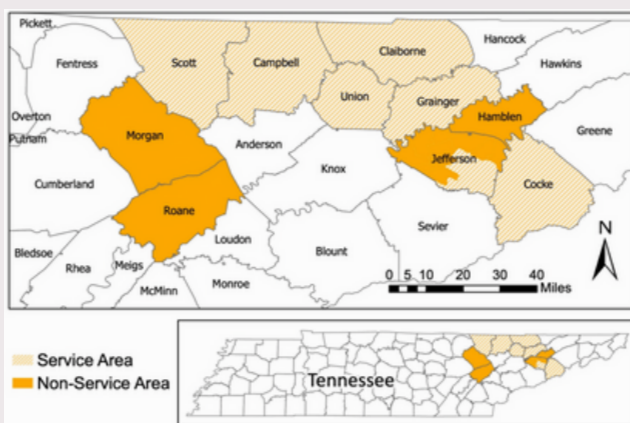


Drug-Takeback Program

Katherine Buchman

One program under the COURAGE umbrella is focused on helping people safely dispose of opioids they have at home once they are no longer needed for treatment of people or their pets. The *Drug-Takeback Program* has a simple premise: provide patients with a stamped, secure envelope that they can use to send their unneeded opioids to a facility for safe disposal. This program has prioritized distribution of these envelopes by working with health care providers who prescribe or distribute opioids, including OBGYNs, dentists, veterinarians, orthopedic surgeons, pharmacists, and hospice care providers. We offer envelopes and informational brochures at no cost to these providers in the COURAGE service area and ask them to pass along those materials to anyone prescribed opioids. This reduces the amount of opioids easily available in our community. We are happy to announce that in the first three months of recruiting for this program we have gained seven new partners!

If you know a service provider who is interested in distributing drug-takeback envelopes to their patients, please contact Dr. Jennifer Tourville at jennifer.tourville@tennessee.edu. We will happily offer materials to any provider prescribing opioids in our service area. The map below shows the COURAGE service area.



SYNDEMIC CONDITIONS ISSUE

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Understanding Syndemic Conditions

Jordan Shipley

The word "syndemic" is an abbreviation of the term "synergistic epidemic." A syndemic is marked by the presence of two or more disease states which exacerbate each other and are associated with some degree of societal inequity. The term was introduced in the 1990s by Merrill Singer, a medical anthropologist, who used the term to describe the distribution of HIV in inner-city residents, who also tend to experience higher rates of domestic violence and substance abuse.

Syndemics can involve communicable or non-communicable chronic diseases. The syndemic framework encourages public health and medical practitioners to consider structural issues such as systemic racism, the absence of a robust mental healthcare system, and poverty as they address pressing public health concerns.

One syndemic that currently shapes many of the challenges faced by public health practitioners is the interaction between substance use disorder (SUD), HIV, and sexually transmitted infections (STIs).

People of color are more susceptible to each of these health conditions, as are people with low incomes and people who are unhoused, and people of color are in turn more likely to be low-income or unhoused.

In addition, these disease strata often interrelate where having one condition often increases the risk of developing one or both of the other two. SUD, particularly when it involves intravenous drugs, also confers higher risk of HIV due to sharing needles and re-using used needles. HIV and other STIs can also be transmitted sexually. In addition, having a pre-existing STI places a person at higher risk of contracting HIV due to the typical sores and breaks in the skin surrounding the genital area; these provide an additional route for the virus to enter the body. Finally, SUD often increases the risk of contracting an STI, given the increased likelihood of risky sexual practices and hesitation to seek medical care, as related to lack of financial resources or stigma related to their SUD.

Syndemic Contitions:

Impact on Treatment Practices

"THE SYNDEMIC FRAMEWORK ENCOURAGES PUBLIC HEALTH AND MEDICAL PRACTITIONERS TO CONSIDER STRUCTURAL ISSUES SUCH AS SYSTEMIC RACISM, THE ABSENCE OF A ROBUST MENTAL HEALTHCARE SYSTEM, AND POVERTY AS THEY ADDRESS PRESSING PUBLIC HEALTH CONCERNS."

Jordan Shipley

Addressing the syndemic of HIV, SUD, and other STIs in a healthcare perspective can be challenging due to the systemic factors that exacerbate the issue, including stigma and lack of healthcare access. However, healthcare providers do have some options when treating the syndemic of HIV, SUD, and other STIs:

- First, reducing stigma and treating patients without judgment is critical to establishing a supportive provider-patient rapport.
- Second, providers can refer patients to resources for SUD treatment as well as harm reduction services like syringe services programs. Providers may consider offering PrEP to intravenous drug users, but accessibility is often limited due to financial constrictions.

Reference

Centers for Disease Control and Prevention. (2019). Syndemics: health in context. (2017). The Lancet, 389(10072). <https://www.cdc.gov/std/statistics/2019/Syndemic-Infographic.pdf>

CDC. "STDs and HIV – CDC Basic Fact Sheet." <https://www.cdc.gov/std/hiv/stdfact-std-hiv.htm>

Murali, V., and Jayaraman, S. (2018). Substance use disorders and sexually transmitted infections: a public health perspective. <https://doi.org/10.1192/bja.2017.14>

Syndemic Conditions:

Recommendations for Healthcare Providers

Rebeca Nieves

In 2019, the Centers for Disease Control and Prevention suggested healthcare providers incorporate the following four practices to combat the negative effects syndemic conditions on health outcomes:

- Promote prevention and care across related systems, including housing, education, and the justice system.
- Provide patients with resources, including housing, food, transportation, and employment.
- Integrate existing programs, such as syringe services, substance use disorder treatment programs, and HIV testing and pre-exposure prophylaxis programs in STI clinics. Identifying “outside-the-box” opportunities for collaboration and integration.
- New solutions could include developing partnerships with pharmacies and retail health clinics or modernizing and streamlining data systems, such as hub and spoke platforms.

Reference

Centers for Disease Control and Prevention. (2019). <https://www.cdc.gov/std/statistics/2019/Syndemic-Infographic.pdf>

"HOLISTIC,
COORDINATED
CARE IS
CRITICAL FOR
ADDRESSING
THESE
OVERLAPPING
EPIDEMICS"
(CDC, 2019)

Jonathan Johnson, MPH

Harm Reduction Manager, Knox County Health Department

QUESTION + ANSWER

Interviewed by Rebeca Nieves

WHAT DOES YOUR JOB INVOLVE AS THE HARM REDUCTION MANAGER FOR THE KNOX COUNTY HEALTH DEPARTMENT?

I primarily work in HIV prevention and homeless outreach work. I also oversee the harm reduction navigation program and work with the overdose fatality team. Although the work mainly focuses on the Knox County area, we collaborate with the East TN Regional Office since many of the conditions do not stop at any given county line, such as overdose clusters.

IN WHAT WAYS DO THE PROGRAMS YOU WORK WITH IMPACT OUR COMMUNITY?

The Knox County Health Department intensely monitors overdose data from various sources, such as hospitals and forensic centers. We track overdose trends, drugs being used, and if 'naloxone' is present at the time of the event. These help inform how to best mitigate drug use consequences, which is supplemented through our collaboration with Metro Drug Coalition on primary prevention efforts.

WHAT COMPONENT OF YOUR WORK ARE YOU MOST PASSIONATE ABOUT?

I particularly enjoy working with Hepatitis C considering that the treatment regimens have come far enough that it is curable. This is not the case for many viral infections, particularly those with fatal consequences. I think there is much room for growth given how simple and feasible the treatment is. However, this is a disease should be getting much more attention than it currently is.

Johnson, continued

ARE THERE ANY ISSUES THAT HAVE RECENTLY SURGED THAT HAVE IMPACTED YOUR WORK?

Although this (funding for Hepatitis C virus) is not a new issue, there is no funding for Hepatitis C virus (HCV) programming and resources when compared to HIV programming, despite mortality data showing how necessary these are. Unfortunately, there is no established infrastructure or awareness about HCV, despite it being so virulent, which then causes problems for uninsured and under-resourced patients who are seeking care.

WHAT ARE SOME COMMON MISCONCEPTIONS YOU OFTEN FIND IN YOUR AREA OF WORK?

There is a general misconception that we enable substance use when promoting safer-use practices, including naloxone distribution, and working with syringe services programs. This often comes from a lack of exposure to the problem along with a misunderstanding of what we do. Our job is to mitigate harms and the spread of diseases, primarily blood-borne illnesses. A lot of misconceptions seems to come from stigma and misunderstanding of people who use drugs and not understanding that addiction is a disordered thinking due to brain changes, associated with a need to use drugs.

WHAT DO YOU RECOMMEND FOR PEOPLE HOPING TO EDUCATE THEMSELVES ON SYNDEMIC CONDITIONS OR HARM REDUCTION?

For syndemic work, ask people to think what that means to them specifically, since you can take various approaches to it (e.g., medical models, socioecologic models) and include different variables into these models. They should ask themselves, what can they do about the syndemic? Good, evidence-based resources are available from the CDC, the Southeast AIDS Education and Training Center, and the University of Washington's online HIV curriculum. Lastly, map out which resources are available in an individual's community and consider what health clinics they can visit, where they can get rapid tests for HIV, STIs, or HCV, who prescribes PrEP and, ultimately, understand how their lived environment can impact their health outcomes,

Links to resources highlighted above:

[HIV Resource Library - CDC](#)

[Southeast AIDS Education and Training Center](#)

[National HIV Curriculum](#)

Below you'll find some helpful resources to continue learning about syndemic conditions and some organizations that you could get involved with.

Resource	Link	Target Group	Description
CDC Infographic	https://www.cdc.gov/std/statistics/2019/syndemic-infographic.pdf	Health Practitioners, Public Health Practitioners	An infographic created by the CDC outlining the rise of STIs and how to address the integration of STIs, HIV, Substance Use, Viral Hepatitis.
End the Syndemic Tennessee	https://www.dropbox.com/s/bbxrbiai26oirbq/2020-03-26%2008.39%20Ending%20The%20Syndemic%20Webinar.mp4?dl=0	Health Practitioners, Public Health Practicioners	A 30 minute Webinar describing the relationship between HIV, STIs, and SUD in Tennessee by Amber Coyne, coordinator of End the Syndemic.
End the Syndemic Tennessee	http://www.tccnetwork.org/uploads/8/0/4/9/8049362/amber_coyne_4.27.20_introducing_ets_data_branded.pdf	Health Practitioners, Public Health Practitioners	A PDF copy of the slides used in the Webinar outlined above created by Amber Coyne, coordinator of End the Syndemic.
CAI	https://caiglobal.org/	Health Practitioners, Public Health Practitioners	CAI is a non-profit organization that work to improve the quality of health care and social services delivered to vulnerable populations worldwide. They offer a wide range of educational training and technical assistance services to health and social service providers. These range from reproductive health and family planning to HIV/AIDS prevention and substance abuse.

Share these opportunities with colleagues and communities members with an interest in promoting health in your area.

Vaping Basics and How to Prevent it

RCORP-ETC Meeting

July 21, 1-3pm EST via Zoom



Andrea Villanti, PhD, MPH

Dr. Villanti will discuss the dangers and status of vaping with an emphasis on adolescents and rural communities.



Craig PoVey, MSW

Mr. PoVey will share leading prevention practices, emphasizing an ecological approach.

RSVP Below!



Stigma Reduction Trainings

PRESENTED FREE OF CHARGE

AVAILABLE IN-PERSON OR ONLINE



Substance Use Disorder and the Brain



Impact of Adverse Childhood Experiences (ACEs)



Social Determinants of Substance Use Disorder in Rural East Tennessee



For more information or to request a training, contact:
Pastor Kyle Prichard



423-489-1927



pastorkyle@thehillcc.net

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