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Harm Reduction Programs to Address Infectious Disease Challenges Among Marginalized Communities that Inject Drugs

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Executive Summary

- Infectious disease rates had been decreasing since the 1990's because of biomedical and public health initiatives.
- However, the opioid epidemic has developed new challenges that may be damaging to marginalized communities that inject drugs
- The federal government must make access to life-saving resources more uniform by designing policy that allows for a combination of safe injection sites and syringe exchange outreach programs.

Background

The United States has made significant strides to eliminate the epidemics of blood-borne infectious diseases Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). These positive strides have been led by biomedical advances that include the development of antiretroviral (ARV) medication which reduces the amount of virus molecules in the blood, also known as viral load. Because of these advancements,

people living with low viral loads cannot transmit HIV to others, and people living with HCV can even become cured.¹

Biomedical advances also led to a decline in HIV and HCV infections associated with injection drug use from 1990 to 2015.² For instance, 40% of new HIV infections were associated with injection drug use in 1990 but only 6% of new HIV cases were attributed to injection drug use in 2015.³

Biomedical innovations have led to a decrease in infection rates, but the opioid epidemic helped develop new challenges that the government must address to keep infectious disease rates low among marginalized communities that inject drugs. The opioid epidemic has had a significant impact in nonurban areas where HIV has not been an issue historically which has allowed for the disease to spread to new settings that are not prepared to deal with the disease.⁴ Additionally, the rapid spread of HCV among 20- to 29-year-olds is associated with the increase in injection drug use engendered by the opioid epidemic.⁵

According to the CDC, illicit drug use, including opioid misuse, can lead to an increased risk of HIV and HCV through several pathways.⁶ Individuals that misuse opioids tend to move from oral use to drug intake through the nasal cavity (i.e. insufflation) and eventually to injection use. Research shows that about 10-20% of those who abuse prescription opioids, eventually inject opioids or heroin.⁷ Furthermore, risky sexual behaviors associated with injection drug use have contributed to the spread of sexually transmitted infections such as HIV and HCV.⁸ Additional research suggests that opioids can negatively affect the immune system which increases the likelihood of infection.⁹

Opioids are medications used to help people, but in an ironic twist, they became one of America's largest medical issues. In the late 1990's, pharmaceutical marketing campaigns convinced physicians that opioids were not addictive and poor research suggested that opioids were only addictive when taken recreationally.¹⁰ Providers have long prescribed opioids to individuals with acute pain¹¹, but starting in the 1990s, providers

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also prescribed opioids to patients with chronic pain, often leading to dependence.¹² From 1999 to 2017, the Centers for Disease Control and Prevention (CDC) estimated that over 702,000 people have died from drug overdoses.¹³ In 2017 alone, the CDC estimated that more than 70,000 people died from drug overdoses, with 68% of those deaths are attributed to prescription or illicit opioids.¹⁴

In 2016, HIV outbreaks in both Indiana and Massachusetts highlighted the impact the opioid epidemic has had on infection rates as 13% of new HIV diagnoses were due to injection opioid use in these states.^{15,16} HIV and HCV may be treatable, but treatment remains inaccessible to people from marginalized communities who inject drugs including sexual and racial minorities¹⁷, for various structural and environmental reasons including lack of access to care.¹⁸ Thus, this problem can lead to health disparities among the most marginalized. These health disparities will only worsen if no action is taken that focuses both on recovery from substance-use disorder and harm-reduction to prevent the spread of disease.

Historically, the federal government has done a poor job of supporting policy that assists people who inject drugs. The federal “Crack House Statute” (“CHS”) of the Controlled Substance Act (CSA) makes it unlawful to “knowingly...use or maintain any place...for the purpose of...using any controlled substance,” thus U.S. prosecutors have used this

statute, to oppose safe injection sites.^{19,20} However, in 2019 U.S. District Judge Gerald McHugh ruled that a safe injection site where people can use opioids under medical supervision is legal.²¹

Like safe injection sites, syringe exchange programs have been challenged by the federal government. For instance, the federal government placed a ban on using federal funds for syringe exchange programs in 1988, the ban was raised in 2009, but was then reinstated in 2011.²² Policy challenges are due to the belief from politicians that both safe injection sites and syringe exchange programs promote drug use, but research shows that they do not do so and instead improve health outcomes.^{23,24}

Policy Options/ Recommendations

Safe Injection Sites

Safe injection sites can help reduce the incidence of infectious disease among people who inject drugs. Safe injection sites provide a safe space for people to inject drugs safely and provide access to resources including medical providers, clean syringes, and opioid antagonists, such as Naloxone, to prevent overdose. Additionally, these sites can serve as sites for medication assisted-treatment—scientifically the most effective treatment for substance use disorder.²⁵ Consistent access to these sites can help reduce the spread of disease and can save lives. For instance, people will be less likely to share dirty needles if they have access to a site that

can provide clean needles.²⁶ Furthermore, if a person is already infected with either HCV or HIV, they can access treatment to medication from the medical providers on-site. When treated, people with HIV can reduce their viral load to levels so low that it makes it difficult to spread the infection to others.²⁷ People with HCV can be cured with constant access to ARV medication.²⁸

Safe injection sites are advantageous because they provide safe equipment and a safe environment for people who inject drugs. People can access clean needles and safely dispose of them within the same site. Medical services from providers are accessible to prevent overdoses, treat infections, and treat substance use disorder. This safe environment keeps people from consuming in public where they may be stigmatized or harassed by the police.

Syringe Exchange Outreach Programs

Safe injection sites are ideal for concentrated urban areas where they are easier to access due to a centralized population and public transportation. However, the rise of infectious diseases due to injection use is not limited to urban areas and there needs to be programs that meet the needs of rural communities. In rural areas, syringe exchange outreach programs meet people where they are, serving communities with a high concentration of people who inject drugs.²⁹

The decrease in HIV and HCV infections of the 90's and early 2000's reveals that the biomedical resources required to combat these infectious diseases exist, but there needs to be a focus on making those resources accessible to those who need it most.

Syringe exchange outreach programs provide clean resources, but not a safe environment like safe injection sites. The advantage of syringe exchange outreach programs is that they are mobile and can provide convenient access to clean injection tools. Because they are mobile, syringe exchange outreach programs constantly change location and cannot provide ongoing access to life-saving resources such as clean needles and Pre-Exposure Prophylaxis (PrEP) which is a preventative drug that reduces the likelihood of HIV infection if taken daily.³⁰ Thus, a combination of safe injection sites and syringe exchange programs provide an opportunity to reduce the rate of infectious diseases among people who inject drugs.

Conclusion

'The decrease in HIV and HCV infections of the 90's and early 2000's reveals that the biomedical resources required to combat these infectious diseases exist, but there needs to be a focus on making those resources accessible to those who need it most. People from marginalized communities who inject drugs are at risk of HIV and HCV, yet they often lack access to safe, sterile resources and environments to safely consume substances. To reduce HIV and HCV infections among people who inject drugs the federal government should focus on granting people from marginalized communities' access to innovative harm reduction methods that include a combination of safe

injection sites and syringe exchange programs.

Endnotes

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