

What this information is and how you can use it

This document contains practice implications or recommendations from the Health Department pertaining to people who inject drugs (PWID) and HIV treatment and prevention. It uses data from the NHBS, a public health survey funded by the Centers for Disease Control and Prevention (CDC) and implemented by the Philadelphia Department of Public Health.

These practice implications should guide organizations and people who work with PWID when providing or discussing services with consumers or drafting policies. They represent the most effective route right now using available resources at reducing new HIV infections, the goal of the Ending the HIV Epidemic in Philadelphia community plan.

These recommendations have a companion fact sheet with specific data and other information on the City's website.

The problem

Last decade, Philadelphia was ready to declare HIV functionally eradicated among PWID. Then, it all started to reverse as America's nationwide opioid crisis took hold. New diagnoses of HIV among PWID started to increase,

By 2019, new diagnoses had increased to 151% percent of what they were in 2016. To address this distressing trend, the Health Department declared an HIV outbreak among PWID in 2018.

The practice implications

The Health Department's AIDS Activities Coordinating Office makes these seven recommendations using data from the NHBS along with other data. They use science, insights from our epidemiologists and other experts, and public health best practices. The practice implications align with the "Ending the HIV Epidemic in Philadelphia" community plan released on World AIDS Day 2019.

That plan, available in its entirety on the Health Department's website, is the Philadelphia area jurisdiction's five-year strategic plan. Its primary goal is reducing new HIV infections by 75 percent by 2025.

For more information the "Ending the HIV Epidemic in Philadelphia" community plan, please visit phila.gov/Health.

Practice implication 1: Medical and other service providers must discuss substance use and injection behaviors with everyone.

A common, unscientific misconception is that PWID identify as heterosexual and are one race. Data shows that PWID are an increasingly diverse population representing people of all races, gender identities, and sexual orientations all engaging in a variety of risk behaviors.

Practice implication 2: PWID must test for HIV more frequently.

The Health Department currently recommends PWID test for HIV every three months. Given the local HIV outbreak among PWID, repeated and frequent testing is an important intervention.

Philadelphia believes in a status-neutral approach. This means that all people, regardless of HIV status, receive the same level of engagement starting with an HIV test. If someone tests HIV-negative, then providers should start a conversation about PrEP and HIV prevention overall. If someone tests positive, then providers should engage over HIV treatment.

Practice implication 3: Medical, substance use disorder, and HIV service providers must talk about sexual behaviors with and increase STI testing in PWID.

Just like people who don't inject drugs, PWID engage in behaviors that can increase the risk of HIV and STI exposure. In some cases, PWID engage in sexual behaviors at higher rates than the general population.

Yet, across local PWID, STI testing is low with only 3 in 10 men and 5 in 10 women getting an STI test within the last year.

Practice implication 4: We must all promote PrEP more among PWID as well as educate providers who work with PWID.

While about 40 percent of PWID have heard about PrEP, the highly effective treatment that can involve taking one pill daily to prevent HIV, less than 10 percent of PWID had used PrEP in the last year in 2018. It's important to note that PrEP is now free under all insurances, including Medicaid, as regulators consider it preventative care under the Affordable Care Act.

Practice implication 5: Access to Hepatitis C testing and treatment should increase among PWID.

HCV awareness and testing is widespread among people who inject drugs but the frequency with which they test and their linkage to treatment must improve: about 9 in 10 PWID have had an HCV test ever but less than 2 in 10 of those who had ever tested positive took medicine to cure their HCV infection. Compared to the general population, PWID who live with HCV are accessing treatment at much lower rates.

There are highly effective treatments that cure HCV; these are widely accessible. In Pennsylvania, there are no requirements for "sobriety" to receive HCV treatment although this is a common misconception.

Practice implication 6: Medication-assisted treatment (MAT) programs are high priority avenues for outreach to promote PrEP, both to providers and consumers.

Despite being an effective, evidence-based treatment, MAT still does not have the reach or support to have successful outcomes in PWID. 6 in 10 PWID surveyed in the NHBS reported accessing MAT in the last year, 9 in 10 were still injecting drugs more than once per day.

Even so, given that so many have had access to MAT in the last year, MAT sites and programs are key opportunities to talk about HIV testing and HIV treatment or prevention, like PrEP.

Practice implication 7: Distribution of syringes must improve and expand in order to successfully reverse rising rates of both HIV and HCV prevalence in PWID over time.

While there is high use and access to syringe programs in Philadelphia, the majority of PWID are not using sterile syringes all the time when they inject which puts them at risk of infectious diseases like HIV.

Plainly, this means that current access is insufficient, leading to increased reuse of unsterile, single-use syringes. Not only are used syringes possible vectors for HIV, but the reuse of single-use disposable syringes severely degrades their efficacy, leading to repeated attempts or sticks and a greater likelihood of injury or infection.

Reusing or sharing non-sterile, single-use syringes increases entirely avoidable injury, illness, and death among PWID.

As such, expanded syringe distribution is needed to stem the tide of the current outbreak of HIV in PWID in Philadelphia.

Similarly, supervised injection sites (SIS) are medically-supervised facilities providing a hygienic environment in which PWID are able to, under the supervision of trained staff, consume drugs they themselves bring. The goal is to reduce the health and neighborhood quality-of-life issues often associated with public drug consumption, including fatal accidental overdoses.

Our interviews found that the vast majority of PWID would consider using such a facility if one existed in Philadelphia. To put it another way, there is overwhelming support for opening a safe injection site in Philadelphia by those most at risk of injury, illness, or death from injecting drugs as they would benefit most from the services.

A recent publication estimated that Philadelphia averted about 10,000 HIV infections in the 10 years after implementation of syringe services programs in Philadelphia.

These cases never happening has saved taxpayers nearly \$250 million each year from averted HIV cases.

More comprehensive data as well as other reports is available on the Health Department's website at phila.gov/health.

For more information on the NHBS or HIV, visit cdc.gov.

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