

# **A Comprehensive Approach to Drug User Health Building on HIV “Paso a Paso se Llega Lejos”**

Humberto Cruz  
Director, AIDS Institute  
NYS DOH  
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# Background & Issues

- Injection drug use was the main risk factor for HIV and it is the main risk factor for Hepatitis C in NYS
- A comprehensive, inclusive approach to public health implies that all communities and individuals be within its focus.
- Substance users are no exception, and government agencies are responsible for ensuring this inclusiveness.
- Changes in law and regulation can be important structural interventions.

# Background & Issues

- The experience of New York State, informed by its response to the HIV epidemic, is instructive. It has informed the developmental process for a comprehensive public health approach.
- The New York State Department of Health's AIDS Institute has spearheaded several statewide initiatives addressing the health needs of substance users.

# Elements

- Co-location of C&T and Primary Care services in substance use treatment and syringe exchange programs
- Fostering access to non-prescription sterile syringes
- Working with drug users and law enforcement officials to ensure understanding of the public health laws

# Elements

- Providing alternative means for disposing of contaminated sharps
- Sexual health promotion for drug users
- Promoting HIV clinical guidelines which specifically address the needs and issues of substance users

# Elements

- Fostering opioid overdose prevention programs through take-home naloxone provided to individuals in substance users' social networks.
- Integrating hepatitis C prevention, screening, and treatment. Providing opportunities for hepatitis B vaccination.
- Referrals for primary care and treatment of all conditions, substance use services, mental health, and social services, etc.

# Timeline...Paso a Paso

- 1989 – Co-location of HIV C&T in drug treatment settings
- **1990 – Co-location of HIV primary care in drug treatment settings. Substance use and HIV risk reduction counseling in community health centers**
- **1992 – Authorized syringe exchange programs**

# Timeline... Paso a Paso

- 1994 – Substance use & HIV risk reduction counseling in community-based organizations with LGBT focus
- **1994 - Harm Reduction, recovery readiness & relapse prevention counseling in syringe exchange programs and substance use treatment settings**

# Timeline... Paso a Paso

- 1997 – Mental health services in syringe exchange programs
- 1997- HCV prevention, screening and referrals in syringe exchange programs – Collaboration with NYCDOHMH
- **2000 – Legal sale/furnishing of syringes without a prescription- Expanded Syringe Access**

# Timeline... Paso a Paso

- 2001 – NYS Sharps Collection Program
- **2002- Buprenorphine included in the ADAP's formulary**
  - **Buprenorphine training to clinicians, social service providers and syringe exchange physicians**
- 2003 – Clinical guidelines focusing on substance users developed
- 2004 – Health Department Viral hepatitis integration strategic plan
- **2006 – Opioid Overdose Prevention programs**

# Timeline... Paso a Paso

- 2007 – Sexual health promotion for drug users curriculum
- 2009 – Substance Use patients with HIV/AIDS: Clinical Guidelines for the Primary Care Practitioner
- 2010 Enhanced outreach for HIV testing and transition to drug treatment services (funding)

# Timeline... Paso a Paso

- 2010 – Penal Law Amended – Language reconciled with Public Health Law in terms of possession and drug residue

# Timeline... Paso a Paso

- 2010 –Harm Reduction Coalition, with support from NYSDOH, developed:
  - Access to Care as a Right!!!
  - Quality Health Care – Is your Right!: A Guide for Drug Users to Getting Better Health Care
  - New Curriculum: Improving Health Care with Drug Users – training to help non-clinical and clinical providers

Quality

Health Care

Is Your  
Right!

➔ **A Guide for Drug Users  
to Getting Better  
Health Care**



A PUBLICATION OF THE  
HARM REDUCTION COALITION

# Budget Support for Syringe Access Programs

- 1992 \$500,000 for “HIV Prevention and Outreach to Substance Users”
- 1992 CDC support of New York State to hire DOH staff to oversee Syringe Access Programs
- 1993 CDC support of New York State to fund non-syringe services at Syringe Exchange Programs
- 1994 \$1,000,000 Additional State appropriation for Syringe Exchange Programs
- CDC support of New York City to redirect Cooperative Agreement funds to NYS to further support non-syringe services at Syringe Access Programs
- 1994 Harm Reduction/Recovery Readiness/Relapse Prevention grants

# Budget Support for Syringe Access Programs

- 1997 Mental Health Services grants
- New York City Tax Levy Dollars
- CDC awards multiple directly funded CBO grants to NYS Syringe Access Programs
- CDC approval of Cooperative Agreement funds to fund syringe provision (at last!!! 2010)
- NY State alone has a \$7,000,000 syringe program with only \$1,500,000 in appropriations
- All syringes and harm reduction supplies are provided through a 100% state funded contract with amFAR
- Outreach, HIV Testing, Referrals to Care & Support Services and link to drug treatment grants

# Program Models

- Storefront
- Street Side/Mobile Van
- Walking Street Teams
- Single Room Occupancy Hotel (SRO)
- Peer Delivered SEP

# Current Activities

- HIV testing is universally integrated in all 26 AIDS Institute funded programs
- 11 HIV-primary care programs co-located in substance use treatment settings
- 20 contractors providing substance use and HIV risk reduction counseling in community health settings
- 19 syringe exchange programs, 50 sites

# Current Activities

- 3,200 registered providers of the expanded syringe access program
- 140 sharps collection programs
- 64 registered providers of the opioid overdose prevention program
- On-going training in police precinct, training academies, collaborations with law enforcement associations
- Implementation of Care and Treatment/Support Services grants

# Lessons Learned

- Include drug users early on in the planning, implementation and evaluation of programs and maintain their involvement
- Integrate expanded substance user-oriented services into traditional treatment program
- Engage in consultations with others who have led the way

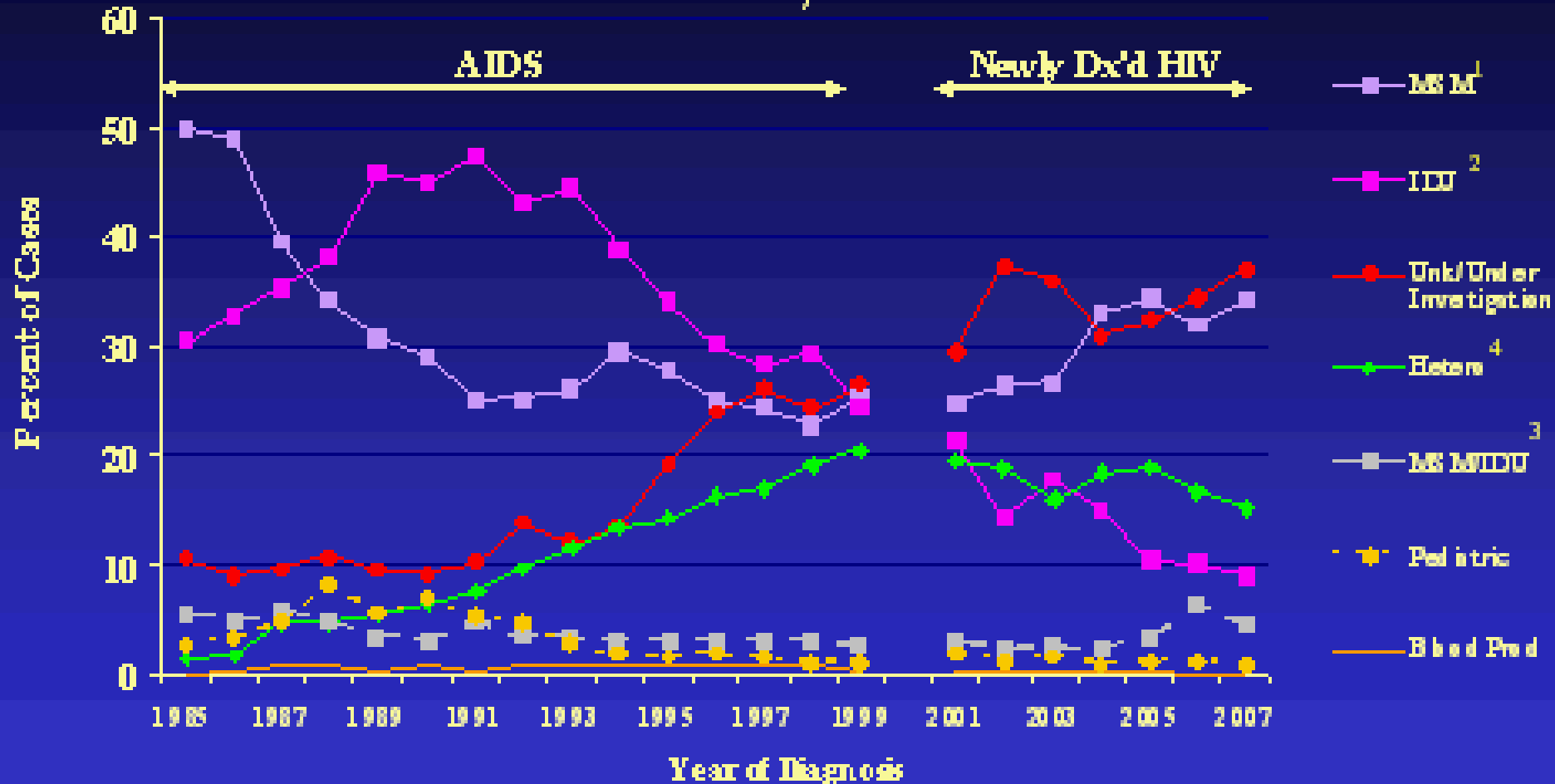
# Lessons Learned

- Use funding streams creatively to achieve synergy and maximize resources
- Work with other government agencies at all levels as well as with various community stakeholders, including law enforcement and advocacy groups
- Educate constituencies so they understand the value of expanded options in meeting common objectives
- We need to maintain this success and replicate it with respect to sexual transmission of HIV among drug users

# OUTCOMES OF SYRINGE ACCESS PROGRAMS

- **NYC 1990: 50% of IDUs HIV positive, 4% infected/year**
  - **Des Jarlais, AJPB 2000**
- **NYC 2000: perhaps as few as 20% of IDUs HIV positive, 1% infected/year**
  - **Des Jarlais, Atlanta, 2000**
- **NYC 2002: perhaps as few as 13-15% of IDUs HIV positive, .5% infected/year**
- **1992- 52% of AIDS diagnosed cases were attributed to injection drug use**
- **2000 – 18.1% of new HIV diagnoses**
- **2006- 7% of new HIV diagnoses were attributed to injection drug use**
- **2008 – 5.4% of new HIV diagnoses**

# Proportion of HIV and AIDS Cases\* by Risk and Year of Diagnosis New York State, 1985-2007\*\*



\*AIDS cases are shown for 1985-1999.

HIV reporting started in June 2000 in New York State; HIV cases are shown for 2001-2007.

All HIV cases are counted, regardless of concurrent or subsequent AIDS diagnosis.

\*\*Data as of April 2009

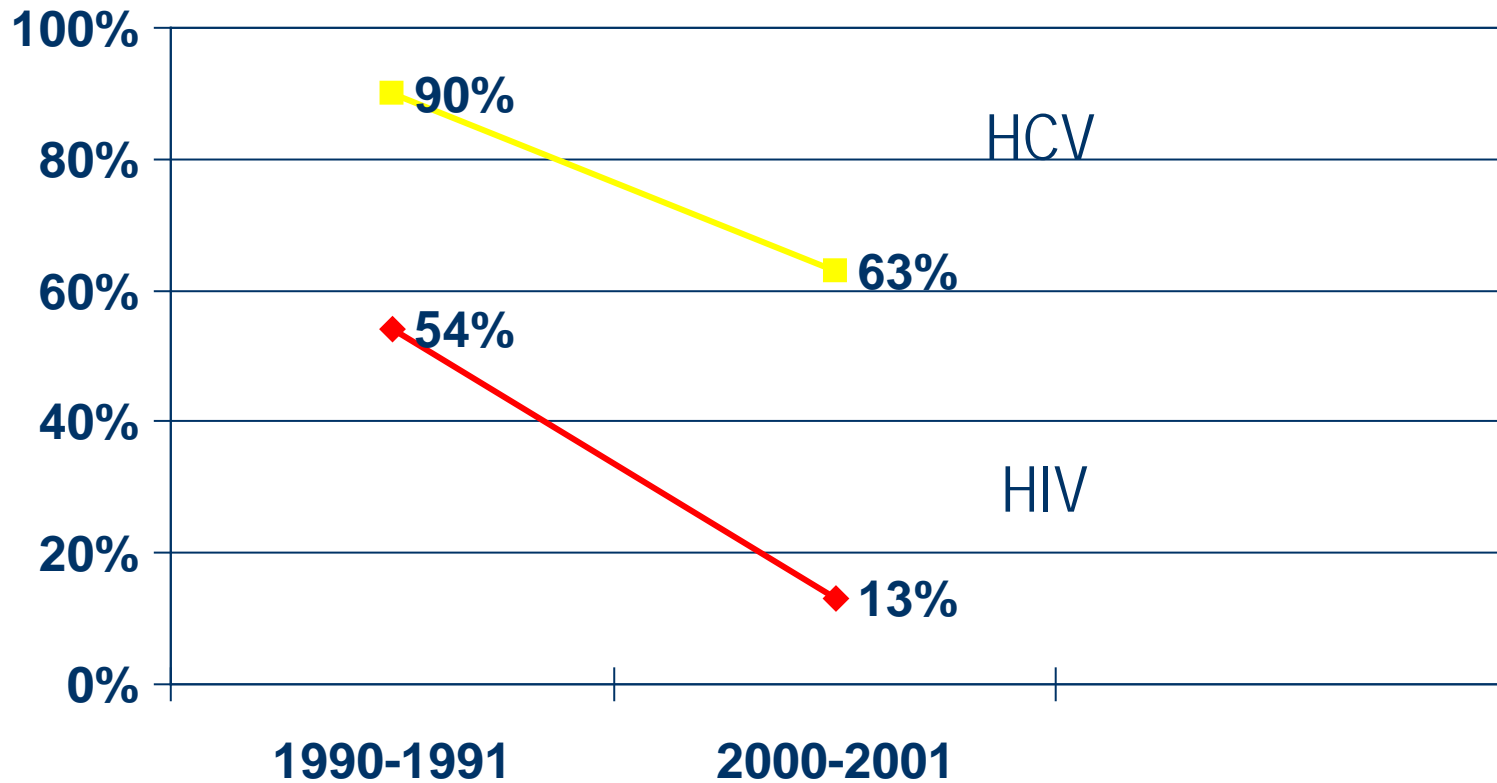
1. MSM = men who have sex with men (includes bisexual men)

2. IDU = injection drug use

3. MSM/IDU = men who have sex with men and inject drug

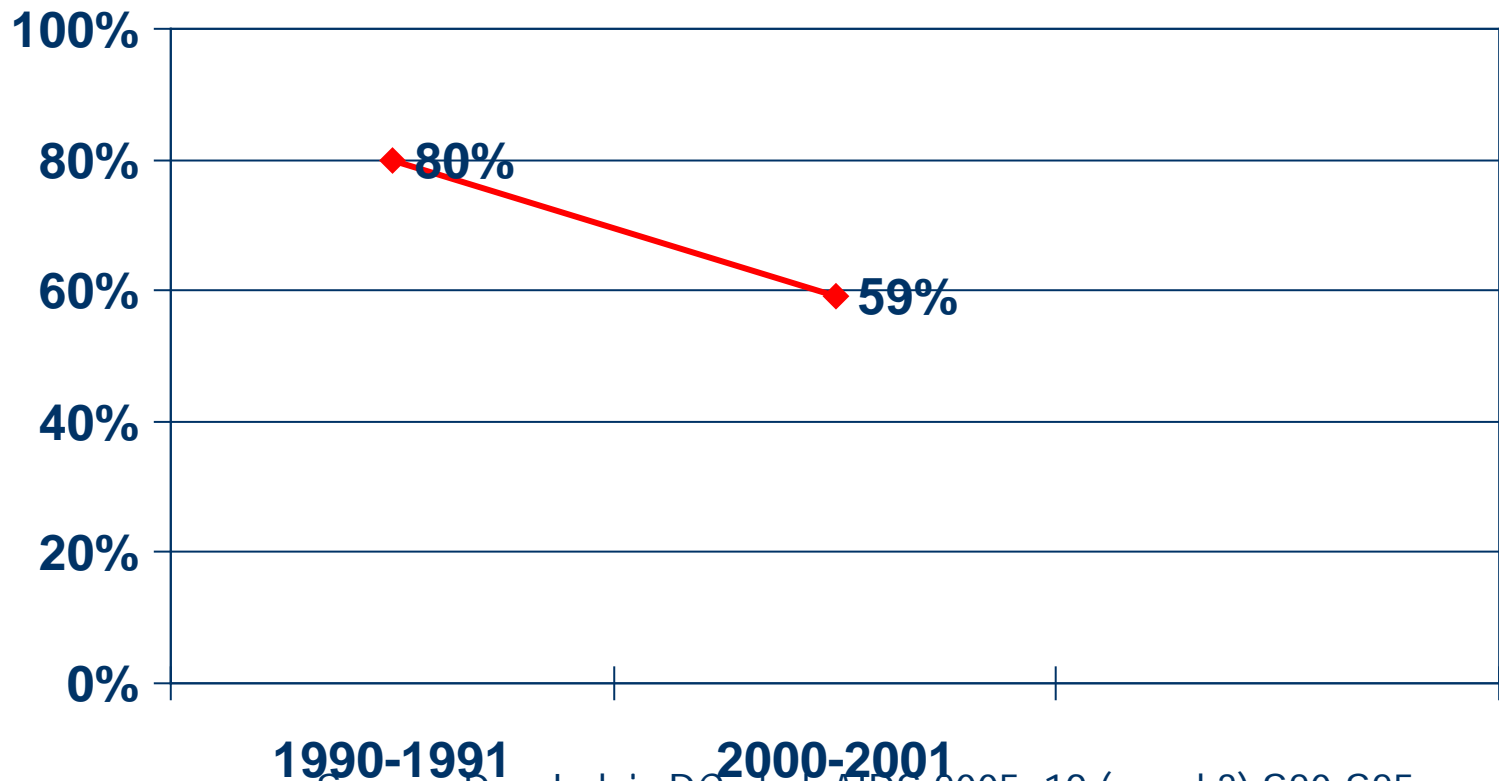
4. Hetero = Heterosexual

## Changes in HIV and Hepatitis C Prevalence Among IDU New York, 1999 – 2001, Des Jarlais 2005.



Source: Des Jarlais DC et al, AIDS 2005, 19 (suppl 3):S20-S25.

# Hepatitis C Prevalence Among HIV- New Injectors ( $\leq 6$ Years) New York, 1999 – 2001, Des Jarlais 2005.



Source: Des Jarlais DC et al, AIDS 2005, 19 (suppl 3):S20-S25.

# Notes

- “Compared to the data showed, overall HCV prevalence has gone up to 71%. But this is a factor of more IDUs with longer injection histories (perhaps because fewer of them are dying from AIDS). Among new injectors, persons injecting for < 6 years, HIV prevalence is down somewhat, from 59% in data presented to about 50%. So there is additional evidence that the harm reduction programs are reducing the rate of HCV infection among IDUs in NYC.”
  - Communication with Dr. Des Jarlais (submitted for publication)

# Acknowledgements/Contacts

Alma R. Candelas

- Director, Division of HIV/STD/Hepatitis C Prevention

Dan O' Connell

- Deputy Director, HIV,STD,HCV Prevention and Epidemiology

Sharon Stancliff. M.D.

- Medical Director, Harm Reduction Coalition