All Together Now: Needle Exchange and HIV Telehealth in Miami

A novel tele–harm reduction approach helped people with HIV start treatment and achieve an undetectable viral load.

December 13, 2021 By Heather Boerner

Six months after HIV-positive people who inject drugs started HIV care via a telehealth harm reduction program, 78% of the small sample had an undetectable viral load, according to a study published in Drug and Alcohol Dependence.

Hansel Tookes, MD, an infectious disease doctor at the University of Miami who cofounded the IDEA Miami syringe exchange program, designed the telehealth program after interviewing seven IDEA clients living with HIV and holding focus groups with 16 people.

Thanks to the efforts of a team of peers, social workers and a linkage-to-care coordinator, within three hours, clients were enrolled in the Ryan White services and AIDS Drug Assistance Programs. They had their first videoconference with an HIV provider and had their first batch of antiretroviral medications either delivered to the exchange or sent to a local pharmacy. Clients had the option of keeping their medications in lockers at the exchange or having staff members bring the meds to them wherever they were. During video calls, clients could access HIV care, substance use care and care for other health conditions. All along, staffers worked with clients to identify ways to address the barriers that kept them from taking their medications and used motivational interviewing to help them advocate on behalf of their own health.

Twenty-five people participated in interviews. Almost everyone thought getting HIV care at the syringe exchange was not only acceptable but preferable because they didn't feel judged there. Not everyone was comfortable doing office visits online, though. Some clients were concerned about privacy and doubted their prowess in using the technology.

Thirty-five people living with HIV enrolled in the pilot program. Most were men and unstably housed; three out of four injected heroin. Six months in, the pilot had done 652 medication drops to clients, and clients had had 94 telehealth visits. At the end of six months, 25 of those 35 (78%) had an undetectable viral load. In addition, 27 of 34 people diagnosed with opioid use disorder received medication-assisted therapy for their addiction, and five received treatment for hepatitis C.

Among white participants, 83% achieved an undetectable viral load at six months, compared with 71% of Black participants and 57% of Latino participants. Women were also more likely to achieve viral suppression, at a rate of 80%, compared with 65% of men. People who identified as gay or bisexual had a 100% viral suppression rate, compared with 67% of those who identified as straight. Among people with unstable housing, 68% reached an undetectable viral load.

Tookes and colleagues called the results for this small group of people “preliminarily promising.”

“Recent increasing HIV incidence among [people who inject drugs] adds an urgency as well as a complexity in pursuit of an approach to achieve viral suppression and prevent incident infections,” wrote Tookes and colleagues. “The traditional health care system is not well designed to engage marginalized communities into care.… Our new [tele-harm reduction] approach expands upon current models of care and uses technology to bring HIV care out of the traditional medical system to serve and treat a marginalized population.”

Click here to read the full study.

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