Utah Syringe Exchange

Tyler Fisher
Ryan White Part B Administrator
Utah Department of Health
Utah Syringe Exchange Law

- Utah House Bill 308
  - Agencies in Utah “may operate a syringe exchange program in the state to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs and those individuals’ contacts” and collect data to prove effectiveness and show that SEPs do not increase drug use
- No state funding or guidance included
- Effective May 10, 2016
- UDOH mandated to report to Utah State Legislature annually
- Legislative Liaison

https://le.utah.gov/~2016/bills/static/hb0308.html
Determination of Need

- Submitted May 27, 2016
- Granted June 17, 2016

- Collaborative effort of:
  - Viral Hepatitis Prevention Coordinator
  - HIV Epidemiologists
  - STD Epidemiologist
  - Violence and Injury Prevention Epidemiologists
  - State Epidemiologist
  - Division of Substance Abuse and Mental Health
Heather E. Bush
Viral Hepatitis & Syringe Exchange Coordinator
Prevention, Treatment & Care Program
Utah Department of Health
P.O. Box 141010 Salt Lake City, UT 84114-1010

Dear Ms. Bush:

The Utah Department of Health submitted a determination of need request to the Centers for Disease Control and Prevention (CDC) with data examining whether the jurisdiction is experiencing or at risk for an increase in viral hepatitis or HIV infection due to injection drug use. Consulting with CDC on this data is a requirement in the process of seeking approval to use of federal funds to support syringe services programs (SSPs). All such requests are reviewed by a panel of CDC subject matter experts who evaluate submitted data in accordance with the U.S Department of Health and Human Services (HHS) Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016.

After careful review of the Utah Department of Health’s submission, CDC concurs that Utah is at risk for an increase in viral hepatitis or HIV infections due to injection drug use. The submitted data provide sufficient evidence to determine a need for SSPs within the jurisdiction. Specifically, the requestor presented statewide data on epidemiologic trends that indicate increases in unsafe injection of illicit drugs as well as data on statewide increases in HIV and acute HCV infections due to injection drug use. The increase in IDU-associated HIV infections, though small in number, is noteworthy insofar as nationally over the same time period IDU-associated HIV infections have fallen and the fidelity with which HIV infection is diagnosed and transmission risk is determined is high. The narrative makes a compelling case that there are multiple counties within the state where these increases are focused.

Increases in opioid-related deaths in the context of increasing seizure of heroin by law enforcement suggest the increase in heroin seizures represents greater supply of drug and consequent opioid deaths and does not necessarily reflect solely increased law enforcement activity.

This notice may be used by state, local, territorial, or tribal health departments or eligible HHS-funded recipients to apply to direct federal funds to support SSPs. As there is no expiration date for this notice, Utah may elect to either (1) immediately request to direct FY 2016 funds to support SSPs or (2) delay requests to direct funds to support SSPs until a subsequent fiscal year. Utah Department of Health is strongly encouraged to discuss their plans to direct funds for SSPs with their respective federal funding agency.

Only CDC directly-funded, eligible awardees should submit a request to CDC to direct funding for SSP activities.

Thank you for your interest in the public health implications of injection drug use in Utah. If you have any questions or require further technical assistance, please do not hesitate to send an email to SSPCoordinator@cdc.gov.

Sincerely,

CDC SSP Determination Panel
Rule 386-900 Special Measures for the Operation of Syringe Exchange Programs

- Effective November 7, 2016

- Agencies who choose to conduct syringe exchange must comply with the administrative rule and provide aggregate data to UDOH on a quarterly basis.

- Agencies must enroll with 15 days notice of starting program:
  - Complete and submit enrollment form
  - Proof of sharps disposal plan
  - Proof of needle stick plan

- Reporting requirements:
  - Number of people served
  - Number of syringes distributed
  - Estimated number of syringes collected
  - Number of educational materials distributed
  - Number of referrals given

Six months after the rule was published........

- Issues in rural counties
- “Syringe Exchange Program” not defined in statute or rule
  - Just syringes? Cookers? Cottons?
- Syringe Exchange Statute conflicts with Drug Paraphernalia Statue
UDOH Syringe Exchange Program Role

- Administration of SEP Law
  - Collect, analyze and report data from SEPs

- Provide support, technical assistance and capacity building
  - Provide community education
  - Develop resource materials
  - Provide training across the state

- Identify funding opportunities and community resources
  - Provide SEP supplies when available

- Facilitate communication and collaboration among Utah agencies

- Receive training, technical assistance and consultation from national and other state’s programs
Integration

• Statewide efforts to reduce drug overdose deaths (9 house bills in 2016)

  http://www.dpputah.org/2016_legislation

• Opiate Overdose Response Act (2016)
  • Allows pharmacists to dispense naloxone, without a prior prescription, to anyone at increased risk of experiencing an opioid overdose
Integration

Violence and Injury Prevention Program (VIPP)

http://www.opidemic.org/
Leveraging Resources

- PS12-1201 and Ryan White Part B Rebates
  - Redirection of HIV Prevention Funds
  - Early Intervention Services (EIS)
    - Must follow 4 components of EIS (testing, referrals, LTC, health education/risk reduction counseling)

- Revising budgets for success
  - Collaboration and integration

- Purchasing supplies for SEPs
Lessons Learned & Looking Forward

• Funding community level SEPs

• Legislative adjustments
  • Paraphernalia laws
  • State funding

• Staff capacity

• Data systems
  • Client level data
HB 369 was signed into law on 3.28.17 by Governor Herbert.

- Pertains only to sexual offenses
- Grants enhanced penalties to anyone infected with HIV, HBV, and/or HCV.
HIV Criminalization
Possible Impacts

• Possible negative impacts
  – Reduction in HIV testing
  – Fear of SEPs due to reporting of information to DOH.

• Possible positive impacts
  – Increased SEP participation
  – Further reduction in shared needles
Questions

UDOH Syringe Exchange Program

Email: syringeexchange@utah.gov

Website: http://health.utah.gov/epi/prevention/

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