

Johnson, Sonia

From: Viafora Ray, Laura
Sent: Friday, August 06, 2021 8:55 AM
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Cc: Aida Seeraj
Subject: Follow-Up: SSP Key Stakeholders Meeting
Attachments: Florida Statute 381 Authorizing Syringe Exchange Program.pdf; Fact Sheet - The Infectious Disease Elimination Act - What it means for Jacksonville.pdf; Syringe Services Programs in Florida - Fact Sheet and Localized Data.pdf; Florida Syringe Exchange Programs.pdf; Syringe Program Sample Participant Cards.pdf

Good morning everyone -

Thank you so much for taking the time to participate in yesterday's meeting to further discuss making a legal safe syringe program a reality here in Duval County. Below I have compiled a list of everyone who attended, as well as an executive summary of what was discussed. Finally, I have attached several pertinent documents to this email that were referenced at the meeting. I know there was some sharing of contact information during the meeting and plans for attendees to connect further at later dates; if I can facilitate any of these connections, please let me know, and do not hesitate to reach out if you have any questions. Thank you!

Attendees

- **Councilmember Michael Boylan** - District 6
- **Sonia Johnson** - Executive Council Assistant to Councilmember Boylan
- **Tyler S. Bartholomew, PhD** - Harm Reductionist/Assistant Professor, University of Miami School of Medicine
- **Kasha J. Bornstein, MD, MPH, MS Pharm, EMT-P** - Chief Contributor to Florida IDEA Legislation and Resident Emergency Physician, New Orleans, LA
- **Paula Burns, MSH, FCCM** - Program Administrator, Office of Disease Control, FDOH in Duval
- **Eldys Diaz** - Executive Officer to Chief of Police, Miami Police Department
- **Assistant Chief S. G. Gallaher** - Jacksonville Sheriff's Office, Narcotics & Vice Section
- **Marcela Kelley-Hansen** - Chief Program Officer, Inspire to Rise, Inc.
- **Tim Quick** - Chief Investigator, State Attorney's Office, 4th Circuit
- **Mark E. Rowley, BSN, RN, EMT-P** - Assistant Chief of Information Services, Jacksonville Fire and Rescue Department
- **Melissa Salazar, CRPS** - Community Services Coordinator for The Sammy Project, Inspire to Rise, Inc.
- **Tim Santamour** - Florida Harm Reduction Collective
- **Hansel E. Tookes III, MD, MPH** - Founder/Director IDEA Exchange and Assistant Professor, Division of Infectious Diseases, University of Miami School of Medicine
- **Laura Viafora Ray, MPH, CPH** - Project Director, Jacksonville Fire & Rescue Department and Visiting Professor, University of North Florida, Department of Public Health
- **Kealey West** - Assistant General Counsel, Regulatory & Constitutional Law Department, Office of General Counsel, City of Jacksonville

Executive Summary

- The objective of this meeting was to bring together additional stakeholders, particularly representatives from the Jacksonville Sheriff's Office and the State Attorney's Office, to further discuss the IDEA Act - state legislation that authorizes counties to pass a local ordinance to authorize a legal syringe exchange program with the primary goal of preventing infectious disease transmission.
- The scope of the problem in Florida and Duval - HIV rates, Hepatitis C rates, overdose rates, and the associated costs with these health outcomes - was summarized. National and state-based evidence showing the effectiveness of syringe exchange programs in decreasing infectious disease transmission, decreasing syringe sharing among participants, decreasing syringe litter in public spaces, and encouraging participants to get connected to treatment/recovery services was discussed.
- Representatives from the Miami IDEA Exchange, which has been operating since 2016, shared their insights and experiences with the program and how it has benefited their community. Officer Diaz offered his unique perspective as a law enforcement representative, noting that the program has fostered trust between participants and law enforcement, reduced the chance of an officer being stuck with a needle during a pat-down (participants are given personalized sharps containers), and has addressed the "demand" side of the issue with substance use by linking individuals who use drugs to long-lasting recovery.
- The group was reminded of the broader community and public health value of decreasing infectious disease transmission among individuals who inject drugs, because they are not isolated, and they are "not an island." Preventing HIV transmission for a program participant or alerting a program participant to their HIV status can reduce further transmission to a sexual partner, for example.
- Inspire to Rise's Chief Program Officer confirmed that they are interested in becoming a contracted operator in Duval once the ordinance is passed. They are situated in 32210 - the zip code that has historically experienced the highest volume of overdoses and other related health outcomes - and they currently serve the target population with other services such as peer support and case management. With the technical assistance support and funding support from the Florida Harm Reduction Collective and the University of Miami, it appears that a program could be up and running quickly following the passage of the ordinance.
- Next Steps
 - Kealey West will continue to work with CM Boylan's office and other stakeholders to finalize the draft ordinance
 - Assistant Chief Gallaher will connect with Officer Diaz
 - Tim Quick will connect with State Attorney Katherine Fernandez Rundle
 - Based on stakeholder feedback and progress with finalizing the ordinance, CM Boylan will schedule a publicly noticed meeting to introduce the legislation to the City Council

Attachments

- Florida Statute 381
- Fact Sheet - The Infectious Disease Elimination Act: What it means for Jacksonville
- Syringe Services Programs in Florida - Fact Sheet and Localized Data
- Florida Syringe Exchange Programs (Fact Sheet from FL Department of Health)
- Syringe Program Sample Participant Cards

Best Regards,
Laura Viafora Ray

Laura Viafora Ray, MPH, CPH

Syringe Services Programs in Florida: Fact Sheet and Localized Data



Infectious Disease Elimination Act (IDEA) 2019

Under the Infectious Disease Elimination Act (IDEA), signed into law by Governor DeSantis in July 2019, allows County Commissioners to pass a local ordinance to implement a **Syringe Services Program (SSP)**.

SSPs are supported by:

1. Center for Disease Control and Prevention
2. World Health Organization
3. Florida Department of Health
4. Ending the HIV Epidemic: Plan for America

Under IDEA 2019, **no state, county, or local funds can be used to implement or operate these programs**. In addition, programs must follow a strict 1-for-1 syringe distribution model, offer HIV and HCV testing and referrals for substance use treatment. However, **the goal of the program is disease elimination and harm reduction**.

SSPs are Effective, Comprehensive and Evidence-Based

SSPs are associated with an estimated **50% reduction** in HIV and HCV incidence [3] and have been shown to be effective in preventing and responding to HIV outbreaks [10]. When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds [3,4]. SSPs serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder [5].

SSPs Help STOP Substance Use

The majority of SSPs offer referrals to medication-assisted treatment [6] and new users of SSPs are **five times more likely** to enter drug treatment and **three times more likely** to stop using drugs than those who don't use the programs.

SSPs **prevent overdose deaths** by teaching people who inject drugs how to prevent overdose and how to recognize, respond to, and reverse a drug overdose through the use of Narcan, the drug used to reverse an opioid overdose [7-12].

SSPs are Highly Cost-Effective Strategies

The lifetime cost of treating one HIV infection is **\$324,000** and the current cost to treat one HCV infection is **\$84,000**. In 2017, the cost to treat bacterial infections among PWID in the hospital in our county was **\$28 million** [2], showing high economic benefit to preventing these infections.

SSPs Protect Law Enforcement and Community

SSPs **DO NOT** increase crime rates or enable people to use substances [21,22].

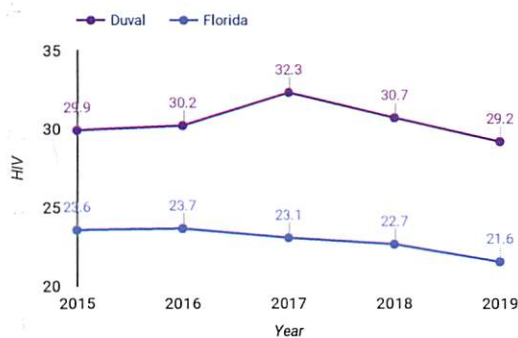
SSPs also protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community. A study conducted in Miami showed **50% less syringes** improperly disposed of in the community after implementing an SSP [14-19].

SSPs partner with local law enforcement to provide trainings on how to reverse an opioid overdose [13].

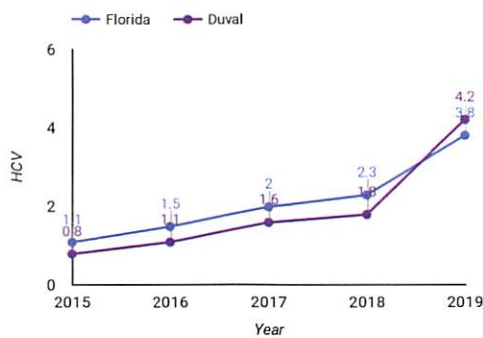
Localized Data on Our Current Epidemic

County: Duval, Florida (2) ▾

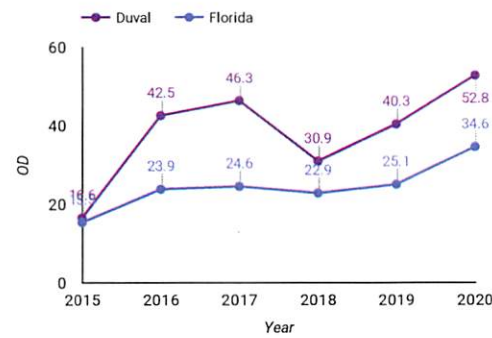
HIV Diagnoses, Rate Per 100,000 Population, 2015-2019



Acute HCV, Rate Per 100,000 Population, 2015-2019



Age-Adjusted Drug Poisoning, Per 100,000, 2015-2020



*All data are from FLHealthCharts

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**FLORIDA
SYRINGE EXCHANGE
PROGRAMS**

IDEA: Infectious Disease Elimination Act

State Resources

Read the statute that permits county commissions to authorize syringe exchange programs: **Section 381.0038, Florida Statutes**

Find educational resources on laws and policies: **IdeaExchangeFlorida.org**

Helping Emergency Responders Obtain Support (HEROS) is a program at the Florida Department of Health that provides emergency responders with emergency opioid antagonist medications:
FloridaHealth.gov/licensing-and-regulation/ems-system/heros

Federal Resources

Download fact sheets and read about safety, effectiveness, funding guidance and more: **CDC.gov/ssp**

Learn about the relationship between the opioid crisis and the HIV epidemic, funding guidance and more: **HIV.gov/federal-response/policies-issues/syringe-services-programs**

The U.S. Department of Health and Human Services is working to end the opioid epidemic—learn how exchange programs fit into the picture: **HHS.gov/opioids/about-the-epidemic/hhs-response**

The Syringe Services Program (SSP) Development and Implementation Guidelines for State and Local Health Departments is a guide intended for health departments but includes information that can help any group or organization looking to create an exchange program in their county:
NASTAD.org/sites/default/files/resources/docs/055419_NASTAD-SSP-Guidelines-August-2012.pdf

Additional Resources

Learn about the principles of harm reduction and initiatives that support it: **HarmReduction.org**

Find resources and publications, and learn about training and technical assistance opportunities, funding and more: **AIDSUnited.org/Syringe-Access-Fund/Syringe-Service-Resources**

Find information about existing rural exchange programs and step-by-step guidance for start-up and operation: **RuralHealthInfo.org/toolkits/substance-abuse**

NASEN was formed in 1992 to support syringe exchange programs. This initiative encourages the expansion of a network of organizations and individuals that advocate for syringe exchange: **NASEN.org**

The North Carolina Harm Reduction Coalition (NCHRC) is a statewide grassroots organization that promotes harm reduction interventions, public health strategies, drug policy transformation, and justice reform in North Carolina and throughout the American South: **NCHRC.org**

Estimated cost of comprehensive syringe service program in the United States is an article published on PLOS ONE that breaks down start-up and operation costs for syringe exchange programs: **journals.plos.org/plosone/article?id=10.1371/journal.pone.0216205**

**Florida
HEALTH**

Safe Syringe Program

Jacksonville, Florida

Safe Syringe Program

Jacksonville, Florida

Florida Statute 381.0038(4), "The Infectious Disease Elimination Act (IDEA)" authorizes the City of Jacksonville to establish a sterile needle and syringe exchange program as a means to prevent transmission of infectious disease.

City of Jacksonville Ordinance, Chapter 461 – Safe Syringe Program
"The possession, distribution, or exchange of needles or syringes as part of the syringe exchange program, established herein and pursuant to F.S. 381.0038(4), is not a violation of any part of F.S. Ch. 893, or any other law."

The holder of this card is a participant in Jacksonville's Safe Syringe Program.

Participant ID: _____

Interviewer ID: _____



Operator

*Inspire to Rise, Inc.
5927 Old Timuquana Rd.
Jacksonville, FL 32210
1-844-937-4731*

IDEA_{EXCHANGE}

XXXX

Infectious Disease Elimination Programs (IDEA)

CS/CS/SP Senate Bill 366

Effective July 1, 2019

This act may be cited as the "Infectious Disease Elimination Act (IDEA)."

7(c) The possession, distribution, or exchange of needles or syringes as part of an exchange program established under subsection is not a violation of any part of chapter 893 or any other law.

Participant ID: _____

1668 NW 7th Avenue

Interviewer ID: _____

Miami, FL 33136

Fixed site 786-769-8118

786-606-9047



The Infectious Disease Elimination Act: What it means for Jacksonville

The Problem

- Since 2005, the number of newly reported Hepatitis C (HCV) cases has tripled in the US. Half are injection-related.¹
- 20% of HIV cases are caused by sharing/reusing needles.²
- In 2019, Duval County had 4th highest rate of new HIV diagnoses in the state.³
- Hepatitis C infections in Duval County quadrupled from 2014 to 2019.⁴
- The estimated lifetime treatment costs for HIV is \$326,500.⁵
- The cost for a 12-week course of treatment for Hepatitis C is \$84,000.⁶
- In 2017, the cost for injection-related infections in Duval was \$28 million.⁷
- One in every three police officers may be stuck by a used needle.⁸
- In 2020, JFRD responded to 5,050 overdoses, a 22% increase from 2019.⁹
- In 2020 there were 545, drug-related deaths in Duval County, a 64% increase from 2018.¹⁰

The Solution

The IDEA Act: Under the Infectious Disease Elimination Act (IDEA), signed into law by Governor DeSantis in July 2019, City Council can pass a local ordinance to permit a safe syringe program to operate in Duval County. The goal of the program must be disease elimination.¹¹ A Safe Syringe Program (SSP) provides:

- An agreement/input from DOH Duval
- Reporting on outcomes
- Education, screening, HIV/HCV testing
- On-site counseling
- One sterile syringe in return for used one
- Overdose kits (Narcan)
- Referral to drug use treatment
- Safe disposal of used syringes
- No use of state or county funds
- Funded privately or via grants

The Benefits

- 50 – 67% ↓ in HIV and HCV infections¹²
- Needle sharing decreased 62%¹³
- Used needles discarded in public ↓ 49%¹⁴
- 45% of participants remain engaged¹⁵
- 5 times more likely to enter treatment¹⁶
- Reduces risks to police officers¹⁶
- Anyone can participate
- Reduces overdose deaths¹⁷
- Reduces skin/tissue infections¹⁸
- Mobile targeted outreach

Where are SSPs already Operating?

Nine Florida counties have passed a local ordinance to allow an SSP to operate. Miami-Dade, Hillsborough, and Palm Beach currently have operating SSPs. Orange County is expected to open their SSP in Summer 2021. The remaining counties are in the process of planning and developing agreements.

Partners and Advocates

- Centers for Disease Control and Prevention (CDC)
- Florida Department of Health (DOH)
- Law Enforcement Assisted Diversion (LEAD)
- LSF Health Systems
- Drug Free Duval (DFD)
- UNF Students for Sensible Drug Policy (UNF SSDP)
- Underground Recovery Jax
- Florida Harm Reduction Collective
- Jacksonville Area Sexual Youth Minority Network (JASMYN)
- Community Coalition Alliance (CCA)
- Inspire to Rise

What SSPs do not Do

- SSPs do NOT increase crime¹⁶
- SSPs do NOT encourage drug use¹⁹

What can Council Do?

- Continue to convene and engage with stakeholders
- Finalize and introduce legislation
- Pass an ordinance
- Hold us accountable

Once Approved

- Identify the organization that will operate the Safe Syringe Program
- Secure funding
- Enter into letters of agreement
- Finalize program procedures and operations (fixed and mobile sites)
- Hire staff, order supplies, conduct training, and publicize
- Ribbon cutting
- Constant feedback, updates and continuous improvement

**This is a public health crisis with an
evidence-based public health solution**



The Infectious Disease Elimination Act: What it means for Jacksonville

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Select Year: 2020 ▼

The 2020 Florida Statutes

[Title XXIX](#)[PUBLIC HEALTH](#)[Chapter 381](#)[PUBLIC HEALTH: GENERAL PROVISIONS](#)[View Entire Chapter](#)

381.0038 Education; sterile needle and syringe exchange programs.—The Department of Health shall establish a program to educate the public about the threat of acquired immune deficiency syndrome.

- (1) The acquired immune deficiency syndrome education program shall:
 - (a) Be designed to reach all segments of Florida's population;
 - (b) Contain special components designed to reach non-English-speaking and other minority groups within the state;
 - (c) Impart knowledge to the public about methods of transmission of acquired immune deficiency syndrome and methods of prevention;
 - (d) Educate the public about transmission risks in social, employment, and educational situations;
 - (e) Educate health care workers and health facility employees about methods of transmission and prevention in their unique workplace environments;
 - (f) Contain special components designed to reach persons who may frequently engage in behaviors placing them at a high risk for acquiring acquired immune deficiency syndrome;
 - (g) Provide information and consultation to state agencies to educate all state employees;
 - (h) Provide information and consultation to state and local agencies to educate law enforcement and correctional personnel and inmates;
 - (i) Provide information and consultation to local governments to educate local government employees;
 - (j) Make information available to private employers and encourage them to distribute this information to their employees;
 - (k) Contain special components which emphasize appropriate behavior and attitude change; and
 - (l) Contain components that include information about domestic violence and the risk factors associated with domestic violence and AIDS.
- (2) The education program designed by the Department of Health shall use all forms of the media and shall place emphasis on the design of educational materials that can be used by businesses, schools, and health care providers in the regular course of their business.
- (3) The department may contract with other persons in the design, development, and distribution of the components of the education program.
- (4) A county commission may authorize a sterile needle and syringe exchange program to operate within its county boundaries. The program may operate at one or more fixed locations or through mobile health units. The program shall offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases among intravenous drug users and their sexual partners and offspring. Prevention of disease transmission must be the goal of the program. For the purposes of this subsection, the term "exchange program" means a sterile needle and syringe exchange program established by a county commission under this subsection. A sterile needle and syringe exchange program may not operate unless it is authorized and approved by a county commission in accordance with this subsection.
 - (a) Before an exchange program may be established, a county commission must:
 1. Authorize the program under the provisions of a county ordinance;

2. Enter into a letter of agreement with the department in which the county commission agrees that any exchange program authorized by the county commission will operate in accordance with this subsection;
3. Enlist the local county health department to provide ongoing advice, consultation, and recommendations for the operation of the program;
4. Contract with one of the following entities to operate the program:
 - a. A hospital licensed under chapter 395.
 - b. A health care clinic licensed under part X of chapter 400.
 - c. A medical school in this state accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation.
 - d. A licensed addictions receiving facility as defined in s. 397.311(26)(a)1.
 - e. A s. 501(c)(3) HIV/AIDS service organization.
- (b) An exchange program must:
 1. Develop an oversight and accountability system to ensure the program's compliance with statutory and contractual requirements. The system must include measurable objectives for meeting the goal of the program and must track the progress in achieving those objectives. The system must require the program operator to routinely report its progress in achieving the objectives and the goal of the program. The system must also incorporate mechanisms to track the program operator's compliance or noncompliance with contractual obligations and to apply consequences for noncompliance. The program must receive the county commission's approval of the oversight and accountability system before commencing operations.
 2. Provide for maximum security of sites where needles and syringes are exchanged and of any equipment used under the program, including, at a minimum, an accounting of the number of needles and syringes in use, the number of needles and syringes in storage, safe disposal of returned needles, and any other measure that may be required to control the use and dispersal of sterile needles and syringes.
 3. Operate a one-to-one exchange, whereby a participant shall receive one sterile needle and syringe unit in exchange for each used one.
 4. Make available educational materials regarding the transmission of HIV, viral hepatitis, and other blood-borne diseases. The program operator must offer such materials to program participants whenever needles or syringes are exchanged.
 5. Provide onsite counseling or referrals for drug abuse prevention, education, and treatment, and provide onsite HIV and viral hepatitis screening or referrals for such screening. If such services are offered solely by referral, they must be made available to participants within 72 hours. The county commission in a rural county may, under its contract with the program operator, adjust the 72-hour requirement if the commission finds that the availability of providers warrants an extended timeframe.
 6. Provide kits containing an emergency opioid antagonist, as defined in s. 381.887, or provide referrals to a program that can provide such kits.
 7. Collect data for annual reporting purposes. The data must include the number of participants served; the number of used needles and syringes received and the number of clean, unused needles and syringes distributed through exchange with participants; the demographic profiles of the participants served; the number of participants entering drug counseling or treatment; the number of participants receiving testing for HIV, AIDS, viral hepatitis, or other blood-borne diseases; and other data that may be required under department rule. However, a participant's personal identifying information may not be collected for any purpose. Each exchange program shall submit a report to its county commission and to the department by August 1 annually. The department shall submit a compilation report encompassing data from all exchange programs annually by October 1 to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The department may adopt rules to implement this subparagraph.
- (c) The possession, distribution, or exchange of needles or syringes as part of an exchange program established under this subsection is not a violation of any part of chapter 893 or any other law.
- (d) An exchange program staff member, volunteer, or participant is not immune from criminal prosecution for:
 1. The possession of needles or syringes that are not a part of the exchange program; or

2. The redistribution of needles or syringes in any form, if acting outside the exchange program.

(e) A law enforcement officer acting in good faith who arrests or charges a person who is thereafter determined to be immune from prosecution under this section shall be immune from civil liability that might otherwise be incurred or imposed by reason of the officer's actions.

(f) State, county, or municipal funds may not be used to operate an exchange program. Exchange programs shall be funded through grants and donations from private resources and funds.

History.—s. 2, ch. 88-380; s. 17, ch. 91-297; s. 1, ch. 95-187; s. 34, ch. 97-101; s. 2, ch. 2016-68; s. 2, ch. 2019-143.

Note.—Former s. 381.608.