



Full length article

Young people who use drugs engaged in harm reduction programs in New York City: Overdose and other risks



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ARTICLE INFO

Keywords:

Harm reduction
Overdose
Young adult
Drug use
Injection drug use
Community-based research
New York City
Opioid
Benzodiazepine

ABSTRACT

Background: Little is known about the engagement of young people who use drugs (PWUD) in harm reduction programs (HRPs), and few studies have included non-opioid users and non-injectors. While HRPs have effectively engaged PWUD, young people are under-represented in their services.

Methods: The Injection Drug Users Health Alliance Citywide Study (IDUCS) is the largest community-based study of PWUD in HRPs in the US. From 2014–2015, 2421 HRP participants across New York City (NYC) completed a cross-sectional survey. We investigated differences in socio-demographics, service utilization, and risk behaviors between young (aged 18–30) and older participants and examined factors associated with overdose among young participants.

Results: The study included 257 young participants. They were significantly more likely than older participants to be white, educated, uninsured, unstably housed or homeless, and have a history of incarceration and residential drug treatment. They were more likely to report recent overdose but less likely to report knowledge of naloxone. Young participants also had higher rates of alcohol, marijuana, benzodiazepine, and injection drug use, and related risk behaviors such as public injection. Factors associated with past year overdose among young participants included experiencing symptoms of psychological distress (AOR = 9.71), being unstably housed or homeless (AOR = 4.39), and utilizing detox (AOR = 4.20).

Conclusions: Young PWUD who access services at HRPs in NYC differ significantly from their older counterparts. New York City and other urban centers that attract young PWUD should consider implementing harm reduction oriented services tailored to the unique needs of young people.

1. Introduction

In 2015, one in every 10 Americans reported using illicit drugs (Center for Behavioral Health Statistics and Quality, 2016). From 2002–2012, drug treatment admissions for prescription opioids increased by 400% and for benzodiazepines by 245% (SAMHSA, 2014). Overdose death rates have risen substantially in the United States — from 2000 to 2014, those involving prescription opioids nearly quadrupled and those involving heroin quintupled (National Center for Health Statistics, 2015). In New York City (NYC), overdose deaths increased every year between 2010 and 2015 (NYC DOHMH, 2016a).

These trends are particularly pronounced among young people. Self-reported non-medical use of opioid analgesics (Broz et al., 2014a) and benzodiazepines (National Center for Health Statistics, 2015) has grown among people under 35. Drug treatment admissions among 18–29 year olds nationwide rose from 28% of total admissions in 2012 – to 34% in 2012 (SAMHSA, 2014). Young people are at increasing risk for overdose. The largest increases in opioid-related overdose deaths in NYC in 2016 were among 15–24 year olds (New York City Department of Health and Mental Hygiene, 2016) and the rate of benzodiazepine-involved overdose deaths has risen every year since 2000 (NYC DOHMH, 2016b).

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Aside from fatal overdose, people who use drugs (PWUD) disproportionately experience health and social risks, and poor health outcomes. Substance use disorders are often accompanied by mental illness (Kessler, 2004; SAMHSA, 2005; World Health Organization, 2009), and access to effective, integrated health care is sparse (McGovern et al., 2006; Mojtabai, 2004). PWUD are also frequently jailed or imprisoned (DeBeck et al., 2009). This, in combination with other substance use-related factors, contribute to diminished employment and educational opportunities (Maragh-Bass et al., 2016; Mark et al., 2001), unstable housing (Thompson et al., 2013), and day-to-day trauma for PWUD (Bungay et al., 2010; Shannon et al., 2008). People who inject drugs (PWID) experience even greater risks, including injection-related infections such as HIV (Des Jarlais et al., 2005), Hepatitis C (HCV) (Prussing et al., 2014), and bacterial infections (Bassetti and Battegay, 2004), as well as increased risk of drug overdose (Jenkins et al., 2011).

Young PWUD are at higher risk for HIV (Broz et al., 2014a; Fennema et al., 1997) and HCV (Holtzman et al., 1994) than their older counterparts, and young PWID engage in higher rates of sexual risk behaviors (Mateu-Gelabert et al., 2015) and sharing of injecting equipment, which are key risk factors for blood-borne infections (Bassetti and Battegay, 2004; Des Jarlais et al., 2005). Clusters of new HCV cases have arisen among young PWID, often in non-urban settings (CDC, 2014; Zibbell et al., 2014). However, the link between these and other risk factors to overdose in young people has not been well-studied. Existing research suggests that (1) young people are at heightened risk of overdose (Sherman et al., 2007); (2) young PWUD are relatively uninformed about overdose prevention and naloxone (Frank et al., 2015); and (3) HIV risks are closely associated with overdose (Ochoa et al., 2001). Prior literature also suggests that young PWUD differ socio-demographically from their older counterparts; young people who experience overdose or use opioids are more likely to be white and live in non-urban settings (Cicero et al., 2014; Frank et al., 2015; Sherman et al., 2007). Young people present some of the greatest challenges and opportunities to promote health and long-term recovery among PWUD. However, effective prevention and treatment strategies rarely focus on their unique needs.

Harm reduction is a public health philosophy and service delivery model that reduces the risks of drug use while respecting the dignity and autonomy of PWUD. Harm reduction programs (HRPs) are the gold-standard for reducing new HIV infections attributed to injection drug use—in NYC, HIV rates among PWID have decreased to statistically negligible levels (Des Jarlais et al., 2016). HRPs provide a range of services for PWUD including sterile injecting equipment and harm reduction counseling, medical services, support groups, linkage to health care and drug treatment services, and case management.

HRPs are a critical source of care, stabilization, and an entry point into other health and social services for PWUD of all ages (Islam et al., 2012; MacMaster and Vail, 2002; Sears et al., 2001). Yet, little is known about young PWUD accessing HRPs, and existing studies have been limited to injectors (Bailey et al., 2003; Fennema et al., 1997; Golub et al., 2007; Havens et al., 2012; Marshall et al., 2011) or opioid users (Frank et al., 2015; Hadland et al., 2014; Mackesy-Amiti et al., 2014; Zibbell et al., 2014). Evaluation of the impact of HRPs beyond preventing blood-borne diseases has been insufficient, and there is dearth of information on their impact on young people. To begin to fill these knowledge gaps, we sought to answer the following questions: (1) are there differences in the socio-demographic characteristics between young NYC HRP participants (aged 18–30) and older participants; (2) are young participants more likely to report overdose, injection drug use, and other health risk behaviors; and (3) what factors are associated with recent overdose among young participants?

2. Methods

This study analyzes data from the Injection Drug Users Health

Alliance Citywide Study (IDUCS), the largest community-based study of PWUD in HRPs in the US. This repeated cross-sectional survey was developed and implemented by the Injection Drug Users Health Alliance (IDUHA), a coalition of the 14 syringe exchange programs in NYC (IDUHA, 2016). The IDUCS study was approved by the NYC Department of Health and Mental Hygiene Institutional Review Board (IRB) and the analysis for this paper was approved by the Rutgers University IRB.

2.1. Study population

The IDUCS sample consisted of people receiving services at 14 HRPs across all five boroughs of NYC. HRPs were defined as any New York State Department of Health licensed syringe exchange program. Participant eligibility criteria included enrollment in a NYC HRP, age of 18 years or older, and ability to complete an interviewer-administered survey in English or Spanish. Participants were recruited from 57 sites in all NYC boroughs where harm reduction services are delivered, including single residence occupancy hotels and street-based outreach sites, offices/drop-in centers, and mobile units. Convenience sampling was utilized to maximize the sample size and reflect typical service provision. This analysis includes merged data from Phases 2 (June 2014; 1303 participants) and 3 (June 2015; 1235 participants) of the IDUCS.¹ Some variables were only collected during Phase 3 and are therefore excluded from multivariate analysis to retain sample size and power. All variables had less than 10% missing values; list-wise deletion obtained a sample size of 2251 participants.

2.2. Study design

IDUHA partnered with peer educators (individuals who have experience with drug use and are central to HRP service provision) to design the survey and train field interviewers. The survey covered ten domains: socio-demographics, HRP service utilization, housing, legal status, drug use, injection drug use, overdose, health care utilization, mental health, and satisfaction with services. Where possible, validated measures were adapted from the Columbia University Community Health Advisory & Information Network (CHAIN) ongoing prospective HIV study (HIV Health and Human Services Planning Council of New York, 2016), the National Survey of Drug User Health (NSDUH) (SAMHSA, 2015), and the National HIV Behavior Surveillance (NHBS) (Broz et al., 2014b). The survey was pre-tested with HRP participants.

Field interviewers, who underwent 16 hours of training to ensure cultural competence, were comprised of students or community members recruited through existing HRP volunteer programs or online job postings. The survey was orally administered and took about 15 minutes in to complete. Round-trip metro cards were offered as incentives to participants. Further details regarding the IDUCS study design are described elsewhere (IDUHA, 2015).

2.3. Measures

The primary outcome for this study is past year overdose. Participants were asked “*in your life, have you ever used drugs so strong they caused you to overdose?*” and if yes, “*have you overdosed within the past year?*”

The IDUCS survey collected socio-demographic characteristics including age; gender; race/ethnicity; language spoken most often; and highest level of education completed. To measure housing status, participants were asked: “*in the past 3 months, where have you been staying?*” Responses were re-coded into three categories: (1) stable/housed (rooming with others or in their own place), (2) unstable/temporary

¹ Where there were duplicates, Phase 3 responses were retained. Phase 1 was utilized as a pilot phase.

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