

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

Ricky N. Bluthenthal, Ph.D.

Associate Dean for Social  
Justice

Professor, Preventive  
Medicine

Keck School of Medicine

University of Southern  
California

# 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

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Activism and research interactions are common



<https://www.bcaction.org/about/priorities/>

Social  
movements  
and health  
examples  
(continued)

Mothers' Against  
Drunk Driving



Sierra Club



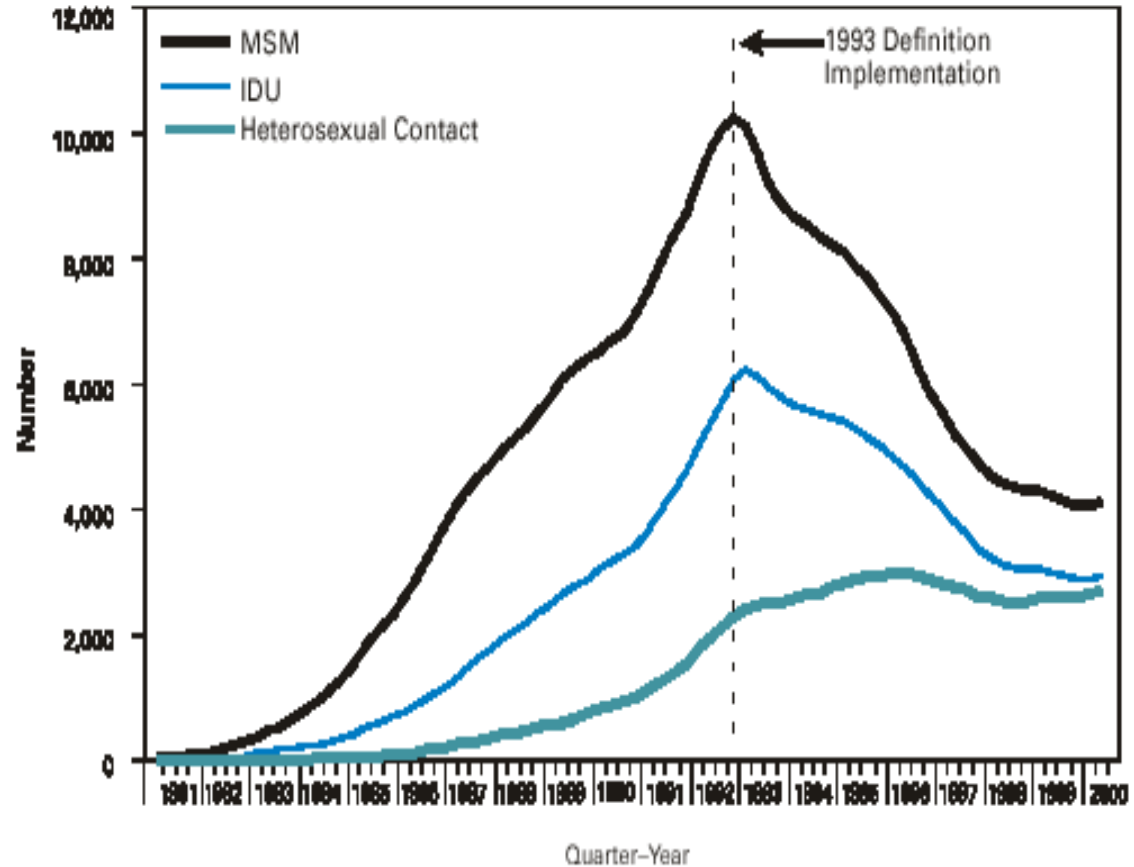
Greenpeace



For and against  
alcohol prohibition

# HIV/AIDS Cases 1980 to 2000

**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](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
  - Affected 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

Federal prohibition on funding for syringe exchange programs  
from onset through 1998, 1999 to 2009, 2011 to 2016

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)



SF Examiner, 11/13/1994

## 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)

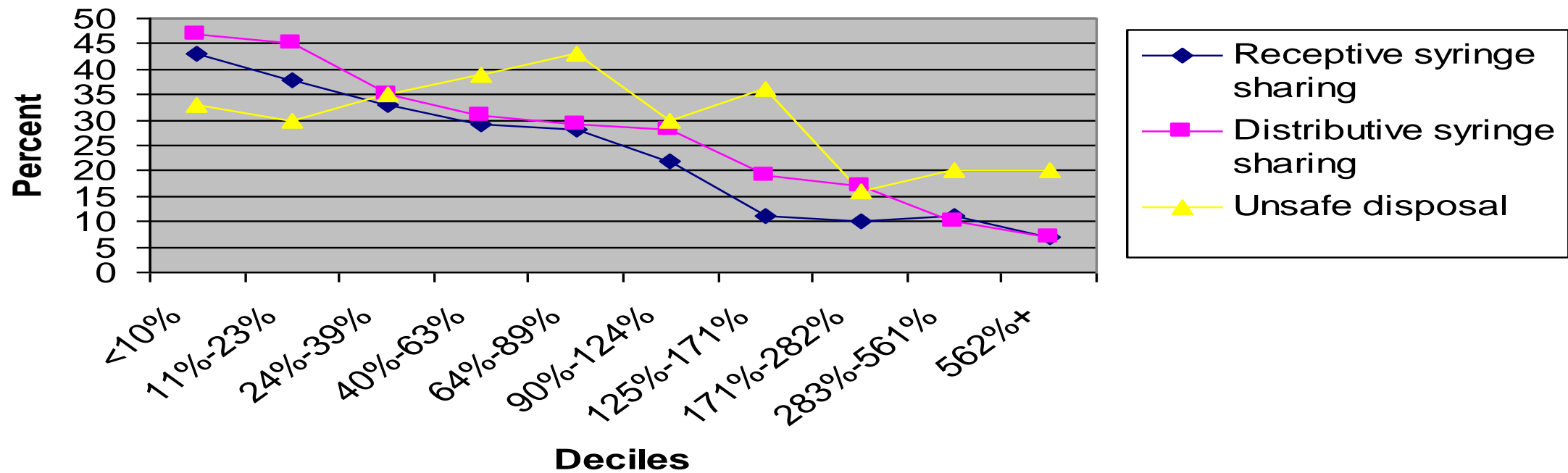
# How to build a better syringe exchange program (1): Which dispensing policies lead to adequate syringe coverage

	<50%	50-100%	>100%
Unlimited need-based distribution (n=280)	19%	20%	61%
Unlimited 1 for 1 exchange plus (n=487)	34%	16%	50%
Limited 1 for 1 exchange plus (n=97)	39%	20%	41%
Unlimited 1 for 1 exchange (n=602)	38%	20%	42%
Limited 1 for 1 exchange (n=91)	52%	22%	26%

Bluthenthal RN, Ridgeway G, Schell T, Flynn NM, Anderson R, Kral AH. Examination of the association between syringe exchange program (SEP) dispensation policy and SEP client-level syringe coverage among injection drug users. *Addiction*. 2007; 102(4):638-46.

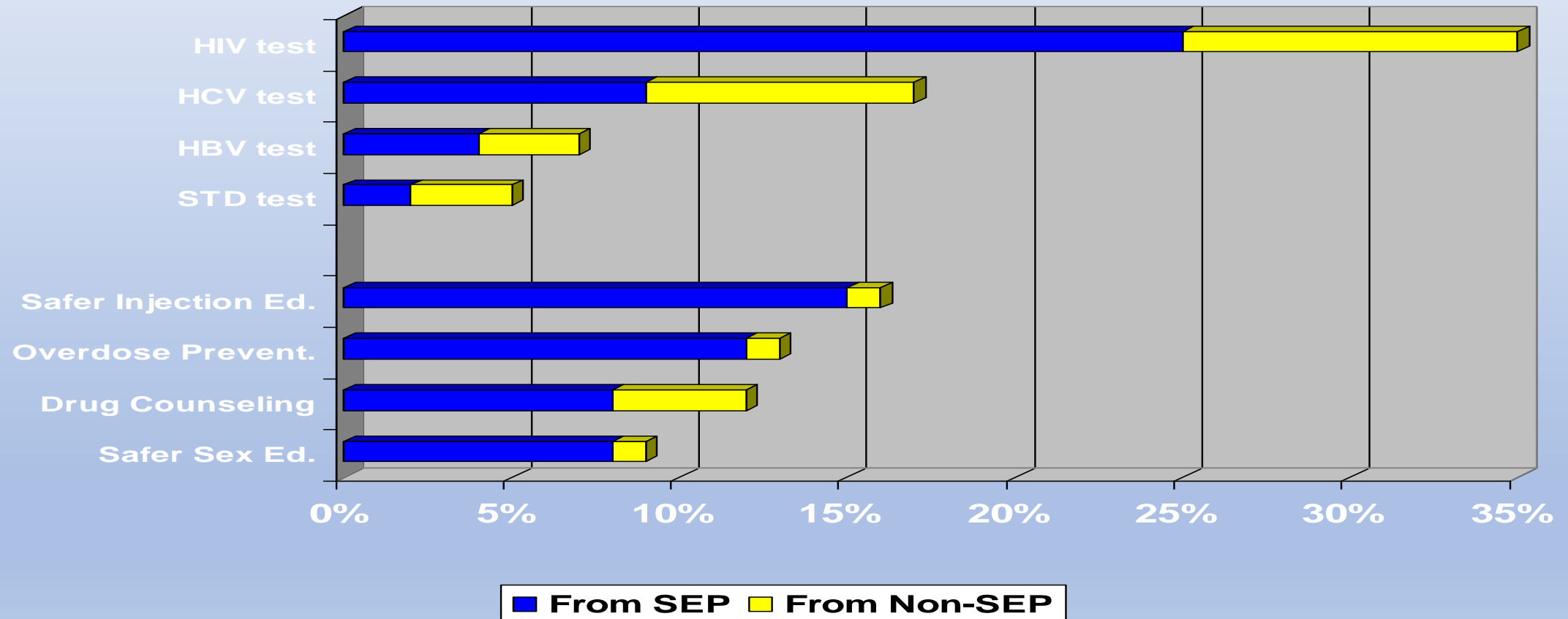
# How to build a better syringe exchange program (2)

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



Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug and Alcohol Dependence*. 2007; 89(2-3):214-22. PMID:PMC2562866.

# Building better syringe exchange programs (3)

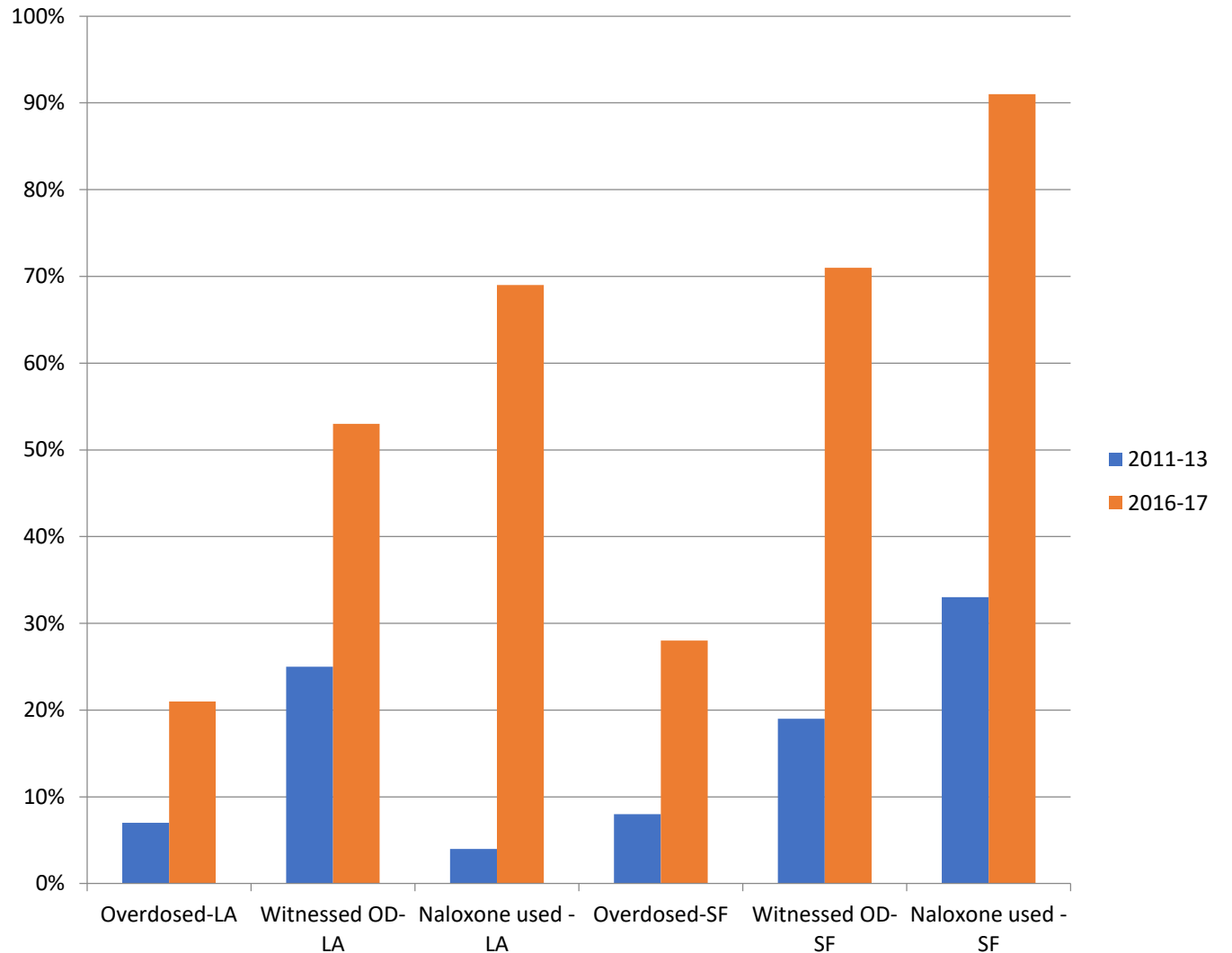


Heinzerling KG\*, Kral AH, Flynn NM, Anderson R, Scott A, Gilbert ML, Asch SM, Bluthenthal RN\*\*. Unmet need for recommended preventive health services among clients of California Syringe Exchange Programs: Implications for quality improvement. *Drug and Alcohol Dependence*. 2006;81(2):167-78.

# 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

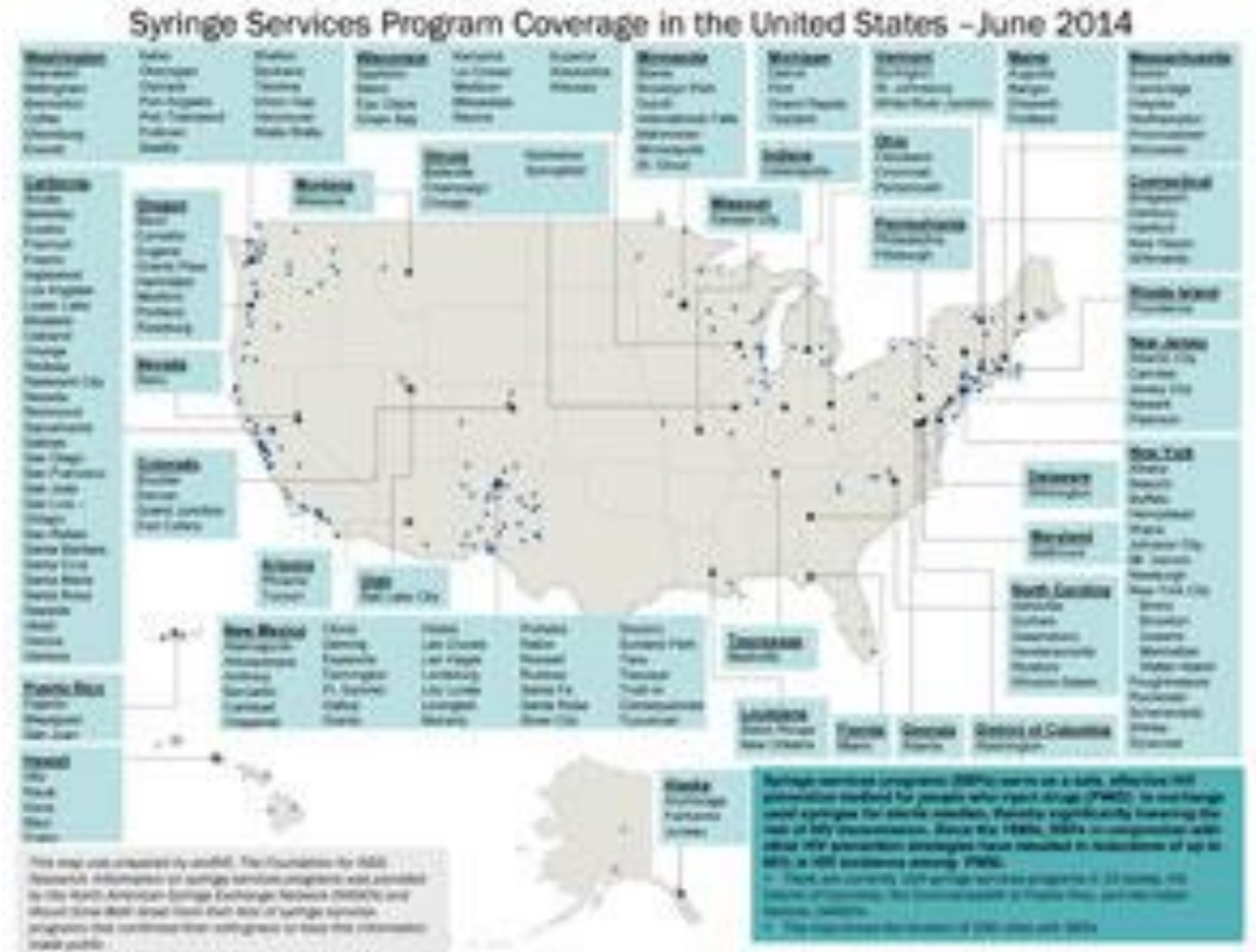
# Spillover benefits of syringe exchange program: Naloxone distribution and overdose

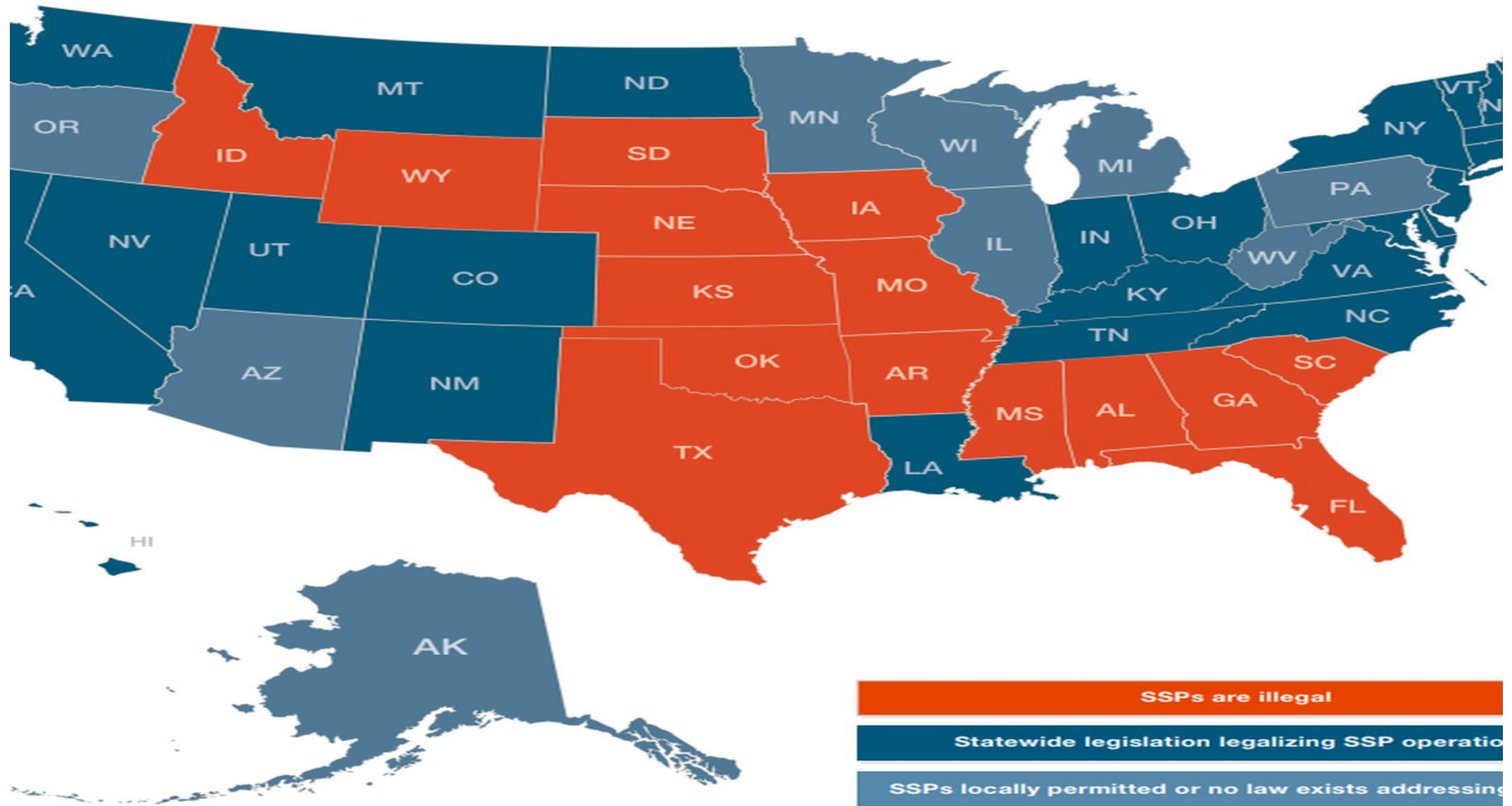


Updated from: Kral AH, Wenger L, Wheeler E, Scholar S, Casanova M, Davidson P, Dominguez Gonzalez K, Strike C, Bluthenthal RN. Trends in overdose, naloxone distribution and effective overdose prevention among PWID in two California cities, 2011-13 to 2016. 25<sup>th</sup> Harm Reduction International Conference. Montreal, Canada, May 14-17, 2017.



Great progress, but still lots of work to do





<https://www.vox.com/science-and-health/2018/6/22/17493030/needle-exchanges-ban-state-map>

# Stigma and structural conditions are harder to combat: Homelessness among LA PWID

	2001-03	2003-05	2011-13	2016-17
Skid Row	81%	81%	92%	91%
East LA	35%	34%	63%	77%
Hollywood	63%		63%	77%
South LA	42%		68%	
San Fernando	37%		41%	

# 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

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- Staff and student volunteers



# 2019 HIV NEXT GENERATION

Addressing Disparities in HIV and  
Comorbidities through Research  
and Collaboration

