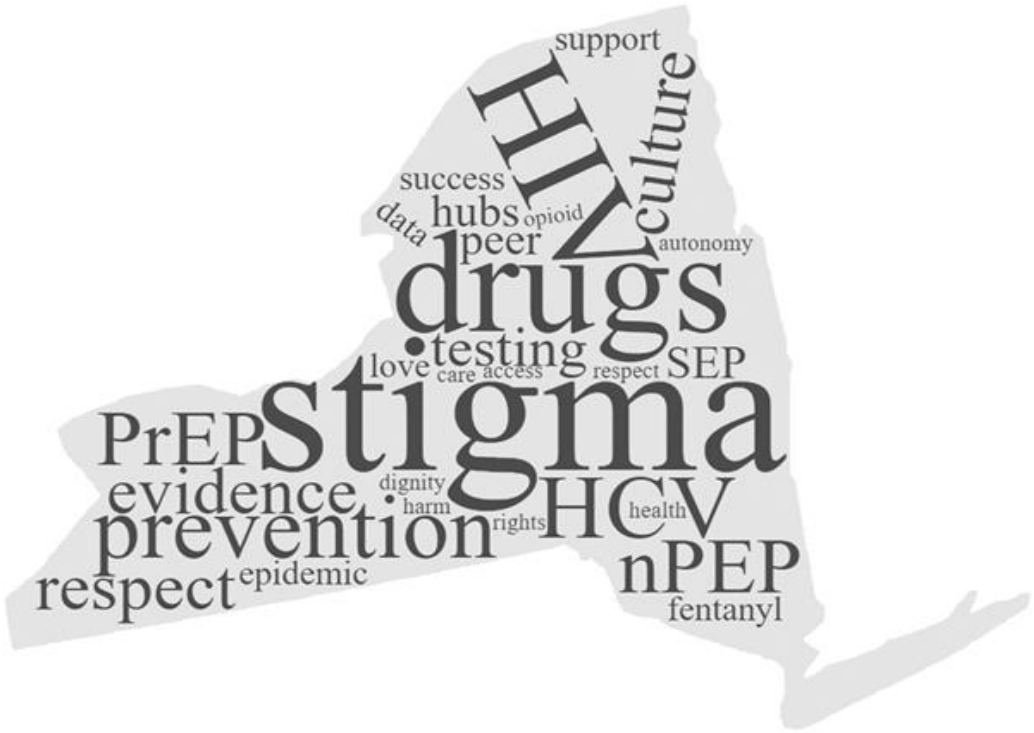
New York State AIDS Institute Ending the Epidemic: Drug User Health Advisory Group



Introduction

Regions across New York State are experiencing unprecedented rates of opioid overdose, high rates of Hepatitis C, and an increase in new HIV infections. The implementation of authorized syringe exchange programs (1992) and harm reduction services in NYS proved successful at drastically decreasing new HIV infections among people who inject drugs (PWID), one of the groups most impacted by the bloodborne illness. Drawing on the successes of the past is essential in a time where we face the deadliest drug crisis in U.S. history.[1] New York alone lost 2,545 people to opioid overdose in 2015.[2] The NYSDOH AIDS Institute, in partnership with consumers, community leaders, advocacy groups, research entities, and other federal, state and local government agencies, have created responsive systems that led to many successes, including a 40% reduction in newly diagnosed cases of HIV[3] and a reduction in the proportion of new cases among PWID from 54% to just 3%.[4] Newly diagnosed HIV cases attributed to injection drug use in New York have fallen dramatically from over 700 cases in 2002 to just 81 in 2015. These

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[1] Josh Katz, "Short Answers to Hard Questions About the Opioid Crisis". *New York Times*, August 10, 2017. https://www.nytimes.com/interactive/2017/08/03/upshot/opioid-drug-overdose-epidemic.html

[2] New York State - County Opioid Quarterly Report (2017, July). Retrieved September 5, 2017, from https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul17.pdf

[3] New York State HIV/AIDS surveillance report for cases diagnosed through December 2013. (2015, July). http://www.health.ny.gov/diseases/aids/general/statistics/annual/2013/2013-12_annual_surveillance_report.pdf. New York State Dept. of Health, AIDS Institute, Bureau of HIV/AIDS Epidemiology.

[4] Proportion of HIV and AIDS cases by risk and year of diagnosis, New York State, 1986-2013. Albany, NY: New York State Department of Health, AIDS Institute, Bureau of HIV/AIDS Epidemiology. Unpublished data.

successes are largely attributed to the system of harm reduction services and providers operating in every region of the state. These programs provide low-threshold disease and overdose prevention tools and a gateway for engaging people use drugs (PWUD) in higher threshold health care services. Harm reduction programs, and the stigma free service delivery approach that guides them, are a crucial part of the continuum of care for PWUD but would be more impactful at ending new HIV transmissions in NYS by 2020 if harm reduction was more prevalent and pervasive in the health care system.

In response to ensuring that no New Yorker is left behind as the Ending the Epidemic initiative is implemented, the recommendations in this document support the Ending the Epidemic (ETE) Blueprint Recommendation #15: increase momentum in promoting the health of people who use drugs.

Objective

The objective of the Drug User Health Advisory Group is to eliminate the spread of HIV transmission in New York within the community of PWUD utilizing the expertise of drug users, their social networks, peers, service providers and other experts. PWUD deserve high quality healthcare, social service systems and a community that is free from stigma and discrimination. As a committee, we recognize the impact of social influences, such as stigma, as well as larger system-wide issues that affect the overall health and wellbeing of those who use drugs.

We have attempted to address the needs of **all** PWUD in the attached set of recommendations by creating and proposing tailored strategies for subpopulations including: young people, women, incarcerated persons, and rural communities. Conscientiously addressing the needs of key population groups creates opportunities to mitigate the healthcare disparities they often experience. Furthermore, we recognize the rapidly changing nature of the epidemic and want to ensure that we have an appropriate and timely response to be able to detect the presence of new research chemicals and analogues in the drug supply, and respond accordingly.

We also believe that the issues identified in this set of recommendations cannot be significantly addressed or sustained in silos, and therefore encourage federal and state partners to come together on common ground and promote and implement cross-sector, far reaching, and innovative solutions.

NYS' efforts to expand access to health care insurance has eliminated many cost barriers. Health insurance, and healthcare reform in this country, cannot impede the significant progress that New York State has made in ensuring access to life saving treatment and medical care for PWUD.

Guiding Principles

These guiding principles underline each of the included implementation strategies.

Linking Injection Drug Use, Overdose, HCV and HIV: A guiding principle that supports these recommendations is the imperative to link overdose incidents, the increase in injection drug use and efforts to address HIV and HCV. There is overlap and opportunity for many of the same policies, programs and interventions to simultaneously address new injectors, overdose risk, and HIV/HCV risk. The importance of combatting overdose, HIV and HCV for this population is also identified in the

committee recommendations of the Blueprint to End AIDS.

Harm Reduction[5]*:* Harm reduction, as defined by the Harm Reduction Coalition, refers to a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of PWUD.

Stigmatization: PWUD are one of the most highly stigmatized populations. Experiencing stigma in a health care setting may deter PWUD from seeking care or remaining in care and can thus have major implications.

Involvement[6]*:* Just as similar advisory groups have requested greater involvement of people living with HIV and AIDS in policy and programmatic planning, this advisory group endorses greater involvement of PWUD, frequently referred to as "nothing about us without us" or the Denver Principles. This strategy helps increase cultural competency and the knowledge and understanding of the populations we serve. Furthermore, greater involvement of PWUD helps combat stigmatization due to ensuring more culturally competent and accurate polices and programming are in place. This helps ensure that PWUD's human rights are equitably recognized. PWUD have the right to meaningfully participate in decision making on the issues that directly affect us.

Trauma Informed Approach: Social-emotional, physical health, safety and other needs should be addressed in the priority that the client indicates to the professionals they interface with. This creates agency and control in a person's life. Designing systems from a trauma-informed care (TIC) perspective and training the workforce to practice TIC, will create a safer space for PWUD to: 1) communicate what their needs are; 2) acknowledge the trauma; and, 3) arm PWUD with self-care techniques for the repeated trauma (e.g. loss of life from overdose) that many PWUD are acutely experiencing in NYS today. Our current healthcare and social services systems are not adequately planning for and addressing these specific concerns as it relates to our opioid crisis.

Method of transmission: It is important to note that there is often difficulty in distinguishing between methods of HIV transmission. Consequently, we recommend the simultaneous adoption of strategies that address injection drug use (IDU) transmission, in tandem with strategies that address risky sexual behaviors.

[5] Principles of Harm Reduction. (n.d.). Retrieved from http://harmreduction.org/about-us/principles-of-harm-reduction/

[6] Jürgens R (2008). "Nothing about us without us" — Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative, International edition. Toronto: Canadian HIV/AIDS Legal Network, International HIV/AIDS Alliance, Open Society Institute.

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Implementation Strategies

1. INNOVATION

1.1 Decriminalization of Drug Use and Syringes

The ETE Drug User Health Advisory Group supports the position that the opioid epidemic is a public health emergency in the United States. As such, we encourage a public health versus a punitive, law enforcement approach. The criminalization of PWUD undermines optimal health outcomes, and affects the response to HIV and HCV amongst populations who use drugs. Furthermore, criminalization adds to the stigmatization that PWUD face. Drug criminalization is often arbitrary, discriminatory and drug policies are not based in science. Our current drug policies contribute to mass incarceration and racial differentiation.

The criminalization of personal drug use, possession, cultivation and purchase have not been effective in demonstrating a reduction in the levels of drug use. The decriminalization of drugs in Portugal has resulted in the following outcomes: reduced incidence of HIV/AIDS, reduced drug-induced deaths, reduced social costs of drug misuse, fewer people arrested and incarcerated for drug-related charges, reduced problematic and adolescent drug use, and an increase in the number of people who receive drug treatment.[7] In a meta-analysis of 106 studies, 80% suggested that drug criminalization has a negative effect on HIV prevention and treatment.[8] As many activists have said, we cannot end AIDS until we end the war on drugs.

Organizations such as the American Civil Liberties Union[9] and the Human Rights Watch[10] have both endorsed decriminalization of personal drug use in favor of a human rights and public health based approach to drug policy. While we recognize that this is not an issue that the AIDS Institute can tackle alone, we feel that developing implementation strategies to end AIDS in populations that use drugs, while failing to mention decriminalization, would be a missed opportunity. We also support that the AIDS Institute help advocate for complete decriminalization of syringes.

→The Drug User Health Advisory Group recommends the following steps:

- Support efforts to decriminalize drug use
- Advocate for the decriminalization of syringe possession

[7] Drug Decriminalization in Portugal: A Health-Centered Approach. (2015, February). Retrieved from https://www.drugpolicy.org/sites/default/files/DPA_Fact_Sheet_Portugal_Decriminalization_Feb2015.pdf
[8] HIV and the criminalization of drug use among people who inject drugs: a systematic review DeBeck, Kora et al. The Lancet HIV, Volume 4, Issue 8, e357 - e374
[9] Borden, T. (2017, June 09). It's Time to Decriminalize Personal Drug Use and Possession. Basic Rights and Public Health Demand It. Retrieved September 08, 2017, from https://www.aclu.org/blog/mass-incarceration/smart-justice/its-time-decriminalize-personal-drug-use-and-possession-basic
[10] Every 25 Seconds, Someone is Arrested for Drug Possession in the US. (2016, October 18). Retrieved September 08, 2017, from https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use

1.2 Promote the Health and Wellbeing of People Who Engage in Sex Work and Transactional Sex

Transactional sex is defined as an exchange of money, favors, or gifts in exchange for sexual relations. The term is used to distinguish the informal or less formal exchanges for sex that happen within relationships from the formal, immediate sex for money, which is referred to as sex work[11]. Transactional sex might include but is not limited sex in exchange for money, food, shelter/housing, drugs, clothing, or other needs. Sex trafficking and sex work should not be conflated or confused with one another, as the former is based on coercion or by force, whereas sex work and transactional sex is typically by choice and/or for survival. People whom engage in sex work may have unique healthcare needs that are both sex-positive and sex-affirmative so as not to further impose stigma and trauma on a demographic that may already experience this on a regular basis. "Sex work" in the context of this recommendation is defined as consensual sex acts among adults for the purpose(s) of fulfilling a need, typically survival-based.

Furthermore, the decriminalization of sex work would remove criminal penalties for the provision sex in exchange for money or other needs. International and national community advocates (such as Amnesty International, and the Sex Workers Project at the Urban Justice Center) propose that criminality associated with sex work and the negative consequences people who engage in sex work experience are human rights violations. Advocates also assert that the criminalization of commercial sex most negatively impacts the individual sex worker and increases their potential for harm, trauma, and violence.

Human trafficking is a crime. It is important to note that decriminalization movement does not support the removal of policies and prosecutorial actions that specifically target human trafficking. NYS officials should continue to address the intersection of the opioid epidemic and vulnerable populations who are susceptible to becoming trafficked.

People who engage in sex work are highly vulnerable to interpersonal violence and other mechanisms of control, such as forced drug uses. Human rights abuses of sex workers can also include[12]:

- Rape
- Violence
- Trafficking
- Extortion
- Arbitrary arrest and detention
- Forced eviction from the homes
- Harassment
- Discrimination
- Exclusion from health services
- Forced HIV testing
- Lack of legal redress

The intersection of drug use and sex work will determine access to much needed healthcare and

[11] Transactional and Age Disparate Sex in Hyperendemic Countries. (2015, July). Retrieved from https://aidsfree.usaid.gov/resources/pkb/behavioral/transactional-and-age-disparate-sex-hyperendemic-countries
[12] Amnesty International. (2016, May). Retrieved from https://www.amnesty.org/en/qa-policy-to-protect-the-human-rights-of-sex-workers/

services for individuals seeking support from healthcare and social/human service providers. Drug use may be used as a survival or coping mechanism for some individuals engaging in sex work, and studies have shown that childhood sexual trauma, histories of violence or harassment, stigma and discrimination from providers and people in the community, may all contribute to reasons for why people whom engage in sex work might use drugs. Statistics demonstrate that transgender women of color whom engage in survival-based sex work are more likely to experience violence or trauma, and drug use may be a self-medicating strategy to cope with their lived experience.[13] While earlier studies from the 1990s would inconsiderately refer to sex workers as "vectors of disease", more recent studies have found people engaging in sex work may have more knowledge about HIV transmission, protection, treatment, resources, and services than the general public due to greater exposure to community-based programs and organizations whom are effectively serving and meeting their needs.[14,15] With this said, it's important that health care providers offer patient-centered, non-stigmatizing care regardless of HIV status and current or former drug use to people engaging in sex work.

We support sex workers' rights in NYS to be able to assemble and organize to reduce their harm and increase their level of safety as they engage in consensual sex. As an act of solidarity in support of the international sex work community, the Ending the Epidemic Drug User Health Advisory Group recommend the AIDS Institute support policies and education of systems and providers that move the state towards the decriminalization of sex work. We also propose that the AIDS Institute release policy guidance to all funded agencies/institutions which put procedures in place to screen clients/patients for being victims of human trafficking and connecting these individuals to the NYS Referral of Human Trafficking Process, operated by NYS Office of Temporary and Disability Assistance (OTDA) and Division of Criminal Justice Services (DCJS). AIDS Institute should also encourage funded agencies to collaborate and develop formal partnerships with OTDA's "Response to Human Trafficking Programs", located across NYS. Lastly, agencies/institutions should engage with organizations in NYS whom provide culturally competent training on how to effectively engage with and provide quality services to sex workers, such as Harm Reduction Coalition and the Sex Workers Project at the Urban Justice Center.

→The Drug User Health Advisory Group recommends the following steps:

- Support policies and education of systems/providers that move New York State towards the decriminalization of sex work
- Release guidance to all funded initiatives directing programs to develop and implement operational procedures to screen all clients/patients for involvement human trafficking and linking those identified as having been trafficked to the NYS Referral of Human Trafficking Process

[13] Fitzgerald, E., Elspeth, S., & Hickey, D. (2015, December). Meaningful Work. Retrieved from www.transequality.org/sites/default/files/Meaningful%20Work-Full%20Report_FINAL_3.pdf
[14] Day, S., & Ward, H. (1997). Sex workers and the control of sexually transmitted disease. Genitourinary Medicine, 73(3), 161–168.
[15] King, E. J., Maman, S., Bowling, J. M., Moracco, K. E., & Dudina, V. (2013). The Influence of Stigma and Discrimination on Female Sex Workers' Access to HIV Services in St. Petersburg, Russia. AIDS and Behavior, 17(8), 10.1007/s10461–013–0447–7. http://doi.org/10.1007/s10461-013-0447-7

- Develop bi-lateral referral agreements or Memorandum of Understanding (MOU) with social services providers who have expertise in supporting survivors of sexual assault, interpersonal violence and other forms of trauma and who provide culturally competent and patient-centered care to their clients
- Integrate guidance to future funded initiatives about delivering patient-centered, non-stigmatizing care/services regardless of HIV status and current/former drug use to people engaging in sex work into program standards of all AIDS Institute funded initiatives.
- The same concepts should be integrated into all stigma education and cultural competency training efforts involving all human services professionals, those who work in the criminal justice system and clinical providers

1.3 Addressing Homelessness and Housing Insecurity Among People Who Use Drugs (PWUD)

Housing assistance is HIV prevention for People Who Use Drugs. Housing stability as a social determinant of health is significantly associated with better health-related outcomes in studies examining housing status and HIV transmission, risk behaviors, medication adherence, and utilization of health and social services.[16]

Housing instability is a barrier to reducing HIV risk. Counseling, syringe exchange and other proven HIV prevention interventions are less effective among people who are homeless or unstably housed than among those who are housed. Unstably housed syringe exchange participants are twice as likely to report high-risk receptive syringe sharing as stably housed participants. Female drug users with unstable housing conditions report higher levels of drug and sex related HIV risk behavior than those housed, and their levels of behavioral change and reducing their harms are lower. Data gathered by the CDC show that, persons with HIV who lack stable housing are: 2.3 times more likely to use drugs; 2.75 times more likely to inject drugs 2.9 times more likely to engage in sex exchange; and 2 times more likely to have unprotected sex with an unknown status partner.[17] PWUD who are also homeless or unstably housed are two to six times more likely to continue to use hard drugs, share syringes or exchange sex than those stably housed PWUD.[8] PWUD who are homeless and unstably housed have higher rates of HIV infection and increased risk of HIV seroconversion.

Most importantly, housing assistance improves access and adherence to opioid agonist treatment (OAT), or other medical treatment needed, such as pre-exposure prophylaxis (PrEP), HCV medication; health related medication, such as high/low blood pressure medication; and any mental health medication. In addition to housing, supported housing programs should offer services such as mental health treatment, physical health care, education and employment opportunities, peer support, and daily living and money management skills training. Successful supportive housing programs include outreach and engagement workers, a variety of flexible treatment options to choose from, and services to help people reintegrate into their communities. Supported housing programs that include harm reduction services

[16] Aidala, A. A., Wilson, M. G., Shubert, V., Gogolishvili, D., Globerman, J., Rueda, S., Rourke, S. B. (2016). Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. American Journal of Public Health, 106(1), 95-95. doi:10.2105/ajph.2015.302905a

[17] Evidence into Action: Housing Is HIV Prevention and Care. Policy Paper from the North American Housing and HIV/AIDS Research Summit Series 2011. (21 Sept. 2011.) Retrieved from www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/housing_and_supportive_services/evidence_into_action_housing.pdf.

and have low threshold barriers, instead of requiring abstinence for housing services, or be required to meet almost predictable unsuccessful goal, would help homeless people who inject drugs obtain more stable access and engage in medical and mental health care, create healthier lifestyles and re-establish residential stability.

Housing instability and vulnerability can add to the vulnerability experienced. This challenge is rapidly growing and options to assist homeless PWUD with shelter or housing opportunities are limited. PWUD can experience barriers in accessing emergency housing assistance, including:

- Abstinence requirements;
- Criminal record exclusion in certain shelters/settings;
- Daily verification forms that need to be submitted to Department of Social Services to demonstrate continued need/eligibility for the emergency housing assistance;
- Length of stay limits;
- Lack of overall beds/capacity;
- No/limited storage for personal belongings;
- Age restrictions in shelter programs that can lead to the separation of families;
- PWUD with children face imminent threat of child welfare system involvement if they seek out emergency housing services;
- Lack of housing resources for vulnerable young adults (18-20), especially those aging out of the foster care system;
- Lack of staff training among housing program staff to be able to identify and support victims of human trafficking;
- Lack of staff training in homelessness, harm reduction, substance use, and skills to support transitional service plans for homeless/housing vulnerable PWUD

These barriers are just a few examples of situations that may deter PWUD from accessing services and achieving housing stability and this list demonstrates how significantly active and former drug use can impact people who use drugs. Through many discussions about these inequities, the Drug User Health Advisory Group has identified several appropriate points of intervention for the AIDS Institute.

Utilizing the infrastructure of harm reduction providers in NYS, and specifically the authorized Syringe Exchange Programs, AIDS Institute could offer enhancement funding for each program. We recommend the enhancement funding be given with the agreement that the agency/program add at least one additional staff member who can assess and navigate PWUD to appropriate housing resources available within their community. These “Emergency Housing Supplemental Grants” would target clients enrolled in a syringe exchange program (SEP) who are experiencing an acute housing crisis or who have been identified as victims of human trafficking, and, who need emergency assistance. The program should facilitate partnership and collaboration with the other SEP and agency staff to comprehensively address the needs of the client.

Another point of contact for people who use drugs is in the shelter and public housing system in the state. As such, AIDS Institute should forge partnerships with the state and federal agencies who oversee these services within NYS in order to enhance services for vulnerable PWUD by piloting co-located

HIV/HCV treatment and OAT at shelters and/or transitional housing programs. This approach will bring critical healthcare services to people who may not typically have access to medical care and if partnered with local harm reduction providers, patients can then be linked to other risk reduction tools and services (e.g. syringe exchange, overdose prevention training, condoms).

One of the greatest strengths of the AIDS Institute is its' reach into the clinical and provider community. Utilizing systems that already exist, such as the Clinical Education Initiative and the HIV Training & Education Programs, AIDS Institute should invest in further developing the capacity of the health and human services sectors to providing culturally competent, barrier free care for homeless and housing vulnerable PWUD. The recommended groups to target include: housing/homeless services, substance treatment, corrections, healthcare systems, social service systems, clinical providers, and AI-funded community based organizations. Professionals within these sectors should participate in training about harm reduction, substance use, continuity of care, and cultural competence.

Lastly, the Drug User Health Advisory Group recognizes that housing impacts many areas of a person's health and that resources for housing/emergency housing look different in each community. Despite our attention and efforts focused on this topic, this advisory group was only able to scratch the surface of this pervasive issue. We strongly recommend the AIDS Institute fund a gap assessment and policy analysis to fully identify the barriers that PWUD encounter in NYS when seeking housing, develop cross-sector recommendations, and disseminate the findings.

→The Drug User Health Advisory Group recommends the following steps:

- Provide new enhancement funding, the Emergency Housing Supplemental Grant, for Syringe Exchange Programs
- Develop partnerships with key state and federal agencies to pilot co-located HIV/HCV treatment and OAT at shelters and/or transitional housing programs
- Utilize existing infrastructure and develop and implement cultural competence trainings for housing/homeless services, substance treatment, corrections, healthcare systems, social service systems, clinical providers, and AI-funded community based organizations
- Fund a gap assessment and policy analysis to fully identify the barriers that PWUD encounter in NYS when seeking housing, develop cross-sector recommendations, and disseminate the findings

1.4 Promote the Use of Telemedicine Services

Telemedicine offers the possibility of convenient and accessible patient care, that can improve patient engagement and therein provide opportunities to improve patient adherence to a medical regimen.[18] Particularly for rural areas, finding a specialist for a specific medical need often requires extensive travel time. Telemedicine can offer patients access to specialty medical care with regards to Hepatitis C,

[18] Ripton, J. Winkler, C. (2016, April 8th) How telemedicine is transforming treatment in rural communities Retrieved from http://www.beckershospitalreview.com/healthcare-information-technology/how-telemedicine-is-transforming-treatment-in-rural-communities.html

nPEP/PrEP, transgender healthcare, and injection-related complications that result in the need to see a dermatologist or cardiologist. Furthermore, telemedicine can be cost effective for both the patients in rural areas and insurance providers since transportation is reduced or eliminated because patients are not required to present for in-person visits.[19] Telemedicine allows for patients in rural areas to access medical services they may otherwise forego because of the inconvenience, difficult travel distance or inadequate transportation resources. Research on the effects of telemedicine also suggests that it can improve patient engagement. Positive results of increased patient engagement include: reduced readmissions, critical drug interaction advice, and empowering the patient in their own care. Telemedicine patients score lower for depression, anxiety, and stress and have 38% fewer hospital admissions.[20]

Due the benefits for both time and distance that telemedicine presents, it offers potential for enhancing treatment and recovery for people with substance use disorders (SUD).[21] Once participants are enrolled in a buprenorphine or other medical assisted treatment program, their treatment adherence can be monitored through teleconferencing, and telepsychiatry services can be offered. This eliminates geographical barriers and requires less travel time which allows for participants to find employment, take care of family members, and engage in other social services. Furthermore, telepsychiatry can offer more flexible and patient-centered means of accessing psychosocial services.

We endorse increased investment into building the capacity for healthcare providers in rural communities to implement telemedicine services for drug user health. We also encourage the development of opportunities for provider mentorship via telemedicine to help support providers in rural areas who specialize in areas of drug user health where they may not have many peers in their local networks. Provider mentorship can be enhanced via the use of the Project ECHO model, a guided practice model of medical education which is led by content area experts via videoconferencing to conduct virtual clinicians.

→ The Drug User Health Advisory Group recommends the following steps:

- Invest in capacity building for rural providers to implement telemedicine for drug user health services including buprenorphine
- Expand the Project ECHO model of clinical education to pair new utilizers of telemedicine systems with experienced clinicians for mentorship and support for drug user health services

1.5 Using New Technologies to Reach and Engage PWUD

One objective of any public health intervention is to ensure that education and information delivered about services can be accessed, understood and used in the daily lives of our clients and/or target community. The experience of the Drug User Health Advisory Group indicated that outreach activities

[19] National Advisory Committee On Rural Health and Human Services, (2017, March). Telehealth in Rural America. Retrieved from https://www.hrsa.gov/advisorycommittees/rural/publications/telehealthmarch2015.pdf

[20] Evisit Telemedicine Solution, (2017). Telemedicine Guide. Retrieved from https://evisit.com/what-is-telemedicine/

[21] Molfenter, T., Boyle, M., Holloway, D., & Zwick, J. (2015). Trends in telemedicine use in addiction treatment. Addiction Science & Clinical Practice, 10, 14. http://doi.org/10.1186/s13722-015-0035-4

to reach and engage new clients in services help increase access to the service users, increased people's willingness to use the services, and increased awareness of the services among potential clients. It was also acknowledged that program staff and peers are actively engaging in innovative strategies to employ and utilize new technologies to reach their potential audiences. These examples included:

- A SEP in Upstate NY used Pandora Radio to promote SEP services to a target audience by working with the vendor to identify radio consumers by age and zip code.
- A NYC harm reduction program reported using online message boards, apps and online video-conferencing outlets to target local MSM who also use crystal methamphetamine.
- A Long Island SEP worked with program developers to build a smartphone app that would connect people who use drugs to their program/services.
- Multiple SEP staff reported using YouTube videos to assist with educating their clients about harm reduction strategies.
- The AIDS Institute Office of Drug User Health operates the website www.thepointny.org, a New York State-specific, mobile friendly locater tool for harm reduction material and services (e.g. sterile syringes, disposal sites of used syringes and drugs, naloxone, and free HCV testing).

AIDS Institute and their funded initiatives have an obligation to ensure that educational content, messaging and opportunities to engage in services are shared across social media and new media technologies. This information helps inform the community-at-large and can also serve to de-stigmatize specific issues, such as naloxone access. Considering the increasingly younger cohort of participants at Syringe Exchange Programs, those agencies have opportunities with new media to further their reach into these social networks. Intentionally crafting and disseminating public health interventions to targeted online communities makes life-saving information and services more accessible to people who use drugs and affirms AIDS Institute's staff expertise in the subject matter.

Furthermore, opportunities to utilize new technologies surpass the more passive approach of simply disseminating information to an identified audience. The Drug User Health Advisory Group reported that they would see great benefit in finding ways to use newer technologies, such as smartphone apps, bulletin boards and websites on both the internet and the dark web, to furnish sterile syringes, naloxone and other harm reduction supplies, to people who use drugs. While the dark web has already been identified as an established source of drug-related commerce by law enforcement agencies[22], innovative harm reductionists see the opportunity to use these networks to encourage participation in their programs and services.

→The Drug User Health Advisory Group recommends the following steps:

- Create public health messages that use harm reduction language and are disseminated across social media and new media platforms
- Explore opportunities to use new media, bulletin boards and websites on the internet and dark web to furnish sterile injection equipment and other harm reduction supplies and education to people who use drugs

[22] Popper, N. (2017, June 10). Opioid Dealers Embrace the Dark Web to Send Deadly Drugs by Mail. Retrieved September 05, 2017, from https://www.nytimes.com/2017/06/10/business/dealbook/opioid-dark-web-drug-overdose.html

1.6 Establish a Hydromorphone Pilot Program for the Treatment of Opioid Use Disorder

For people with opiate use disorder who are unable to stop their drug use with antagonists or partial agonists, hydromorphone (dilaudid) presents a lifeline. Hydromorphone is an opioid agonist which allows for a monitored tapering, as well as relief from the withdrawals of lessened opioid exposure. The Drug User Health Advisory Group supports Item V in the Drug User Health Implementation Strategies, (*see Appendix, "Pilot Program: Hydromorphone as Medication Assisted Treatment for Opioid Dependent Individuals"*).

→The Drug User Health Advisory Group recommends the following steps:

- Develop guidelines and infrastructure to establish access to hydromorphone in community settings to treat opioid use disorder

1.7 Use of Drug Testing Technology

The contamination of the drug supply with fentanyl and its analogs makes heroin use more dangerous than in previous years and has fueled deaths from overdose in NYS. People who use drugs and people who sell drugs have no means of identifying the content of the product they are purchasing or selling. Using sensitive mass spectrometry drug testing technology close to the point of drug use allows people who use drugs to make an informed and educated choice as to what to do with the drugs they are holding. The equipment can be operated by a lay person after training. A drug consumer is able to load the equipment into the device so no drugs will change hands. Only miniscule amounts of heroin are necessary for this technology. The advantage of this technology over fentanyl testing strips is that it provides feedback on novel analogs. Drug testing technology should be made available for all NYS SEPs for point of use testing by the consumer. Additionally, the AIDS Institute should encourage the distribution of fentanyl testing strips as an educational and empowerment tool.

→The Drug User Health Advisory Group recommends the following steps:

- Invest in drug testing technology for each authorized Syringe Exchange Program
- Coordinate professional development opportunities for staff of SEPs to learn how to use the equipment and to promote harm reduction messages about drug testing to their clients
- Distribution of fentanyl testing strips

1.8 Supervised Injection Facilities (SIFs)

Supervised Injection as a service, has existed under a variety of different labels and in many different forms, for years. These include; Supervised Injection Facilities, Safe Injection Sites, Drug Consumption Rooms, Fixing Rooms, Medically Supervised Injecting Centers and Supervised Consumption Facilities. A SIF in its simplest form, is an intervention designed to ensure that accidental drug overdose does not result in death. SIFs are designed to reach a population often difficult for other service providers to engage in care. They offer a clean safe space where it is legal for people to bring their own drugs indoors to inject under the supervision of trained staff who can provide critical help in an emergency. Participants are provided with education, a broad range of sterile equipment and referrals. Some SIFs also include access to drug testing supplies and/or equipment.

SIF's exist in many countries and represent a public health strategy proven to reduce overdose deaths among injection drug users. In addition, they result in lowering the transmission rates of viral hepatitis and HIV, they reduce soft tissue, skin and blood borne infections (including endocarditis, osteomyelitis, cellulitis and abscesses). They improve access to health care; they see reductions in public disorder related to open drug use (including discarded syringes); they reduce health care costs and increase safer injecting practices. Research evidence clearly demonstrates that SIFs do not increase drug use or crime and people who use SIFs are twice as likely to access detox and drug treatment programs. SIFs connect people to primary health care and mental health services. SIFs provide patient centered services in a non-judgmental environment to successfully engage the most at-risk injection drug-users outside of mainstream health and social services.

There are different models for the effective provision of supervised consumption. They can exist as stand-alone programs, they can be integrated into an existing harm reduction program already offering services to people who use drugs (such as Syringe Exchange Programs), or they can be added as an additional service into an existing program or institution (such as a housing project, community clinic or day program).

No U.S. jurisdiction has established a law preventing the authorization or operation of supervised consumption spaces. A basic assumption of SIFs, however, is that drug possession laws are effectively waived within the facility for people who utilize the service, which would require some form of executive or legislative action. Municipal authorization has been proposed in New York City, Seattle, San Francisco, and other locations; this approach would involve an executive or statutory directive for law enforcement to not interfere in program operations, and potentially other protections. Legislation to authorize SIFs has been introduced in California and Maryland and is currently being discussed in New York. Such a law typically creates a waiver system to protect program participants from drug possession statutes, protects staff from liability and professional sanctions, and protects landlords from liability in the case of SIFs operated by private facilities. New York State should give authority to local jurisdictions to authorize SIFs as one strategy to combat the opioid crisis and to further the reach of ETE strategies to people who use drugs.

The history of SIFs provide critical lessons for NYS when reflecting on our current situation. Governments who have failed to act on early warning signs to employ adequate public health responses have ended up facing significant public health emergencies addressing an escalation in both overdose deaths and the transmission of blood borne viruses. New York State has demonstrated leadership in the country in the establishment of effective harm reduction programs. The Drug User Health Advisory Group proposes that SIFs is needed in NYS to augment this network of supports which effectively support drug user health, prevent overdose death and curb the spread of disease by engaging the most at risk drug users in this evidence based intervention.

→The Drug User Health Advisory Group recommends the following steps:

- Support and advocate for the development of pilot Supervised Injection Facilities in New York State

2. SYSTEMS OF CARE

2.1 Adopt Transportation Initiatives That Are Consumer Focused and Regionally Applied

Transportation to healthcare services helps ensure linkage to and retention in health care and can have a significant impact on health outcomes.[23] Additionally, transportation barriers affects access to pharmacies and thus medication fills and adherence. The transportation needs of New Yorkers varies depending on region. In rural communities, transportation barriers are compounded by geographic variables such as distance between providers, further limiting or prohibiting access to vital services; whereas individuals in urban cities may have access to more public transportation and infrastructure but cost becomes prohibitive. PWUD often face a lack of basic resources, and transportation is a commonly cited barrier to accessing care.[24]

To overcome transportation as a barrier to care, it is necessary to explore, adopt and fund initiatives that focus on improving people's ability to use public transportation, by making it more affordable, or by addressing accessibility and awareness issues. This can be done via free shuttles, mileage reimbursement programs and the provision of gas and metro cards for a patient or their family members. In areas not served by public transportation, community programs can be created that aim to forge relationships with taxi companies or local transportation vendors and/or provide support for PWUD to maintain personal transportation. Existing transportation programs should be reinforced but barriers of these programs should also be addressed. Furthermore, transportation to and from service providers can be improved by exploring ways to improve and expand existing Medicaid transportation programs. This implementation strategy specifically supports Ending the Epidemic committee recommendations 4 and 16.

→The Drug User Health Advisory Group recommends the following steps:

- Explore, adopt and fund initiatives that focus on improving people who use drugs ability to use public transportation
- Create community programs that forge relationships with taxi companies/local transportation vendors
- Explore means of improving and expanding exiting Medicaid transportation programs to eliminate barriers for PWUD

2.2 Expand Syringe Exchange Programs, Including Peer-Delivered Syringe Exchange (PDSE)

The Drug User Health Advisory Group recognizes the responsiveness that the AIDS Institute Harm Reduction Unit, and now the Office of Drug User Health, has demonstrated by building and investing in the infrastructure of harm reduction services in NYS. We support the continued involvement of funded agencies in collaboration with ODUH staff to bolster the capacity of our agencies and communities in providing the lifesaving interventions you fund us to deliver. Additionally, we fully endorse the AIDS

[23] Gerber, B.S., Sharp, L.K., Syed, S.T. (2013) Traveling Towards Disease: Transportation Barriers to Health Care Access

[24] Lang, Katherine, et al. "Qualitative investigation of barriers to accessing care by people who inject drugs in Saskatoon, Canada: perspectives of service providers." Substance Abuse Treatment, Prevention, and Policy, vol. 8, no. 1, 2013, p. 35., doi:10.1186/1747-597x-8-35.

Institute's efforts to enhance funding for syringe exchange, address regulatory obstacles and promote practices that work such as peer-delivered syringe exchange (*refer to Appendix, Item II. "Expanding syringe access to areas of New York State not yet covered")*.

→The Drug User Health Advisory Group recommends the following steps:

- Implementation of *Appendix, Item II. "Expanding syringe access to areas of New York State not yet covered"*

2.3 Easing Access to Medical Care for People Who Use Drugs

People who use drugs often experience barriers accessing culturally competent healthcare services in traditional medical settings. Building on the success of NYS authorized Syringe Exchange Programs' ability to reach and engage PWUD, the SEPs are well-equipped to provide stigma-free care. Many SEPs cannot provide these co-located medical services today due to burdensome administrative processes. This limits access to essential healthcare services for a vulnerable population and creates a barrier for the organization to seek reimbursement through billing mechanisms.

→The Drug User Health Advisory Group recommends the following steps:

- The AIDS Institute work with the Office of Health Systems Management (OHSM) to facilitate the review of Certificate of Need, Article 28 establishment and extension clinic applications to facilitate the delivery of basic medical services to PWUD in non-traditional settings such as SEPs and shelters

2.4 Enhancing the Expanded Syringe Access Program (ESAP) Voucher Program

In efforts to build on what is working in NYS, the Drug User Health Advisory Group supports the recommendation from the Drug User Health Implementation Strategies (*refer to Appendix, Item III. "Expansion of Syringe Access Services"),* which will expand the ESAP Voucher Program. This service supports the AIDS Institute's strategy to make sterile injection equipment maximally accessible throughout NY.

→The Drug User Health Advisory Group recommends the following steps:

- Implementation of *Appendix Item III, "Expansion of Syringe Access Services"*

2.5 Increasing Access to Opioid Agonist Treatment (OAT) and Promote the Use of Evidence-Based Practices and Best Practice Approaches for OAT

It is recommended that the NYSDOH AIDS Institute continue concentrating on expanding access to buprenorphine statewide.

→The Drug User Health Advisory Group recommends the following steps:

• Creating buprenorphine resources/trainings/incentives to expand number of cultural NYS prescribers and other care coordinators, (for example, nurses and peer workers). These resources can include databases, fact sheets, best practice documents, mentoring programs, provider education, training incentives, warm- lines.

• Provide funding in order to pilot buprenorphine programs in varied settings, including harm reduction programs, FQHCs, emergency departments, housing services and other community-based organizations to incorporate buprenorphine prescribing more broadly in these services and with different populations (including younger people who use opioids and women of child-bearing age)

• Support the development of high quality, low threshold buprenorphine prescribing practices that focus on overdose prevention. These should provide access but do not mandate counseling or complete abstinence from substances.

• Incarcerated individuals, parolees and those on probation should be offered access to the full range of medically assisted treatments.

2.6 Implement a Surveillance System for Crystal Methamphetamine Data Collection

Through consultation with content area experts, the Drug User Health Advisory Group identified two major patterns of use of crystal methamphetamine. These patterns include utilization of the drug in conjunction with sexual activity, and GHB (Gamma hydroxybutyrate) in conjunction with sexual activity, and people who use crystal methamphetamine because of availability, cost, and ease of production. The use of crystal methamphetamine as a drug to reduce inhibition and increase sexual satisfaction is routinely found in the men who have sex with men (MSM) “party and play” scene and in sex venues such as bath houses, dungeons, and privately organized parties. Apart from this is crystal methamphetamine use by rural communities, such as those found in upstate New York, as it is widely available, cheap to manufacture, and accessible through established social networks of small batch producers that the individual may have a direct relationship with.
GHB (4-hydroxybutanoic acid) is sometimes used as a primary drug of choice but individuals can be unaware that they have ingested GHB, which may result in increased exposure to risky sexual situations. As such, they should be provided with nPEP as needed and referred to culturally competent providers who can provide them trauma informed care.

Throughout the Drug User Health Advisory Group's process, many more questions about crystal methamphetamine were identified than answers resolved. Our research also determined that there is not an ample body of evidence or resources available to the workforce about prevention strategies for people who use crystal methamphetamine. We know that an informed approach will provide the harm reduction community the best opportunities to intervene with this isolated subpopulation of people who use drugs.

→ The Drug User Health Advisory Group recommends the following steps:

- Implementation of *Appendix Item VII*, *"Addressing the Correlation of Crystal Methamphetamine Use with Risk for HIV/AIDS"*
- Establish a surveillance system that collects data on crystal methamphetamine
- Enhance the collection of data on crystal methamphetamine use among many populations, as use varies greatly by region

2.7 Harm Reduction Strategies for People Who Use Crystal Methamphetamine

The unique health issues that CM users face indicate the need for ensuring access to comprehensive prevention and health services. Over several occasions, the workgroup consulted several staff and the New York City Department of Health and Mental Hygiene (NYCDOHMH) contract managers of the Recharge Program, a collaborative program of Housing Works and Gay Men's Health Crisis (GMHC) which targets people who use crystal methamphetamine in NYC. Recharge is an open, sex-positive, safe-space to learn about safer crystal methamphetamine use and explore crystal methamphetamine - specific harm reduction strategies. Beyond the low-threshold drop-in services, Recharge offers co-located medical services, psychiatric consulting and counseling, and support groups.

An intervention based on the Recharge model would meet the needs of individuals who use crystal methamphetamine and/or GHB outside of New York City. The core elements of this modified intervention should be tailored to the specific needs of crystal methamphetamine users within a given geographic area and include:

- conducting targeted traditional and new media outreach to individuals who use crystal methamphetamine;
- providing a safe space for a drop-in center;
- offering crystal methamphetamine specific support groups and having on site access to basic medical care;
- HIV/HCV/STI testing;
- linkage to care for HIV/HCV/STI treatment and OAT if needed;
- access to PEP and PrEP;
- access to condoms;
- and behavioral healthcare services, including psychiatric assessment.

→ The Drug User Health Advisory Group recommends the following steps:

- Develop an intervention based on the Recharge program model
- Authorized Syringe Exchange Programs should identify local providers who can deliver culturally competent dental care to people who use drugs, and specifically, those who use crystal methamphetamine
- Authorized Syringe Exchange Programs should identify local providers who can deliver culturally competent trauma-informed care to survivors of sexual assault and other interpersonal violence

2.8 Peer-Delivered Syringe Exchange (PDSE) for People Who Use Crystal Methamphetamine

Providing access to sterile syringes and drug use equipment to prevent the spread of HIV, HCV, bacterial infections, and vein damage requires two distinct outreach and engagement strategies.
Use of crystal meth within the sex party scene is most common during late evenings, nights, and weekends. There are few syringe exchange programs that offer services during the evenings and Saturdays. All syringe exchange programs are closed on Sundays and do not have late night/overnight hours. This is a disservice to this community as they may not be able to prepare in advance for their syringe and/or drug use equipment needs. If we truly want to decrease the rates of infection amongst crystal meth users, we must be willing to both expand hours and utilize social networks to bring syringes and drug use equipment directly to those most likely to use them.

"Utilizing social networks and training peers with similar drug histories is crucial to establishing trust and creating a comfortable safe environment for users as well as ensuring that injectors of crystal meth are taught safer injecting practices. "

- Katrina Balovlenkov, ETE Drug User Health Advisory Group Chairperson

Implementing peer delivered syringe exchange (PDSE) in New York State has greatly expanded the clients served by this harm reduction initiative. Through PDSE, SEPs can reach the most marginalized users and those who would otherwise not seek services. They create a safe space for other people who use drugs to access the same high-quality prevention education and interventions that a client would receive at a harm reduction agency. We support the full integration of peer services in all syringe exchange programs and specifically recommend agencies' engage, adequately train and support, and utilize the expertise of peers with shared life experiences to this high-risk and underserved subgroup of people who use drugs. We found that peers who have personal experience of using crystal methamphetamine are inconsistently utilized across NYS syringe exchange programs.

To address these needs we recommend specialized peer training opportunities for this population and the increased distribution of sterile syringes and works through peer delivered syringe exchange. While the equipment and syringe use for this population is similar to those of people who inject opiates there are unique needs for this community.

→ The Drug User Health Advisory Group recommends the following steps:

- Syringe exchange programs should recruit peers with lived experience to deliver services to people who use crystal methamphetamine
- Syringe exchange programs purchase and make available (both individually and in pre-packaged kits) injection equipment for people who use crystal methamphetamine

2.9 Increase Access to Non-Occupational Post-Exposure Prophylaxis (nPEP)

"The full benefits of PrEP will not be realized without the reconsideration of punitive drug control policies that only serve to further stigmatize people who inject drugs and interfere with the delivery of health services…" - Brandon Marshall, PhD, assistant professor of epidemiology at the Brown University School of Public Health

Non-occupational post exposure prophylaxis (nPEP) is an emergency medication that can prevent HIV infection if started soon after a possible exposure. Awareness of nPEP and its availability for both clinicians and those who are eligible to receive it are crucial to ensure that nPEP is used to its full potential in any HIV prevention strategy. nPEP is more widely available than ever before yet people who use drugs may still experience barriers in seeking this resource out depending on where they are in the state. nPEP can offer people who use drugs an immediate safeguard as they encounter high-risk situations. In order to increase access to nPEP, people who use drugs need to be aware of nPEP to understand why it would benefit them. People who use drugs can work with a medical provider to acquire a prescription for nPEP and receive information about cost and payment assistance programs. Most importantly when a person who uses drugs is seeking nPEP they need to do so in a stigma free and non-judgmental safe space. It is the responsibility of our healthcare system, our pharmacies and our public health sector to create these safe spaces.

→ The Drug User Health Advisory Group recommends the following steps:

- Develop and disseminate patient information for people who use drugs about nPEP and that all Syringe Exchange Programs be provided these education materials
- Disseminate a *Dear Colleague* letter to clinicians to help ensure the benefits of nPEP for people who use drugs

2.10 Using nPEP as an Opportunity for Engagement in PrEP

Access to nPEP is an important prevention strategy for people who use drugs but is often not identified for use in this population. People who seek nPEP multiple times may have repeated exposure and thus can explore PrEP as a prevention tool.

→The Drug User Health Advisory Group recommends the following steps:

- Provide more education about nPEP/PrEP, factors that influence nPEP/PrEP effectiveness, and strategies to bridge nPEP patients to PrEP as a risk reduction goal within professional health care settings and communities
- Promote both nPEP and PrEP through public health awareness campaigns using traditional and new medias to expand access to each medication/intervention
- Ensure that more information is made available about NYSDOH PrEP Assistance Program (PrEP-AP) so that more medical practices are enrolled and potential patients are more aware of the resource

2.11 Development of a Coordinated Statewide Response for Women Who Use Opioids and Substance Exposed Neonates

According to the Centers for Disease Control & Prevention (CDC), half of pregnancies are unplanned and many pregnancies are unknown until later or a few weeks into the pregnancy, a critical time in the fetal development phase. Over the last decade the public health, medical and governmental response to the increased prevalence of opioid use, deaths, substance abuse treatment admissions, and rising rates of neonatal abstinence syndrome and substance exposed infants has called for more public health interventions.

The vulnerabilities that women who use drugs can experience impact life domains that are deeply personal. This experience is worsened when the woman becomes pregnant and needs to seek prenatal care. While unintentional at best, our medical system treats pregnant women with opioid use disorder inconsistently. The more marginalized the patient is, the more likely she will experience stigma or punitive consequences (e.g. child welfare involvement) as a result of seeking healthcare during her pregnancy. Due to data collection and medical practice inconsistences across the state, we recommend the development of a coordinated statewide response for women of childbearing age who use drugs, and their children. Included in this response, AIDS Institute should identify appropriate opportunities to contribute to child welfare policies in NYS that prioritize the long-term best interests of the child, in acknowledgement that substance use and/or poverty alone do not justify removal from otherwise loving parents.

→ The Drug User Health Advisory Group recommends the following steps:

- Creation of a coordinated statewide response to best meet the needs of women who use opioids and substance exposed neonates

3. COLLABORATION

3.1 Cultivation of Partnerships to De-Stigmatize Health Care for PWUD

Harm reduction programs are often overlooked as valuable partners and supportive resources for people who use drugs. Harm reduction staff are experts in drug user health and can be leveraged at cross sector responses to improve the competency of partner institutions.

Institutions from hospital systems to private physicians' offices should be encouraged to undergo cultural competency training regarding people who use drugs. Too often NYS's most marginalized and vulnerable citizens, including people who use drugs, cannot access services required to be healthier and safer because of shortcomings of the entities providing those services. Harm reduction programs in communities across NYS should be empowered to assist in the creation and implementation of such trainings and at the helm of task forces and coalitions that affect services for people who use drugs.

Local programs should seek the resources offered by national organizations aimed at improving drug policy and building capacity for stigma free services for drug users, such as the Drug Policy Alliance (DPA), Harm Reduction Coalition (HRC) and the National Alliance of State and Territorial AIDS Directors (NASTAD). Investments in fostering harm reduction collaborations will improve the skills and capacity of our workforce and raise awareness among stakeholders such as elected officials and health care leaders. In small towns and rural areas in Central and Western New York, recent forums and conferences developed through collaborations between national organizations and local service providers have demonstrated the ability to make a variety of participants aware of more comprehensive methods for offering services such as medical assisted treatment and HIV and HCV treatment. With increased backing, national organizations, local providers, and health departments can combine forces to lead public campaigns that will engage this range of stakeholders and make a significant impact on the health care systems in Western, Central, and Upstate NY who are often left out of engagement around innovative strategies.

In addition to health care providers and community officials, additional stakeholders who should be engaged in the conversation around more stigma free and harm reduction services for people who use drugs include health care and human services, colleges and universities, law enforcement and criminal justice institutions, and emergency medical services. Professionals within these entities who frequently interface with people who use drugs are generally unaware of the range of non-abstinence based and low-threshold interventions available and effective at providing care to this population. A method that has proven beneficial at engaging with these stakeholder groups has been for the identification and subsequent relationship fostering of one leader who can champion bringing a more compassionate, comprehensive, and person-centered approach into their array of services.

→ The Drug User Health Advisory Group recommends the following steps:

- Develop and disseminate shared resources to empower harm reduction providers to deliver harm reduction education and cultural competency training to their local service and healthcare networks
- Foster harm reduction collaborations to improve the skills and capacity of the workforce and to raise awareness among stakeholders (e.g. elected officials, healthcare systems, and community leaders)
- Encourage partnerships and formal affiliations among harm reduction providers and national networks and/or organizations who can further enhance the capacity of harm reduction providers in NY to deliver trainings, forums and conferences to local audiences

3.2 Expanding Opportunities for Harm Reduction Agencies and Local Universities and Research Institutions to Collaborate

The concept of developing collaborative partnerships between community- based organizations and higher education institutions is based on the community psychology perspective of forming reciprocal, nonexploitative partnerships with community members. This perspective has evolved from empowerment literature which views the community psychologist as a collaborator with community members who participate in all aspects of an intervention and evaluation.[25]

Provider education on addiction medicine is largely lacking. One means of expanding provider knowledge on addiction medicine is through potential collaboration with harm reduction agencies. This collaboration can help to promote and develop harm reduction education opportunities within university settings for counselors, social workers, medical students and residents who will go on to practice their discipline across the state.

Collaborative educational opportunities can also be a potential platform for greater involvement and participation of community stakeholders. Additionally, a previously implemented program brought female speakers from a methadone program to present and speak with medical school students at the Albert Einstein College of Medicine. This enables the community and stakeholder voice to directly educate medical students and residents, ensuring cultural competency and relevancy.

We recommend the establishment of the Harm Reduction Education Collaborative (HREC), a network of universities, research institutions, academic experts, key stakeholders, harm reduction agencies, and consumers across NYS who provide guest lectures, field visits, and other educational opportunities to the student population and surrounding communities. The objective of HREC will be to bolster the harm reduction workforce by exposing helping professionals to harm reduction philosophy and practice during their academic studies. Through partnerships with harm reduction providers, universities can extend learning beyond the classroom and provide substantive experiential opportunities to students. The harm reduction provider is concurrently benefitting from access to resources and experts within the

[25] Harper, G. W., & Salina, D. D. (2000). Building collaborative partnerships to improve community-based HIV prevention research: The University-CBO Collaborative partnership (UCCP) model. *Journal of Prevention and Intervention in the Community*, *19*(1), 1-20.

university as well as a stream of potential interns and/or staff that can increase the capacity of a given SEP location.

→ The Drug User Health Advisory Group recommends the following steps:

- Enhancement of harm reduction agencies as experts in the field of drug user health through increased collaboration with different providers, agencies and community based organizations
- Develop and implement the proposed Harm Reduction Education Collaborative (HREC)
- Promote the use of community stakeholders, and especially those with a life experience with drug use, in events, forums and trainings to create opportunities for meaningful involvement and to further the impact of cultural competence trainings/initiatives.

3.3 Provide Better Care for People with Co-occurring Mental Health/Substance Use Disorders

About 50% of people with a diagnosed 'serious mental illness' (SMI) are affected by substance use.[26] 53.7% of those individuals receive no treatment at all.[27] An overlap of behaviors and symptoms that can be attributed to either substance use disorder or a mental health condition can create barriers to PWUD being properly diagnosed with co-occurring disorders. The Drug User Health Advisory Group determined that people who experience co-occurring diagnoses, especially those outside of NYC, struggle to find coordinated behavioral healthcare services. Accessible behavioral healthcare services for people with both a diagnosed mental health condition and substance use disorder (SUD) are imperative for providing a space to people who use drugs to get help and heal.

We encourage the AIDS Institute to develop relationships with officials in the Office of Mental Health (OMH) and the Office of Alcoholism and Addiction Services (OASAS) in order to facilitate cross-sector collaboration among systems, licensed providers, clinicians, and harm reduction agencies to better meet the needs of New Yorkers with co-occurring disorders. These partnerships should formally assemble to design, implement and evaluate systems and services which include: a comprehensive, long-term, staged approach to recovery; outreach; motivational interventions; provision of help to clients in acquiring skills and supports to manage both illnesses and to pursue functional goals; and cultural sensitivity and competence[28]; and, meaningful patient involvement in decision-making.

→ The Drug User Health Advisory Group recommends the following steps:

- Collaborate with OASAS and OMH to facilitate cross-sector approaches among systems, licensed OASAS and OMH providers, clinicians, and harm reduction agencies to decrease barriers to care experienced by people with co-occurring mental health/substance use disorders

[26] Drake, R. E., Mueser, K. T., & Brunette, M. F. (2007). Management of persons with co-occurring severe mental illness and substance use disorder: program implications. World Psychiatry, 6(3), 131–136.
[27] Abuse, N. I. (2014, January 03). Severe mental illness tied to higher rates of substance use. Retrieved September 05, 2017, from https://www.drugabuse.gov/news-events/news-releases/2014/01/severe-mental-illness-tied-to-higher-rates-substance-use
[28] SAMSHA, Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) Kit (2010). https://store.samhsa.gov/shin/content//SMA08-4367/TheEvidence-ITC.pdf

- Promote the integration of mental health and substance use disorder screening/assessments in settings where people who use drugs seek services or assistance (e.g. SEPs, shelters, medical care)
- Create an Inter-Agency Steering Committee to operationalize and evaluate systems and services which include the criteria identified above

3.4 Promoting Opioid Agonist Treatment (OAT) Through Drug Courts

Mandated treatment and compulsory detoxification or rehabilitation are coercive and less likely to be recognized with meaningful and lasting impact on someone's life, compared to treatment that is sought out due to an individual's own volition. As such, the choice of utilizing OAT in drug courts, and which specific medication, should come from the individual themselves in consultation with their medical provider.

The Board of Directors of the National Association of Drug Court Professionals has stated that drug court professionals have an obligation to learn about the efficacy of OAT for addiction and should consult with experts to determine the appropriate use of OAT for their participants.[29] Furthermore, there are specific challenges that rural drug courts are faced with, that need to be considered. Treatment is often limited and the distance to drug treatment programs is greater while transportation is not widely available. Many opioid treatment programs are at capacity and therefore have long waiting lists. Rural drug courts tend to be understaffed, with a judge and often just one staffer.[7] Due to these challenges, buprenorphine, which is considered widely efficacious and can be provided in an office based setting by a primary care physician, nurse practitioner or physician assistant, is a potential solution and can greatly improve patient outcomes.

The AIDS Institute should explore establishing a memorandum of understanding (MOU) with court coordinators or facilitators of individual treatment courts. The Office of Drug User Health can help identify a need for OAT-specifically buprenorphine-within NYS Drug Courts. The objective is to create relationships and unify public health professionals with Drug Court officials, and help drug court practitioners understand the efficacy and importance of OAT for the treatment of opioid use disorder. The Office of Drug User Health, through a partnership with Drug Courts, could help to provide the courts with comprehensive trainings, guidance and support on harm reduction and OAT. Furthermore, the Office of Drug User Health could help promote the need for the courts to grant access to addiction medications when recommended by a physician or qualified professional, protecting the individual under federal anti-discrimination law.

→The Drug User Health Advisory Group recommends the following steps:

- Physicians and patients should work together to decide best course of treatment for OAT
- Establish an MOU with drug courts (system) to facilitate implementation of evidence-based OAT practices
- Develop, coordinate and deliver training, guidance and support to the drug courts system about harm reduction and OAT

[29] Medication- Assisted Treatment in Drug Courts.(2016) Retrieved from lac.org/wp-content/uploads/2016/04/MATinDrugCourts.pdf.

3.5 Formalize Relationships Among Harm Reduction Agencies and Law Enforcement

Substance use is complex and recovery can be difficult to secure. The Drug User Health Advisory Group spent many meetings discussing the barriers that people who use drugs often experience in New York State. Group members shared anonymous anecdotal information from their communities and personal lives. The group determined people who use drugs are often stigmatized and overburdened with barriers to healthcare, housing (all types), and other services such as support groups, opioid-agonist treatments, and transportation. Criminal records exacerbate almost any reported barrier and particularly impacted housing opportunities that were publicly-funded. In fact, information from the Human Rights Watch[30] states that people with criminal convictions often self-select out of applying for public housing assistance because of their assumption that they will not pass the screening process.

Time and again, the Drug User Health Advisory Group identified opportunities to build on successes of public health innovation within New York State. Maximizing resources available through the Medicaid Redesign initiative, in April 2016, a partnership in the City of Albany launched the Law Enforcement Assisted Diversion program, or LEAD Albany, representing one of only three similar public safety-public health collaborations in the United States. LEAD Albany is a wonderful model to facilitate partnerships among law enforcement entities, the criminal justice system, harm reduction and social service providers, medical institutions, faith communities and behavioral healthcare systems. While data from LEAD Albany is still being evaluated, it appears to be a promising approach in the newly Medicaid Redesigned New York. Evaluation studies of other LEAD programs, such as the one in Seattle have more published evidence supporting their approaches. A study from the University of Washington (Seattle) demonstrated a 58% reduction in recidivism among LEAD participants (compared to a control group).[31] Another report from the Seattle LEAD evaluation cites their participants were 89% more likely to obtain permanent housing during the follow-up, and each contact they had with their LEAD case manager translated to a 5% higher likelihood of being housed during follow-up.[32]

The LEAD Albany model runs parallel to many Drug User Health Advisory Group's Guiding Principles, especially the program components supporting a person-centered, trauma-informed and harm reduction approach to working with people who use drugs. LEAD Albany should be viewed as an exemplary model of collaboration and an ideal that all systems can work towards.

→The Drug User Health Advisory Group recommends the following steps:

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[30] Corinne Carey. *No Second Chance: People with Criminal Records Denied Access to Public Housing* (November 2004). https://www.hrw.org/reports/2004/usa1104/9.htm

[31] Susan E. Collins, Heather S. Lonczak, Seema L. Clifasefi. (March 2015). LEAD Program Evaluation: Recidivism Report. Harm Reduction Research and Treatment Lab, Harborview Medical Center, University of Washington. http://static1.1.sqspcdn.com/static/f/1185392/26121870/1428513375150/LEAD_EVALUATION_4-7-15.pdf?token=72EC5tKimWJAk6mIixhbMNn7F3s%3D

[32] Seema L. Clifasefi, Heather S. Lonczak, Susan E. Collins. (March 2015). LEAD Program Evaluation: The Impact of LEAD on Housing, Employment and Income/Benefits. Harm Reduction Research and Treatment Lab, Harborview Medical Center, University of Washington. http://static1.1.sqspcdn.com/static/f/1185392/27047605/1464389327667/housing_employment_evaluation_final.PDF?token=xm5j0F%2FYYj555jm9kVod9aXvyXw%3D

- Establish a Steering Committee of staff, public health experts, and key stakeholders assess feasibility, demonstrate need, and explore statewide implementation strategies for a scale out of Law Enforcement Assisted Diversion (LEAD) programs in New York State

4. STIGMA

4.1 Expanding Educational Requirements for Health Care & Helping Professionals

The AI should consider working with key stakeholders to explore the following:

Behavioral Health Counseling Recommendations:
Continuing Education Units (CEU) for any professional who contributes to behavioral health counseling, including social workers, addictions counselors and mental health care professionals, should include a required 3 credit hours' unit focused on education about the philosophy and interventions of harm reduction and how harm reduction is part of the larger public health initiative to end HIV/AIDS, HCV and other STI. The CEU should also include information on how to create a welcoming and culturally safe environment to support PWUD when seeking counseling in mental health and/or drug treatment programs.

Further, the NYS Education Department should advocate for the inclusion of Syringe Exchange Programs in the list of providers that meet the practicum and internship hours for graduation with both a bachelors and masters level of education, prior to licensure.

Pharmacy Education Recommendations:
The core curriculum offered by the Accreditation Council for Pharmacy Education (ACPE) should integrate education on buprenorphine in the 8 pharmacy colleges across NYS. This education should include the mechanism of action/pharmacology of buprenorphine, including its binding/affinity; the meaning of a partial agonist, as well the efficacy of buprenorphine.

Pharmacy CEUs (required every 3 years) should include education on buprenorphine (as described in 2B). Further, this continuing education should include information regarding ESAP; as well as the over the counter sale of syringes without a prescription.

Since Pharmacy CEUs may be met by attending national conferences, pharmacy societies should include CEUs of education regarding OAT/buprenorphine/naloxone that include language that reduces stigma for PWUD and seeking information regarding OAT/buprenorphine/naloxone and syringes and create a welcoming culturally safe environment to support PWUD.

Medical Personnel Recommendations:

Prescribers licensed under Title Eight of the Education Law in New York State PHL 3309-a(3) (Physicians, Nurse Practitioners, Physician Assistants and dentists) prescribe controlled substances, including medical residents who prescribe controlled substances under a facility DEA registration numbers should complete a 3-hour course in harm reduction philosophy and interventions that includes how to create a welcoming culturally safe environment to support PWUD that will then reduce the stigma often seen as a barrier for those seeking medical care.

Medical Boards should educate members on how to counsel patients who are at risk for opioid use and/or overdose and offer naloxone by prescription every time an opioid is prescribed. The AIDS Institute should promote a harm reduction approach and the benefits of increasing access to OAT in regional medical societies across the state.

→ The Drug User Health Advisory Group recommends the following steps:

- The Office of Drug User Health, or a designated harm reduction entity, develop training materials for continuing education units (CEUs)
- Disseminate CEUs for the following target audiences: professionals in behavioral healthcare settings; pharmacists; medical personnel
- The Office of Drug User Health, or a designated harm reduction entity, should identify opportunities to deliver presentation about harm reduction and OAT to conferences and meetings of medical societies and other professional networks across NY

4.2 Stigma Assessment, Evaluation and Organizational Capacity Building

Organizations, across service-sectors and systems, should examine how drug-related stigma impacts the individuals they serve, and how a harm reduction approach will benefit all stakeholders. It is recommended that a formal assessment process is established to assess how stigma affects PWUD in different organizations. Resources for capacity building services should be made available for organizations to address drug-related stigma in their agency and to adopt a harm reduction approach within their service delivery.

Programs can adopt patient-centered language and more culturally competent practices that do not stigmatize PWUDs by assessing and evaluating the stigma in their organizations and participating in initiatives such as the AIDS Institute's Drug User Health Capacity Building Initiative. This pilot initiative seeks to address stigma in health care organizations by providing a year-long intensive capacity building initiative for Article 28 healthcare facilities to examine and improve patient services to ensure the facility is delivering quality, non-judgmental and stigma-free care to PWUD. This Initiative aims to facilitate change through the implementation of organizational, staff and patient assessments, monthly coaching webinars, and through a learning network model of support and training. The AIDS Institute's Drug User Health Capacity Building Initiative can help organizations better understand improvements that can be made to the organizational settings/spaces, staffing, programming, and educational materials that they provide.

Another example of a means to help build organizational capacity to create culturally competent systems for PWUD is through the development of a Speaker's Bureau of Consultants, as was previously implemented at Harm Reduction Coalition. The Speaker's Bureau featured a group of individuals with lived experience who share their experiences through routine presentations to medical providers at Continuing Medical Education (CME) trainings. Each speaker may integrate their own experience using a provided list of talking points (i.e. previous/current drug use, positive and negative interactions with healthcare providers, current work in outreach and harm reduction activism). Speakers are compensated for their time per speaking engagement.

The National Quality Center (NQC) has created a health disparities calculator, a pre-programmed assessment that helps determine where the greatest disparities lie among the populations served by the participating agency. The tool is based on statistical calculations used by the US Supreme Court in determining disparate impact. We recommend that the NQC add PWUD to the list of disparate HIV subpopulations to consider. Once an organization utilizes the health disparities calculator, they can use the NQC's tool kit, which guides the organization with the necessary actions or steps to increase their capacity and improve the results that were indicated by the health disparities calculator.

→ The Drug User Health Advisory Group recommends the following steps:

- Endorse the assessment and evaluation of stigma by providers and community based organizations using tools such as the AIDS Institute's Drug User Health Capacity Building Initiative
- Create culturally competent systems of care via the involvement of the voices of individuals with lived experience
- Add PWUD as a population to analyze in the NQC's health disparities calculator and promote the use of the revised NQC to harm reduction providers

4.3 Regionally Tailored Education and Stigma Campaign for PWUD

We support the development of a drug user health media campaign to reduce the stigma associated with drug use and to raise awareness of the programs and services available across the state. Messaging should be coordinated and tailored to meet the needs of the population. Therefore, we recommend that the AIDS Institute conduct focus groups with clients and staff at one or two harm reduction agencies per region. The focus groups can help create a campaign message that speaks to the needs of each locality and identifies which mode of media will be most effective in each region (social media, billboards, subway advertisements, etc.). Inspiration for this campaign can be drawn from the localized media campaigns that were used to announce the Ending the Epidemic initiative across the state.

→ The Drug User Health Advisory Group recommends the following steps:

- Facilitate focus groups in each region of NYS to ensure the development of a culturally competent media campaign on drug user health
- Develop and disseminate tailored media campaigns to target to address regional variances among people who use drugs

4.4 Promote the Use of Person-Centered Language and Other Appropriate Language/Terms to Use When Working with People Who Use Drugs (PWUD)

The terminology and language used to describe and discuss drug use and people who use drugs is complex. The language we use can harm and further alienate people from wanting to access services, return for appointments, engage in difficult conversations, and impact access to much needed services and support. People will choose to label themselves however they want, and sometimes language is adapted for various audiences. Terminology that is self-imposed and used to describe one's own experience as a person who uses drugs can either help or harm an individual, especially if the terms used self-affirm negative traits that a person believes of themselves. As providers and community

members, it is possible to help better define and offer language that will improve the quality of life and self-worth for people who use drugs.

Programs, organizations, and government entities can collaborate to provide a universal guidance that is person-centered and destigmatizes drug use through the utilization of language that is used to help describe and discuss drug use.

Examples of person-centered language[33]*:

Instead of this…	**Say this…**
Addiction	Substance Use Disorder
Drug Addict	Person who uses drugs
"Clean" or "Dirty" toxicology	Test was "Negative" or test was "Positive"
Got clean	A person who formerly used drugs
Junkie, Crackhead, Tweaker, etc.	Person who uses… (specify drug/s)

Government entities should utilize language in requests for applications (RFAs) and request for proposals (RFPs) that is "culturally competent and linguistically appropriate". Terms such as substance abuse, addicts, abusers, etc. should be avoided, and instead these documents should inherit person-centered language as outlined above. A full review of organizational materials can be conducted to better assess the quality of using appropriate person-centered language; this should include obtaining staff and patient feedback in the form of interviews, focus groups, community forums, and surveys. Staff (at all levels) within programs, organizations, and government entities should be required to attend annual cultural competency trainings/workshops.

→ The Drug User Health Advisory Group recommends the following steps:

- Utilize culturally competent and person-first language in RFAs and RFPs
- Review previously developed and future AIDS Institute materials to ensure appropriate use of language via interviews, focus groups, community forums and surveys
- Create and disseminate trainings on the importance of appropriate language for programs, organizations and across state agencies

Closing Statement

The Drug User Health Advisory Group would like to extend a Thank You to the AIDS Institute for convening the workgroup in order to develop comprehensive, informed and innovative recommendations that will improve the health of people who use drugs in New York State. In order to continue

[33] *Talking about drug use: A glossary for elected officials*. (2017) Drug Policy Alliance, New York, NY.

these efforts, the Drug User Health Advisory Group supports the incorporation of the implementation strategies outlined in this document into the AIDS Institute's Ending the Epidemic Injection Drug Use Sentinel Event Workgroup.

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The ETE Drug User Health Advisory Group would like to offer our sincere appreciation to staff from the AIDS Institute who assisted the group with meeting logistics and coordination, specifically, Suzy Lopez and June Kearney.