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Collector: Web Link (Web Link)
Started: Tuesday, November 25, 2014 7:43:42 AM
Last Modified: Tuesday, November 25, 2014 8:13:10 AM
Time Spent: 00:29:28
IP Address: 50.74.156.38

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

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Q2: Title of your recommendation	Expansion of Syringe Exchange to young injectors and uncovered areas of the state/expansion of Opioid Overdose Prevention trainings in the community and in correctional settings

Q3: Please provide a description of your proposed recommendation

1. Drug injection is increasing as the use of heroin increases nationally and in NYS. Numerous recent studies are finding high incidence of hepatitis C among young and new injectors for example a cluster identified in Buffalo in 2007. Hepatitis C is a serious problem in and of itself but this also indicates high levels of unsafe injection practices which is fertile ground for the transmission of HIV. Syringe access and opioid maintenance treatment (OMT) (with methadone and buprenorphine) have been shown to reduce risk of HCV among injectors. Recent work has found that participation in OMT reduced the incidence of HCV by as much as 60%. Research has also found that young injectors in NY have little knowledge of safer injection and other harm reduction behaviors.

As with HIV both prevention and treatment are key; it is time for a concerted effort with the recommendations put forth by the HHS in 2013.
a) Education about safer injection and drug treatment options, for example the Staying Safe Project need to be expanding in venues and social media that reach younger injectors
b) Access to safe injection equipment, including but not limited to syringes, needs to be expanded via access in Community Based Organizations which serve young injectors and via easing regulations regarding ESAP. Peer Delivered Syringe Exchange and satellite SAPs are potential points of access.
c) Increasing access to OMT, particularly to buprenorphine. This will require using a low-threshold harm reduction approach t OMT, for example continuing treatment even if patients are not adherent to recommendations that they receive counseling or discontinue use of other drugs. Physicians need encouragement to prescribe buprenorphine, for example need for prior approval and misunderstanding regulations have been identified as barriers.
d) Like HIV, models are suggesting that reducing the virus in the population using treatment as prevention for HCV. Yet, there continue to be stigma (and prior approval?) related barriers to treatment of people who use drugs. Testing and access to treatment need to be available and tailored to the needs of young injectors.

Hepatitis C Virus Infection in Young Persons Who Inject Drugs 1
Office of HIV/AIDS and Infectious Disease Policy 5/13 http://www.cdc.gov/hepatitis/Populations/idu.htm
2. Expansion of Syringe Exchange to uncovered areas of the state, particularly using PDSE. PDSE has been proven to be the most effective way to reach hard to reach individuals. 22 of the 23 currently approved SEPS are approved for PDSE. Expanding PDSE will allow more individuals to be reached. For example, hiring peers who are young injectors (or previous injectors) will allow more young IDUs to be reached.

3. Expansion of opioid overdose prevention trainings. This would be true in the community as well as in correctional facilities. All incarcerated individuals should be trained in opioid overdose prevention prior to release, with naloxone being made available to them.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)	Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)	Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.
Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?	*Respondent skipped this question*
Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?	Permitted under current law
Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?	Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

1. Reductions in the transmission of hepatitis C and drawing young people into care including drug treatment and medical care would be beneficial results of this intervention.
This care can also include treatment and prevention of STIs and increasing young adult levels of vaccination. Furthermore as noted this population is at risk of HIV; continuation of the low levels of HIV transmission among PWID is vital to Ending the Epidemic.

2. Expansion of syringe exchange will allow more IDUs to be reached and connected to care. The numbers have continued to decrease since the early 90s, primarily because of the syringe exchange programs. Additional efforts can bring the number to zero.

3. The number of individuals dying from drug overdoses continues to increase. Additional programs will allow more individuals to be trained in the community. Statistics also show that incarcerated individuals are more likely to overdose within the first few weeks after they are released. Training all individuals prior to release and equipping them with naloxone will allow this vulnerable population to be served.

Q10: Are there any concerns with implementing this recommendation that should be considered?

None

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

TBD

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

ROI TBD but should include:
Reductions in the cost of treating hepatitis C, HIV, complications of overdose and untreated STIs.
Decreased sequela of drug use- loss of productivity, incarceration.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

• IDUs
• Young IDUs
• Incarcerated individuals
• Syringe Exchange programs
• Community at large

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Evaluation of the proposed activities would be conducted to determine the efficacy of the proposed interventions, with adjustments being made to improve the outcomes

Q15: This recommendation was submitted by one of the following

Other (please specify) Funded Provider