

Drug Use, Harm Reduction, and HIV

Strategies for Engaging PWIDs in HIV 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



Glossary

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

Agenda

- The case for engaging PWID in HIP
- Understanding drug user health issues as HIV-prevention issues
- Exploring harm reduction-based engagement strategies

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

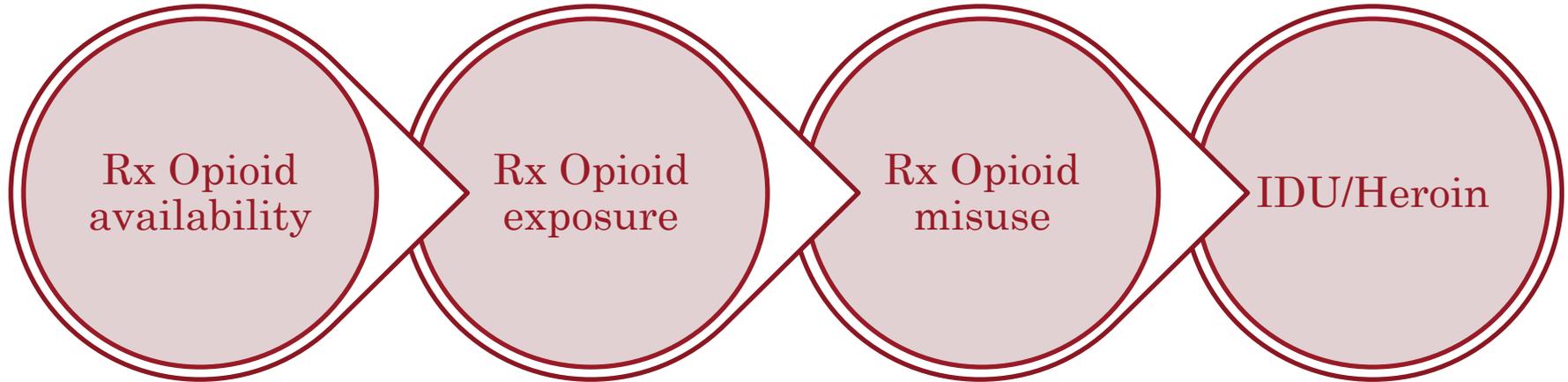


Substance Use Disorders and HIV

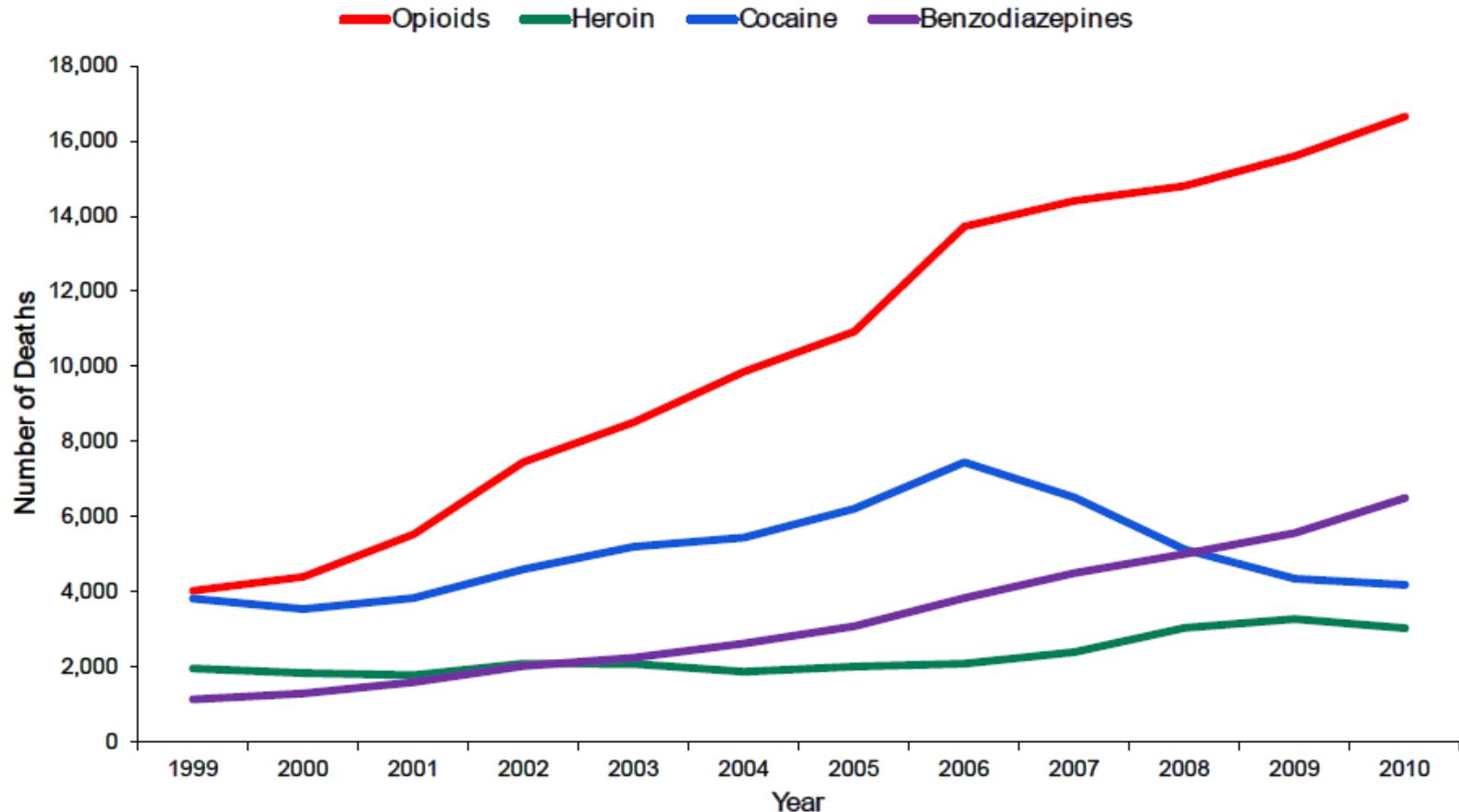
- Substance use disorders (SUDs) are highly prevalent among PLWHA
- Untreated SUDs impede linkage & retention in care, receipt of ARV, and adherence.
- An estimated 25% of PLWHA are in need of treatment for an alcohol or substance use disorder.



Drug Trend in the U.S.: Opioid Epidemic



Drug overdose deaths by major drug type, US, 1999-2010



CDC/NCHS National Vital Statistics System, CDC Wonder



Drug user health issues as HIV-Prevention issues

HIV/HCV Co-infection

- 25-30% of HIV+ people are coinfecting 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

Drug User Health Challenges

Chaotic substance users 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



Engaging PWIDs in HIP

*Strategies for implementing
HIP interventions in the spirit of
harm reduction*



Harm Reduction

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



Principle: Acceptance

Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.



Strategies:

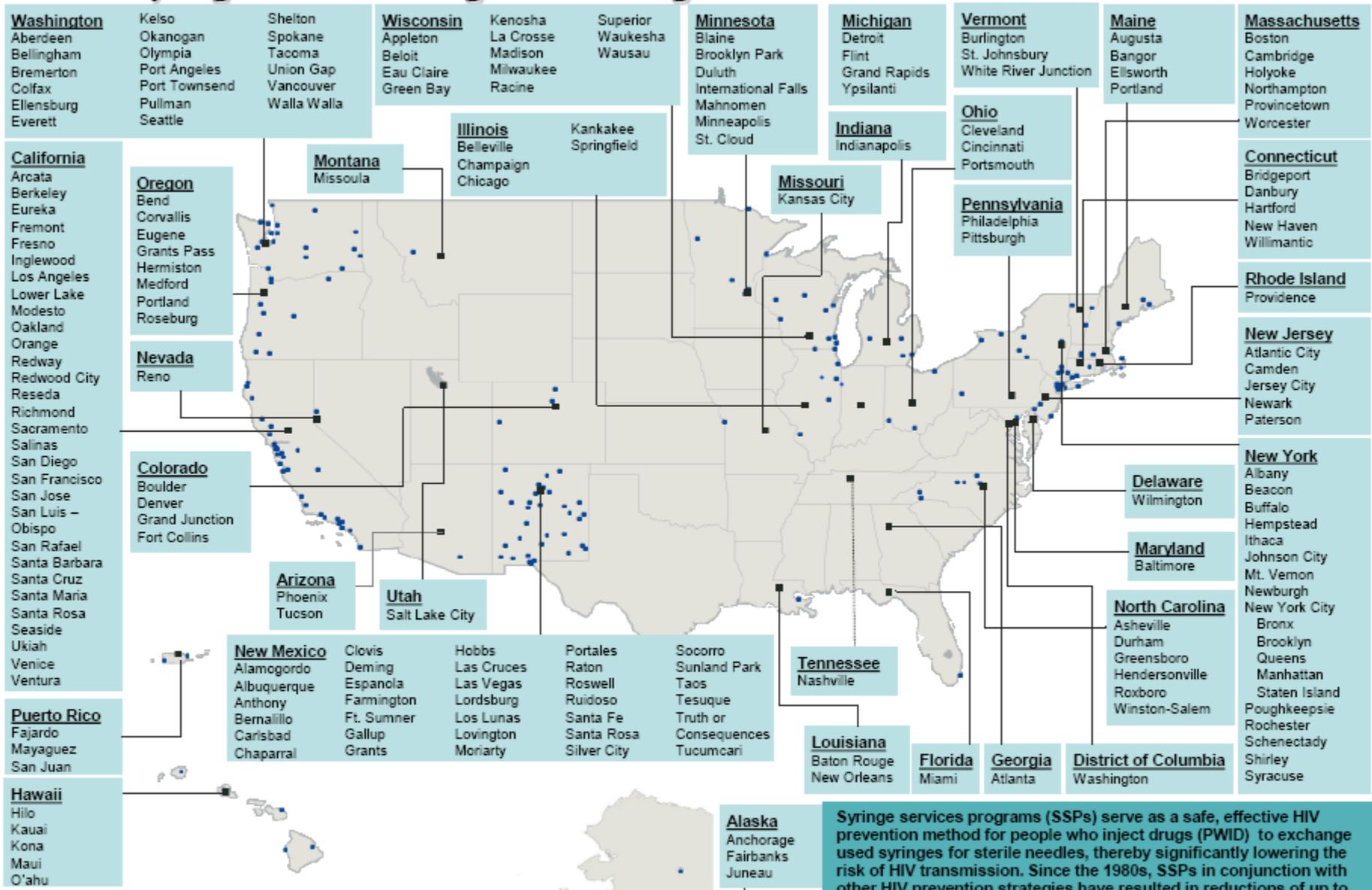
- Syringe access services
- Overdose prevention services
- HCV prevention and education
- Train staff on harm reduction principles and philosophy

Benefits of Syringe Access Programs

- Reduction in HIV and HCV Transmission
- Cost Effectiveness
- Connecting otherwise disconnected people to supportive services (bridge to treatment)
- Reduction in needle stick injuries
- ***Does not*** increase drug use, crime, inappropriately discarded syringes



Syringe Services Program Coverage in the United States – June 2014



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.

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.

Characteristics of Effective SAPs

1. Ensure low threshold access to services
2. Promote secondary syringe distribution
3. Maximize responsiveness to the local IDU population
4. Provide or coordinate provision of health and other social services
5. 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>



Overdose Prevention Programs Save Lives!!!

Incorporating OD Prevention into your agency:

Three potential strategies:

1. Developing a policy for responding to on-site overdose
2. Integration of overdose prevention messages into work with program participants
3. Training participants to respond to an overdose, with rescue breathing and/or Naloxone



Getting Started with Drug User Health Programming: 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 and 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

Focus on Health and Dignity

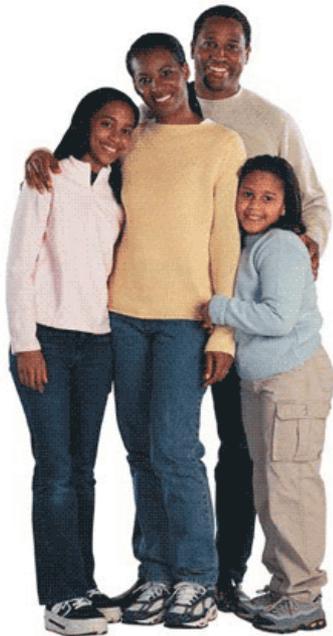
Principle: Establishes quality of life and well-being as criteria for success rather than cessation of drug use

Principle: Non-judgmental and non-coercive provision of services



Strategies:

- Focus on the relationship!!
- Work with clients holistically by talking about housing, incarceration, etc. rather than only discussing HIV prevention strategies
- Offer low barrier services that meet basic needs (food, socks, etc.)



Understanding Drug-Related Stigma: Implications for Providers

- What assumptions are providers making about drug-using clients?
- How might these assumptions impact clients' willingness to access services?
- How might providers' assumptions impact clients' ability to trust them?
- How might providers' assumptions and stigma impact clients' risk and behaviors? Their sense of self-worth?
- What connections can be made between these assumptions, stigma, and funding for programs that work with drug users?

Principle: Participant Involvement

Ensures that drug users and communities impacted by drug use have a real voice in the creation of programs and policies designed to serve them.

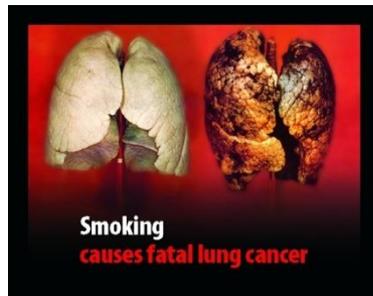
Strategies:

- Go beyond client satisfaction surveys!
 - Community advisory boards
 - Focus groups
 - Hiring PWUDs as staff and volunteers
 - Informal conversations—check in!
- Use agency resources (staff time, space, etc.) to support user organizing



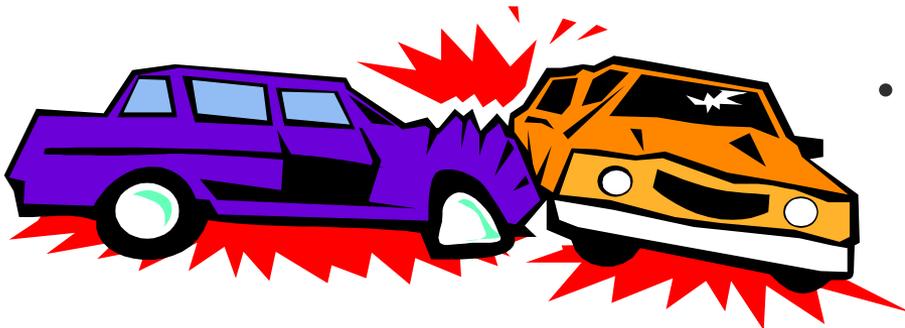
Principle: Pragmatism and Realism

Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.



Strategies:

- Offer scientifically-accurate information on drugs and their effects
- Maintain overdose memorials to honor clients who were lost
- Offer peer-led groups on topics such as HCV, overdose, vein health, etc.

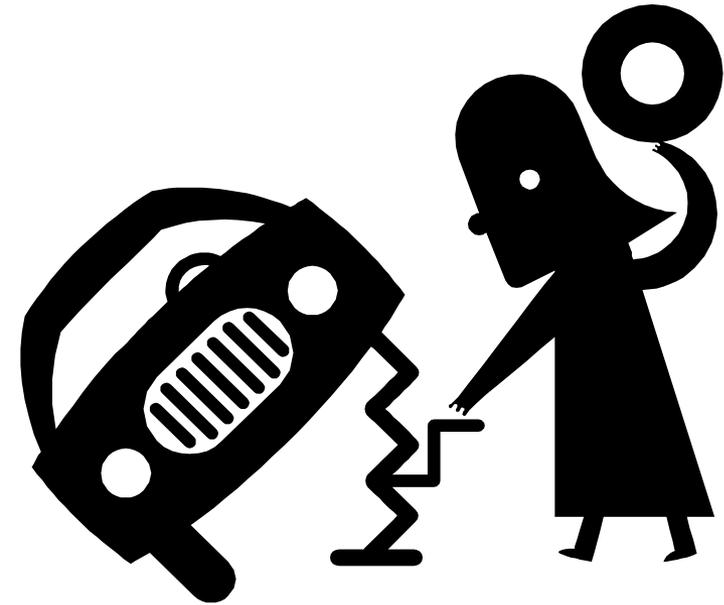


Principle: Participant Autonomy

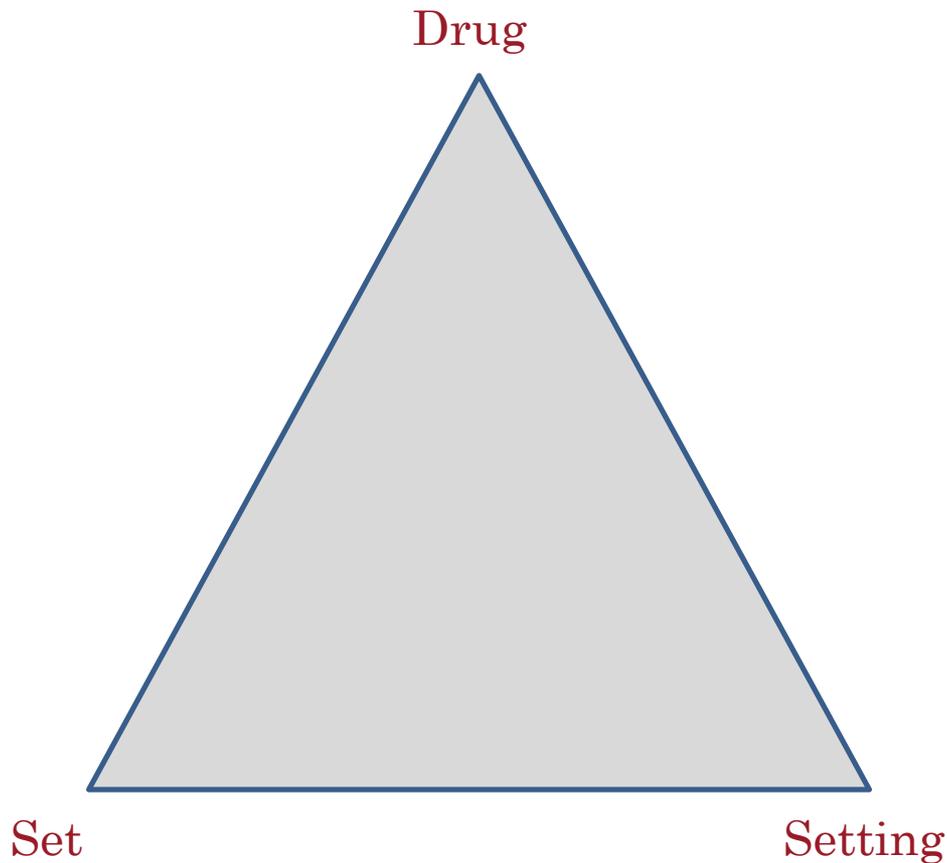
Affirms drugs users themselves as the primary agents of change.

Strategies:

- Train staff in Motivational Interviewing and other client-centered counseling techniques
- Share client success stories in case consultations and staff meetings
 - Highlight their autonomy
 - Underscore the importance of harm reduction in their lives

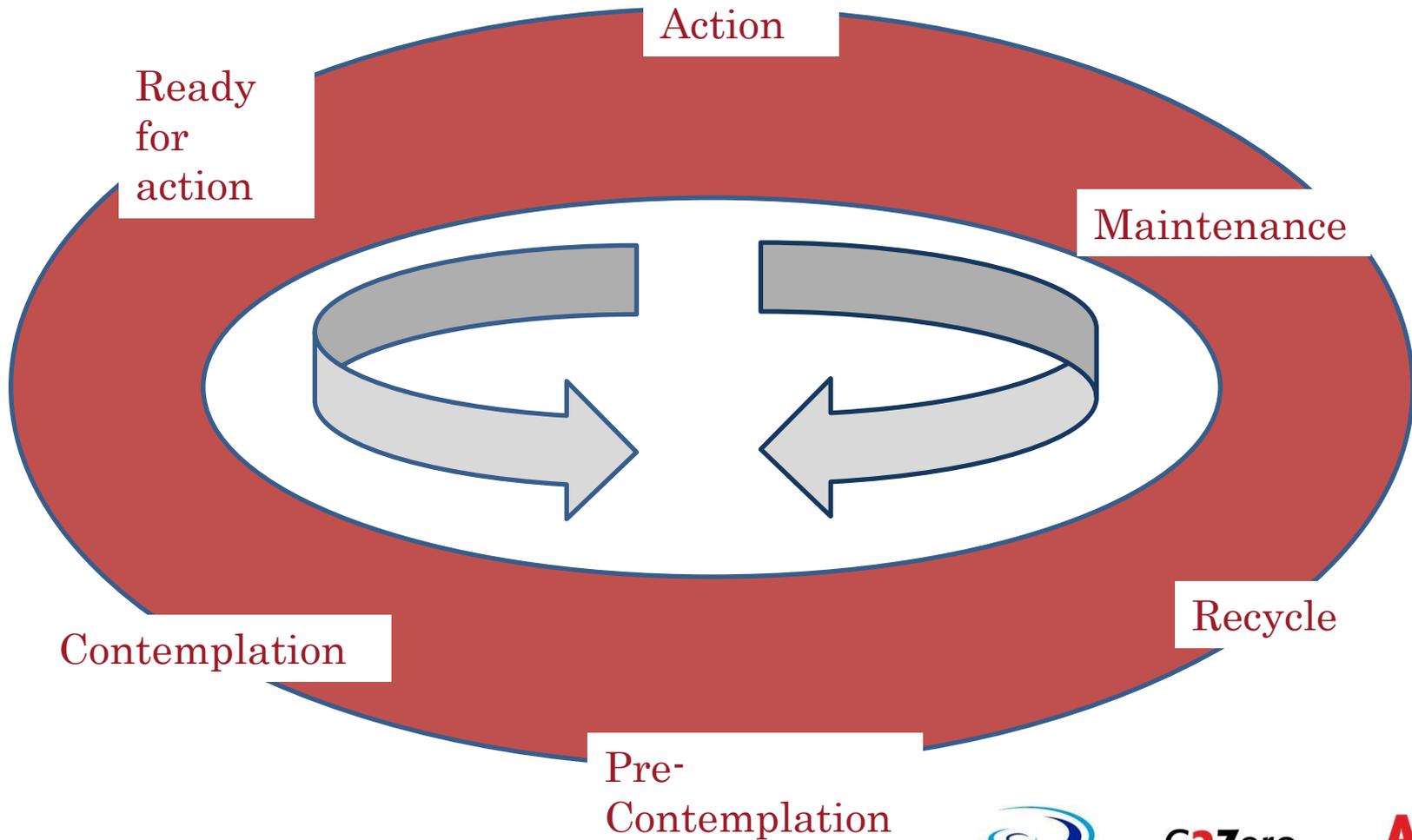


Counseling active drug users: Understanding Drug, Set, Setting



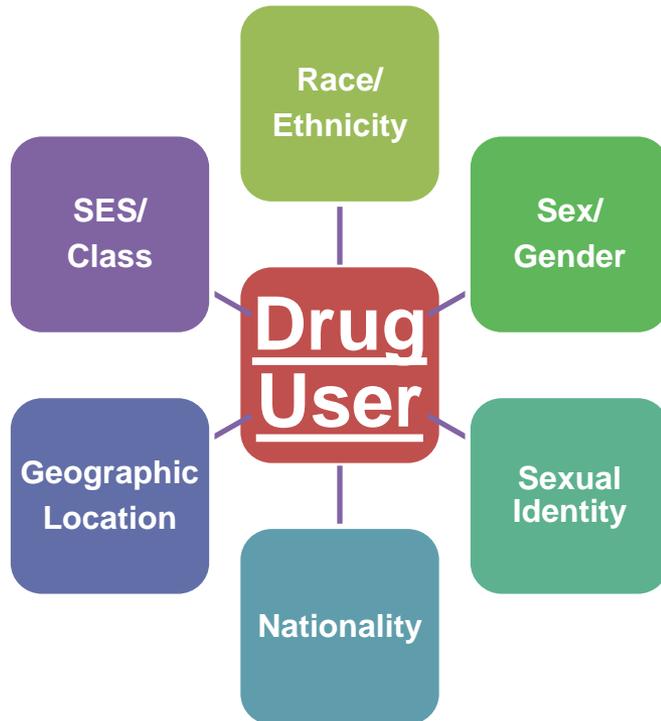
- Drug
 - Pharmacology
 - Quality, concentration
 - Mechanism of action
 - Route of administration
 - Frequency of use
- Set/Self (individual)
 - Physical health or state
 - Emotional health or state
 - Expectations of use
- Setting (context)
 - Physical
 - Social
 - Environmental
 - Cultural

Stages of Change



Principle: Sociocultural Complexity

Recognizes the various social inequalities which affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.



Strategies:

- Encourage client representation in local marches, political events, etc. of interest
- Create community space for program participants to address issues
- Create events and services for specific populations
 - “Ladies nights”
 - Same-gender loving African-American men
 - Young IDUs

Thank you!!!

Get in touch with us to access Harm Reduction Coalition trainings through the AIDS United CBA program!

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