Working with People Who Use Drugs in HIV Care Settings

August 29, 2017
Workshop C
2:00 – 3:30 p.m.
Working with People Who Use Drugs in HIV Care Settings

- Facilitator: Liz Hall, CDPH Office of AIDS
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What is Harm Reduction?

Harm reduction strategies approach drug user health in two ways:

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  Harm reduction is practical. It works and is rooted in public health science.

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  Harm reduction centers the human rights of people who use drugs, recognizing that many other approaches do the opposite.
In practice, harm reduction:

- Builds **agency**. People who use drugs maintain (or learn how to) control if, when, and how to change.

- Takes a stance that is **non-judgmental**, conveys **respect**, and fosters **dignity**.

- Views the individual as a **whole person** whose drug use is intertwined in many other things, and for whom any positive change is the goal.
Examples of harm reduction services include

- Syringe access and disposal
- Safer drug use education
- Overdose prevention & naloxone distribution
- Case management and care coordination
- Integrated primary or specialist care, incl. HIV & hepatitis care, immunization, PrEP, etc.
- MAT with methadone or buprenorphine
- Supervised consumption services
- Drug treatment readiness, linkage to treatment.
Harm Reduction in California

- 42 syringe exchange programs in 23 counties. First began in late 1980s.

- MAT access is increasing, e.g. buprenorphine rx +69% between 2011-2015.

- Many healthcare and social services providers have adopted harm reduction approaches.

- Funding from federal, state, and local government.
California’s Integrated Plan

1. Reducing New HIV Infections in California;
2. Increasing Access to Care and Improving Health Outcomes for PLWH in California;
3. Reducing HIV-Related Disparities and Health Inequities in California; and
Strategy K:
Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

1. Integrate SSP into existing HIV programs (incl. Ryan White programs)
2. Fund new SSPs
3. Integrate other health services critical to PWUD
4. Encourage naloxone programs throughout the state
5. Encourage access to syringes through pharmacies
6. Encourage access to MAT for opioid use disorder
Injection-Related Hepatitis C

- Statewide increase in HCV cases among people age 20-29, likely through injection drug use.
- 2011-2015: +55% among men, +42% among women.
Injection-Related HIV

• Harm reduction programs have contributed to sharp, sustained decline in injection-related HIV.

• 2014: 3.2% of new HIV diagnoses attributed to IDU, a 1/3 decline since 2010.

• California PLWH infected through IDU die at 2x rate of other PLWH.
How does harm reduction relate to your practice?
Syringe Access

Using new, sterile injection equipment for each injection:

• Eliminates HIV and viral hepatitis transmission

• Reduces SSTIs

• Reduces vein damage
California Syringe Access Law

- SEPs may be authorized by CDPH or by local or county government.

- Physicians & pharmacists may furnish syringes without a prescription.

- Ongoing funding from legislature supports programs.
Syringe Access in HIV Care Settings

• Don’t need a ‘program’ to offer syringe access services.

• Integrate into routine care for people who inject drugs.

• Seek partnerships incl referral relationships with other local providers.
• Naloxone is a short acting opioid antagonist.

• Safely and quickly reverses opioid overdose.

• CA law allows standing order distribution incl by unlicensed staff.

• Since community programs began in 1996, most overdose saves have been done by people who use drugs.
Buprenorphine for Opioid Dependence

• Buprenorphine eliminates opioid withdrawal symptoms and reduces craving.

• Protects against overdose, reduces injection drug use and illicit drug use generally.

• Works best as maintenance therapy.
Who may prescribe buprenorphine?

- Physicians or NPs and PAs under a physician's direction.

- Required training: 8 hour course for physicians, 24 hour course for NPs/PAs.

- Physicians have 100 patient limit in first year, then may be raised to 275. [2016 CARA law]

- Limits are 30 →100 for NPs and PAs.
Case Study #1: Syringe Access
Case Study #2: Overdose Prevention
Case Study #3: Buprenorphine
How Can CDPH Help?

• Technical assistance for establishing or expanding drug user health services

• Certification of syringe exchange programs

• SEP Clearinghouse provides supplies at no cost

• Facilitate access to naloxone, technical assistance

• Link to MAT expansion program through DHCS
Break-Outs

• Fostering positive, supportive interactions with your patients who use drugs

• Steps toward integrating harm reduction into HIV care settings
Thank you!

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Funding

Ryan White Part B:
- Case Management (Medical & Non-Medical)
- Emergency Financial Assistance
- Health Education/Risk Reduction
- Hospice Services
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care
- Substance Abuse Services (Residential)
Getting to Zero

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs
Activity D4: Identify Barriers to Linkage to Care & Develop Strategies to Address Them
Activity F1: Improve Cultural Competency of Medical & Service Providers