



SENATE FINANCE COMMITTEE

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June 11, 2019

Julie Patterson, Director, AIDS Funding Collaborative

Chairman Dolan, Vice Chair Burke, Ranking Member Sykes, and members of the Senate Finance Committee: thank you for hearing my testimony today. My name is Julie Patterson and I serve as the Director of the AIDS Funding Collaborative (AFC). The AFC's mission is to strengthen the community's response to HIV/AIDS as a public/private partnership: providing coordination, leadership, advocacy and funding in Greater Cleveland. I am here today to offer testimony on the state operating budget's harm reduction line (DOH, 440529) and support for syringe service programs (SSPs) in Ohio.

The AIDS Funding Collaborative is a 25-year-old public/private partnership of funders in Cuyahoga County. We have a long history of support for syringe services programs, dating back to 1994 when we recognized the need for effective interventions to reduce HIV infection among people who inject drugs. We have financially supported the Cleveland syringe service program, housed now by the The Center for Families and Children and Circle Health, formerly the Free Clinic of Greater Cleveland, since 1994. First established by a public health emergency order, the program was instrumental in bringing down the rate of new HIV infections in Cleveland, and has served clients from as many as 12 counties in Northeast Ohio that did not have established programs.

While Ohio has experienced a remarkable increase in new HIV infections as a result of the opiate crisis, and the switch among many who were addicted, from pill to injectable



opiates, the established Cleveland program scaled its services, quadrupled the number of syringes exchanged, and Cleveland has been spared this increase.¹

As the committee is aware, addiction is a chronic, relapsing disease. Although we wish syringe service programs were not necessary, when individuals are not yet connected to recovery services or have relapsed, these programs serve as a vanguard against complex, life-threatening and expensive infectious diseases (e.g., HIV, hepatitis, endocarditis), as well as overdose. Syringe services programs provide sterile injection equipment, and also HIV screening, naloxone, fentanyl testing strips and warm referrals to primary care, substance use disorder treatment and recovery services. We have been out on the Cleveland program's mobile unit, which is a humbling experience, and we highly recommend to you. We understand the importance of building and maintaining rapport with clients – another strength of these programs – many of whom have lost everything as a result of their addiction and are grateful that these programs exist to keep them healthy until they can maintain sobriety.

We also are aware that these programs are often misunderstood. Common misconceptions are that they enable opiate use or can lead to crime. To be clear, individuals do not begin opiate use because of the existence of an SSP; if they do not have access to sterile equipment, they will use, but will reuse and share needles – leading to the spread of infectious disease. Moreover many programs have excellent relationships with local law enforcement, which is recommended but often not necessary because as noted, clients are incredibly grateful for these resources, and follow the rules of the exchange, to ensure the service is not interrupted. In addition to the public health benefit of prevention against infectious diseases, which can be costly to our public health care and financing systems, we also know that individuals who inject drugs and use an SSP are 5 times more likely to enter recovery.

¹ Summary of HIV Infection Among Injection Drug Users (IDU) in Ohio. Ohio Department of Health. 2018. Accessible at: https://odh.ohio.gov/wps/wcm/connect/gov/0ca0eaae-b4ae-43bf-8ca8-359e6cbe333c/HIV+in+IDU+2017.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HG_GIK0N0JO00QO9DDDDM3000-0ca0eaae-b4ae-43bf-8ca8-359e6cbe333c-mnJ3h.Z



In a report released last year by the Health Policy Institute of Ohio, two of the three key findings for Ohio policy makers were about investment in harm reduction programs. The report emphasized SSPs as an effective and underutilized tool in the opiate response in Ohio, and specifically a tool for the prevention of Hepatitis C given the state's burden of disease and the cost to treat. They also noted a clear misalignment between the evidence for harm reduction programs and Ohio's use of and investment in them.²

While communities like Cleveland, Cincinnati and Columbus have health philanthropy and other supports for syringe service programs, there are many communities in Ohio that approve of these programs but simply do not have the resources to implement them. In fact, the Centers for Disease Control and Prevention cited 220 counties nationally that are at extreme risk for HIV and hepatitis C outbreaks; 11 of these counties are in Ohio. Only four have SSPs.

The Center for Community Solutions produced a report earlier this year on the new syringe service programs that have emerged as part of the response from so many Ohio communities to the opiate crisis.³ All of the programs expressed budget concerns – some operate for as few as two to four hours a week. The programs require operating dollars to support staff and supplies that leverage other existing resources in the community – including HIV and hepatitis screening, naloxone and recovery services and referrals. We applaud the Senate for adding a harm reduction line to the Department of Health budget for the first time. Given the unmet need for services in Ohio, the AFC encourages the Senate to increase the funding in this line (DOH 440529) from \$50,000 to \$250,000 in each year of the biennium to support both new and existing programs for Ohioans dealing with addiction and the communities working to keep them alive and on a path toward recovery.

² Ohio addiction policy inventory and score card. 2: Overdose reversal and other forms of harm reduction. Health Policy Institute of Ohio. 2018. Accessible at: <https://www.healthpolicyohio.org/ohio-addiction-policy-inventory-and-scorecard-overdose-reversal-and-other-forms-of-harm-reduction/>

³ Ohio Syringe Services Program Profiles. The Center for Community Solutions. 2019. Accessible at: <https://www.communitysolutions.com/research/profiles-ohio-syringe-service-programs-ssps-doubled-since-2016/>



Graphic 1: Syringe Service Programs (SSPs) and Risk for HIV/Hepatitis C outbreak in Ohio, 2019.

Syringe Services Programs in Ohio (As of March 2019)

