



**Needle Exchange Programs and Caring for the Addicted Patient**



**Hansel Tookes, MD, MPH**  
Assistant Professor of Medicine



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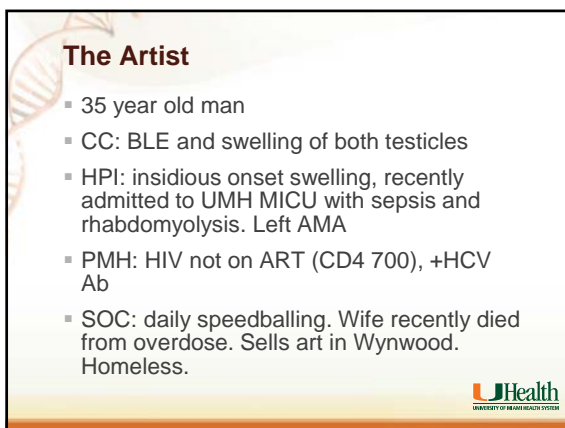
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**The Artist**

- 35 year old man
- CC: BLE and swelling of both testicles
- HPI: insidious onset swelling, recently admitted to UMH MICU with sepsis and rhabdomyolysis. Left AMA
- PMH: HIV not on ART (CD4 700), +HCV Ab
- SOC: daily speedballing. Wife recently died from overdose. Sells art in Wynwood. Homeless.



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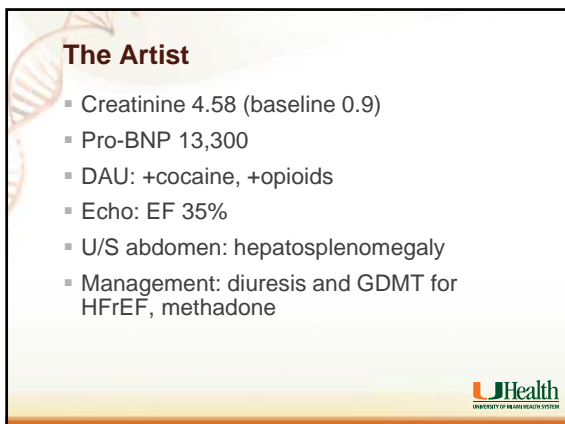
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**The Artist**

- Creatinine 4.58 (baseline 0.9)
- Pro-BNP 13,300
- DAU: +cocaine, +opioids
- Echo: EF 35%
- U/S abdomen: hepatosplenomegaly
- Management: diuresis and GDMT for HFrEF, methadone



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**The Mother**

- 35 year old woman
- CC: vaginal bleeding
- HPI: 16 weeks gestation, 24 hours severe vaginal bleeding, fever, left chest abscess
- PMH: HIV not on ART (CD4 <200), chronic hepatitis C, MRSA endocarditis
- SOC: daily IV heroin and cocaine. Lives with boyfriend



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**The mother**

- CT chest: scattered cavitory lesions
- Management: D & C per GYN, I&D by ACS, vancomycin and piperacillin/tazobactam
- Left AMA
- Enrolls in IDEA Exchange



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**The patients**

- The Mother enrolled in the IDEA Exchange
  - Referred to HIV clinic
  - Initiated ART
  - Suboxone induction (VL from 90k to 300)
  - Relapse → hospitalized with enterococcus bacteremia
- The Artist was transferred to the Village treatment center after 12 days.
  - Completed 90 days
  - Initiated HIV primary care at Care Resource
  - Relapsed and disappeared



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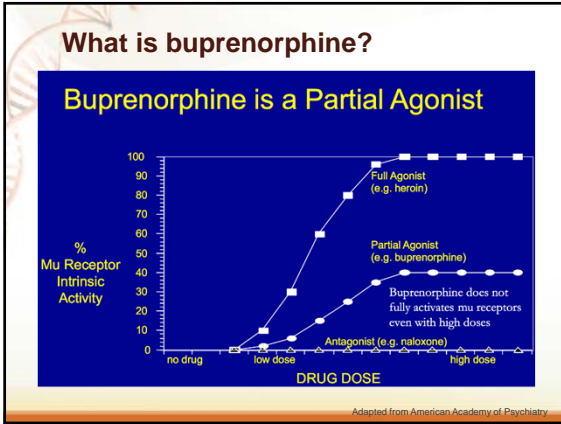
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- ### How does buprenorphine work?
- Buprenorphine/naloxone should be used for treatment of opioid dependence
  - Naloxone is not well absorbed sublingually or by oral ingestion
  - If injected it will precipitate withdrawal in an opioid-dependent person.
  - Naloxone is included to decrease injected abuse of the medication.
  - MDs need a waiver from the DEA to prescribe as outpatient
- Adapted from American Academy of Psychiatry

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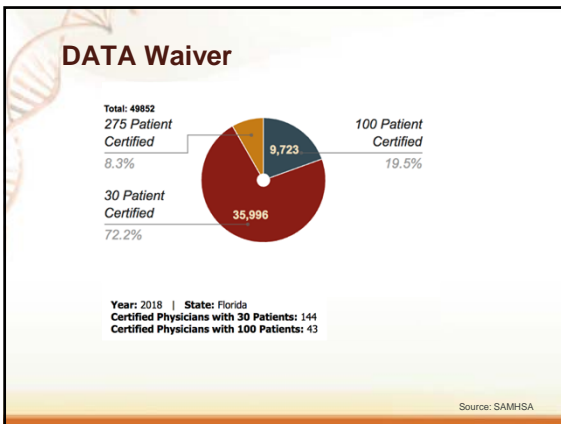
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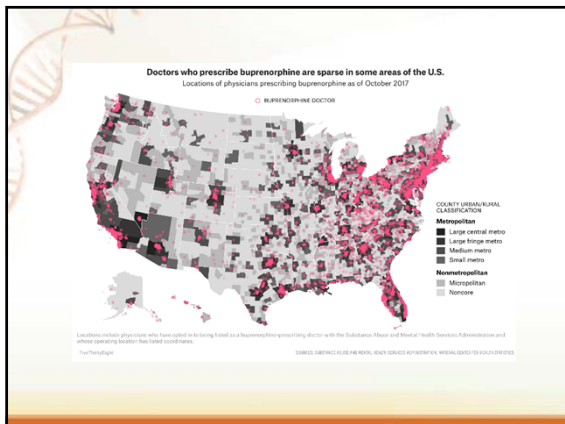
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### Suboxone Induction

- Medically supervised withdrawal
- Clinical Opiate Withdrawal Scale > 8
- Begin with 2/0.5-4/1 mg buprenorphine/naloxone
- Can re-dose- 8/2 mg should be maximum first day dose
- Re-evaluate next day--most stabilize on 8/2-16/4 mg daily
- FDA approved dose range is up to 24/6 mg daily

Adapted from American Academy of Psychiatry

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### Avoid Precipitated withdrawal

- Can give naloxone challenge
- Greatest severity of buprenorphine-related precipitated withdrawal occurs in the first few hours (1-4 hrs)

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### CTN—0067 CHOICES

- Comparing Treatments of HIV-Infected Opioid Users in an Integrated Care Effectiveness Study Scale-Up
- Non-inferiority trial
- Intervention: XR-NTX
- Primary Outcome: viral suppression at 6 months


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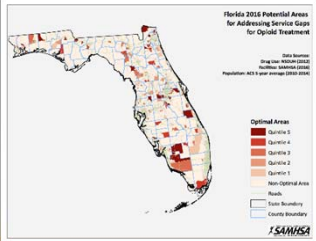
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### Methadone

- Full opioid agonist
- Only dispensed by Opioid Treatment Programs certified by SAMHSA


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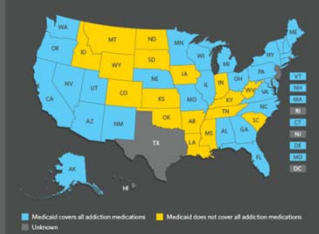
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### Access to Opioid Addiction Drugs

At least 29 state Medicaid programs reimburse health care providers for all three Food and Drug Administration-approved opioid addiction medications – methadone, buprenorphine and Vivitrol. But states' reimbursement rates and coverage limits vary widely. As a result, Medicaid patients encounter various hurdles when seeking medications for opioid addiction.



Source: The American Society of Addiction Medicine, 2017 survey  
© 2017 The New York Times




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U.S.

### Florida Shutting 'Pill Mill' Clinics

By LIZETTE ARIAS/ABC22 AUG. 9, 2015



At an Aug. 15 news conference, Florida officials displayed prescription drugs that were surrendered to the state by pain clinics. Top: Chapman/Mark Hertz; via Associated Press

NYTIMES 

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### Florida People Who Inject Drugs (PWID)

County	Total PLWHA Cases	Total IDU	Percent IDU
Miami-Dade	26,946	2,873	11%
Broward	20,020	2,188	11%
Orange	8,663	1,389	16%
Palm Beach	8,198	1,323	16%
Hillsborough	6,691	1,229	18%
Duval	6,199	981	16%
Pinellas	4,589	830	18%
Lee	2,238	333	15%
Volusia	1,698	410	24%
St. Lucie	1,610	284	18%
Brevard	1,566	307	20%
<b>State Totals</b>	<b>114,608</b>	<b>17,886</b>	<b>16%</b>



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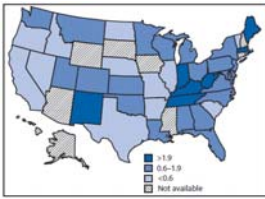
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### Acute HCV incidence

- HCV incidence has increased **294%** from 2010 to 2015, largely attributed to injection drug use.
- Incidence in 17 states exceeded the national average (0.8 per 100,000)





<https://www.cdc.gov/mmwr/volumes/66/wr/mm6618a2.htm>



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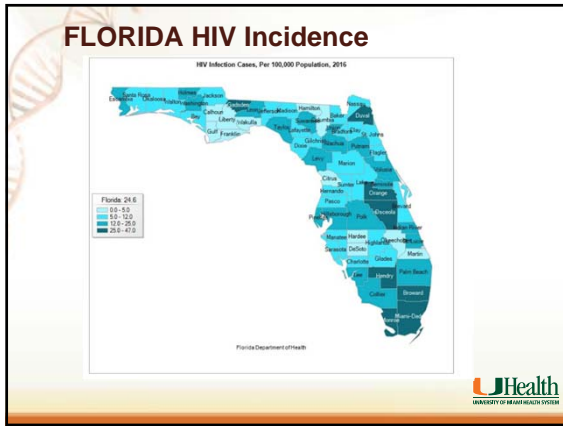
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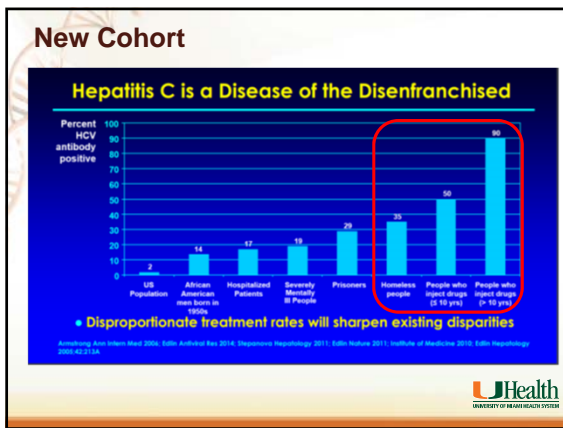
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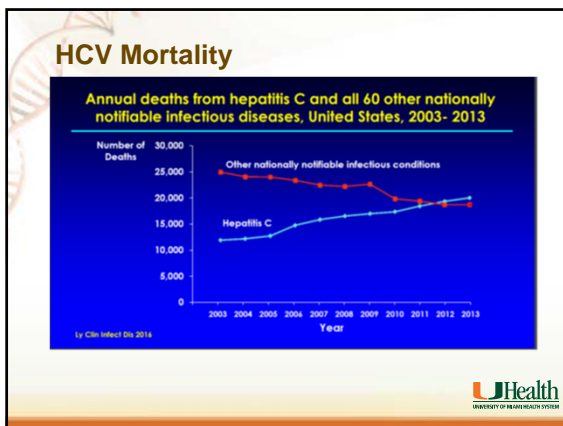
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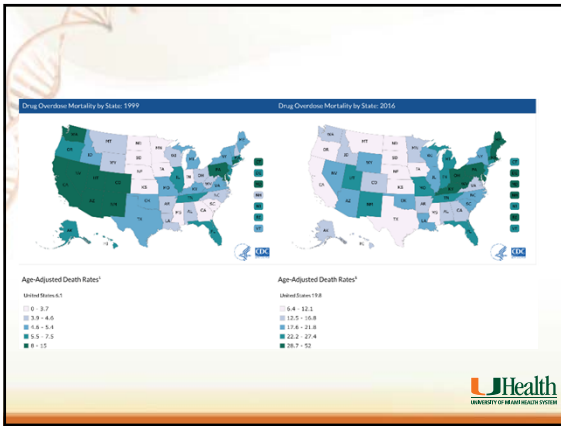
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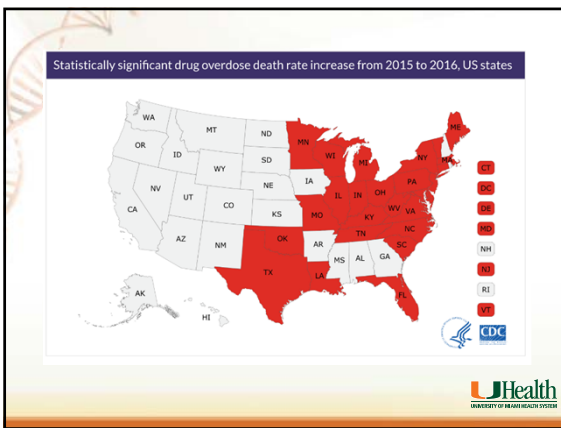
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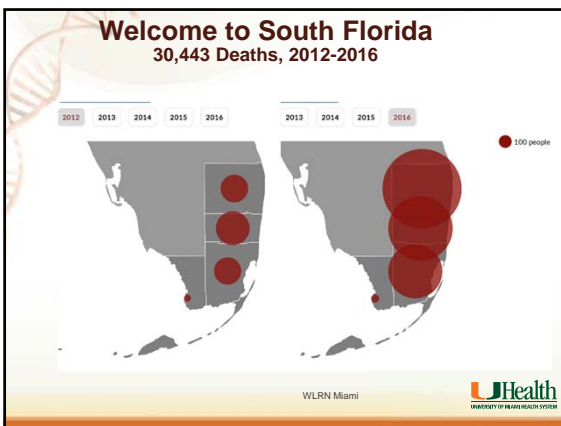
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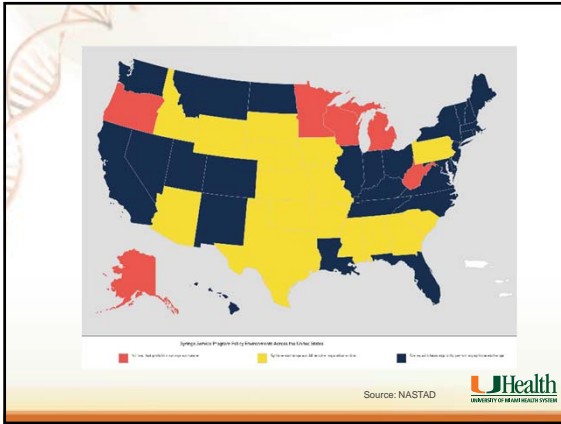
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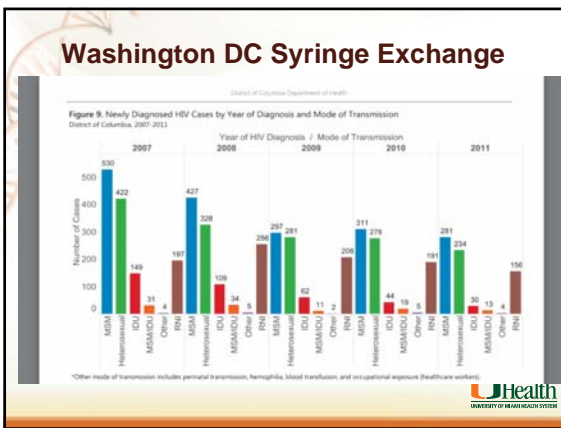
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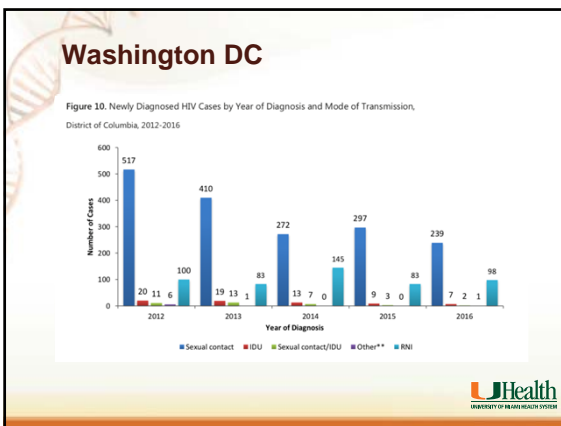
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### RESULTS—Table 2

**Table 2**  
Number of syringes disposed in the past 30 days as reported by injection drug users in San Francisco (2008) and Miami (2009).

	San Francisco (%)	Miami (%)
Public place	718 (1.1)	4689 (45.2)
Selling/giving away	680 (1.1)	675 (6.5)
Trash	5865 (9.1)	4004 (38.6)
NSP	53,143 (82.7)	0 (0.0)
Hospital or clinic	1049 (1.6)	200 (1.9)
Pharmacy	220 (0.3)	0 (0.0)
Sharps container	238 (0.4)	334 (3.2)
Public disposal box	1135 (1.8)	0 (0.0)
Sewer/manhole	136 (0.2)	234 (2.2)
Flush down the toilet	1026 (1.6)	163 (1.6)
Other	49 (0.1)	80 (0.8)
Total syringes improperly disposed	8474 (13.2)	9845 (94.9)
Total syringes disposed	64,259	10,379




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Contents lists available at SciVerse ScienceDirect

**Drug and Alcohol Dependence**

journal homepage: [www.elsevier.com/locate/drugalcddep](http://www.elsevier.com/locate/drugalcddep)

A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs

Hansel E. Tookes<sup>a</sup>, Alex H. Kral<sup>b</sup>, Lynn D. Wenger<sup>b</sup>, Gabriel A. Cardenas<sup>a</sup>, Alexis N. Martinez<sup>c</sup>, Recinda L. Sherman<sup>a</sup>, Margaret Pereyra<sup>a</sup>, David W. Forrest<sup>a</sup>, Marlene LaLota<sup>d</sup>, Lisa R. Metsch<sup>a,\*</sup>

<sup>a</sup> Department of Epidemiology and Public Health, Miller School of Medicine, University of Miami, Miami, Florida, USA  
<sup>b</sup> Urban Health Program, EIT International, San Francisco, CA, USA  
<sup>c</sup> Department of Sociology, San Francisco State University, San Francisco, CA, USA  
<sup>d</sup> Florida Department of Health, Bureau of STD/AIDS, Tallahassee, FL, USA

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January 13, 2012  
By Fred Tasker

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### THE FMA RESOLUTION



**FloridaMedical**  
ASSOCIATION  
Helping Physicians Practice Medicine



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### The FMA Resolution

- Submitted in June 2012
- RESOLVED, That the FMA seek legislation to amend Chapter 893 of the Florida Statutes to legalize Syringe Exchange Programs in the state of Florida.



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### Fiscal Impact—2014

The lifetime treatment cost of an HIV infection can be used as a conservative threshold value for the cost of averting one infection. Currently, the lifetime treatment cost of an HIV infection is estimated at \$379,668 (in 2010 dollars), therefore a prevention intervention is deemed cost-saving if its cost-effectiveness ratio (cost of the intervention/number of infections averted) is less than \$379,668 per infection averted.<sup>16</sup>

If 10 percent of the reported PLWHA with an IDU-associated risk living in Miami-Dade County had avoided infection, that would represent a savings in treatment costs of approximately \$124 million.



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### Cost of Infections related to injection drug use at a county safety-net hospital in Miami, FL


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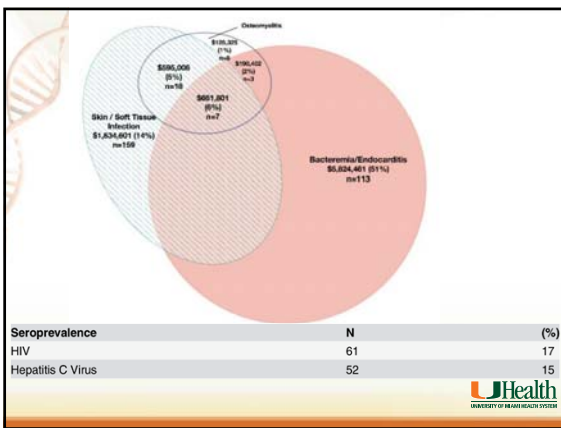
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### Partnerships





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**Scott County, Indiana**

- 24,000 residents
- 181 new HIV diagnoses (15x rate in Miami)
- Close network of needle sharing
- "I'm going to go home and pray on it."
- March 2015: Executive Order for emergency needle exchange (30 days)
- May 2015: Pence signs bill that lifts ban on needle exchange



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**Infectious Disease Elimination Act**

- Passed Senate 37-2
- Passed House 95-20
- Signed into law March 23, 2016 by Governor Rick Scott
- Five year pilot syringe exchange program
- Effective July 1, 2016
- Fundraising
- Implementation
- Evaluation



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**Bill 242 – Infectious Disease Elimination Act, 2016**

- Effective 07/01/2016
- UM pilot syringe access program
- possession, distribution, or exchange of needles and syringes under the pilot program is not a violation of Florida law.



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### Launched World AIDS Day 2016

**YOU DON'T HAVE TO SHARE**

Our goal is to provide people with the tools to safely inject and protect themselves from HIV and hepatitis C infection.

**ANONYMOUS SERVICES INCLUDE:**

- Syringe exchange
- Free HIV and hepatitis C testing
- Blood-borne virus testing
- Drug treatment referrals
- Sterile syringes and needles distribution
- Referrals for HIV and hepatitis C care
- Free condoms

Visit any time. No appointment required.  
 1434 NW 37th Avenue  
 Monday, Wednesday, and Friday | 10 a.m. - 4 p.m.  
 Tuesday and Thursday | 12 noon - 6 p.m.  
 Saturday | 9-11 a.m.

For more information, call 786-484-9547 or visit [IdeaExchangeMiami.com](http://IdeaExchangeMiami.com).

**IDEA EXCHANGE**

**UHealth**  
UNIVERSITY OF MIAMI HEALTH SYSTEM

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### Mobile Unit Services

Launched May 2017

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	Totals
Participants enrolled	735
Hispanic	37%
White non-Hispanic	53%
Black non-Hispanic	7%
Multiracial	3%
Native American	1%
Mean Age	37
Male	75%
Female	25%

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	Totals
Number of exchanges	5,569
Needles in	152,953
Needles out	141,553
Drug treatment referrals	96



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### Wound Care Clinic

Launched 9/28

Internal Medicine, Surgery, <sup>RAEM8</sup>Emergency Medicine, Dermatology

Wolfson Department of Community Service

Thursdays 4pm-8pm



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### Overdose Prevention

- IDEA Exchange participants
- Family and friends of participants
- Law enforcement partners
- IDEA Staff and volunteers

Narcan distributed	1095
Narcan reversals	553



**UHealth**  
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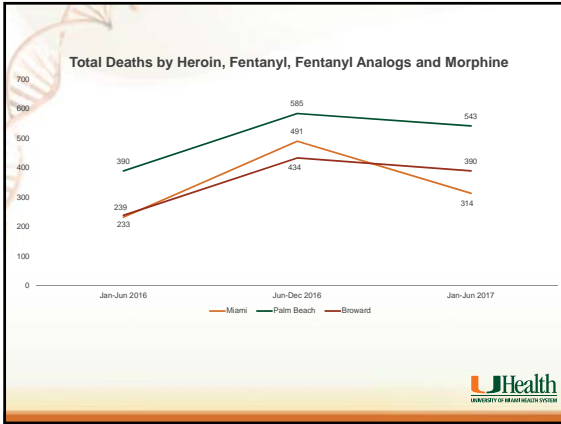


**Slide 47**

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**RAEM8** fix space

Rodriguez, Allan E, M.D., 12/4/2017




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**Gilead FOCUS Program**  
 Gilead's FOCUS Program  
 Increasing Routine HIV and HCV Screening and Linkage to Care

Gilead Sciences is a research-based biopharmaceutical company that discovers, develops and commercializes innovative medicines in areas of unmet need. As a leader in developing therapies for HIV and chronic hepatitis C virus (HCV) infection, Gilead is committed to helping ensure access to life-saving screening and care services for people who could benefit from them.

**HIV**  
 Routine HIV screening is the practice of offering HIV testing to adults and adolescents as part of regular care in clinics, hospitals and other health care settings. Experts believe that routine screening is essential to slowing and ultimately ending the HIV/AIDS epidemic in the United States by helping to identify undiagnosed infection, one of the major drivers of the disease. Nearly one in six HIV-positive Americans, approximately 150,000 people, does not know that he or she is infected. It is estimated that these individuals are responsible for up to two-thirds of sexually transmitted HIV infections because they do not know that they are putting others at risk.

Diagnosis also enables those who are infected to begin antiretroviral therapy, which lowers the amount of HIV in the body (viral load). In addition to improving the health of people with HIV, lowering viral load can significantly reduce

**FOCUS Partnership Cities**

UHealth UNIVERSITY OF MIAMI HEALTH SYSTEM

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**Gilead FOCUS Program**

- Routinize HIV/HCV screening
- Reduce the number of undiagnosed cases
- Develop strong linkage to care pathways
- Generate dialogue among healthcare systems to increase access to care and increasing diagnosis
- Change public perceptions of the stigma that is associated with HIV/HCV testing

<http://gilead.com/-/media/files/pdfs/other/hiv-focus>

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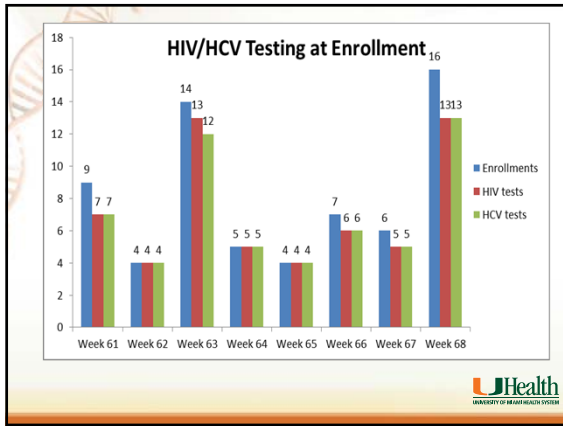
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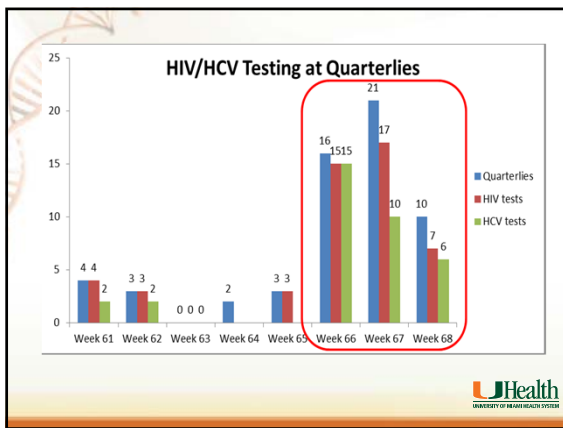
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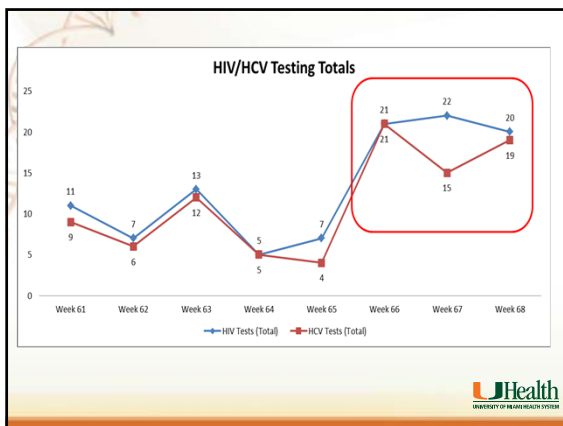
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	Totals
Self report HIV+	10%
New HIV reactive tests	1%
HIV seroconversions	2
Self report HCV+	43%
HCV reactive tests	42%
HCV seroconversions	2


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### IDEA Test and Treat

- Launch May 2018
- HIV rapid response linkage to care
- Partnership with FL Department of Health
- Direct referral to Jackson HIV Clinic
- Provider visit, labs, ART initiation same day
- For newly diagnosed and lost to care


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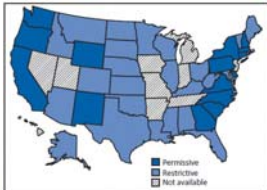
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### State Medicaid HCV treatment policy restrictions

- Permissive: Did not require a period of sobriety or only required screening and counseling.
- Restrictive: Required a period of sobriety from drugs and/or alcohol.



<https://www.cdc.gov/mmwr/volumes/66/mmwr6601a1.html>




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### HCV Coverage Restrictions

- **Prescriber restrictions:** Stating that medication must be prescribed by a specialist.
  - Recent studies have shown that PCPs providing HCV treatment obtain same, if not higher, SVR rates than specialists.
- **Fibrosis restrictions:** Patient must have a certain level of disease severity in order to receive treatment (F0-F4 scale).
  - Illegal under the ACA



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### NIDA Grant

- PI: Lisa Metsch and Dan Feaster
- Multi-site Multi-Setting RCT of Integrated HIV Prevention and HCV Care for PWID
- Launch Fall of 2018
- Montreal and Miami
- Setting: Syringe Exchanges and Opioid Treatment Centers
- 500 participants



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### Governor's Opioid Law (2018)

- 3 days limit on opioids
- Required two-hour training course
- Mandatory PDMP consultation
- Interstate PDMP information

Appropriation: \$53,555,360.00



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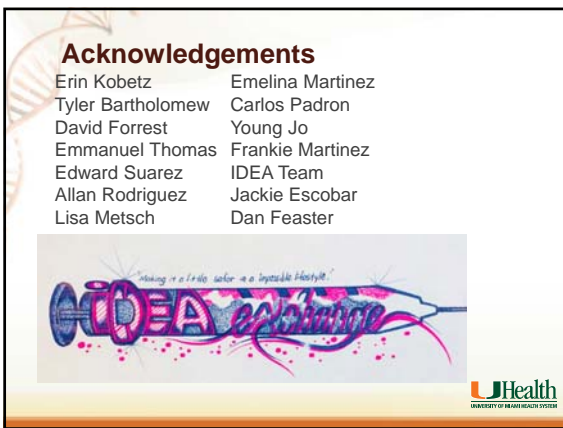
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