

**Tele-Harm Reduction:
Leveraging Syringe Services Programs to
Bring High Quality Care to People who
Inject Drugs**

Hansel Tookes III, MD, MPH

*55th ASAM Annual Conference, Friday,
April 5, 2024*



Disclosure Information

Broadening Perspectives to Narrow the Treatment Gap

Friday, April 5, 2024

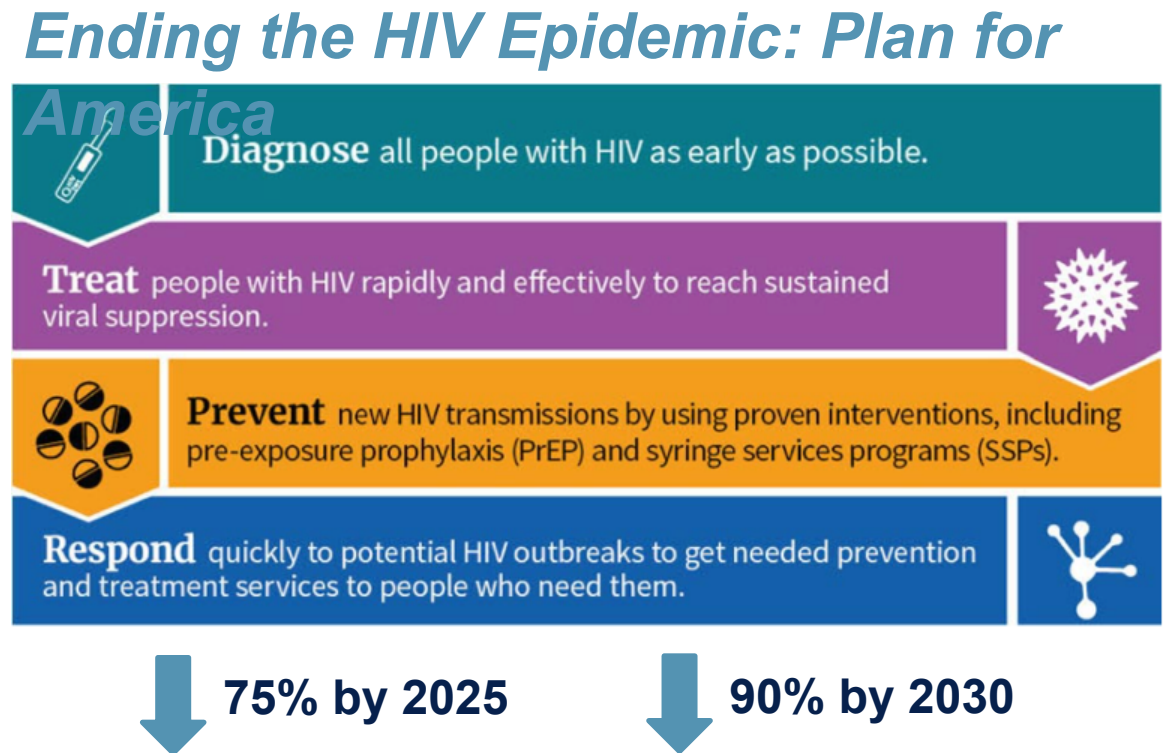
Hansel Tookes III, MD, MPH

- Grant funding from the National Institute on Drug Abuse.
- Grant funding from Gilead Sciences and ViiV Healthcare.



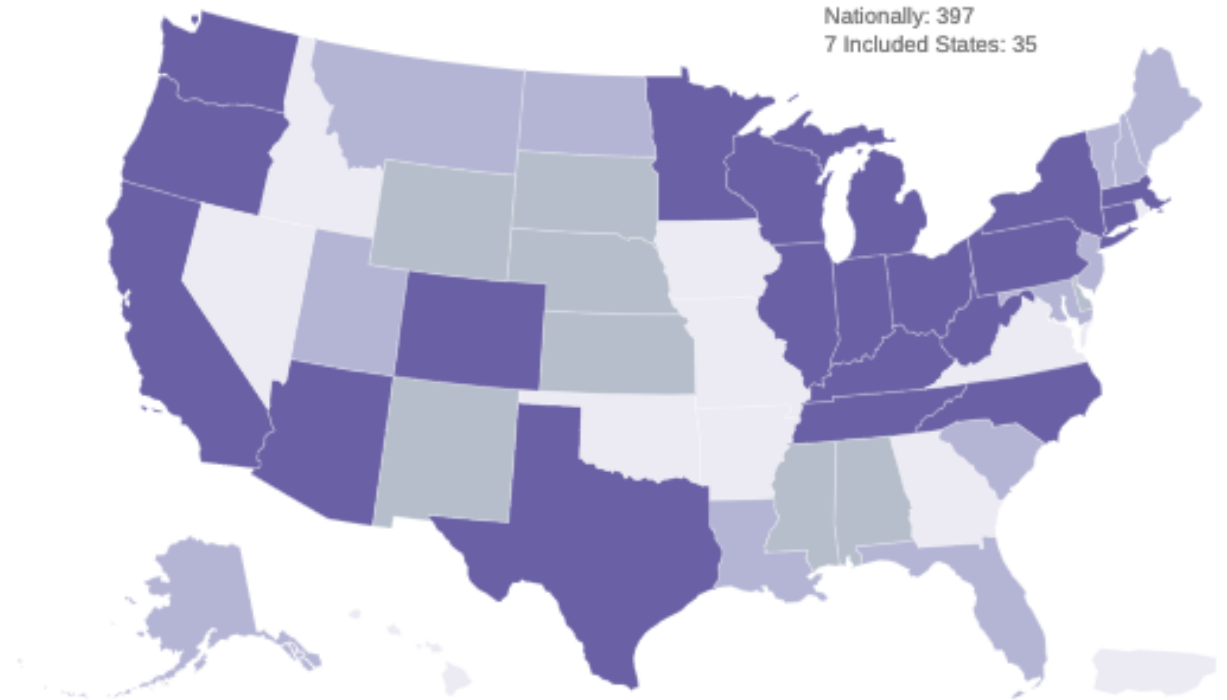
Background

- **Syringe Service Programs (SSPs)**, at their foundation, are community-based programs that provide access to sterile injection equipment at no cost, education around safe injection practices and help facilitate safe disposal of used needles/syringes.
- Reduce HIV and HCV incidence
- Cost-effective and cost-saving
- Access to naloxone and overdose prevention
- Wrap-around services



SSP Policy Expansion

Ending the HIV Epidemic: Plan for America



Nationally: 397
7 Included States: 35

SSP Locations in the US

Why?



Source: CDC

SSP Policy Expansion

Table 2
Domains and Themes Identified in Qualitative Interviews.

Domain	Themes
Legal and Policy Barriers	<ul style="list-style-type: none">● SSPs are operating in a fragile legal environment● Community resistance as a non-legal barrier● Pervasive stigma fuels legal and policy barriers
Funding Challenges	<ul style="list-style-type: none">● SSPs are currently operating with a patchwork of funding● The Federal funding ban is preventing SSP implementation and growth● Perceptions of funding opportunities vary across programs● Stigma perpetuates SSP funding challenges
Changing Drug Use Trends and Illicit Drug Supply	<ul style="list-style-type: none">● The expanding number of people injecting drugs and seeking services at SSPs● The emergence of illicit fentanyl has amplified the challenges faced by SSPs● A resurgence of methamphetamine is further challenging SSPs
Strategies SSPs are Pursuing to Overcome Barriers and Challenges	<ul style="list-style-type: none">● Advocacy and engagement in the policy process to remove legal and policy barriers● Capitalizing on all potential funding sources● Expanding the reach of SSPs

“The politics of drug policy can be either ‘zero tolerance’ or ‘harm reduction’. For the former, drug policy signifies a moral statement by government against drug use....For harm reduction, government’s role is to protect society from the consequences of drug use, but not eliminate drug use itself...”

Ruiz et al, 2015, Ritter et al, 2011; Jones et al 2019

10-Year Journey

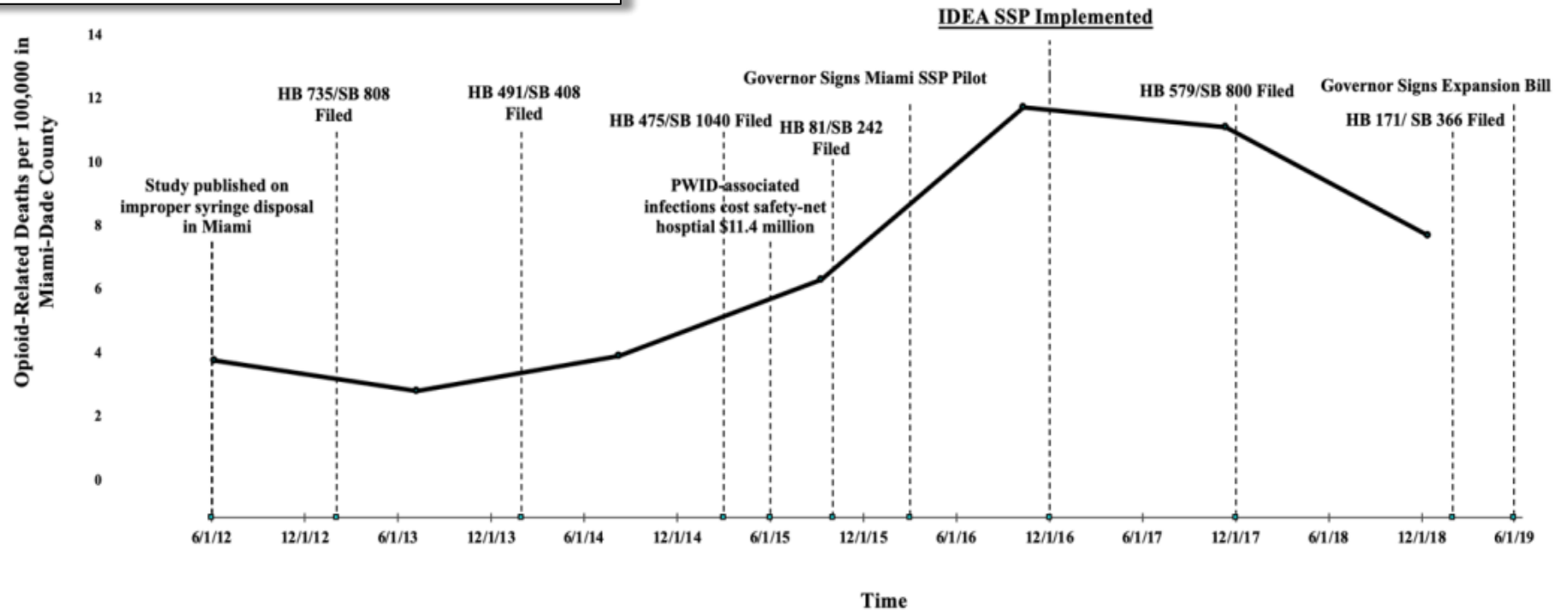
The University of Miami Infectious Disease Elimination Act (IDEA) Syringe Services Program

A Blueprint for Student Advocacy, Education, and Innovation

Tookes, Hansel MD, MPH; Bartholomew, Tyler S.; St. Onge, Joan E. MD, MPH; Ford, Henri MD, MHA

[Author Information](#)

Timeline of SSP Legislation in Florida





SHOTS - HEALTH NEWS



Key Florida Republicans Now Say Yes To Clean Needles For Drug Users

June 27, 2019 · 11:21 AM ET
Heard on [Weekend Edition Saturday](#)

State News

House Panel Greenlights Bill To Replicate Miami Needle Exchange Program

Florida Is The Latest Republican-Led State To Adopt Clean Needle Exchanges

By Sammy Mack, WLRN
JULY 2, 2019

REPUBLISH THIS STORY
DISPONIBLE EN ESPAÑOL

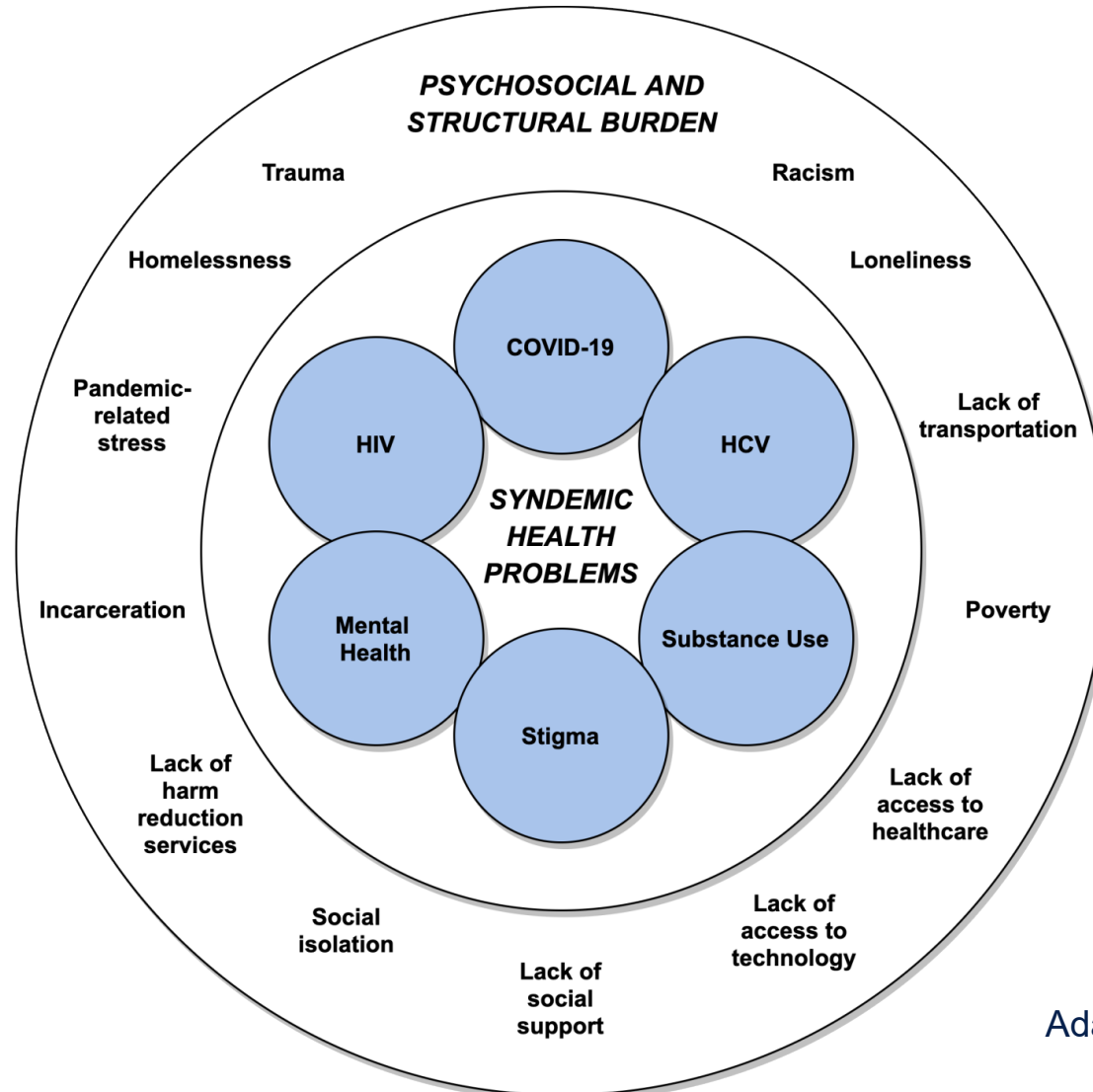
This year, when Bradley heard discussion of the needle exchange bill again, he had a different response.

“I just want to say, when I started my career in the Senate, I voted against the pilot project — and I was wrong,” he said as he voted for the bill this time. “And the results speak for themselves. It’s very good public policy.”



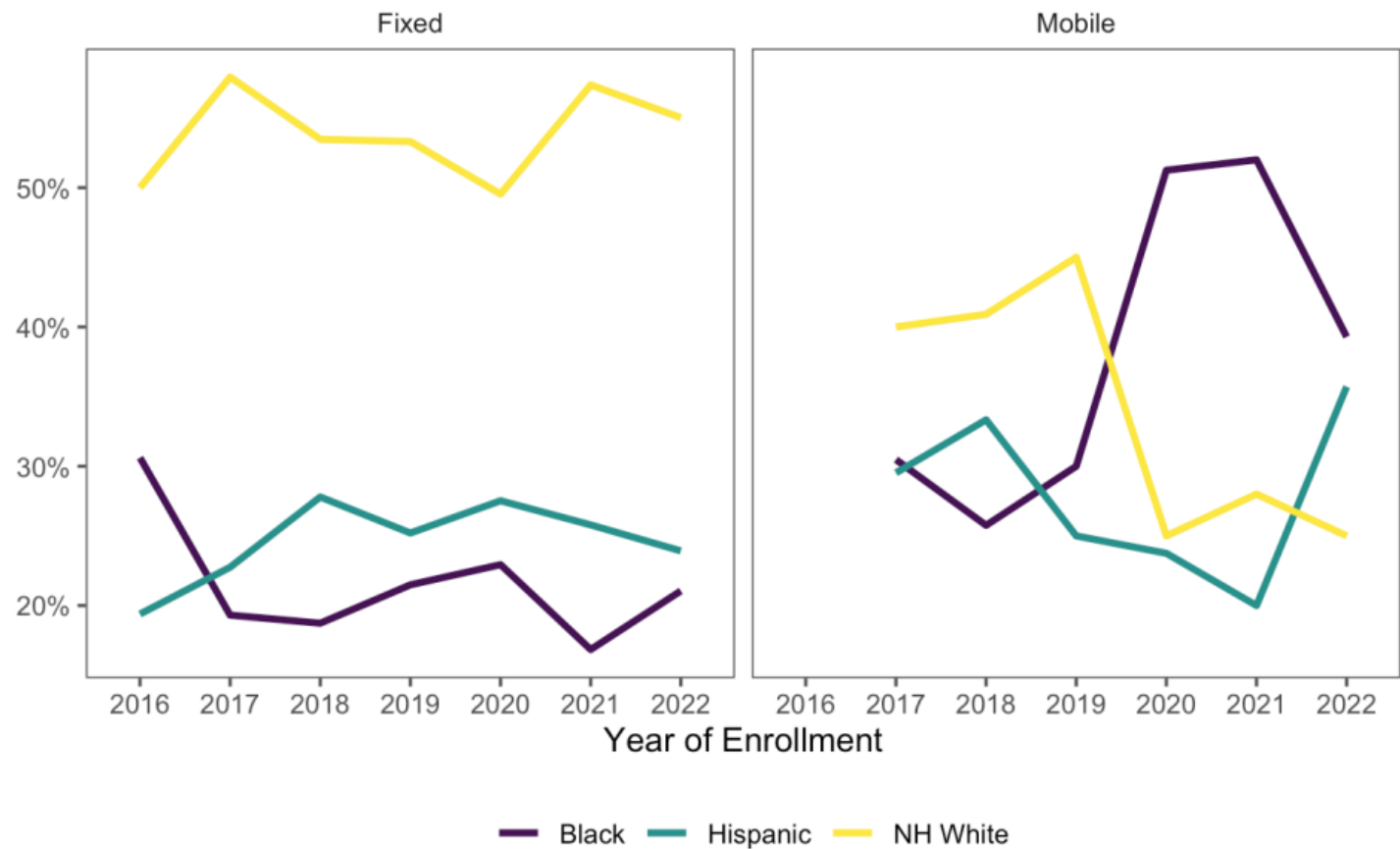
What barriers do people who inject drugs face?

Figure 1. Adapted syndemic conceptualization of HIV, HCV, and COVID-19 among people who inject drugs



Improving Equitable Reach

Annual Proportion of New People Using Miami IDEA Exchange by Race
N = 2,111



HIV Outbreak Identification and Response

AIDS and Behavior (2020) 24:246–256
<https://doi.org/10.1007/s10461-019-02680-9>

ORIGINAL PAPER



Rapid Identification and Investigation of an HIV Risk Network Among People Who Inject Drugs –Miami, FL, 2018

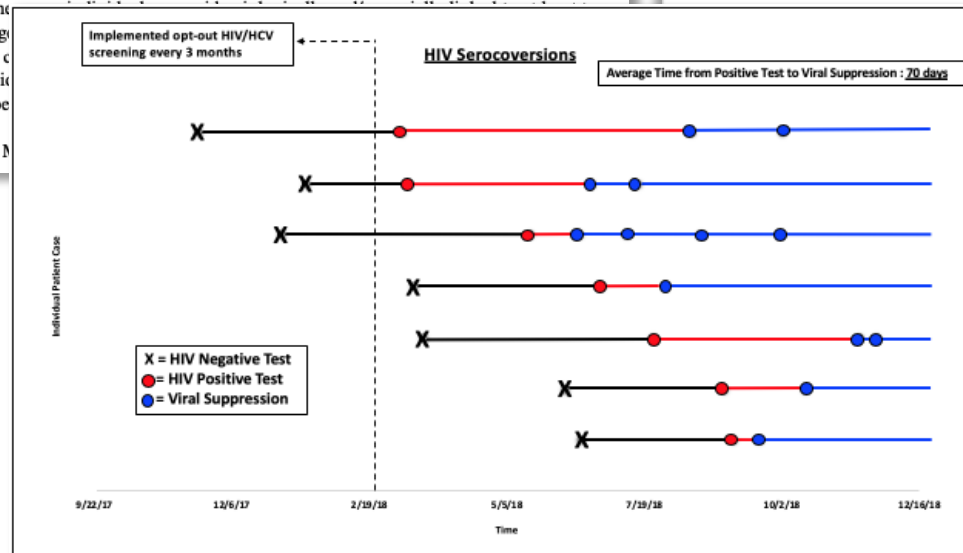
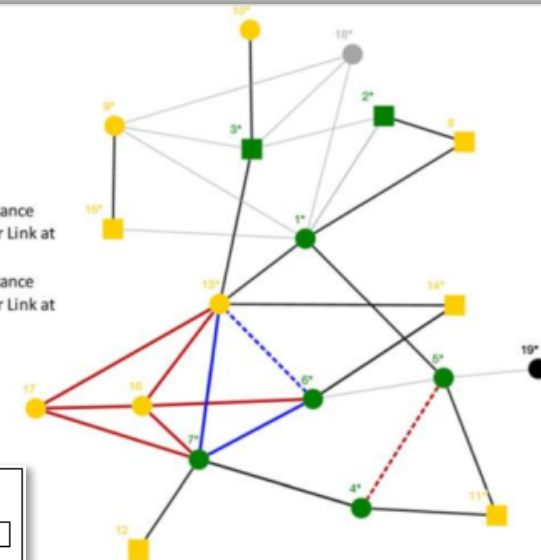
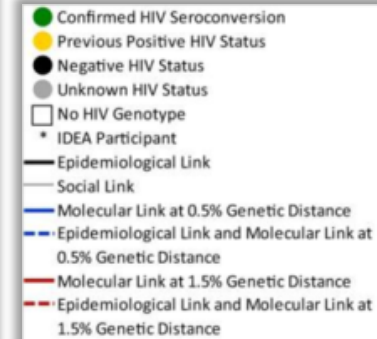
Hansel Tookes¹ · Tyler S. Bartholomew¹ · Shana Geary² · James Matthias^{3,2} · Karalee Poschman^{4,2} · Carina Blackmore² · Celeste Philip² · Edward Suarez¹ · David W. Forrest¹ · Allan E. Rodriguez¹ · Michael A. Kolber¹ · Felicia Knaul¹ · Leah Colucci¹ · Emma Spencer²

Published online: 25 September 2019
 © The Author(s) 2019

Abstract

Prevention of HIV outbreaks among people who inject drugs remains a challenge to ending the HIV epidemic in the United States. The first legal syringe services program (SSP) in Florida implemented routine screening in 2018 leading to the identification of ten anonymous HIV seroconversions. The SSP collaborated with the Department of Health to conduct an epidemiologic investigation. All seven acute HIV seroconversions were linked to care (86% within 30 days) and achieved viral suppression (mean 70 days). Six of the other seroconversions. Analysis of the HIV genetic distance. We identified a risk network with contact methods or molecular analyses alone. Proactive linkage and patient navigation, could be

Keywords People who inject drugs · HIV · M



What is Tele-Harm Reduction?

- ◆ Telehealth-enhanced
- ◆ Peer-facilitated
- ◆ **On-demand** services
- ◆ **Low-barrier** access to ART, MOUD, and HCV cure
- ◆ Mobile phlebotomy
- ◆ Harm reduction counseling and medication management
- ◆ Telehealth mental health/substance use disorder services
- ◆ Delivered via an SSP, integrated with the provision of evidence-based naloxone and injection equipment



Tele-Harm Reduction Intervention

> [Drug Alcohol Depend.](#) 2021 Oct 27;229(Pt A):109124. doi: 10.1016/j.drugalcdep.2021.109124.
Online ahead of print.

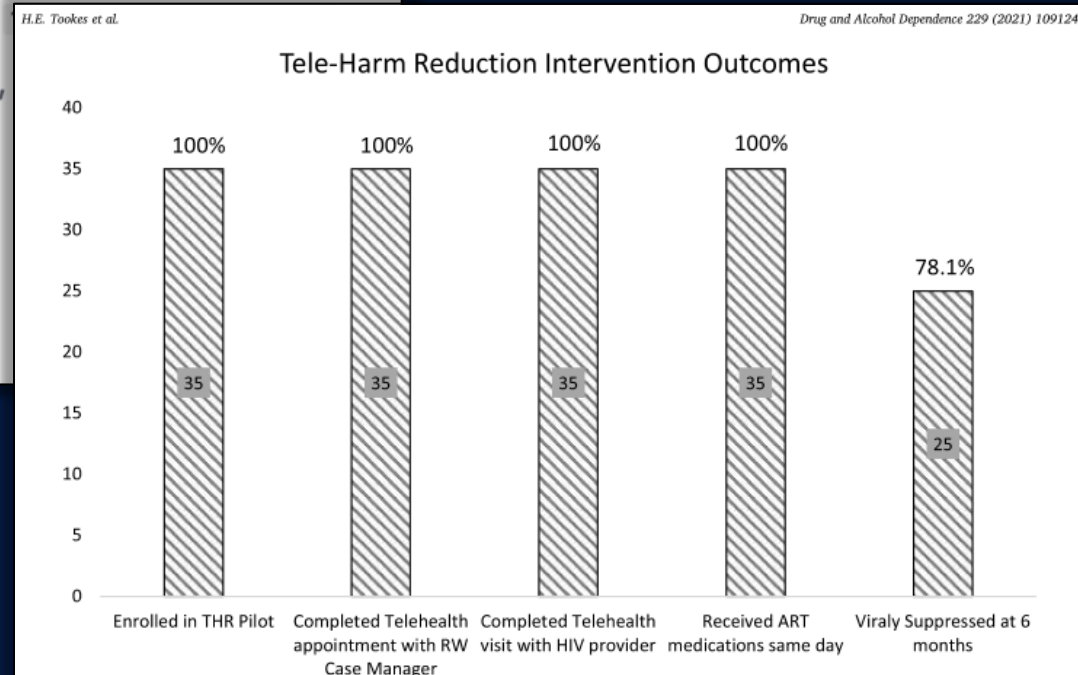
Acceptability, feasibility, and pilot results of the tele-harm reduction intervention for rapid initiation of antiretrovirals among people who inject drugs

Hansel E Tookes¹, Tyler S Bartholomew², Edward Suarez³, Elisha Ekowo⁴, David W Forrest⁴, David P Serota¹, Allan Rodriguez¹, Michael A Kolber¹, Angela Mooss⁶, Derek Boyd⁶, Candice Sternberg¹, Lisa R Metsch⁷

Affiliations + expand

PMID: 34781096 DOI: [10.1016/j.drugalcdep.2021.109124](https://doi.org/10.1016/j.drugalcdep.2021.109124)

[Free article](#)






Adapted THR Model for MOUD

ANNALS OF MEDICINE
2023, VOL. 55, NO. 1, 733–743
<https://doi.org/10.1080/07853890.2023.2182908>



OPEN ACCESS [Check for updates](#)

Adaptation of the Tele-Harm Reduction intervention to promote initiation and retention in buprenorphine treatment among people who inject drugs: a retrospective cohort study

Edward Suarez, Jr.^a, Tyler S. Bartholomew^b , Marina Plesons^c, Katrina Ciraldo^d, Lily Ostrer^c, David P. Serota^e , Teresa A. Chueng^e, Morgan Frederick^e, Jason Onugha^f and Hansel E. Tookes^e 

^aDepartment of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, FL, USA; ^bDivision of Health Services Research and Policy, Department of Public Health Sciences, University of Miami Miller School of Medicine, Miami, FL, USA; ^cUniversity of Miami Miller School of Medicine, Miami, FL, USA; ^dDepartment of Family and Community Medicine & Department of Obstetrics, Gynecology and Reproductive Sciences, University of Miami Miller School of Medicine, Miami, FL, USA; ^eDivision of Infectious Diseases, Department of Medicine, University of Miami Miller School of Medicine, Miami, FL, USA; ^fDepartment of Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

ABSTRACT

Background: At the start of the pandemic, relaxation of buprenorphine prescribing regulations created an opportunity to create new models of medications for opioid use disorder (MOUD) delivery and care. To expand and improve access to MOUD, we adapted and implemented the *Tele-Harm Reduction (THR)* intervention; a multicomponent, telehealth-based and peer-driven interven-

ARTICLE HISTORY

Received 26 October 2022
Revised 22 December 2022
Accepted 15 February 2023

Characteristic	aOR	95% CI
Age	0.99	0.95, 1.05
Biological Sex		
Male	2.45	0.60, 9.99
Female	REF	REF
Race/Ethnicity		
Non-Hispanic Black	0.48	0.09, 2.47
Hispanic	0.84	0.23, 3.04
Non-Hispanic White	REF	REF
Insurance status at enrollment		
Uninsured	0.39	0.07, 2.09
Underinsured	4.71	0.37, 59.69
Insured	REF	REF
Housing status at enrollment		
Unstably Housed (in shelter)	2.43	0.60, 9.83
Rough sleeping (street)	1.33	0.28, 6.34
Stably Housed	REF	REF
Stimulant use at baseline		
Yes	0.29	0.09, 0.93
No	REF	REF
Escalated buprenorphine dose post baseline		
Yes	8.09	1.83, 35.87
No	REF	REF
Saw Provider via Telehealth in first 3 months		
Yes	7.53	2.36, 23.98
No	REF	REF



CHARIOT Trial

R01-DA058352 (Tookes & Bartholomew)

Title: *In pursuit of a one-stop shop: a hybrid type 1 effectiveness-implementation trial of comprehensive tele-harm reduction for people who inject drugs*

Setting: IDEA Miami SSP (fixed and mobile)

Primary Aim: Evaluate the effectiveness of C-THR on PrEP and MOUD initiation and retention

Secondary Aim: Cost, cost-effectiveness and long-term clinical impact of C-THR

Secondary Aim: Assess implementation process and scalability of C-THR

Bartholomew et al. *Harm Reduction Journal* (2022) 19:133
<https://doi.org/10.1186/s12954-022-00721-6>

Harm Reduction Journal

RESEARCH

Open Access



“We want everything in a one-stop shop”: acceptability and feasibility of PrEP and buprenorphine implementation with mobile syringe services for Black people who inject drugs

Tyler S. Bartholomew^{1*}, Barbara Andraka-Cristou^{2,3}, Rachel K. Totaram², Shana Harris^{3,4}, Susanne Doblecki-Lewis⁵, Lily Ostrer⁵, David P. Serota⁵, David W. Forrest⁶, Teresa A. Chueng⁵, Edward Suarez⁷ and Hansel E. Tookes⁵

Abstract

Introduction: A recent surge in HIV outbreaks, driven by the opioid and stimulant use crises, has destabilized our progress toward targets set forth by *Ending the HIV Epidemic: A Plan for America* for the high-priority community of people who inject drugs (PWID), particularly Black PWID.

Methods: In order to ascertain the acceptability and feasibility of using a mobile syringe services program (SSP) for comprehensive HIV prevention via PrEP and medications for opioid use disorder (MOUD), our mixed methods approach included a quantitative assessment and semi-structured qualitative interviews with Black PWID ($n = 30$) in Miami-Dade County who were actively engaged in mobile syringe services.

Results: Participants felt that delivery of MOUD and PrEP at a mobile SSP would be both feasible and acceptable, helping to address transportation, cost, and stigma barriers common within traditional healthcare settings. Participants preferred staff who are compassionate and nonjudgmental and have lived experience.

Conclusions: A mobile harm reduction setting could be an effective venue for delivering comprehensive HIV prevention services to Black PWID, a community that experiences significant barriers to care via marginalization and racism in a fragmented healthcare system.

Keywords: PrEP, Medications for opioid use disorder, Syringe services program, Black people who inject drugs



Availability of telehealth-based services at syringe services programs under the COVID-19 Public Health Emergency

Tyler S. Bartholomew¹, Hansel E. Tookes^{1*}, Teresa A. Chueng¹, Ricky N. Bluthenthal², Lynn D. Wenger³, Alex H. Kral³ and Barrot H. Lambdin³

Abstract

Introduction The expanded capacity of syringe services programs (SSPs) in the USA to integrate telehealth services was largely related to flexibility of buprenorphine prescription in response to the COVID-19 pandemic. SSPs demonstrated the potential of using telehealth to reach participants with both medical and non-medical services. The present study examines the implementation of medical and non-medical telehealth-based health services in 2020 at SSPs in the USA and organizational characteristics associated with adopting specific telehealth services.

Methods We administered a cross-sectional survey among all known SSPs operating in the USA as of 2021. The two primary study outcomes were (1) implementation of medical telehealth and (2) implementation of non-medical telehealth in 2020. Medical services included HIV counseling/care, hepatitis C virus (HCV) counseling/care, and buprenorphine. Non-medical services included wellbeing/check-ins, overdose prevention training, health navigation, harm reduction and psychological counseling. Bivariate and multivariable mixed effects logistic regression models were used to directly estimate the odds ratio associated with organizational characteristics on the implementation of telehealth-based health services.

Results Thirty percent of programs ($n = 290$) reported implementing telehealth-based health services. In multivariable logistic regression models, community-based organization SSPs had higher odds of implementing medical (aOR = 4.69, 95% CI [1.96, 11.19]) and non-medical (aOR = 2.18, 95% CI [1.10, 4.31]) health services compared to public health department SSPs. SSPs that received governmental funding had higher odds of implementing medical services via telehealth (aOR = 2.45, 95% CI [1.35, 4.47]) compared to programs without governmental funding.

Conclusion Community-based organization SSPs and those with government funding had the highest odds of telehealth implementation in response to the COVID-19 Public Health Emergency. Federal, state, and local governments must increase funding for low-barrier venues like SSPs to support telehealth implementation to serve the needs of people who use drugs.

Adoption of
telehealth
services at
SSPs

Acknowledgements

- IDEA Participants
- IDEA Faculty
- Lisa Metsch
- Florida Department of Health
- University of Miami Miller School of Medicine
- Dean Henri Ford

