



Syringe Exchange Programs in Ohio

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Introduction

Ohio, like much of the nation, is experiencing a crisis with opiate addiction. This crisis built over years of overprescribing opioid pain relief medications such as OxyContin and Percocet. Prescription opioids and heroin are, chemically, very similar. As the pipeline of prescription opioids decreased due to shutting down of “pill mills” and increased prescription monitoring, many people who had become addicted to pills were left with an addiction and no supply. The treatment and recovery systems were inadequate to meet the needs of those who were addicted once these pill mills were closed. The shift to heroin began, which is much less expensive and easy to access. The most common method of heroin use is injection in a liquid form. Of the 2,482 fatal overdoses in Ohio in 2014, 1,988 involved some type of opiate (heroin or prescription opioids). This is up from 2,110 fatal overdoses in 2013, 1,539 of which involved some type of opiate.¹

The need for recovery services continues to outpace supply, and as the scope of the problem continues to grow, syringe exchange programs (SEPs) have emerged as an appropriate public health strategy to reduce communicable infections associated with injecting drugs and sharing needles. SEPs provide new syringes in exchange for ones that have been used by people who inject drugs (PWID) in order to reduce the transmission of bloodborne pathogens, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). SEPs encourage the use of a new, clean needle with each injection. In addition to providing clean needles, SEPs connect clients to other services including, but not limited to, substance abuse treatment, HIV and HCV testing, naloxone kits and training (naloxone reverses opiate overdoses), food assistance, and physical and mental health treatment. The additional features of SEPs will be discussed further, but include connecting people who are struggling with addiction to needed services and engaging members of the community in a public health response. The goal of SEPs is prevention of disease transmission.

Recently the Centers for Disease Control and Prevention (CDC) identified large areas of Kentucky, West Virginia, and Ohio as regions at risk for increased rates of HIV transmission.²

Syringe Exchange Programs in Ohio

Up until 2015, a city health district, under home rule authority granted by Ohio's Constitution, could declare a public health emergency related to bloodborne pathogens in order to create a syringe exchange program. This emergency authority led to the creation of programs in Cleveland (1995), Portsmouth (2011), Cincinnati (2014), Dayton (2015), and Gallia County (2015).

The current FY 2016-2017 state budget bill, Amended Substitute House Bill 64, changes Ohio law to allow local boards of health to establish a bloodborne infectious disease prevention program to reduce the transmission of infectious diseases without declaring a public health emergency.³ In order for a local board of health to use the new process to establish a program, it is required to consult:

- local law enforcement agencies and prosecutors;
- community addiction services providers;
- persons in recovery;
- hepatitis C and HIV advocacy organizations;
- the local alcohol, drug addiction and mental health services board;
- representatives of the city, village, or township where the program is to be established; and
- local residents.

Local zoning laws also apply to the establishment of program sites. This planning process to garner community buy-in was identified as a key piece of program development by individuals involved in operating the current programs in the state. This process will be examined further in this report.

The provision in the state budget also requires that a SEP identify health and supportive services providers and substance abuse treatment programs, develop and enter into referral agreements with those providers and programs, and refer program participants to them. This incorporates the lessons of existing programs that see additional services and/or referrals as key pieces of their programs. There are several state laws that prohibit the possession and use of tools for illegal drug use. The recently passed legislation provides legal protection for program staff or volunteers who distribute hypodermic needles as part of the program as long as they are distributing needles to someone who is within 1,000 feet of a program facility and who has documentation identifying the individual as a program participant. Program participants are also

provided this protection within 1,000 feet of where a program is operating as a mobile unit.

After the state budget was enacted and this new provision went into effect, stakeholders in Columbus announced plans for a bloodborne pathogen prevention program. In early 2016, the state's sixth SEP began in Columbus.

Syringe Exchange Programs - Background

Syringe exchange programs are an effective component of harm reduction. Harm reduction involves strategies and tools that reduce the negative consequences of drug use or other risk-related behavior. Not only do SEPs provide clean needles for PWID to reduce transmission of life-threatening diseases, they also provide a connection to services and supports for a vulnerable population. SEPs in Ohio receive no state funding and are maintained primarily through private donations (some receive local public funding). The recent change to state law through the 2016-2017 budget bill specifically states that the cost of the program is the responsibility of the board of health.

Until recently, there was a total ban on federal funding of syringe exchanges. At the end of 2015, Congress changed the law to allow funding to operate a SEP, which includes staff and supplies, but maintained the ban on funding for the actual needles. There was no funding specified for SEPs when the ban was lifted.⁴ The CDC will work to identify areas at high risk for outbreaks of bloodborne pathogens in order to direct federal resources.⁵ Given the scope and impact of the drug epidemic, specifically heroin, some policymakers previously opposed to SEPs have come to understand the positive public health impact that these programs can make. This change was partially spurred by a recent HIV outbreak. In 2015, Scott County in Southeast Indiana experienced an HIV outbreak due to injection drug use. A SEP was established soon after the beginning of the outbreak. Scott County is not unlike many small counties in the Midwest, including many in Ohio.

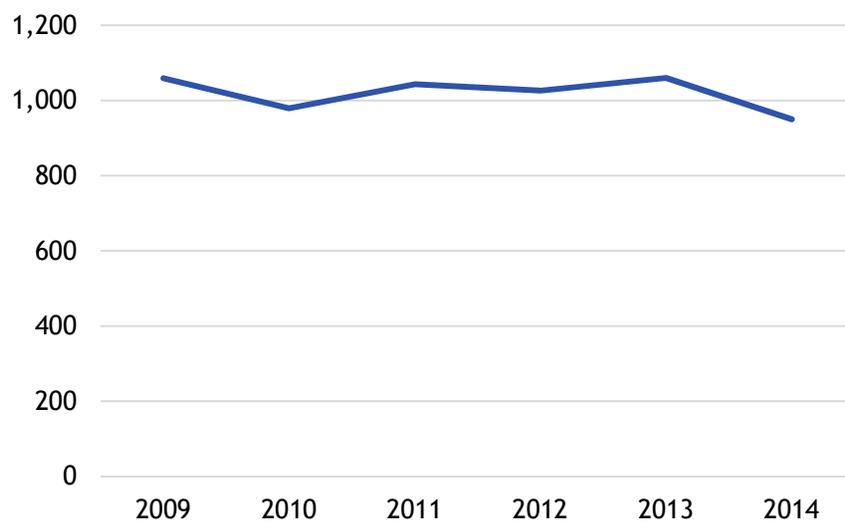
A World Health Organization (WHO) report that compiled results from multiple studies of SEPs shows substantial evidence that increasing availability and use of SEPs reduces HIV infections.⁶ An editorial review in the journal *AIDS* looked at 42 studies on SEPs and concluded that a majority of the studies showed that SEPs are effective at reducing HIV risk behavior and HIV infection.⁷ The fiscal impact of preventing HIV and HCV is considerable given the high costs of treating HIV and HCV. The annual costs of treating HIV in the United States are upwards of \$20,000.⁸ A medication that can cure HCV costs \$1,000 per pill equaling \$84,000 over the 12-week course of treatment.⁹

Impact of HIV in Ohio

Each year in Ohio, about 1,000 people are diagnosed with HIV (Figure 1). In 2014, 950 people were diagnosed. Of the 950 new cases of HIV in 2014, five percent were a result of exposure to HIV through injection drug use or may have involved exposure through injection drug use.¹⁰

Cleveland, which has had a syringe exchange program for longer than any city in Ohio has maintained a low number of new HIV infections attributed to injection use despite the increase in injection drug use locally.¹¹

Figure 1: Number of new HIV diagnoses in Ohio

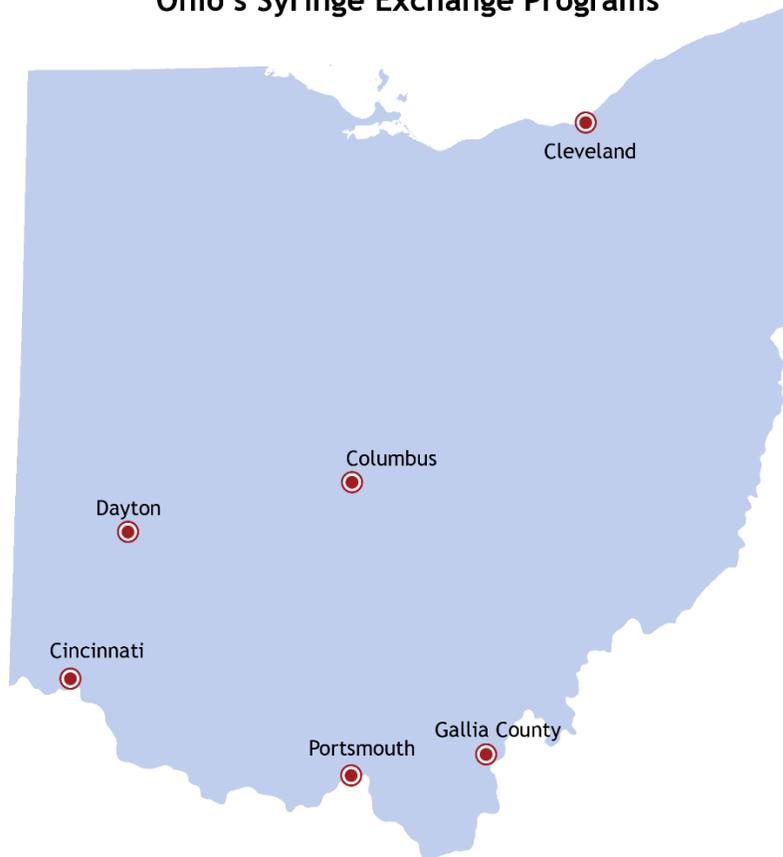


Source: Ohio Department of Health, Ohio HIV/AIDS Surveillance Data

Current Programs in Ohio

There are currently six syringe exchange programs in Ohio. The following section of the report will provide basic information about each program and will conclude with a discussion of the recurring themes and differences between how the programs are operated. Table 1 provides a high-level overview of the programs.

Ohio's Syringe Exchange Programs



Cleveland¹²

The Cleveland syringe exchange program was established in 1995 at The Free Medical Clinic of Greater Cleveland through a public health emergency declaration by then-Mayor Michael White. The creation of the program was spearheaded by the Free Clinic and the local health department and advocacy efforts from AIDS Taskforce of Greater Cleveland and AIDS Coalition To Unleash Power (ACTUP). Through its outreach work with PWID in the mid-1990s, the Free Clinic saw a need for the program. The program has three sites where clients can access its services. There is a van that visits two sites during the day; the van visits the west side of Cleveland in the morning and the east side of Cleveland in the afternoon. The Free Clinic is a stationary site that provides exchanges during business hours. There are two full-time outreach workers that staff the mobile sites, as well as two volunteers per trip and a part-time registered nurse. The program is funded primarily through grants from the AIDS Funding Collaborative,¹³ The George Gund Foundation, and Elton John AIDS Foundation.

Table 1: Ohio's Syringe Exchange Programs

	Cleveland	Portsmouth	Cincinnati	Dayton	Gallia County	Columbus
Year Established	1995	2011	2014	2015	2015	2016
How many people are involved in operating the program?*	8	12	3	4	2	5-6
Number of Syringes Exchanged	35,000-40,000 syringes per month	7,000-8,000 syringes per month	3,600 syringes per month	Approx. 2,000 syringes per month	2,800 per month	N/A
Is the exchange ratio 1:1?	Yes	Yes	Yes	Yes	Yes	No
Is there a cap on the number of syringes that can be exchanged at one visit?	Sometimes; due to supply constraints	30 per week	None	Not at this time, but could happen	20 per week	Not expected to be
Has the program exceeded initial projections of syringes exchanged?	Yes	Yes	Less than projected, but have not yet opened all sites	N/A	Yes	N/A
Does the program provide and/or refer PWID to other services?	Yes	Yes	Yes	Yes	Yes	Yes

Source: Phone, email, or in-person interviews with syringe exchange program staff.

*Includes staff and volunteers, as well as medical professionals not necessarily employed directly by the SEP

When individuals use the program for the first time they are registered using the last four digits of their Social Security numbers and first and last initials, as well as their zip codes. Using this information, the SEP can track who it is serving without knowing names and other information that may make a client uncomfortable to share. The

collection of zip codes lets the SEP staff know how far clients are traveling to visit a SEP site – in the case of Cleveland’s exchange, from 10 surrounding counties.

The Cleveland SEP exchanges 35,000-40,000 syringes, on average, each month. In February of 2015, 67,000 syringes were exchanged, the highest monthly total ever. The exchange ratio is 1:1, meaning that clients receive one new syringe for each used one they trade in. While there is not a set limit on the number of syringes that a client can exchange, there are months when the program is exceeding the average numbers of exchanges and caps are placed on the total number of needles that clients can trade in. According to staff, the program continues to exceed initial expectations of how many people would be served by the program. There are new clients on a daily basis, not to mention phone calls inquiring about the program. The age of clients is also trending younger than in the past. Outside factors have affected the usage of the program. When the pill mills were closed in 2011, there was an influx of clients to the SEP. Two years ago, the SEP saw another influx when clients were no longer able to purchase syringes at local pharmacies.

In addition to exchanging syringes, there are several other services that clients can access, either directly through the Free Clinic or via referral. The Free Clinic views the SEP as an opportunity to treat people holistically. They can provide mental health and substance abuse services, primary care, dental care, and insurance enrollment services. The Free Clinic routinely receives notices of the number of available detoxification beds in the area for clients who are interested in entering treatment for drug use. Rapid tests for hepatitis C and HIV are available on the van at the mobile sites. If clients test positive for HCV, they are connected with treatment and a HCV support group at the Free Clinic. HIV tests are also always available; there are not many positive tests, but anyone who does test positive is connected to care.

Clients are also able to access services through Project DAWN (Deaths Avoided with Naloxone) which is another form of harm reduction, operated by The MetroHealth System. Two days a week, Project DAWN provides access to naloxone, as well as training on how to use it, to reverse an overdose, at the Free Clinic.

Despite hearing no major pushback from the community about the SEP, there are certain areas where law enforcement target people who they know have visited the exchange. Drug use on or near the premises of the exchange is not tolerated which is communicated to clients by the staff at all programs.

The Cleveland SEP is able to provide clean needles to many people who want to reduce their risk of acquiring infectious diseases. With more funding and capacity, there is an

interest in expanding the program, including adding a second vehicle and establishing a mobile site further on the west side of the city. Overall, the goals of the program are to keep clients as healthy as possible, so when they can enter drug treatment it will be without additional complex diseases to manage.

Portsmouth¹⁴

The Prevention NOT Permission syringe exchange program was established in Portsmouth in 2011 through emergency order. Bobbi Bratchett, Rural AIDS Coordinator/Ryan White Program Manager with the Portsmouth City Health Department, led the charge to create the program. There was little pushback to the creation of the program, likely due to the significant impact that heroin was having on the community, worse in this region of the state than most others. The program does not have an official annual budget and is operated entirely with donations. Donations come from a church, anonymous clinical/service-based agencies, donation of syringes, an information technology (IT) agency, and an AIDS service agency. The church, IT agency, and AIDS Healthcare Foundation have contributed funds to purchase supplies. However, there is no continual or guaranteed funding stream to support this program.

Clients who visit the program report their initials, zip code, year of birth, race, gender, the type of drug they are using, and whether or not they are a veteran. Most clients who utilize the program are from Portsmouth. Originally in 2011, clients could exchange an unlimited amount of syringes at a 1:1 ratio. Now, due to limited supplies, clients can exchange 30 syringes per week. When the program began in 2011, Prevention NOT Permission was exchanging 5,000 syringes per year. The program is now exchanging 7,000-8,000 syringes each month.

The Portsmouth program refers clients to needed services and provides HIV and Hepatitis C tests, naloxone, and pregnancy tests. Clients are also referred to food pantries, rape crisis services, primary health care, social services, and mental health and addiction services, if needed. Clients are currently provided a business card-sized handout that shows they are using the SEP. This card provides proof that clients are engaged with the SEP with the hope that if they have an encounter with law enforcement, clients will not be arrested for drug paraphernalia-related issues. As is the case with all programs in the state, drug use on or near the premises of the SEP is not tolerated.

When the pill mills closed in 2011, the influx of clients to the program was like “flipping a switch.” In 2014, a Suboxone¹ clinic in Portsmouth was closed and the program went

¹ Suboxone is a prescription medication that is used to treat opiate and alcohol addiction.

from exchanging 4,000 syringes per month to 7,000 each month. With more funding, the exchange cap could be increased and the program could purchase more supplies to help keep clients healthy, such as alcohol prep pads (to clean injection area).

Cincinnati¹⁵

The Cincinnati Exchange Project began in February, 2014 after being approved through an emergency order by the Cincinnati Board of Health. Dr. Judith Feinberg, an infectious disease physician, led the planning and initial development of the program. The program is a nonprofit funded by private donations, small fundraisers, and a matching grant from Interact for Health, a local philanthropic foundation.¹⁶ The SEP now operates with two full-time staff. Dr. Feinberg serves as medical director, but is not involved in day-to-day operations. The program is run entirely from a mobile unit that visits three sites each week. The program expanded to Middletown in Butler County in February, 2016 and plans to expand to Colerain Township later in 2016.

Program clients are given an identification number and are asked their zip code. They receive a card that includes the number and serves as proof of their connection to the program. This card also includes the location that the mobile unit visits. Clients are asked about the history of their drug use, whether they have ever overdosed and what happened, and basic demographics (age, gender, and race). Data from the program show that 55 percent of clients are male and 96 percent are White, but the program has been seeing an increase in people of color utilizing the services recently. Staff also shared that people are traveling some distance to exchange syringes, including some from Northern Kentucky and Indiana. There is no limit on the number of syringes that a client can exchange per visit. The exchange of syringes is a 1:1 ratio. In November, 2015, 3,600 syringes were exchanged. Some people come every day that the exchange is available, but most clients visit on a weekly basis.

The Cincinnati Exchange Project refers clients to needed services, including substance abuse treatment, food assistance, and child care, and provides HIV, HCV, and pregnancy tests on site. Additionally, the SEP can provide clients with naloxone and provide training on how to use it.

The community response to the program has been positive, except for pushback from the City of Springdale that initially hosted the program before asking it to leave. The current four communities (including Middletown) support the mobile unit's visits. Now that the program is up and running, there has been no significant aversion to the program, and it is planning to expand to other communities. Southwest Ohio has some of the highest rates of opiate drug addiction and overdose.¹⁷ The negative response to the Springdale site provided lessons for developing the current sites and for

development of the language in House Bill 64. The community must buy-in to the program. The budget language requires a process of engaging the community to establish a bloodborne pathogen prevention program.

With more resources, staff shared that they could ensure clients are connected to services that they need, including treatment, food, and child care (especially while a client is in detoxification and cannot provide care for children). Making treatment services flexible would allow more clients to utilize the services, because often clients are getting a call “out of the blue” that a treatment spot is available, which is not feasible for someone with a job and children. Additionally, Medicaid coverage is not available for all services needed to treat addiction, including residential treatment.

Dayton¹⁸

CarePoint, a syringe exchange program in Dayton, began in April, 2015, through an emergency order signed by the city manager. A group of community organizations led the planning discussions and subsequent creation of the program. This included City of Dayton officials and law enforcement, Public Health-Dayton & Montgomery County (PHDMC), Montgomery County Alcohol Drug Addiction and Mental Health Services (ADAMHS), AIDS Resource Center Ohio, East End Community Center, The Life Enrichment Center, and other health and social service agencies. The program is funded with local public dollars totaling \$50,000. The program operates one day a week out of the Dayton Life Enrichment Center, a nonprofit social service agency. There are four PHDMC staff involved with operating the program: two PHDMC outreach workers, a navigator (health insurance enrollment) and a nurse.

Approximately 2,000 syringes are exchanged each month. The program operates every Friday, and every week there are new clients. Clients are assigned identification numbers to maintain anonymity and are given a card that indicates they are SEP clients. Clients are asked about the history of their drug use, whether they have ever overdosed and what happened, and basic demographics (age, gender, and race). They are also asked for their zip codes. The exchange ratio for syringes is 1:1. There is not a cap on the number of needles that can be traded in at once, but this could change depending on funding and the demand for the services. The Dayton SEP serves local clients and those from several other counties.

The program is primarily advertised through the PHDMC outreach workers and word of mouth from clients. There were no initial expectations in terms of numbers of clients served or syringes exchanged, because staff knew it would take time for people to learn about the program and trust that they could use the program without fear of judgment. Outreach workers also share information about the program with PWID.

CarePoint, like other programs, refers clients to other services, including mental health and drug treatment. In addition, clients can receive a rapid HIV and Hepatitis C test, a pregnancy test, wound care assessment, and information on gambling addiction. The SEP has a great working relationship with drug treatment providers in the community and can refer clients to them with ease. Since the SEP is housed at the Life Enrichment Center, many of the other services clients may need are on the premises. This includes GED services, food assistance, clothing, and health insurance enrollment assistance.

The program had buy-in from many community stakeholders from the start, including city police and local officials, but any response, positive or negative, to the program has been fairly quiet. It is currently operating within the city of Dayton and has not canvassed in other areas to spread the word.

Staff shared that, with the increasing demand for the SEP services, they would like to hire more staff for the program, purchase more needles, and open a second site. It would also be helpful to have a staff person dedicated to tracking data from the program. Having a mobile unit that is big enough to be a “one-stop shop” would also be a benefit for the program in order to reach people who have not or do not want to come in to the established site.

Gallia County¹⁹

Gallia County Health Department, located in Gallipolis, Ohio, established Ohio’s fifth syringe exchange program, which began in August, 2015. Since the program began just after the state law was changed, a public health emergency was declared in order to create the program. The timing of implementing the Gallia County SEP and the implementation of the law overlapped. The program’s goals are to reduce harm and prevent disease, but also to improve the health and wellbeing of the community at large. The program is funded entirely by donations, including from a regional pharmacy and a pharmaceutical supplier. The Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services provided funding to the health department to purchase 74 naloxone kits as part of Project DAWN. An additional type of naloxone injectors were provided to the program by the product manufacturer.²⁰ In total, 124 naloxone kits have been provided to address the need for overdose prevention in the community.

The program utilizes outreach activities to connect with people who inject drugs, and their families, to link them with the program. Two staff members are involved with operating the SEP one day a week. Approximately 2,800 syringes are exchanged per month; this number has been increasing each month since the program began. Clients

can dispose of as many used syringes as they want to, with a cap of 20 new syringes returned to them. This is due to limited supplies. Since August, 10,000 used needles have been collected and destroyed through the SEP.

Since the program began, 177 clients have been served, with 27 clients reporting they have either entered addiction treatment or have appointments scheduled to enter treatment. Through the program, clients are provided information about other services available to them. The SEP provides nursing consultations, referrals, and consultation with a drug addiction counselor on-site. Other services include vaccinations, screenings for sexually transmitted diseases and HIV, and a reproductive health clinic housed in the health department.

The impact of the SEP is already being felt in Gallia County. The county showed a reduction in new hepatitis C infections from 2014 to 2015. Compared to years of increasing rates of new infections, a decline in the rate is a welcome change. Health department staff shared that this program is an opportunity to be able to provide outreach to a group struck with health disparity, and often reluctant to seek treatment services.

Columbus²¹

Ohio's sixth syringe exchange program, SafePoint, began in early 2016 in Columbus, operated by AIDS Resource Center Ohio (ARC Ohio). The increasing hepatitis C rates in Central Ohio were a primary driver of establishing the exchange. The SEP aims to provide access to clean needles in order to address these increasing rates of HCV and prevent an increase in HIV rates. In 2014, ARC Ohio held a summit to discuss various strategies to reduce harm related to drug use, included syringe exchanges. This summit contributed to the efforts in Columbus to create a SEP. After a year of planning, it was announced in late 2015 that the syringe exchange program would begin in 2016.

SafePoint is the first exchange established under the new state law. The required stakeholders have been involved with the development of the program, including the city public health department; the alcohol, drug addiction, and mental health (ADAMH) board; and the city police department. The program will run out of the existing ARC clinic, and there has not been any public opposition to providing these additional services.

ARC plans to have five or six full-time staff members involved with the program once it is fully operational. Eventually, the program will involve a mobile unit, outreach staff, and behavioral health staff. To begin, the program is operating at the current ARC clinic site one day a week. The goal is to have at least one nurse on board the mobile unit once

it begins providing services. There is a plan to track data associated with clients who visit the exchange including data related to how many clients utilize other services that they are referred to, such as substance abuse treatment, food, and other health care. Like other programs in the state, clients will have cards that provide proof they are utilizing SEP services both for program data collection and to mitigate engagement with law enforcement. SafePoint does not limit the exchange ratio to 1:1, and there is no limit on how many syringes can be exchanged at one visit.

Recommendations for Program Planning

- Garnering community support for the program is a key component of establishing a SEP, and advertising a SEP in an area that is not ready for a program could threaten the existing program. It is important to use available epidemiological and demographic data to support creating the exchanges and to make sure that the community has a voice in the process. Engaging and building relationships with law enforcement is a key part of this process. Designing a program that fits the needs of the community is essential.
- During planning, it is key to communicate the benefit a syringe exchange program will provide to the community, not just to clients. Prior to 2011, Portsmouth's parks were unusable due to discarded syringes strewn everywhere. The community has seen the benefit of the program since that time.
- Individuals should not only be characterized by their drug addiction. It is important to see them as whole people who are using a service to keep themselves safe. This is reflected in the connections with other services and a recognition of the struggles, outside of drug addiction, they might have in their lives.
- It is important for SEPs to have connections with medical and behavioral health service providers in their communities. Having a trusted relationship with providers goes beyond having a referral system in place. When clients are ready to enter treatment, it needs to be a fairly seamless process to connect them.
- Staff shared that having referral information available on a business card-size handout is an essential resource. To protect privacy, clients do not want a large pamphlet that may potentially show they are utilizing the program.
- Every local health district in Ohio should review whether the communities it serves would benefit from a syringe exchange program – many of the current programs service multiple counties due to the small number of exchanges statewide.
- Now that the federal restrictions on funding for SEPs are relaxed and Ohio continues to face a heroin and opioid epidemic, existing programs should examine, or continue to examine, the feasibility of expanding their services.

Conclusion

The key lesson communicated through research for this report was to design a program that best fits the community in which it will operate. Ohio's syringe exchange programs offer a way for people who inject drugs to stay as safe as possible at vulnerable times in their lives. The programs also provide connections to substance abuse treatment when people decide they are ready to enter recovery, as well as other services that can improve health and well-being. Connections to services for this hard-to-reach population may not occur without the relationships built by SEPs. Despite the positive results of SEPs and community support, funding for most programs does not meet the need. There is no dedicated state funding for SEPs and most rely on private donations in order to operate. Prevention of infectious diseases protects more than just people who use drugs. Prevention programs also protect others in the community, thereby benefitting the community at large.

¹ 2014 Ohio Drug Overdose Preliminary Data: General Findings, Ohio Department of Health

² "CDC researchers say portions of West Virginia, Ohio, and Kentucky at risk for HIV outbreak"

<http://www.wowktv.com/story/31006992/cdc-researchers-say-portions-of-west-virginia-ohio-and-kentucky-at-risk-for-hiv-outbreak>

³ Ohio Revised Code 3707.57

⁴ Congress Lifts the Ban on Federal Funding for Syringe Exchange Programs.

http://www.huffingtonpost.com/tessie-castillo/congress-lifts-the-ban-on_b_9032362.html

⁵ Funding ban on needle exchanges effectively lifted.

<http://www.usatoday.com/story/news/nation/2016/01/07/funding-ban-needle-exchanges-effectively-lifted/78420894/>

⁶ Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users. World Health Organization. 2004

⁷ David R. Gibson, Neil M. Flynn and Daniel Perales. Effectiveness of syringe exchange programs in reducing HIV risk behavior and HIV seroconversion among injecting drug users. *AIDS*. 2001.

⁸ Centers for Disease Control and Prevention. HIV Cost-effectiveness.

<http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/>

⁹ Khazan, Olga. *The True Cost of an Expensive Medication*. The Atlantic. September 25, 2015.

¹⁰ Ohio Department of Health, HIV Surveillance. HIV Infection Annual Surveillance Tables, 2010-2014

<https://www.odh.ohio.gov/en/healthstats/disease/hivdata/hcty1.aspx> and Ohio Department of Health STD, HIV & Hepatitis Prevention and Surveillance

¹¹ Diagnoses of HIV and/or AIDS Reported in Ohio. Ohio Department of Health.

<https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/health%20statistics%20-%20disease%20-%20hiv-aids/WebTables12.pdf>

¹² Information in this section based on a phone interview with Lisa Fair, HIV Program Manager, The Free Medical Clinic of Greater Cleveland, conducted January 11, 2016.

¹³ The AIDS Funding Collaborative (AFC) strengthens the community's response to HIV/AIDS as a public/private partnership providing coordination, leadership, advocacy, and funding in Greater Cleveland. The AFC is housed at The Center for Community Solutions.

¹⁴ Information in this section based on an interview with Bobbi Bratchett, Portsmouth City Health Department, conducted December 10, 2015.

¹⁵ Information in this section based on an interview with Libby Harrison, Program Manager, Cincinnati Exchange Project, conducted December 15, 2015.

¹⁶ Interact for Health is a foundation aiming to improve health in the region

¹⁷ 2014 Ohio Drug Overdose Preliminary Data: General Findings, Ohio Department of Health

¹⁸ Information in this section based on a phone interview with Andrea Young, Supervisor of HIV/AIDS Programs at Public Health Dayton & Montgomery County, conducted January 14, 2016.

¹⁹ Information in this section based on email communication with Latasha Alvaro, Gallia County Health Department, March, 2016.

²⁰ A donation of the overdose product Evzio from Kaleo, Inc. helped to provide additional overdose prevention medication.

²¹ Information in this section based on a phone interview with Peggy Anderson, AIDS Resource Center Ohio, conducted December 21, 2016.

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