Engaging Active Drug Users in Supportive Services:

Supporting Drug User Health via Syringe Access and Overdose Prevention Services

Narelle Ellendon, RN, Director of Capacity Building Services, HRC

Emma Roberts, Manager of Capacity Building Services, HRC

Emily

Meredith

aidsunited.org

Harm Reduction Coalition

- Founded in 1993 by needle exchange providers, advocates, and drug users
- Challenge the persistent stigma faced by people who use drugs
- Advocate for policy and public health reform

POLICY & ADVOCACY

TRAINING & CAPACITY BUILDING

OVERDOSE PREVENTION & ADVOCACY

NATIONAL & REGIONAL CONFERENCES

RESOURCES & PUBLICATIONS

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Workgroup came about

- Local Statistics
  - Positive Link Hep C
  - IU Health Inpatient
  - Overdose
- What's happening now?
- Survey
- IU School of Public Health

How the Drug User Health Advisory Workgroup came about

- Sub committee of Mental Health Task Force
- Positive Link prevention team staff
- IU Health Social Worker
- I STOP
- IU School of Public Health
- Harm Reduction Coalition (capacity building support)

Drug User Health Advisory Workgroup

We would love to have your help!

Agenda

- Introductions
- Harm Reduction Definition
- Defining the problem
- The National & Local Context of Syringe Access and Overdose Prevention Programs
- Benefits of Syringe Access Services
- Getting Started: Program Models & Community Outreach
- Introducing the Survey

Glossary

- PWID—People Who Inject Drugs
- PWUD—People Who Use Drugs
- PLWHA—People Living with HIV/AIDS
- HIP—High Impact Prevention
- SUDs—Substance Use Disorders
- Narcan/Naloxone—medication used to counter the effects of an opiate overdose

Working Definition of Harm Reduction

A set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

Goals of Harm Reduction

- Increased Health and well-being
- Increased self-esteem/self-efficacy
- Better living situation
- Reduced isolation and stigma
- Safer drug use
- Reduced drug use and/or abstinence


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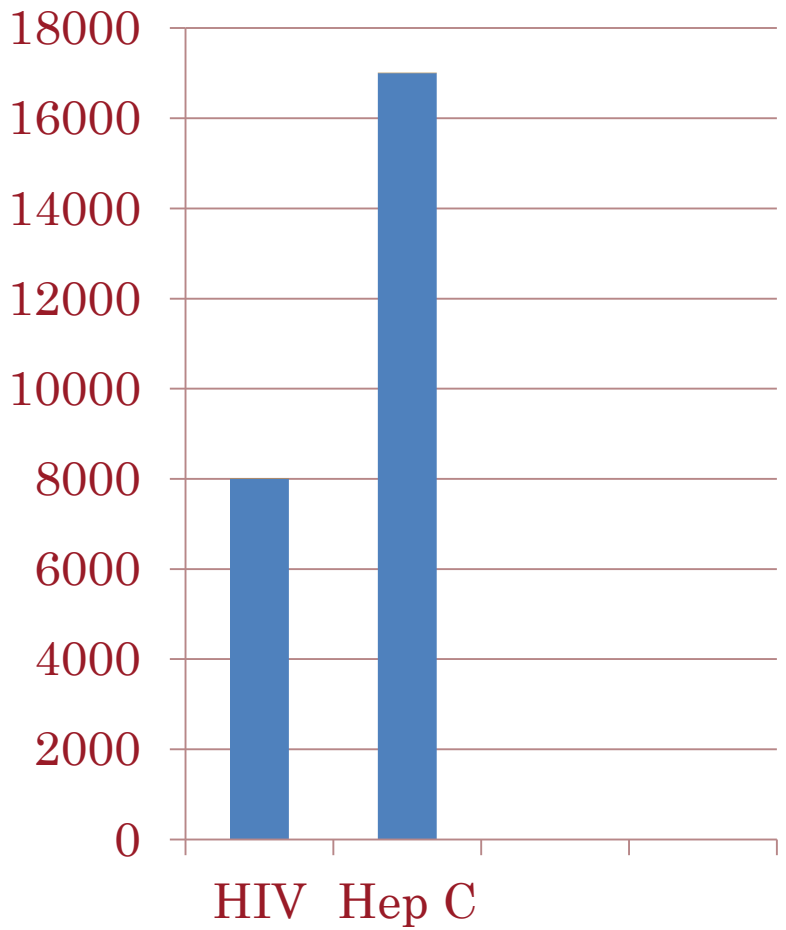
What's the Problem?

Newly infected each year in the USA due to syringe and equipment sharing:

- 8,000 people with HIV
- 17,000 with Hep C

Overdose is the leading cause of accidental death in the US.



Source: The Center for Disease Control and Prevention, AIDS United.
http://www.aidsunited.org/policy-advocacy/issues/syringe-exchange/
http://www.cdc.gov/idu/hepatitis/viral_hep_drug_use.htm
http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief_full_page.htm

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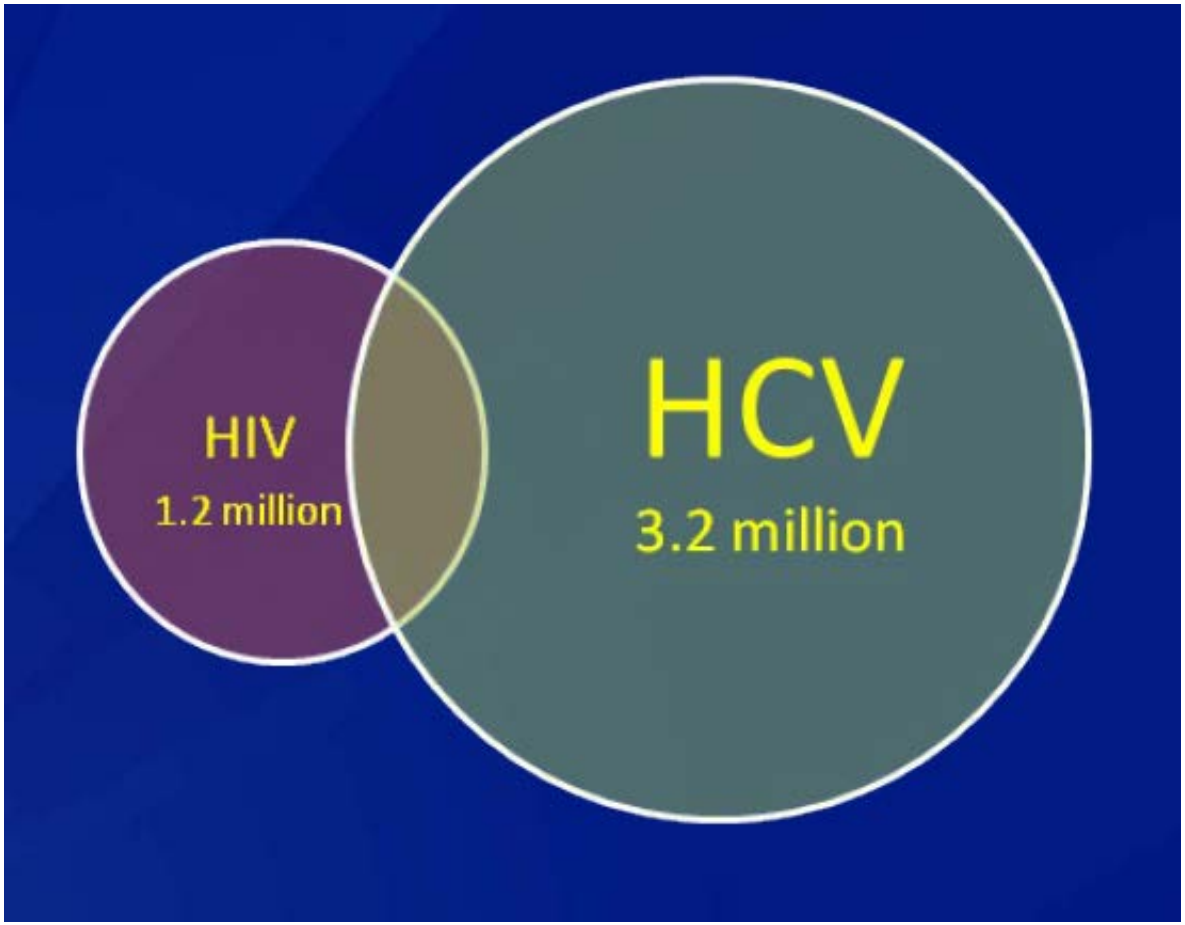
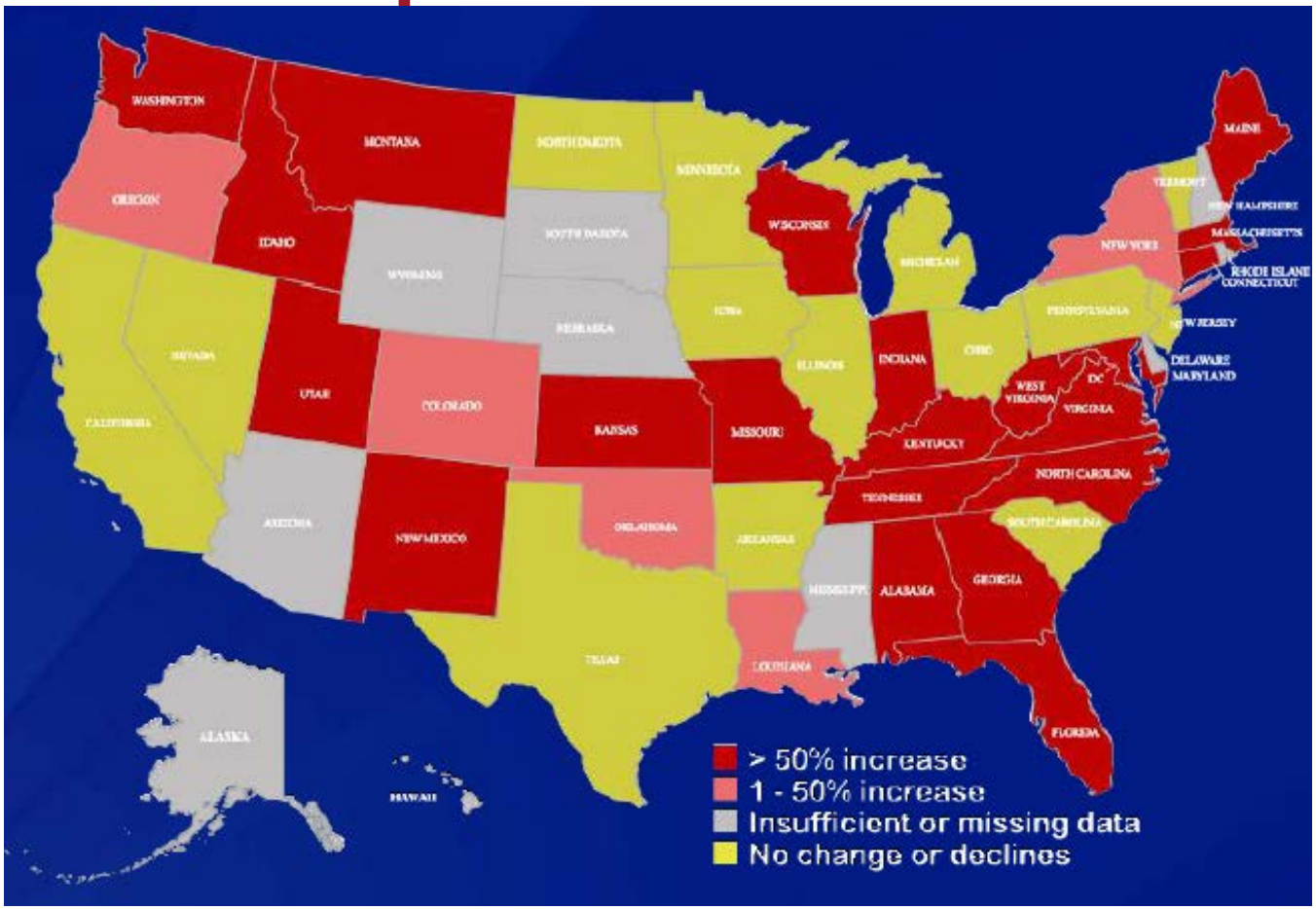
HIV/HCV Co-infection—U.S.

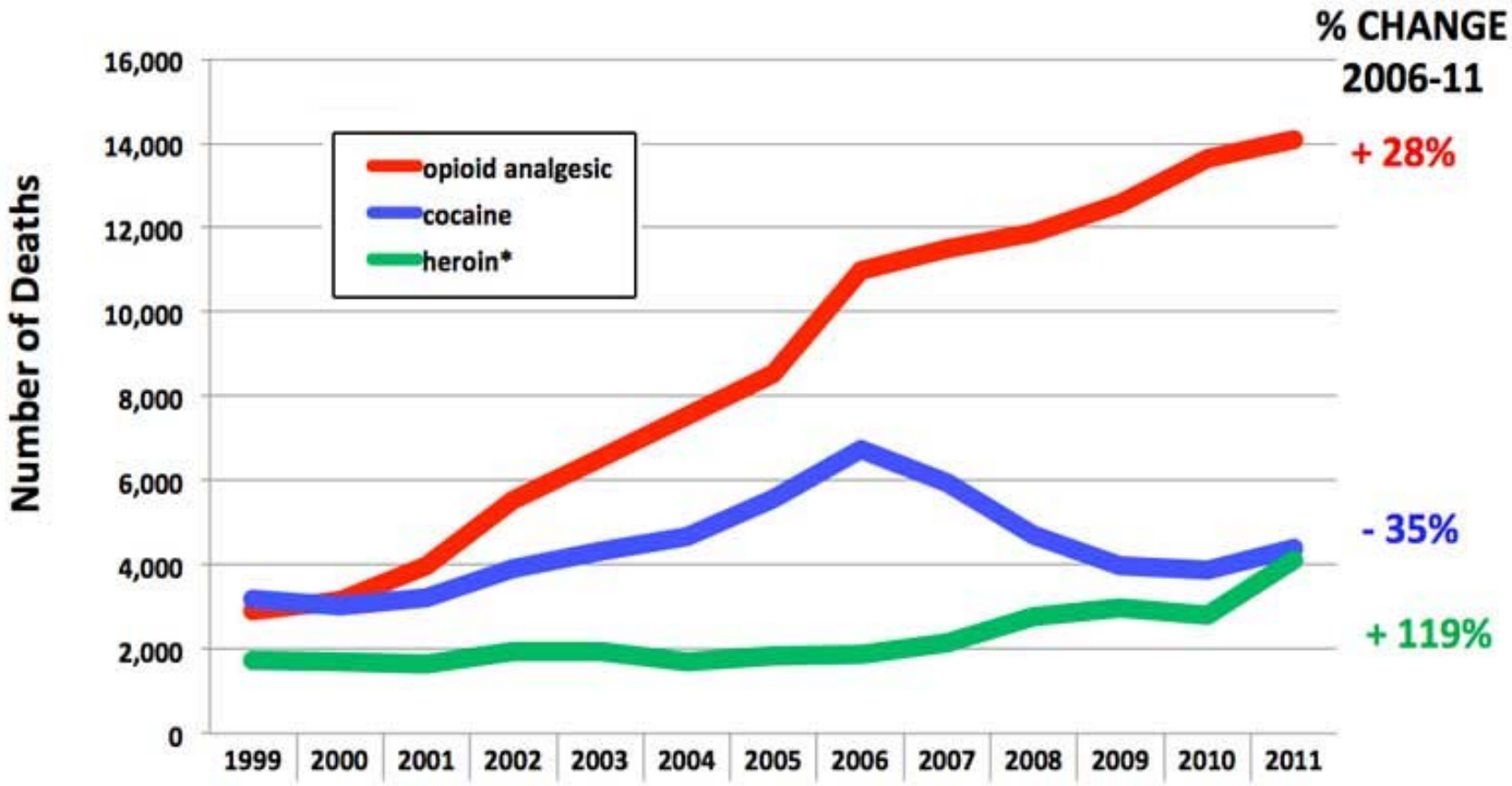


Increases in Reports of New HCV Cases, HCV Case Reports 2007-2011



Source: CDC Division of Viral Hepatitis

Unintentional Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine and Heroin: United States, 1999–2011



Source: National Center for Health Statistics/CDC, National Vital Statistics Report, Final death data for each calendar year (June 2014).

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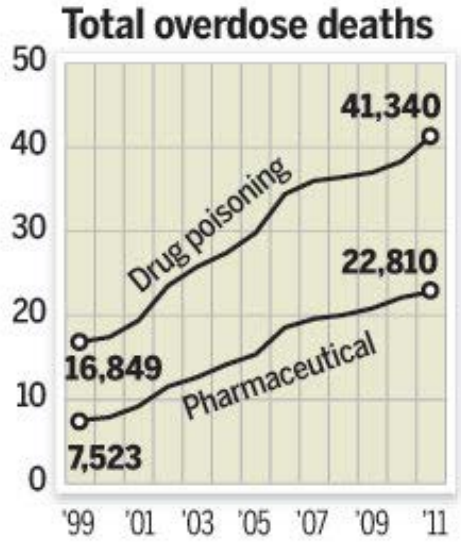
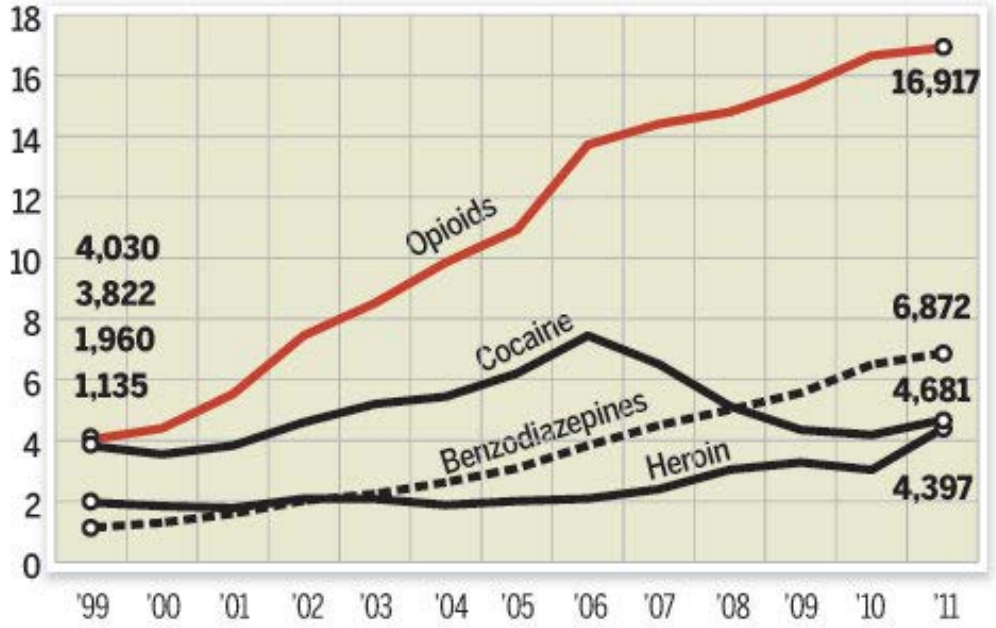
Deaths due to opioids continue to climb

While U.S. prescription opioid deaths followed a more than decade long trend and increased about 2% to 16,917, heroin deaths jumped by 44% to 4,397.



Overdose deaths by drug type



Source: Center for Disease Control

Journal Sentinel

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Bloomington/Indiana stats

Local Statistics

- 2012
  - -14% HCV positivity rate for SPSP Region 10
  - -19% in Monroe County
- 2013
  - -17% HCV positivity rate for SPSP 10
  - -18% in Monroe County
- 2014
  - -19% HCV positivity rate for SPSP 10
  - -21% in Monroe County

Statistics

- IU Health Bloomington (Audrey stats)

(infection rates, overdoses)

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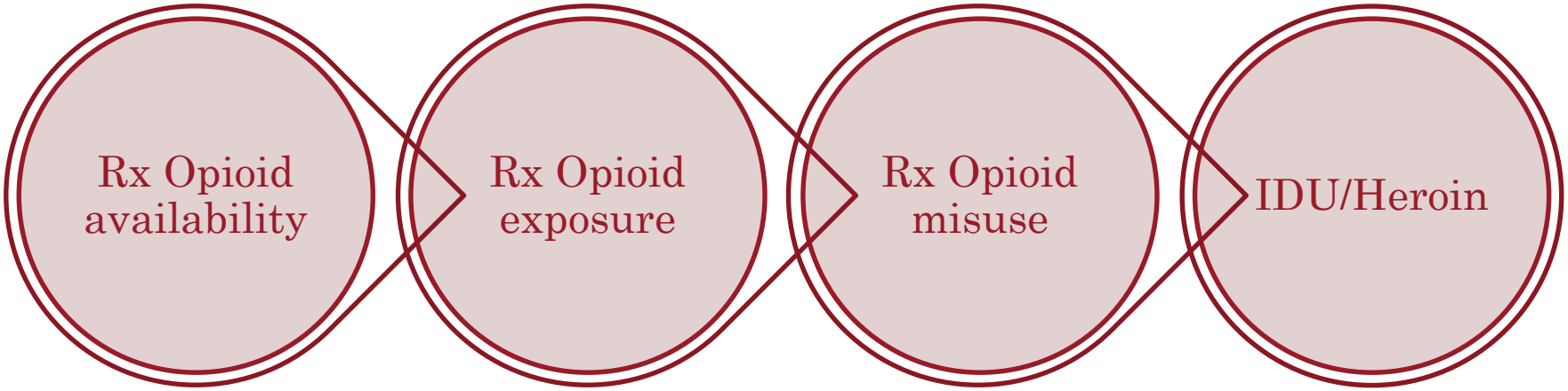
Drug Trend in the U.S.: Opioid Epidemic



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Drug user health issues as HIV-Prevention issues

HIV/HCV Co-infection

- 25-30% of HIV+ people are coinfected with HCV
- HCV is the leading cause of death for people with HIV
- HCV infection can impact HIV treatment
- Sexual transmission of HCV more likely for HIV+ persons
- 40-90% of PWIDs have HCV

HIV and Overdose

- Overdose is a significant cause of mortality among HIV+ persons
- HIV infection puts people who inject drugs at greater risk of fatal overdose.
- Overdose prevention services can connect PWUD to HIV prevention, care, and drug treatment services.

Homelessness and Incarceration

- HIV prevalence is 3x higher in the homeless population than the general population
- One in seven people living with HIV will pass through a correctional facility each year
- People receiving HIV care in prison having difficulty access medications upon release

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What's the Problem?

PWID's tend to have…

- High prevalence of other health problems
- High prevalence of mental health issues
- High prevalence of trauma
- Poor social supports
- Higher level of homelessness
- Higher level of previous incarceration

Poor relationship with healthcare system

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What's the Problem?

Drug Treatment is not always a viable option.

- Limited availability
- Research demonstrates that drug dependence is a *chronic* condition (ie: relapse is a part of the process)
- Oftentimes people may not be ready to quit or may choose not to

What's happening now?

- Harm Reduction Kits by Positive Link

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LOCAL ISSUES & PROBLEMS

Local Legal Considerations

Local Legal Considerations

- It doesn't look to me like anything has changed since that paper (http://www.temple.edu/lawschool/phrhcs/otc.htm) was written. Indiana is one of those oddball states that didn't adopt the federal definitions of paraphernalia, so syringes aren't explicitly listed in the paraphernalia statute. However, the statute does say that a person commits a crime if he "delivers, or finances the delivery of..an instrument, a device, or other object that is intended to be or that is designed or marketed to be used primarily for..otherwise introducing into the human body..a controlled substance." So even though the statute doesn't say "syringe" or "injecting" I think it would be pretty easy for a prosecutor to argue that the law does encompass SEP.
- As far as pharmacy sales, you're right that Indiana doesn't require a prescription. However, every person buying a syringe who is "not known to the pharmacist" is required to "furnish suitable identification." The pharmacist is also required to maintain records of "the name and address of the purchaser, the name and quantity of controlled substances or devices purchased, the date of each purchase, and the name or initials of the pharmacist who dispensed the substances or devices.." That seems pretty onerous, but maybe the info is typically captured by the EHR system with a minimum of human involvement?
- So, bottom line is that, unfortunately, it looks like SEP in Indiana would be very dicey, but a person should be able to access syringes from the pharmacy without a prescription (although whether the pharmacist will actually sell to someone who "looks like a drug user" is another question..). NASEN lists an SEP in Indianapolis, though, so it's probably worth checking in with them to see how things actually work on the ground..

The Feds Speak on Drug User Health

- National HIV/AIDS Strategy (NHAS) 2010
  - Calls for minimizing HIV infection among PWIDs and other substance users
  - Specifically sites syringe exchange as an intervention that will reduce the HIV infection rate among PWIDs
- National Hepatitis plan 2011
  - Call to enhance PWIDs' access to sterile syringes
  - Updated April 2014
- SAMHSA Opioid Overdose Toolkit 2014
  - Encourages expanding access to naloxone for people at risk for overdose and their friends and family

Sources: http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf,
http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf
http://store.samhsa.gov/shin/content/SMA13-4742/Overdose_Toolkit_2014_Jan.pdf

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US Naloxone Programs:

- CDC MMWR, 2012: Over 50,000 drug users (and their friends/family) trained between 1996-2010. Over 10,000 reversals reported. http://www.cdc.gov/mmwr/pdf/wk/mm6106.pdf
- 2010: 50 programs with 188 sites, in 16 states
- 2012: 60 programs approximately 200 sites in 18 states*
- **2014: More than triple the number of programs and sites, in 31 states****

**unpublished results of 2013 and 2014 US naloxone programs survey, completed by the Harm Reduction Coalition*

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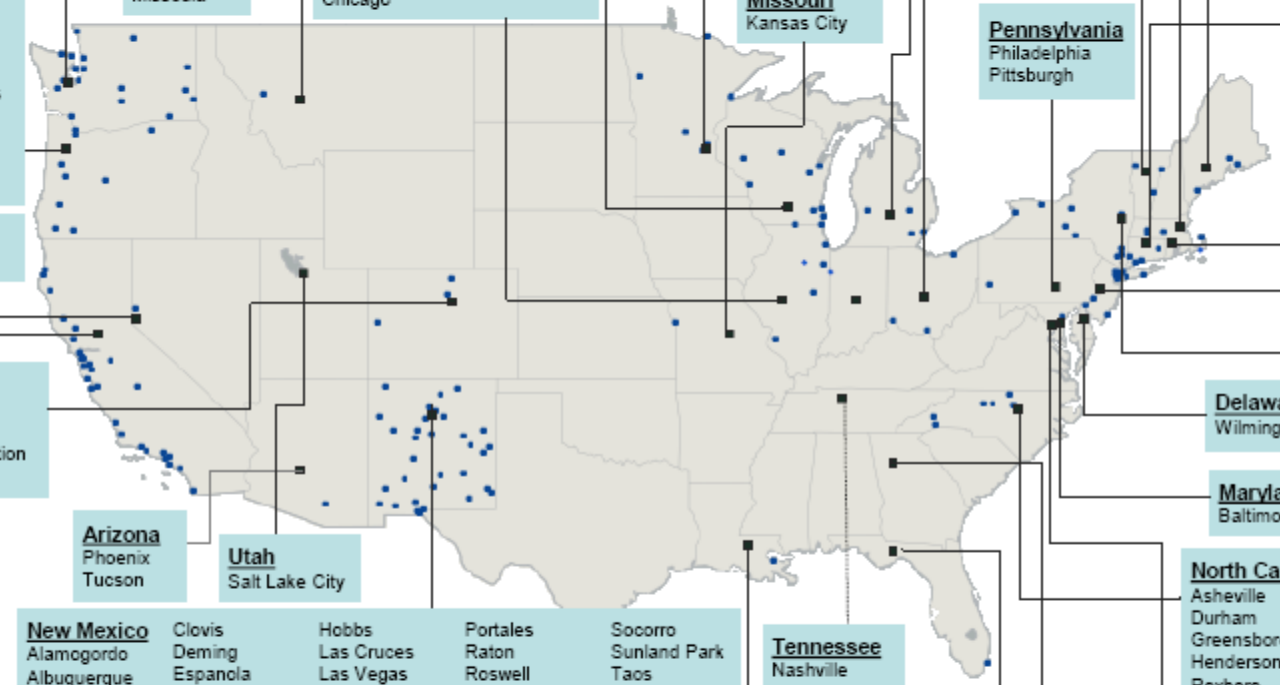
Meeting people where they are

Syringe access programs

- Started in Holland in the 1980s in response to a hep B outbreak
- First US SAP started in Tacoma in 1988 in response to the AIDS crisis

Syringe Services Program Coverage in the United States –June 2014



Washington
Aberdeen
Bellingham
Bremerton
Colfax
Ellensburg
Everett
Kelso
Okanogan
Olympia
Port Angeles
Port Townsend
Pullman
Seattle
Shelton
Spokane
Tacoma
Union Gap
Vancouver
Walla Walla

Wisconsin
Appleton
Beloit
Eau Claire
Green Bay
Kenosha
La Crosse
Madison
Milwaukee
Racine
Superior
Waukesha
Wausau

Minnesota
Blaine
Brooklyn Park
Duluth
International Falls
Mahnomen
Minneapolis
St. Cloud

Michigan
Detroit
Flint
Grand Rapids
Ypsilanti

Vermont
Burlington
St. Johnsbury
White River Junction

Maine
Augusta
Bangor
Ellsworth
Portland

Massachusetts
Boston
Cambridge
Holyoke
Northampton
Provincetown
Worcester

California
Arcata
Berkeley
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Fremont
Fresno
Inglewood
Los Angeles
Lower Lake
Modesto
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Orange
Redway
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Hermiston
Medford
Portland
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Ohio
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Lovington
Moriarty
Portales
Raton
Roswell
Ruidoso
Santa Fe
Santa Rosa
Silver City
Socorro
Sunland Park
Taos
Tesuque
Truth or Consequences
Tucumcari

Delaware
Wilmington

Maryland
Baltimore

New York
Albany
Beacon
Buffalo
Hempstead
Ithaca
Johnson City
Mt. Vernon
Newburgh
New York City
Bronx
Brooklyn
Queens
Manhattan
Staten Island
Poughkeepsie
Rochester
Schenectady
Shirley
Syracuse

North Carolina
Asheville
Durham
Greensboro
Hendersonville
Roxboro
Winston-Salem

Tennessee
Nashville

Louisiana
Baton Rouge
New Orleans

Florida
Miami

Georgia
Atlanta

District of Columbia
Washington

Puerto Rico
Fajardo
Mayaguez
San Juan

Hawaii
Hilo
Kauai
Kona
Maui
O'ahu

Alaska
Anchorage
Fairbanks
Juneau

Syringe services programs (SSPs) serve as a safe, effective HIV prevention method for people who inject drugs (PWID) to exchange used syringes for sterile needles, thereby significantly lowering the risk of HIV transmission. Since the 1980s, SSPs in conjunction with other HIV prevention strategies have resulted in reductions of up to 80% in HIV incidence among PWID.

- There are currently 194 syringe services programs in 33 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations. (NASEN)
- This map shows the location of 196 cities with SSPs.

This map was prepared by amfAR, The Foundation for AIDS Research. Information on syringe services programs was provided by the North American Syringe Exchange Network (NASEN) and Mount Sinai Beth Israel from their lists of syringe services programs that confirmed their willingness to have this information made public.

Benefits of SAPs: Reduction in HIV incidence

- Syringe access programs are the most effective, evidence-based HIV prevention tool for people who use drugs
- Seven federally funded research studies found that syringe exchange programs are a valuable resource
- In cities across the nation, people who inject drugs have reversed the course of the AIDS epidemic by using sterile syringes and harm reduction practices.

Source: **Office of the Surgeon General (2000)**: Evidence-based Findings on the Efficacy of Syringe Exchange Programs: An Analysis of the Scientific Research Completed Since April 1998. *US Department of Health and Human Services: Washington DC.*

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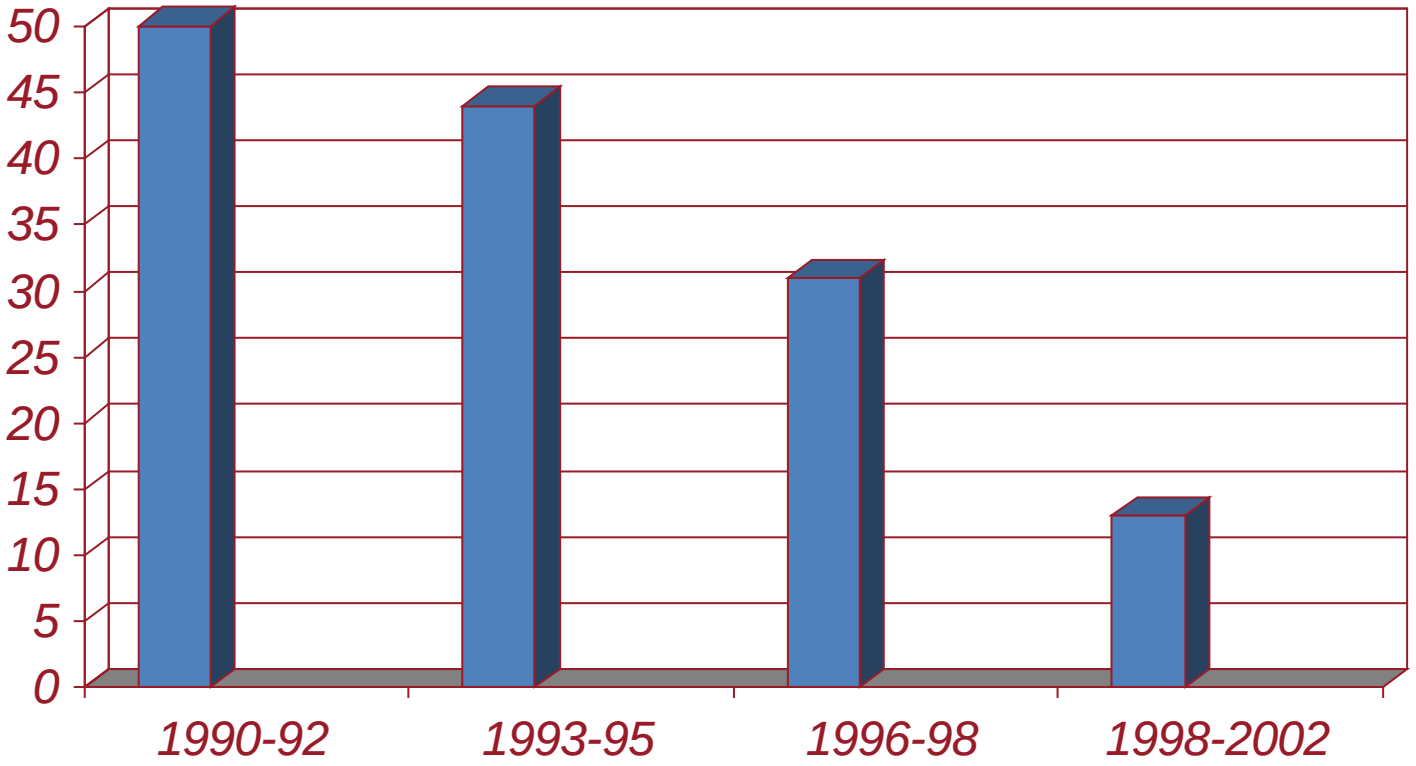
Successful **outcomes**

HIV Seroprevalence among IDU's in NY



Benefits of SAPs:
Reduction in HCV Transmission Risk

- More than half of IDUs acquire syringes from a potentially unsterile source in NYC*
- Almost 1/3 of IDUs (31.8%) report “sharing” syringes and other equipment**
- Many participants of SAPs have been injecting for some time
- Large number of IDUs already infected with HCV

*Source: HIV Prevalence and Risk among IDUs in NYC: Results from NHBS. HIV Epidemiology Program of NYC Dept of Health and Mental Hygiene/Center for Drug Use and HIV Research. Available at http://www.nyc.gov/html/doh/downloads/pdf/dires/epi-resupdates-riskdruguserss.pdf

**Source: HIV-Associated Behaviors among Injecting Drug Users—23 Cities, United States, May 2005–Feb 2006. The CDC. *MMWR*. April 10, 2009 / 58(13);329-33 Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5813a1.htm

Benefits of Syringe Access: It's not just syringes!

SAPs connect difficult-to-reach populations to much needed services:

- Detox and drug treatment programs
- Medical, Dental & Mental health services
- Counseling and referral
- Case Management
- HIV/HCV services
- Housing services
- Community building
- Overdose prevention
- Prevention for non-injectors

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Benefits of SAPs: Cost Effectiveness

- The lifetime cost of medical care for each new HIV infection is $385,200-$618,000.
- For hepatitis C, the lifetime cost of medical care exceeds $100,000.
- The equivalent amount of money spent on syringe access could prevent dozens of new HIV infections annually.

Sources:.

Press Release. Schackman B. The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States. Medical Care, Nov 2006; vol 44: pp 990-997.

Press Release. San Francisco Hep C Task Force Releases Recommendations for Fighting Epidemic. Available at http://www.natap.org/2010/newsUpdates/012611_04.htm

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Benefits of SAPs: Reduction of Needle Stick Injuries

- 30% of law enforcement officers have experienced a needle stick injury (NSI).
- 66% reduction in NSIs among law enforcement officers following the implementation of SAPs

Sources: Lorenz J, et al. Occupational Needlestick Injuries in a Metropolitan Police Force. American Journal of Preventative Medicine, 2000. 18:146-150.

Groseclose SL, et al. Impact of Increased Legal Access to Needles and Syringes on Practices of Injecting Drug Users and Police Officers—Connecticut 1992-1993. *Journal of AIDS and Human Retrovirology.* 10(1): 71-72.

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Debunking Myths about SAPs

Syringe Access Programs *DO NOT:*

X .. encourage drug use

X .. increase crime rates

X .. Increase inappropriately discarded syringes

X .. increase needle stick injuries

Getting Started: What do SAPs look like?

- Storefront
- Street-based
- Secondary or peer-delivered
- Underground programs
- Pharmacy access

Storefront SAPs
Case Study: Lifepoint, Tucson, AZ

Pros

- House other services
- Shelter from steet-based activities
- Increased privacy
- On site storage space
- Creating “safe space”

Cons

- Limited access (hours, location)
- Participants must come to you
- High overhead and upkeep
- Potential focus of community opposition

Street-Based SAPs
Case Study: The CHOW Project, Hawaii

Pros

- Flexibility if drug scene changes
- More acceptable to neighborhood
- Informal or low-threshold
- Meeting people where they are

Cons

- Hard to include ancillary services
- Inclement weather can be a deterrant
- Privacy concerns
- Hard to supervise outreach staff

Peer-Delivered SAPs
Case Study: Southern Tier AIDS Program, NY

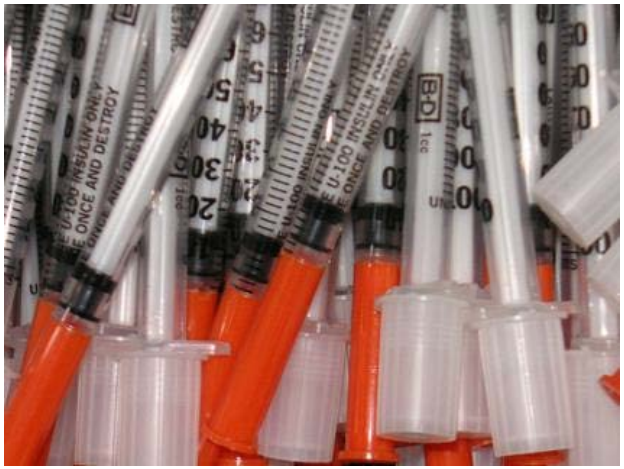
Pros

- Taps into peer knowledge
- Can reach groups unlikely to access SAPs
- Empowers peers to take ownership
- Increased volume

Cons

- Cost of training and supervising peers
- Managing boundary issues
- Peers may need to collect and transport others' equipment

Underground SAPs: Case Study: Austin, TX



Pros

- No restrictions on practice
- Potential to be more participant-driven

Cons

- Legal vulnerability
- More limited reach
- Difficult to fund, staff

Pharmacy Access Case Study: Nevada

Pros

- Mainstream location
- May have more extended hours
- Could be located closer to where injectors live or hang out

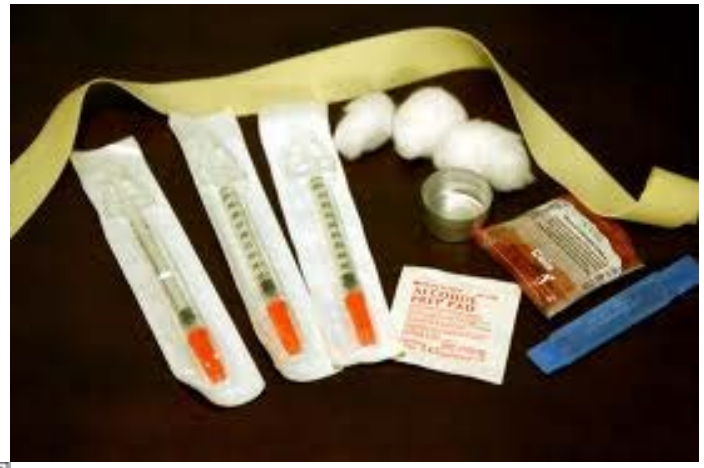
Cons

- Pharmacists often refuse to sell syringes without a prescription
- Cost can be prohibitive
- No counseling services
- Other injection equipment not available
- No disposal options

Getting Started: Equipment

- Needles & Syringes in various sizes
- Cookers
- Cottons/Filters
- Tourniquets/Ties
- Health education literature
- Narcan kits

- Sterile water containers
- Alcohol swabs
- Condoms



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Getting Started: Equipment

If Budget allows…

- Powdered Citric /Ascorbic acid
- Gauze pads and band aids
- Twist ties
- Bleach kits
- Fit packs
- Baggies
- Crack kits

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Characteristics of Effective SAPs

- Ensure low threshold access to services
- Promote secondary syringe distribution
- Maximize responsiveness to the local IDU population
- Provide or coordinate provision of health & other social services
- Include diverse community stakeholders in creating social and legal environment supportive of SAPs

Source: Recommended Best Practices for Effective Syringe Exchange Programs in the in the United States: Reports from a Consensus Meeting, 2009. Available at http://www.harmreduction.org/downloads/Best%20Practices%20for%20Syringe%20Exchange%20Programs%20consensus%20statement.pdf

Illinois example

N.E.O.M.E. (Belleville, IL)

- Implemented in 2009
- Not a 1:1 program
- 593 unduplicated participants (Primary), 88 new participants in 2014
  - 8977 duplicate participants (Secondary)
- Free HepC and HIV testing
- Free unlimited sharps containers and “works”
- Overdose reversal training

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Getting Started: Core Elements of a Needs Assessment Process

- Identifying relevant stakeholders
  - Where are IDUs getting services?
- Review of existing data, policies, resources, and services
  - Existing services, HCV/HIV prevalence, OD rates
- Getting to know the IDU Community
  - Who is injecting drugs?
  - What drugs are being injected?
  - Where does drug purchase and injection take place?

Getting Started: Outreach & Engagement

Direct Service Providers

- Survey providers about gaps in services for the target population, changes in drug use patterns, etc.
- Access active users via shelters, ASOs, free meal programs to get input about program needs, potential locations, etc.

Local Police

- Frame discussions in terms of public safety and avoiding NSI
- Put police in touch with supportive officers in other cities with established SAPs
- Solicit their expertise around “hot spots” of drug activity for outreach purposes

Health Department

- Find allies in the Health Department
- Create coalitions with representatives from different departments
- Brainstorm potential program locations, budget, etc. with HD staff and community partners

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SURVEY>>>


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Upcoming Survey

- Harm Reduction Needs Assessment for Providers
  - -Will be a Survey Monkey delivered via email
  - -Please share with other local providers
- Harm Reduction Needs Assessment for PWID
  - -Will be a paper survey
  - -Local treatment programs
  - -Places where Positive Link does Hep C testing
  - -Peer to peer
- Survey results will be shared either via another webinar or written report
- Plan of action based on results

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Discussion Questions

- How does this information connect with what you see with your program participants?
- What are your thoughts about having a needle exchange program in our community?
- What suggestions do you have for locations to perform the surveys?
- Other questions?

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Contact us get support around your training and TA needs related to drug user health:

Narelle Ellendon, RN
Director of Capacity Building Services
212 213 6376 x 20
ellendon@harmreduction.org

Emma Roberts
Manager of Capacity Building Services
212-213-6376 x 49
roberts@harmreduction.org