Quarterly Stakeholder Webinar

WEDNESDAY, JULY 14, 2:00 P.M. - 3:30 P.M. ET
Kaye Hayes
Acting Director
Office of Infectious Disease and HIV/AIDS Policy (OIDP)

Executive Director
Presidential Advisory Council on HIV/AIDS (PACHA)

Welcome
Regina LaBelle
Acting Director for the Office of National Drug Control Policy (ONDCP)

Opening Remarks
Tim Harrison
Deputy Director for Strategic Initiatives & Senior Policy Advisor
Office of Infectious Disease and HIV/AIDS Policy (OIDP)

Introduction of Guest Speakers
Webinar Objectives

United States Department of Health and Human Services, Office of the Assistant Secretary of Health will host a quarterly *Ending the HIV Epidemic* initiative stakeholder webinar designed to:

- Provide updates on major federal activities related to the implementation of the Ending the HIV Epidemic initiative
- Highlight ways to improve the scale up and use of harm reduction models including Syringe Service Programs (SSPs)
- Opportunity for question and answer from major community members and government officials
Welcome New White House - Office of National AIDS Policy (ONAP) Leadership!

Office of National AIDS Policy
Director- Mr. Harold Phillips
Dr. Redonna Chandler

Director, AIDS Research Program and HEALing Communities Study
National Institutes of Health
National Institute on Drug Abuse

The Role of Syringe Service Programs in Ending HIV: Can Science Guide Policy?
Overview

- Evidence base
- SSP Coverage in US
- Kentucky Example
- NIDA Funded Research
- Key Takeaways
Over 30 Years of Research Demonstrates
SSPs Are:

• Safe
  ▪ Not associated with increased drug use, crime, or syringe litter in communities
  ▪ People participating in SSPs significantly more likely to enter treatment

• Effective
  ▪ Prevent infectious disease outbreaks including HIV and Hepatitis B and C
  ▪ Address intertwined public health crises of HIV, HCV and opioid use

• Cost-Effective
  ▪ SSPs in Scott County, Indiana credited with halting HIV outbreak and saving $120M

• Venue for delivery of other EHE and life saving services
  ▪ Naloxone, HIV/HCV testing and treatment, PrEP, Medications for OUD (MOUD)

https://www.drugabuse.gov/drug-topics/syringe-services-programs
Ending the HIV epidemic in the USA: An Economic Modelling Study in Six Cities

- Assessed combinations of 16 evidence-informing interventions and best practices to identify combination of strategies with greatest health benefit while remaining cost effective
- Used dynamic HIV Modeling for 6 US cities: Atlanta, Baltimore, LA, Miami, NYC, Seattle
- SSPs were deemed an important part of combination strategies for EHE, and 3 cities had capacity and reach
- Cost effective to increase reach of SSPs in 3 cities where access was low

Nosyk et al., 2020, https://doi.org/10.1016/S2352-3018(20)30033-3
Impact of SSPs on Averting New HIV infections via Injection Drug Use

**FIGURE 1.** Forecasted versus actual diagnoses of IDU-associated HIV infection in Philadelphia during the 10 years after the change in syringe exchange policy.

**FIGURE 2.** Forecasted versus actual diagnoses of IDU-associated HIV diagnoses in Baltimore during the 10 years after the change in syringe exchange policy.

Ruiz et al., J Acquir Immune Defic Syndr 2019;82:S148–S154
HIV Prevention Toolkit

- PMTCT
- HIV Testing/Counseling
- PrEP
- Blood Supply Screening
- Microbicides
- Clean Syringes
- STI Treatment
- Medical Male Circumcision
- Treatment/Prevention of Drug/Alcohol Abuse
- Education/Behavior Modification
- Treatment as Prevention
- Condoms
SSP Legality 2019

States that have authorized syringe exchange programs
Data Source: HIV Prevention Justice Alliance.
Number of SSPs Across US -2021

National: 388

Total number of syringe exchange programs.
Data Source: North American Syringe Exchange Network.
Diminishing Support For SSPs in Highly Impacted Areas

Why a City at the Center of the Opioid Crisis Gave Up a Tool to Fight It

The New York Times

Indiana Needle Exchange That Helped Contain A Historic HIV Outbreak To Be Shut Down

In Greenville, he’s running the state’s only needle exchange out of his trunk

The Post and Courier

When a West Virginia county eliminated its needle exchange, experts forewarned of an HIV crisis. Now it’s here.
Downward Trend in SSP Availability

- In 2021, there are 21 fewer SSPs available nationwide.
- West Virginia, the state consistently ranked highest in drug overdose deaths, has only 12 SSPs available. The state has seen a decline in programs since 2019, losing 4 in the past year.
- Currently, there are 7 states that do not have any syringe exchange programs available: Alabama, Delaware, Kansas, Mississippi, Nebraska, South Dakota and Wyoming.
  - 6 of the 7 states do not have statewide legislation authorizing SSPs.
  - *Is there need?* 6 of the 7 states saw an increase in drug overdose death rates according to the most recent CDC data (2019).

Kentucky Example

54 Kentucky Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs and Preventive Syringe Services Programs (SSPs)

*Vulnerable Counties in RED have Operating SSPs

220 U.S. Counties at Risk

National Ranking by County*

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<thead>
<tr>
<th>Rank</th>
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<td>Menifee</td>
<td>182</td>
<td>Boyd</td>
<td>31</td>
<td>Cumberland</td>
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</table>

Specific concerns regarding Kentucky Counties:
1. Dense drug user networks similar to Scott County, Indiana
2. Lack of syringe services programs

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.
Kentucky Example: The Success

- SSPs were illegal prior to March 2015
- Legislation allows public health departments to operate SSPs with approval from county board of health, fiscal courts, city councils
- 2016 report identified 54 counties vulnerable to outbreaks of HIV/HCV
- Today 74 SSPs operating in 63 counties
Kentucky Example: The Worry

- Legislation allows public health departments to operate SSPs *with* approval from county board of health, fiscal courts, city councils
- Deep concern among those fought hard for legislation and SSPs across state that local approval will be withdrawn
  - See SSP in Scott County, IN
- Deep concern new legislature will change the law increasing burden on SSPs and leading to closures
  - See WV state law and impact
NIDA Portfolio

- Feasibility and Acceptability of Integrated Services Delivered at SSPs
- Barriers and Facilitators to SSPs in Diverse Communities
- SSPs as venue for telehealth to provide HIV treatment and MOUD
- Utility of SSPs for delivering PrEP to People Who Inject Drugs
Key Takeaways

• SSPs are effective in reducing HIV and other blood borne infections
• Scientific evidence is important, but it is only one piece of the puzzle
• Policies matter at federal, state, and local levels
• Federal and state support for SSPs is important and local advocacy is essential
• Efforts to build additional evidence could benefit from partnering with local communities to understand needs, barriers, successes
• Federal, state, local partnerships between HIV and Addiction researchers, providers, and advocates important to supporting SSPs as part of EHE
Dr. Hansel Tookes
Associate Professor
Division of Infectious Diseases, University of Miami
Miller School of Medicine

Tele-Harm Reduction and Mobile Syringe Services in Miami
HIV Incidence

AIDSVu

Rates of Persons Living with HIV, 2018

0–50 51–80 81–100 101–150 151–200 201–250 251–300 301+* DATA NOT SHOWN

* Data not shown to protect privacy because of a small number of cases and/or a small population
** Some health departments, per the HIV data release agreement with CDC, requested not to release data to AIDSVu. See Data Methods for more information.

NOTE: There are no country-level maps for Alaska, District of Columbia, and Puerto Rico because there are no countries in those states.
HIV Outbreaks in PWID continue Unmitigated

Adapted from Gregg Gonsalves and J Infect Dis, Volume 222, Issue Supplement_5, 1 October 2020, Pages S239–S249
Bringing Evidence-Based Prevention to Florida

The University of Miami Infectious Disease Elimination Act (IDEA) Syringe Services Program
A Blueprint for Student Advocacy, Education, and Innovation

Tookes, Hansel MD, MPH; Bartholomew, Tyler S.; St. Onge, Joan E. MD, MPH; Ford, Henri MD, MHA

Author Information

Timeline of SSP Legislation in Florida

- Study published on improper syringe disposal in Miami
- HB 755/SB 808 Filed
- HB 491/SB 408 Filed
- HB 1040 Filed
- HB 81/SB 242 Filed
- Governor Signs Miami SSP Pilot
- PWID-associated infections cost safety-net hospital $11.4 million
- HB 576/SB 808 Filed
- Governor Signs Expansion Bill
- HR 171/SB 366 Filed

Timeline:
- 6/1/12
- 12/1/12
- 6/1/13
- 12/1/13
- 6/1/14
- 12/1/14
- 6/1/15
- 12/1/15
- 6/1/16
- 12/1/16
- 6/1/17
- 12/1/17
- 6/1/18
- 12/1/18
- 6/1/19
Bill 242- Infectious Disease Elimination Act, 2016

• Effective 07/01/2016

• Authorizes the University of Miami syringe exchange pilot program

• Possession, distribution, or exchange of needles and syringes not a violation of the law.
## Enrollment Data from December 2016-present

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Totals</th>
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<tr>
<td>Participants enrolled</td>
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<tr>
<td>Hispanic</td>
<td>39%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
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<tr>
<td>Black non-Hispanic</td>
<td>9%</td>
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<tr>
<td>Multiracial</td>
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<tr>
<td>Native American</td>
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<td>Mean Age</td>
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<td>Male</td>
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<tr>
<td>Female</td>
<td>27%</td>
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<tr>
<td>Transgender</td>
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</tbody>
</table>
Services Offered

- Anonymous COVID-19 and HIV/HCV testing
- Distribution of injection equipment
- Condoms and first aid kits
- Narcan distribution
- Weekly free clinic
- Linkage to care
  - HIV/HCV treatment
  - Medications for opioid use disorder (MOUD)
  - Mental health services
- Medication management in pill lockers onsite
Mobile SSP Unit

- Launched in May 2017
- Geographic diversity
- Backpacking
- More women
- More Black PWID
- Higher HCV positivity
- Lower socioeconomic status
- More homelessness
- More public injection
- Less use of alcohol swabs
Overdose Prevention

• First street-level distribution in FL
  ▪ IDEA participants
  ▪ IDEA family and friends

Narcan distributed: 4352
Narcan reversals: 2342
Community Engagement Team

• Comprehensive hands-on approach to deliver wrap-around services
  • Rapid HIV care via telehealth
  • HCV treatment
  • Medication management
  • Linkage to medically supervised withdrawal
  • Low barrier medications for opioid use disorder
  • Linkage to mental health services
  • Case management
Medication Management

• Prescribed medications are stored in the IDEA pill lockers and are distributed to participants

• Continued engagement and evaluation of participant needs
Responding to the Miami outbreak: Diagnose and Treat

The traditional healthcare system has failed PWID

Persons Who Inject Drugs

In 2015, 1 of 2 persons who inject drugs (PWID) with diagnosed HIV infection were virally suppressed. The 2015 target (53.7%) was not met but there was movement toward the target from 2014 to 2015.

From 2010 to 2015, the percentage of PWID with diagnosed HIV who were virally suppressed increased from 39.6% to 52.1%.

Source: National HIV Surveillance System; Baseline: 2010

CDC HIV Prevention Progress Report, 2019
What barriers exist to viral suppression in PWID?

What is Tele-Harm Reduction?

- Telehealth-enhanced
- **On-demand** services
- **Low-barrier** access to ART, MOUD, and HCV cure
- Mobile phlebotomy
- Harm reduction counseling and medication management
- Telehealth mental health/substance use disorder services
- Delivered via an SSP, integrated with the provision of evidence-based naloxone and injection equipment
What is Tele-Harm Reduction?
COVID-19 Pandemic: Pilot Data

- 43 Ryan White case management TeleHarm Reduction visits
- 43 TeleHarm Reduction physician visits
- 43 ART initiations via TeleHarm Reduction
- 33 currently undetectable (1 incarcerated, 1 death)
Transform the way we practice medicine

• Lay the foundation for an enhanced model of care for PWID to become virally suppressed

• Transform the way PWID access healthcare

• Forge a path toward Ending the HIV Epidemic in this high priority community

• Overcome marginalization and stigma by meeting PWID where they’re at

Source: CDC
Robin Whitehead
Lives and Souls Missional Church, Atlanta

A Faith-Based Approach
Vision

To Transform Ministry, Minds, Lives and Souls in order to influence Communities and the World in which we Live, Learn, Work, Play and Worship.
H3 Model

- Provide Help
- Restore Hope
- Allow Hearts to Heal

Saving Lives, Saving Souls
Faith Based/Community Based Organizations

- Food Pantry
- Clothes Closet
- Health Fairs
- Rental Assistance

Saving Lives, Saving Souls
Less Transactional
More Transformational

HUB’ism
Restorative

Saving Lives, Saving Souls
## Community Tables

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<th>Topic</th>
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<td>Poverty</td>
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<td>Multiracial</td>
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<td>Multigenerational</td>
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</table>
Wrap Around and Support Services

Innovative Approaches in Addressing Social Determinates of Health

- Health and Wellness Screenings
- Mental and Behavior Health
- Case Management and Linkage to Care
- Workforce Development/Job Readiness
- Housing
- Financial Literacy (Credit, Debt)
- Transportation
- GED and College Prep
Outreach

9+ Locations in the Atlanta Metropolitan Area

Expanding our mDNA throughout the Southeast
Well without Walls

We are currently looking for a warehouse to transform into the HUB’ ORC.
Communion and Condoms

Ending the HIV Epidemic
Community Events

#WalkwithMe

#TheStreetRevival

The Gathering
Return on Investment

Double Digit Positivity Rates

Last year, we were able to serve over 75k meals to those living with HIV, those experiencing homelessness and to Seniors

Partnered to provide accommodations to 100 homeless individuals

Countless other Testimonies
Collaboration

Saving Lives, Saving Souls
Brenda’s Story
Tim Harrison
Deputy Director for Strategic Initiatives & Senior Policy Advisor
Office of Infectious Disease and HIV/AIDS Policy (OIDP)

OIDP High-Level Updates
The U.S. government’s *Four for Forty* themes are:

- **Reflect**
  - We honor the more than 32 million people who have died from AIDS-related illness in the U.S. and globally since the start of the HIV epidemic.

- **Recommit**
  - The U.S. government is fully committed to working with a diversity of partners to help end the HIV epidemic at home and abroad, especially in communities of people living with and at risk for HIV.

- **Reenergize**
  - We have made remarkable progress in preventing and treating HIV in the U.S. and around the world, but our work is not finished – and the COVID-19 pandemic has slowed and threatened hard-won gains.

- **Reengage**
  - We need continued contributions and innovation from all sectors of our diverse society in order to end the HIV epidemic. We also must reengage and coordinate with our partners around the world for maximum and enduring impact.
President Biden has requested $670 Million from Congress to help end the HIV epidemic.

The current administration is committing to “help accelerate and strengthen efforts to end the HIV/AIDS epidemic in the United States.”

Federal, state and local EHE implementing agencies have maintained a balanced approach—continuing critical HIV operations while responding to the emerging needs resulting from COVID-19.
OIDP Priority Activities

• Working with White House to help establish and support ONAP to work across US government
• Working with White House on the revisions to the plan staffing the federal implementation workgroup
• Enhancing collaboration with CMS and SAMHSA
• Updating AHEAD Dashboard to include stratified data and data on social determinants of health
• Additional tactics to continue increasing enrollment in Ready, Set, PrEP Program
Ready Set PrEP Accomplishments

• Ready, Set, PrEP has seen enrollments steadily increase from 457 participants in October to nearly reaching our goal of 2200-2500.

• The “I’m Ready” campaign
  • Influencer Campaigns
  • TV and Radio PSA Distribution
  • Radio News Release
  • Paid Social Media Posts
  • Native News Network
Recent Successes

- HHS recently released new data for all six EHE indicators
- Visit [https://ahead.hiv.gov](https://ahead.hiv.gov) to learn more

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<th>Data Updates</th>
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What’s Next with the HIV Plan?

• Revised National HIV Plan reflecting HIV priorities of the Biden Administration proposed in **late 2021**.
• Additional strategies and necessary actions to accelerate our efforts
• Visit [www.hiv.gov](http://www.hiv.gov) to learn more
HealthCare.gov Special Enrollment Period

Help spread the word:

• People can sign up for or change health plans through **August 15, 2021**
• People can qualify for savings even if they didn’t before
• You don’t need a qualifying life event to enroll in or change plans
• Visit [HealthCare.gov](https://HealthCare.gov), [CuidadoDeSalud.gov](https://CuidadoDeSalud.gov) or call 1-800-318-2596

Q&A

MARISSA ROBINSON
Management Analyst
Office of Infectious Disease and HIV/AIDS Policy, HHS
Thank you!

CLOSING REMARKS WITH DR. TIM HARRISON
Whole-of-Society Initiative
2021 HIV National Observances

August
National Faith HIV/AIDS Awareness Day (29th)

September
National HIV/AIDS and Aging Awareness Day (18th)
National Gay Men’s HIV/AIDS Awareness Day (27th)

October
National Latinx AIDS Awareness Day (15th)

December
World AIDS Day (1st)

To learn more about HIV Awareness Days please visit:
https://www.hiv.gov/events/awareness-days