

Framework for IDU Health and Wellness

Excerpt from the California HIV/AIDS Planning Group *Framework for Injection Drug User Health and Wellness*, 2009.

Purpose

The Framework for IDU Health and Wellness was written by the California HIV Planning Group's Substance Use/IDU Task Force in collaboration with OA staff and in consultation with community experts. It was inspired by the *Framework for Gay Men's Health and Wellness*, which was developed in 2004 by the Gay Men's Task Force of the CHPG. In that document, the authors state that the Task Force concluded that "sustained HIV prevention efforts have faltered, in part, because they focused singularly on a disease—AIDS—rather than focusing on the diverse health and wellness of gay men...[H]ealth promotion must be the platform and disease prevention one of the planks among all health-related initiatives targeting gay men. HIV prevention, therefore, must begin with promoting overall health and wellness including physical, mental, spiritual, and sexual." A similar comprehensive approach is emerging as best practice for HIV prevention and care for injection drug users. The World Health Organization and the Centers for Disease Control and Prevention are among the organizations that have recommended comprehensive services as the most effective way of preventing HIV for IDUs and other drug users.

Premise

The Substance Use/IDU Task Force asserts that one of the best ways to discourage self-destructive behaviors is to foster value for health and wellness among drug users, as well as a sense of worth and self-acceptance that is not contingent upon abstinence from drugs. The Framework emerges from the philosophy of harm reduction, which holds as one of its key principles that drug users are treated with dignity and as full members of society. The harm reduction model holds much in common with strength-based models of social work and social change, which emphasize the assets of individuals and communities over their deficits.

It is crucial to recognize that the social stigma that exists in this country against injection drug use is institutionalized in ways that affect the health and wellness of IDUs and their communities. This stigma probably deters many people from beginning injection. However, once a person begins injection, that same stigma can pervade every aspect of an individual's life, determining where and how they live, whether or not they receive health care, whether they are treated well or poorly in many different situations and whether they are free or imprisoned. Incarceration increases risk of disease transmission and overdose, and further jeopardizes IDU health. Homophobia, sexism, racism, ageism, classism, and other oppressions that IDUs face, and sometimes perpetrate, also affect IDU health. Additionally, it is well documented that IDUs of color disproportionately bear the burden of HIV disease. Drug using youth also experience multiple oppressions resulting in health disparities. Understanding the debilitating effects of discrimination must be a priority for research, service design and delivery.

Key Principles

The *Framework for IDU Health and Wellness* is based on the following key principles:

1. Drug users have a right to protect their own health and the health of those around them;
2. Drug users should have the means by which to protect their health, including access to sterile injection equipment sufficient to meet their needs;
3. All drug users should receive accurate, non-biased and non-judgmental information on illicit drugs and other substances;
4. All drug users should receive the same level of care as any other individual accessing health care or social services;
5. Drug users should have access to drug and alcohol treatment on demand;
6. Providers should recognize the valid and valuable expertise that people who use drugs can give to designing, delivering and evaluating effective services;
7. Health care and social service professionals should ensure that the provision of services to drug users is not contingent upon the individual's agreement to enter drug treatment, or abstain from drug use. Service providers must not withhold appropriate treatments or services from drug users; and
8. Services should be provided in a manner that encourages engagement and retention in care.

Background

Injection drug use has been a familiar aspect of California community life for many decades. With some notable exceptions, state and local governments have not successfully addressed the complex social and medical needs of IDUs who are not in drug treatment programs. The emphasis on identifying and serving the needs of IDUs outside of the drug treatment system is important: research indicates that fewer than half of all injectors report having ever used any substance abuse treatment services in their lifetimes.

In California, drug users, their allies and advocates started rallying around issues of IDU health in the 1980s, when SEPs were first established in order to reduce the risk of HIV infection for drug users, their partners and families. Despite considerable legal and social barriers, IDUs and their allies were successful in establishing [more than 35] SEPs in California, and in integrating services for drug users into countless other health and social service programs in the state. Numerous success stories point to the little-recognized fact that IDUs have been successfully taking responsibility for their own health and the health of their communities for many years.

Community-based organizations (CBOs) are crucial points of intervention and care. People who use drugs interact with virtually every social service system in California.

Syringe exchange programs have taken the lead to engage and serve current injection drug users; however, there remain many untapped opportunities for community-based service programs to help reduce negative health outcomes for drug users, and enhance drug user health and wellness.

Some of the actions CBOs may take include:

1. Provide safer injection education to all active drug users;
2. Offer overdose prevention education and response, and distribute naloxone¹, especially to people who have been recently incarcerated;
3. Examine policies that exclude active drug users or limit their program participation by referring potential program participants to other agencies rather than serving them directly;
4. Recognize the expertise drug users have by training and employing them as volunteers and staff;
5. Expand syringe access by providing sterile syringes and safe disposal to people injecting drugs;
6. In regions where syringe access is limited by law, provide IDUs with ancillary materials, such as cookers and sterile water, in order to protect IDU health;
7. Ensure that staff members are trained to provide education and treatment referral for significant IDU health issues, including hepatitis, abscess prevention and wound care;
8. Ensure referrals to drug treatment are up-to-date, and include referrals to buprenorphine and methadone maintenance therapy where available;
9. Ensure that staff members are educated in the effects of incarceration on IDU health and are able to provide services that reduce its negative impacts.

¹ Naloxone, sometimes known by the brand name Narcan, is an opiate antagonist used to reverse the effects of an overdose.