

Integrated Harm Reduction Programming is a necessary response to the syndemic of HIV, HCV and the Opioid Epidemic

Paul Harkin, Director of Harm Reduction Programs, GLIDE Foundation

Introduction

We are currently experiencing the negative health impacts of a syndemic of HIV, HCV and the Opioid Epidemic. We must build on the experience of HIV service provision and break down the old silos that prevent service integration. To effectively respond to this urgent health crisis and to better serve our clients, we need to develop an integrated programming model. Existing HIV Programs should also provide HCV testing & linkages to care, Syringe Access Services, and Overdose Prevention and Naloxone Distribution. The proximity of the Opioid Epidemic and its intersectionality with HIV and HCV requires this type of an integrated response to improve the effectiveness of the model.



Team GLIDE on the street

Methodology

Integrate. Whenever possible co-locate HIV/HCV Testing, Navigation and Linkages, Syringe Access Services & OD Prevention in one setting.

Cross-Train. Train staff to provide each service, minimizing hand-offs and referrals.

Outreach. Pound the pavement, provide regular street outreach and venue based outreach to engage clients and promote programs.

Mobile Health Programs. Van-based services ensures that program services can be delivered on the streets and at other community venues.

Community Programs. Create community "peer" programs. People with lived experience (HCV/HIV/Substance Use) often are connected to the community. Hire or otherwise add community "peers" to support your service model.

Social Marketing. Program promotion and public education can both improve awareness of services as well as educate the public.

GLIDE Harm Reduction's Integrated Programs

- ❖ An increase in the number of individuals testing for HIV & HCV
- ❖ An increase in the number of venues where HIV/HCV Testing Services were provided. Over 200 different venues served during a two year period
- ❖ An increase in the hours of HIV/HCV Testing services being offered
- ❖ An Increase in access to sterile injection supplies, Overdose Prevention Trainings and Narcan access. Everyone who identifies as a Person Who Injects Drugs while testing for HIV/HCV at GLIDE is offered collocated Syringe Access Services as well as OD Prevention & Training/ Naloxone Distribution
- ❖ An increase in community awareness of the new HCV Treatments



GLIDE mobile health van

Harm Reduction, HIV & HCV Testing Services Provided by GLIDE FY17-18 & FY18-19 combined

HIV tests: 3802

Positive Ab: 46 / Positive Ag: 5

HCV Tests: 3074

Rapid reactivates: 625

Outreach hours: 1204

HCV navigation hours: 1073

HIV Navigation hours: 358

Nalaxone trainings: 1782 (includes registrations/refills)

Registrations alone: 558

Syringes distributes: 2,006,466

Syringes collected: 543,319

Safer crack smoking supplies distributed: 20,942

People who tested for HCV with GLIDE:

287 RNA tests – 161 RNA Positives (results provided to 124)

75 referred to care - 35 made first appointment

People who enrolled in HCV Navigation

251 HCV Navigation intakes (95 from testing, 29 who provided documentation

– number is short because we didn't ask this in the beginning of FY1718)

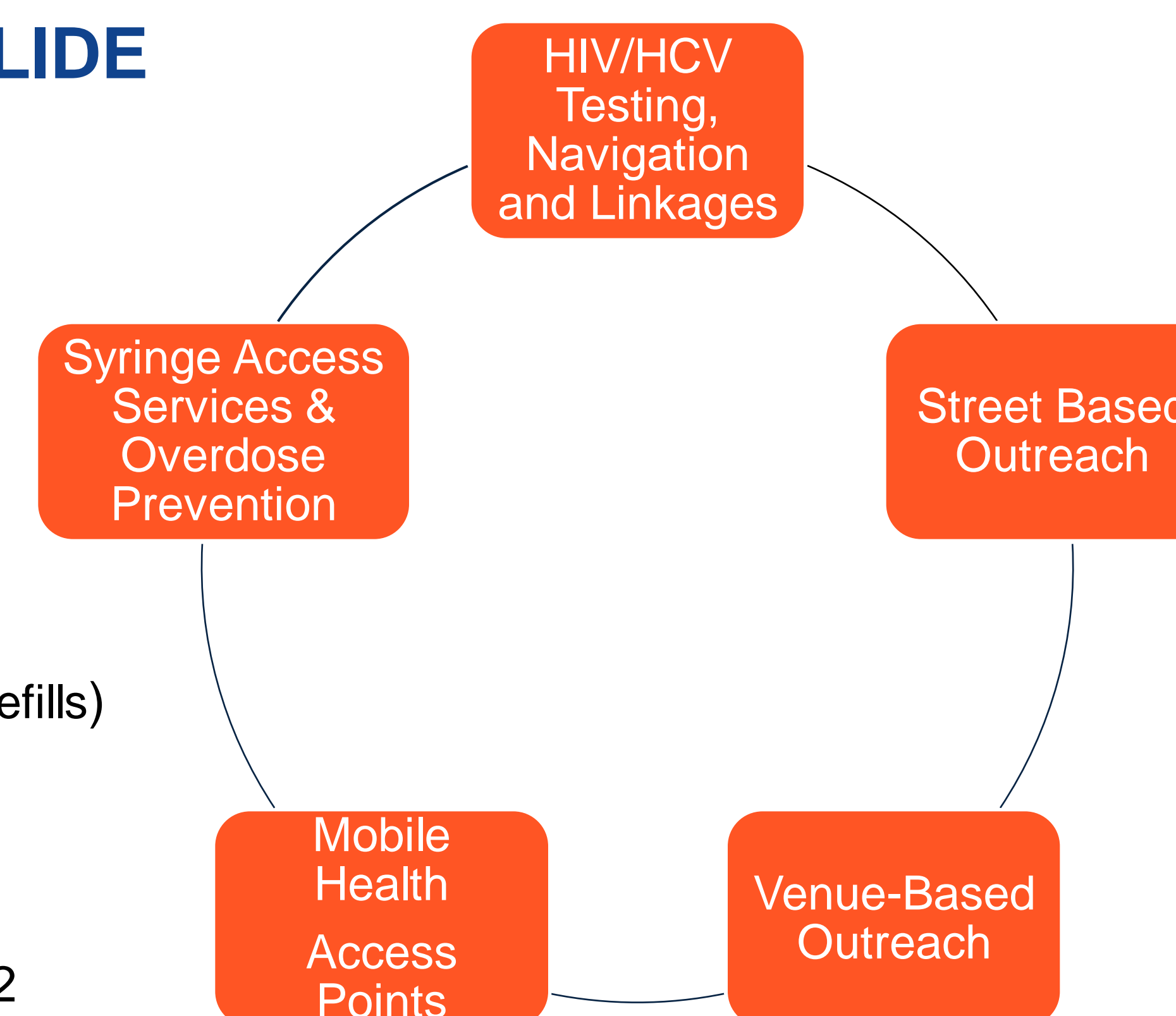
235 referred to medical care

117 made first appointment

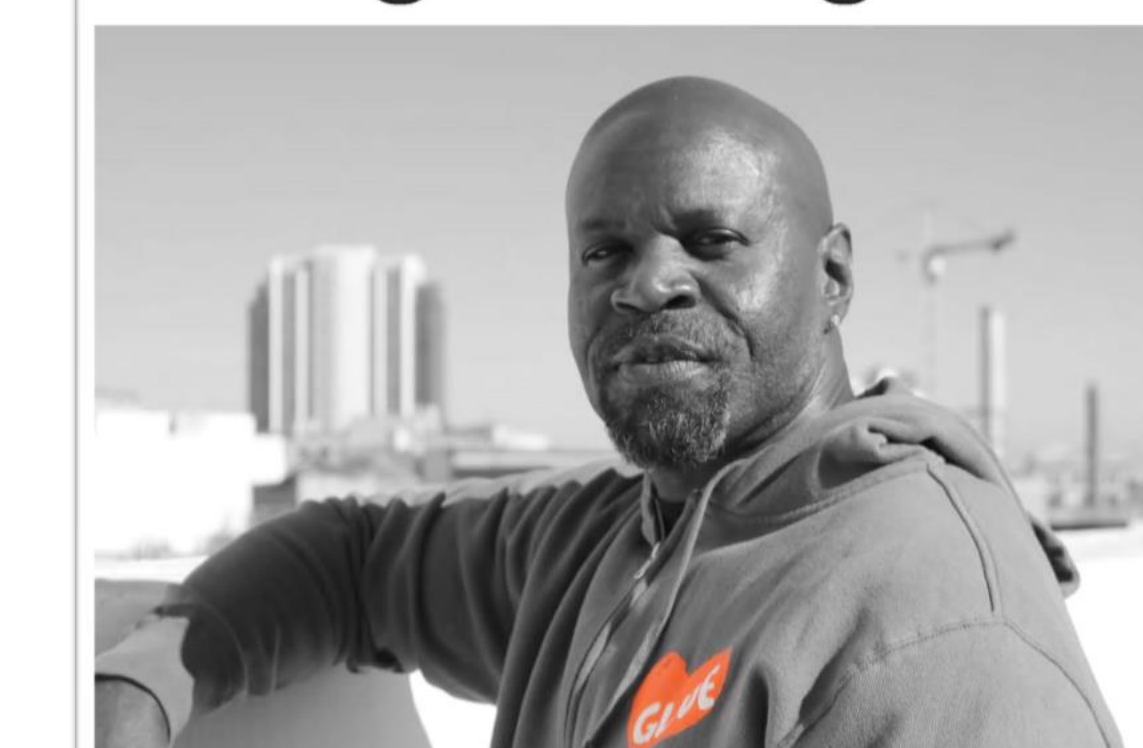
Data Note

HCV data collection and data sharing is a public health challenge. We need to do better.

We believe we cured many more people of HCV than we currently can demonstrate through access to Medical records. HCV documentation needs to reach the standards of HIV.



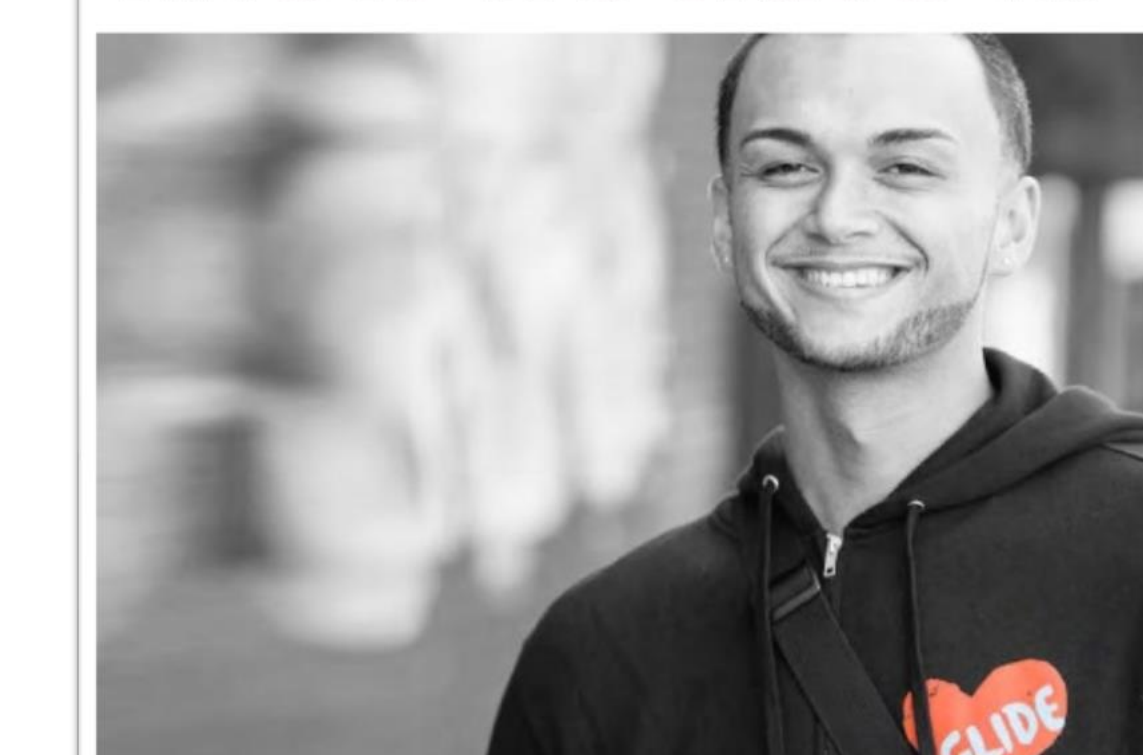
Living with Hep C? New treatments have changed the game



There is new hope for people with Hep C. Come visit us to talk about the new cure.

GLIDE Harm Reduction Program - 5th floor
330 Ellis Street (between Taylor & Jones)
San Francisco, CA 94102
(415) 674-5188 / hepcc@glide.org
For more info, visit www.sfhiv.org/hcv

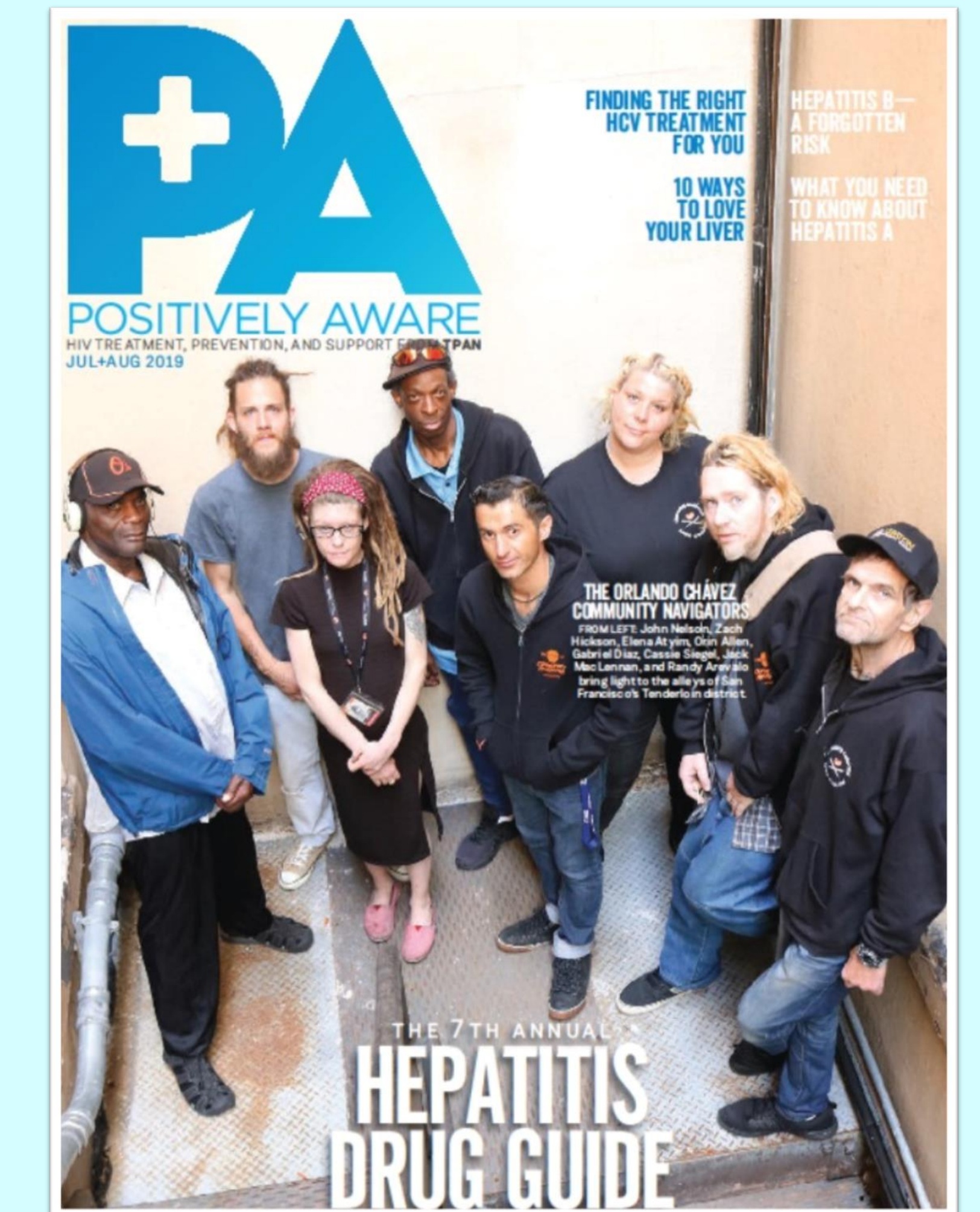
We can't treat Hep C if we don't know we have it.



There is new hope for people with Hep C. Come visit us to get tested.

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GLIDE HCV campaign posters



GLIDE Orlando Chavez Community Navigators on the cover of *Positively Aware*, Summer 2019

Conclusions

By dramatically expanding the venues and locations where we provided services, we were able to increase convenient access to our services to people experiencing homelessness and other marginalized populations.

Many people with HIV and or HCV were reached through our program that may have otherwise remained unaware of their status.

Co-locating and integrating services allowed increased access and availability of sterile injection supplies and OD Prevention Trainings & Narcan Distribution to People Who Inject Drugs.

Even with 3.0FTE HCV Health Navigators, we still had challenges getting people through the testing cascade to treatment and SVR 12. Our Mobile Health Services Program is intended to improve our follow through with clients.

Further information

Please contact Paul Harkin for further information or comment.

PaulHarkin@glide.org

<https://www.glide.org/program/hiv-hep-c-and-harm-reduction-services/>

