



CITY OF CHARLESTON
West Virginia

Council Member – 10th WARD



Keeley Steele
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Public Safety Committee, Chair
Ordinance and Rules Committee

TO: Public Safety Committee
FROM: Keeley Steele, Chair
RE: Committee Meeting

There will be a Committee meeting of Public Safety on February 24, 2021 at 5:30 PM

THE MEETING WILL BE AVAILIABLE TO THE PUBLIC VIA VIDEO/CONFERENCE CALL

***Join via internet:**

<https://us02web.zoom.us/j/85884062439?pwd=L0dWbElPQm1DQitSbGprRFMzYVVBVQT09>

Passcode: 818251

***Join via Phone: 301-715-8592 or 312-626-6799**

Webinar ID: 858 8406 2439

The agenda will be as follows:

Approval of Previous Minutes

1. 2-4-2021

To Hear From Invited Panelists Concerning Bill No. 7893

1. Attachments (if required)

Bills

1. ~~Bill No. 7893— A BILL to amend the Code of the City of Charleston relating to requiring any distribution of hypodermic needles within the City of Charleston to be performed by persons or entities that have a certification as a Harm Reduction Program from the State of West Virginia in addition to any required state license; eliminating the ability for the Chief of Police to provide exceptions, and establishing penalties for violations. REMOVED~~

Take Up First Responder Survey; Time permitting

1. Attachments (if required)

Adjournment

*THE AGENDA WAS AMENDED 2-22-2021 to remove bill and add survey discussion

KS/ns

MINUTES

PUBLIC SAFETY COMMITTEE MEETING

5:30 P. M., FEBRUARY 4, 2021

*IN RESPONSE TO THE COVID-19 PANDEMIC, THE MEETING OF THE PUBLIC SAFETY COMMITTEE WAS CONDUCTED ELECTRONICALLY. THE MEETING WAS MADE AVAILABLE TO THE PUBLIC AS A LIVE STREAM VIA ZOOM (PER THE AGENDA).

Keeley Steele, Chairperson, called the meeting of the Charleston City Council Committee on Public Safety to order at 5:30 p.m., FEBRUARY 4, 2021.

Committee Members Present:

Keeley Steele, Chair
Chuck Overstreet, Vice Chair
Pat Jones
Bruce King
Deanna McKinney
Shannon Snodgrass
Tiffany Wesley-Plear

1. Approval of Previous Minutes –
Councilmember King moved to approve the minutes of the previous meeting on 1-14-2021. Councilmember Overstreet seconded the motion. There was no objection and the minutes were approved.

2. Resolution No. 419-21 – Requesting affirmation from the City Government that it will actively survey and obtain input from the full membership of the first responder community and sanitation workers before taking further action with regard to approving, creating, expanding or otherwise acting upon any syringe exchange or distribution programs, as well as requesting affirmation that the City Council shall be fully included in this survey process –

Councilmember Steele stated that the discussion is not about harm reduction or syringe exchange. The Committee will be discussing the logistics of how the proposed survey will be carried out within the Departments. She requested that the meeting to be kept to an hour, so 30 minutes will be spent discussing the resolution and 30 minutes will be spent discussing how the 2-24-2021 meeting will be conducted. Councilmember Steele stated that the intention of the resolution is pretty clear, but it had been brought to her attention that it is missing a “Therefore be it resolved” clause. She asked City Attorney, Kevin Baker to discuss this and any other possible changes for a Committee Substitute.

Baker added that the Committee could approve to change the document to the format of a resolution as currently it reads more like a petition because it mentions “signatory members.” If the resolution was adopted, it would be from the Council body not specific members. He added that resolutions typically contain “Whereas” clauses that set the purpose and a resolve clause that sets forth the action that the resolution is directing take place.

Councilmember King, who submitted the resolution, asked for clarification as to what should be in the resolve clause. His idea was to get with some IT people and send out a survey via Survey Monkey via email of a list of about 10 questions to first responders, Refuse workers and Public Grounds employees. Baker made some clarifications on the language and added that he wasn’t sure if all of the Refuse and Public Grounds employees had a City email. Councilmember King replied that they could work with IT for a workaround.

Councilmember Steele added that if Public Grounds employees were to be included, then Parking employees (parking garages) should also be included. She also wanted to work out the timeline and logistics of the survey. She asked the Department Heads present if an anonymous survey of employees had ever been done before to their knowledge; if so, how was that done. Chief Hunt replied that the CPD has done something similar when they vote for members of the Pension Board etc. They do paper ballots in a physical drop box that is later counted, the timing is coordinated to accommodate both shifts. He added that names are crossed off as they vote to prevent multiple voting. Councilmember King replied that electronic surveys can be simple and anonymous with near-instant results. He added that he thought the questions should be kept simple, with Yes or No responses. Chief Hunt requested that the survey be kept open for at least 4 days.

Councilmember Wesley-Plear added that, from her experience, many Refuse workers did not have personal emails or City emails. She agreed that the survey should be

simple. Director of Refuse, Jered Lanham, agreed that the vast majority do not have private emails and paper surveys would work better. Councilmember Snodgrass stated that they wanted the process to be short and simple, being concerned with Police, Fire, Refuse and Public Grounds. She added that it is most important that it be anonymous and that no one could see them filling out the survey. She added that her idea was to have a City computer available at those locations. Director of Public Works, Brent Webster, added that they are limited, but with the help of IT, they could probably dedicate 1 or 2 computers. Councilmember Steele agreed that it would be best to keep the survey in one format.

Councilmember Steele asked if the questions needed to be determined during the meeting or at a later time. Baker replied that they could put the questions on the resolution, but it wasn't necessary. He read the proposed changes to the resolution thus far. Councilmember Steele asked who would be responsible for creating the questions. Baker replied that, as the current resolution was drafted, it would be in the hands of the Mayor or City Manager to figure it out and execute it. Councilmember Snodgrass stated that to be fair and make employees feel comfortable, the survey results should come back to Public Safety Committee, but should not come from the Mayor's Office.

Councilmember Snodgrass stated that the survey questions should come from the Public Safety Committee. Councilmember Steele asked how that would happen (a Committee meeting solely to create the survey etc.). Councilmember Snodgrass replied that they could work on it after the resolution passes, either by a subcommittee or a full meeting.

Councilmember Wesley-Plear suggested having the Departments submit questions to be approved by the Committee so that they aren't starting from scratch. Councilmember McKinney agreed.

Councilmember King asked why they weren't contacted about changing some of the language in the resolution (the resolve clause, for example) before this meeting. Baker replied that he did reach out to Councilmember King when the resolution was first brought to his attention on the Friday before it was introduced. He had suggested that they could work on the language so that it could be brought to Council and adopted at the flowing meeting instead of referring it to Committee. He added that Councilmember King was insistent that it was to be introduced as written at that time. Once referred to Committee, it is in their hands to adjust the language via committee substitute.

Councilmember King requested that the Public Safety Committee create the survey and administer it with the help of the IT Department. Councilmember Snodgrass agreed, adding that they are making it harder than it needs to be. She stated that she thought the resolution was clear as it stands.

Councilmember Jones asked if the survey could be ready before Council approved the resolution. Councilmember Snodgrass clarified that the resolution needed to be passed by the Committee and passed by Council before the survey could be administered.

Councilmember Overstreet suggested to make the changes proposed by the City Attorney with the Committee making the questions. Baker read the updated changes. Councilmember Steele clarified with Baker that the resolution as currently written would place the responsibility of executing the survey on the Administration as directed by the Mayor or City Manager. Councilmember Snodgrass again expressed concern that employees wouldn't feel comfortable if the survey came directly from the Administration. She clarified with Baker that he recommended the "signatory" line be changed to reflect that a resolution is a statement from the whole Council body, not just the sponsors of it. Otherwise, it reads more like a petition to him.

Councilmember Wesley-Plear suggested that the resolution be written so that the survey has to be approved by the Public Safety Committee. Councilmember Snodgrass stated that there is an ex-fire chief on the Committee and they could reach out to those Department Heads themselves to create questions that would universally apply to all employees. Councilmember Wesley-Plear cautioned that the questions would need to be carefully worded so as to not skew the results.

Councilmember Jones suggested to add to the resolution that SOAR should stop their needle exchange program until they are able to consider the matter. Councilmember Wesley-Plear stated that they couldn't name a specific organization. Councilmember Jones suggested that needle exchanges be stopped unless they are WV State certified programs. Baker replied that they could put whatever they would like into the resolution, but it wouldn't be an enforceable ordinance. They could only request it.

Councilmember McKinney stated that they needed to remember to be respectful. They do not want to make decisions without including the right people. They should also not be considering questions without including the appropriate Department Heads. Additionally, 10 is probably too many questions.

Councilmember King stated that he would like to see a statement in the resolution asking SOAR to halt their needle exchange program. Baker summarized the current changes to the resolution per the discussion. Councilmember Snodgrass agreed to the needle exchange program restriction. Councilmember Steele added that she thought that would bog down the discussion for the actual bill. Councilmember Overstreet agreed, and suggested adding in the resolutions that Department Heads would be consulted. Councilmember McKinney agreed. Councilmember Wesley-Plear agreed that a particular organization did not need to be named. While she was fine with adding the previously mentioned clause, she thought it would hold up the survey process.

Councilmember King motioned to amend the resolution to add "We would request any organization currently operating a needle exchange without State certification to suspend such distribution until such time that Council takes action on pending legislation." Councilmember Jones seconded.

Yeas: Jones, King, Overstreet, Snodgrass
Nays: McKinney, Steele, Wesley-Plear

With the yeas being in the majority, the Amendment was approved.

Baker then read the resolution in its entirety. Councilmember Snodgrass asked for the last section to be read again.

From the audience, Councilmember Faegre added that there have been a lot of contradicting statements. She added that it was very intimidating when, several years ago, many police and fire workers lined Council Chambers opposed to needle distribution. She added that it was very clear how they felt.

From the audience, Councilmember Pharr added that the conversation around the resolution had changed since she first saw it, adding that the intent was to gather information and to speak and listen. It is embarrassing that Councilmembers are speaking over one another to the point where she doesn't even know what they are discussing. They also need to hear from the organizations. She did not agree with the amendment, and asked if she could have her name removed as a sponsor. She added that it was disrespectful to be constantly telling someone that they are out of order or talking over other people. Nikki Smith, from the Clerk's Office, added that her name could be removed, and asked that she submit her request via email.

From the audience, Councilmember Knauff asked who from Public Works would be answering the survey as he was under the impression that it would be Refuse and Public Grounds. Webster replied that he only spoke to inform the Committee that the Department was email challenged and to help ensure the process was as easy as possible for the workers. Councilmember Knauff asked Baker to read the last section again. Baker clarified that Public Works was included in the language instead of listing the various departments (refuse, streets, etc.) as they all fall under Public Works.

Councilmember King added that the only thing the resolution does is ask to survey employees of the City. He agreed that all Members have the responsibility to learn about the topic. He encouraged members to also visit Heath Right.

Councilmember King motioned to approve the resolution. Councilmember Overstreet seconded. With the yeas being in the majority, Resolution No. 419-21 Committee Substitute was approved.

3. Discussion on how to conduct the meeting on 2/24/2021 in order to take up Bill No. 7893

Councilmember Steele asked if the Committee wanted to possibly meet in person for their next meeting. The majority of the Committee seemed to be in favor with meeting in

person. Councilmember Wesley-Plear asked how many members of the public would be able to attend. Councilmember Steele said they will be in a better position to determine that after the first in-person Council meeting on 2-16-2021. Smith clarified that if an in-person meeting was to be open to the public, there could not really be a limit. However, the Committee could meet in person, but allow access to the public via Zoom or some other live streaming method. Councilmember Steele confirmed they could decide after the first in person Council meeting. Smith added that the Committee could potentially meet in Council Chambers, but the number of people present would be limited. Snodgrass thanked those listening to the meeting. From the audience, Councilmember Faegre stated that the Ordinance and Rules Committee had meet in Council Chambers in the past, adding that the room was packed and Committee meetings were not public hearings. From the audience, Councilmember Knauff asked what the difference would be between having the meeting at the Convention Center versus Council Chambers. Smith replied that because of the current socially distanced guidelines, Council Chambers would only be viable if only the members and a few invited panelists were present, whereas a completely open in person meeting would only be possible at the Convention Center.

4. Discussion on invites to next SOAR event and invites to a "Town Hall" with WVDII

Councilmember Steele stated that the West Virginia Drug Intervention Institute had invited all Councilmembers to their Town Hall meeting, as well as SOAR's event that upcoming Saturday. Regardless of their opinions, as public officials they should do their jobs with integrity by having all the information.

Councilmember Snodgrass motioned to adjourn. Councilmember Jones seconded.
Meeting adjourned

Committee Substitute for Resolution No. 419-21 - WHEREUPON, the ~~herein signatory~~ members of the City Council of Charleston, WV are presented with an issue of ongoing public concern - the distribution and/or exchange of hypodermic syringes for the purpose of intravenous drug use. ~~These members note~~ City Council notes that the City's first responder community, namely police and fire, have not been fully informed of the status of this issue that impacts their daily work lives. Likewise, other City employees directly impacted by this issue, such as sanitation and refuse workers, likewise do not appear to have been fully apprised of the status of this current debate.

WHEREAS, ~~these signatory Council members~~ City Council further notes that input and cooperation of first responders is considered so critical on this issue that it was recently cited by the West Virginia Department of Health and Human Resources as a factor when it considered and rejected the application of a proposed syringe distribution program within Charleston City limits. ~~These members~~ City Council agrees and believes the additional input of sanitation workers is necessary for good governance, employee morale and community safety.

WHEREAS, ~~these signatory members of the Charleston, WV City Council request affirmation from our City Government that it~~ Public Safety Committee will actively survey and obtain input from the full membership of our first responder community and the full membership of our ~~sanitation~~ Public Works workers before taking further action with regard to approving, creating, expanding or otherwise acting upon any syringe exchange or distribution programs. ~~We request affirmation from our City Government that t~~ The City Council of Charleston, WV shall be fully included in this survey process, which may be conducted anonymously or in any other way deemed appropriate for the protection of City workers. This Resolution in no way prohibits any City Department from enforcing existing laws that revolve around this issue.

WHEREAS, ~~these signatory members of the Charleston, WV City Council recognizes~~ the crucial role of our first responders and ~~sanitation~~ Public Works workers on this issue. We value and seek their expertise and opinions. ~~These signatory members of the Charleston, WV City Council ask the City Council of Charleston, WV to adopt this Resolution at the next regularly scheduled meeting of Council and to take any such further action necessary to effectuate its spirit and purpose.~~

Now, therefore, be it resolved by the Council of the City of Charleston, West Virginia:

That the Public Safety Committee is hereby directed to create a survey regarding opinions about the distribution and/or exchange of hypodermic syringes in order to obtain anonymous City employee responses; and to work with the Charleston Police Department Chief, the Charleston Fire Department Chief, and the Director of Public Works to distribute the survey to the employees of these departments.

And that we request any organization currently operating a needle distribution without state certification to suspend such distribution until the City Council takes action on the

| pending legislation.



February 22, 2021

Dear Members of Charleston City Council:

I am sorry I am unable to be there for the Public Safety Committee meeting, but my focus must be on the recently introduced state legislation regarding needle exchanges. This bill could impact every needle exchange program in the state, including ours. It currently calls for a complete loss of any type of state funding if you run a needle exchange, certified or not, which would jeopardize our whole Harm Reduction Program's existence if we choose to continue our program as is. I am keeping a watchful eye on the bill and talking to legislators about it daily, hoping to see some recommended amendments to the bill. Legislators have been giving warnings about needing safeguards, in terms of needle exchange programs, for a few years; and now, they have decided to act. In an effort to be of assistance, I offer the following information at the request of Councilwoman Keeley Steele, Chair of the Public Safety Committee.

I was awarded the prestigious Robert Wood Johnson Health Equity Award in 2018 by the National Association of Free and Charitable clinics for our mobile Harm Reduction Program. That was one of the greatest, if not *the* greatest, honor of my career. Many people have been commenting about our award winning, state certified Harm Reduction Program. And while some claim to know all about it, this is not the case. We have outreach programs in other counties that follow strict guidelines, as requested by those counties because community buy-in is of the utmost importance when operating these types of programs. The program ran inside our main clinic is where about 80% of our harm reduction work is conducted. There is some misinformation floating around that we have too many barriers... To the contrary, we are all about removing barriers to care. The foundation of our clinic, founded in 1982, is that everyone should have access to quality healthcare, and that's how we conduct patient care every single day. We provide medical, dental, pharmaceutical, behavioral health, vision, substance use disorder, health education, mobile dental services, and daily COVID testing services totally free of charge to nearly 30,000 low-income uninsured/underinsured adults throughout the state.

WV Health Right operates the state's oldest comprehensive Harm Reduction Program. We provide an avenue to recovery care and treatment; counseling and support from a peer recovery coach; access to medical, dental, and behavioral health care, including psychiatric services; testing for infectious diseases, such as HIV & Hepatitis; treatment for Hepatitis C; medication to prevent HIV infection; Medication Assisted Treatment (MAT) through Vivitrol, as well as referral to other MAT programs; Naloxone distribution, along with training/education on how to administer it; family planning services (i.e. long-term birth control, etc.); and for those not yet ready to enter treatment, clean syringes in a 1-for-1 exchange as well as two sharps containers (a large and a small one) for proper disposal until they are returned to the clinic. The return rate for the syringe exchange portion of our Harm Reduction Program is 97-99% per month, every month. On average, 33% of the patients in our program enter into recovery treatment programs.

With respect to our HIV and Hepatitis C prevention efforts... in the past two years, we have conducted nearly 3,000 HIV and Hepatitis C tests (the patients get both rapid tests) in just our

1520 Washington Street, East · Charleston, WV 25311
Phone: 304.414.5930 Fax: 304.343.7009

outreach efforts alone. These outreach activities are in addition to all the testing we have conducted inside of our facilities. This outreach testing was not being regularly conducted in the community until we started doing it in Spring 2019. We are also part of KCHD's HIV Task Force.

In order to prevent the spread of HIV/Hepatitis C, you have to test people and educate them on prevention, their status, ways to avoid infection, and provide swift referrals into care and treatment for those who are positive. This requires relationship-building, which takes time and commitment, but that's just what we do here at WV Health Right. We have a proven track record of building relationships with our patients, as this has been the key to our success with respect to all of the services we provide. We believe in just doing the work...doing whatever it takes to set our patients up to succeed.

We also believe that offering/providing long-term birth control should be a required component of any Harm Reduction Program because it is a critical component to preventing babies born into the vicious cycle of Substance Use Disorder (SUD). Giving participants access to family planning services at every visit helps them to make informed decisions that ultimately helps to prevent NAS (Neonatal Abstinence Syndrome), which is a win for everybody who cares about the children impacted by SUD.

We believe *everyone* is worth saving and should be offered help to get into treatment at every visit...not forced, but offered—because you never know when someone will be ready, and we must always be willing to help them take that step—not on our timeline, but rather, the individual's. We know our harm reduction participants by their first name; and there is no doubt we care for them because we take the time to build relationships with each and every one of them.

We are non-judgmental and accepting of anyone who enters our doors and our medical home as this provides *all* harm reduction participants access to all of the services we offer. We meet people where they are on their journey, and we build relationships with them. We specialize in removing barriers to care for our patients. If someone does not have any form of identification, we help them obtain one. We accept a letter from the homeless shelter, a copy of a utility bill, or other proof, other than a photo I.D., which may be used to serve as identification. This is to ensure that we count each person only once and that each person being tested for Hepatitis C and HIV is only counted once. If someone happens to be positive, this is invaluable and pertinent information that is needed by the state for tracking purposes as well as for us to continue providing their care. How can you obtain accurate testing data in the community without identifying each unique individual?

Our needles are individually tagged in our pharmacy with a serial number, which is documented and tracked to each individual utilizing the service and the clinic. We welcome this extra step of accountability to help protect our city from needle litter and show our neighbors that we are accountable in the services we provide. Patients may come in as often as they wish for syringes. We dispense 30 syringes at a time; and as long as they return their used syringes, they can come as often as they prefer, even daily if needed. This is explained to each participant at their first visit so they know how our program works and our expectations as well as the easy access we provide to clean syringes. This is an important safeguard against sharing needles, using needles as a commodity, and preventing needle litter. While returning needles is the expectation of the

program, we do not automatically ban people if they fail to do so; however, we will sit down with them to find out what occurred to prevent them from doing so. We recognize the importance of balancing our public health needs and recommended best practices with the needs and concerns of our community.

Our Harm Reduction Program services are provided 40 hours per week, Monday through Friday, 8 a.m.-4 p.m. at our satellite clinic at Covenant House, and 8 a.m.- 4 p.m. Monday through Friday at our main clinic, both of which are available on a walk-in basis. We believe you must be readily accessible to patients with an open-door policy, so we also have an after-hours call number that I answer on nights, weekends, and holidays. We believe it is important to be accessible and available to all patients in case a person decides that they are ready to enter into treatment. Our local fire department workers, who are responsible for picking up needle litter when calls are placed to the non-emergency Metro Communications Office, have our personal cell phone numbers in the event a call results in one of our discarded needles. This has only happened four times in the past two years, but as an added measure of accountability, we want to ensure that we are aware if a discarded needle found is from our program so that we may properly address the issue.

We appreciate the long-standing support and excellent communication we have with our county and city leaders; police, fire, and first responders; and the county's health officer, Dr. Sherri Young, and her staff. Many Charleston City Council members, Kanawha County Commissioners, and local and state legislators have toured our clinic to learn about our program; and we have earned their respect through our open lines of communication, transparency and proven dedication to those we serve. If you have any questions about our program or would like to tour our program, please feel free to contact me via email at asettle@wvhealthright.org or via phone at 304-414-5931.

If someone you love is suffering from substance use disorder, please don't hesitate to refer them to us. We are here for you and our community. We will never give up on their recovery. It is never too late to recover.



Dr. Angie Settle, CEO
West Virginia Health Right, Inc.

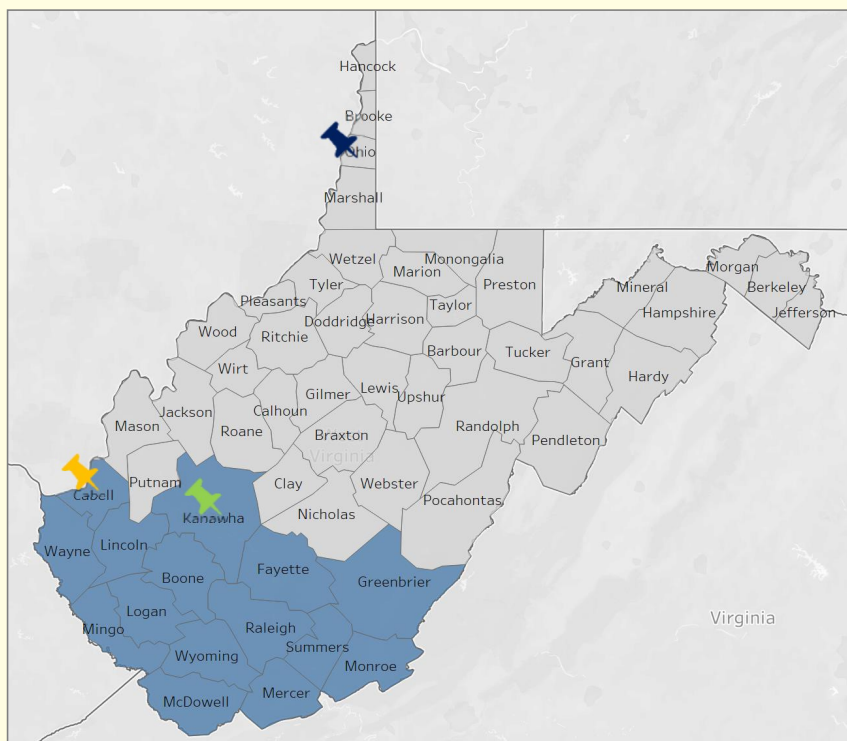
HIV Outbreak in Kanawha County Associated with Injection Drug Use

Epidemiology and Challenges

Shannon McBee, MPH, CHES
State Epidemiologist
February 11, 2020
Kanawha County HIV Taskforce Meeting



- The substance misuse epidemic that Appalachia is experiencing has significantly increased the transmission of infectious conditions through injection drug use
- WV saw the emergence of HIV among persons who inject drugs (PWID) beginning in 2017
- During 2018, the number of persons diagnosed with HIV who self-reported injection drug use (IDU) as a risk factor was higher than expected statewide



- Southern Counties Cluster 2017
- Ohio County Cluster 2018
- Cabell County Cluster 2018-2019
- Kanawha County Cluster 2018-2019

Substance Use Disorder is a complex severe health issue:

- Stigmatized, recurring, high rates of co-morbidities
- PWID are vulnerable to HIV and other blood borne pathogens as a result of sharing contaminated syringes and other injecting equipment
- 1 in 10 HIV diagnoses in the United States are among PWID
- PWID are 22 times more likely to acquire HIV than among the general population
- Despite the increased risk of HIV among PWID they are among the least access to prevention, treatment, and healthcare

Epidemiology of HIV in Kanawha County

- Based on a five-year average (2013-2017), the expected number of cases in Kanawha County per year is 14 with less than five cases associated with injection drug use
- Significant increase in new HIV diagnosis began in 2019 driven by cases associated with injection drug use (IDU)

2018		2019		2020*		2021*	
Total HIV	Risk Factor IDU	Total HIV	Risk Factor IDU	Total HIV	Risk Factor IDU	Total HIV	Risk Factor IDU
16	<5	29	15	42	35	1	1

*Data are provisional as of 2/10/21 and subject to change based on subsequent information

- Since January 1, 2019, 51 newly diagnosed cases of HIV associated with injection drug use have been reported in Kanawha County
 - 53% male
 - 83% of cases are between 20 and 40 years of age
 - 59% 30-39 years old; 24% 20-29 years old
 - 53% of cases were diagnosed in a hospital setting
 - 83% received care after HIV diagnosis
 - 71% within 30 days of diagnosis
 - 16% received care within the last 90 days
 - 18% have no evidence of care
 - 31% have ever been virally suppressed

*Data are provisional as of 2/10/21 and subject to change based on subsequent information

- Individuals are difficult to locate for case investigation, care and support services
- Almost half of the individuals have been diagnosed in a hospital setting because they are in crisis
- Individuals are not accessing traditional models for healthcare and support services
- Deep entrenchment in addiction is a significant barrier to care and support services
- COVID-19 significantly impacted individual's access to support services such as shelter, food, etc. and has increased patterns of depression, addiction and overdose

- Increased testing efforts in order to detect undiagnosed cases
- Accessing the population where they seek services through outreach with community organizations
- Case management services to support HIV care, treatment and supportive services and referral of individuals for pre-exposure prophylaxis (PrEP) if at high-risk for sexual transmission of HIV or needle sharing is critical
- Services and linkage to care are available for cases at the time of diagnosis; however, the IDU population is very difficult to keep engaged in care.

Responding to HIV outbreaks among people who inject drugs

Demetre C. Daskalakis, MD, MPH

Director, Division of HIV/AIDS Prevention, CDC

February 11, 2021



Overview

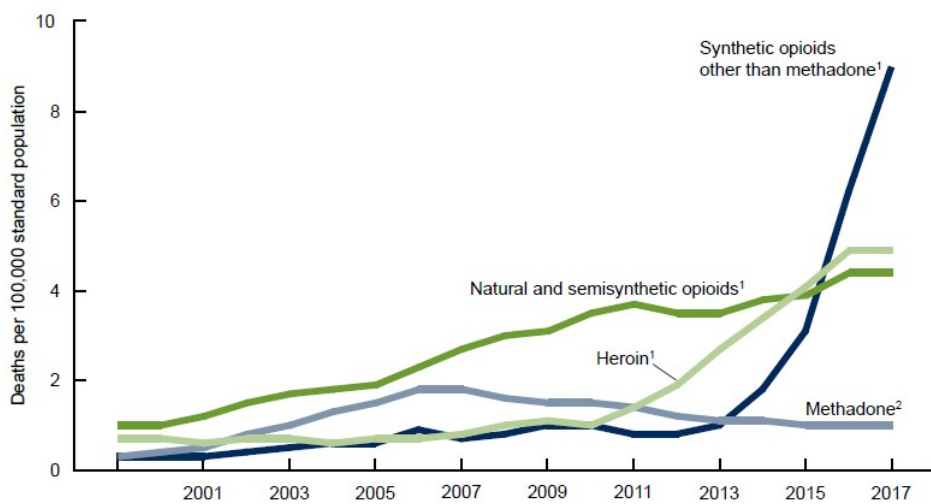
- **Charleston HIV outbreak**
 - **HIV among people who inject drugs (PWID)**
 - **Responding to HIV outbreaks**
 - **Information on CDC support**
 - **Discussion**
-



HIV among People Who Inject Drugs

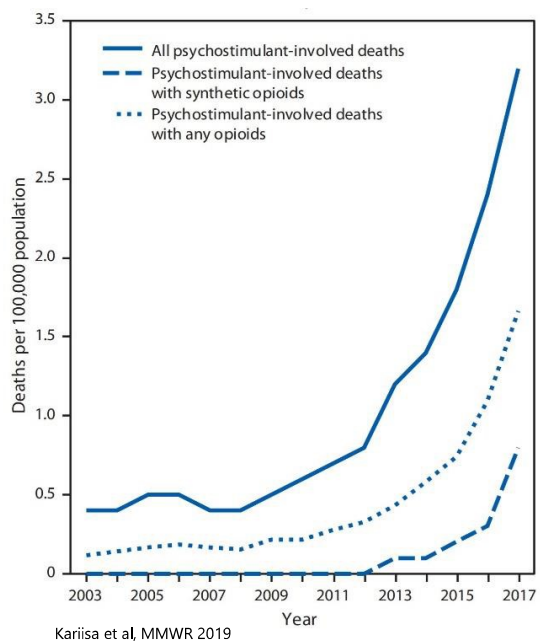
HIV is Only One of the Consequences of Injection Drug Use

Opioids



Hedegaard et al, NCHS Data brief no. 329, 2018.

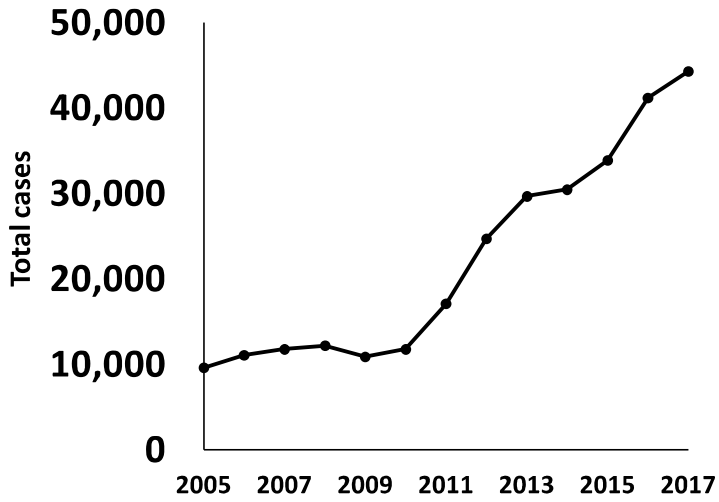
Psychostimulants



Karisa et al, MMWR 2019

New Cases of Hepatitis C have Increased Dramatically

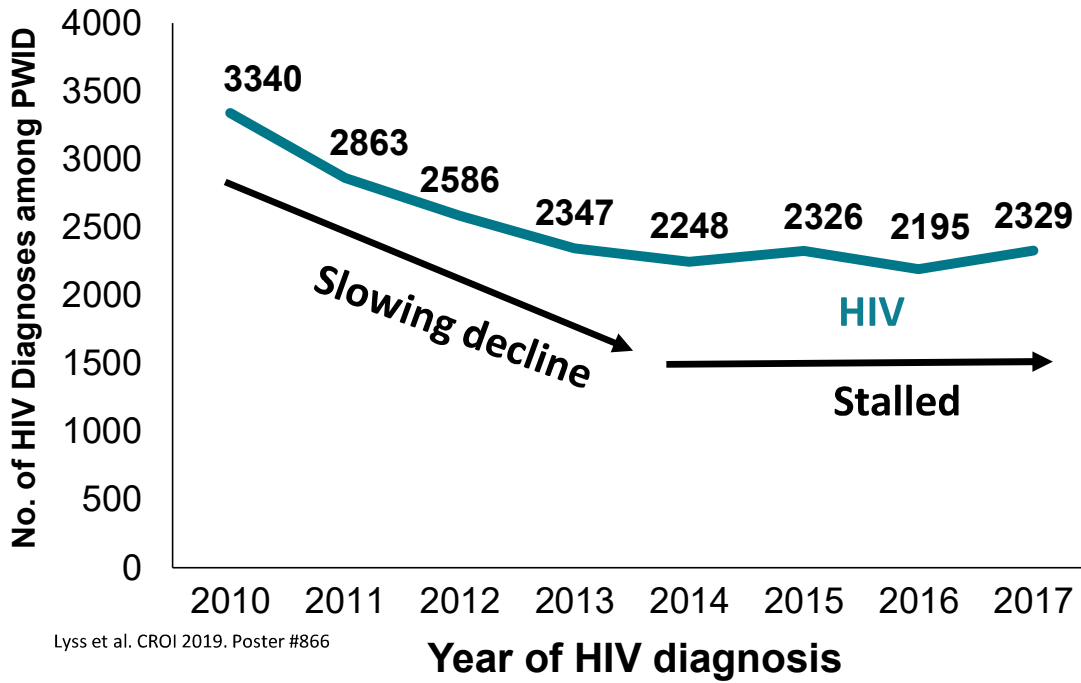
Estimated acute hepatitis C infections have increased 4-fold (2010–2017)



Acute hepatitis C increased **364%** among people ≤ 30 yrs (2006–2012: KY, TN, VA, WV)

Source: 2017 Viral Hepatitis Surveillance Report; *MMWR*, May 2015

Historic Decline in U.S. in HIV Diagnoses in People Who Inject Drugs (PWID) has Stalled



Lyss et al. CROI 2019. Poster #866

White PWID

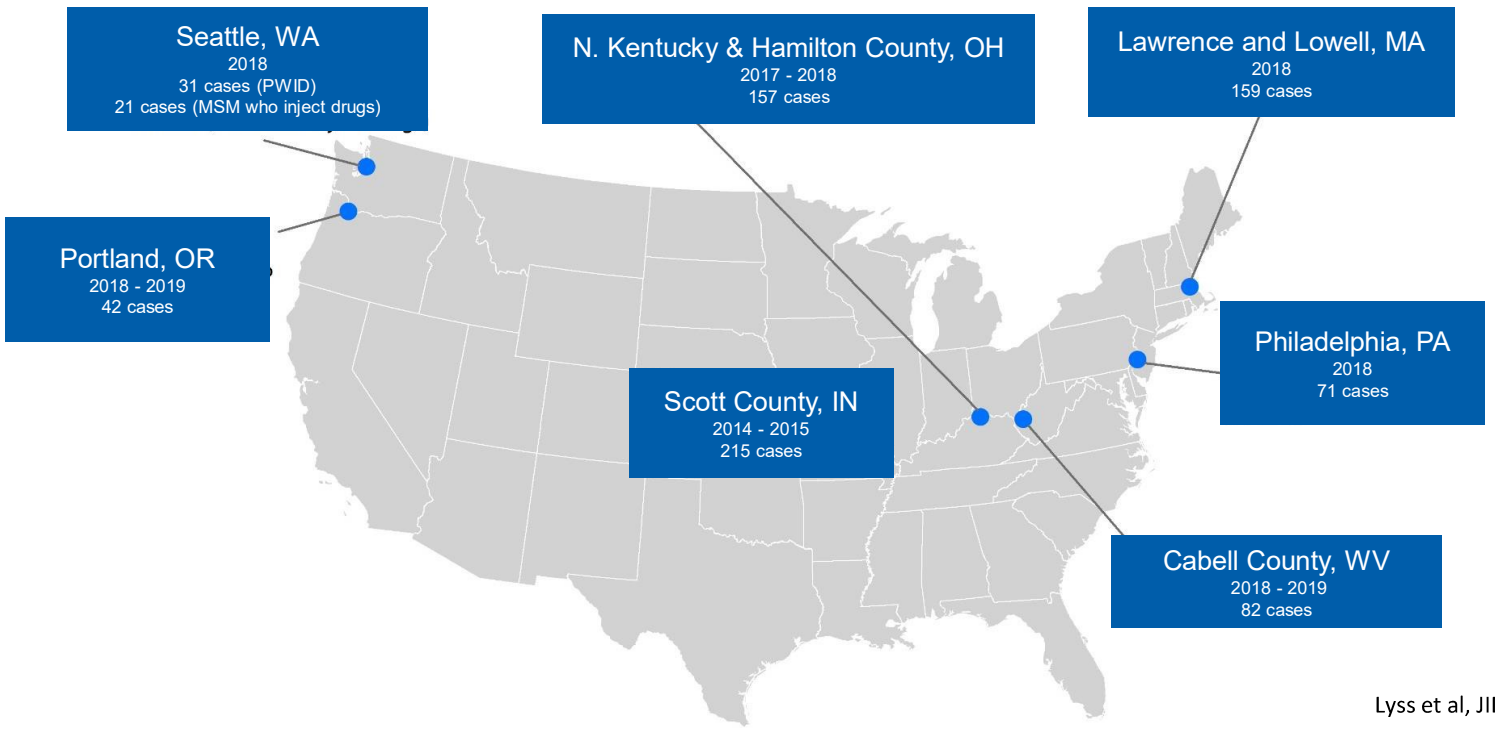
up
51%

2014–2018

Lifetime cost to treat HIV infection
\$510,000*

*Bingham A, Shrestha RK, Khurana N, Jacobson E, Farnham PG. Estimated Lifetime HIV-related Medical Costs in the United States. Sex Transm Dis. 2021 Jan 23. doi: 10.1097/OLQ.0000000000001366. Online ahead of print. adjusted to 2020 dollars.

Increased HIV Outbreaks among People Who Inject Drugs, 2014 - 2019



Lyss et al, JID 2020

This HIV outbreak is currently the most concerning in the United States

Out of >3000 U.S. Counties,

4

had more HIV diagnoses among people who inject drugs (in 2019) **than Kanawha** had in 2020.

3 have an avg. population of >4M
The 4th: Cabell County, WV

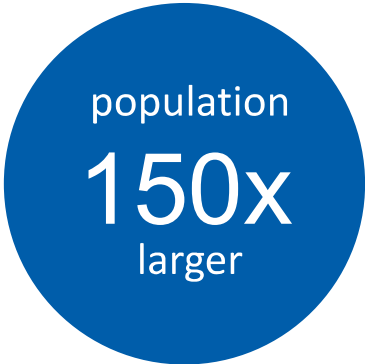
Among U.S. counties with a population size similar to Kanawha County, the average number of HIV diagnoses among people who inject drugs in 2019 was

<1

Priority HIV Outbreak – Kanawha County

Charleston, WV
35 cases (2020)
(Population 48,000)

New York City, NY
36 cases (2019)
(Population >8 million)



Why is this Outbreak Concerning?



Difficulty locating & engaging people in care



Many people diagnosed with HIV in the emergency department



Limited access to syringe services programs (SSPs)



Evidence of rapid transmission



Responding to HIV Outbreaks: Evidence and Best Practices

Diagnose People with HIV as Quickly as Possible

- **Undiagnosed HIV contributes to ongoing transmission**
- **Test (and retest) in diverse settings in the community**
 - Healthcare: primary care, health centers, hospitals, emergency departments
 - Substance abuse treatment facilities
 - Community organizations
 - Outreach testing in the community
 - Self testing
- **Test for Viral Hepatitis & STDs**



HIV Medication to Treat or Prevent HIV



HIV treatment

- Allows people with HIV to live long, healthy lives
- Decreases risk of HIV transmission to others



PrEP – Pre-Exposure Prophylaxis

Comprehensive Syringe Services Programs Provide Essential Services

Core Services

- Access to sterile needles and syringes
- Safe disposal of used injection equipment

Services/Referrals:

- Substance use disorder treatment
- Infectious disease screening and treatment
- Overdose prevention and naloxone
- Vaccinations
- Health education
- Social, mental health, medical services

Syringe Services Programs develop relationships and build trust

Syringe Services Programs Prevent Blood-borne Infections

Access to sterile injection equipment can prevent:

- Hepatitis B
- Hepatitis C
- HIV
- Skin infections
- Endocarditis

Syringe Services Programs are associated with a 50% decline in the risk of HIV transmission



Preventing new HIV infections is cost saving

Syringe Services Programs Support Public Safety



Syringe Services Programs support Public Safety by:

- Providing naloxone to first responders
- Reducing sharps in public
- Promoting safe disposal of used syringes by providing sharps containers, drop boxes, and community clean-ups

Syringe Services Programs do not increase crime

Syringe Services Programs Prevent Overdose Deaths and Help People Overcome Substance Use



Syringe Services Programs help prevent deaths with:

- Education and training
- Naloxone
- Referrals to medication for opioid use disorder

New users of Syringe Services Programs were:
five times more likely to enter drug treatment
and
three times more likely
to stop using drugs than people who don't use the programs.



Syringe Services Programs are Essential for HIV Outbreak Response

Scott County, Indiana HIV outbreak:

- Syringe Services Programs were not authorized in Indiana at the time of the outbreak
- Rapid implementation of a Syringe Services Program was a cornerstone of the response

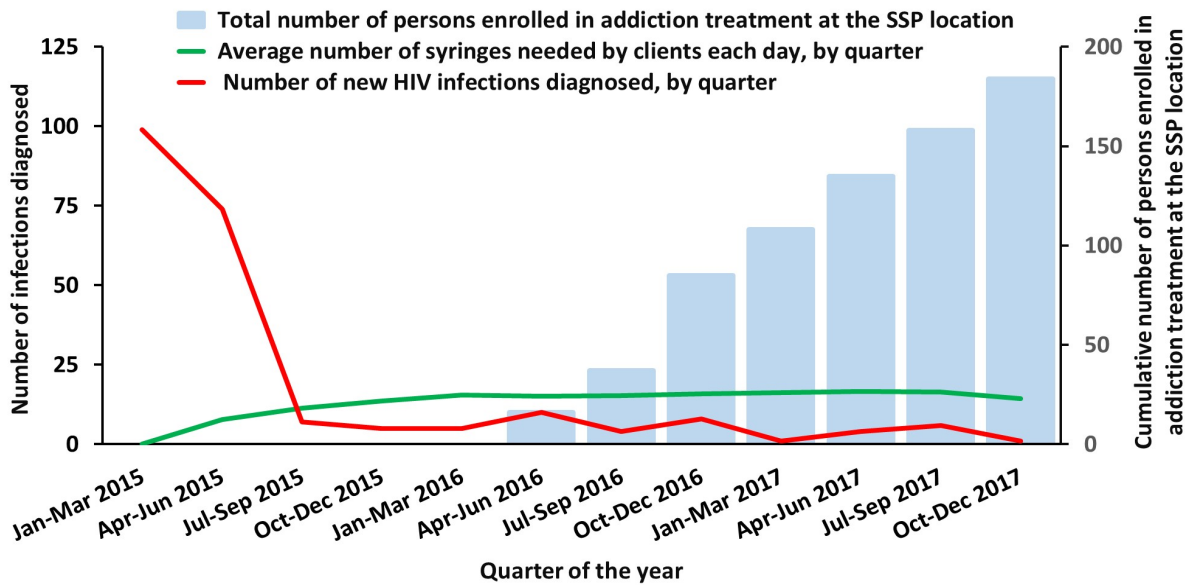
Syringe Services Programs Reduce Personal and Community Risk

	<u>Prior</u> to SSP	<u>After</u> SSP opened
Any syringe sharing	75%	21%
Injected >1 time with a syringe before disposal	86%	44%
Disposal of used syringe in medical waste container	17%	82%

Changes in Injection Behavior, Scott County, IN – 2016

Dasgupta et al, *AIDS and Behavior*, 2019

Syringe Services Programs and Substance Use Disorder Treatment Combined Helped Reduce HIV Transmission – Scott County, IN



HIV viral suppression >75%

Duwve et al., National HIV Prevention Conference 2019, abstract

Importance of Outbreak Response

- **Effective response efforts can mean case counts rise as undiagnosed HIV cases are found**
- **HIV outbreaks among people who inject drugs can last for multiple years**
- **Without adequate services, HIV will continue to spread and could result in hundreds of cases**





Information on CDC Support

CDC Assistance with HIV Outbreak Response

- **Support planning for outbreak response activities**
 - Help develop innovative approaches to address the outbreak
 - Provide examples from other outbreaks
- **Support addition of HIV prevention and care services**
 - HIV testing, HIV treatment, PrEP, and Syringe Services Programs
- **Discuss evidence and best practices with community stakeholders**



Questions?

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



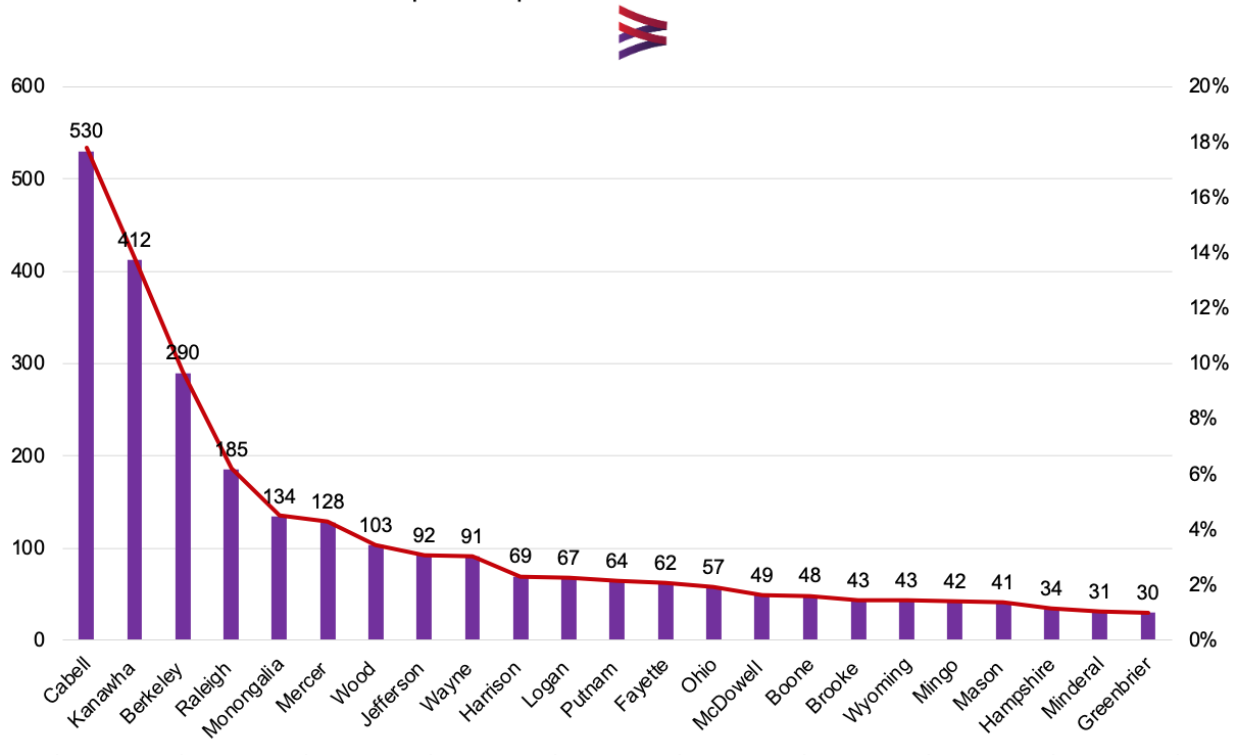
Disclaimer

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

West Virginia Drug Intervention Institute, Inc.
Community Perceptions of Harm Reduction Efforts
February 22, 2021

West Virginia has the highest fatal drug overdose rates in the nation.¹ Reports nationwide suggest a significant increase in both fatal and non-fatal overdoses since the beginning of the COVID pandemic in early 2020.² Data from the West Virginia Office of Drug Control Policy indicate that since the pandemic, the number of fatal and non-fatal overdoses has significantly increased in many counties.

Reported Opioid Deaths from 2015-2018 and Corresponding Percentage of All
 Reported Opioid Deaths from 2015-2018



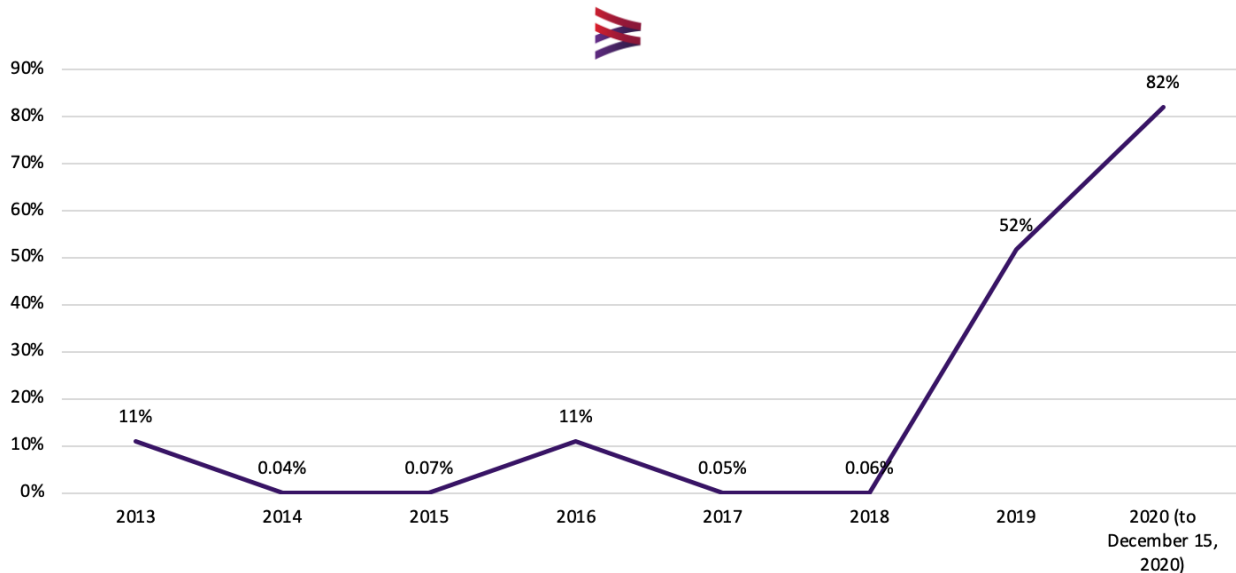
In addition to overdose, one of the most concerning outcomes of intravenous drug use is disease. For example, an increased use of injected drugs leads to increased HIV rates. As reported by the West Virginia Office of Epidemiology and Prevention

¹ Centers for Disease Control. 2018 Drug Overdose Death Rates. <https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2018.html>. Last reviewed March 10, 2020.

² Centers for Disease Control. Overdose Deaths Accelerating During COVID-19. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>. Last reviewed December 18, 2020.

Services, between 2013 and 2017, “the expected number of cases in Kanawha County per year is 14 with less than five cases associated with injection drug use.”³ However, a “[s]ignificant increase in new HIV diagnosis began in 2019[,] driven by cases associated with injection drug use (IUD).”⁴ While the total number of HIV diagnoses in the State as a whole has decreased from 2019 to 2020, cases in Kanawha County have increased. The West Virginia Office of Epidemiology and Prevention Services reported that since the beginning of 2019, Kanawha County has had 51 newly diagnosed cases of HIV associated with injection drug use.⁵ Additionally, the CDC reported that Kanawha County had 35 diagnosed cases of HIV in 2020, which is only one case less than the number of cases recorded in New York City, NY - an area with a population of over 8 million people - in 2019.⁶ Over 80% of HIV cases recorded in Kanawha County in 2020 report injection drug use. The total cost of lifetime HIV medical treatment in Kanawha County for those 51 individuals newly diagnosed with HIV since 2019 is \$26,010,000.^{7,8}

Percentage of HIV Diagnoses in Kanawha County that Report Injection Drug Use - Minimum Assumption for Years 2013 - 2018



³ West Virginia Department of Health & Human Resources Bureau for Public Health, Epidemiology of HIV in Kanawha County Power Point. Presented on February 11, 2021.

⁴ West Virginia Department of Health & Human Resources Bureau for Public Health, Epidemiology of HIV in Kanawha County Power Point. Presented on February 11, 2021.

⁵ West Virginia Department of Health & Human Resources Bureau for Public Health, Epidemiology of HIV in Kanawha County Power Point. Presented on February 11, 2021.

⁶ Centers for Disease Control. Responding to HIV outbreaks among people who inject drugs Power Point. Presented on February 11, 2021.

⁷ Bingham A, Shrestha RK, Khurana N, Jacobson E, Farnham PG. Estimated Lifetime HIV-related Medical Costs in the United States. Sex Transm. Dis. 2021 Jan 23. Doi: 10.1097/OLQ.0000000000001366. Online ahead of print. Adjusted to 2020 dollars.

⁸ <https://wvpolicy.org/the-high-cost-of-losing-harm-reduction-in-kanawha-county/>

HIV is not the only concern. According to the US Centers for Disease Control (CDC), 28 of West Virginia's 55 counties (including Kanawha) are at risk for a Hepatitis C (HCV) outbreak, largely because of intravenous drug use. Hepatitis C is the No. 1 infectious-disease killer in the country. In West Virginia, rates of acute Hepatitis B increased 220 percent over seven years — 14 times the national average. In Kanawha County alone, there was a 322 percent increase in Hepatitis B cases from 2012 to 2015. In 2016, Kanawha County had the highest number of newly reported cases for both acute Hepatitis B Infection and acute Hepatitis C Infection.⁹

One way to prevent the spread of infectious disease and decrease overdose deaths is through the implementation and operation of harm reduction programs. As defined by the CDC, harm reduction is any behavior or strategy that helps reduce risk of harm to self or others.¹⁰ Harm reduction in relationship to substance use disorder (SUD) often refers to naloxone distribution, sexually transmitted disease testing and treatment, contraceptives, access to SUD recovery and treatment, and syringe exchange. Currently, the West Virginia Department of Health and Human Resources (DHHR) recognizes 18 harm reduction programs throughout the State.¹¹ All of these programs include some type of syringe service program—more commonly called “needle exchange.”

Best practices suggest that harm reduction programs include syringe service programs (SSPs) that provide a wide range of services including linkage to primary care, SUD treatment, vaccination, and testing as well as needle exchange.¹² Some programs require a 1:1 exchange (clients must return one needle for each needle dispensed). However, the CDC recommends a needs-based approach that does not limit the number of needles dispensed versus returned.¹³

The CDC reports that SSPs result in an estimated 50% reduction in HIV and HCV incidence.¹⁴ And, when combined with medications that treat opioid dependence (also

⁹ https://oeps.wv.gov/hepatitis/documents/data/Summary_2016_Acute_HBV-HCV.pdf

¹⁰ Centers for Disease Control. What is Harm Reduction? <https://www.cdc.gov/hiv/pdf/effective-interventions/treat/steps-to-care/my-stc/cdc-hiv-stc-what-is-harm-reduction.pdf>.

¹¹ West Virginia Department of Health & Human Resources Office of Epidemiology & Prevention Services. WV Programs At a Glance. https://oeps.wv.gov/harm_reduction/documents/about/wv_hrp.pdf.

¹² Centers for Disease Control. Syringe Services Programs. <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?fbclid=IwAR0RxYold2P24jIHDqRI6yP2tSqeitkeTDDj5IVv2xDmIMFSHHEVrwO1-aA>.

¹³ Centers for Disease Control. Syringe Services Programs. <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?fbclid=IwAR0RxYold2P24jIHDqRI6yP2tSqeitkeTDDj5IVv2xDmIMFSHHEVrwO1-aA>.

¹⁴ Centers for Disease Control. Syringe Service Programs (SSPs) Fact Sheet. <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>.

known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds. These programs also serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder.¹⁵ In addition, the majority of SSPs offer referrals to medication-assisted treatment, 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.¹⁶

Despite documented outcomes and identification of best practices, SSPs are often controversial due to lack of community support, stigma surrounding SUD, and concerns about public safety. Some communities are able to overcome these barriers while others are unable to move forward.

WV DII Initiative

The Kanawha-Charleston area has been embroiled in debate regarding harm reduction and SSPs over the last three to four years. In response to community interest for additional conversation on this topic, the WV DII undertook an initiative to:

- Provide interested community citizens an opportunity to express their views on harm reduction;
- Consider those views in the light of national and state scientific research and evidence based practices;
- Provide WV DII's harm reduction recommendations for moving forward; and
- Share these findings with City and County decision makers.

This report is focused on findings from the Kanawha-Charleston Area. Statewide data is offered as a comparison.

During January 2021, the West Virginia Drug Intervention Institute, Inc. (WV DII) conducted an analysis of community opinions on SUD, harm reduction and syringe exchange. The project did not assess or evaluate any specific program, but examined community perceptions and attitudes and determined gaps that exist in addressing SUD (specifically in Kanawha County).

¹⁵ Centers for Disease Control. Syringe Service Programs (SSPs) Fact Sheet. <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>.

¹⁶ Centers for Disease Control. Syringe Service Programs (SSPs) Fact Sheet. <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>.

Survey Methodology

The WV DII developed and released an anonymous, online, short survey available on the WV DII website (www.wvdii.org/harmreduction). The community was invited to participate through Facebook promotions (boosted posts on the WV DII Facebook page), two news stories that aired locally (via WOWK and WCHS) and an Op-Ed piece published in the *Charleston-Gazette Mail*. The survey was open to the public from January 8 through 22, 2021. In addition to three demographic inquiries (age, sex and zip code), the survey included the following questions:

- Have you or a loved one been impacted by intravenous (injection) drug use? Y/N
- Do you believe there should be needle exchange programs in your community? Y/N
- What programs are you aware of in your community that assist people who inject drugs? Short Answer
- Do you feel your community has adequate resources for persons suffering from addiction and intravenous drug use? Why or why not? Short Answer
- What are the dangers or harms needle exchange programs pose to the community? Short Answer
- What do you feel are benefits of needle exchange? Short Answer
- Would you be willing to contribute more to this conversation with a follow up phone call or by participating in a focus group? Y/N
- If yes, please share:
 1. Name
 2. Occupation
 3. Phone Number
 4. City and County of Residence

Questions for both the survey and the listening sessions were created following a meta-analysis of research on community responses to harm reduction. Survey data were collected through the online survey development software, SurveyMonkey, and ultimately exported to Excel.

Individuals wanting to participate in additional discussion (listening sessions or focus groups in late January) identified themselves at the end of the survey and shared contact information. Survey participants remained anonymous unless they chose to provide contact information at the end of the survey. The individuals who provided contact information were then filtered based on location.

The first three items on the survey, as noted above, collected demographic information on age group, sex, and zip code. The information from these items was sorted in Excel, counting the number of times each response was present.

Following the demographic items, two “yes” or “no” questions were posed. The first yes-no question asked: Have you or a loved one been impacted by intravenous (injection) drug use? The second yes-no question asked: Do you believe there should be needle exchange programs in your community? The results of these questions were analyzed by counting the number of “yes” responses and the number of “no” responses. Results were further filtered by county based on the zip code provided by the respondent.

The next four questions on the survey were open-ended short-answer. Each short answer was analyzed individually by first reading through each answer as a whole. After reading through all respondent answers, general categories were determined, and each answer was filed into a general category. In some cases a response was deemed to fit into multiple categories and was recorded as such.

Three, one-hour listening sessions were held in late January with a subset of survey participants. Listening sessions were facilitated by WV DII staff and the conversation was guided using the protocol outline in Appendix C. Due to the COVID-19 pandemic and to ensure the health and safety of all participants, the listening sessions were held via Zoom.

On January 10, 2021, the WV DII was informed that the Virginia Harm Reduction Coalition (VHRC) posted the survey to social media asking persons outside the State to complete the survey using Charleston zip codes. The WV DII President contacted the VHRC and asked them to cease and desist this action because it could threaten the integrity of the data. The VHRC complied and removed their post.

On January 11, 2020, a clause was added to the survey stating that it was for West Virginia participants only. Before analyzing the data, additional steps were taken to ensure the integrity of the data collected. The WV DII team conducted a thorough examination of IP addresses and removed any of those addresses not associated with West Virginia. Surveys from non-WV IP addresses were removed and not included in the data analysis. WV DII also verified zip codes of those completing the survey.

Listening Session Methodology

There were 70 total individuals identifying from Charleston, West Virginia, who provided contact information. One individual did not provide a telephone number. One individual

did not provide a name. One individual did not live in Charleston, West Virginia. Consequently, 67 Charlestonians were recorded. The Charleston individuals were separated into two groups based on each respondent's answer to the survey question: Do you believe there should be needle exchange programs in your community? All respondents answering “yes” were placed into one category, and all respondents answering “no” were placed into another. The “no” group had 12 individuals, however, at least one individual out of those 12 provided an incorrect phone number. The “yes” group had 55 total individuals.

Individuals in the “yes” and “no” categories were sorted based on recorded age group. Starting with the “no” category, a member from each age group was called and offered the chance to join a listening session. The same was repeated for the “yes” category. Voicemails were left for those who did not answer with information on why the individual was being called and contact information on how to return the call. Those individuals in the “yes” category were more responsive in returning WV DII calls and signing up to participate in a listening session.

Three time slots were selected on three separate dates in late January. The time slots included a lunch time slot as well as two evening slots. Individuals were given their preferred time slot and date, so long as the listening session group did not exceed six persons. Ultimately, each listening session consisted of four persons. Out of 12 total participants, two were staunchly against harm reduction, two described themselves as “on the fence,” and the remaining eight supported some type of harm reduction or needle exchange.

Results

In an effort to validate and triangulate data, results have been placed in three categories:

1. Summative Survey Data which includes all surveys completed statewide.
2. Summative Survey Data which includes all surveys completed by Kanawha County residents.
3. Summative Analysis and Reporting of the listening sessions.

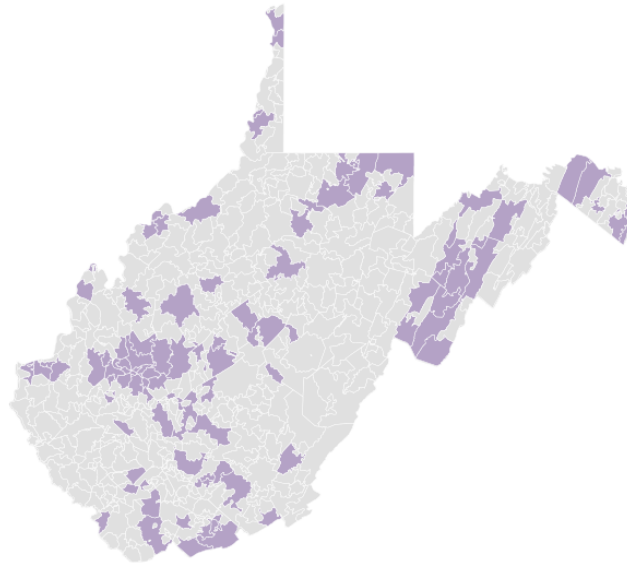
In total, 422 survey responses were collected. Five responses indicated ineligible zip codes. Accordingly, 417 responses were examined.

Responses by West Virginia County

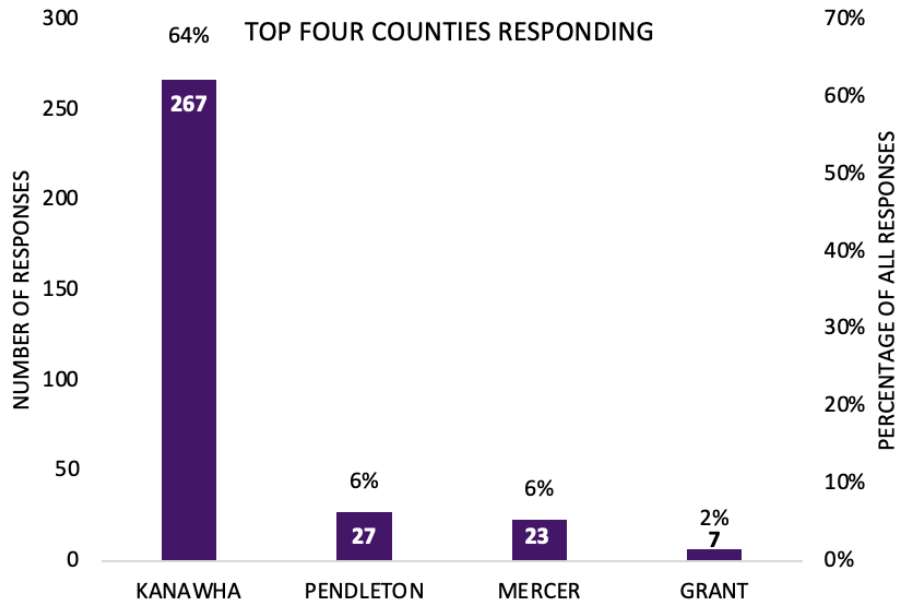
Within the 417 responses, 38 West Virginia Counties are represented, including 80 unique West Virginia cities. Kanawha County had the highest number of responses,

totaling 267. Over 100 zip codes are represented in the survey results including 16 unique (mailing) zip codes from Charleston, West Virginia. Zip codes responding are highlighted in the map below. The zip code with the highest number of responses was 25314.

ALL ZIP CODES RESPONDING

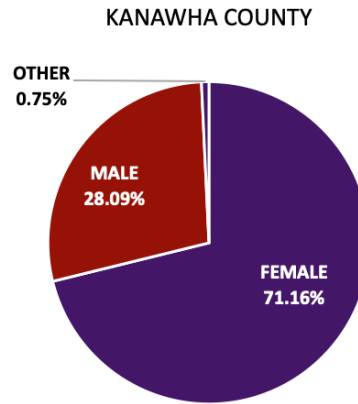
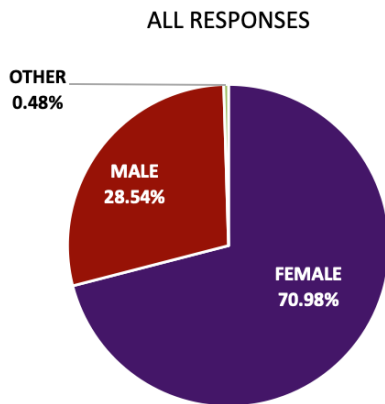


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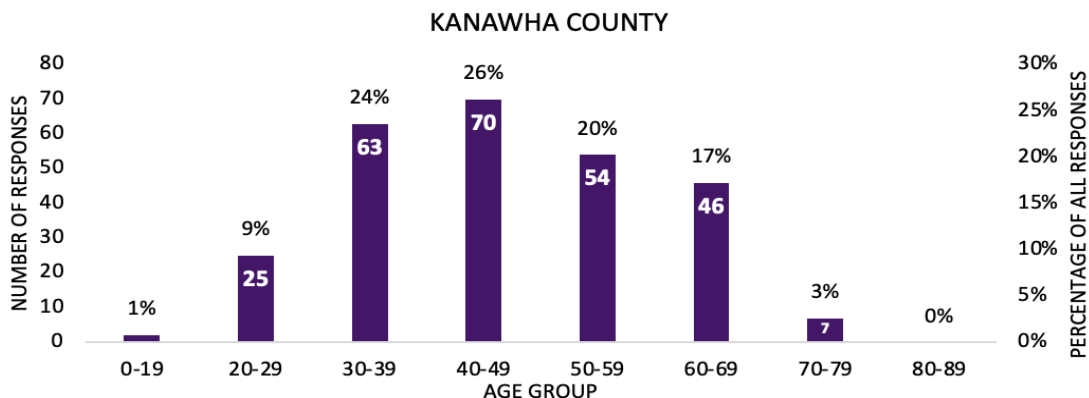
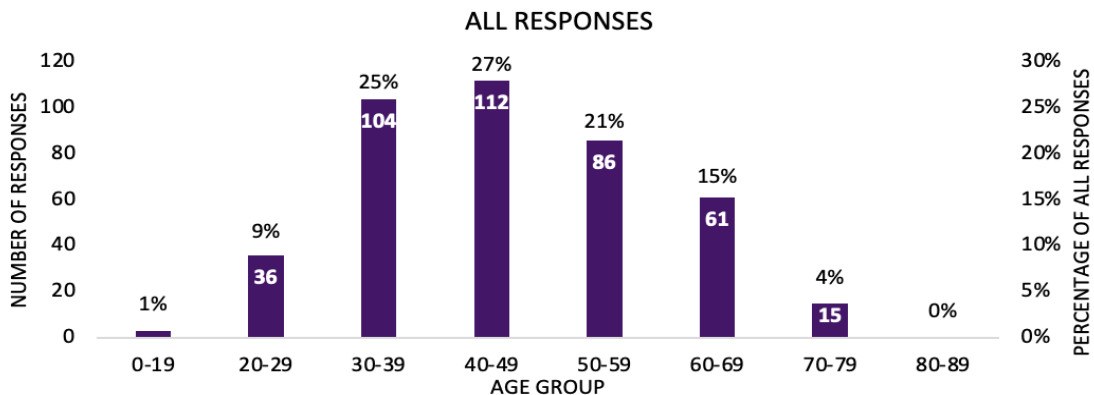
Responses by Sex

Just over 70% of survey respondents recorded their sex as female. Males comprised 28.54% of the survey responses, and less than .5% of respondents recorded “Other” as their sex.



Responses by Age

There were 112 responses that indicated an age range of 40-49. That age range represents the highest number of respondents. A close second, 104 responses indicated an age range of 30-39.

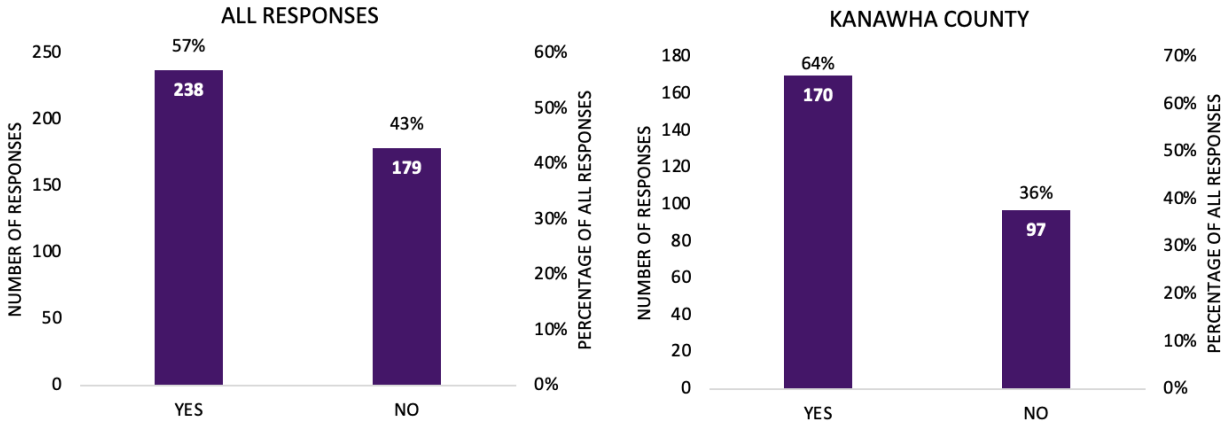


Responses to Yes-No Questions

When asked, **“Have you or a loved one been impacted by intravenous (injection) drug use?”** the majority of respondents (238 total; 57% of all survey respondents) indicated yes. Specifically looking at Kanawha County, West Virginia, the majority of

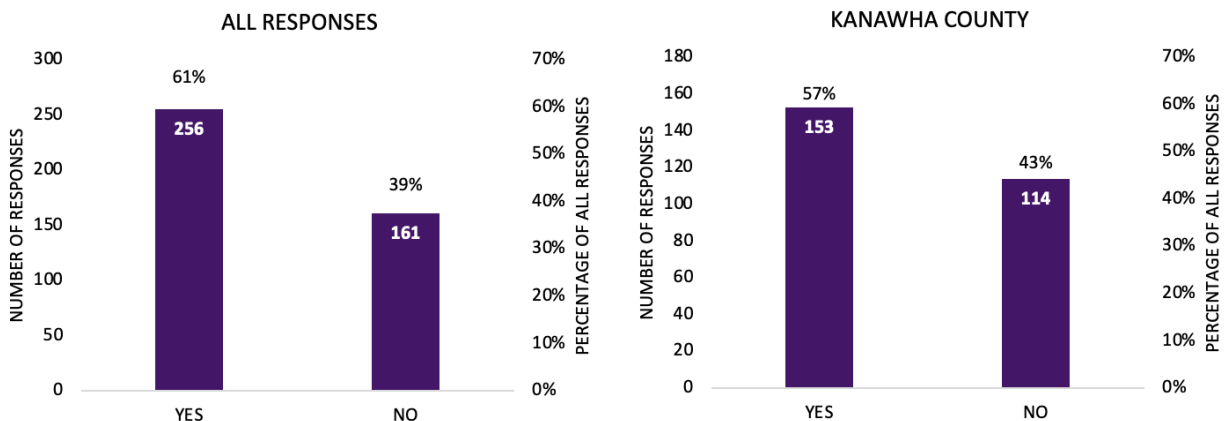
survey respondents indicated that they had been impacted by intravenous (injection) drug use, with 170 respondents (out of 267 total Kanawha County respondents) selecting yes.

HAVE YOU OR A LOVED ONE BEEN IMPACTED BY INTRAVENOUS (INJECTION) DRUG USE?



When asked, **“Do you believe there should be needle exchange programs in your community?”** the majority of respondents (256 total or 61% of all survey respondents) indicated yes. Specifically looking at Kanawha County, West Virginia, the majority of survey respondents indicated that they believed there should be a needle exchange program in their community, with 153 respondents (out of 267 total Kanawha County respondents) selecting yes.

DO YOU BELIEVE THERE SHOULD BE NEEDLE EXCHANGE PROGRAMS IN YOUR COMMUNITY?



Responses to Open-Ended Questions

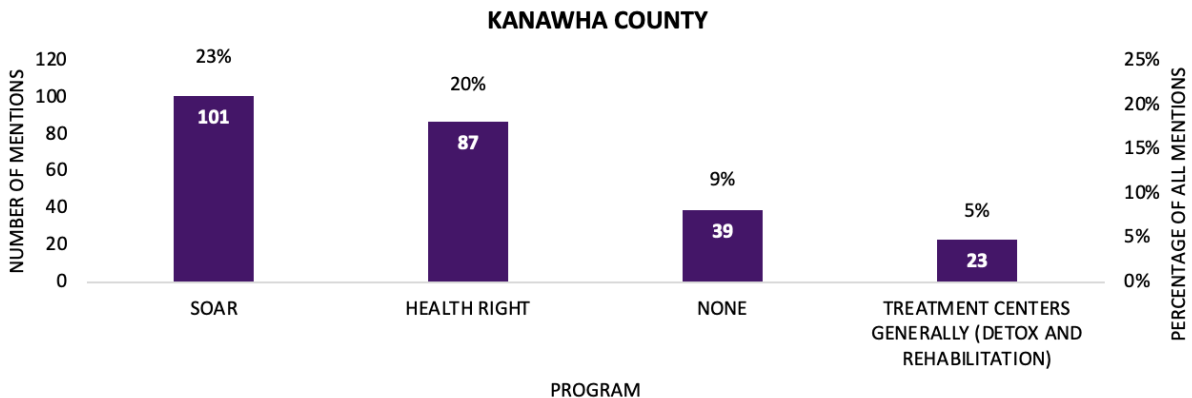
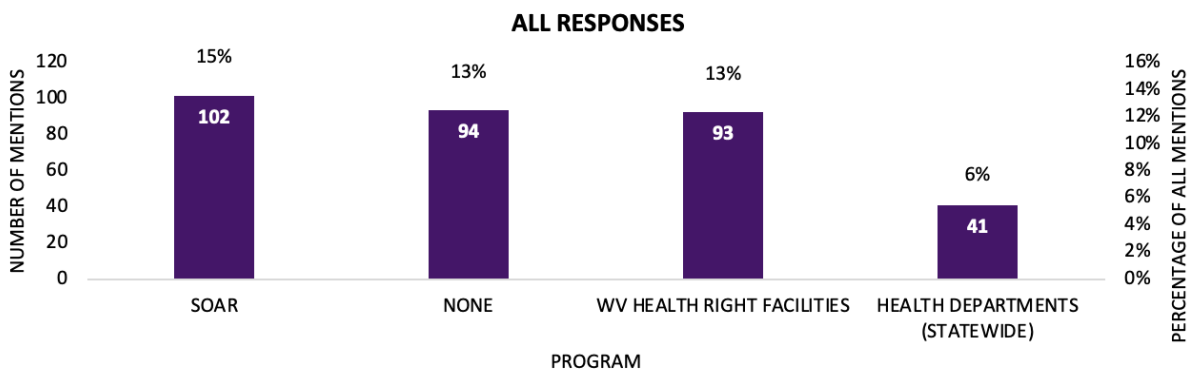
The first open-ended survey question asked respondents, **“What programs are you aware of in your community that assist people who inject drugs?”** Respondents offered 700 total mentions which were filtered into smaller categories. Across the state, respondents reported 105 programs (some of these were very general, such as “DHHR,” or “WV DII”). The top four responses were as follows:

- SOAR - 102 mentions
- NONE - 94 mentions
- Health Right Facilities - 93 mentions
- Health Departments (Statewide) - 41 mentions

Specifically in Kanawha County, West Virginia, the top four responses were as follows:

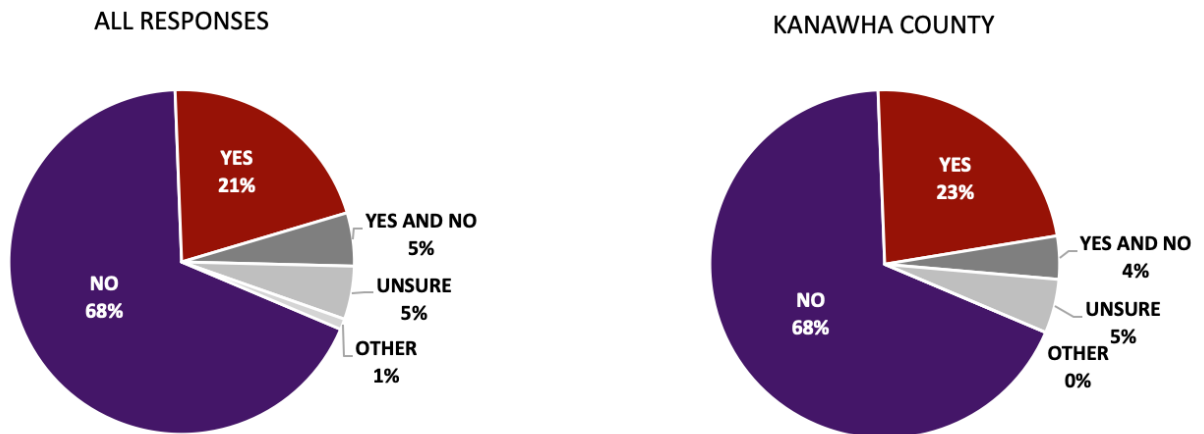
- SOAR - 101 mentions
- Health Right - 87 mentions
- NONE - 39 mentions
- Treatment Centers (Generally) - 23 mentions

WHAT PROGRAMS ARE YOU AWARE OF IN YOUR COMMUNITY THAT ASSIST PEOPLE WHO INJECT DRUGS?



The second open-ended survey question asked respondents, **“Do you feel your community has adequate resources for persons suffering from addiction and intravenous drug use? Why or why not?”** Overall, 68% of all respondents did not feel their community had adequate resources for persons suffering from addiction and intravenous drug use, while 21% of all respondents did feel adequate resources existed. In Kanawha County specifically, 68% of respondents did not feel their community had adequate resources for persons suffering from addiction and intravenous drug use, while 23% of respondents did feel adequate resources existed.

DO YOU FEEL YOUR COMMUNITY HAS ADEQUATE RESOURCES FOR PERSONS SUFFERING FROM ADDICTION AND INTRAVENOUS DRUG USE? WHY OR WHY NOT?



As noted in the survey question, respondents were asked to elaborate on their answer by discussing “why” or “why not.” For all participants who responded “No,” the top six answers were as follows:

- No, more programs, resources, and facilities are needed - 159 mentions
- No (no further explanation offered) - 72 mentions
- No, stigma plays a large role - 29 mentions
- No, more community, county, and state engagement is needed - 19 mentions
- No, SSPs lack finances and funding support - 15 mentions
- No, the rural setting makes it hard - 15 mentions

Specifically in Kanawha County, the top seven “No” responses were as follows:

- No, more programs, resources, and facilities are needed - 112 mentions
- No (no further explanation offered) - 42 mentions
- No, more community, county, and state engagement is needed - 15 mentions

- No, stigma plays a large role - 15 mentions
- No, there is a lack of understanding regarding addiction - 10 mentions
- No, mental health needs to be addressed - 10 mentions
- No, SSPs lack finances and funding support- 8 mentions

The top five “Yes” responses from all respondents were as follows:

- Yes, there are treatment options available - 39 mentions
- Yes (no further explanation offered) - 39 mentions
- Yes, there are resources available to those who want the help - 17 mentions
- Yes, but we need more tailored resources - 10 mentions
- Yes, the current programs are enabling - 3 mentions

Specifically in Kanawha County, West Virginia, the top five “Yes” responses were as follows:

- Yes (no further explanation offered) - 39 mentions
- Yes, there are treatment options available - 39 mentions
- Yes, there are resources available to those who want the help - 17 mentions
- Yes, but we need more tailored resources - 10 mentions
- Yes, the current programs are enabling - 3 mentions

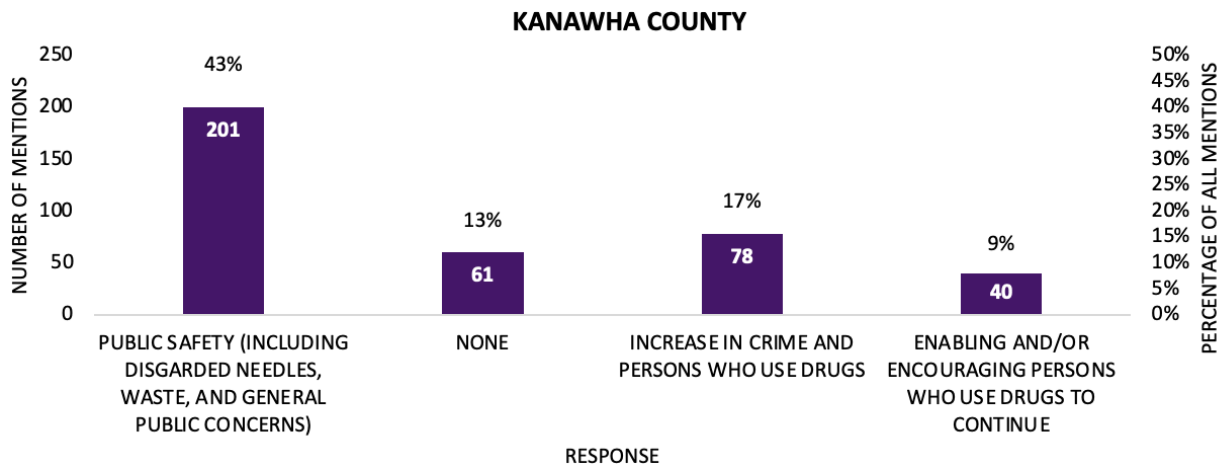
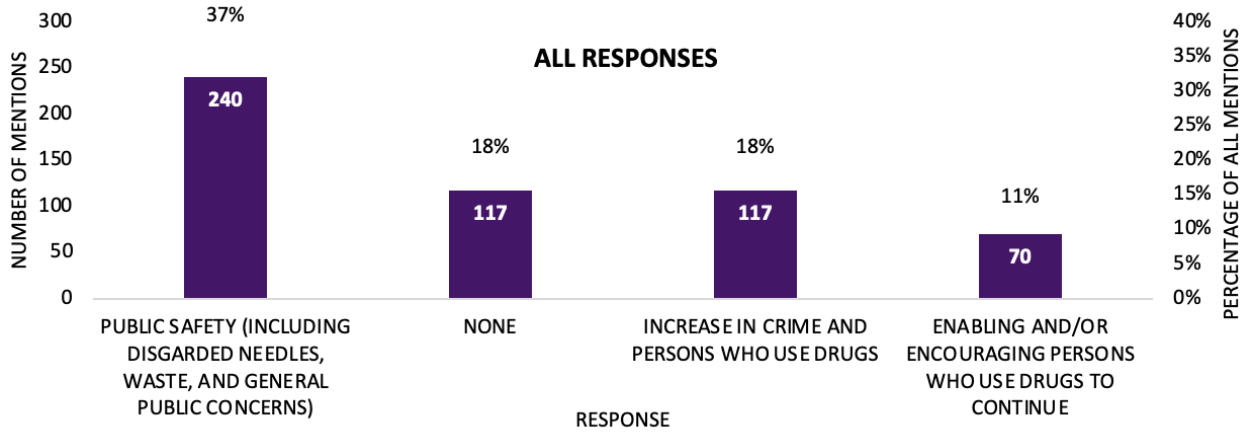
The third open-ended survey question asked respondents, “**What are the dangers or harms needle exchange programs pose to the community?**” The total top four responses were as follows:

- Public Safety (including disregarded needles, waste, and general public concerns) - 240 mentions
- None - 117 mentions
- Increase in Crime and Persons Who Use Drugs - 117 mentions
- Enabling and/or Encouraging Persons Who Use Drugs to Continue - 70 mentions

Specifically in Kanawha County, West Virginia, the top four responses were as follows:

- Public Safety (including disregarded needles, waste, and general public concerns) - 201 mentions
- None - 61 mentions
- Increase in Crime and Persons Who Use Drugs - 78 mentions
- Enabling and/or Encouraging Persons Who Use Drugs to Continue - 40 mentions

WHAT ARE THE DANGERS OR HARMS NEEDLE EXCHANGE PROGRAMS POSE TO THE COMMUNITY?



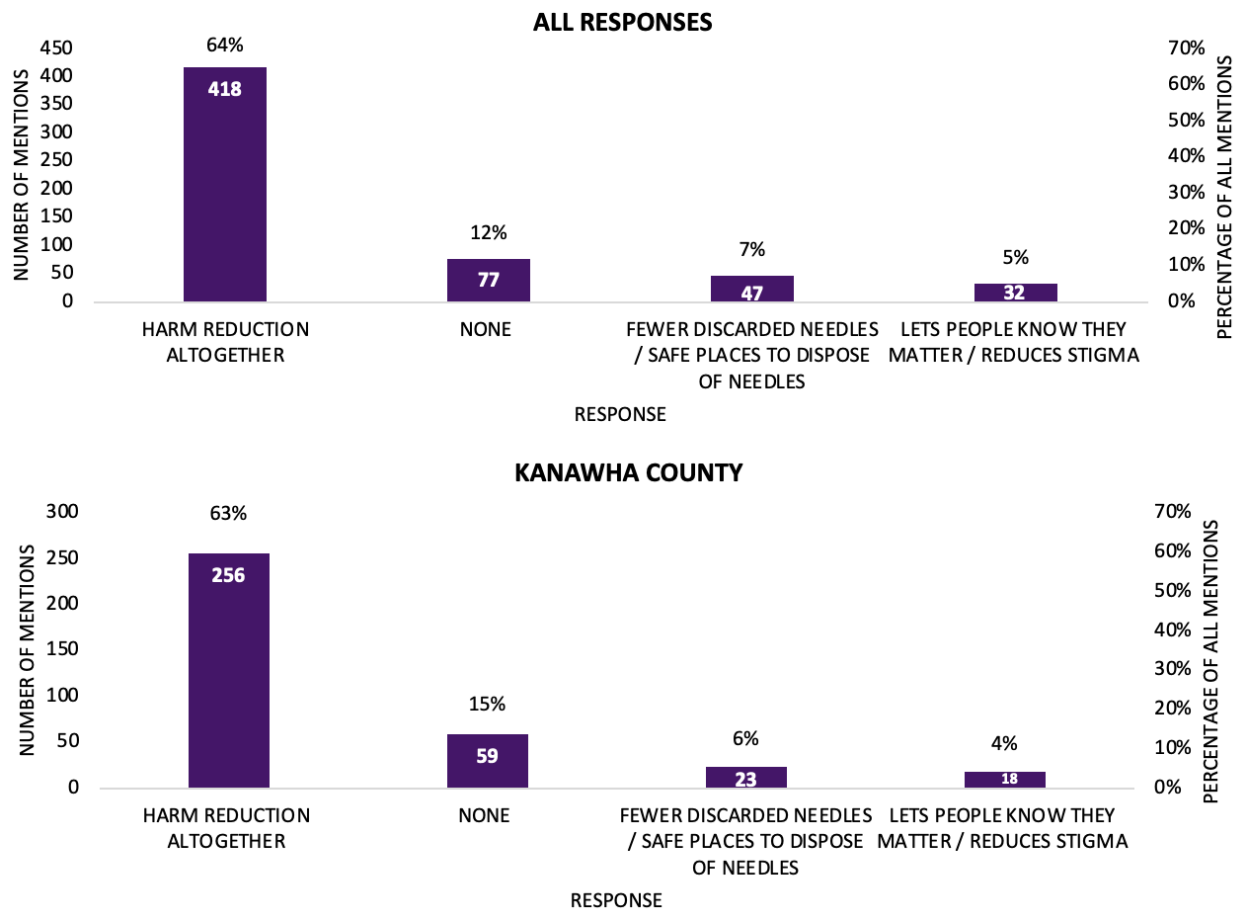
The fourth and last open-ended survey question asked respondents, **“What do you feel are benefits of needle exchange?”** The top four responses total were as follows:

- Overall Harm Reduction and Decrease in Disease Transmission - 418 mentions
- None - 77 mentions
- Fewer Discarded Needles / Safe Places to Dispose of Needles - 47 mentions
- Lets People Know They Matter / Reduces Stigma - 32 mentions

Specifically in Kanawha County, West Virginia, the top four responses were as follows:

- Overall Harm Reduction and Decrease in Disease Transmission - 256 mentions
- None - 59 mentions
- Fewer Discarded Needles / Safe Places to Dispose of Needles - 23 mentions
- Lets People Know They Matter / Reduces Stigma - 18 mentions

WHAT DO YOU FEEL ARE BENEFITS OF NEEDLE EXCHANGE?



Listening Sessions

Listening sessions are one way for researchers to directly engage with survey respondents to dig deeper into thoughts and opinions on a particular topic. Typically listening sessions are small in size to encourage deeper conversation about a topic. The listening sessions WV DII conducted in January 2021 included four participants per session (three sessions) for a total of 12 participants. The primary purpose of these sessions was to find people’s opinions beyond the survey data. The number of participants in the listening sessions represents 3% of all survey participants. This number is not overwhelming, but the results do provide a snapshot of community perceptions and attitudes.

The listening session conversations were guided by six (6) questions. Each participant was given the opportunity to respond to each of the questions posed. However,

participants were permitted to “pass” on commenting for any reason (with no requirement for an explanation). The questions were as follows:

1. Harm reduction has been in the news lately. With this in mind, what are your expectations or hopes for tonight’s discussion?
2. On a scale of 1 to 5 how important is it for communities to provide HR services (1 not important at all; 5 imperative)?
3. What is your number one concern regarding the presence of a syringe service or harm reduction program in Kanawha County?
4. Are there ways to address those concerns through ordinances, programs, outreach?
5. What kind of group or entity do you feel should take the lead role in addressing services for persons who inject drugs?
6. Is there anything else you’d like to contribute to this conversation?

In regard to question one, every participant indicated that they chose to participate in the listening sessions to learn more about harm reduction and share their perspective and experiences. In regard to question two, every participant rated harm reduction services as imperative (“5”). This was the case even if participants disagreed with how harm reduction was currently operating in the Kanawha-Charleston area.

The third question regarding concerns about harm reduction elicited more discussion. The most common concerns or themes that emerged from this conversation were: needle litter, stigma, and enabling. In some cases, participants indicated they did not personally have concerns, but they were aware of those expressed within the Charleston community specifically.

Moderators followed up with the fourth question asking how these concerns should be addressed.

- The majority of participants indicated that there must be a mechanism for needle disposal in public locations. There was also mention of needle resistant gloves for first responders and sanitation workers.
- The majority of participants indicated a need for education about harm reduction as well as proper needle disposal.
- Most participants indicated that ordinances should not preclude organizations from operating harm reduction or distributing syringes needed to prevent disease.

- Participants discussed 1:1 exchange versus a more low-barrier program where there was no requirement for harm reduction participants to return needles. There was no consensus on this matter in regard to what is most appropriate.
- Almost all participants suggested that these programs should follow national (CDC) and state guidelines for optimal effectiveness.

“I agree with X, I think an ordinance would be great – if anything the city could do to get behind, and support. For the city to say oh this isn’t our problem. Any size of department that is dedicated to what’s going on – it seems like it’s always the police. There was an overdose in Davis Park during Festivall and all of these police were diverted there and I thought it was ridiculous that it was a huge Charleston event and no one from the city was attempting to hand out and reach out to people struggling during that. Bare minimum, City to say hey this is really important, look at these numbers, we have to keep people safe. If the City just takes a stance then I feel like the citizens fall in line,” said one participant.

“Studies show that needle exchanges actually reduce syringe litter – I think for me, when we get around a heated topic and thinking: ‘I’m 100% correct and that’s the attitude I carry with me and so no one learns from me.’ I have to keep reminding myself that I need to be teachable. I need to look for the opportunity to teach and learn. If someone found syringe litter – that’s real! So where’s the solution for that? I think education – finding out where those gaps are and how to fill them without sacrificing humans. I’m not willing to sacrifice my neighbor for syringe litter. What I am willing to do is clean them up and educate. All of us are teachable. Education and meeting the misinformation and being aware of the very real fears,” said another participant.

Question five asked participants to indicate what entities and organizations should be responsible for harm reduction and addressing intravenous drug use in the community. Answers varied. However, two very consistent themes emerged. First, participants believed that no one organization can “own” harm reduction. The second was the need for public-private partnerships.

“We have Health Right, and we have SOAR,” said one participant (a school counselor). She went on to explain: *“Even with those two organizations--one high barrier [requiring 1:1 exchange] and one low barrier, we still don’t have enough help for those struggling with addiction.”*

“We need everyone working together and less infighting,” said another, an executive director of a non-profit

“This should not be a political issue. It’s a public health issue and all hands should be on deck.” said one participant, a health care provider.

“You won’t hear me say that my concerns are needle litter. I will say that we have two harm reduction organizations/programs that are happening in Charleston and how those could get better (and how other programs could get better) would be by working together and collaborating. I think that would be beneficial. There’s an unfillable hole here.” said one participant.

“Mental health needs to be involved in a large capacity. I think that if you want to talk about agency, the obvious choice would be the county health departments but I think that mental health professionals need to be involved in that – from personal experience, you’re self-medicating traumas with drugs, so in order for anyone to conquer that addiction there has to be someone there to address whatever pushed them there in the first place that then turned that into an addiction issue,” said another participant and business person.

“I don’t think the criminal justice system should be how they’re involved. I agree that there should be better avenues for treatment over punishment – esp. engaging in the mental health aspect. I don’t think that forcing someone into rehab is not going to be effective and I think that’s what the criminal justice system does. I think that pushing resources through the criminal justice system is helpful,” said another participant and community health worker.

“I’m not sure we’re in a position for anyone to take a leading role in that. We have limited resources – SOAR can’t take a leading role and there’s so many political aspects – we see it work with local health departments and also with non-profits. I’m not sure there should be a leading role – I think there should be a collaborative approach and working together,” explained another participant, a community volunteer.

Listening Session Themes

Concerns (Question 3)	Addressing Concerns (Question 4)	Who should take the lead? (Question 5)
Needle Litter	Safe Needle Disposal Boxes (and availability of needle resistant gloves)	Kanawha Charleston Health Department
Enabling Drug Use	Education Regarding Stigma and Harm Reduction	Public/Private Partnerships and Collaborations
Stigma/Lack of Understanding of Harm Reduction	Education on safe needle pick-up and disposal	Health Right
	Ordinances should allow for harm reduction activities (not preclude them)	SOAR
	Follow CDC and State Guidelines	

At the conclusion of each listening session participants were asked if there was anything else they wanted to share. Some of the comments included the following:

“We must address the SUD crisis in the Charleston Area in a real way, with a real plan,” said one participant (a school counselor).

“For harm to be as effective as it could be and has been in other places, I think that we need to have more widely available mental health services and addiction treatment programs. They’re very limited in this area. Those supports have to be there before HR can be as effective as it can be,” suggested one participant.

“I want to second the comment that the main concern being a harm reduction program shut down. I’m worried that somehow it will increase the stigma and people are putting more and more shame on these people. Unless we have the community all getting behind it, they’re not going to get better they’re just going to feel more shame. It’s in everyone’s best interest to try and help each other. Anyway the city or any organization can do that the better. Regarding the needles, I’m always surprised that this is something someone’s always up in arms about. I grew up in Charleston and now almost

30 and it's so rare that I see a needle. I'd much rather see any other litter – that's an issue in itself. It's easy enough to give someone a place to discard needles in a private location where they won't feel the police are after them. And one thing that's in the theme of combating the stigma – I have a lot of issues with the perception of the Transit Area. Any time I talk to people about that area, there's a horrible "oh we don't want to go over there" and I feel like there's a reason why they want to hang out there. Any other city would make usage of that space. Just shine more light on that spot and make sure people have the services they need and address the actual problems. I mean if you even walk up to the space, they have it blocked off with trash cans and there's no

welcoming nature. It's like the city wants it to be closed off and shoved them in the corner," said one participant.

"Thank you for allowing me to join in on the conversation. Criminal justice and teachers are on the front lines. There for the drama and the trauma. We need to track the data – how many people are getting stuck. More sharps containers would be great. More mental healthcare in the schools for our children. Advocates on the criminal justice side. I see it and I live it and I appreciate being part of the conversation," said another participant and Charleston business owner.

"For harm reduction to be as effective as it could be and has been in other places, I think that we need to have more widely available mental health services and addiction treatment programs. They're very limited in this area. Those supports have to be there before harm reduction can be as effective as it can be," suggested another participant.

Research Conclusions

- 1. Kanawha County and the City of Charleston need multiple, accessible harm reduction programs.** The CDC and the DHHR recommend these programs as ways to reduce the spread of the disease, increase testing for disease, treat disease, and increase the percentage of persons entering recovery. Two-thirds of the survey respondents affirm that the need for these programs exceeds the services currently available.
- 2. Harm reduction programs must provide clean, safe needles (i.e., syringe service or needle exchange) to their clients.** SSPs significantly reduce the spread of HIV/HCV. The majority of Kanawha County survey respondents support needle exchange programs and indicate overwhelmingly that there is a need for more SSPs in Kanawha County.

3. **Each harm reduction program must have operational approval by one or more governmental entities.** Some entity should provide unified oversight and the transparency that survey respondents and listening session participants desire.
4. **The community perception that needle litter is a threat to children, to first responders, to sanitation workers, and to the safety of the general public needs to be addressed.** It is insufficient to respond to the community perception by simply sharing CDC research indicating needle litter is reduced in municipalities and communities where harm reduction programs that include syringe service exist.
5. **Many people have an inadequate or misinformed understanding of harm reduction programs, SSPs, and addiction science.** Program advocates believe they are supporting people who are struggling with addiction while opponents proclaim that harm reduction programs enable “bad” behavior. Some survey respondents and listening session participants used divisive, stigma-laden language including: “addict,” “junkie,” “vagrant,” and “cattle,” when referring to persons struggling with addiction.

Research Recommendations

1. **Mayor Amy Goodwin should designate a Harm Reduction Task Force.** As a starting point, the Task Force should be composed of representatives from the City of Charleston, the Kanawha County Commission, West Virginia Drug Intervention Institute, Health Right, SOAR, the Kanawha Charleston Health Department, Charleston Area Medical Center, Thomas Health Systems, and other health care facilities. This public-private partnership would bring a unified and coordinated harm reduction effort.
2. **The Charleston City Council should adopt the West Virginia Bureau for Public Health Harm Reduction Program (HRP) Guidelines and Certification Procedures as developed by West Virginia Health and Human Resources.¹⁷**
3. **The City of Charleston and Kanawha County should launch a three-part needle litter campaign.**
 - a. **Expand the availability of syringe disposal boxes in targeted litter areas and sharps containers in public restrooms.** Areas to be

¹⁷ https://dhhr.wv.gov/oeps/harm-reduction/Documents/HRP_Guidelines_2018.pdf

Appendix A Online Survey

Instructions: This short survey should take 10-15 minutes to complete. Your answers are completely anonymous unless you choose to identify yourself. Please limit your short answer responses to 120 words or less.

Male/Female

Age Group

Zip Code

1. Have you or a loved one been impacted by intravenous (injection) drug use? Y/N
2. Do you believe there should be needle exchange programs in your community?
Y/N
3. What programs are you aware of in your community that assist people who inject drugs? Short Answer
4. Do you feel your community has adequate resources for persons suffering from addiction and intravenous drug use? Why or why not? Short Answer
5. What are the dangers or harms needle exchange programs pose to the community? Short Answer
6. What do you feel are benefits of needle exchange? Short Answer
7. Would you be willing to contribute more to this conversation with a follow up phone call or by participating in a focus group? Y/N
8. If yes, please share:
 - a. Name
 - b. Occupation
 - c. Phone Number
 - d. City and County of Residence

**Appendix B
Consent Form**

**WV Drug Intervention Institute
Consent Form for Listening Session**

<u>Contact Information</u>		
Last Name	First Name	Middle Initial
Group	Occupation	
Email		Phone

The WV Drug Intervention Institute would like to take the time to thank you for agreeing to participate in one of our listening sessions focusing on harm reduction and needle exchange. The general purpose of the listening sessions is to determine the attitudes and perceptions of harm reduction and identify gaps in services in and around Charleston, WV. Prior to beginning the session, please take the time to read our consent form in order to make an informed decision to participate. If at any time you have any questions, please contact either Dr. Susan Bissett, Susan@wvdii.org, or Charlee Fox, Charlee@wvdii.org.

As a participant in one of our listening sessions, you will be asked a series of questions related to harm reduction. Each session is 60 minutes in duration, with an average of six participants, and will be recorded for analysis and reporting purposes. Listening sessions are to take place via private Zoom call unless otherwise specified. All recordings of the sessions will be kept within the WV Drug Intervention Institute and will only be accessible by WV Drug Intervention Institute.

During the session, sensitive questions may be asked. If at any time you are uncomfortable with answering, you may skip that question and participate again when you feel comfortable.

Your confidentiality is of utmost importance to us. In order to maintain this when reports are generated, names and identifying information will be removed to protect your identity. In the case that a direct quote is to be used, names will be removed. Reporting an analysis may be released to the public.

By signing this consent form, I agree and understand the following:

- Participation is voluntary and compensation will not be provided.
- Direct quotes may be used, but names and identifying information will be removed/redacted when reports are generated.
- Reports may be released to the public.

I have had the chance to read this form in its entirety and have had the opportunity to ask questions. I agree to participate in my scheduled session.

Participants Name - Print

Date:

Signature:

Appendix C

Protocol and Questions for Listening Sessions

1. Susan Introduces herself and Charlee
2. Purpose of tonight's session is to help the WV DII gain a better understanding of community perceptions of harm reduction and needle exchange in Charleston and Kanawha County (Objective about the study)
3. Review Consent Form (recording session and why) and common definitions
4. Ground Rules
 - a. Everyone has a voice and is allowed to have a difference in opinion
 - b. Civil and open conversation
 - c. You have the right not to answer a questions (simply indicate you wish to pass)
 - d. Moderator will keep time and move us forward from one topic to the next (this is not an effort to squelch anyone's voice but to keep us within the hour time frame)
 - e. Everyone's time is valuable
5. Introductions --name, organization, location in Kanawha County
6. Harm reduction has been in the news lately. With this in mind, what are your expectations or hopes for tonight's discussion?
7. On a scale of 1 to 5 how important is it for communities to provide HR services (1 not important at all; 5 imperative)?
8. What is your number one concern regarding the presence of a syringe service or harm reduction program in Kanawha County?
9. Are there ways to address those concerns through ordinances, programs, outreach?
10. What kind of group or entity do you feel should take the lead role in addressing services for persons who inject drugs?
11. Is there anything else you'd like to contribute to this conversation?

SURVEY QUESTIONS FOR FIRST RESPONDERS, REFUSE, AND PUBLIC GROUNDS

1. Do you believe the Health Department's needle program in 2018 was good for the City of Charleston?
 - a. YES, NO, or DON'T KNOW

2. Do you believe the Health Department's needle program led to an increase in crime?
 - a. YES, NO, or DON'T KNOW

3. Do you believe needle programs increase or decrease the likelihood of an accidental needle prick for the public at large, refuse employees, and first responders performing their job duties?
 - a. INCREASE or DECREASE

4. Do you believe that needle programs increase or decrease in syringe litter throughout the community?
 - a. INCREASE or DECREASE

5. Do you believe that needle programs result in an increase in the number of intravenous drug users coming into the City of Charleston from outside areas?
 - a. YES, NO, or DON'T KNOW

6. Do you believe participants in a needle program should be required to meet with a medical professional during each visit to the program?
 - a. YES or NO

7. Do you believe participants in a needle exchange program should be required to return their used needles to receive new ones?
 - a. YES or NO

8. Do you believe additional needle programs are needed in the City of Charleston?
 - a. YES or NO

9. Prior to this survey, have you been asked for your opinion regarding needle exchange programs in the City of Charleston?
 - a. YES or NO

10. Have you personally, do you work with, or do you know of someone who has been accidentally pricked by a discarded needle?
 - a. YES, NO, or NOT APPLICABLE

11. Have you ever encountered discarded needles personally or while on the job or on a call?
 - a. YES, NO, or NOT APPLICABLE

12. Do you feel comfortable publicly stating your opinion regarding needle exchange programs?
 - a. YES or NO

1. Have you been stuck by a needle in the course of your work with the City of Charleston?
2. Do you know how to properly handle syringe litter?
3. Are you interested in information about proper disposal?
4. Provide your thoughts on how syringes and syringe litter affect your professional duties.
5. What ideas do you have to address syringes and syringe litter?
6. Where do you encounter syringes? (i.e. bagged garbage, street litter, pat down, overdoses, etc.)
7. Describe your understanding of harm reduction and syringe programs.
8. Are you interested in education and training on harm reduction and syringe programs?