

Ending the HIV Epidemic Regional Meeting: *Taking Strategic Action to Address Substance Use in California*

Background

Substance use is closely associated with both increased risk of HIV infection and poorly managed HIV disease, which can result in poor health outcomes and further transmissions.¹ As a result, addressing substance use in California was identified as a key priority for the Ending the HIV Epidemic (EHE) Regional Response across California's EHE Phase 1 counties.² On October 20 and October 27, 2020, the UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) and the California HIV/AIDS Policy Research Centers (CHPRC) hosted a two-part EHE Regional Meeting entitled ***Taking Strategic Action to Address Substance Use in California***. This event brought together over 100 stakeholders from California's EHE Phase 1 counties, as well as other partners working at the intersection of HIV and substance use across the state, to discuss how to move evidence-based strategies forward to address substance use. The overall objectives of the meeting were to:

- Discuss the current state of substance use and how it contributes to the HIV epidemic and related syndemics in California.
- Identify multiple strategies to address substance use in California.
- Discuss action steps for policy, advocacy, programmatic, and research stakeholders to move these strategies forward over the next 12 months.

Both meeting days involved presentations from leading experts working to address substance use in the context of the HIV epidemic and related syndemics in California, followed by facilitated breakout group discussion. Breakout groups were pre-assigned by substance use topic (methamphetamine/stimulant use, opioid use, harm reduction, or overdose prevention), based on stakeholder preferences indicated during registration. **Day 1: The Current Landscape** focused on the existing state of substance use in California, how it contributes to the HIV epidemic and related syndemics, and evidence-based strategies available to address it. Breakout groups discussed the successes, challenges, and needs participants have experienced working to address substance use. **Day 2: Action Planning** focused on strategy implementation, with presentations detailing efforts currently being implemented to address substance use in California. Breakout groups discussed action that can be taken over the next 12 months to expand the implementation of evidence-based strategies to address substance use.

The rich discussion at this meeting yielded a robust collection of information from key stakeholders working to address substance use in the context of HIV and related syndemics in California. This brief summary outlines the primary findings and recommendations that emerged.

All registered meeting participants were invited to review a draft version of the summary. The final version of the summary provided here incorporates feedback received during the review process. This summary is intended to help identify opportunities for enhancing our collective efforts to strategically address substance use in California.

¹ HIV and Substance Use in the United States. Centers for Disease Control and Prevention. Last modified 29 Apr. 2020. Accessed 23 Nov. 2020. <https://www.cdc.gov/hiv/risk/substanceuse.html>.

² A Regional Response to End the HIV Epidemic in California: Key Findings and Recommendations Report. UCLA Center for HIV Identification, Prevention and Treatment Services. June 2020. <https://chipts.ucla.edu/download/a-regional-response-to-end-the-hiv-epidemic-in-california-key-findings-and-recommendations-report/>.

Key Findings and Recommendations

Successes

Stakeholders noted several successes that California has experienced at both state and local levels in our efforts to address substance use:

- **Harm reduction-supportive policies.** There are multiple policies in place in California that support harm reduction approaches to substance use. Syringe possession is legal under California Assembly Bill 2077. Pharmacies across the state can dispense naloxone without a prescription under California Assembly Bill 1535. The Affordable Care Act, and particularly Medicaid expansion, has directly reduced overdose deaths. Medi-Cal covers treatments for drug use, including methadone and buprenorphine. While COVID-19 has created significant barriers to care, it has also resulted in measures to expand telehealth buprenorphine starts and methadone take-home quantities, offering greater access to services for people who use drugs (PWUD) in California. Additionally, we have seen reductions in our jail and prison populations during the pandemic, particularly among individuals incarcerated for drug charges.
- **Growth of syringe services programs (SSPs).** The presence of SSPs across the state has grown considerably over the last five years, with 60 programs currently in place. These programs can be authorized and funded at state and local levels, and have recently expanded into more high need, rural counties. Participation in these programs continues to rise.
- **Increasing substance use education and awareness.** Several efforts have succeeded at improving substance use education and awareness in California, both for health care providers and the public. The California Medication Assisted Treatment (MAT) Expansion Project, which supports the California Substance Use Line that offers on-demand provider education and consultation on substance use, has been instrumental in this success. In some communities, data have been used successfully to confront Not In My Backyard (NIMBY) sentiments toward harm reduction programs. Rural counties – particularly in the Central Valley – have worked to shift cultural norms that have long prevented communities from talking about substance use. CHIPTS and other organizations have also held productive meetings and education sessions to increase awareness of methamphetamine (meth) use as a resurgent and critical issue in California.
- **Increasing collaboration.** California has multiple coalitions currently working collaboratively to advocate for evidence-based approaches to address substance use, such as the California Syringe Exchange Programs Coalition (CASEP) and the End the Epidemics coalition. These coalitions are breaking silos and bringing key stakeholders together for mutual aid and collective political action. Beyond formal coalitions, there has been increased interest among SSPs, public health agencies, and other service organizations across the state to collaborate on efforts to address substance use. Underlying these collaborations is an expanding syndemics approach that recognizes HIV and problematic substance use as two of several linked health problems (e.g., sexually-transmitted infections [STIs], hepatitis C virus, mental health issues) driven by social determinants of health that must be addressed concurrently.
- **Rising community mobilization.** As a result of the above successes, and through their own organizing, PWUD are gaining more power and momentum to advocate for their health needs. Community mobilization efforts and community-centered strategies to address problematic substance use are on the rise, particularly regarding meth use.

Challenges

Stakeholders also identified a variety of challenges that currently inhibit California's ability to effectively address substance use:

- **Limited resources.** Resources to support the health and wellness of PWUD are extremely limited given the level of need in California. Harm reduction often falls to the bottom of local and state priorities during funding allocation. The California Syringe Exchange Supply Clearinghouse has been underfunded for the last few years and did not secure new funding this year. It is also very challenging to obtain funding for low threshold services (i.e., services for PWUD that aim to reduce barriers to service access, including removing abstinence from drug as a condition of access), which are not covered by Medi-Cal, yet are often the best chance to link PWUD to health care. The capacity and quality of California's drug treatment programs are limited as well, with long waiting lists and insufficient training for staff providing services. COVID-19 has exacerbated these challenges, as public health funding and staffing for strategies to address substance use, HIV, and related syndemics have been diverted to the pandemic response. Yet the need for resources has only grown during this time, with overdose deaths skyrocketing across the state.
- **Stigma.** Stigma associated with problematic substance use is a major obstacle to addressing substance use in California. As harm reduction programming has expanded, so has vocal public and political opposition rooted in stigmatizing NIMBY attitudes. Stigma also poses a huge barrier to passing policies at the local, state, and federal levels that support the health and wellness of PWUD. Even when these policies are passed, such as legal syringe possession, the lives of PWUD are regularly disrupted by citations and arrests. This systematic stigmatization and marginalization of PWUD, as well as their families and social networks, is only amplified for those experiencing intersecting stigma and/or oppression from HIV, homelessness, racism, and other syndemics.
- **Insufficient mechanisms to address meth use.** California's substance use efforts have increasingly focused on problematic opioid use, though meth use is the biggest overdose concern in the state and is deeply intertwined with our HIV epidemic, particularly among men who have sex with men (MSM). Meth use is also strongly associated with other syndemics, such as homelessness, mental health issues, and other STIs – including the congenital syphilis epidemic impacting counties across the state. Current mechanisms to address meth use are insufficient. There is no effective pharmacotherapy approved for meth treatment. Contingency Management (CM) is an evidence-based behavioral intervention to treat meth addiction, but it is not currently covered by Medi-Cal. Furthermore, CM programs that are currently operating, such as the San Francisco AIDS Foundation's Positive Reinforcement Opportunity Project (PROP), face significant barriers including yearly audits by the state that define financial rewards for behavior as unlawful "kick-backs." Meth use must be elevated as a top priority for the state in order to address substance use, HIV, and related syndemics in California.
- **Policy barriers.** Political will is the ultimate driver of California's ability to address substance use. Unfortunately, criminalization of drug use and possession in California continues to heavily impact all efforts to approach problematic substance use as a public health issue. People without legal status in the United States are particularly impacted by this, as they face strict deportation laws if found to be in possession of controlled substances. Implementation of evidence-based, cost-effective interventions to address substance use, such as CM for meth use, is severely limited by federal and state policies. Additionally, various local jurisdictions have passed resolutions prohibiting SSP and other harm reduction service operations. Substance use treatment restrictions, such as the required "X waiver" for buprenorphine prescribing, also pose a major barrier to effectively addressing substance use.

Opportunities for Action

As stakeholders discussed how to expand the implementation of evidence-based strategies to address substance use in California, the **FACE** of our strategic response to substance use emerged: **Funding, Advocacy, Coordination, and Engagement.**



- **Funding.** Increased funding to support harm reduction programs and effective treatment for problematic substance use is paramount to addressing substance use in California. Funding is needed to expand the capacity of and access to existing services, such as SSPs, medications for opioid use disorder (MOUD) treatment, naloxone delivery, and CM. This is particularly crucial for low-resource, rural communities, and for populations being released from jail/prison, who have extremely high rates of overdose. Funding must also be allocated to support service provider training on evidence-based, culturally responsive approaches to substance use care. Beyond supporting existing strategies to address substance use, it is critical for California to dedicate funding to projects that explore innovative approaches, such as comprehensive substance use service delivery via mobile health units and family-centered recovery models. This is especially vital for meth use, given the magnitude of the issue and its relationship with the HIV epidemic, and the dearth of available strategies to address it. Stakeholders emphasized that there must be a dedicated force of meth-specific responders embedded in Ryan White clinics and other HIV prevention organizations working with large populations of people who use meth across the state. They also recommended that funding be allocated to a simplified Popular Opinion Leader (POL) intervention for harm reduction, with a focus on hook-up app outreach with people who use meth. Stakeholders recognized that creative solutions will be necessary to identify funding in our constrained budget environment. For example, counties could dedicate additional funding to harm reduction services by explicitly incorporating harm reduction activities in their EHE plans. Research and evaluation efforts are also essential, both to building the evidence for existing and emerging strategies to address substance use, and thereby to enabling the California Department of Public Health Office of AIDS and other grant administrators to further incorporate those strategies in funding opportunities.

- **Advocacy.** Strategic advocacy efforts are key to an effective substance use response in California. There are two key bills likely to be proposed in the next legislative session: Senate Bill 57 to allow the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to pilot safer consumption sites, and a reintroduction of Senate Bill 888 (new bill number pending) to allow Medi-Cal funds to be used for CM. Focused advocacy efforts are needed to build support for these bills among elected officials, including increasing the number of individuals and organizations endorsing each bill and contacting their local political representatives to request their support. More broadly, advocacy is needed to raise awareness about problematic substance use as a public health issue, to address the stigma that surrounds it, to fight for the decriminalization of substance use, and to champion new political action that will support greater implementation of evidence-based strategies to address it. Racial disparities in policing and health outcomes must be highlighted throughout this work, as we aim to confront the intersectional inequities experienced by PWUD in our Black and Brown communities. Advocacy efforts are best supported by collective advocacy networks of people (e.g., substance use service providers, healthcare workers, PWUD and their loved ones) and organizations (e.g., substance use organizations, HIV organizations, mental health organizations,

hospitals) that can align their resources, relationships, and political influence. Stakeholders noted that existing coalitions, such as the End the Epidemics coalition, CASEP, the California Overdose Prevention Network, and the California Opioid Safety Network, can help provide some of the necessary infrastructure for collective advocacy. However, additional advocacy networks may be needed to urgently address some of our most critical substance use issues in California. In particular, a key action step that stakeholders identified during the meeting was to develop an active coalition of advocates who work to specifically champion efforts to address meth use across the state. Funding restrictions do not permit CHIPTS and CHPRC to engage in any direct advocacy. However, both centers are committed to promoting cross-sector dialogue and contributing research to inform this work.

- **Coordination.** Stakeholders highlighted that most work to address substance use, HIV, and related syndemics in California is still done in restricted silos, in contrast to EHE goals. New and/or expanded task forces should be put in place to ensure routine communication and provide infrastructure for collaboration across local government agencies and community-based organizations working to address these syndemics. It is also critical to engage other partners who provide regular care or support to PWUD, such as first responders and emergency room clinicians. The task forces should focus on identifying the programs and resources that currently exist to address these syndemics in a given local area, and linkage to care strategies to ensure each program (e.g. an HIV program) acts as a direct access point to other programs (e.g. substance use, mental health, HCV, STIs, housing, primary care) that support the health and wellness of PWUD. However, to effectively respond to our substance use epidemic in California, statewide coordination remains essential. While the Overdose Prevention Initiative, and particularly its Statewide Opioid Safety Workgroup, help to provide a collaborative infrastructure and statewide strategies for combatting the opioid epidemic in California, no comparable initiative exists for the meth epidemic. Implementing a statewide initiative with inter-agency support that focuses on specific strategies to address meth use is critical to our substance use response in California. Additionally, harm reduction strategies should be directly integrated into EHE efforts wherever possible. For example, efforts to expand routine HIV testing in emergency rooms could potentially be leveraged to establish overdose prevention and MOUD treatment activities in that setting, with guidance from the CA Bridge program and others leading efforts to integrate rapid substance use treatment in hospitals. CHIPTS and other research partners can help identify and evaluate models for service delivery at the intersection of these syndemics.
- **Engagement.** The success of our substance use response in California is heavily dependent on centering the voices and needs of PWUD. We must recognize PWUD as experts of their own experience and engage them in all efforts to address this critical public health issue across the state. Service organizations run by and for PWUD, such as the San Francisco Drug Users' Union, must be invited to participate and lead in strategic planning discussions. Broader community engagement efforts should also be pursued to ensure the diverse array of communities impacted by substance use in California have the opportunity to participate in the substance use response. We must simultaneously work to root out the stigma, misinformation, and mistreatment ingrained in and perpetuated by our own systems so that we can create sincere, compassionate, and productive partnerships with PWUD as we work together to address substance use in California.

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