



NATIONAL CENTER FOR
INNOVATION IN HIV CARE

Syringe Access Programs: At the Intersection of Harm Reduction and Linkage to Care

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National Center for Innovation in HIV Care

Under HRSA HIV/AIDS Bureau Cooperative Agreement U69HA27176



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Today's Faculty



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Engaging People Who Use Drugs in Health Care:

Strategies for Implementing Health Care Interventions in the Spirit of Harm Reduction



Emma Roberts
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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

Agenda

- The case for engaging people who inject drugs in prevention and care
- Understanding drug user health issues as HIV prevention and care issues
- Exploring harm reduction-based engagement strategies

Glossary

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

The National Perspective

- National HIV/AIDS Strategy (NHAS): Updated to 2020
 - 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: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.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.



Source: [The National Survey on Drug Use and Health \(NSDUH\) Report on HIV/AIDS and Substance Use – 2016](#)
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Drug User Health Issues as HIV-Prevention Issues



HIV/HCV Co-infection

- 25-30% of HIV+ people are coinfectd 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

[\(CDC: HIV & Viral Hepatitis Fact Sheet, 2014\)](#)

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.

[\(Open Society Foundations.: Why Overdose Matters, July 2010\)](#)

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

[\(CDC: HIV in Correctional Settings, 2010\)](#)

Drug User Health Challenges

Chaotic substance users tend to have...

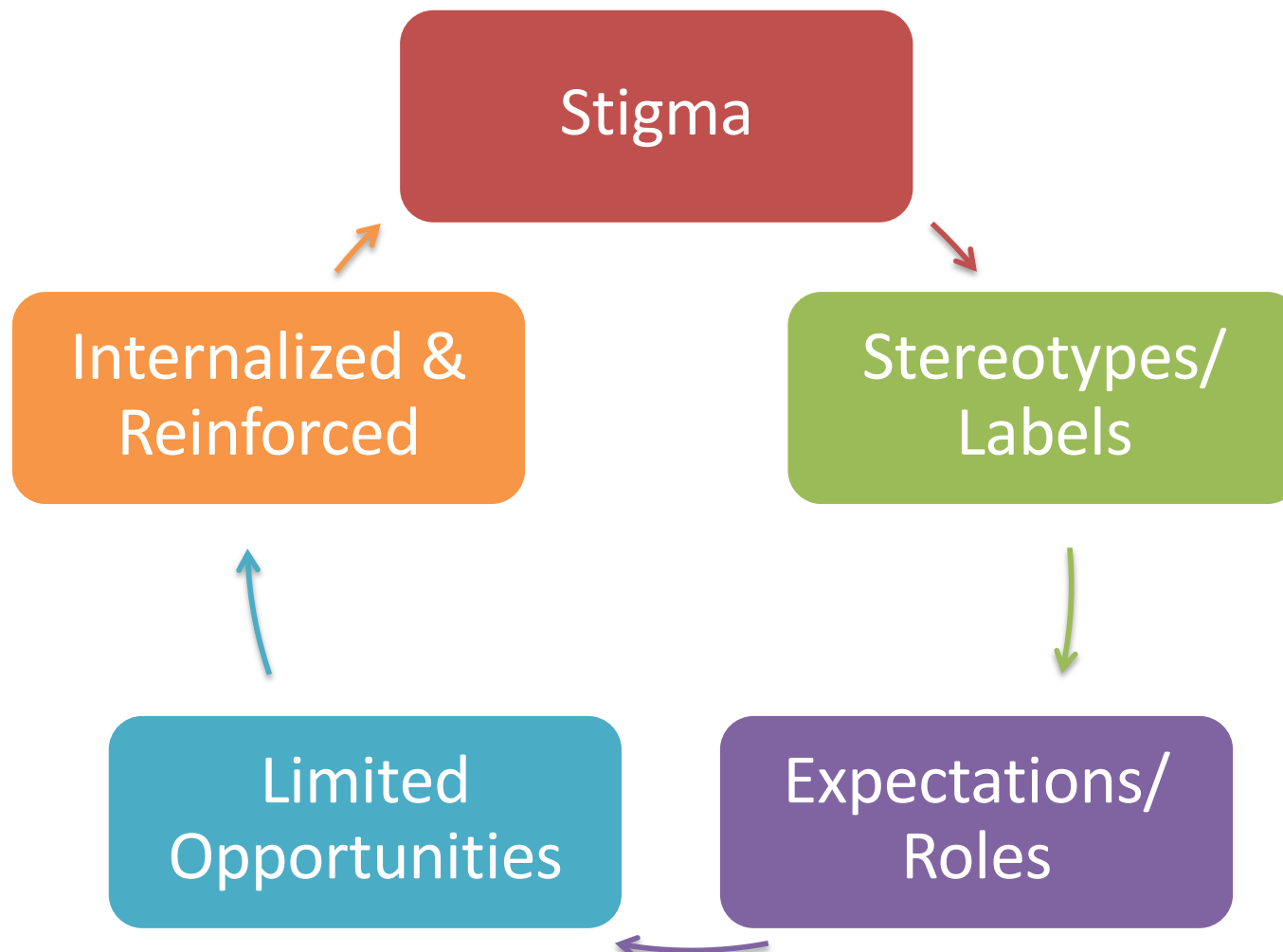
- High prevalence of other health problems
- High prevalence of mental health issues
- High prevalence of trauma
- Poor social supports
- Higher level of homelessness
- Higher level of previous incarceration

Poor relationship with healthcare system

Harm Reduction

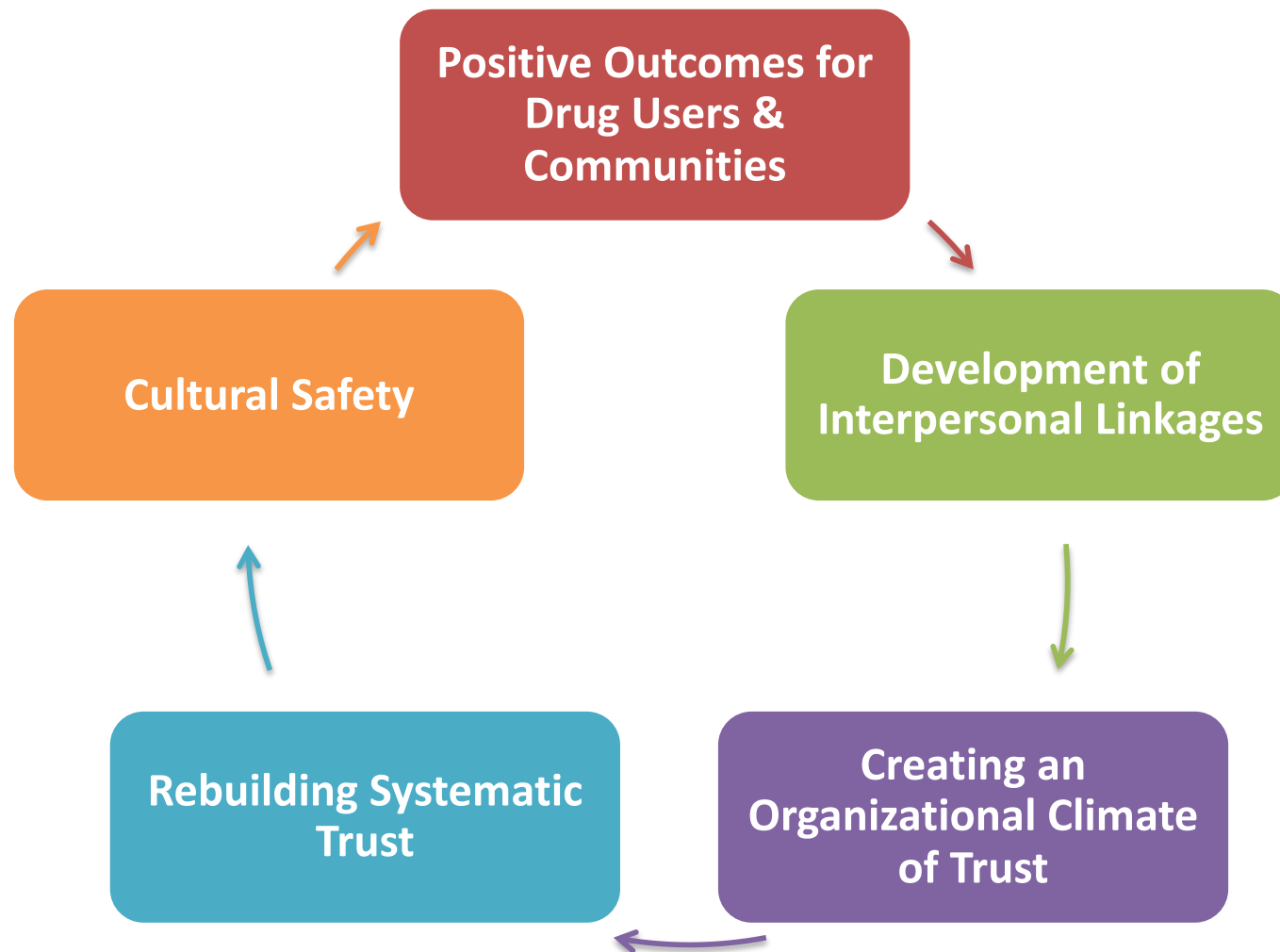
- A set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

Cycle of Drug-Related Stigma

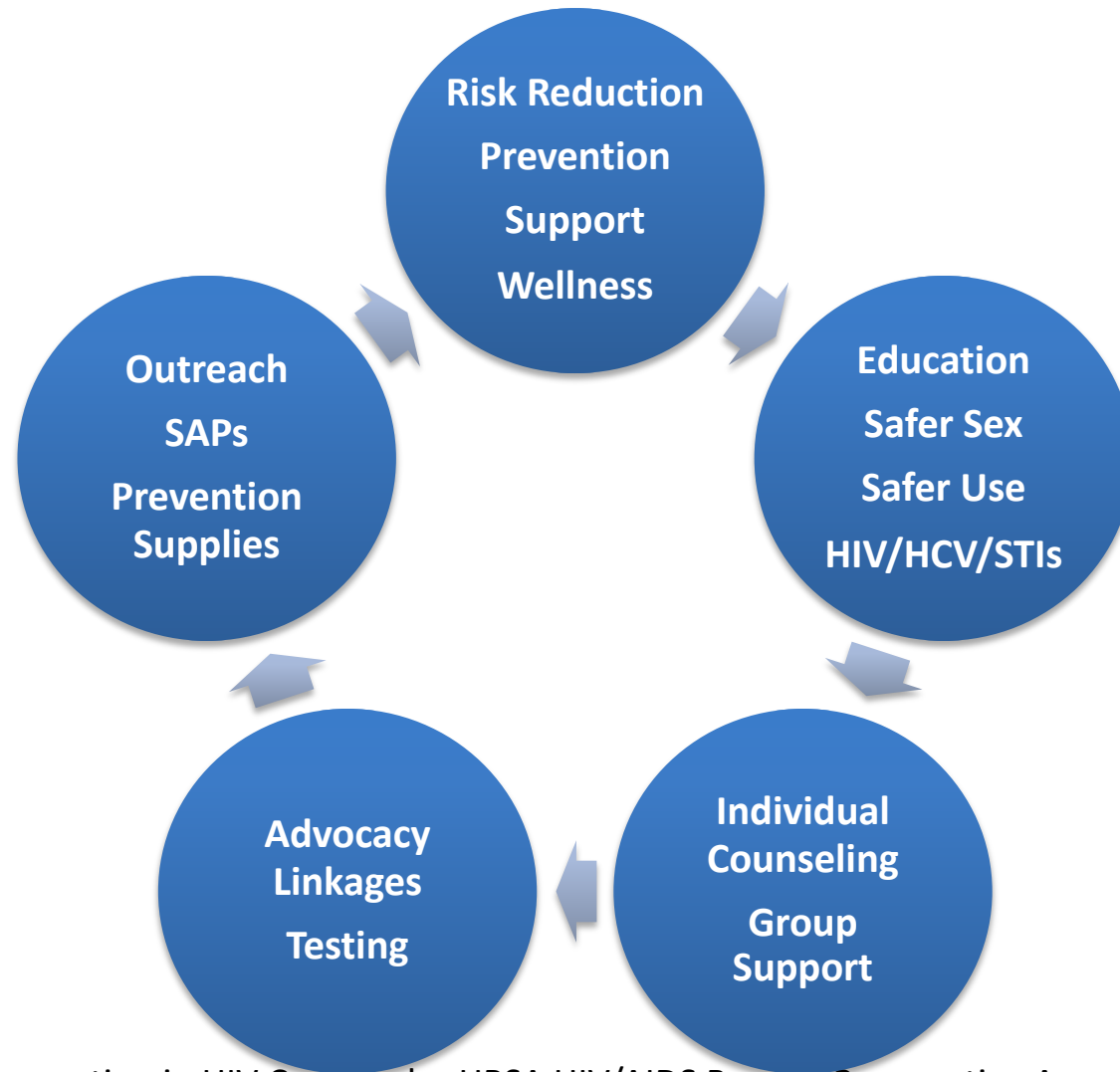


(Adapted from Julian Buchanan, Social Inclusion Unit, Glyndwr University, Wrexham)
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Virtuous Cycle: Climate of Trust



What Does Harm Reduction Look Like?



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
 - HIV & HCV prevention, education, & linkage
 - 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



Characteristics of Effective Syringe Access Programs



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.](#)

Funding

- No federal funding can currently be used for syringe access programs
- Other potential funders include:
 - Broadway Cares/Equity Fights AIDS
 - Comer Foundation
 - Drug Policy Alliance
 - Elizabeth Taylor AIDS Foundation (ETAF)
 - MAC AIDS
 - North American Syringe Exchange Network (NASEN)
 - Tides Foundation
 - United Way
 - AIDS United
 - Local, city & state funds that are non-federal



Thank you!

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

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Exchange Health Access Programming



Shoshanna Scholar
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Why we focused on Healthcare Access

- Need – expressed by participants
 - Supported by epidemiology – health needs/ barriers
 - Structural barriers to health (violence, food insecurity, homelessness)
- Interest – expressed by participants
 - Confirmed by survey
 - Group decision to pursue healthcare access
- History of Health Reform roll outs excluding PWID (MA)

Transition Partners Health Navigation

- Navigation
- Support
- Health Education
- Provider Training



Opportunities

- Healthcare Reform
 - 56% uninsured, 71% eligible for MediCal
- LACHP uniquely positioned to act as a clinic-client liaison
- Supportive new partnerships:
 - AIDS United
 - LA LGBT Center clinic

Pilot Program Goals

- Improve access to Patient Centered Medical Homes for PWID
 - Navigation
- Improve quality of health care for PWID
 - Clinic education & support

Pilot Features – Big Picture

- Self identified health goals
- Address initial obstacles & make game plan (ID, clothing)
- Troubleshoot barriers during process (transportation, literacy, anxiety, incentives)
- Evaluate experience & revise goals & game plan
- Health Education – OD/ SSTI
- Support Medical Homes – buy in -clinic engagement & training

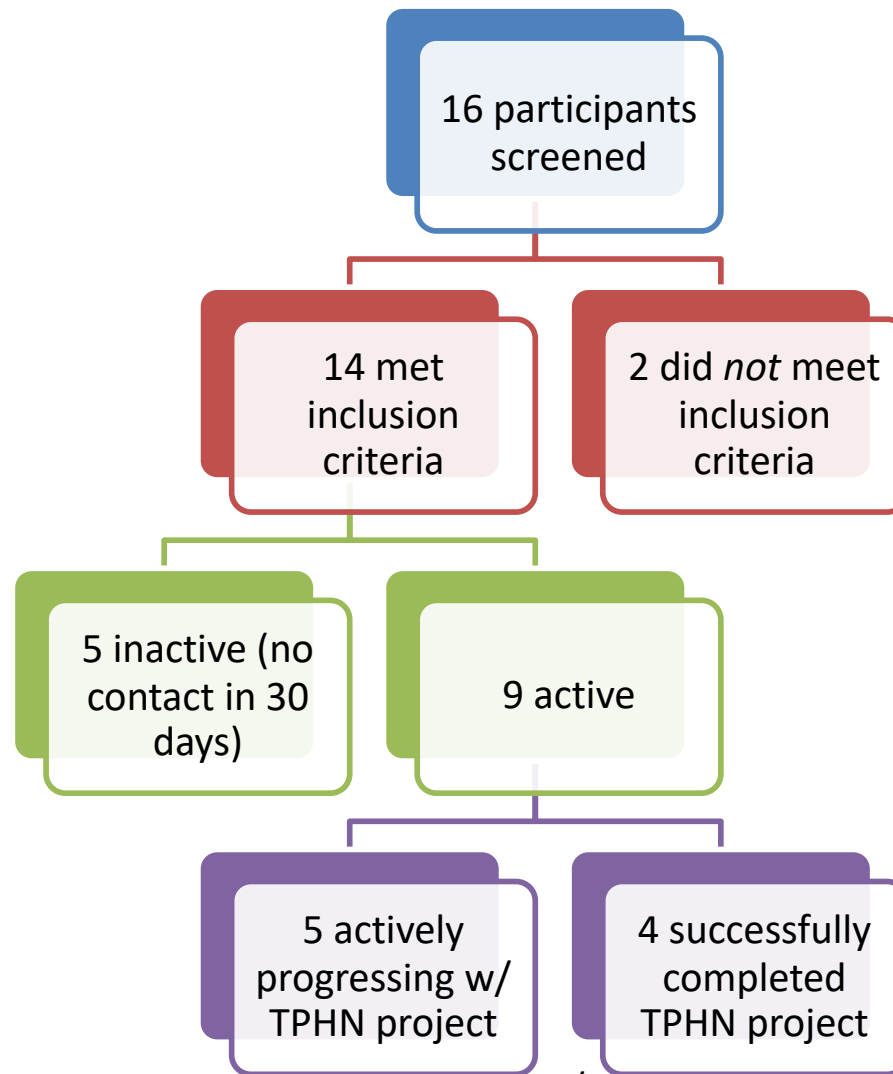
Navigator/ Participant Features

- Time/ event limited – 3-4 months
- 3 appointments (insurance/ registration+ IHA + follow-up)
- 2 health trainings – overdose & soft tissue infection/ safer injection)
- 4 meetings with navigator
- *Optional* – more meetings with navigator, support during labs, pharmacy, x-rays, TB test f/u, self defined health goal support as needed

Medical Home Support/ Clinic Training

- Self-administered, anonymous needs assessment survey
- At least 1 group training/ presentation includes:
 - Navigation program background
 - Health profile of PWID
 - PWID experiences with healthcare
 - Suggested best practices for reducing barriers to care + building relationships
 - How they can coordinate care with us

Participant Progress



During pilot

- 30% requested help with drug cessation
- Concerns: waiting, pain, appearance, anticipating bad treatment
- Motivations different – urgent health issues, treatment
- Renewed connections: Proof of citizenship/legal residence

Challenges: barriers still there

- Poor access to drug treatment
- Incarceration & Policing
 - 3/ 14 arrested
 - waves of increased policing of homeless in Hollywood
- 3 report violence during pilot time
- 3 robbed
- 6 displaced from safe campground/ homeless encampment

Lessons Learned

- Clinic support makes a huge difference – survey, training, small gestures helped
- Flexibility needed - some needed less support, others needed more
- Incentives were important for some but not everyone
- Integrated record keeping needed to establish closer relationships with clinics & Medi-Cal
- ACA calls for more in-house services than contracted

Update

- SAMHSA - peer delivery & peer education materials
- Expansion – HCV & SU treatment focused navigation
 - South Los Angeles
 - Hollywood
 - Skid Row
- New grant funding model – subcontracted services – goal of reducing foundation support

Thank you!



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Rural Syringe Services Programming in Northern New Mexico



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Harm Reduction Outreach Worker
Santa Fe Mountain Center

Santa Fe Mountain Center

- Founded in 1979 for Experiential Education and Adventure Therapy Programming
- First contracted with NMDOH in 1996 to provide HIV Prevention services
- Began providing harm reduction/syringe services for NMDOH in Northern Santa Fe and Rio Arriba Counties (the Espanola Valley) in 2005
- Is the largest syringe exchange program in NM, responsible for over 1 million of the state's 4 million syringes exchanged in FY15

New Mexico Harm Reduction Programming



- The 1994 to 1997 street-based seroprevalence study:

Tested 1003 IDU's in NM

- 0.5% HIV positive
- 61% hepatitis B positive
- 82% hepatitis C positive

New Mexico Harm Reduction Programming



- The New Mexico Harm Reduction Act of 1997
 - Mandates that the New Mexico Department of Health shall:
 - Establish and administer a harm reduction program for the purpose of sterile hypodermic syringe and needle exchange.
 - Compile data to assist in planning and evaluation efforts to combat the spread of blood-borne diseases
 - Provides immunity from criminal liability with an exemption for providers and participants from the state paraphernalia statute
- The Authorization to Administer Opioid Antagonists: Release From Liability
 - Followed in 2001 allowing for the dispensing of naloxone through NMDOH and its contracted providers

SFMC Funding

- Sources:
 - NMDOH Harm Reduction Program
 - NM Behavioral Health Services Division
 - Syringe Access Fund
 - Santa Fe Community Foundation
 - Anonymous
- Our annual budget: \$300K
- Syringes, supplies, and disposal are provided by NMDOH
- Naloxone is provided by NMDOH, or purchased with BHSD funding through our collaborative partner

SFMC Service Area and Population



- Rio Arriba is a rural county of 39,000 mostly Hispanic (71%) residents (SSP=90%)
- This represents 2% of the total state population with approx. 6.9 residents per square mile (Bernalillo Co. 568; NYC 27,788)
- 1 in 5 (18.1%) adults living below poverty
- Has an alcohol death rate of 126 per 100K (2x state, 4x national)
- 2010 - 2014 drug overdose death rate of **78.5** per 100K
- Substance abuse related hospitalizations = 371 per 100K
- 27% of 18 to 25 year olds report illicit drug use (SSP=46.6%)
- Intergenerational use is very common
- Our 800 program participants represent 2% of the county population
- Estimate is 4 or 5% use illicit drugs

SFMC Harm Reduction

- We are entirely mobile, travelling between 300 and 400 miles per week to over a dozen rural villages and communities.
- We rely on home visits, and knowledge of our territory for safe, remote or obscured areas to meet with people.
- We have found that we are able to see more people and simultaneously meet program goals (exchange rates, “staying under the radar”, etc.) without pre-determined, fixed site parking.

SFMC Harm Reduction

- Cell phones and text messaging are our main tools for structuring our days
- We are continually developing and maintaining collaborations with other stakeholders for either direct referrals, wrap around services, or increased capacity such as providing naloxone.
- We provide a very specialized and efficient syringe exchange, with harm reduction counseling services and a limited but comprehensive food distribution program

SFMC Harm Reduction FY15

- Collected 1,061,296 syringes and disbursed 1,072,850 at a rate of 98.92%
- We had a total of 5,374 individual encounters with 805 new and established participants
- We provided 726 naloxone prescriptions
- We recorded the following referrals: Testing=9; Drug treatment=135; Healthcare=22; Social Services=6; Legal=7; Other=18

First quarter FY16:

- Exchanged 100K syringes per month at a rate of 101%
- Provided 294 naloxone prescriptions

Additional Services in FY16

- Funded to provide Acudetox services
- Funded to provide HCV/HIV testing services
- SFMC has received funding to provide adolescent and adult intensive outpatient services, and Healthy Transitions programming for young adults in both Santa Fe and Rio Arriba counties
- Collaboration With Southwest Care Center to provide expanded OD/naloxone services, vaccines and other health services

Challenges

- Little or no motivation by community members to follow a referral without some direct and tangible commodity
- Syringes, food, stipends
- Lack of resources and economic stability (HCV)
- Stigma (HIV; seeking outside help for personal/family issues; etc.)
- 2 and 3 generations on public assistance, including harm reduction
- No local detox or medically assisted treatment facility
- Lack of understanding or acceptance within the communities
- 1 for 1 syringe exchange: not appropriate in rural context

Strengths

- Professionalism: peer support is less effective in a community where conflict is the norm, expected and even glorified
- Respect: everyone is treated equally
- There is conflict between familial norms and society's expectations: we work with people on their immediate challenges without judgment
- Listening is our greatest asset
- Participants feel a sense of ownership: respond with gratitude for things that directly address their needs (the van, Evzio, etc.)

Next Steps

- We are planning to open an office in Espanola (2 days/week) where we can offer syringe exchange and all available and proposed expanded services “on demand”
- Expand mobile services into additional remote communities
- Naloxone available all service days (currently 2 days/week)
- Long term collaboration with SWCC to provide Hep C treatment services throughout our service area

Thank you!

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Harm Reduction Website:
<http://nmhealth.org/about/phd/idb/hrp/>

Questions?

- Type your questions into the Q&A box on the right hand side of your screen.
- Send the questions to “All Panelists” and don’t forget to click submit!



Tools & Resources

Harm Reduction Coalition

- Library of tools and best practices to inform syringe access program development
- <http://harmreduction.org/issues/syringe-access/tools-best-practices/>



AIDS United Syringe Access Fund

- Grantmaking initiative that supports organizations addressing HIV and HCV among PWIDs through expanded access to sterile syringes.
- <http://www.aidsunited.org/Programs-0024-Grantmaking/Syringe-Access.aspx>
- RFPs for 2016-2018 are currently available (due 11/6)



Thank you!

- You will find slides from today's webinar on our website: www.nationalhivcenter.org
- Webinars are available on our website for on-demand viewing.
- Please complete the evaluation at the end of the webinar.
- Join us for our webinar in 2 weeks:

Care of the Older Adult with HIV Infection

Wednesday, October 28, 2015 @ 1:00 PM ET
(Find a link to register on www.nationalhivcenter.org)