

Harm Reduction in New Mexico: An integrated Public Health Response 1998-2019

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Understanding the Need: Infectious Disease

- ❑ **1994-97 - Sero-prevalence study** (Doherty, 2001)*
 - ❑ **1003 Individuals Injecting Substances participated:**
 - ❑ **0.5% HIV positive**
 - ❑ **61% hepatitis B positive (HBV)**
 - ❑ **82% hepatitis C positive (HCV)**
- ❑ **Fastest increase in HCV - individuals injecting who are under 30** (NMDOH 2016)

*Samuel, M.C., Doherty, P.M., et. al, 2001. *Association between heroin use, needle sharing and tattoos received in prison with hepatitis B and C positivity among street-recruited injecting drug users in New Mexico, USA.* Epidemiological Infections, 127, 475-484.

Understanding the Need : Overdose

- ❑ **Overdose:**
 - ❑ **2001-2011:** highest rate of unintentional overdose deaths in the US (CDC, 2012)
 - ❑ **2016:** NM ranked **13th** in the US (CDC, 2018)
 - ❑ **2017:** NM ranked **20th** in the US (CDC, 2019)

Prevention of Hepatitis C Through Syringe Services

In 1995, in the American Journal of Public Health, Dr. D.C. Des Jarlais stated:

“...we estimate that use of the syringe exchange would have led to a 61% reduction in hepatitis B and a 65% reduction in hepatitis C among local injection drug users.”

Hagen, H., Des Jarlais, D.C., et al. *Reduced Risk of Hepatitis B and Hepatitis C among Injection Drug Users in the Tacoma Syringe Exchange Program* American Journal of Public Health, November 1995, vol 85, No 11. p. 1536

Harm Reduction Act: Syringe Service Program

- Enacted in 1997
- Implemented on February 2, 1998
- Over 12,000 unique codes recorded in FY18
- Over 45,000 syringe service sessions in FY18
- Syringes are collected:
 - During syringe service sessions;
 - Through public syringe drop-boxes; and,
 - Through community collection events.

Overdose Prevention Education with Naloxone Distribution

- 2001 – First US state to enact legislation allowing legal naloxone distribution to third parties - originally a 3-hour education session
- 2005-2006 – Implementation of the 15-20 minute “on the street” educational curriculum – to meet people where they are
- 2016 - Legislation enacted to allow distribution of naloxone through Standing Orders
- FY19 – Over 11,000 education sessions with naloxone distribution*
- FY 19 – Over 3,400 individuals reported “OK” after a suspected opioid overdose with naloxone administered*

These changes and best practices allow education to be easily integrated into outreaches and clinics

*Preliminary FY19 data as of 8/7/19 for NMDOH-Hepatitis and Harm Reduction Program

Capacity Building: How Did We Get Here?

- **Comprehensive Hepatitis and Harm Reduction Specialist Certification started in 2008**
- **Integrated Training of the Trainer started in 2009**
- **Incorporated Adult Viral Hepatitis Program with Harm Reduction Program in 2012**
- **Cross training with both the Hepatitis and Harm Reduction Specialist Certification and the HIV/HCV Counseling, Testing, and Referral Services (CTRS)**
- **Continuing Education Credits are offered through a collaboration with the New Mexico AIDS Education and Training Center**

Comprehensive Statewide Services

- Over 50 locations
 - Most are operated by Public Health Offices (PHO)
 - 17 Contract providers:
 - 15 - syringe services, overdose prevention, and hepatitis services
 - 1 - focusing on Law Enforcement and other training
 - 1 - focused on telehealth (Project ECHO with the University of New Mexico)
- Services are integrated as much as possible based upon resources and needs in the area

- HIV, HCV and other STD counseling and testing
- Adult Viral Hepatitis vaccination and testing
- Adult Viral Hepatitis surveillance
- Wound and abscess care

- Other health care
- Food bags
- Fresh/bottled water
- Acu-Detox treatment
- Suboxone treatment
- Navigation to other substance use services

Reducing Barriers: Teaching Points for Stigma and Awareness

- Meet people where they are
- Treat people as people
- Ask people what they need
- Use affirming language
- Mistakes happen – learn and move forward
- Active navigation/Linkage-to-Services

What are Syringe Services Programs (SSPs)?

Syringe Services Programs, often called SSPs, are community-based prevention programs. SSPs provide a range of health services, and they provide a lifeline to those struggling with substance abuse. Comprehensive SSPs offer patients vaccinations and testing for diseases, referrals to treatment for substance use disorder and other diseases (such as viral hepatitis and HIV), and sterile injection equipment to prevent the transmission of infectious diseases.

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs **save lives** by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a 50% decline in the risk of HIV transmission.



Users of SSPs were three times more likely to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, no increase in crime, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had 86% fewer syringes in places like parks and sidewalks.



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Thank you & Contact Information

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New Mexico Department of Health: Public Health Division and Epidemiology and Response Division
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