Community Based interventions with Injection drug users; HIV, politics, outreach, and advocacy

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What Is Harm Reduction?

- A set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence.

- Harm reduction strategies meet drug users “where they’re at”—both literally and emotionally—while addressing conditions of use along with the use itself.
Harm Reduction...

- Pragmatic
- Respects individuality
- Focuses on risks and prioritizes goals
- Is tolerant and accepting
- Is about empowerment
- Is not the opposite of ‘getting clean’
Who Are Injection Drug Users?

- Estimates of current IDUs in the USA range from 354,000 to over 1.3 million.
- IDU occurs in every socioeconomic and racial/ethnic group, and in urban, suburban, and rural areas.
- 1/4 to 1/3 of IDUs are women (majority men).

IDU Characteristics

- IDUs represent one of society’s most heavily stigmatized populations.
- IDU health disparities are not dissimilar to other marginalized populations, such as racial/ethnic minorities, homeless, and mentally ill populations.
- IDUs experience disproportionately high morbidity and mortality from manageable infections, including viral hepatitis.
- Further, stigma and misinformation surrounding IDUs also lead to healthcare disparities for this population.
- Healthcare providers often have a misconception that IDUs do not care about their health.
Harm Reduction Informs Policy

- Late 1980’s: Edith Springer, a trainer from New York, visits UK and the Netherlands and returns to promote harm reduction and create a harm reduction movement through training
- **1984:** First needle exchange in world opens in Amsterdam, Netherlands
- 1986: First legal supervised injection site opens in Bern, Switzerland
- **1988:** First above ground needle exchange: Tacoma, Washington
- 1988: Needle exchange in New York City-DOH
- 1990-present: Needle exchanges open across the US
- 1993: Harm Reduction Working Group formed in NYC
- 1994: Harm Reduction Coalition incorporated in San Francisco
- 1996: First National Harm Reduction Conference held in Oakland, CA
- **2003:** Safe injection facility in North America opens just north of the border in Vancouver, Canada
- 2004: WHO supports provision of Syringe Access Programming
- **2012:** Denver opens its first Syringe Access Program February 8, 2012

www.harmreduction.org; BC Centre for Disease Control
Colorado Harm Reduction Legislation

- **Syringe Access Programming—Senate Bill 189**
  - Senate Bill 189, signed into law on May 26, 2010, allowed Colorado to join the 35 states currently providing syringe access. On February 8, 2012, HRAC began providing syringe access after 21 months of delay due to legislative and zoning issues.

- **Statewide Injection Paraphernalia Exemption—Senate Bill 208**
  - In May of 2013, Senate Bill 208 granted Colorado SAP participants the right to carry clean or dirty syringes. By decriminalizing syringe possession, SB 208 encourages the return of used syringes for proper disposal.
Colorado Harm Reduction Legislation

- **Senate Bill 20, the 911 Good Samaritan law**
  - Senate Bill 20, signed into law in May of 2012, provides legal immunity from prosecution for small amounts of drugs and paraphernalia to individuals who call 911 in response to an overdose emergency.

- **Senate Bill 14 for Third Party Naloxone distribution**
  - Senate Bill 14 passed in the Colorado Legislature in May, 2013. This bill allows medical providers to prescribe the lifesaving medication Naloxone—which reverses the effects of an opiate overdose—to 3rd parties likely to witness an overdose, including friends and family members of opiate users, and **all homeless service providers.** 105 lives saved, so far.
Benefits of Syringe Access

- **Reduction of injection-related diseases (HIV, Hepatitis C) and the risk for injection-related bacterial infections**
  - New York City (1990-2001): reduction in HCV rates from 50% to 15% after SAP implementation

- **Improvement of Public Safety**
  - In Portland, OR, improper syringe disposal dropped by almost two-thirds after the execution of area SAPs

- **Protection of Law Enforcement**
  - A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing SAPs.

- **Taxpayer Money Savings**
  - People are living longer with HIV/AIDS, needles cost a dime.

- **Evidence-Based**
  - SAPs are based on rigorously tested best practices to treat addiction as a health issues, NOT a moral issue
Health intervention(s) that work with this population

- **Syringe Access**
  35 states, 60 countries. HRAC data later.

- **Safety Counts**
  Safety Counts is an HIV prevention intervention for out-of-treatment active injection and non-injection drug users aimed at reducing both high-risk drug use and sexual behaviors. It is a behaviorally focused, seven-session intervention, which includes both structured and unstructured psycho-educational activities in group and individual settings.

- **Studies to Reduce Intravenous Exposures (STRIVE)**
  STRIVE is a 6-session, group-level, peer mentoring intervention designed to prevent high-risk drug injection behaviors among injection drug users (IDUs). The intervention aims to reduce HCV transmission risk by training participants to mentor other IDUs and to promote risk reduction information. A harm reduction approach is used to promote distributive risk reduction options. The intervention also emphasizes participants to set an example for their close peers through their own safer injection practices.
Break the Cycle
BTC was originally created as an individual intervention, but HRAC adapted BTC to be used in group settings. The intervention is solidly based on Bandura’s Social Learning Theory, which posits that people learn how to do things by watching others model the behavior or by hearing them talk about it, even if this is not the intention of the person doing the modeling [Bandura 1977, Hunt 2001]. BTC aims to prevent NIDUs from transitioning into injecting by training current injectors to reflect upon four primary objectives: 1) Their modeling behavior in front of NIDU’s, 2) Their discussion of injection and its benefits with people who are at risk of transitioning into injecting behavior, 3) Building resistance to giving someone their first hit, and 4) Acquiring the tools necessary for managing requests to give someone their first hit [Hunt et al 2001]. Through BTC they become aware of all the aspects of initiation into injection which is a critical first step to making change.

The top 5 reasons, alone or in combination, that people start injecting: seeing someone inject, hearing people talk about the rush (cleaner, faster, etc.), feeling like the odd one out (missing out), economic (initially is cheaper in the beginning), and learning the mechanics (seeing & hearing).

Naloxone
WHEREAS, International Overdose Awareness Day is recognized around the world as a day to acknowledge individual loss and family grief for people who have suffered an overdose; and

WHEREAS, Colorado currently has the nation's second highest rate of prescription abuse. In 2010, prescription drug overdose killed twice as many Coloradans as drunk driving-related car accidents and was the leading cause of accidental death statewide; and

WHEREAS, Overdose Awareness Day recognizes overdoses from all drugs, because it reflects the reality of the overdose epidemic, allowing us to speak and educate more broadly about the issues; and

WHEREAS, Overdose Awareness Day hopes to publicly challenge the stigma associated with drug use and overdose; and

WHEREAS, Overdose Awareness Day sends a strong message to current and former drug users that they are valued; and

WHEREAS, Overdose Awareness Day provides an opportunity for people to publicly mourn for loved ones, some for the first time, without feeling guilt or shame;

Therefore I, John W. Hickenlooper, Governor of the State of Colorado, do hereby proclaim August 31, 2013, OVERDOSE AWARENESS DAY

in the State of Colorado.

GIVEN under my hand and the Executive Seal of the State of Colorado, this thirty-first day of August, 2013

John W. Hickenlooper
Governor
Opioid Overdose in HIV

- Overdose is a cause of non-AIDS deaths in persons living with HIV
- Patients treated for pain and end-stage disease with opioids
  - Can develop physical dependence, abuse, or addiction
  - May take more than prescribed to relieve pain
- May have primary addiction to heroin or prescription opioid analgesics
There is a higher risk of overdose with HIV seropositivity

- Not a clear reason why; controversial
- Biological
  - Abnormal liver function – impaired metabolism?
  - Pulmonary problems – exacerbate respiratory depression?
  - Poor physical health
  - Medical complications from injecting
  - Low CD4+ counts – immunosuppression
Overdose in People Living with HIV

- Why is there increased risk of OD with HIV?
- Proposed but not specific to HIV
  - Behavioral
    - High risk lifestyle
    - Psychiatric disorders
    - Poor nutrition
  - Structural and Environmental Factors
    - Poor access to medication-assisted treatment
    - Homelessness
    - Neighborhood poverty
    - Socioeconomic status
    - Incarceration release
    - Isolation and using alone
“Despite the heterogeneous pool of studies, the meta-analysis results suggest that people who use drugs have a 74% greater risk of overdose if they are HIV-infected compared to their counterparts who are not HIV-infected.”

Overdose & HIV

- What could help reduce the increased risk?
  - **HAART**
    - Improve health status
    - Educate on risk of drug interactions with medications and/or street drugs
  - **Medication-Assisted Treatment**
    - Reduces drug use, decreases risk behaviors, increases medication compliance
  - **Naloxone**
    - Saves lives
Naloxone

- Opioid antagonist
- >40 years experience by emergency personnel for OD reversal
- Not addictive; no potential for abuse; no agonist activity
- No side effects except precipitation of withdrawal (dose-sensitive)
  - Unmasking underlying medical problems
- Not a scheduled drug
In the Summer of 2010, the Harm Reduction Action Center (HRAC) in conjunction with Dr. Jeremy Long and Jessica Korhing, surveyed 121 IDUs that access the HRAC regarding healthcare disparities when they access healthcare in our community.

Most common place for Care: Stout Street Clinic & Denver Health Hospital
47% had an IDU-related hospital visit in the last year
70.2% report having an on-going health condition (including Hep. C/HIV)
43% have no medical insurance (if they did, it was usually CO Indigent Care Program & Veterans Affair)
73.6% do not have a provider they can trust
74% felt they had been treated differently by health care workers because they shoot drugs
39% felt that they have had a healthcare worker who takes an interest in their life situation

*Stephanie Wood, Jessica Korhing, & Dr. Jeremy Long 2010
IDU issues within healthcare settings

- Don’t listen about best veins to hit
- I asked for suicide watch--they sent me to detox
- I was red-flagged--they thought I was still using
- They told the next shift I was looking for narcotics
- I didn’t ask my health questions--I just thought it would be worthless
What would you like to tell healthcare providers about people who inject?

- There are people who want and do quit drugs
- It’s a different world for us
- Give more trainings that teach about IDU culture and special needs
- Use programs like a syringe exchange to connect folks to care
- Hospital ‘human resources’ should support healthcare workers that serve complex needs patients
- We are people, too
- We just deal with things differently
- We aren’t immoral/bad people
- I didn’t intend to become an addict
- We deserve care and compassion
- Need mental health care
What did it look like when you were treated great or excellent by healthcare providers?

Great/Excellent

- Professional, friendly, kind
- Very gentle
- Asked caring questions
- Treated me with dignity
- Explained in detail
- Advice on HCV management
- Didn’t seem judgmental
- Informative & concerned
- Go beyond to help
What did it look like when healthcare providers treated you poorly?

Fair/Poor

- Lectured on life choices
- From congenial to harsh
- Refused to believe me
- Curt/brusque
- Seemed unconcerned
- Ignored me
- Discharged without help
If IDUs could give advice to healthcare providers in how to care for us, what would that look like?

- Treat me like a person/like anyone else
- Don’t judge—be a caring doctor
- Don’t slap a Band-Aid on and hustle us out the door
- Listen when we talk
- Be honest with us
- Be patient
- Be fair & polite
- Stay calm & cool
Identify and conduct outreach to IDUs HIV positive and at-risk for HIV

- Drug possession mapping
- High drug traffic areas
- Ask other IDUs
- The usual suspects of service providers
Heroin Possession and Injection Device Arrest Hot Spots in City Council Districts
264 arrests were made from August 2011 to August 2012
Denver 2012 HIV Rate by Zip Code
Denver has experienced an overall increase in HCV over the last 5 years.
- Injection Device Arrests August 2011 to August 2012: HRAC received the data from Denver Police, per special request. The intersection was the main descriptor of each location, and some fields required simple editing in order to properly geocode the table. The locations were mapped into ‘hot spots’ as raster data using the ArcMap 10.1 density tool. The raster data was displayed in ArcGIS Explorer.

- Heroin Possession Arrests: Denver Police release crime data daily, available through Denver’s Open Data Catalog. Heroin possession arrests in 2012 were selected and mapped into ‘hot spots’ as raster data using the ArcMap 10.1 density tool. The raster data was displayed in ArcGIS Explorer.

- HRAC Clients by Zip Code, Homeless Clients by Zip Code: HRAC collects demographic data, housing, use history, and health information from clients in an in-take survey. Client housing data was summarized by zip code in Excel and the summarized table was joined to U.S. Census Zip Code Tabulation Area boundaries, which closely match USPS zip code boundaries. Data displayed in GeoCommons.

- Denver 2012 HIV/HCV Rates by Zip Code: The Colorado Department of Public Health provided HIV, Hepatitis C and Hepatitis B rates by zip code in Colorado for the last 5 years. CDPH provided the data with zip codes of 3 or fewer with zero values in order to maintain confidentiality. The table was joined to U.S. Census Zip Code Tabulation Areas. Data displayed in GeoCommons.

- Software used was Excel, ArcGIS Explorer, ArcMap 10.1 (trial license), and GeoCommons.

- Most of the data was collected by HRAC. Data processed and maps produced by Patrick Houston.
Advocacy with/for IDUs

- IDU Advisory Committee
- Voter Registration – specific to drug users, former felons, and the homeless
- Petitions/postcards/attend meetings
- Legislation(s) to change archaic laws such as, but not limited to; syringe access, syringe decriminalization, 911 Good Samaritan Laws, 3rd Party Naloxone, Standing orders related to Naloxone, increased pharmacy access, etc., etc., etc.
- Table-top outreach at high drug traffic areas: bleach kits, health information, water, etc.
Syringe Access Programming Results at HRAC
(February 8 2012-June 30 2014)

• ~2,000+ unique clients to date! = largest SAP in CO
• 16,160+ syringe access episodes
  ○ Average number of people represented per exchange: 2.5
  ○ 698 in February (‘abridged’ month); 1,002 in June
  ○ Outreach numbers: 1,850 contacts (~ ½ IDUs)
• Community syringe clean up: 6,223+ ‘dirties’
• 6,722 referrals (testing, substance abuse treatment, mental health, etc.)
• Overdose prevention: 314 trained, 104 lives saved
HRAC Syringes distributed vs. disposed

Feb 2012 – Jun 2014

- 521,588 new syringes distributed
- 338,912 used syringes safely disposed
- 48,459 + “Hit Kits” distributed

Exemption cards become available
HRAC IDU drug use behavior

Drugs injected most past 30 days (n= 2,004)

- Heroin alone: 39%
- Multiple drugs: 26%
- Methamphetamine: 17%
- Speedball (heroin & cocaine): 9%
- Goofball: 7%
- Cocaine or other: 2%

2.2% = the percentage of clients that inject steroids.

Only 30% of participants surveyed had smoked crack in the past year...

80% of them have shared a crack pipe in the past 30 days.
HRAC IDU Client demographics

- **72.0% Male**

**Age at intake**
- 45+
- 35-44
- 25-34
- 18-24

**Living status past 30 days**
- Housed 32%
- Homeless 41%
- Temporary 27%
HRAC IDU’s in Denver
(N=2,004)

- Percentage of clients whose first time is at an SAP: 89%
- How did you hear about us?
  - 87% said word of mouth, followed by referrals (8%) and outreach (5%)
- 9% of clients are in the sex trade
- Close to 100% of our clients HAVE been in treatment *multiple* times before (not including AA/NA)
- 52% have no healthcare payment program; 48% do.
- 13% have CICP, 19% have Medicaid, and 9% have Private insurance
Average age of initiation: **23**

What age did you start injecting?

- **65% UNDER age 25**
- **80% OVER age 25**

Average age of intake: **34**

{ 90% } the percentage of clients that had never been to a syringe exchange before – HRAC being the first time accessing clean syringes and safe disposal.
HCV & HIV status at intake (n=2,004)

**Hepatitis C status**
- 27% Positive
- 14% Don’t know
- 59% Negative

**HIV status**
- 3% Positive
- 11% Don’t know
- 86% Negative

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**Denver averages nearly 21% HIV+ and nearly 19% living with AIDS report being infected from syringe sharing**

**Est. 73% Denver IDU are HCV+ or show antibodies**

**HRAC on-demand, on-site HIV tests (242) HCV tests (224) & STI tests (71)**

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*Source: Denver Public Health, NHBS, 2009*
HRAC Syringe access impact (n=100)

How many times per day do you inject?
- Mean: 3.4 times per day
- Median: 3 times per day
- Range: >1-16 times per day

Average IDU injects minimum 1,000 times per year (CDC, 2007)

How many times have you lent out works in the past 30 days?
- Before coming to HRAC: 6.2 times
- After 3-months (follow-up) at HRAC: 4.1 times

How many times have you borrowed works in the past 30 days?
- Before coming to HRAC: 3.6 times
- At follow-up: 1.1 times
- Median = 0.5 (72% said “never”)

How many times do you re-use a syringe?
- Intake Mean: 6.9
- Follow-up Mean: 1.3
From our clients....

- Thank you for caring about the people at the bottom. To know that someone cares enough to help and assist during hard time and difficult situations to overcome. Thanks for all you do for us.
- I no longer share needles or need to use old, use syringes. I feel cleaner and safer knowing my chances of being exposed to HIV are drastically reduced.
- Well, I don't have to worry about sharing needles... in the past if that all you had then that’s what you did.
- My arms are no longer infected; I'm always using clean needles, or I have to clean them one time to reuse them and 1 more time. Sometimes I can come in right away to exchange them. It has helped 100% for my arms and the infections have stopped.
- They have been here on the days I would have jumped in front of a bus but HRAC talked me into taking a leap of faith and patience instead.
- Yes, I don't feel so alone and helpless. I realize that the disease, addiction, is able to be beat and life is always worth living and this can be a positive phase in my life. When I gain control of my life I want to help people like me and the homeless. When complete strangers treat you like family it heals you. And knowledge has saved me from death and suicide.
- I'm a lot more knowledgeable about my use, I'm cleaner and more sterile when using. I eat more!
- I am no longer living on the streets, moved in with my dad and I am starting on methadone.
- Thank you for all your hard work and dedication! It means a lot to know that there are people out here who care!
- I'd like to express the gratitude to all the staff members here day after day with smiles and cheer to each person who walked through the door! I don't have a clue how ya'll do it, but you do! I always feel welcome safe and respected, thank you!
Questions?
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