Lessons learned from 25 years of combatting HIV among people who inject drugs (PWID)

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Lessons

Public health science can be a powerful tool for social change

Emic understanding of public health problems are essential to conducting meaningful research

Supporting and funding community and community-based organizations and institutions is fundamental to achieving enduring improvements in public health

Challenging institutional and structural practices and conditions that facilitate public health problems is critical
Social movements and health
Activism and research interactions are common.
Social movements and health examples (continued)

- Mothers’ Against Drunk Driving
- Sierra Club
- Greenpeace
- For and against alcohol prohibition
FIGURE 2. Number of AIDS cases among men who have sex with men (MSM), injection drug users (IDU), and persons exposed through heterosexual contact, by quarter-year of diagnosis — United States, 1981–2000

https://www.cdc.gov/MMWR/PREVIEW/mmwrhtml/mm5021a2.htm
HIV/AIDS community response

https://electricliterature.com/understanding-the-early-days-of-hiv-aids-through-fiction-eac881804601
Why was a social movement needed to respond to HIV/AIDS

• Government inaction
  • Homophobia
  • Effected groups were not seen as politically powerful
  • At risk groups not seen as responsible
  • Problem seemed insurmountable or justified

• The government response to HIV among PWID was aggressively negative
Political opposition to syringe service programs for people who inject drugs was common.


Drug paraphernalia laws made syringe possession illegal in many states.

Distribution of condoms was banned in some locales.

Even when allowed, subject to closures (latest in Orange County) and consistently underfunded.
Research response (1)

• Established that HIV seroprevalence was elevated in East Palo Alto, Oakland, and Richmond CA between 1991 and 1994 (Watters, Bluthenthal, Kral 1995)

• Helped start and run the Oakland syringe exchange program (Bluthenthal 1998)

• Established that arrest for syringe possession increased HIV risk among people who injection drugs (Bluthenthal et al., 1999)
Research Response (2)

Established that arresting operators of the syringe exchange program harmed participants (Heimer et al., 1996; Bluthenthal et al., 1997)

Established that syringe exchange programs reduce injection-related HIV risk (Bluthenthal et al., 2000; Longshore et al., 2001)

Established that using syringe exchange programs did not reduce readiness for treatment (Bluthenthal et al., 2001)
How to build a better syringe exchange program (1): Which dispensing policies lead to adequate syringe coverage

<table>
<thead>
<tr>
<th>Distribution Policy</th>
<th>&lt;50%</th>
<th>50-100%</th>
<th>&gt;100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlimited need-based distribution (n=280)</td>
<td>19%</td>
<td>20%</td>
<td>61%</td>
</tr>
<tr>
<td>Unlimited 1 for 1 exchange plus (n=487)</td>
<td>34%</td>
<td>16%</td>
<td>50%</td>
</tr>
<tr>
<td>Limited 1 for 1 exchange plus (n=97)</td>
<td>39%</td>
<td>20%</td>
<td>41%</td>
</tr>
<tr>
<td>Unlimited 1 for 1 exchange (n=602)</td>
<td>38%</td>
<td>20%</td>
<td>42%</td>
</tr>
<tr>
<td>Limited 1 for 1 exchange (n=91)</td>
<td>52%</td>
<td>22%</td>
<td>26%</td>
</tr>
</tbody>
</table>

How to build a better syringe exchange program (2)

Syringe coverage deciles by receptive and distributive syringe sharing and unsafe syringe disposal

Building better syringe exchange programs (3)

Supporting continued operations of programs

• Founding board member of the Harm Reduction Coalition

• By documenting persistent underfunding (Bluthenthal et al., 2007)

• Expert testimony to legislative bodies and court cases

• Helping programs obtain funding through various means

• Encouraging the development of novel approaches for health promotion among PWID such as naloxone distribution and safe consumption sites
Spillover benefits of syringe exchange program: Naloxone distribution and overdose

Great progress, but still lots of work to do
### Stigma and structural conditions are harder to combat: Homelessness among LA PWID

<table>
<thead>
<tr>
<th>Location</th>
<th>2001-03</th>
<th>2003-05</th>
<th>2011-13</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skid Row</td>
<td>81%</td>
<td>81%</td>
<td>92%</td>
<td>91%</td>
</tr>
<tr>
<td>East LA</td>
<td>35%</td>
<td>34%</td>
<td>63%</td>
<td>77%</td>
</tr>
<tr>
<td>Hollywood</td>
<td>63%</td>
<td></td>
<td>63%</td>
<td>77%</td>
</tr>
<tr>
<td>South LA</td>
<td>42%</td>
<td></td>
<td></td>
<td>68%</td>
</tr>
<tr>
<td>San Fernando</td>
<td>37%</td>
<td></td>
<td></td>
<td>41%</td>
</tr>
</tbody>
</table>
Overall health and well-being characteristics of homeless PWID, 2011-13

- High HCV rates (50% to 72%), but low HIV rate (4%)
- Acute and chronic health problems range from 25% to 33%
- Depression from 33% to 50%
- Food insecurity is common 50% to 75% by area
- Violent victimization ranges from 28% to 51%
- Victim of theft ranged from 47% to 70%
- Arrest and jail time ranged from 25% to 50%
Final take homes

“Pick a side”

“Nothing about us, without us”

Acknowledge limitations of public health science

Individual, community, and societal change is possible


Acknowledgement

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• Study participants

• Community collaborators

• Investigators: Alex H. Kral, Ph.D., Neil Flynn, MD, Rachel Anderson, Karina Gonzalez Dominguez

• Staff and student volunteers
2019 HIV NEXT GENERATION

Addressing Disparities in HIV and Comorbidities through Research and Collaboration