

MUNICIPAL CORPORATIONS COMMITTEE

DATE: May 15, 2024

CALLED TO ORDER: 5:30 p.m.

ADJOURNED: 5:54 p.m.

ATTENDANCE

ATTENDING MEMBERS

Ali Brown Acting Chair
Jesse Brown
Jared Evans
Ron Gibson
Keith Graves
Kristin Jones
Carlos Perkins

ABSENT MEMBERS

Josh Bain
Michael Dilk
Michael-Paul Hart
Brian Mowery

AGENDA

Proposal No. 131, 2024 – renews the Marion County Health Department’s Safe Syringe Access and Support Program and extends it for two years by adopting the declarations of the Director of the Marion County Public Health Department and approving the program

“Do Pass”

Vote: 7-0

MUNICIPAL CORPORATIONS COMMITTEE

The Municipal Corporations Committee of the City-County Council met on May 15, 2024, in Room 260 of the City County Building. Acting Chair Ali Brown called the meeting to order at 5:30 p.m. with the following members present: Jesse Brown, Jared Evans, Ron Gibson, Keith Graves, Kristin Jones, and Carlos Perkins. Josh Bain, Michael Dilk, Michael-Paul Hart and Brian Mowery were absent. Council staff was represented by LeAnnette Pierce, General Counsel.

Proposal No. 131, 2024 – renews the Marion County Health Department’s Safe Syringe Access and Support Program and extends it for two years by adopting the declarations of the Director of the Marion County Public Health Department and approving the program.

Madison Weintraut, Marion County Health Department gave a brief presentation. Below are a few key points:

Mission of Safe Syringe

Significantly reduce the transmission of infectious disease through high-risk behaviors in a client-centered approach, utilizing evidence-based interventions and enhancing access to health care services including opioid recovery programs.

4281 People served

- 86% White
- 9% Black/African American
- 4% Hispanic
- 24% Uninsured
- 79% Public Insurance
- 63% Unstably Housed
- 20% Without Shelter
- 62.7% Opioid (Fentanyl is predominant illicit opioid available)
- 41.8% Methamphetamine
- 4.6% Crack/Cocaine

446 Engaged with recovery programs

- 5x more likely to enter treatment
- 3x more likely to stop injecting drugs entirely
- Nonjudgmental, noncoercive program
- Staffed by Peer Support Specialists

Syringe testing

Fentanyl : 70-97%

- Higher use in Brookside site

Cocaine: 52-87%

Methamphetamine: 43-93%

- Higher use in Damien Center site

Next steps:

- Paraphernalia testing
- Individualized results and reporting

Entirely grant-funded

- Nearly \$4M raised since 2018

Final Marion County CEA results show:

- Estimated \$4.2 million in savings per year in HIV and HCV treatment costs
- Between 22 to 45 fewer overdose fatalities per year

Acting Chair Brown thanked Madison for her presentation and for her work. She stated that the numbers for Hepatitis C is amazing, and these are lives saved and changed because of the work they are doing.

Councilor Jesse Brown stated that the demographics lean more towards white people and asked what could be done to better serve the full community. Ms. Weintraut stated that housing and food access would be a start. She stated that expanding partnerships with organizations that already have the communities trust and getting into different locations could help. She stated that they will be joining with Healthnet in the fall of this year.

Councilor Evans asked if there were any ideas or recommendations to address these issues before the get to this level. He stated that they have increased the budget for Health and Safety for many years and he wonders if they are directing the monies in the most appropriate way; to help deal with the issues before they grow to these problems. Ms. Weintraut stated the housing first model of funding especially when it comes to mental health and substance use is essential. She stated that there are very few places that will take people with active substance abuse disorders when they are coming out of care at the hospitals. She stated trying to find housing for people that have substance abuse it a real struggle.

Councilor Gibson moved, seconded by Councilor Evans, to send Proposal No. 131, 2024 to the full Council with a “Do Pass” recommendation. The motion carried by a vote of 7-0.

There being no further business, and upon motion duly made, the meeting was adjourned at 5:54 p.m.

Respectfully Submitted,

A handwritten signature in black ink that reads "Ali Brown". The signature is written in a cursive style with a horizontal line underneath it.

Ali Brown, Acting Chair



Marion County Public Health Department Safe Syringe Access and Support Five Year Report Executive Summary

In response to a growing number of overdose deaths and the escalating rate of hepatitis C virus (HCV) transmission related to injection drug use, Marion County Public Health Department (MCPHD) launched the Safe Syringe Access and Support (Safe Syringe) Program in April 2019. Thirty years of research has proven that syringe service programs (SSPs): (1) reduce the rate of human immunodeficiency virus (HIV)¹ and HCV;² (2) increase enrollment in substance use disorder (SUD) treatment; (3) reduce high-risk behaviors in persons who inject drugs (PWID);³ and (4) do not lead to an increase in crime or drug use in the communities in which they operate.⁴ Participants in SSPs are up to five times more likely to engage in recovery services than non-participants and three times more likely to stop injecting drugs when comprehensive services are available.⁵

Participation in an SSP is the first step toward recovery; persons participating in the exchange are willingly engaging in services to improve their health and wellness while gaining repeated exposure to recovery programs. Harm reduction is a practical approach to reducing the negative consequences of drug use. This strategy recognizes that abstinence, while preferred, is not always feasible. Rather than ignoring the harmful effects of drugs, a client-centered approach works to educate and empower PWID to practice safer use while widening the window for rehabilitation.⁶

Safe Syringe creates an additional entry point to treatment for individuals who are at high risk for overdoses and criminal justice involvement. Regional challenges to address the opioid crisis include limited access to a hidden population of persons who use drugs that may not yet be involved with the justice system or engaged in medical care. While most interventions involving SUD treatment occur when a person is either facing legal ramifications or medical treatment for an overdose, participation in Safe Syringe allows individuals to pursue treatment on their terms in a non-judgmental, non-coercive environment. According to *The Journal of the American Academy of Psychiatry and Law*, “sustained abstinence from substances of abuse is consistently predicted by a patient’s motivation to sustain abstinence, demonstration of self-help behavior and beliefs, and perceived self-efficacy.”⁷

Safe Syringe is uniquely capable of connecting with PWID in non-traditional ways, promoting treatment engagement, and linking individuals to beneficial community resources. The goals of Safe Syringe include (1) reducing the incidence of infectious diseases; (2) linking participants to appropriate care; (3) reducing emergency department (ED) visits; and (4) facilitating access to substance use and mental health services.

The program operates in both storefront locations as well as a mobile unit traveling to vulnerable neighborhoods throughout Indianapolis. On-site services include syringe exchange, naloxone distribution, and peer recovery support.

¹ Determination that a demonstration treatment needle exchange program would be effective in reducing drug abuse and the risk of acquired immune deficiency syndrome infection among injection drug users, 76 Federal Register 10038 (February 23, 2011).

² Hagan, H, Des Jarlais, DC, Friedman SR, Purchase, D, & Alter, MJ. (1995). Reduced risk of hepatitis b and hepatitis C among injection drug users in the Tacoma syringe exchange program. *American Journal of Public Health*, 85(11), p. 1531-1537.

³ Burt, RD & Thiede, H. (2016). Reduction in needle sharing among Seattle-area injection drug users across 4 surveys, 1994-2013. *American Journal of Public Health*, 106(2), p. 301-307.

⁴ Huo, D, Bailey, SL, & Ouellet, LJ (2006). Cessation of injection drug use and change in injection frequency: the Chicago Needle Exchange Evaluation Study. *Addiction*, 101(11), p. 1606-1613.

Fisher, DG, Fenaughty, AM, Cagle, HH, & Wells, RS. (2003). Needle exchange and injection drug use frequency: A randomized clinical trial. *Journal of Acquired Immune Deficiency Syndromes*, 33(2), p. 199-206.

Marx, MA, Crape, B, Brookmeyer, RS, Junge, B, Latkin, C, Vlahov, D, & Stathdee, SA. (2000). Trends in crime and the introduction of a needle exchange program. *American Journal of Public Health*, 90(12), p. 1933-1936.

⁵ Centers for Disease Control and Prevention. (2019). Syringe services programs fact sheet. *U.S. Department of Health and Human Services*.

⁶ Harm Reduction Coalition. (n.d.). Principles of harm reduction. Retrieved from <http://harmreduction.org/about-us/principles-of-harm-reduction/>

⁷ Paul Christopher, Debra Pinal, Taylor Stayton, Kellie Sanders, and Lester Blumberg, “Nature and Utilization of Civil Commitment for Substance Abuse in the United States,” *The Journal of American Academy of Psychiatry and the Law* 43 (3) (September 2015), <<http://jaapl.org/content/43/3/313>>

Testing for sexually transmitted infections, human immunodeficiency virus (HIV), and hepatitis C and targeted immunizations are provided at no cost at various locations. The program staffs two full-time peer support specialists to operate the exchange and a part-time administrator to provide oversight and maintain community relationships. Since launching in 2019, the program has expanded to include four storefront locations and one mobile unit location, with an additional storefront location confirmed for 2024.

Since launching in 2019, Safe Syringe has served 4,281 clients at 22,668 visits to provide harm reduction resources and link PWID to necessary healthcare and social services. Through this program, clients have reversed more than 3,461 overdoses, and 446 clients have worked with a peer recovery coach to advance their goals towards treatment for substance use disorder. Over 1,050 clients have utilized MCPHD's confidential wraparound services, including STI testing through Bellflower Clinic and immunizations through Community-Based Care.

At the time of the program's launch in 2019, acute hepatitis C rates in Marion County had increased tenfold from 2012 to 2013 to 2018 to reach 8.5 per 100,000 population with 95% of cases related to substance use. In 2023, the acute hepatitis C rate was reported to be just 3.3 cases per 100,000 population with 91% related to injection drug use.⁸ HIV trends remain focused on sexual transmission; the rate of HIV transmission in 2023 was found to be 16.1 cases per 100,000 with 3.1% of cases reporting injection drug use; in 2018, an average of 6.4% of cases reported injection drug use with a rate of 21.4 cases per 100,000. While the introduction of fentanyl as the primary illicit opioid on the street exacerbated the already tolling opioid crisis, overdose fatalities plateaued for the first time since 2018 last year at 801 deaths in Marion County; 76% of overdose fatalities were attributable to fentanyl.⁹ Testing of syringes collected from Safe Syringe at the Indiana Department of Health laboratory demonstrate that 70 to 97% of all syringes are positive for fentanyl, and xylazine has been present in 50-60% of all syringes since February 2022. Heroin was found in only 9% of syringes by November 2022.¹⁰

A cost-effectiveness analysis conducted by Myers and Stauffer LC estimates a cost savings of up to \$4.2 million per year in HIV and HCV treatment costs at the program's goal of reach one out of three people who inject drugs in Marion County. A study conducted by Indiana University in 2016 estimated that between 0.2 and 1.6 percent of Marion County has injected drugs at some time¹¹; the US. Census Bureau population of Marion County (968,460 in 2023) would then place a range of 1,936 to 5,165 people within having injected drugs at least once during their lifetime. With Safe Syringe having served over 4,500 clients in its five years of service and actively engaging over 1,500 clients each year, the program should easily continue to meet the goal of reaching one-third of the population of people who inject drugs (an estimated range 645-5,165 people) over future years. The program has expanded to include two key partnerships with the Damien Center and Step Up, Inc. to form the Indianapolis Harm Reduction Team, allowing for increased reach into marginalized populations of PWID. Through these vital partnerships and others, Safe Syringe hopes to continue widening its reach to improve the quality of life for people with substance use disorder in Marion County, while saving costly healthcare dollars.

⁸ Marion County Public Health Department. Insight Patient Database. Viya Report (Epi_Cube2_011906_viewful, Diagnosis: Hepatitis C, acute, Case Status: Confirmed, Probable, Report Rcd Yr 2023) exported 4/16/23.

⁹ Marion County Coroner's Office 2022 Annual Report: Indy.gov

¹⁰ Indiana Department of Health. Trends in syringe data. Data brief; February 27, 2023.

¹¹ Kooreman, H & Greene, M. (2016, January). Injection drug use in Indiana: A major risk for HIV transmission. *Indiana University Richard M. Fairbanks School of Public Health: Center for Health Policy*.

Marion County Public Health Department

SAFE SYRINGE ACCESS AND SUPPORT PROGRAM



SAFE syringe
SYRINGE EXCHANGE PROGRAM



MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT

Prevent. Promote. Protect.

Mission of Safe Syringe

Significantly reduce the transmission of infectious disease through high-risk behaviors in a client-centered approach, utilizing evidence-based interventions and enhancing access to health care services including opioid recovery programs.



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86% White

9% Black/African American

4% Hispanic

24% Uninsured

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20% Without Shelter

62.7% Opioid (Fentanyl is predominant illicit opioid available)

41.8% Methamphetamine

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A blue ribbon graphic with a 3D effect, featuring a lighter blue top surface and a darker blue bottom surface. The ribbon is oriented horizontally and has a folded appearance on the left side.

3,461 Overdoses Reversed

48,404 Naloxone Kits Distributed

446

Engaged
with
Recovery
Programs

5x more likely to enter treatment

3x more likely to stop injecting
drugs entirely

Nonjudgmental, noncoercive
program

Staffed by Peer Support Specialists

Partnerships

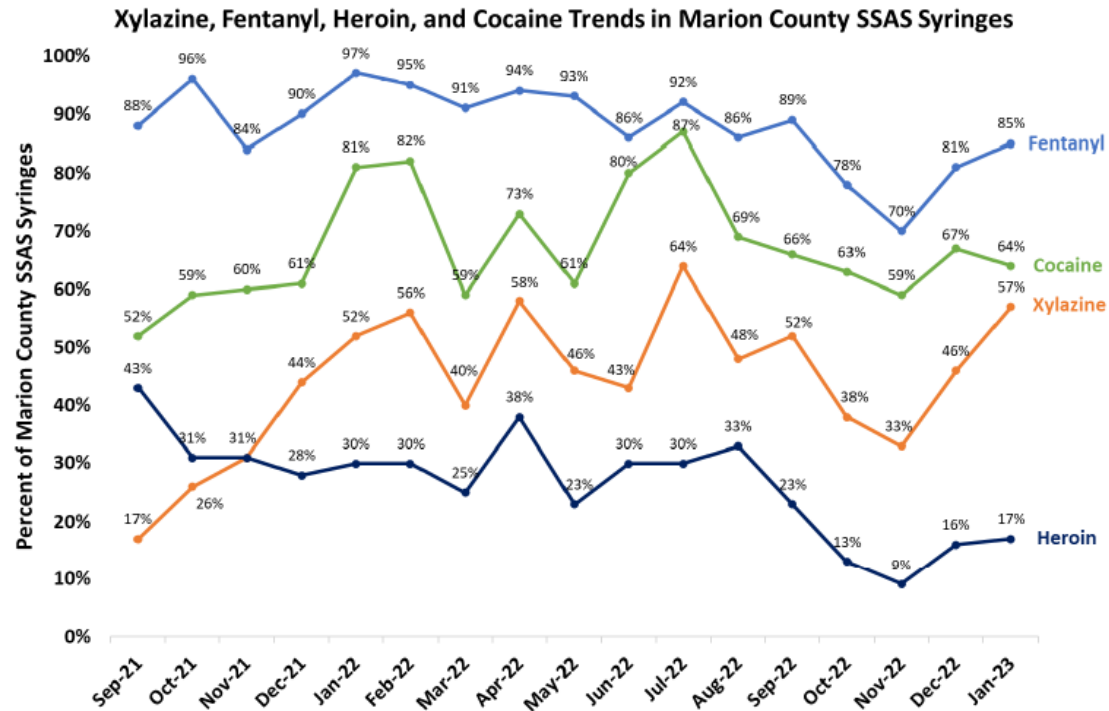
- Damien Center
- Step Up, Inc
- Eskenazi Health FQHC/Primary Care
- HealthNet
- Indiana University Fairbanks School of Public Health

Activities

- Overdose Fatality Review Team
- Indiana University ECHO IN-CARES Hub Team
- Syringe/drug testing through state laboratory for drug trends
- National Alliance of City and County Health Officials Model Practice

Syringe Testing

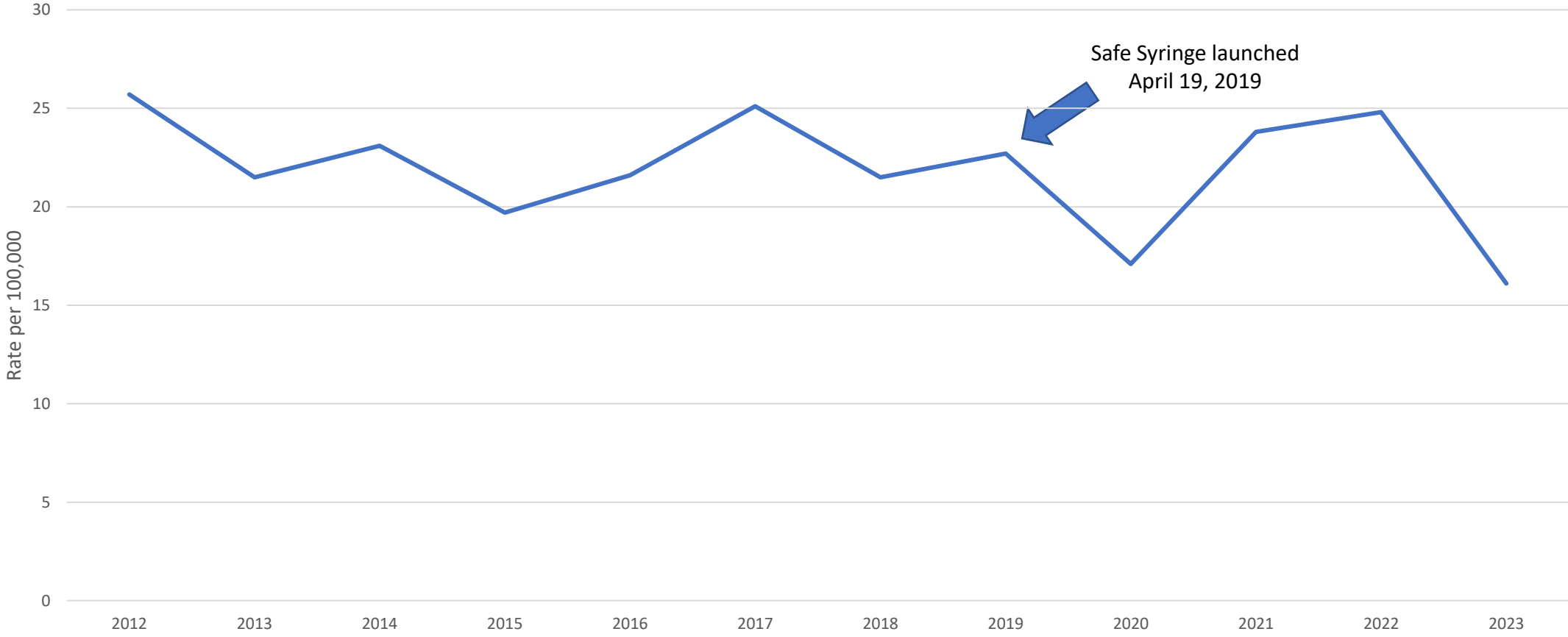
- Fentanyl : 70-97%
 - Higher use in Brookside site
- Cocaine: 52-87%
- Methamphetamine: 43-93%
 - Higher use in Damien Center site
- Next steps:
 - Paraphernalia testing
 - Individualized results and reporting



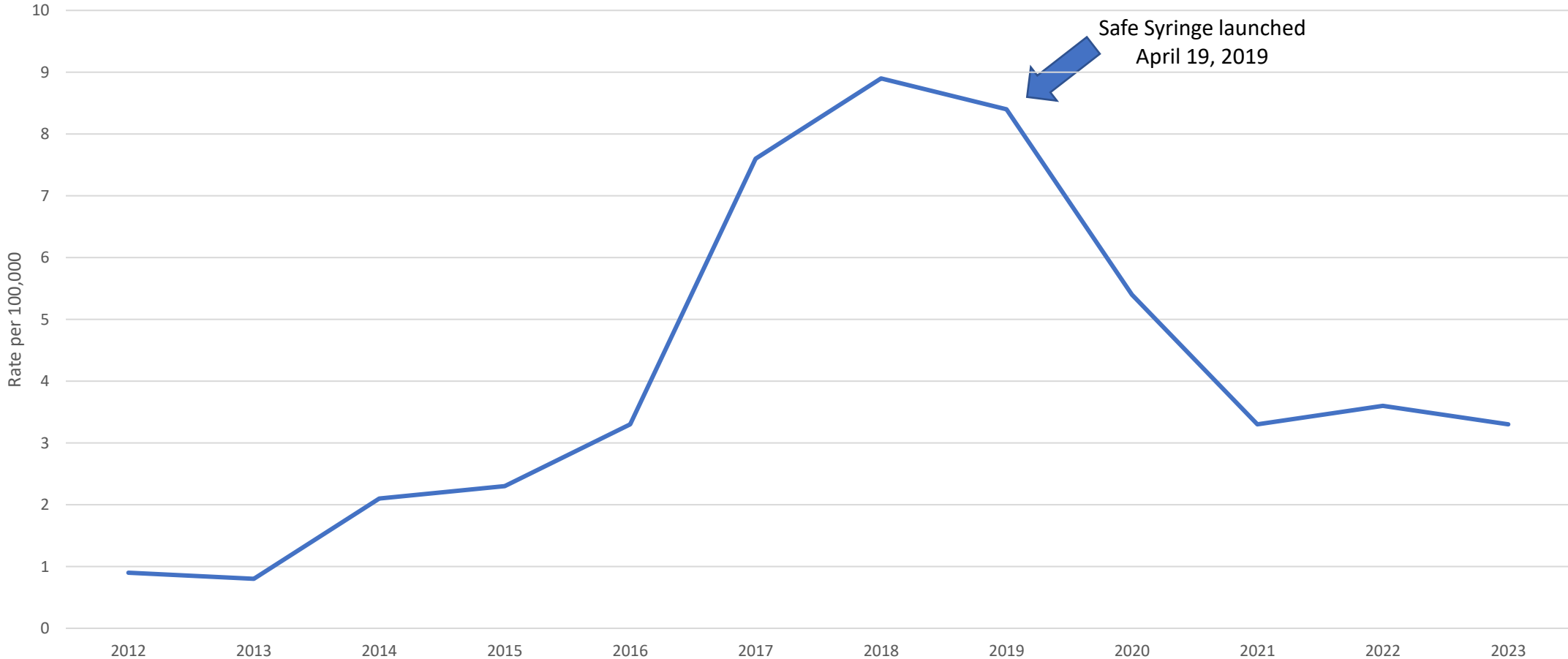
Xylazine increased in tested syringes, ranging from 17% of syringes in September 2021 to 64% in July 2022.

Xylazine was identified as a regular adulterant among substances such as **fentanyl**, **heroin**, and **cocaine**.

New HIV Infections



Acute HCV Infections



\$1 : \$7.58

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- Nearly \$4M raised since 2018

Final Marion County CEA results show:

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SAFE syringe
SYRINGE EXCHANGE PROGRAM



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