HARM REDUCTION, SUBSTANCE USE AND INFECTIOUS DISEASE PREVENTION DURING CRISIS

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This training is sponsored by Florida Alcohol and Drug Abuse Association and State of Florida, Department of Children and Families.
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OBJECTIVES

- Explain the value of harm reduction services for engaging people who use drugs and promoting their health and safety during the COVID-19 pandemic.

- Identify risk reduction strategies that prevent the spread of infectious diseases when using substances.

- Describe the ways that harm reduction and substance use treatment services are adapting to account for the COVID-19 pandemic.
ASAM Criteria considers biomedical conditions, including the person’s history and current physical health conditions.

Why do we ask about physical health conditions?

(Mee-Lee, 2013)
Recovery is a process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- There are four major dimensions that support a life in recovery:
  - Health
  - Home
  - Purpose
  - Community

- Health is defined as overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.

(SAMHSA, April 2020)
WHAT IS HARM REDUCTION?

“Harm reduction is a set of pragmatic and compassionate approaches for reducing harm associated with high-risk behaviors and improving quality of life for individuals and their communities.”

- Collins et al. (2011)

“The premise of harm reduction is that by welcoming people as they are, and by offering help that meets people’s basic needs, we can increase client engagement and lower their reluctance to change.”

- Vakharia & Little (2017)
HARM REDUCTION IN PRACTICE

- Low threshold to access services
- Integrates biopsychosocial approach to substance use
- Treats people with respect and avoids shaming
- Does not use predetermined goals or interventions
- Expands the menu of options
- Supports any positive change
WHO ARE WE MISSING IN TREATMENT?

About 40% of people who need treatment are not ready to stop using.

Does your program currently work with individuals who do not identify complete abstinence as their goal?

- Yes
- No
STRATEGIES TO INTEGRATE HARM REDUCTION

- Incorporate harm reduction psychotherapy and approach into substance use treatment programs
- Build awareness of harm reduction interventions to reduce risks associated with substance use
- Develop relationships with harm reduction providers in your community
WHO DOES HARM REDUCTION HELP?

- The people already engaged in treatment
- The people in their community and social networks
- The people not ready to stop using
- The people who say they’re going to return to use
- The people who may want treatment someday
HARM REDUCTION FOR INFECTIOUS DISEASES

- Prevention strategies, including regular opt-out testing
- Syringe service programs
- Safer substance use supplies
- Medication
  - PrEP and PEP
  - Antiretroviral Therapy for HIV
  - Direct Acting Antivirals for Hepatitis C
  - Medications for Opioid Use Disorder
Social determinants of health as risk factors for both

Substance use as a risk factor for infection

Intersecting likelihood of starting or adhering to treatment for both

Experience of stigma and its impact on treatment

Opportunities for reciprocal referrals
  - Harm reduction services as an entry point to care
  - Primary care settings
Does your program currently provide testing for infectious disease?

- HIV
- Hepatitis C
- Both HIV and Hepatitis C
- Other
- None
DID YOU KNOW?

Fewer than 30% of substance use disorder (SUD) treatment facilities offer testing for HIV or HCV

(Lyss et al., 2020)
HUMAN IMMUNODEFICIENCY VIRUS (HIV) OVERVIEW

- A virus that attacks the body’s immune system
- Mainly transmitted by anal or vaginal sex, and sharing syringes or other equipment used to prepare drugs for injection

Stages
1. Acute HIV infection: flu-like symptoms may occur 2-4 weeks after infection
2. Chronic HIV infection: people may be asymptomatic for multiple years
3. AIDS: CD4 count is very low and opportunistic infections may occur

- There are two common blood tests done to monitor HIV
  - CD4 Count: CD4 cells (or T-cells) support the immune system
  - Viral Load (VL) Count: the amount of HIV in your blood
HIV PREVALENCE

Rates of Persons Living with HIV, 2018

* Data not shown to protect privacy because of a small number of cases and/or a small population.

** State health department, per its HIV data re-release agreement with CDC, requested not to release data to AIDSVu. See Data Methods for more information.

NOTE: There are no country-level maps for Alaska, District of Columbia, and Puerto Rico because there are no countries in these states.

(AIDSVu, 2020)
1. Testing and Diagnosis
   - Testing all people age 13-64 at least once and testing people at high risk annually

2. Linked to Care
   - People are connected with HIV medical care within 1 month of diagnosis
   - Antiretroviral Therapy (ART) involves use of three or more antiretroviral drugs

(CDC, May 2020)
3. Received or Retained in Care
   - Received: past year CD4 or VL test
   - Retained: at least two medical appointments per year, 90 days apart
   - Supported by services like Ryan White Case Management

4. Viral Suppression
   - Adherence to ART, achieving a viral load of <200 copies/ml
   - Viral suppression is the ultimate goal of HIV testing

(CDC, May 2020)
86% diagnosed
64% received care
49% retained in care
53% virally suppressed

HIV CARE CONTINUUM STATISTICS

(CDC, May 2020)
“In this critical juncture of the HIV and opioid epidemics, substance use disorder treatment programs play a crucial role in ensuring those who are HIV negative remain negative, and those who are HIV positive are tested, linked to treatment, and able to remain adherent to ARV treatment.”

- Dr. Elinore McCance-Katz (SAMHSA, 2019)
Which element of the HIV Care Continuum does your treatment program currently provide or support?

- Testing and Diagnosis
- Linkage to Care
- Retention in Care
- Viral Suppression
- None of the above
Supply people with sterile syringes—may operate using an exchange (e.g. one to one) or need-based model
- Limiting the number of syringes dispensed decreases the proportion of people who inject drugs who achieve 100% of their injections with a clean, sterile needle and increases risk of infection (Lyss et al.)

- Additional equipment provided for injection may include cotton, cookers, sterile water, tourniquets, gauze, and alcohol swabs.
- SSPs teach safer injection techniques (CRA, 2018)
- SSPs are an entry point to care leading to referrals for primary care, mental health and substance use treatment, and other social services.

Florida Statute 381.0038, regarding sterile needle and syringe exchange programs: [http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.0038.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.0038.html)
BENEFITS OF SSP

- SSPs are associated with a 50% reduction in HIV and Hepatitis C (HCV) incidence
- New users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs
- As SSPs distribute more syringes, the more likely people who inject drugs are to dispose of syringes safely
- People accessing SSPs are more likely to use condoms when compared to people who use drugs, but do not go to SSPs

(CDC, May 2019; CDPH OAS)
- 40% of new HIV infections are transmitted by people who don’t know they have the virus
- Following the HIV Care Continuum, the goal is to implement testing in appropriate settings and rapidly link people to treatment
- New, easier forms of HIV testing increase the opportunity for more widespread testing

“SAMHSA encourages programs not currently doing HIV testing on-site to integrate HIV pre and post-test counseling and oral fluid rapid HIV tests and to make this a routine component of substance use disorder treatment.”

(CDC, June 2020; SAMHSA, 2020)
MEDICATIONS: HIV PREVENTION

**Pre-exposure prophylaxis (PrEP)**

- Daily medicine taken by people at risk for HIV
- When taken daily, PrEP is effective at preventing HIV from sex or injection drug use
- Heterosexual people who inject drugs generally have limited knowledge of and access to PrEP

**Post-exposure prophylaxis (PEP)**

- Medication taken following exposure to HIV
- Must be started within 72 hours of exposure and taken for 28 days
- Effective at preventing HIV
- People with a history of using PEP should be considered for PrEP

(Lyss et al.; CDC, August 2019)
MEDICATIONS: TREATMENT AS PREVENTION

- Taking medications for opioid use disorder (buprenorphine, methadone) improves antiretroviral treatment adherence and viral suppression and can reduce HIV and HCV transmission.

- Undetectable = Untransmittable (U=U) public awareness campaign
  - HIV treatment dramatically improves the health, quality of life, and life expectancy of people living with HIV.
  - People living with HIV who take HIV medicine as prescribed and maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners.

(Lyss et al., 2020; CDC, May 2020)
## Viral Hepatitis Overview

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis A (HAV)</th>
<th>Hepatitis B (HBV)</th>
<th>Hepatitis C (HCV)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transmission</strong></td>
<td>Fecal-oral</td>
<td>Blood, Sex</td>
<td>Blood</td>
</tr>
<tr>
<td><strong>Perinatal</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Risk Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Direct contact with someone with HAV</td>
<td>• Sexual partners or household contacts with infected persons</td>
<td>• Injection drug use</td>
</tr>
<tr>
<td></td>
<td>• People who use drugs</td>
<td>• Injection drug use</td>
<td>• Specific types of healthcare exposures</td>
</tr>
<tr>
<td></td>
<td>• Men who have sex with men (MSM)</td>
<td>• MSM</td>
<td>• HIV-positive</td>
</tr>
<tr>
<td></td>
<td>• Homelessness</td>
<td>• Healthcare workers at risk of exposure to blood</td>
<td></td>
</tr>
<tr>
<td><strong>Vaccine</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Treatment of Chronic Infections</strong></td>
<td>Not applicable</td>
<td>Yes, not curative</td>
<td>Yes, curative</td>
</tr>
</tbody>
</table>

(ATTC NCO, 2020)
HEPATITIS A OUTBREAK

State-Reported Hepatitis A Outbreak Cases as of October 9, 2020

(CDC, 2020)
RATES OF ACUTE HEPATITIS B, 2018

(NASTAD, 2020)
Evidence suggests recent increases in HCV are associated with the opioid epidemic
  - Significant increases in HCV among people who inject drugs
  - Historically, baby boomers were more likely to have HCV, but young adults (age 20-39) have the highest incidence rate in recent years
  - More dramatic increases are occurring in rural communities

Newer medicines (direct acting antivirals) can be taken orally over a shorter period of time, are more effective, and have fewer side effects than interferon-based treatments

(ATTNCO)
“Drug-treatment and needle-exchange programs reach a substantial proportion of active injectors who have HCV infection or are at risk of acquiring it. Because the programs have regular, long-term contact with many IDUs, there are multiple opportunities to disseminate information about hepatitis B and hepatitis C, including the benefits of hepatitis B vaccination, how to avoid reinfection with HCV, and the importance of follow-up care for those chronically infected.”

- Institute of Medicine (2010)
People can protect themselves from HAV and HBV by practicing good hygiene, getting vaccinated, and using sterile injection equipment.

Centers for Disease Control and Prevention (CDC) HCV testing recommendations:
- All adults 18 years or older, at least once
- People who are pregnant
- People with other risk factors, such as any history of sharing syringes or other drug preparation equipment or people using intranasal drugs

Ongoing injection drug use should not be seen as a barrier to HCV treatment.

(NASTAD, 2020; ATTC NCO)
Safer Substance Use Supplies

- Sharing pipes and non-injection drug use equipment has been linked with HCV infection and outbreaks of other diseases, like tuberculosis.
- Harm reduction organizations and SSPs have started supplying safer snorting and smoking kits
  - Snorting: straws, plastic cards, scoops, vitamin E
  - Smoking: glass stems/pipes, rubber bands or stoppers, steel wool (Chore Boy) for filters, alcohol wipes, vitamin C
- Providing pipes reduces sharing, reusing, and improvising other objects as pipes, which reduces drug-related health problems
- Making non-injection supplies available provides an engagement strategy for people who use drugs, but do not inject them

(California Department of Public Health Office of AIDS, 2020)
OTHER INFECTIOUS DISEASES

- **Tuberculosis:** a disease which usually affects the lungs
  - Symptoms: weakness, weight loss, fever, coughing, chest pain
  - Transmission: germs are spread from person to person through the air
  - Testing: skin or blood test for TB infection, chest x-ray for TB disease
  - Treatment: 6-12 months medication regimen

- **Endocarditis:** a bacterial infection affecting the heart
  - Symptoms: flu-like symptoms, fatigue, shortness of breath, chest pain
  - Transmission: germs enter bloodstream, as with injection drug use
  - Treatment: antibiotics, surgery when necessary
  - Models show that by 2030 it could kill 1 in 5 people who inject drugs

(CDC, December 2018; Filter Staff, 2020)
COVID-19 AND SUBSTANCE USE

- Study analyzed over 73 million electronic health records, 12,030 with COVID
- Individuals with a recent SUD diagnosis, especially individuals with OUD and African Americans, have an increased risk for COVID-19
- People with SUD and COVID-19 had worse outcomes
- Highlights the need to screen and treat individuals with SUD as part of the strategy to control the COVID-19 pandemic

(Wang et al., 2020)

<table>
<thead>
<tr>
<th>Patients without a history of substance use disorder and COVID-19</th>
<th>Patients with a history of substance use disorder and COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITALIZATION</td>
<td>DEATH</td>
</tr>
<tr>
<td>30.1%</td>
<td>41.0%</td>
</tr>
<tr>
<td>6.6%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>
ADAPTING TO COVID-19

Question: What changes have you made in your programs and practices related to the COVID-19 pandemic?

Please enter your responses into the chat.
Enhanced safety precautions

Added flexibility to operational guidelines

Bulk service delivery

Digital support

Overdose Education and Naloxone Distribution (OEND)
In March 2020, SAMHSA issued guidance to Opioid Treatment Programs (OTP) allowing states to request blanket exceptions for stable patients to receive 14 or 28 days of take-home doses.

In March 2020, the Drug Enforcement Administration relaxed rules to allow for prescription of buprenorphine for maintenance or detoxification treatment following a phone evaluation.

In March 2020, Health and Human Services implemented changes in telehealth that allow providers to use remote communication technologies that may not fully comply with HIPAA rules, including the use of FaceTime, Skype, or Zoom.

Florida allowed out-of-state healthcare providers to work in Florida and via telehealth, extending renewal timelines for professional licensure. (FSMB, 2020)
SAFETY PRECAUTIONS IN HARM REDUCTION PROGRAMS

- Providing educational material about COVID-19
- Administering or linking to vaccines for flu, Hepatitis A and B
- Encouraging hand washing and coughing into tissue or elbow
- Distributing hand sanitizer and personal protective equipment
- Offering extra safer substance use supplies
- Supporting medication continuity—prescription refills
- Staffing changes
- Virtual and outdoor training or distribution of supplies

(Vital Strategies, 2020)
DEBRIEF

- Identify your biggest takeaway from today
- Choose one thing you can start doing in your work to help prevent or treat infectious diseases
THANK YOU FOR ALL THAT YOU DO!

Connect with us at: www.PracticeforProgress.com
Find an HIV, Hepatitis, or STD testing site by:
- Calling 1-800-CDC-INFO (232-4636)
- Visiting gettested.cdc.gov
- Texting your ZIP code to KNOW IT (566948)

Find a healthcare provider who prescribes PrEP by visiting:
- CDC National Prevention Information Network: https://preplocator.org/
- AIDSVu: https://aidsvu.org/services/#/prep

Ryan White Case Management services in Florida
- Eligibility: HIV+ and low-income (below 400% FPL)
- Covers: doctor visits, dental care, transportation, insurance premiums, case management, prescriptions, housing, and other support services
- To apply contact the lead agency in your service area:
RESOURCES

- Centers for Disease Control and Prevention: https://www.cdc.gov/
  - Find patient education materials for all diseases referenced
- Florida Health: http://www.floridahealth.gov/index.html
- I Save FL website, Florida naloxone providers: https://isavefl.com/find-naloxone.shtml
- Florida Harm Reduction/Syringe Service Programs
  - My Life Matters, Deland, (386) 561-0028 https://www.mylifemattersharmreductionoutreach.com/
  - IDEA Exchange, Miami, (786) 769-8118 http://medicine.med.miami.edu/IDEAexchange
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