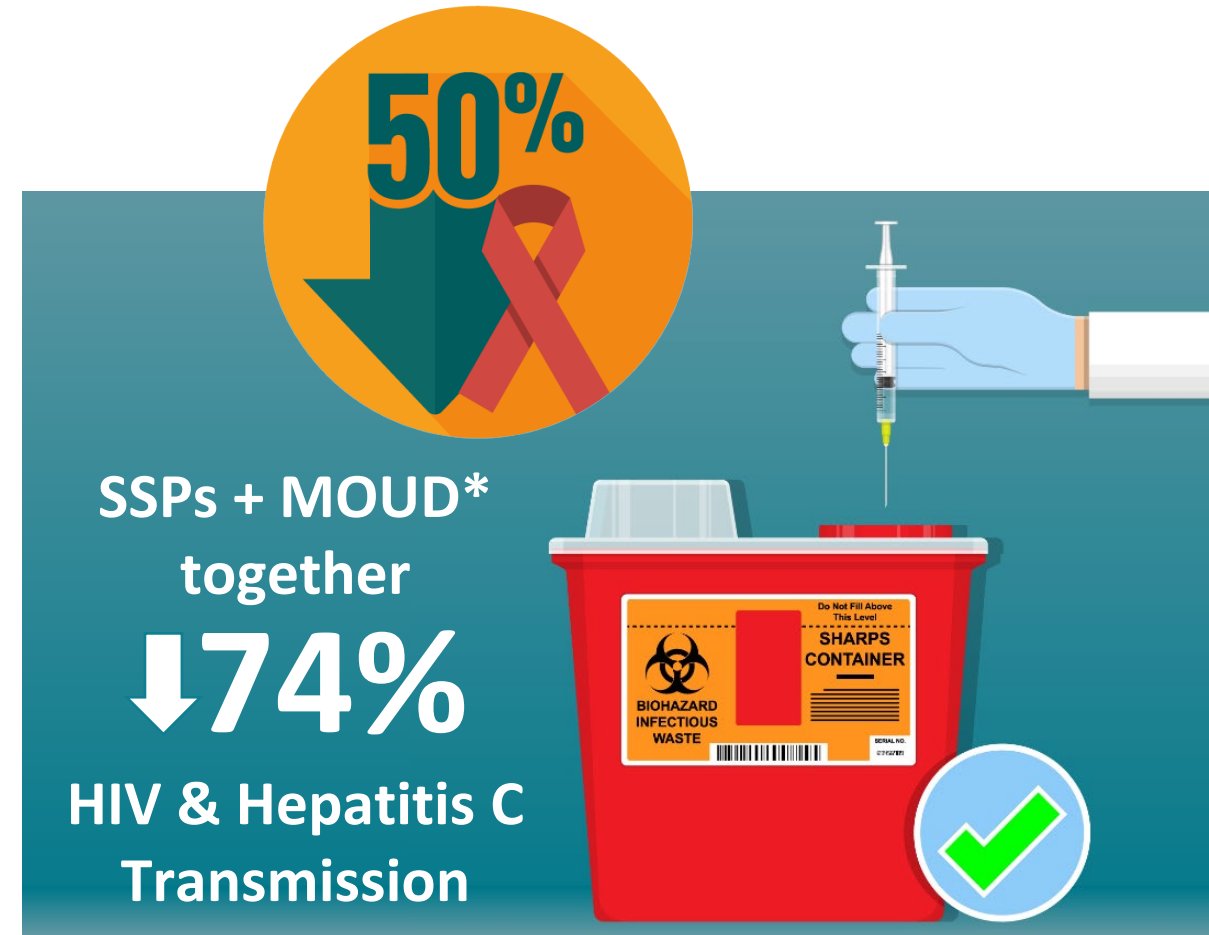
# Nearly 30 years of research demonstrates that Syringe Services Programs are safe, effective and provide critical services

- **Engage people who inject drugs in healthcare and other social service**
  - Improved access to primary care
  - **5 times** as likely to enter treatment for a substance use disorder
  - **3 times** more likely to stop injecting than those who don't use the programs
  - Improved treatment retention
- **Do not increase crime**
- **Keep communities clean by providing safe needle disposal**
- **State and local laws** can facilitate access to clean injection equipment and other services for persons who inject drugs
  - Authorization of syringe services programs
  - Drug paraphernalia
  - Retail sale of syringes to persons who inject drugs

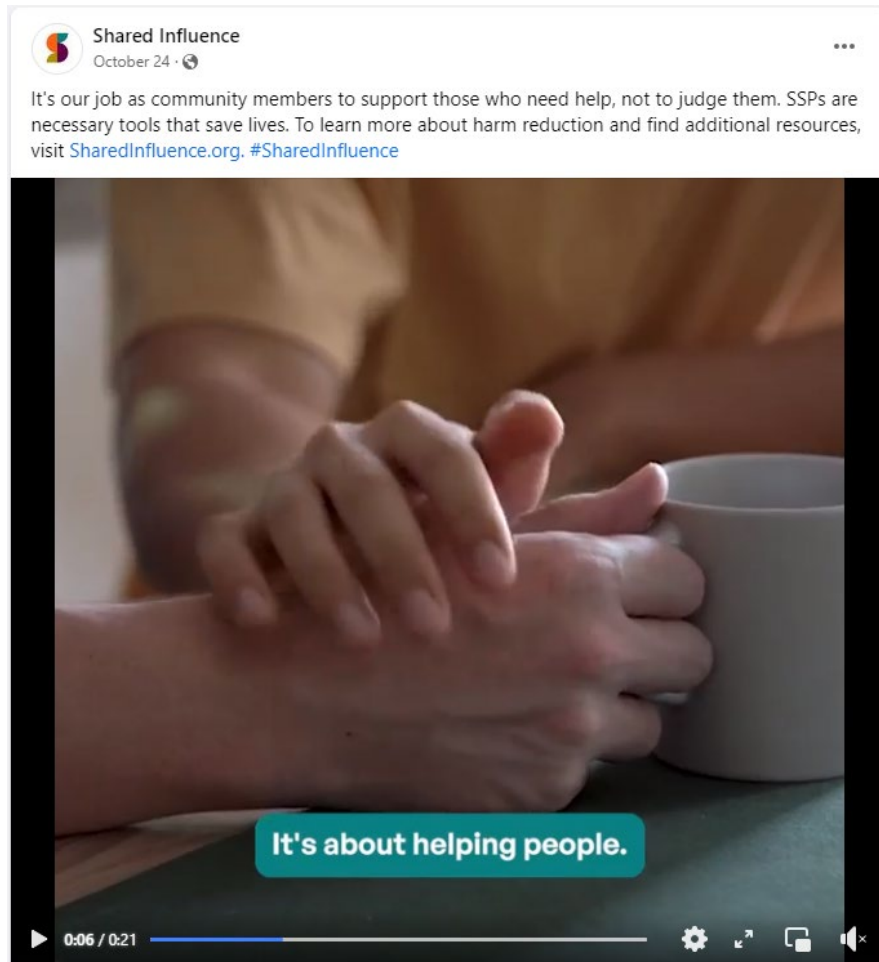


# Syringe services programs prevent transmission of blood-borne infections

- Access to sterile injection equipment can help prevent blood-borne infections, skin infections and endocarditis
- Health care provided at these programs can catch problems early and provide easy-to-access treatment
- In Philadelphia, these programs averted 10,582 HIV infections over 10 years; 1-year return on investment of \$243 M



# Supporting SSPs are personal



Kayla

So my name is Kayla.

When I was in active addiction I would go to Walgreens or many pharmacy's that would deny selling syringes without a diabetic card. Well because of not being able to get cleans because they looked down on it because I am an addict .. I was diagnosed with endocarditis (a severe heart infection) 3 different times where I was also septic and also had different bacteria's in my blood.. all from reusing my old syringes...

I am a good person, a mother, a good friend, a good employee. I was just struggling in my addiction because I went through a traumatic assault by 3 men which turned me to try and cope through drugs. SSPs saves life's. I am lucky to still be here. These infections most people don't live from. It required open heart surgery and months in the hospital which could've been avoided if pharmacy's didn't make it so hard for people who struggle with addiction to get clean supplies .

Like Reply 5w



Author

Shared Influence

Kayla Hi, Thank you for sharing your story with us, Kayla. We know it couldn't have been easy, but we're glad to hear you're staying healthy. Our work is health-focused and dedicated to educating people about the harmful impacts and diseases. Thank you for taking the time to message us. All of us at Shared Influence want to keep people from going through this kind of pain. We hope you learn more about what we do at [SharedInfluence.org](https://SharedInfluence.org)

# CDC/NCHHSTP Vision for Harm Reduction

## Mission

- **To decrease morbidity and mortality, infectious disease incidence, and stigma** among people who use drugs through evidence-based solutions and coordinated partnerships

## Goals

1. Establish a Nationwide Syringe Services Program (SSP) Infrastructure as Part of the U.S. Public Health System
2. Decrease Injection Drug Use
3. Establish Coordinated Surveillance and Monitoring Systems for Infectious Disease Indicators Associated with Drug Use
4. Collaborate at the Federal, State, and Local Levels to Reduce Infectious Disease Consequences of Drug Use

# Challenges remain...

- Despite strong evidence demonstrating their public health benefits, SSPs remain limited in number, scale, scope, and reach in the U.S., owing to persistent legal, sociopolitical, and funding challenges.

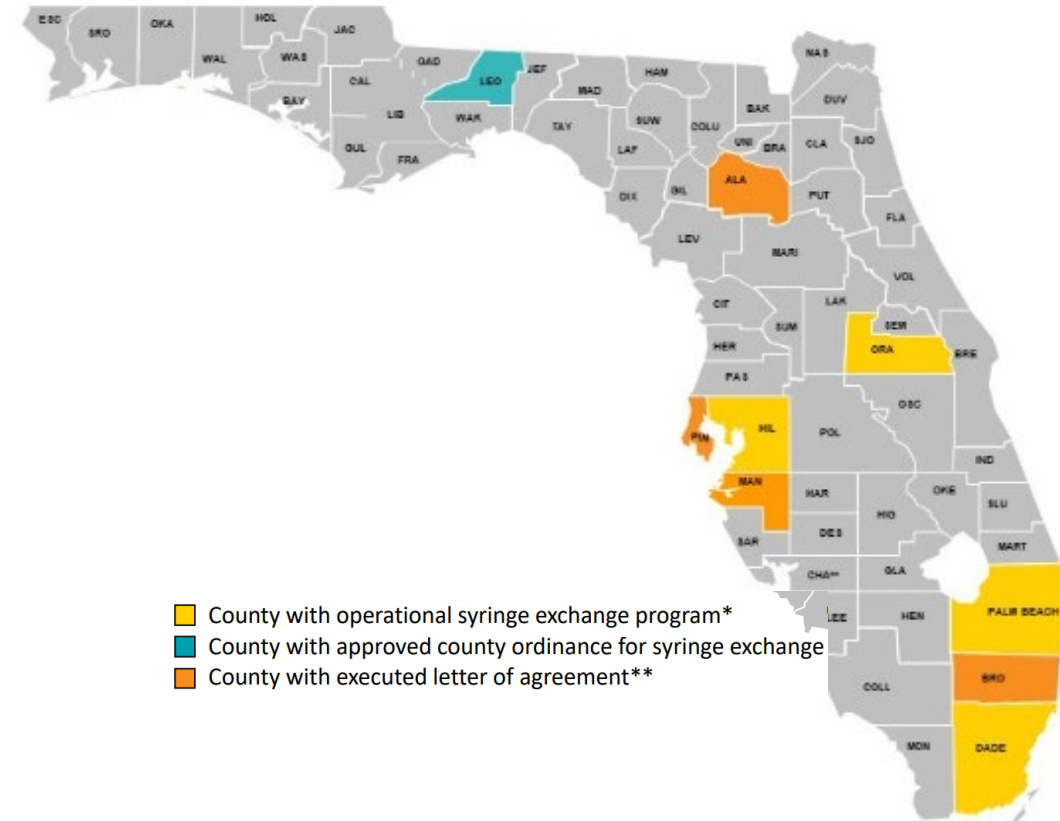


# The Infectious Disease Elimination Act (IDEA)

- After bill signing in Spring 2016, IDEA Exchange opened doors in December 2016 – a pilot project
  - Infectious disease testing
  - Safe injection kits
  - Naloxone
  - Basic wound care
  - Condoms
  - Referrals to treatment and rehabilitation at ever visit
- Empowering and educating individuals on skills needed to reduce HIV, Hepatitis C, and other disease to achieve a healthier life

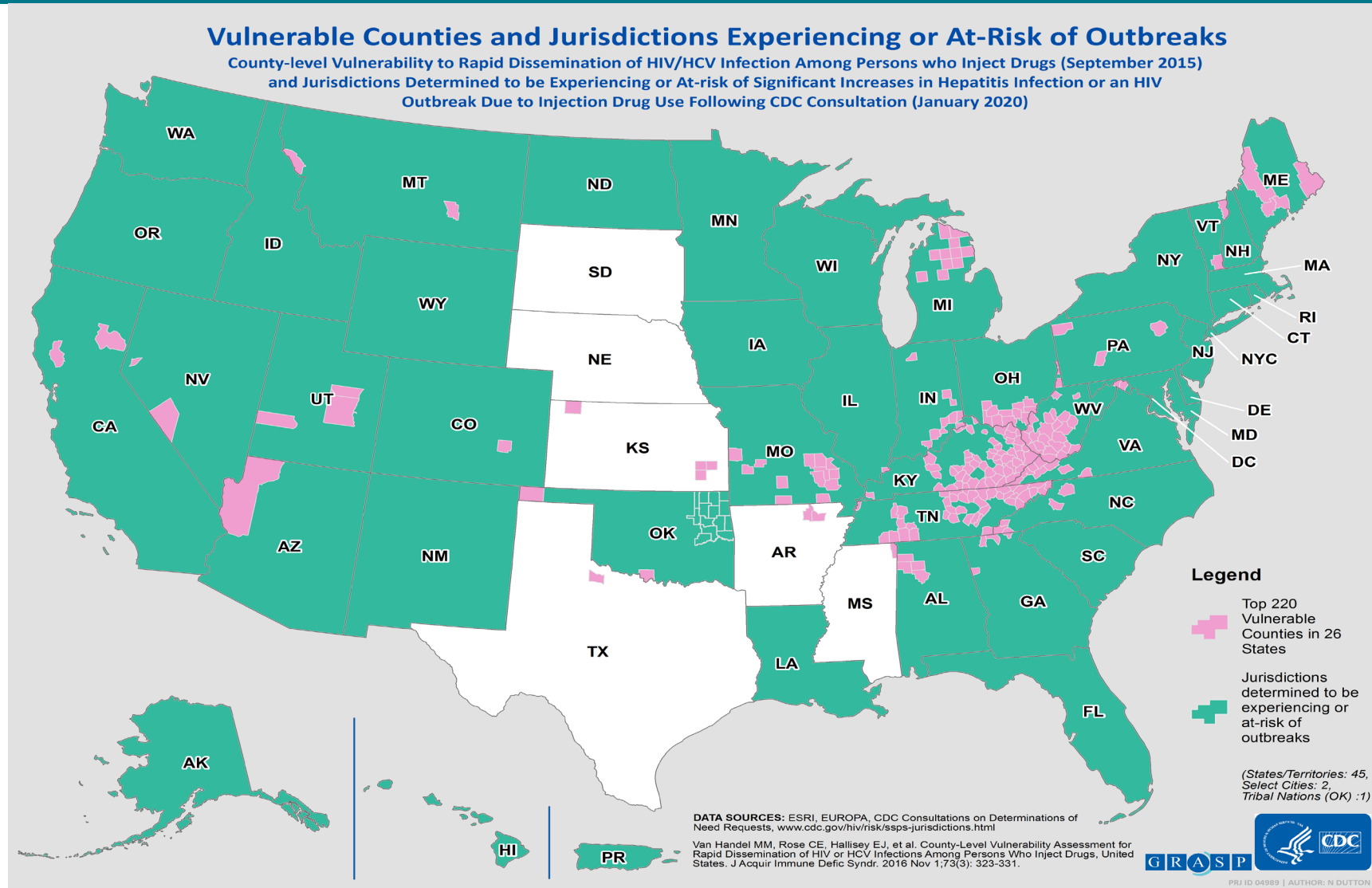
# IDEA Opened Door for SSPs for ALL of Florida

- Summer 2019 bill signing allowed county commissions to authorize SSPs  
**Disease prevention must be the goal of every exchange program**
- Can't use state, county or municipal funds to operate.
  - The law requires that exchange programs be funded through grants and donations from private resources and funds.
- Personal identifying information can not be collected or used for any purpose.

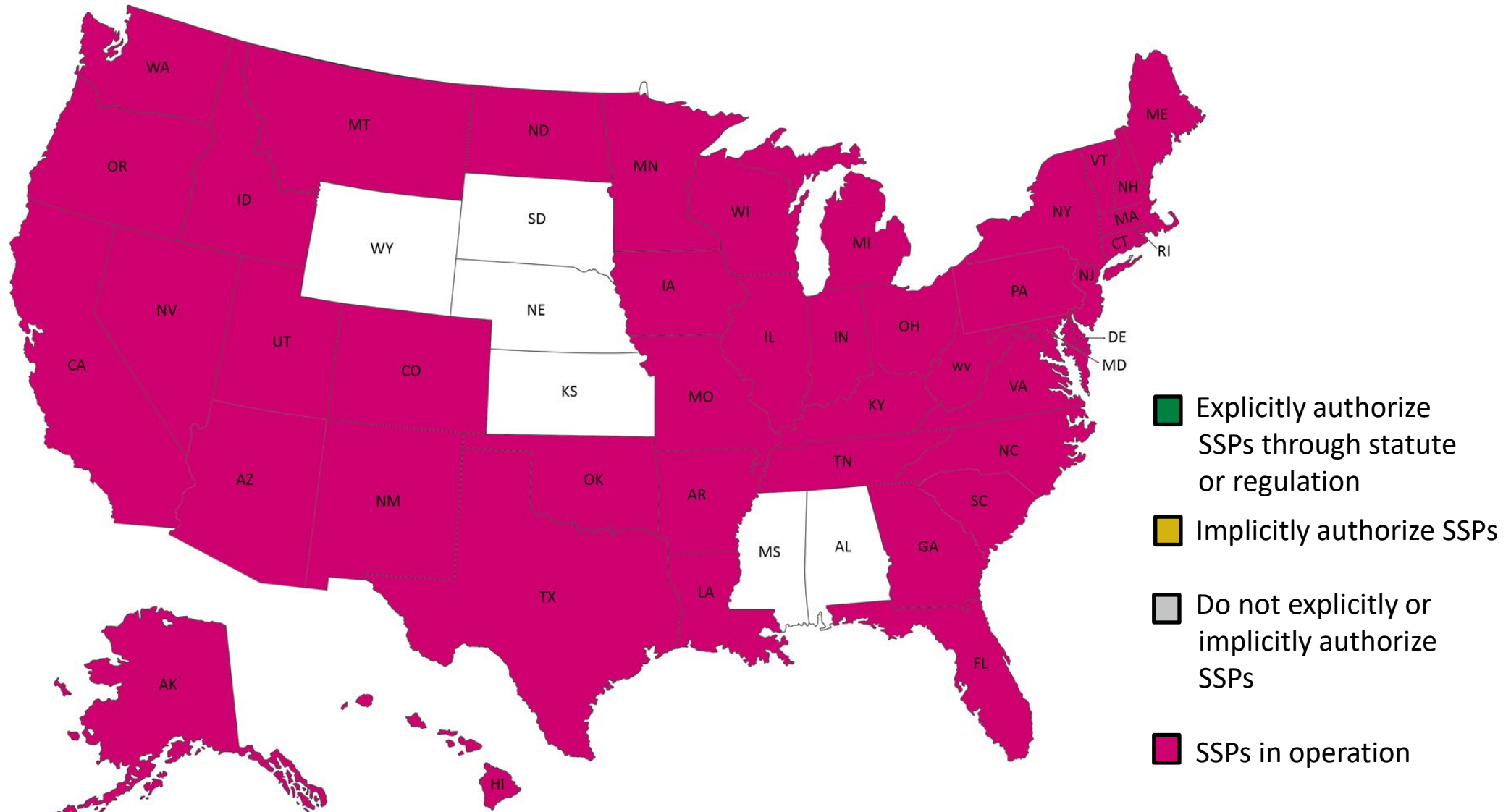




# 44 states, DC, and Puerto Rico have documented areas experiencing or at risk for increases of hepatitis C and HIV



# State and Local Laws Facilitate Syringe/Services Access



# Infectious disease consequences of drug use are costly

July 2016 – February 2020

**\$306,000,000**

Estimated Hepatitis A  
hospitalization costs

**\$22,200,000**

Total one-year costs to  
treat endocarditis

**\$11,400,000**

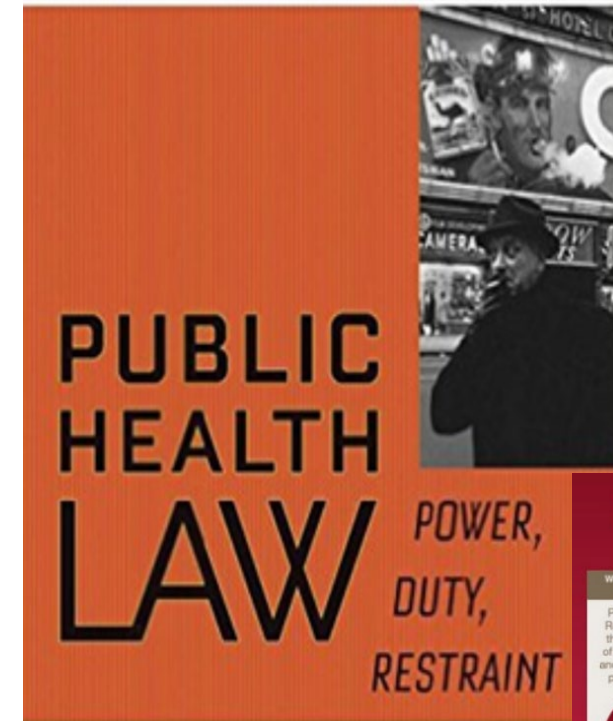
Cost to treat skin infections at  
one FL hospital in one year

**\$510,000**

Individual lifetime HIV  
treatment cost

# Legal Strategies for preventing IDU-associated infections

- The creation and implementation of laws can be used to achieve public health objectives
- State and local laws can facilitate access to clean injection equipment and other services for persons who inject drugs
- Laws related:
  - Authorization of syringe services programs
  - Drug paraphernalia
  - Retail sale of Syringes/Needles



# Legal strategies cont'd

- Permit SSPs to be established and operate according to best practices
  - Minimize administrative burdens that hinder program operation, jeopardize participant anonymity.
- Reduce participant interactions with law enforcement
  - Train law enforcement on the efficacy and legal status of SSPs.
- Exempt syringes and other safer-use materials from drug paraphernalia statutes and regulations
- Fund SSPs to cover materials and operations costs
- Facilitate opioid use disorder treatment by allocating resources so SSPs can provide buprenorphine

# Additional Steps Needed Post-Enactment

Enactment doesn't ensure policy will be successful. Additional steps needed to implement policy in way that can increase likelihood policy will achieve its intended outcomes.

The implementing organization and stakeholders may:

- 1) Educate the people or organizations affected by the new policy
- 2) Change pre-existing administrative operations and systems (or create new ones)
- 3) Monitor and/or enforce the policy as needed





# Atlantic City is forcing its syringe program to shut down. What happened to 'trust science'? Editorial

It's past time for Atlantic City, a

## Indiana Needle Helped Contain Outbreak To Be Shut Down

### Judge continues halt on new syringe law, but hasn't rendered final decision yet

Facing tough restrictions, WV harm reduction programs wait for federal lawsuit ruling

### Syringe access programs still not fully legal in AZ

Needle exchanges are a proven tool to fight HIV, but officials still want to shut them down

*The science is solid. The politics are more partisan than ever*

ARM REDUCTION FOR HIV > FEATURES

## Restrictions in West Just How Fragile Exchange Programs Can Be

### Pleasantville votes against syringe access programs in the city

### Debate resurfaces over syringe exchanges as Scott County considers dropping program

**Misinformation**  
**Stigma**  
**Variable Community and Political Support**

# Using data to report to legislative stakeholders

## KEY TAKEAWAYS

- ✓ Data collection is essential to informing program planning and evaluation. Data should help programs better understand provided services and available resources in the context of local needs for people who inject drugs.
- ✓ Efforts should be made to collect reliable data on key demographics, services provided, and trends in service utilization.
- ✓ Data collection should be minimal and always serve a purpose. Participation in research activities should never be a requirement for participation in SSP. SSPs should strive to provide low-threshold services.
- ✓ Ongoing monitoring should include regular review of collected data to assess program effectiveness, with particular attention to reaching marginalized and/or highly stigmatized populations(e.g., people of color, women, and transgender persons).

- Data collection should neither distract from the primary mission of syringe distribution for participants nor act as a barrier to PWID participation.
- Legislative bodies can be made aware of outcomes in a nonburdensome way (e.g., annual report to Legislature)

# Program Quality Improvement vs Administrative Burden

“Using **unobtrusive** approaches, programs can observe [SSPs]... to identify opportunities to provide more education, counseling, or other services or simply time them to determine barriers to providing other activities. Many quality improvement ideas can also be discussed through a participant or community advisory board if the HRSEP has one.” - *Kentucky Harm Reduction and Syringe Exchange Program; Guidelines for Local Health Departments Implementing Needle Exchange Programs*

# Key Takeaways

**Holistic approaches** for persons who inject drugs is cost-effective and, when done well, improves outcomes

1

**New public health workforce and infrastructure funding** provides opportunity to rebuild differently

4



2

**Access to sterile injection equipment** is fundamental to good public health

3

**Testing and linkage to care and support services** are essential steps in preventing and treating viral hepatitis and overdose



# National Harm Reduction TA Center Open to All

- NHRTAC is joint project with CDC and SAMHSA
- Provides technical assistance and consultation services to support the implementation of effective, evidence-based harm reduction programs, practices, and policies in diverse settings
- Visit [harmreductionhelp.cdc.gov](https://harmreductionhelp.cdc.gov)



## PROVIDERS



# Think Big, Act Fast

- The course of these epidemics and inherent disparities are not inevitable
- Comprehensive, effective programs brought to scale can prevent infections, save lives, and save money
- Society, public health, healthcare systems, and individuals can work together
- We have had success that we can build upon



# Thank you!

## Questions

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

