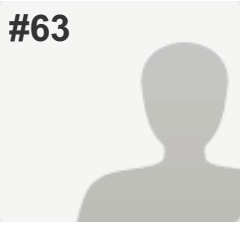


Ending the Epidemic Task Force Recommendation Form

#63



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Q2: Title of your recommendation

Strengthening HIV Services for People Who Use
Drugs through Syringe Legalization, Reform of the
Expanded Syringe Access Program, and
Coordination of Harm Reduction Services with HIV
Prevention and Care

Q3: Please provide a description of your proposed recommendation

Advance syringe access and state-regulated syringe exchange programs by strengthening the Expanded Syringe Access Program (ESAP), which allows non-prescription pharmacy access and other syringe distribution, and repealing Section 220.45 of the New York State Criminal Law to eliminate arrests and prosecutions for syringe possession. Increase funding for harm reduction services in order to expand or newly establish syringe access program sites in underserved regions of the state. Continue to improve harm reduction program coordination with HIV care providers and require trainings for harm reduction staff to increase appropriate non-occupational Post Exposure Prophylaxis (nPEP) and Pre-exposure Prophylaxis (PrEP) education and linkages for harm reduction participants, and.

Specifically, we propose that New York State:

- 1) Legalize syringe possession by repealing Section 220.45 of the penal law, which classifies “criminal possession of a hypodermic instrument” as a class A misdemeanor). Furthermore, amend Section 220.03 of the penal law, Subdivision 2 of section 850 of the general business law, and Section 3381 of the public health law in order to clarify that syringe possession is lawful, and syringes are not considered drug-related paraphernalia under New York law.
- 2) Increase funding for harm reduction services in order to expand or newly establish syringe access program sites in underserved regions of the state. New funding and programming should prioritize areas in the state with limited or no harm reduction services, and be guided by HIV, HCV, and overdose surveillance, drug-related hospital or emergency department admissions, and rapid assessment as appropriate. In addition, services focusing on young or new injectors should be prioritized.
- 3) Strengthen the Expanded Syringe Access Program (ESAP) by amending Section 3381 of the public health law to: (a) remove the limit of 10 syringes per transaction, (b) remove the ban on program advertising, and (c) remove the age restriction that limits participation in ESAP programs to people over 18 years old.
- 4) Provide such resources as are necessary to the NYS AIDS Institute to conduct oversight of ESAP programs in order to encourage providers to furnish syringes and other materials and information appropriate to preventing HIV transmission and other drug-related harms.
- 5) Improve syringe access program coordination with the HIV treatment cascade and HIV Prevention Continuum, including provider education on nPEP and PrEP, in order to ensure that harm reduction providers are fully engaged with statewide goals to improve access to nPEP and PrEP.

New York syringe access programs have been credited with reducing HIV prevalence among people who inject drugs from 54% in 1990 to only 7–15% today, netting tens of millions of dollars in savings to the healthcare system. Harm reduction programs also serve as a crucial platform for reaching a high-need population that has not been well served by the healthcare system at large. Reforming policies that impede access to such services and increasing resources for harm reduction programs will increase providers’ ability to engage people who inject drugs, link them to testing and care, and coordinate prevention and care across multiple parts of the healthcare system. Despite these benefits, harm reduction programs have been flat-funded for years in New York, and many parts of the state have few or no such services. In short, this recommendation would strengthen the ability of these programs to follow evidence-based models prevent blood borne infections such as HIV and HCV, as well as other harms associated with drug use.

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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

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Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

,

Unknown,

Other (please specify)

Strengthening Evidence-Based HIV Prevention Programs

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?

Change to existing program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Statutory change required

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?

This recommendation creates a clear public health message that supports the work of syringe access and harm reduction programs. If implemented this recommendation will decrease the number of new HIV and HCV infections linked to injection drug and hormone use, as well as overdose deaths, skin and soft tissue infections, and other drug-related harms among people living with HIV.

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

More education may be needed to educate legislators and the general public on the benefits of syringe access programs and related harm reduction services.

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

Cost associated with statutory change and nPEP and PrEP trainings based on program changes.
Cost associated with additional funding for harm reduction services and ESAP oversight through the NYS AIDS Institute.

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

A calculation of cost savings can be determined by accounting for savings from care coordination, averting new HIV and hepatitis C infections, reducing the number of skin and soft tissue infections, reducing overdose incidents and mortality, avoided ambulance rides and emergency room visits or hospitalizations.

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

People who participate in state-regulated syringe exchange and the Expanded Syringe Access Program. Organizations that provide syringe exchange services and consumers of these services.

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

Annual tracking of overall transactions and syringes-out through the ESAP system and annual report of county-level data for the New York State and United Hospital Fund data for New York City. Monitor arrest for syringe possession. Create interim goals for new HIV infections attributed to injection drug use.

Q15: This recommendation was submitted by one of the following

Advocate,

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York