Engaging Active Drug Users in Supportive Services: Supporting Drug User Health via Syringe Access and Overdose Prevention Services

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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**
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)

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
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/HomeandRecreationalSafety/Poisoning/brief_full_page.htm
HIV/HCV Co-infection—U.S.

- HIV: 1.2 million
- HCV: 3.2 million
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

% CHANGE
2006-11
- 35%
+ 119%
+ 28%

Source: National Center for Health Statistics/CDC, National Vital Statistics Report, Final death data for each calendar year (June 2014).
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.
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)
Drug Trend in the U.S.: Opioid Epidemic

- Rx Opioid availability
- Rx Opioid exposure
- Rx Opioid misuse
- IDU/Heroin
### 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
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*
What’s the Problem?

Drug Treatment is not always a viable option.

- Limited availability
- Research demonstrates that drug dependence is a *chronic* condition (i.e., 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
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

US Naloxone Programs:


- 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
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 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.

Successful outcomes

HIV Seroprevalence among IDU’s in NY

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Seroprevalence</th>
</tr>
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<tbody>
<tr>
<td>1990-92</td>
<td>50</td>
</tr>
<tr>
<td>1993-95</td>
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<tr>
<td>1996-98</td>
<td>30</td>
</tr>
<tr>
<td>1998-2002</td>
<td>15</td>
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</tbody>
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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-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
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:

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

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 street-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 deterrent
- 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
Getting Started: Equipment

If Budget allows…

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

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
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
SURVEY
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
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?
Thank you!!!
Thank you!!!

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

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