Harm Reduction: Reducing the Transmission of Infectious Diseases

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Glossary

SSPs – Syringe Services Programs
PWID – People Who Use Drugs
PWUD – People Who Use Drugs
WWID – Women Who Inject Drugs
WWUD – Women Who Use Drugs
2015 SSP Timeline

Feb 13 – SB 192 introduced in KY Senate
Feb 25 – 26 new HIV Dx / 4 P+ in Scott Co.
Mar 20 – 55 Dx / 13 P+
Apr 4 – SSP in Scott Co, 84 Dx / 5 P+
May 19 – 157 Dx / 1 P+
Mar 25 – KY Governor signed SB 192
SB 192

Allows Health Departments to operate a SSP.

Requires approval of:

- Local Board of Health
- Legislative body of City/County
SSPs in Louisville

LMPHW opened first KY SSP on June 10, 2015.

- Needs based negotiation model.
- Started with fixed site at Health Department.
- Partnership with VOA-MidStates for community sites.
Political Barriers

Late 2015 Republicans began pushing for 1 to 1 exchange.

Attorney General provided formal opinion supporting SSPs’ autonomy in choosing operating model.

HB 160 introduced to House, amended by Republican Senate to include 1-for-1 exchange, died in the House.
Political Barriers

October 2016, Governor Matt Bevin required all SSPs funded by state grants to follow 1-for-1 model after initial visit.

Political pressure effects SSPs ability to follow best practice models to effectively reduce transmission of infectious diseases.
Local Challenges

Louisville’s size (398 sq mi)

Perception that drug use is limited to the West End.

NIMBYism in the East End.
Barriers for Treatment

Negative experiences with medical providers leads to reduced use of preventative and ambulatory care by PWID/PWUD.

Delay of Dx and Tx for abscesses and endocarditis until condition is severe.
Maintaining a Low Threshold

Pressure to test for HIV & HCV raises the threshold for services.

Intentional language to raise awareness of testing services and benefits of testing without raising threshold.
Women’s Health

Drug related stigma and internalized shame put women who use drugs at significant risk for contracting infectious diseases and delaying treatment for infectious diseases.

Less likely to access reproductive health care.
Women With Children

Pregnant women and women with children often face more stigma than their male counterparts.

Due to cultural expectations of mothers, women experience significant shaming from others and self-shaming.
Women with Children

Less likely to seek treating or delay treatment for soft tissue infections, STIs, HCV, septicemia, and endocarditis.

Fear of involvement with Child Protective Services and loss of custody of children.
Intimate Partner Violence (IPV)

Women experiencing IPV often are not in control of the supply of drugs or the rituals surrounding drug use.

Lack of control places them at higher risk for acquiring an infectious disease.
Intimate Partner Violence

Women experiencing IPV may not be allowed to access a SSP by their partner or may be accompanied by their partner.

Housing services for women experiencing IPV often will not allow women who use drugs to engage in services.
Women’s in Relationships

Women are often tasked with domestic responsibilities and acquiring drugs.

This leaves them with less time to access SSPs where they can be educated about preventing infections diseases, screened and referred for treatment.
Women & Sex Work

WWUD, especially those with felony records, have more difficulty securing well paying jobs than their male counterparts.

Higher risk for engaging in sex work in exchange for money or drugs.
Women & Sex Work

Female condoms give women more power over the use of a condom.

Cost of female condoms limit SSPs availability to provide them.

Less control over use of a condom puts WWUD and engage in sex work at higher risk for STIs.
Developing Partnerships

Exploring a partnership with physicians at U of L to increase early Tx of soft tissue infections and reduce occurrence of ED visits.

Benefits to PWID, physicians, hospitals, and payors.
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