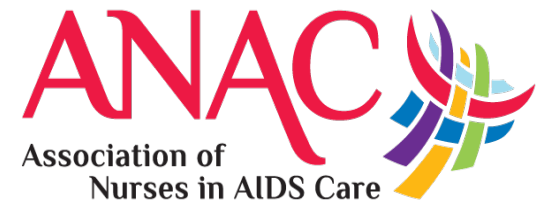


Implementation of Florida's Infectious Disease Elimination Act (IDEA): Translating Research Evidence into Policy and Program Implementation

Faculty: Tyler Bartholomew, PhD

Moderator:
Sheila Tumilty, BSN, RN, ACRN

May 9, 2023



The Association of Nurses in AIDS Care (ANAC)

Mission: ANAC fosters the professional development of nurses and others involved in the delivery of health care for persons at risk for, living with and/or affected by the human immunodeficiency virus (HIV) and its comorbidities. ANAC promotes the health, welfare and rights of people living with HIV around the world.

Nursing Continuing Professional Development (NCPD)

ANAC will provide one contact hour of NCPD on completion of this activity.

To receive a certificate of completion, attendees must:

- Be registered to attend
- View today's webinar presentation in its entirety
- Complete the online, post-activity evaluation. You will receive a link to the evaluation by email.

The deadline to claim contact hours is December 31, 2023.



ANAC is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

NCPD questions? Email Sheila@anacnet.org



Learning Outcomes

At the conclusion of today's activity, participants will be able to:

- Discuss the syndemic nature of opioid use and infectious diseases
- Review evidence on community-based prevention programs for HIV prevention for people who inject drugs
- Describe the implementation of these programs in Florida and future directions for harm reduction

Disclosures

Dr. Bartholomew is a consultant/advisor and receives grant funding from Gilead Sciences.

The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, HCV, HBV) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments.

FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first appointment after diagnosis. FOCUS partners do not use FOCUS awards for activities beyond linkage to the first appointment.

Housekeeping

- This webinar is being recorded
- Your lines will be muted during the webinar
- Type questions in the “Question” or “Chat” pane of your dashboard
- There will be a Q & A session at the end of the webinar



Faculty



Tyler Bartholomew, PhD

Assistant Professor

Division of Health Services Research and Policy

University of Miami, Miller School of Medicine

UNIVERSITY
OF MIAMI



Implementation of Florida's Infectious Disease Elimination Act (IDEA): Translating Research Evidence into Policy and Community Implementation

Tyler Bartholomew, PhD

Assistant Professor

Division of Health Services Research and Policy

University of Miami, Miller School of Medicine

Disclosures

Financial Relationships:

Drs. Tookes and Bartholomew receive grant funding from Gilead Sciences and ViiV.

The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, HCV, HBV) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments.

FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first appointment after diagnosis. FOCUS partners do not use FOCUS awards for activities beyond linkage to the first appointment.

UNIVERSITY
OF MIAMI

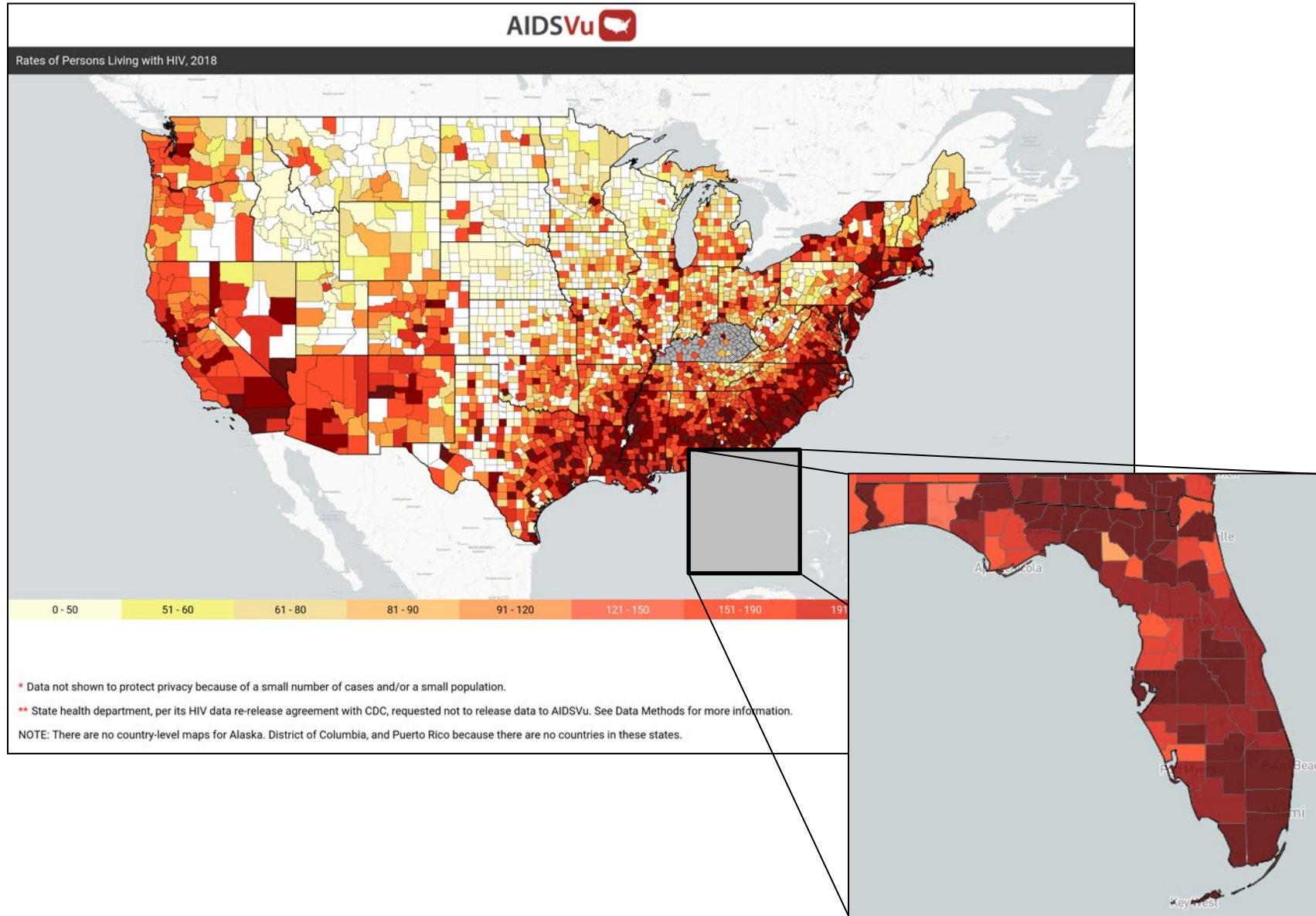


Presentation Overview

1. Background on the ongoing overdose and infectious disease epidemics in the US
2. Syringe Services Programs and Ending the HIV Epidemic
3. The IDEA Lab
4. Scaling SSPs in the Florida context

UNIVERSITY
OF MIAMI





HIV Outbreaks among PWID continue unmitigated

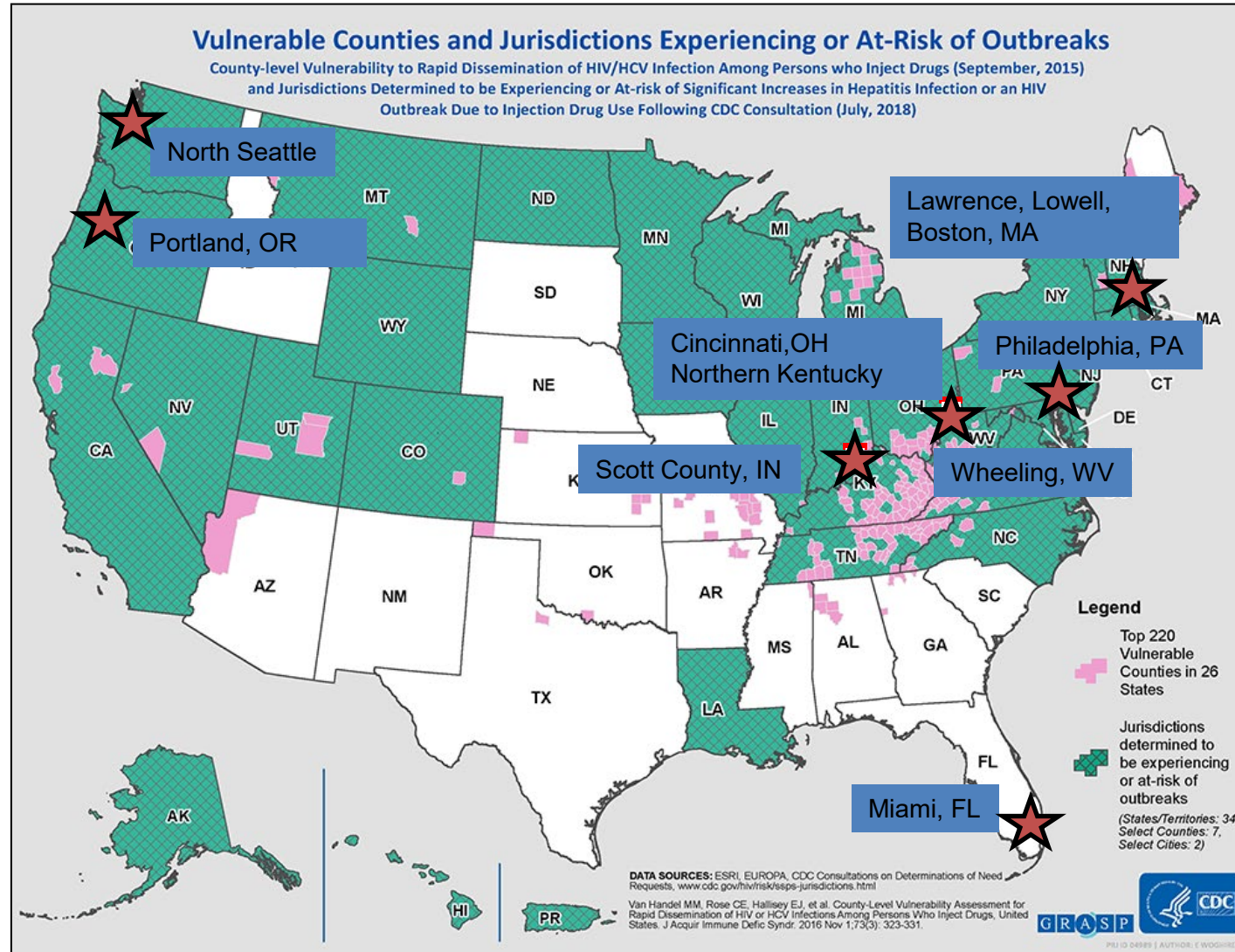
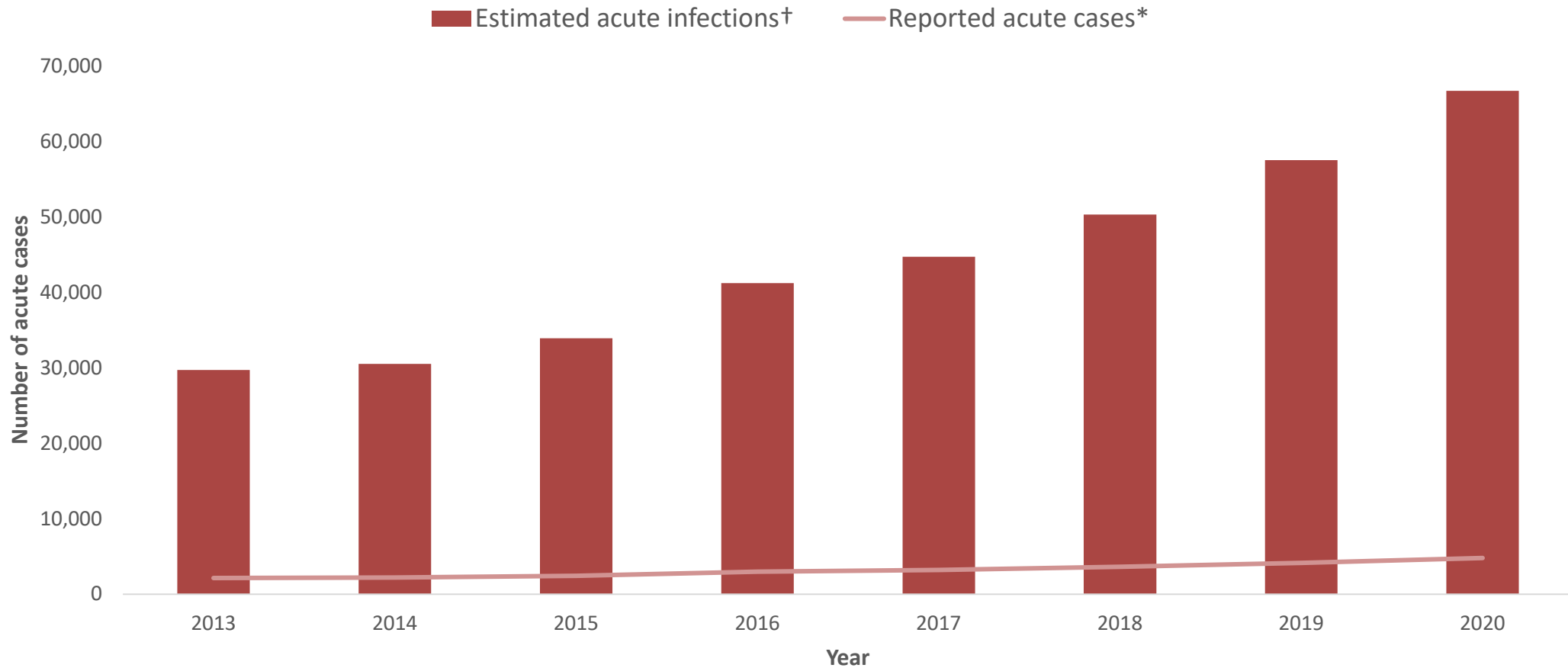


Figure 3.1 – Part 1 of 2

Number of reported cases* of acute hepatitis C virus infection and estimated infectionst United States, 2013–2020



* Reported confirmed cases. For the case definition, see <https://ndc.services.cdc.gov/conditions/hepatitis-c-acute/>.

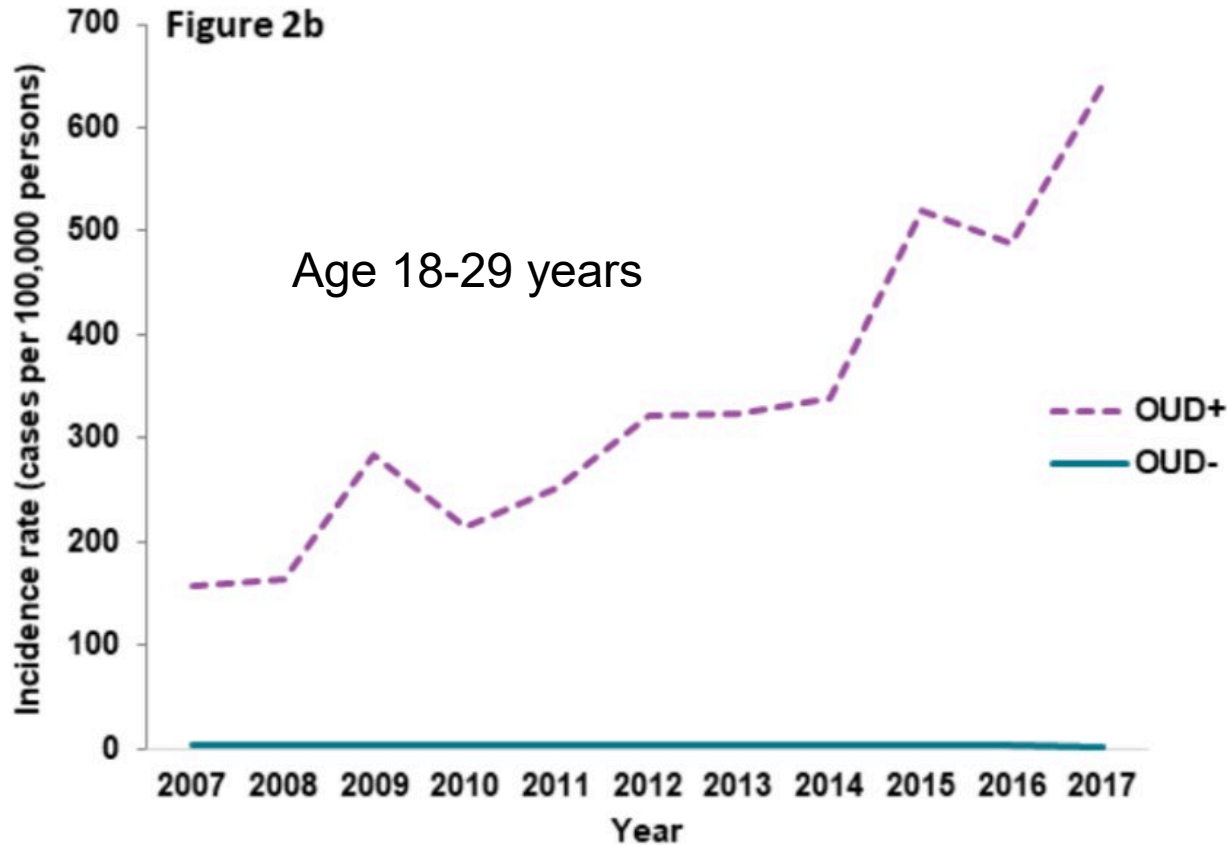
† The number of estimated viral hepatitis infections was determined by multiplying the number of reported cases that met the classification criteria for a confirmed case by a factor that adjusted for underascertainment and underreporting. The 95% bootstrap confidence intervals for the estimated number of infections are displayed in the Appendix.

Reference: Klevens RM, Liu, S, Roberts H, et al. Estimating acute viral hepatitis infections from nationally reported cases. *Am J Public Health* 2014; 104:482. PMC3953761.

Source: CDC, National Notifiable Diseases Surveillance System.

Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2020. <https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm>. Published September 2022.

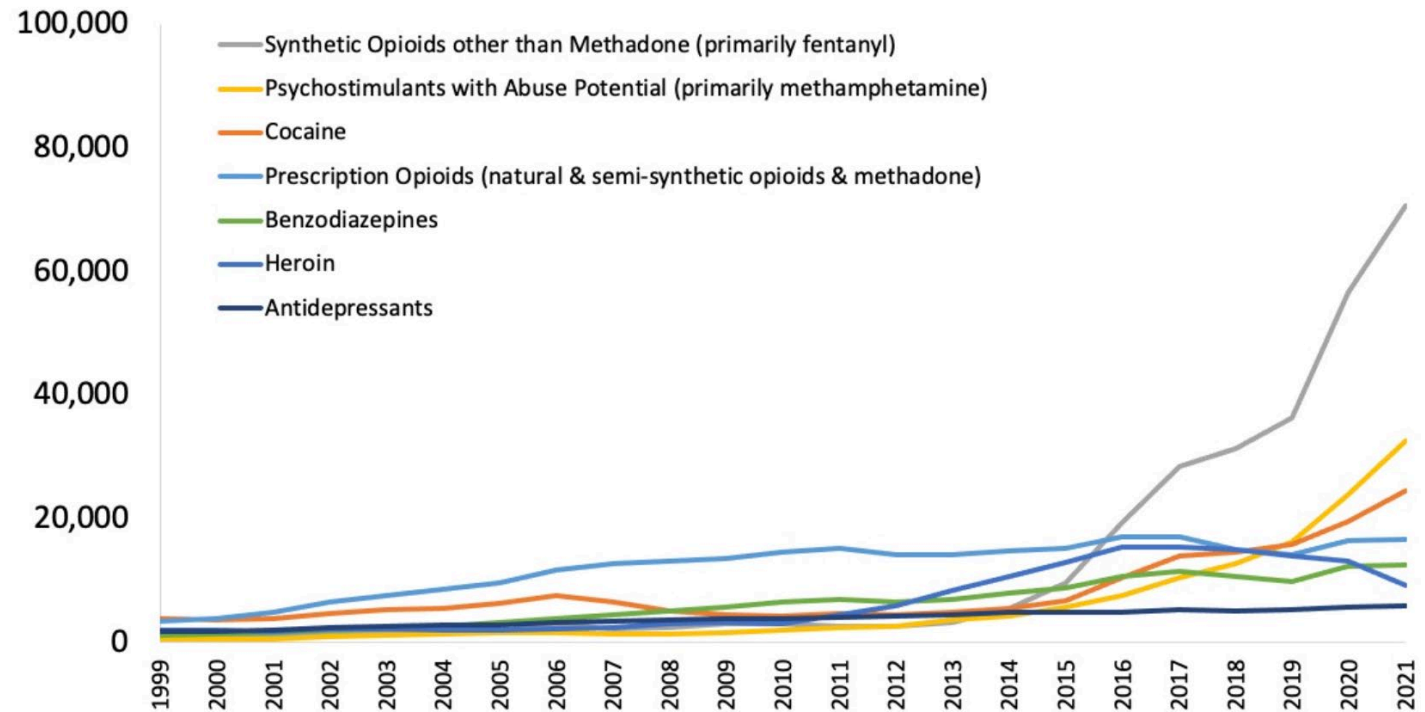
Incidence of endocarditis increasing among PWID



3.7 million PWID
estimated in the United
States in 2018

Estimated
250,000 PWID
will die by 2030

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021



Over **100,000** drug overdose deaths in US in 2021

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

➤ **Syringe Service Programs (SSPs)**, at their foundation, are community-based programs that provide access to sterile injection equipment at no cost, education around safe injection practices and help facilitate safe disposal of used needles/syringes.

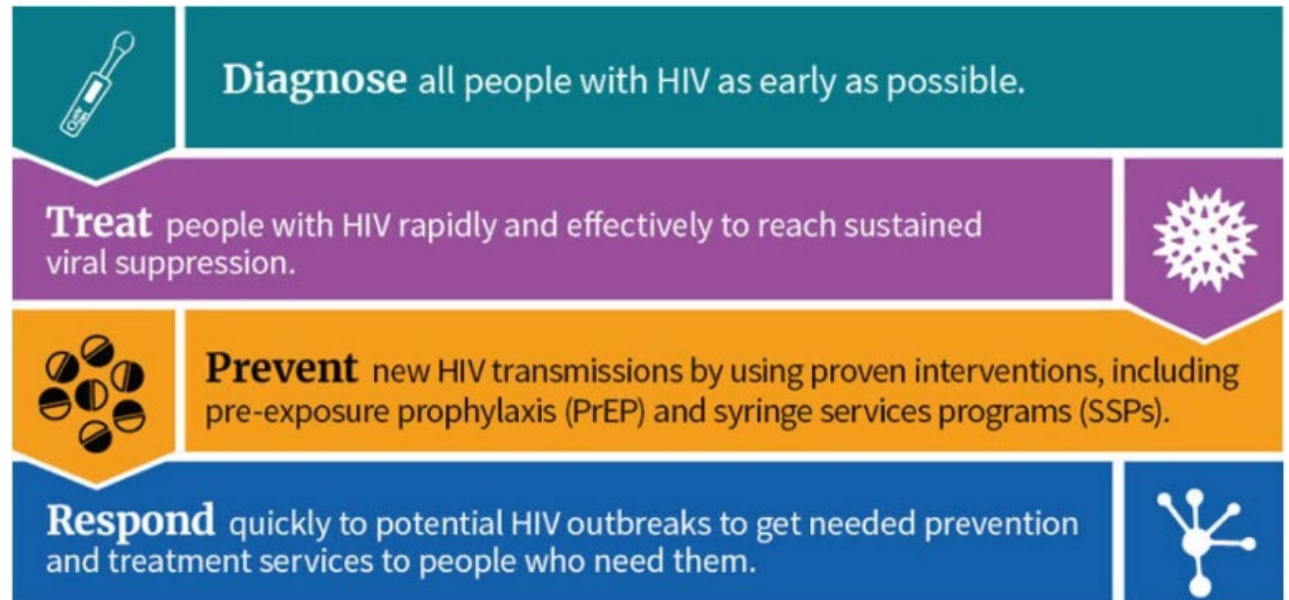
➤ Reduce HIV and HCV incidence

➤ Cost-effective and cost-saving

➤ Access to naloxone and overdose prevention

➤ Wrap-around services

Ending the HIV Epidemic: Plan for America



Ending the HIV Epidemic: Plan for America

SSP Locations in the US

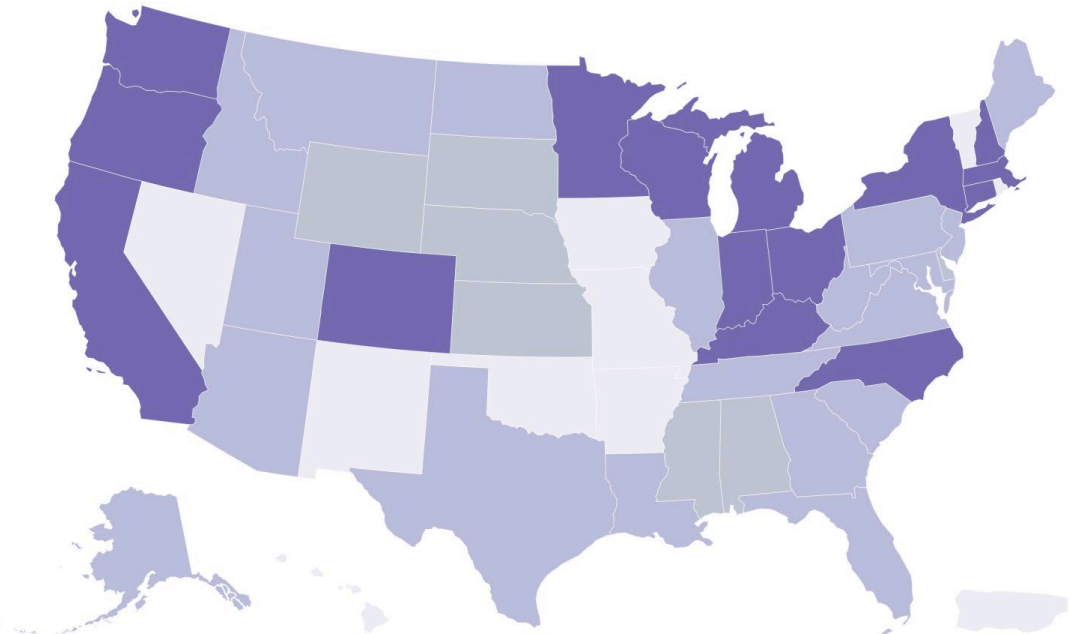
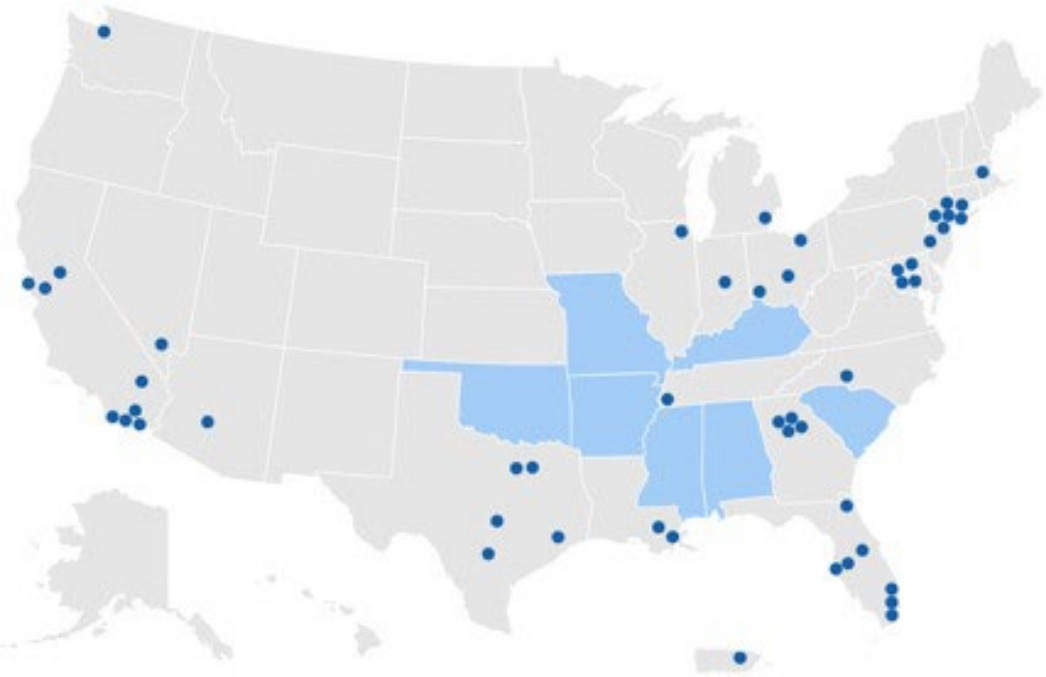


Table 2
Domains and Themes Identified in Qualitative Interviews.

Domain	Themes
Legal and Policy Barriers	<ul style="list-style-type: none"> ● SSPs are operating in a fragile legal environment ● Community resistance as a non-legal barrier
Funding Challenges	<ul style="list-style-type: none"> ● Pervasive stigma fuels legal and policy barriers ● SSPs are currently operating with a patchwork of funding ● The Federal funding ban is preventing SSP implementation and growth ● Perceptions of funding opportunities vary across programs
Changing Drug Use Trends and Illicit Drug Supply	<ul style="list-style-type: none"> ● Stigma perpetuates SSP funding challenges ● The expanding number of people injecting drugs and seeking services at SSPs ● The emergence of illicit fentanyl has amplified the challenges faced by SSPs
Strategies SSPs are Pursuing to Overcome Barriers and Challenges	<ul style="list-style-type: none"> ● A resurgence of methamphetamine is further challenging SSPs ● Advocacy and engagement in the policy process to remove legal and policy barriers ● Capitalizing on all potential funding sources ● Expanding the reach of SSPs

“The politics of drug policy can be either ‘zero tolerance’ or ‘harm reduction’. For the former, drug policy signifies a moral statement by government against drug use....For harm reduction, government’s role is to protect society from the consequences of drug use, but not eliminate drug use itself...”

UNIVERSITY
OF MIAMI



Bringing Harm Reduction to the US South

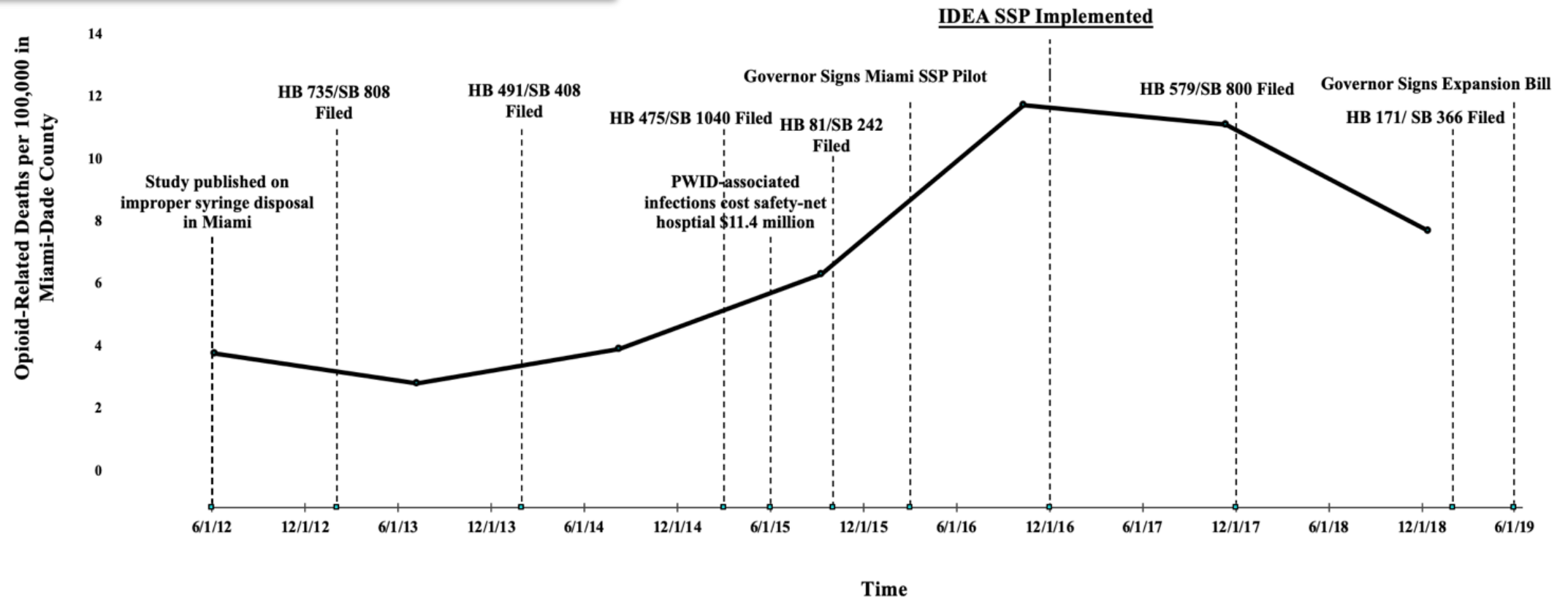
The University of Miami Infectious Disease Elimination Act (IDEA) Syringe Services Program

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](#)

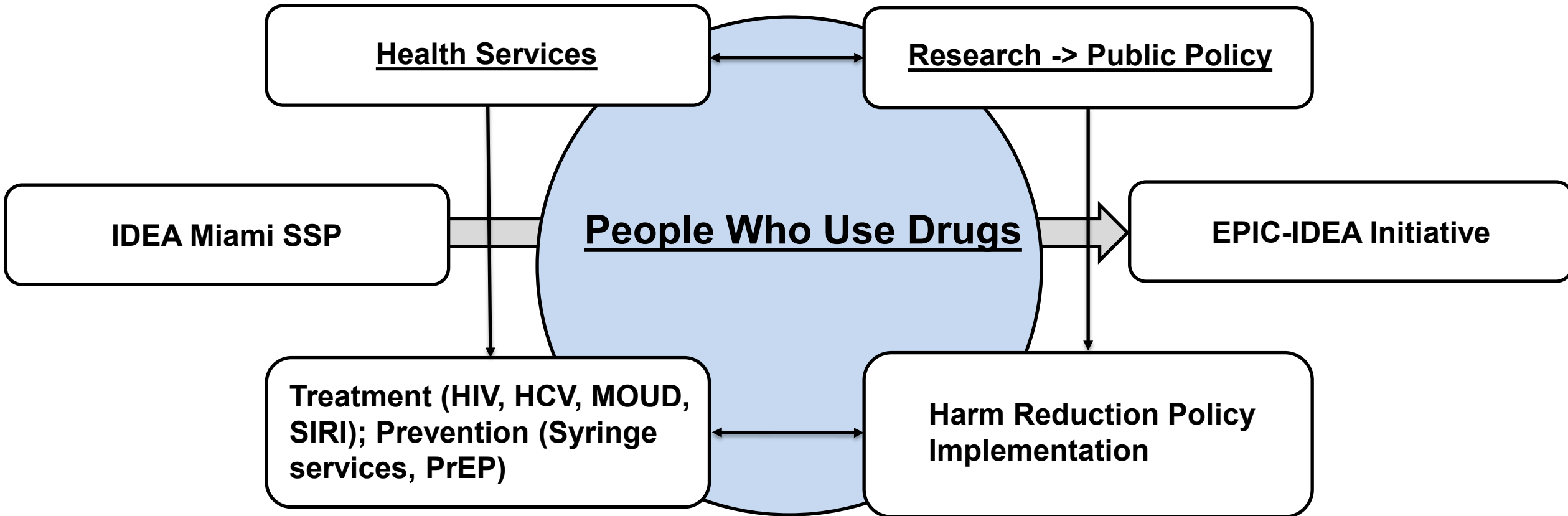
Timeline of SSP Legislation in Florida



- Effective 07/01/2016
- Authorized the University of Miami syringe exchange pilot program
- Possession, distribution, or exchange of needles and syringes not a violation of the law.



Mission: Implement, Disseminate, Evaluate, and Advocate for the health of people who use drugs



Enrollment Data from December 2016-February 2023

Characteristics	Totals
Participants enrolled	2144
Hispanic	37.3%
White non-Hispanic	48.9%
Black non-Hispanic	10.8%
Multiracial	1.6%
Native American	1.0%
Mean Age	38
Male	71.7%
Female	27.5%
Transgender	1.0%



- Anonymous testing for HIV, HCV and COVID
- Syringe exchange and access to sterile equipment
- Free condoms and first aid kits
- Narcan distribution and education
- Weekly free clinic open to the community
- Linkage to care
 - HIV/HCV care for participants
 - Detox and substance use treatment services
 - Medication for opioid use disorder (MOUD)
 - Mental health services
- Medication management in pill lockers onsite
- Onsite buprenorphine inductions
- Linkage to methadone treatment

BRITE IDEA Clinic

Buprenorphine Initiation and Treatment Experience

The BRITE IDEA Clinic is a program aimed at delivering easy and free access to buprenorphine (SUBOXONE) for people with opioid addiction

In order to qualify people must meet the following criteria:

1. Have opioid addiction and be interested in recovery. Opioids include fentanyl, heroin, and prescription painkillers
2. Enrolled as a participant of IDEA Exchange
3. Cannot have health insurance including Medicaid, Medicare, Ryan White, and commercial insurance*

To continue in the BRITE IDEA program patients must:

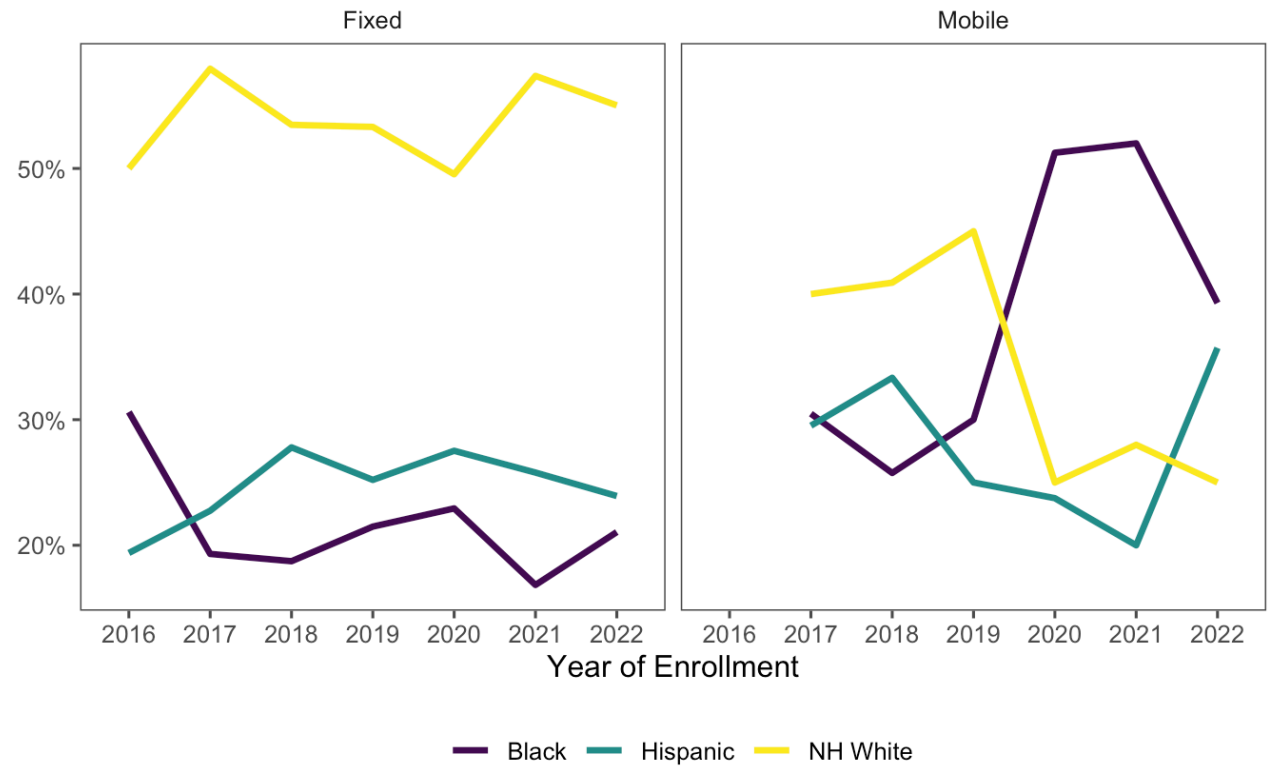
1. Complete a 30-minute assessment with our psychologist at enrollment and every 6-months
2. Complete follow up appointments with our doctor/student team at least every 4 weeks.
3. Coordinate medication refill pick ups with the IDEA Exchange team
4. Intermittent urine drug testing, as needed

*People with insurance can still obtain buprenorphine prescribed through our clinic, but the BRITE IDEA program can only fund uninsured patients

Launched in May 2017 to extend reach of the SSP services



Annual Proportion of New People Using Miami IDEA Exchange by Race
N = 2,111



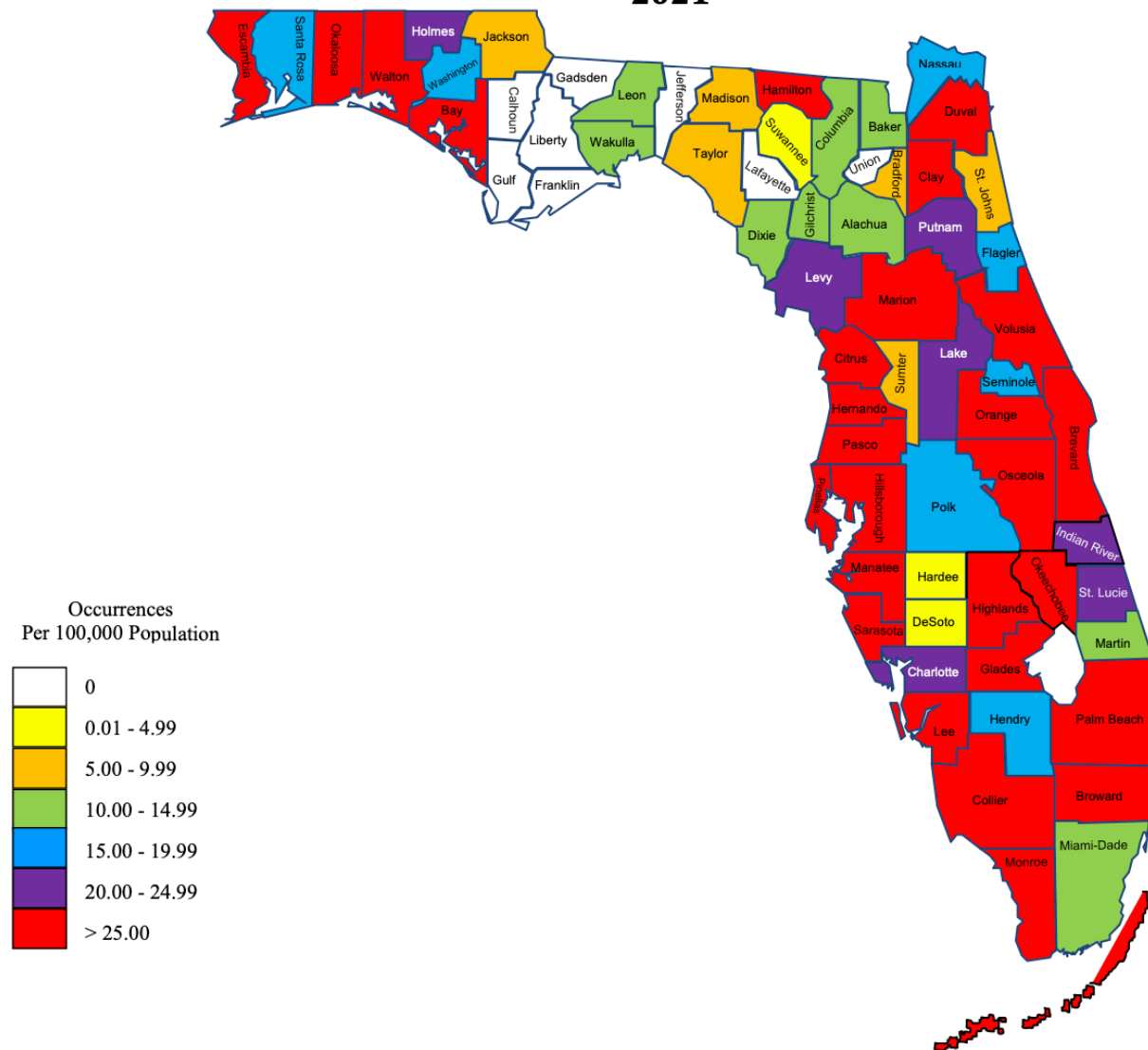
IDEA Miami SSP provides training and free doses to:

- IDEA SSP participants
- Family and friends of participants
- Law enforcement partners

Narcan distributed: **10,754**

Narcan reversals: **2,976**

Fentanyl Deaths by County
2021



UNIVERSITY
OF MIAMI



IDEA Miami Research and Evaluation

Impact of routine opt-out HIV/HCV screening on testing uptake at a syringe services program: An interrupted time series analysis

Tyler S. Bartholomew^{a,*}, Hansel E. Tookes^b, David P. Serota^b, Czarina N. Behrends^c, David W. Forrest^d, Daniel J. Feaster^a

^a Department of Public Health Sciences, Miller School of Medicine, University of Miami, Miami, FL, USA
^b Division of Infectious Diseases, Department of Medicine, University of Miami Miller School of Medicine, Miami, FL, USA
^c Department of Population Health Sciences, Weill Cornell Medical College, New York, NY, USA
^d Department of Anthropology, College of Arts and Sciences, University of Miami, Miami, FL, USA
 * T.S. Bartholomew, et al.

ARTICLE INFO

Keywords:
 Syringe Services Programs
 HIV/HCV Testing
 Opt-out Testing

ABSTRACT

Background: Hepatitis C (HCV) and HIV are major causes of morbidity and mortality. Engaging PWID in harm reduction and HIV transmission. Additional linkage to care. On March 1, 2015, we implemented the opt-out policy. We aimed to evaluate the impact of the implementation of the opt-out policy on uptake and trend in uptake of HIV and HCV rapid tests at a syringe services program.
Methods: Multivariable logit models for opt-in and opt-out policy, both were generated. Interrupted time series analysis of uptake and trend in uptake of HIV and HCV rapid tests.
Results: The total study period was 15 months prior and 547 SSI. Significant predictors of acceptance of positive status (aOR = 0.39) were a significant increase in uptake immediately after the policy change.
Conclusion: Bundled opt-out HIV and HCV rapid tests at a syringe services program post opt-out testing policy. We examine whether this testing policy status.

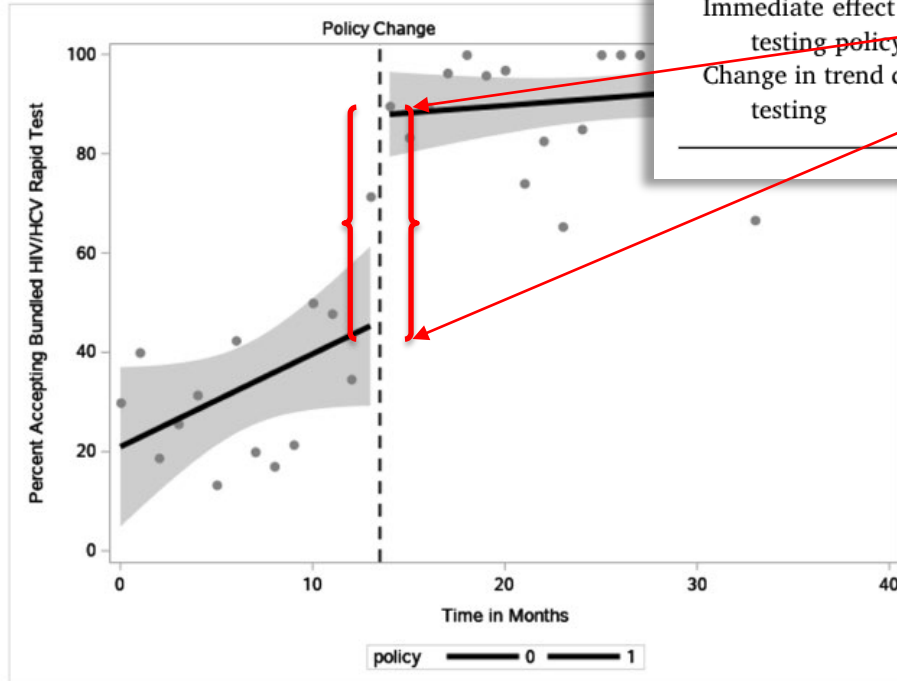


Fig. 1. Percent uptake of bundled HIV/HCV testing by policy period.

Table 4
 Results of Segmented Regression Analysis on Uptake of HIV/HCV tests

Durbin-Watson Tests	Order	DW	Pr < DW	Pr > DW
	1	1.772	0.108	0.892
	2	1.883	0.261	0.739
	3	2.068	0.568	0.432
	4	2.331	0.889	0.111
Engle-Granger Test	Type	Lags	Tau	Pr < Tau
	Single mean	0	-5.437	0.001
Regression	Coefficients	95% CI	t-value	p-value
Intercept	20.96	8.55, 33.38	3.43	0.002
Opt-in testing policy trend	1.87	0.25, 3.50	2.34	0.030
Immediate effect of opt-out testing policy	42.35	26.21, 58.49	5.33	<0.001
Change in trend during opt-out testing	-1.58	-3.35, 0.20	-1.81	0.080

AIDS and Behavior (2020) 24:246–256
<https://doi.org/10.1007/s10461-019-02680-9>

ORIGINAL PAPER



Rapid Identification and Investigation of an HIV Risk Network Among People Who Inject Drugs –Miami, FL, 2018

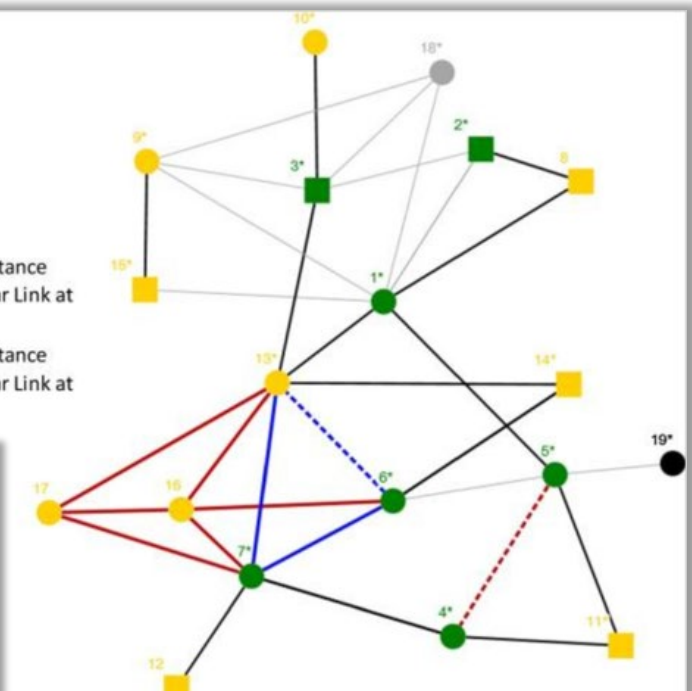
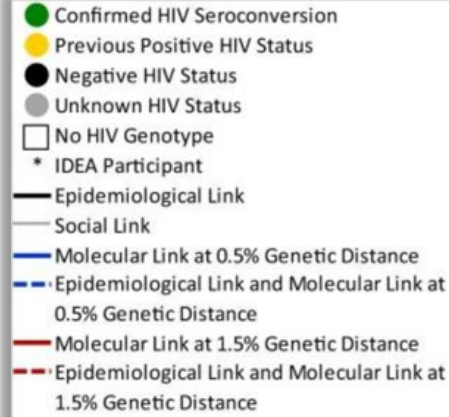
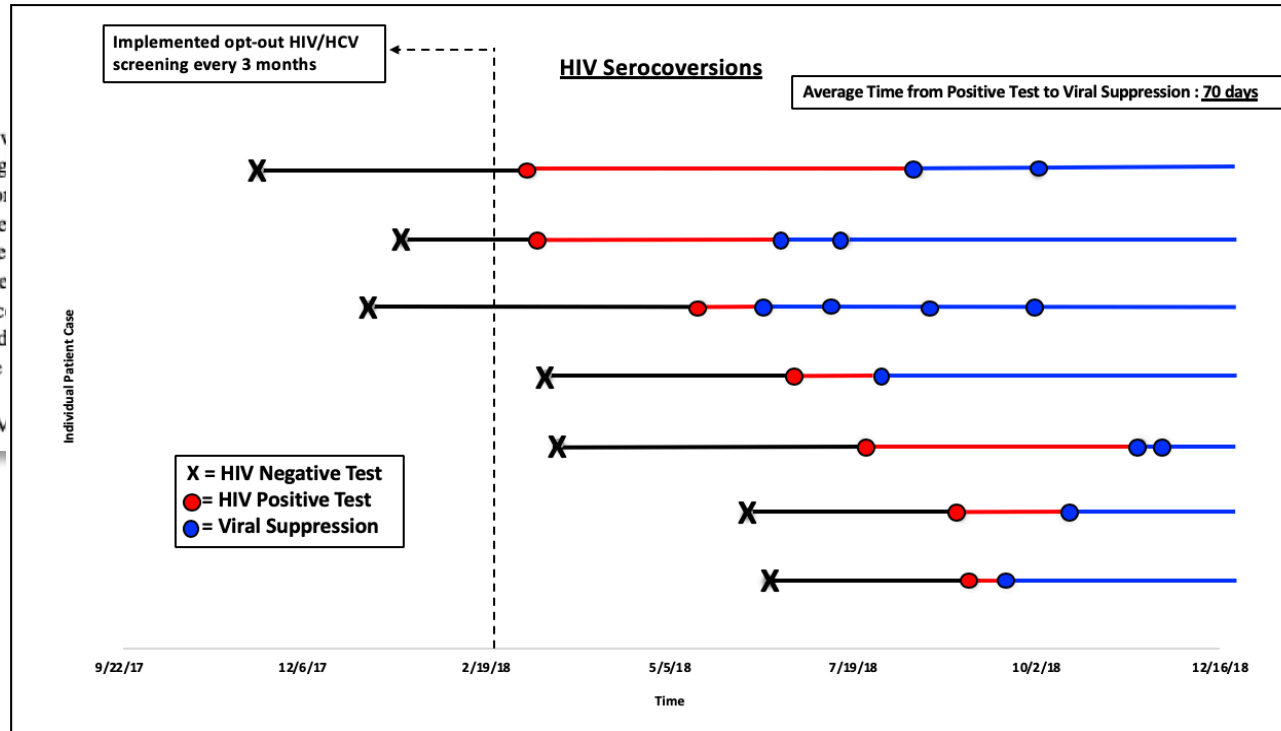
Hansel Tookes¹ · Tyler S. Bartholomew¹ · Shana Geary² · James Matthias^{3,2} · Karalee Poschman^{4,2} · Carina Blackmore² · Celeste Philip² · Edward Suarez¹ · David W. Forrest¹ · Allan E. Rodriguez¹ · Michael A. Kolber¹ · Felicia Knaul¹ · Leah Colucci¹ · Emma Spencer²

Published online: 25 September 2019
 © The Author(s) 2019

Abstract

Prevention of HIV outbreaks among people who inject drugs (PWID) in the United States. The first legal syringe services program (SSP) in Miami, FL, was implemented in February 2018. The first identification of ten anonymous HIV seroconversions among PWID in Miami, FL, in 2018. All seven acute seroconversions were identified through an epidemiologic investigation. All seven acute seroconversions were identified through an epidemiologic investigation. Analysis of the HIV genetic distance. We identified a risk network with connections between individuals. Provide linkage and patient navigation, could be

Keywords People who inject drugs · HIV · Network

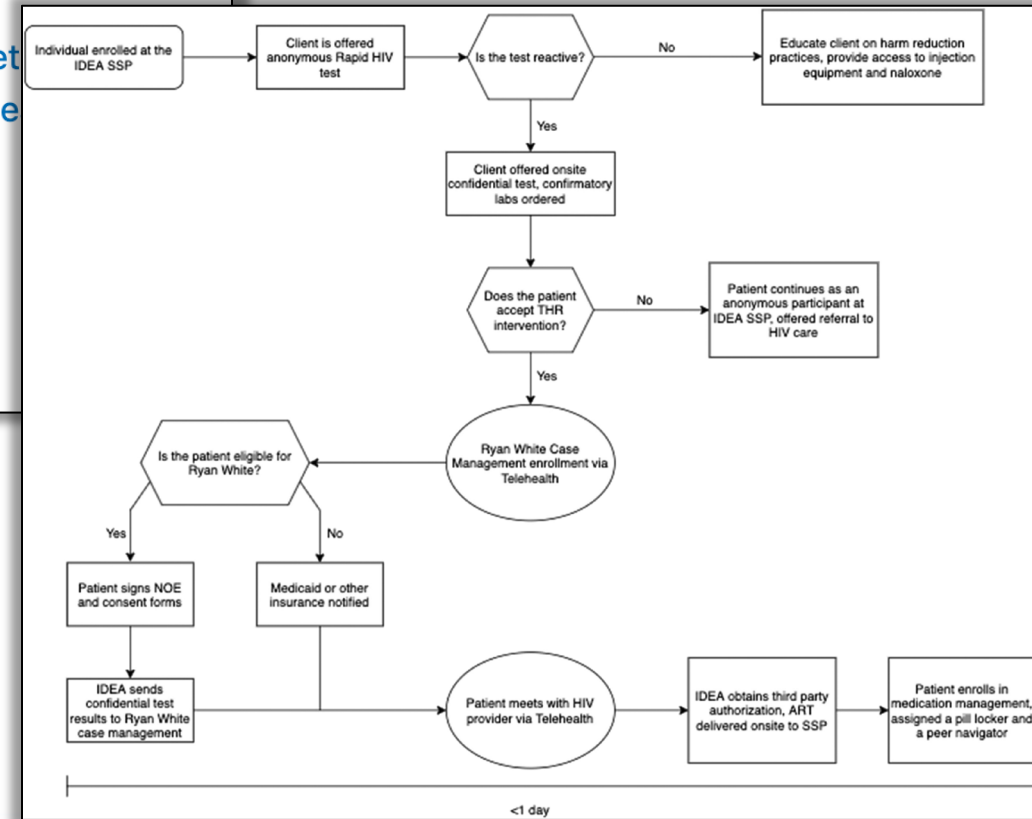
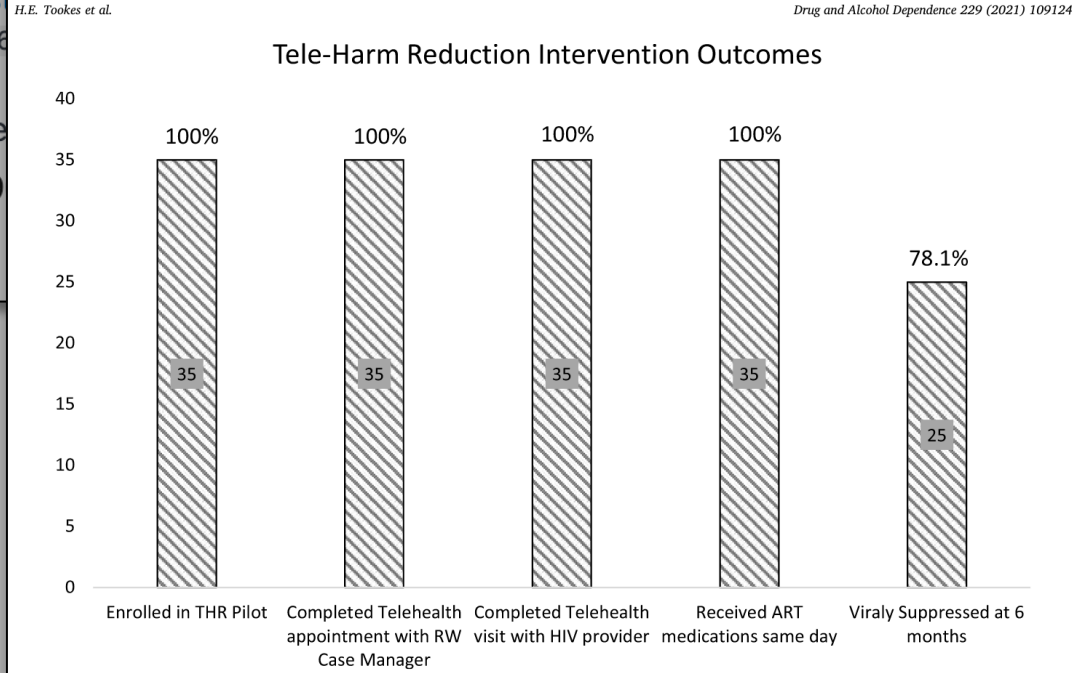


> Drug Alcohol Depend. 2021 Oct 27;229(Pt A):109124. doi: 10.1016/j.drugalcdep.2021.109124.
Online ahead of print.

Acceptability, feasibility, and pilot results of the tele-harm reduction intervention for rapid initiation of antiretrovirals among people who inject drugs

Hansel E Tookes¹, Tyler S Bartholomew², Edward Suarez³, Elisha Ekowo¹, Margaret David W Forrest⁴, David P Santos¹, Alex Rodriguez¹, Michael A Kelher¹, Daniel J Fe...
Angela Mooss

Affiliations + e
PMID: 3478109
Free article



> Harm Reduct J. 2021 Nov 19;18(1):116. doi: 10.1186/s12954-021-00563-8.

Implementation and first-year operating costs of an academic medical center-based syringe services program

Tyler S Bartholomew ¹, Hardik Patel ², Kathryn McCollister ³, Daniel J Feaster ³, Hansel E Tookes ⁴

Affiliations + expand

PMID: 34798887 PMCID: PMC8602990 DOI: 10.1186/s12954-021-00563-8

Free PMC article

FULL TEXT LINKS

Read free full text at 

FREE Full text 

ACTIONS

“ Cite

☆ Favorites

SHARE

Observational Study > J Subst Abuse Treat. 2021 Aug;127:108344.

doi: 10.1016/j.jsat.2021.108344. Epub 2021 Mar 3.


Reduction in injection risk behaviors after implementation of a syringe services program, Miami, Florida

Tyler S Bartholomew ¹, Daniel J Feaster ², Hardik Patel ², David W Forrest ³, Hansel E Tookes ⁴

Affiliations + expand

FULL TEXT LINKS

ELSEVIER OPEN ACCESS

FREE Full text 

ACTIONS

“ Cite

☆ Favorites

> Harm Reduct J. 2022 Dec 3;19(1):133. doi: 10.1186/s12954-022-00721-6.

"We want everything in a one-stop shop": acceptability and feasibility of PrEP and buprenorphine implementation with mobile syringe services for Black people who inject drugs

Tyler S Bartholomew ¹, Barbara Andraka-Cristou ² ³, Rachel K Totaram ², Shana Harris ³ ⁴, Susanne Doblecki-Lewis ⁵, Lily Ostrer ⁵, David P Serota ⁵, David W Forrest ⁶, Teresa A Chueng ⁵, Edward Suarez ⁷, Hansel E Tookes ⁵

Editorial > Am J Public Health. 2020 Jul;110(7):988-990. doi: 10.2105/AJPH.2020.305705.

Student-Run Free Clinic at a Syringe Services Program, Miami, Florida, 2017-2019

Margaret E C Ginoza ¹, Jasmine Tomita-Barber ¹, Jason Onugha ¹, Corinne Bullock ¹, Tyler S Bartholomew ¹, Hansel E Tookes ¹, David P Serota ¹

Affiliations + expand

PMID: 34166061 PMCID: PMC7287550 DOI: 10.2105/AJPH.2020.305705

Free PMC article

FULL TEXT LINKS

American Journal of PUBLIC HEALTH FULL TEXT

FREE Full text 

ACTIONS

“ Cite

☆ Favorites

SHARE

> Int J Drug Policy. 2020 Apr;78:102716. doi: 10.1016/j.drugpo.2020.102716. Epub 2020 Mar 5.

Examining risk behavior and syringe coverage among people who inject drugs accessing a syringe services program: A latent class analysis

Tyler S Bartholomew ¹, Hansel E Tookes ², Corinne Bullock ³, Jason Onugha ³, David W Forrest ⁴, Daniel J Feaster ³

Affiliations + expand

FULL TEXT LINKS

ELSEVIER OPEN ACCESS

FREE Full text 

ACTIONS

“ Cite

☆ Favorites

> Drug Alcohol Depend. 2019 Sep 1;202:13-17. doi: 10.1016/j.drugalcddep.2019.04.025. Epub 2019 Jun 29.

Syringe disposal among people who inject drugs before and after the implementation of a syringe services program

Harry Levine ¹, Tyler S Bartholomew ¹, Victoria Rea-Wilson ¹, Jason Onugha ¹, David Jonathon Arriola ¹, Gabriel Cardenas ¹, David W Forrest ¹, Alex H Kral ², Lisa R Metsch ³, Emma Spencer ⁴, Hansel Tookes ⁵

UNIVERSITY
OF MIAMI



Changing State Policy

Successful Dissemination Strategies:

1. Localized Data
2. Student Advocates
3. Testimonials
4. Tailored messaging

Florida Infectious Disease Elimination Act (IDEA): HB171/SB366

The **IDEA Exchange** is a pilot syringe exchange program authorized by the 2016 IDEA that combats the rising opioid and HIV epidemics in Miami-Dade.



- 85% use opioids/opiates
- 42% test Hepatitis C Positive vs. 0.8% in the US population
- 8% test HIV Positive vs. 0.3% in the US population

Since opening its doors in December 2016, the **IDEA Exchange** has seen more than:

- 1,100 Opioid overdoses reversed with Narcan
- 275,000 used syringes taken off the streets of Miami

HB171/SB366 will replicate the success of the **Miami IDEA Exchange** by legalizing syringe exchanges statewide

Syringe Exchange Programs Work!

According to the CDC, SEPs are proven to be a cost-saving preventive intervention, saving the healthcare system over **\$400,000** for a lifetime of HIV medications, **\$94,000** for one course of the new Hepatitis C medications, and Jackson Memorial Hospital **\$11.4 million** in healthcare costs associated with PWID in one year (while only spending **\$0.9 cents** per syringe). SEPs also:

1. Increase entry into treatment for Substance Use Disorders
2. Reduce the number of overdose deaths
3. Reduce HIV and Hepatitis C transmission rates





SHOTS - HEALTH NEWS



Key Florida Republicans Now Say Yes To Clean Needles For Drug Users

June 27, 2019 · 11:21 AM ET
Heard on [Weekend Edition Saturday](#)

State News

House Panel Greenlights Bill To Replicate Miami Needle Exchange Program

Florida Is The Latest Republican-Led State To Adopt Clean Needle Exchanges

By [Sammy Mack, WLRN](#)
JULY 2, 2019

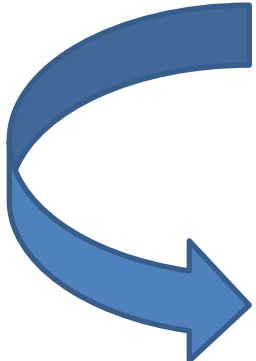
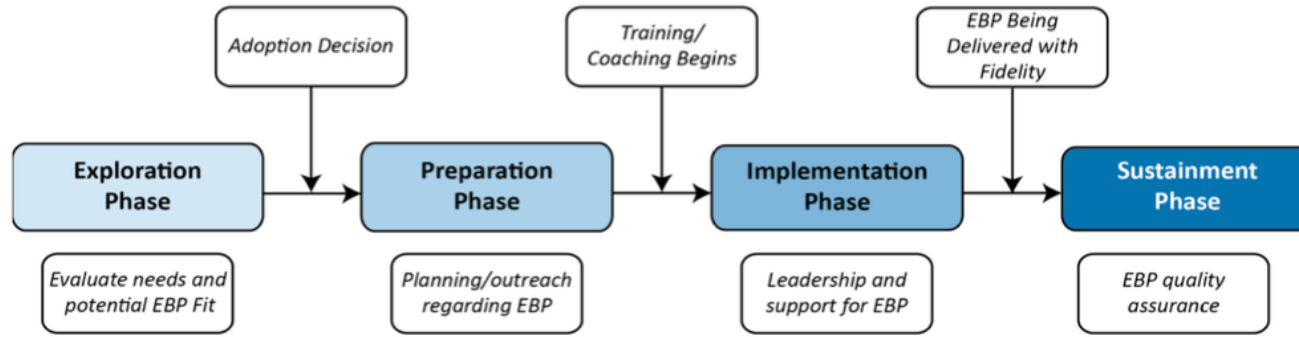
REPUBLIC THIS STORY
DISPONIBLE EN ESPAÑOL



This year, when Bradley heard discussion of the needle exchange bill again, he had a different response.

“I just want to say, when I started my career in the Senate, I voted against the pilot project — and I was wrong,” he said as he voted for the bill this time. “And the results speak for themselves. It’s very good public policy.”





Results of the 12 counties that have engaged in the focus group discussions.
**Note. These results are subject to change based on ongoing efforts from our team to move counties across these identified stages.*



County	Exploration	Preparation	Implementation	Sustainment
Miami-Dade				X
Hillsborough			X	
Pinellas		X		
Orange		X	X	
Broward		X		
Palm Beach			X	
Duval	X	X		
Nassau	X			
Leon		X		
Putnam	X			
Lee	X			
Manatee		X		

Exploration

Preparation

Implementation

Collaborative Sustainment



EPIC-IDEA Initiative



Clinical Infectious Diseases

BRIEF REPORT

Hospital Costs of Injection Drug Use in Florida

Austin E. Coye,¹ Kasha J. Bornstein,¹ Tyler S. Bartholomew,¹ Hua Li,² Stanley Wong,³ Naveed Z. Janjua,³ Hansel E. Tookes,⁴ and Joan E. St Onge⁵

¹University of Miami Miller School of Medicine, Miami, Florida; ²Department of Public Health Sciences, Division of Biostatistics, Biostatistics Consulting Core, University of Miami Miller School of Medicine; ³BC Centre for Disease Control, Vancouver, British Columbia, Canada; ⁴Medicine, Division of Infectious Diseases, University of Miami Miller School of Medicine, Miami, Florida, USA, and ⁵Department of Medicine, University of Miami Miller School of Medicine, Miami, Florida, USA

People who inject drugs (PWID) experience injection-related infections (IRIs) at significant health care costs. This study used and validated an algorithm based on the *International Classification of Diseases, Tenth Revision*, to identify PWID populations, assess the total statewide economic burden among PWID, and calculate associated costs of care.

Keywords. people who inject drugs; injection-related infections; skin and soft-tissue infections; bacterial endocarditis.

Economic Burden, FY 2017

\$380 million

	Total
Total Charges	\$2 110 786 677.00
Total Cost	\$379 788 290.62
Insurance Status	Total Charges
Federal	\$668 234 450.00
State, County, Local	\$589 698 411.00
Uninsured	\$537 206 811.00
Private Insurance	\$299 770 362.00

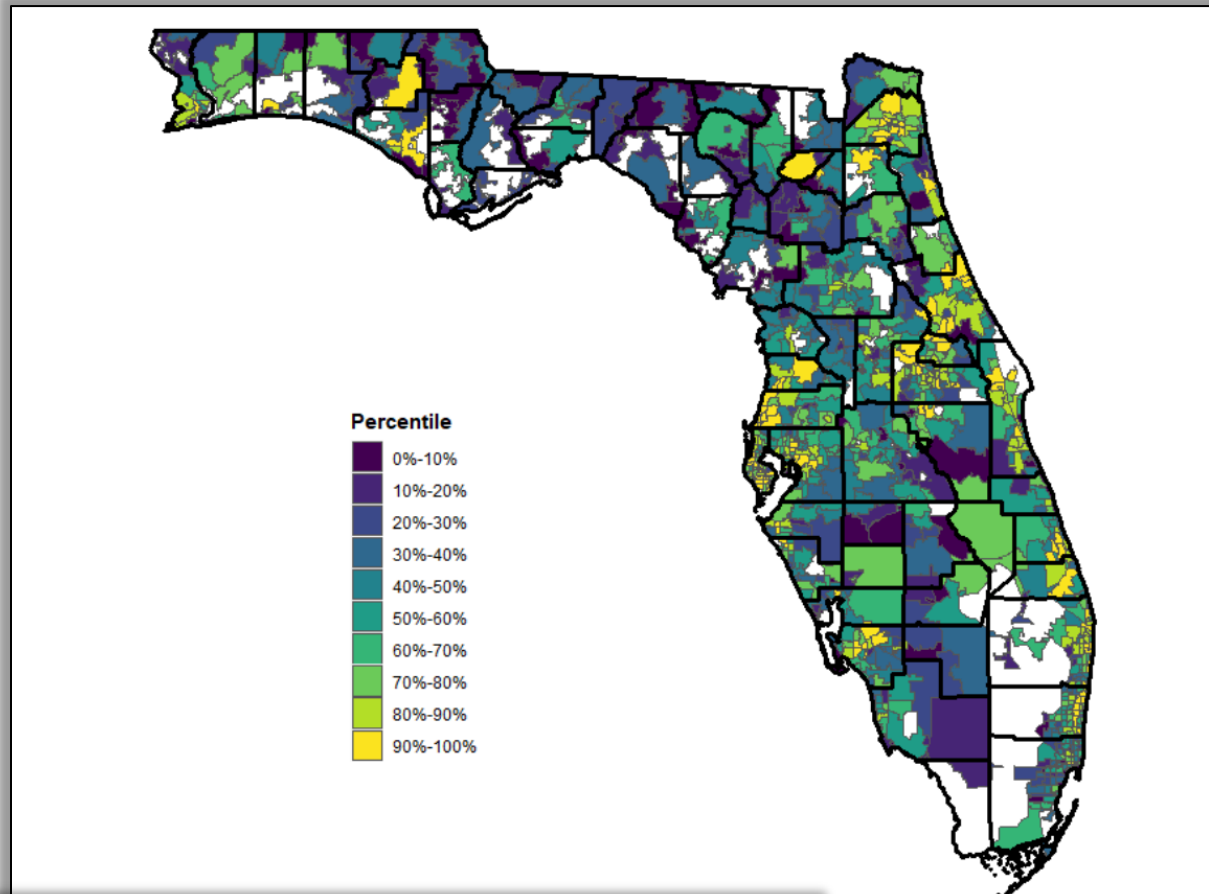
Cost by County, FY 2017

Pinellas	1855	\$38,124,268.64
Hillsborough	1841	\$45,014,789.60
Broward	1628	\$37,356,299.28
Palm Beach	1528	\$32,062,620.34
Duval	1436	\$27,970,817.48
Miami-Dade	1187	\$33,858,254.14
Pasco	1056	\$17,782,643.99
Orange	993	\$29,534,001.46
Brevard	820	\$19,034,011.55
Volusia	730	\$11,797,633.43
Lee	710	\$13,596,447.55
Alachua	554	\$14,355,983.23
Sarasota	481	\$16,200,536.10
Seminole	445	\$9,041,561.42
Clay	412	\$7,440,121.41
Escambia	380	\$7,505,638.95
Manatee	365	\$9,045,761.67
Polk	347	\$5,923,539.75
Marion	319	\$6,353,370.84



Table 3.
Descriptive statistics of Florida counties containing high-priority ZCTAs*



County	Number of ZCTAs identified as high priority
Pinellas	13
Duval	8
Palm Beach	8
Pasco	8
Broward	7
Orange	7
Volusia	6
Lee	6
Hillsborough	5
St. Lucie	4
Hernando	3
Bay	2
Brevard	2
Clay	2
Manatee	2
Miami-Dade	2
Sarasota	2
Seminole	2
Osceola	2
Charlotte	1
Escambia	1
Martin	1
Okaloosa	1
St. Johns	
Sumter	
Union	
Washington	
Total	






ANNALS OF MEDICINE
2022, VOL. 54, NO. 1, 2137-2150
<https://doi.org/10.1080/07853890.2022.2105391>

ORIGINAL ARTICLE

Application of machine learning algorithms for localized syringe services program policy implementation – Florida, 2017

Tyler S. Bartholomew^a , Hansel E. Tookes^b , Emma C. Spencer^c and Daniel J. Feaster^a

 Taylor & Francis
Taylor & Francis Group

 OPEN ACCESS  Check for updates

produced by the LASSO model.
the ZCTA boundary; white space

Infectious Disease Elimination Programs: Fact Sheet and Localized Data



Infectious Disease Elimination Act (IDEA) 2019

Under the Infectious Disease Elimination Act (IDEA), signed into law by Governor DeSantis in July 2019, allows County Commissioners to pass a local ordinance to implement a **Syringe Services Program (SSP)**.

SSPs are supported by:

1. Center for Disease Control and Prevention
2. World Health Organization
3. Florida Department of Health
4. Ending the HIV Epidemic: Plan for America

Under IDEA 2019, **no state, county, or local funds can be used to implement or operate these programs**. In addition, programs must follow a strict 1-for-1 syringe distribution model, offer HIV and HCV testing and referrals for substance use treatment. However, **the goal of the program is disease elimination and harm reduction**.

SSPs are Effective, Comprehensive and Evidence-Based

SSPs are associated with an estimated **50% reduction** in HIV and HCV incidence [3] and have been shown to be effective in preventing and responding to HIV outbreaks [10]. When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds [3,4]. SSPs serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder [5].

SSPs Help STOP Substance Use

The majority of SSPs offer referrals to medication-assisted treatment [6] and new users of SSPs are **five times more likely** to enter drug treatment and **three times more likely** to stop using drugs than those who don't use the programs.

SSPs **prevent overdose deaths** by teaching people who inject drugs how to prevent overdose and how to recognize, respond to, and reverse a drug overdose through the use of Narcan, the drug used to reverse an opioid overdose [7-12].

SSPs are Highly Cost-Effective Strategies

The lifetime cost of treating one HIV infection is **\$324,000** and the current cost to treat one HCV infection is **\$84,000**. In 2017, the cost to treat bacterial infections among PWID in the hospital in our county was **\$5.9 million** [2], showing high economic benefit to preventing these infections.

SSPs Protect Law Enforcement and Community

SSPs **DO NOT** increase crime rates or enable people to use substances [21,22].

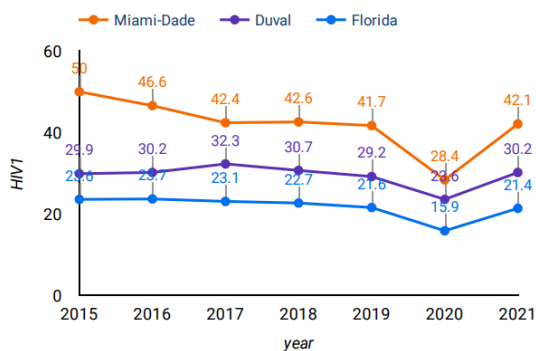
SSPs also protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community. A study conducted in Miami showed **50% less syringes** improperly disposed of in the community after implementing an SSP [14-19].

SSPs partner with local law enforcement to provide trainings on how to reverse an opioid overdose [13].

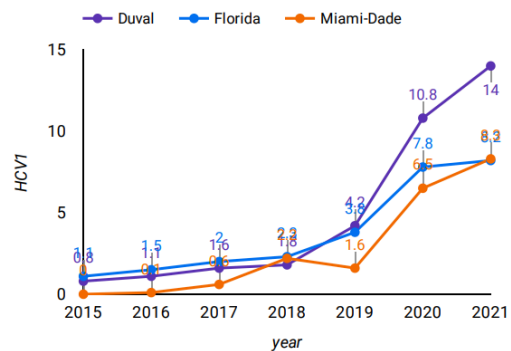
Localized Data on Our Current Epidemic

County: Duval, Florida, Miami... (3) ▾

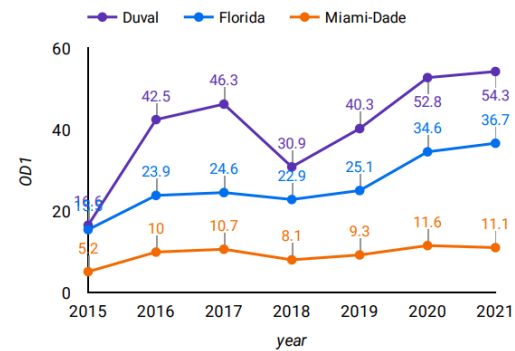
HIV Diagnoses, Rate Per 100,000 Population, 2015-2021



Acute HCV, Rate Per 100,000 Population, 2015-2021

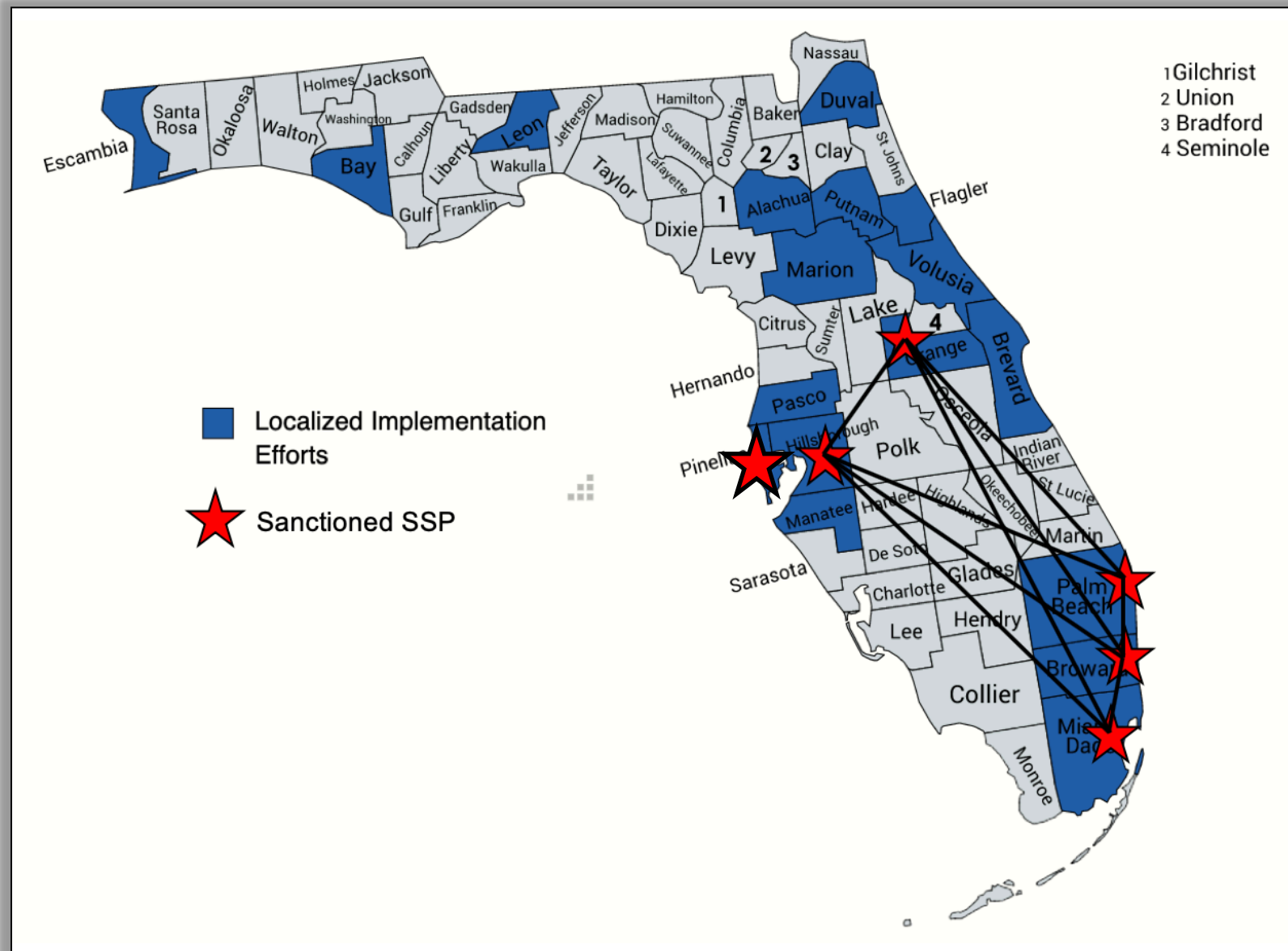


Age-Adjusted Drug Poisoning, Per 100,000, 2015-2021



*All data are from FLHealthCharts





UNIVERSITY
OF MIAMI



What's Next?

- 3 SSP sites: IDEA Miami, IDEA Tampa, The SPOT Broward
- Sample Size: 240 (80 per site)
- 2 arms: *Tele-Harm Reduction* or patient navigation
- Primary Hypothesis: *Tele-Harm Reduction* superior to patient navigation in HIV viral suppression at 3, 6 and 12 months
- Secondary Hypotheses: *Tele-Harm Reduction* superior for MOUD initiation/retention and HCV cure
- Cost-effectiveness analysis

Project T-SHARP: study protocol for a multi-site randomized controlled trial of tele-harm reduction for people with HIV who inject drugs

Hansel E. Tookes^{1*}, Asa Oxner², David P. Serota¹, Elizabeth Alonso³, Lisa R. Metsch⁴, Daniel J. Feaster⁵, Jessica Ucha³, Edward Suarez Jr.⁶, David W. Forrest⁷, Kathryn McCollister³, Allan Rodriguez¹, Michael A. Kolber¹, Teresa A. Chueng¹, Sheryl Zayas⁸, Bernice McCoy², Kyle Sutherland¹, Chetwyn Archer¹ and Tyler S. Bartholomew³



USF Health Tampa Bay Street Medicine Helps Launch Florida's Second Needle Exchange Program

Written by kareidit - November 10, 2020 @ 12:00 pm - Filed under College of Public Health, Here's the Latest from USF Health, Hot News, IPEP, Murnigh College of Medicine, Multimedia, News Releases, Splash Page, USF Health Lead Story



1 R01-DA058352-01 (MPI Tookes & Bartholomew)

Title: *In pursuit of a one-stop shop: a hybrid type 1 effectiveness-implementation trial of comprehensive tele-harm reduction for people who inject drugs*

Setting: IDEA Miami SSP (fixed and mobile)

Primary Aim: Evaluate the effectiveness of C-THR on PrEP and MOUD initiation and retention

Secondary Aim: Cost, cost-effectiveness and long-term clinical impact of C-THR

Secondary Aim: Assess implementation process and scalability of C-THR

RESEARCH

Open Access



“We want everything in a one-stop shop”: acceptability and feasibility of PrEP and buprenorphine implementation with mobile syringe services for Black people who inject drugs

Tyler S. Bartholomew^{1*}, Barbara Andraka-Cristou^{2,3}, Rachel K. Totaram², Shana Harris^{3,4}, Susanne Doblecki-Lewis⁵, Lily Ostrer⁵, David P. Serota⁵, David W. Forrest⁶, Teresa A. Chueng⁵, Edward Suarez⁷ and Hansel E. Tookes⁵

Abstract

Introduction: A recent surge in HIV outbreaks, driven by the opioid and stimulant use crises, has destabilized our progress toward targets set forth by *Ending the HIV Epidemic: A Plan for America* for the high-priority community of people who inject drugs (PWID), particularly Black PWID.

Methods: In order to ascertain the acceptability and feasibility of using a mobile syringe services program (SSP) for comprehensive HIV prevention via PrEP and medications for opioid use disorder (MOUD), our mixed methods approach included a quantitative assessment and semi-structured qualitative interviews with Black PWID ($n = 30$) in Miami-Dade County who were actively engaged in mobile syringe services.

Results: Participants felt that delivery of MOUD and PrEP at a mobile SSP would be both feasible and acceptable, helping to address transportation, cost, and stigma barriers common within traditional healthcare settings. Participants preferred staff who are compassionate and nonjudgmental and have lived experience.

Conclusions: A mobile harm reduction setting could be an effective venue for delivering comprehensive HIV prevention services to Black PWID, a community that experiences significant barriers to care via marginalization and racism in a fragmented healthcare system.

Keywords: PrEP, Medications for opioid use disorder, Syringe services program, Black people who inject drugs

ANNALS OF MEDICINE
2021, VOL. 53, NO. 1, 1960–1968
<https://doi.org/10.1080/07853890.2021.1993326>



ORIGINAL ARTICLE

OPEN ACCESS [Check for updates](#)

Harm reduction for the treatment of patients with severe injection-related infections: description of the Jackson SIRI Team

David P. Serota^a, Hansel E. Tookes^a, Belén Hervera^a, Babley M. Gayle^b, Cara R. Roeck^b, Edward Suarez^a, David W. Forrest^c, Michael A. Kolber^a, Tyler S. Bartholomew^c, Allan E. Rodriguez^a and Susanne Doblecki-Lewis^a

^aDivision of Infectious Diseases, Department of Medicine, University of Miami Miller School of Medicine, Miami, FL, USA; ^bJackson Memorial Hospital, Jackson Health System, Miami, FL, USA; ^cDepartment of Public Health Sciences, University of Miami Miller School of Medicine, Miami, FL, USA

RESEARCH

Open Access

Implementation of an integrated infectious disease and substance use disorder team for injection drug use-associated infections: a qualitative study

Belén Hervera¹, Grace Seo¹, Tyler S. Bartholomew², Teresa A. Chueng¹, Edward Suarez¹, David W. Forrest¹, Salma Hernandez¹, Allan E. Rodriguez¹, Hansel E. Tookes¹, Susanne Doblecki-Lewis¹ and David P. Serota^{1*}

Open Forum Infectious Diseases

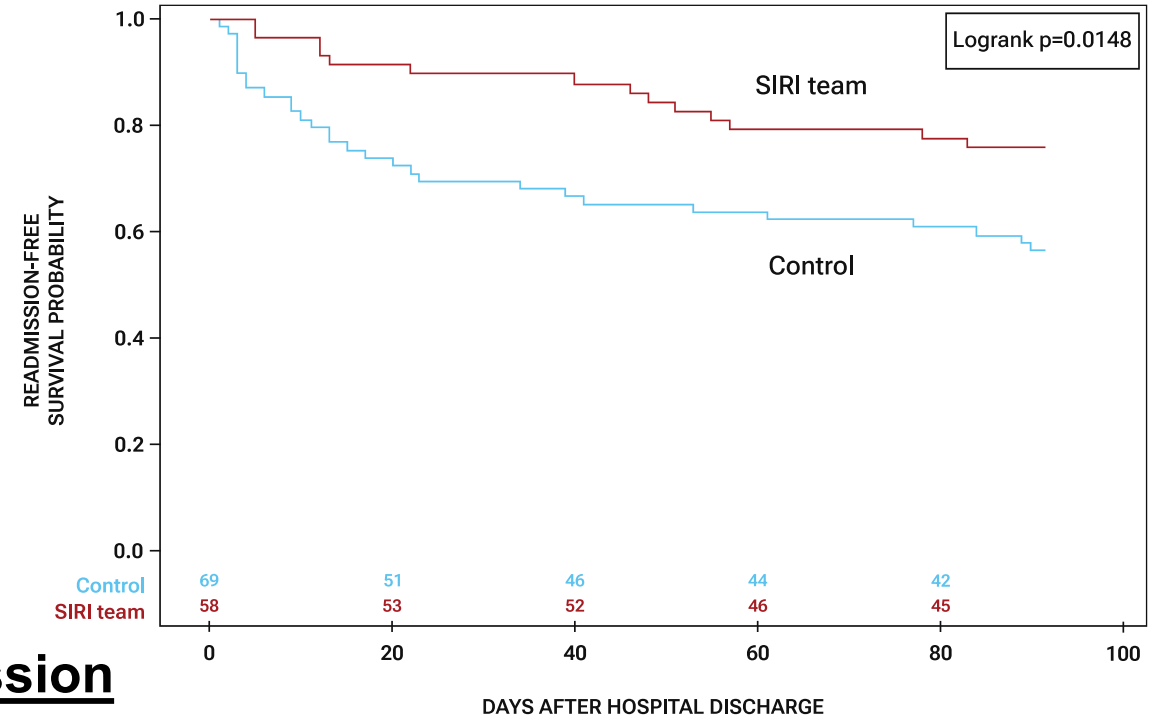
MAJOR ARTICLE



Integrated Infectious Disease and Substance Use Disorder Care for the Treatment of Injection Drug Use-Associated Infections: A Prospective Cohort Study With Historical Control

David P. Serota^{1,*}, Liza Rosenbloom¹, Belén Hervera¹, Grace Seo¹, Daniel J. Feaster², Lisa R. Metsch³, Edward Suarez, Jr.⁴, Teresa A. Chueng¹, Salma Hernandez¹, Allan E. Rodriguez¹, Hansel E. Tookes¹, Susanne Doblecki-Lewis¹ and Tyler S. Bartholomew⁵

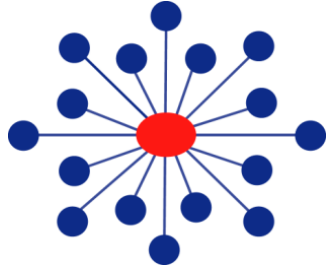
¹Division of Infectious Diseases, Department of Medicine, University of Miami Miller School of Medicine, Miami, Florida, USA, ²Division of Biostatistics, Department of Public Health Sciences, University of Miami Miller School of Medicine, Miami, Florida, USA, ³Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, New York, USA, ⁴Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, Florida, USA, and ⁵Division of Health Services Research and Policy, Department of Public Health Sciences, University of Miami Miller School of Medicine, Miami, Florida, USA



90-day death or readmission



SIRI team	Control	aRR	95% CI
14 (24%)	30 (44%)	0.55	0.32, 0.95



NIDA Clinical Trials Network

CTN-0121: HOLISTIC INTERVENTION FOR SEVERE INJECTION-RELATED INFECTIONS

HI-SIRI Study

Acknowledgements

Emma Spencer
Kira Villamazar
Claudia Jones
Shana Geary
James Matthias
Karalee Poschman
Kate Buchacz
Allan Rodriguez
Lisa Metsch
David Serota
Teresa Chueng
Katrina Ciraldo

Carina Blackmore
Celeste Philip
Allan Rodriguez
Michael Kolber
Felicia Knaul
Jeffery Beal
John Brooks
Jon Zibbell
Jackie Escobar
Dan Feaster
Maria Valdez
Jimmie Brooks

David Forrest
Edward Suarez
Carlos Padron
Emelina Martinez
Chetwyn Archer
Gabriel Cardenas
Frankie Martinez
Carolina Scaramutti
Erin Kobetz
Wayne Defreitas
Chevel Collington
Jessica Ucha

Thomas Smith
Nancy McConnell
Tim Santamour
Shelby Meaders
Alexa Mutchler
Bernice McCoy
Asa Oxner
Aisha Wilson
Loribeth Mesa
Ray Balise
Sabrina Soto Sugar
Liz Alonso



Questions



Nursing Continuing Professional Development

To be awarded contact hours for this webinar, complete the evaluation found at:

<https://www.classmarker.com/online-test/start/?quiz=3m364593b3858225>

Additional Questions?

Email Sheila at Sheila@anacnet.org

The Association of Nurses in AIDS Care (ANAC) is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

A stylized masquerade mask in purple with colorful feathers (blue, yellow, orange) on the left and a dotted green and blue trail on the right.

Oct. 25 - 28
ANAC2023
New Orleans

OCTOBER 25-28, 2023

WWW.NURSESINAIDSCARE.ORG/CONFERENCE