

Challenges Inc



Harm Reduction Services

Upstate S.C.

Challenges
Inc, A Syringe
Services
Program

Developed by Marc V.
Burrows, BSW, ACD-P, CPRS

Marc Burrows - Founder/Program Director

- Started South Carolina's first syringe services program in 2017
- Program Manager for *Carolina Wellness & Recovery of Powdersville*; an opioid treatment program w/ harm reduction approach.



What is Harm Reduction?

- “Syringe services programs (SSPs) are **proven and effective** community-based prevention programs that can provide a range of services, including access to and disposal of sterile syringes and injection equipment, vaccination, testing, and linkage to infectious disease care and substance use treatment.^{8, 11} SSPs reach people who inject drugs, an often hidden and marginalized population. **Nearly 30 years of research** has shown that comprehensive SSPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.^{11,12} Research shows that new users of SSPs are five times more likely to enter drug treatment and about three times more likely to stop using drugs than those who don’t use the programs.¹³ SSPs that provide naloxone also help decrease opioid overdose deaths. SSPs protect the public and first responders by facilitating the safe disposal of used needles and syringes.”


-Centers for Disease Control and Prevention (CDC)

Services

- Syringe Exchange
 - Sterile syringes and “works”
 - Used Syringe disposal
 - Mobile syringe access
- Overdose Prevention
 - Naloxone distribution
 - Drug checking (fentanyl test strips)
- HIV & HCV Testing w/ referral to treatment
- Substance Use Treatment
 - Medication-Assisted Treatment
 - Buprenorphine, Naltrexone
 - Detox- opioid, alcohol, benzo

South Carolina by the Numbers



- South Carolina has the nations eighth highest rate for new HIV diagnoses.
- In SC, the average lifetime cost for treating one person living with **HIV** is \$478,000 (in 2017 dollars).
- For **HCV**, the lowest cost treatment option is currently \$26,400 per infection but can be as much as \$189,000.
 - In SC, private insurance only pays for roughly 15% of these treatments.
 - One clean needle costs 9 cents.
 - The average IV drug user spreads HCV to 20 people.
- **Implementation of SSPs decrease HIV and Hep C transmission rates by 50-80%**
- SSP's decrease endocarditis and soft tissue infections  reduces Emergency Room visits.
 - The treatment cost for endocarditis increased eighteenfold 2010-2015 to about \$50K per case.
 - 42% of this is Medicaid.



Engagement

Participants of SSP's are 5x more likely to enter treatment, and 3x more likely to stop using drugs.

Why?

Meeting people where they are at...

3 Case Studies

1. Female with soft tissue abscess, treated with antibiotics.
 - A woman living in a nearby motel, who uses our services, is seen with a large abscess on her wrist. A volunteer gets a prescription for antibiotics from our physician's "standing order" at a local pharmacy. We deliver the medicine along with wound care supplies to the woman in need. One week later, her abscess is completely healed, saving the healthcare system \$\$\$.
2. Male who tested positive for HIV, referred to treatment.
 - A man comes into our office for services on a regular basis. One day he is asked about getting an HIV and HCV rapid test at our office. He states he already knows he is HCV positive and that there is no way he is positive for HIV. His friends encourage him to get a test anyway. He tests positive for HIV. Our care coordinator is able to sit with the individual to provide comfort and education on HIV. We make a warm handoff to the HIV treatment provider and start antiretroviral treatment (ART) the next day. 30 days later he was undetectable.
3. Male who transitioned from Syringe Services participant to Medication-Assisted Treatment patient.
 - A man who been using our harm reduction services for almost 2 years finally decides he wants to stop using drugs. He comes in for his syringe exchange and asks for more information on treatment options. We explain the resources and treatment options, and he calls the following week to make an appointment. Now, this individual is on medication for Opioid-Use Disorder and is speaking with a counselor weekly. We were able to scholarship his treatment cost for the first month, removing the financial barrier. The goal is to get him stable and employable so that he can continue receiving treatment.

Challenges Inc-Naloxone Distribution

Doses Distributed = **12,000**

Lives Saved = **316** (reported)

- Before COVID=250/month
- Since COVID=1,000/month
- Greenville County – 79.5% increase in overdose in 2018
- Works most effectively by peer-to-peer distribution
 - <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>
 - Gets Naloxone into the hands of *active drug users* at most risk of OD.



NALOXONE FOUND HERE

- Targets high risk areas
- 500 gas stations across the state

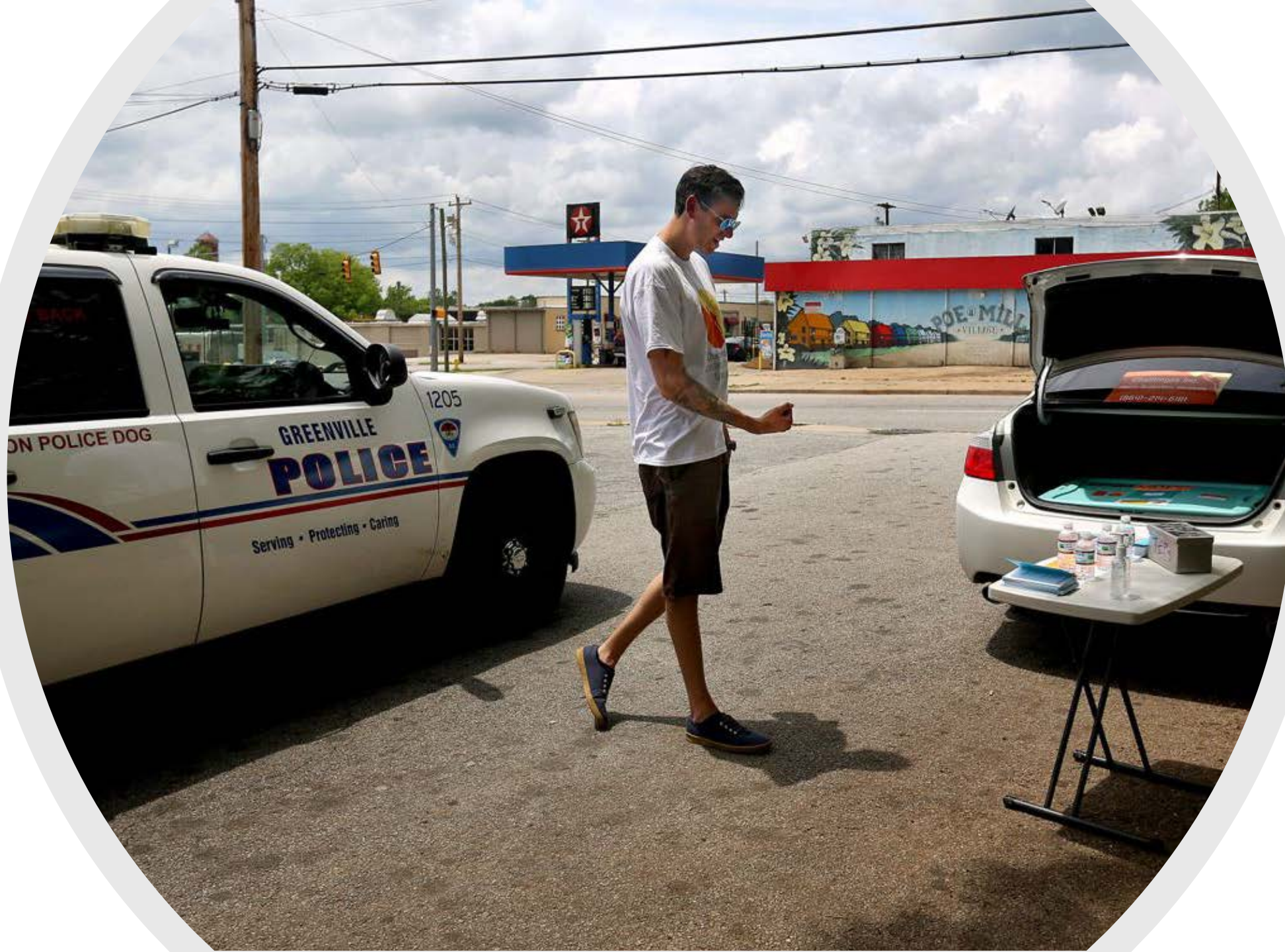




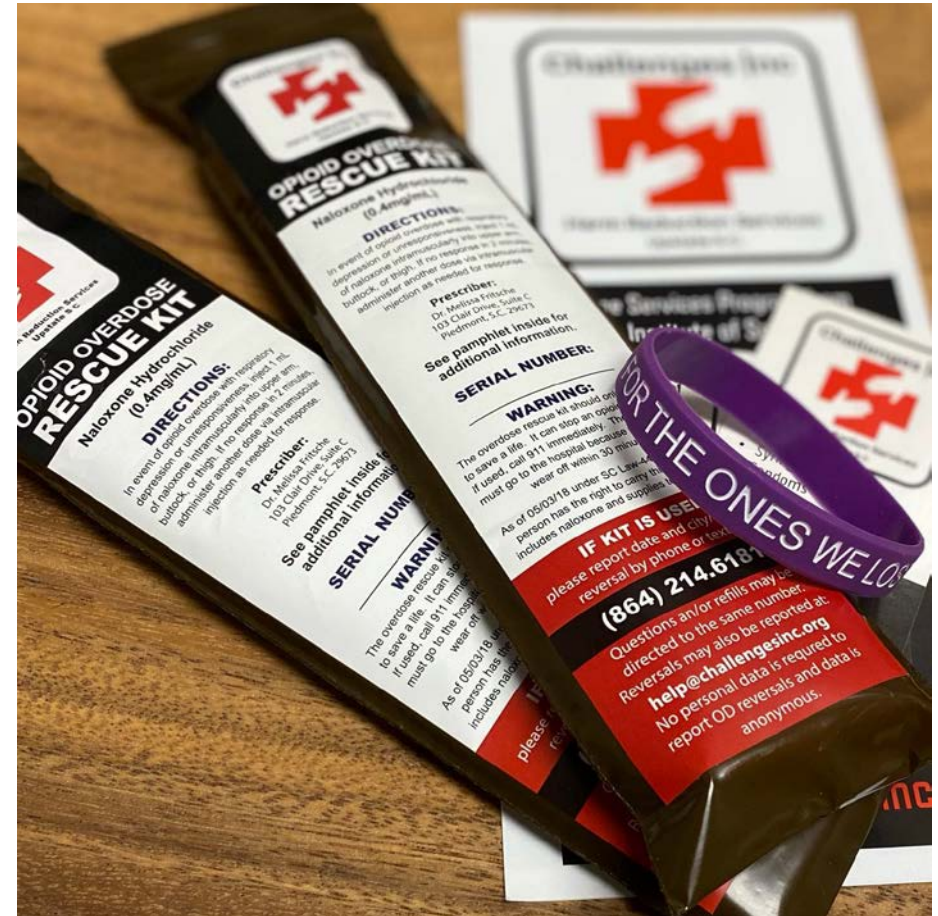
Street Outreach (4 Years Ago)



Street Outreach
TODAY



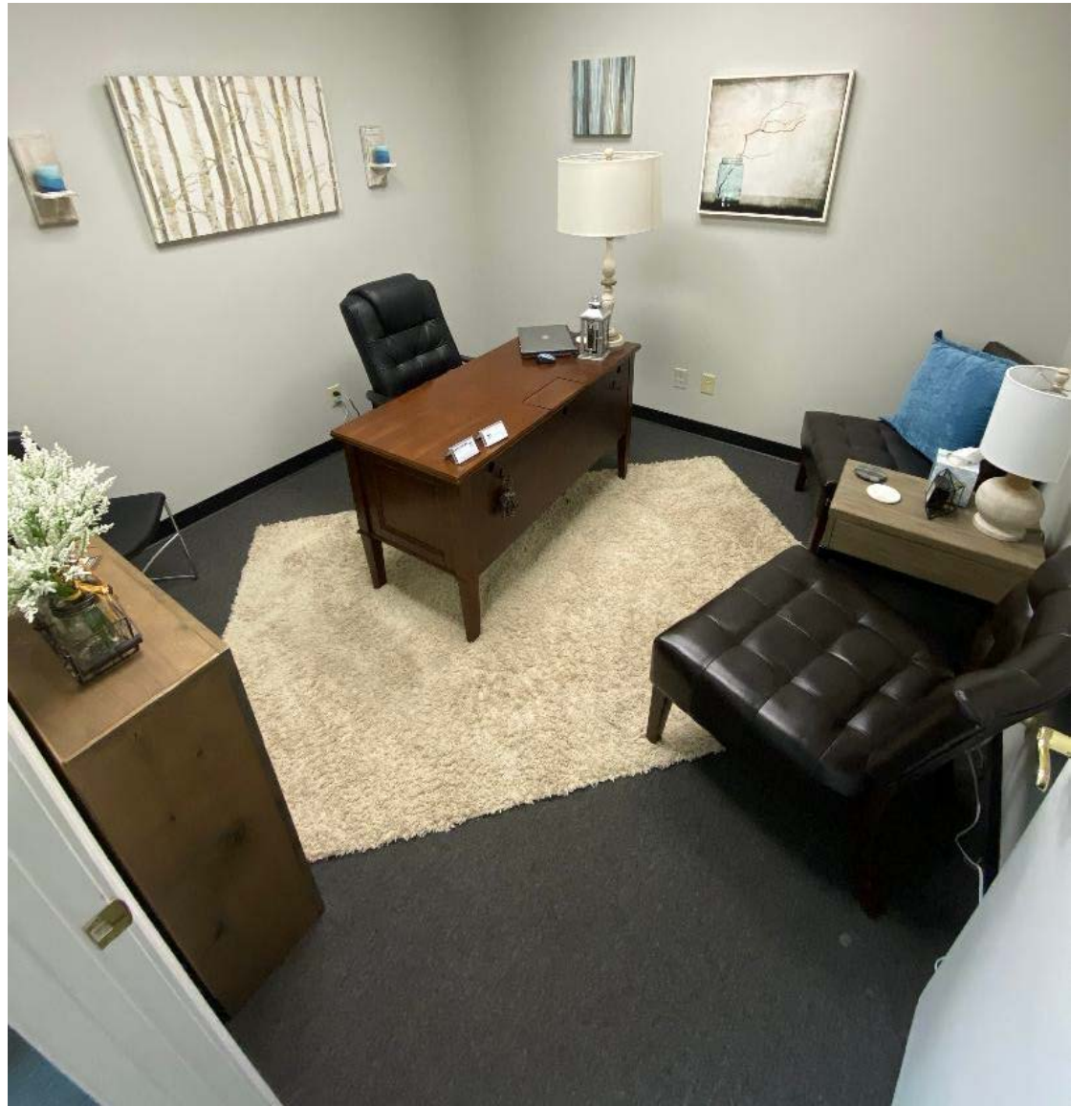
Mail-Based, OD Prevention Services

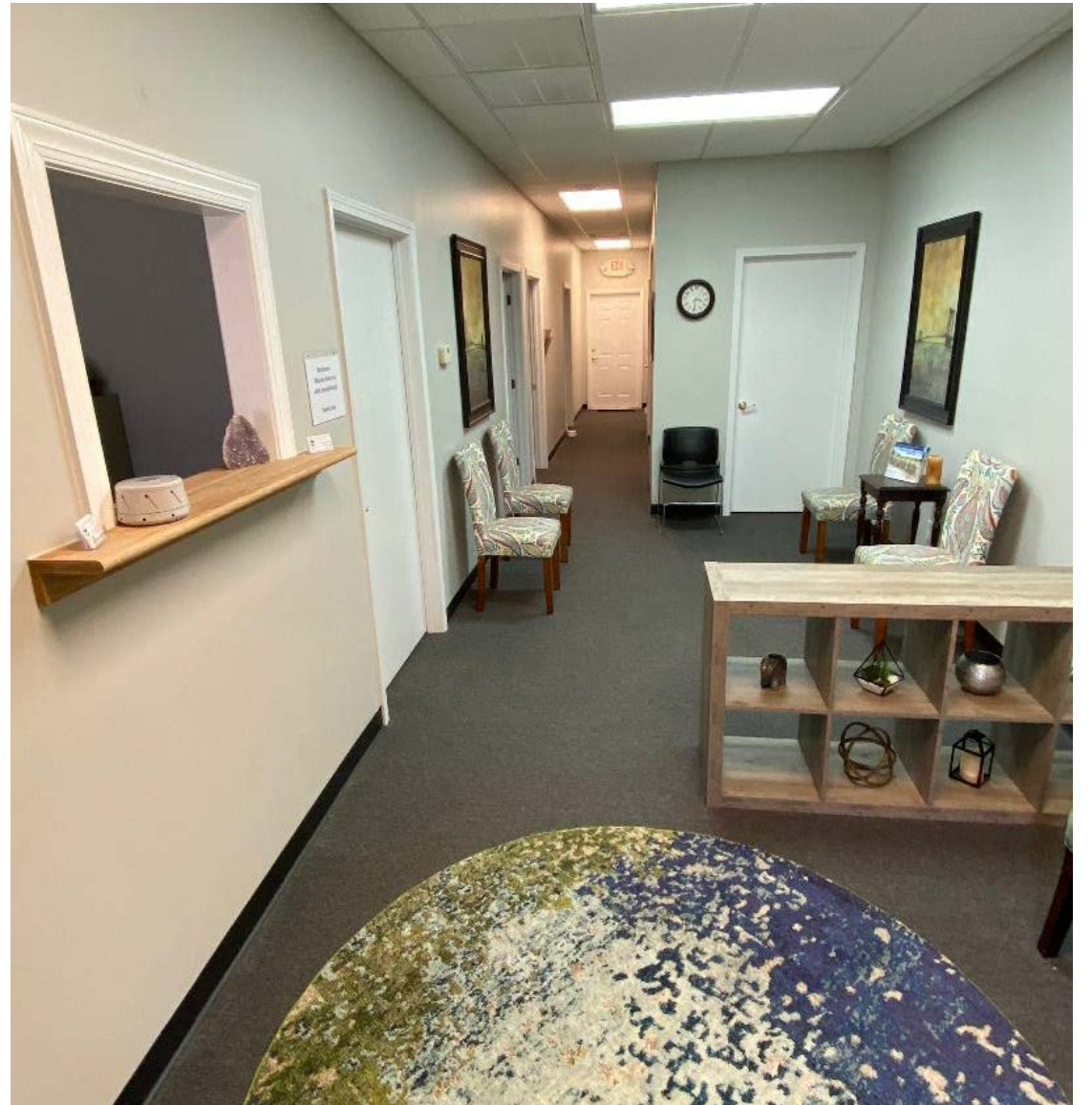


2020-Overdose Awareness Day in Greenville, S.C.









The Need for Legislation Reform

- Is syringe exchange illegal in South Carolina?
 - Not technically....
 - South Carolina state law does not prohibit syringe exchange but rather, there is no legislation that supports the practice and implementation of it.
 - What does this mean?
 - **'There is no funding for these programs to exist.'**
-

What can YOU do?

Speak to your legislatures, supervisors, and department heads about supporting this work, and **SHARE** this link:

www.imph.org

References

- <http://www.nchrc.org/syringe-exchange/factsheets-on-syringe-exchange/>
- <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>
- <https://www.aclu.org/fact-sheet/needle-exchange-programs-promote-public-safety>
- <https://www.pharmacytimes.com/resource-centers/hiv/syringe-sales-without-a-prescription-what-pharmacists-think>
- <http://lawatlas.org/datasets/syringe-policies-laws-regulating-non-retail-distribution-of-drug-parapherna>
- <https://www.cdc.gov/mmwr/volumes/66/wr/mm6622a1.htm#:~:text=On%20average%2C%20the%20cost%20for,increased%20eighteenfold%20during%202010%E2%80%932015>
- <https://imph.org/addressing-the-opioid-epidemic-and-preventing-the-spread-of-infectious-disease-through-the-provision-of-syringe-services-programs-2/>

CMEs and CEUs

MUSC designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]

MUSC will award 0.1 CEUs for this activity (1 contact hour = 0.1 CEU)

Harm Reduction March 2021 – June 2021		
Date	Topic	Presenter
5/07	Adolescents and MOUD	Justine Welsh, MD, Emory
5/21	Micro-dosing	Melissa Weiner, MD, Yale
6/04	Mindfulness-Oriented Recovery Enhancement(MORE)	Katy Bottonari PhD, MUSC & Ralph H. Johnson VAMC

WWW.SCMATAACCESS.ORG

TO ACCESS ARCHIVED DIDACTIC VIDEO PRESENTATIONS, SLIDE SETS, AND ADDITIONAL PRACTICE RESOURCES CREATE A LOG-IN AND PASSWORD.



Tele-Mentoring Programs in South Carolina

Project ECHO Opioid Use Disorders

Medical Director

Dr. Karen Hartwell, MUSC

Program Coordinator: Rachel Grater, grater@musc.edu

Website: www.scmataccess.org

**1st and 3rd Friday of each month
12-1 pm**

Project ECHO Pregnancy Wellness

Co-Medical Directors

Dr. Berry Campbell, USC and Dr. Donna Johnson, MUSC

Program Coordinator: Rachel Grater, grater@musc.edu

Website: www.pregnancywellnesssc.com

**1st and 3rd Wednesday of each month
12:15-1 pm**

Southeast Viral Hepatitis Interactive Case Conference

Medical Director

Dr. Divya Ahuja, USC

Program Coordinator: Adrena Harrison,
adrena.harrison@uscmed.sc.edu

Website: <http://schivtc.med.sc.edu/>

**1st and 3rd Wednesday of each month 12-1pm
4th Wednesday of each month 1-2pm**

Project ECHO Peer Recovery Support Specialists

Co-Directors

Dr. Karen Hartwell, MUSC and Mike Malone, CPSS, NCPRSS, FAVOR
Greenville

Program Coordinator: Rachel Grater, grater@musc.edu

**2nd and 4th Tuesday of each month
12-1 pm**