

Concept Paper: Sentinel Events Injection Drug Use (IDU) Workgroup

The Sentinel Events IDU Charge

The impressive public health achievement in reducing the incidence of new Human Immunodeficiency Virus (HIV) diagnoses among people who inject drugs (PWID) has allowed Governor Cuomo to call for the elimination of IDU-related HIV transmissions in New York State (NYS) by the end of 2020, the newest addition to a campaign to End the Epidemic (ETE).¹

The Sentinel Events IDU Workgroup

In response to this charge, the New York State Department of Health (NYSDOH) AIDS Institute has coordinated the Sentinel Events Workgroup. The workgroup is comprised of subject matter experts from academia and the fields of drug user health and treatment, key stakeholders from community-based organizations, people with lived experience and Department of Health officials from NYS and New York City (NYC). The workgroup is responsible for developing a comprehensive strategy to achieve the elimination of IDU-related HIV transmissions by the end of 2020, initiate a sentinel response to any transmissions of HIV via IDU and to outline possible strategies to prevent overdose and HIV. Many of the program and policy recommendations identified in this document were generated from expert stakeholders and community members who participated in the *Ending the Epidemic Drug User Health Advisory Group*. Their full set of recommendations can be found here:

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/drug_user_health_advisory_group.pdf

Defining an IDU Sentinel Event Approach

A “Sentinel Event” is a newly diagnosed HIV infection that is related to the injection drug use behaviors of the patient. For the purposes of fulfilling the Sentinel Event Response, these qualifying criteria must be met:

- *Diagnosis and presumed acquisition of HIV must occur in NYS*
- *HIV infection is newly diagnosed*
- *Acquisition of HIV is determined to possibly be related to the person’s injection drug use behaviors*

The Sentinel Events Workgroup will approach its task with two distinct objectives:

(1) Building upon the successes of interventions employed to prevent mother-to-child transmission of HIV in NYS, the implementation plan will incorporate a ‘Sentinel Event Response’ for any person with a newly diagnosed HIV infection attributed to injection drug use.

(2) Create policy, program and fiscal recommendations that will pave the road for the multi-sector implementation strategy needed to achieve zero HIV transmissions through injection drug use by the end of 2020.

¹ New York State Department of Health (May 2017). Ending the AIDS Epidemic in New York State. http://www.health.ny.gov/diseases/aids/ending_the_epidemic/

Ensuring an adequate response to these objectives means that we will need to measure progress, assess barriers, and respond accordingly. The methods and approaches outlined by the Sentinel Events Workgroup shall be subject to revision based upon the latest evidence and data about the shifting outlook of the opioid epidemic.

Background

New York State has made remarkable progress in curbing HIV transmission attributed to IDU in the past two decades. In the late 1980s and early 1990s, the HIV epidemic in the state was driven largely by injection drug use. 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 37% reduction in newly diagnosed cases² and a reduction in the proportion of new HIV cases among PWID from 54% to just 2%.³ Newly diagnosed HIV cases attributed to injection drug use in New York have fallen dramatically from over 700 cases in 2002 to just 66 in 2016.⁴ These successes are largely attributed to the system of harm reduction services and providers operating in every region of the state.

Addressing Hepatitis C (HCV) among PWID creates both public health challenges and opportunities. Injection drug use is a key factor in driving increased HCV rates in the state. Increasing rates of PWID are putting more people at risk for contracting and transmitting HCV.⁵ Concurrently, curative treatments are now available for most patients and HCV elimination is being discussed as a feasible goal on national and international health agendas. It's becoming more evident that the disease burden of both HIV and HCV must be addressed with integrated responses, interventions and frameworks.

At the same time the U.S. is experiencing the worsening condition of a dynamic public health threat, the opioid epidemic. In 2015, there were 2,754 confirmed drug overdose deaths in New York.⁶ Despite cross-sector collaboration and response, the nature of the epidemic is evolving quickly. Local and state experts are noting social and environmental conditions such as New Yorker's ease of access to illicit drugs, changes in injection practices, and inequitable access to harm reduction and drug treatment services in some regions. Equally concerning is a growing number of young people who use and inject drugs and the threat of mother-to-child transmission of HCV among women who use drugs. Irrefutably, an uncertain drug supply contaminated with fentanyl and fentanyl analogues magnifies the unpredictability of the epidemic.⁷ USA Today reports, "It's easier and cheaper to produce than heroin, which is derived from poppy plants. With fentanyl, there are no crops, just chemicals".⁸

² New York State Department of Health, AIDS Institute, Bureau of HIV/AIDS Epidemiology. (October 2017). New York State HIV/AIDS surveillance report for cases diagnosed through December 2016.

https://www.health.ny.gov/diseases/aids/general/statistics/annual/2016/2016_annual_surveillance_report.pdf

³ 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.

⁴ New York State Department of Health, AIDS Institute, Bureau of HIV/AIDS Epidemiology. (October 2017). New York State HIV/AIDS surveillance report for cases diagnosed through December 2016.

https://www.health.ny.gov/diseases/aids/general/statistics/annual/2016/2016_annual_surveillance_report.pdf

⁵ New York State Department of Health (March 2018). HCV and the Opioid Epidemic Dear Colleague Letter.

⁶ New York State Department of Health (April 2017). New York State – County Opioid Quarterly Report.

https://www.health.ny.gov/statistics/opioid/data/pdf/nys_apr17.pdf

⁷ Salaman, M. (2017, June 16). Study: Opioid drug users trying, but failing, to avoid Fentanyl. HealthDay News. Retrieved September 05, 2017, from https://www.upi.com/Health_News/2017/06/16/Study-Opioid-drug-users-trying-but-failing-to-avoid-Fentanyl/7641497625502/

⁸ Shesgreen, D. (2017, September 01). Fentanyl is fueling a new overdose crisis. Here's what you need to know about the deadly opioid. Retrieved September 05, 2017, from <https://www.usatoday.com/story/news/nation/2017/08/31/fentanyl-opioid-fueling-new-overdose-crisis/616826001/>

As public health systems attempt to address increasing rates of injection drug use, increasing rates of HCV, and the opioid epidemic, the evolving nature of these healthcare challenges are taxing communities and straining resources in New York:

- From 2012-2016, in New York State (excluding NYC), there was an 83% increase in the number of HCV cases among individuals reporting a history of IDU. HCV cases rose by 92% individuals under 30 years compared to a 5% increase in those over 30 years of age.⁹
- Cases of HCV in women under 30 years of age who reported a history of IDU increased by 129% from 2012-2016.
- Among a 2012 cohort of inmates incoming to the NYS state prison system, over 2.6% were HIV positive (2.4% of males and 3.7% of female inmates), 11% were HCV positive (9.6% of male inmates; 14.6% female inmates), and 1% were co-infected with HIV and HCV. Of the co-infected, half self-reported a history of IDU.¹⁰
- From 2010 to 2015, New York has experienced a 71% increase in the number of deaths attributed to drug overdose and chronic drug use.¹¹
- The presence of fentanyl is increasing in the drug supply in NYS. In Erie County in 2017, fentanyl is present in 77% of fatal opioid overdose deaths.¹²

Cross-Cutting Principles

A guiding principle that supports this approach is the imperative to link overdose prevention and sentinel event response efforts to HIV and HCV services. There is overlap and opportunity for many of the same policies, programs and interventions to simultaneously address both overdose risk, and HIV/HCV risk. Overdose is a significant cause of mortality among people living with HIV/AIDS.¹³ Additionally, as an individual receives harm reduction services it is a time to connect them to comprehensive services including HIV and HCV prevention, testing and treatment, as well as behavioral health, drug treatment and primary care. These strategies should be employed with a harm reduction based approach that meets individuals where they are in the continuum of their drug use; recognizing that not all individuals are ready to stop using drugs but strategies may be employed to help mitigate potential harms.

Furthermore, this workgroup aims to improve access to services and interventions that have been demonstrated to be successful in reducing the spread of infectious disease and improving outcomes for persons who use drugs, particularly while being mindful of the populations that are most heavily affected such as young adults and women of child bearing age. The utilization of peer programming continues to be an important step in ensuring that the needs of diverse clients are being supported in a culturally competent and evidence-based manner. Lastly, people who use drugs are a highly stigmatized group and to help minimize this social determinant of health the workgroup integrated the use of person-first language in this response.

⁹ NYSDOH Communicable Disease Electronic Surveillance System (CDESS) data as of 3/19/18

¹⁰ NYSDOH, AI, BHA 2012 Survey of Incoming Inmates in NYS DOCCS (the Prison Study) Summary of Preliminary Findings (unpublished).

¹¹ Malatras, J. (April 2017). By the numbers: the growing drug epidemic in New York. SUNY Rockefeller Institute of Government. Retrieved April 21, 2017, from http://www.rockinst.org/pdf/health_care/2017-04-20-By_numbers_brief_no8.pdf

¹² Erie County Medical Examiners Office, *Closed Cases Reported Thru 6/15/2017

¹³ Why Overdose Matters for HIV - Open Society Foundations. (2010). Retrieved September 16, 2016, from <https://www.opensocietyfoundations.org/sites/default/files/why-overdose-matters-20100715.pdf>

Building Upon Success: The Enhanced Field Services Framework

Two distinct activities will take place as part of an enhanced field services response to preventing IDU-related HIV transmissions. Each activity is described below.

Phase 1: The Sentinel Event Response: Enhanced Field Work with Newly Diagnosed HIV+ PWID

HIV field services staff already attempt to interview all newly diagnosed HIV cases, to perform traditional partner services and to ensure that persons are linked to HIV care. An enhanced field response will be generated when a new IDU-related HIV infection is detected - these cases will be treated as sentinel events. The purpose of the enhanced response is to prevent HIV transmissions among people who inject drugs, enhance access to harm reduction and HCV prevention services, PrEP, and drug treatment among PWID, and to improve viral load suppression rates. The sentinel event response will use existing NYS and county field services staff to: 1) administer an enhanced IDU-focused field service interview to capture drug use history, injection practices, risky behaviors, and disease history; 2) provide harm reduction services, including syringe distribution, linkage to drug treatment, etc., as necessary; and to ensure that newly diagnosed IDUs have been linked to HIV-related medical care and other supportive services. Importantly, these same enhanced services would be provided to the partners of newly identified IDU cases, along with HIV testing, HCV prevention services, linkage to PrEP for high risk partners testing HIV negative.

Phase 2: Using SEPs to Elicit Networks and Deliver HIV/HCV Interventions

Phase 2 is a pilot program developed to complement existing field services work including the activities conducted through Phase 1, above. Phase 2 establishes a new staff position (drug user health specialist/peer) at identified pilot sites (SEPs). The model relies on harm reduction agencies' expertise in drug user health to target and engage individuals at the highest risk of HIV and HCV. Case referrals to the drug user health specialist/peer will come from three sources: 1) HIV surveillance, matched as much as possible with other data to improve accuracy and breadth (Medicaid, AIRS, OASAS) will be used to identify HIV positive PWIDs who are not virally suppressed; 2) Linkages from Partner Services staff conducting Phase 1 activities; and, 3) SEP-identified HIV-positive clients who have fallen out of care.

To reduce HIV/HCV transmission among PWIDs in the pilot program area, the drug user health specialist/peer will:

- Elicit partners (social, sexual, substance using), with special emphasis on identifying active injection drug using networks;
- Conduct linkage and navigation services with identified networks, including promoting utilization of: harm reduction services, PrEP and nPEP, substance use treatment, HIV testing and counseling, HCV screening, HIV and HCV treatment, and treatment adherence counseling;
- Identify HIV positive non-virally suppressed PWIDs in need of re-engagement and focusing on: increasing linkage to care, improving retention in care, and promoting adherence to antiretroviral therapy (ART).

Policy and Programmatic Level Approaches

I. Expanding syringe access

- Expansion of syringe exchange programs (SEPs) and peer delivered syringe exchange (PDSE) into new geographic areas
- Expanding existing SEPs' days and hours
- Utilize county health department staff/infrastructure as syringe distributors

- Explore other opportunities for CBOs and other businesses to contribute to basic syringe distribution activities including web based distribution services
- Have standing orders for NYSDOH AIDS Institute's Partner Services staff to furnish syringes, as appropriate, when conducting HIV/STI notifications to PWID
- Decriminalize syringes and injection equipment
- Enroll additional pharmacies in the Expanded Syringe Access Programs (ESAP)

II. Expanding Access to Opioid Agonist Therapy (OAT)

- Increase the number of certified health care practitioners prescribing buprenorphine, thereby improving patient access
- Develop a pilot program to explore supervised hydromorphone (Dilaudid)
- Increase the use of the evidence-based intervention, SBIRT (Screening, Brief Intervention & Referral to Treatment), to better identify people active in the drug use who are ready to engage in behavioral healthcare

III. Expansion of Drug User Health Hubs

The health hub organization provides care, resources, treatment and follow up for people who use drugs. The existing 12 hubs serve as a site to help individuals using opioids and other drugs to access healthcare and harm reduction services.

- Expand drug user health hubs which receive referrals from law enforcement and engage with EMS, emergency departments and family members following an overdose. People who use drugs can also self-refer to the hub.

IV. Address the Correlation of Crystal Methamphetamine Use with Risk for HIV/AIDS

- Establish a program to address widening HIV transmission that collects surveillance on crystal methamphetamine
- Enhance the collection of data on crystal methamphetamine use among men who have sex with men (MSM) and transgender and gender nonconforming (TGNC) individuals
- Build the capacity of communities to respond to the needs of MSM and TGNC who use crystal methamphetamine

V. Address the burden of HCV among PWID, especially young PWID

- Enhance HCV and OAT services at SEPs by promoting the co-location of HCV screening, HCV prevention and treatment, and OAT treatment at SEP sites.
- Enhance HCV prevention services targeting PWID populations who are most at risk including young people, women and current/formerly incarcerated populations by implementing the following strategies:
 - Enhancing services in SEPs including HCV screening and linkage to care, and buprenorphine access on-site
 - Developing innovative methods of teaching safer injection techniques
 - Reducing transition from non-injection to injection drug use
 - Utilize new media to reach PWID with harm reduction messages
 - Pilot HIV and HCV home test giveaway programs in NYS

VI. Review the establishment of Supervised Injection Facilities (SIFs) in New York State to reduce HIV and HCV and Overdose Fatalities

- Review steps needed to pilot SIFs in New York State

VII. Access to PrEP and PEP for PWUD

- Increase the capacity of clinical providers to prescribe PrEP & PEP for PWUD
- Increase PEP access, and utilize PEP as an engagement opportunity for provision of PrEP

VIII. Educational, Anti-Stigma Media Campaign

- Launch media campaign to reduce stigma associated with drug use and to raise awareness of programs and services available
 - Address regional differences by utilizing geolocation via web/new media platforms (e.g. targeted Google or Facebook ads)
 - Address language barriers and health literacy by developing campaign materials in multiple languages
 - Assess and prioritize opportunities for drug use and anti-stigma education among targeted groups

IX. Address the burden of Unstable Housing among PWUD/PWID in the State of New York, particularly outside of New York City

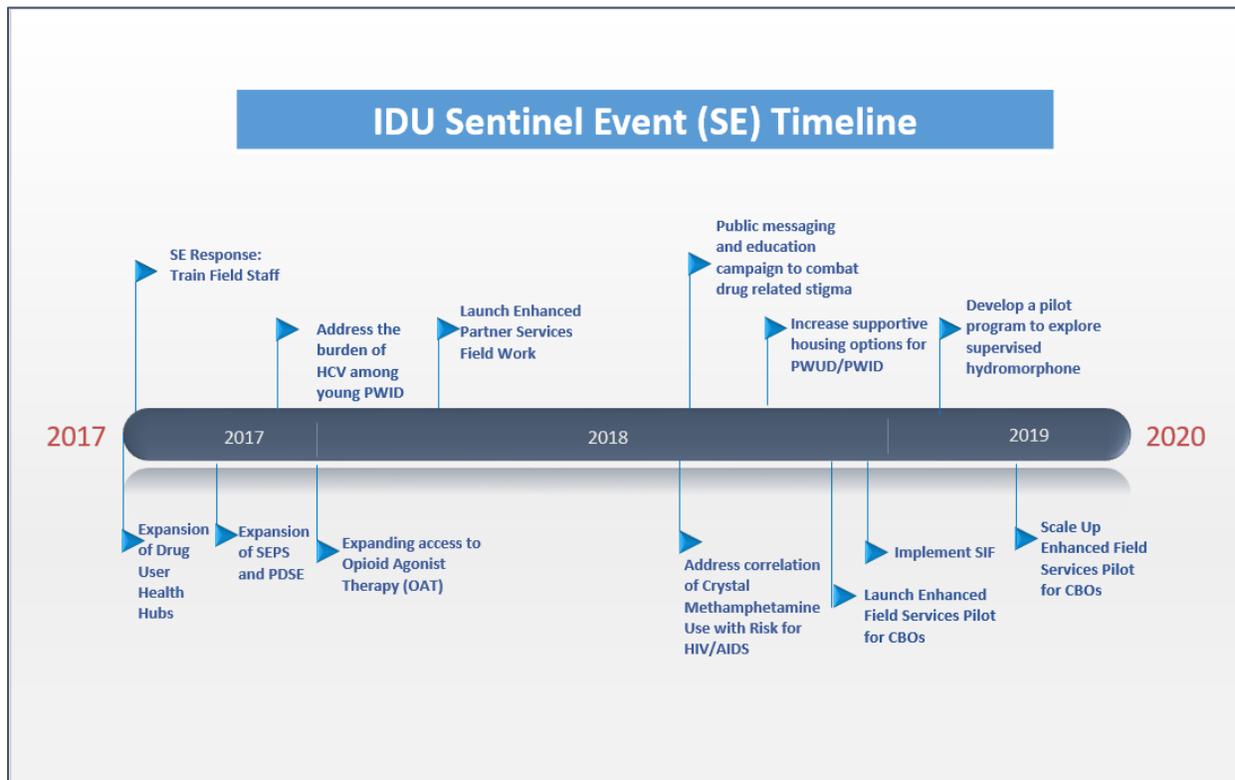
Housing assistance and emergency/crisis housing opportunities improve access and adherence to OAT, or other medical treatment needed, such as PrEP, HCV medication; health related medication, such as high/low blood pressure medication; and any mental health medication. Supportive and emergency housing 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, and should be able to better meet the needs of people who use drugs in NY.

- 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

Fiscal Considerations

Achieving the stated objectives will require agility and innovation from our public health and social services systems to deliver the multi-faceted strategy outlined above. The ETE Sentinel Events Workgroup collaborated on the described program and policy interventions outlined in the section below and supports their full implementation to effectively achieve Getting to Zero benchmarks established in the ETE Blueprint with the overall objective of no population being left behind. The proposed *Recommended Fiscal Resources* identified below are a culmination of efforts and meetings of the IDU Sentinel Events Workgroup and outline recommended funding levels for the implementation and year one expenses of each initiative. Funding decisions about projects/initiatives to prioritize will be made by the NYSDOH and based on the total resources available during a given fiscal year. Due to the quickly evolving landscape surrounding the national opioid crisis, NYSDOH and AIDS Institute will continue to explore new opportunities to secure additional funding to support the projects and initiatives outlined below.

**Note: Community stakeholders communicated that efforts to implement Supervised Injection Facilities in NYS will be built upon the well-established infrastructure of harm reduction providers across the state and that investment from external sources will fund the pilot phase of SIF implementation.*



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Community stakeholders worked in consultation with NYS DOH, NYS OASAS, NYS DOCCS and NYC DOHMH to create the Sentinel Event Response.