

Drug User Health Hubs: A Model Public Health Response in New York

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As municipalities across the U.S. struggle to address the public health and safety challenges associated with drug use and fatal overdoses, innovative and effective collaborative approaches are necessary. New York State is leading the way by implementing new models called “Drug User Health Hubs.” This fact sheet provides basic information about these programs and discusses how they provide models for effective municipal public health and public safety partnerships.

BACKGROUND

In 2016, the New York State Department of Health AIDS Institute Office of Drug User Health provided support for pilot projects called “Drug User Health Hubs” in three areas of the State. Existing harm reduction programs were given expansion funds to develop and implement innovative models to address the immediate health and safety of people who use drugs. The three programs;

Project Safe Point, Evergreen Health Services Harm Reduction Center, and Prevention Point provide services in the Capital Region, Western NY, and Southern Tier regions respectively. In 2017, an additional seven programs received funds to develop and implement the model after the early successes of the three pilots.

CORE SERVICES

While each program has tailored respective models to meet the needs of the communities served, there are several key components considered fundable through the Office of Drug User Health.

Medication Assisted Treatment (MAT): Harm reduction programs are uniquely positioned to facilitate immediate access to effective evidence-based treatment using buprenorphine. Activities may include assessment for buprenorphine, medical intake and assessment, prescribing and induction, dosage determination and maintenance. Prescribing includes follow-up sessions with staff to promote treatment adherence.

Treatment Readiness, Referral, and Peer Support: Drug User Health Hubs can take referrals for assistance from individuals, family members, friends, community members, first responders, service providers, treatment programs, and others for individuals not ready, willing, or able to enter substance use treatment and/or maintain abstinence. Programs can utilize trained staff, peers, and others to support individuals at all points of their use and recovery. Activities include readiness counseling, benefits assistance, treatment referrals, peer and recovery coach support, and relapse prevention/aftercare.

Overdose Aftercare, Prevention and Naloxone Distribution: While each of the selected Health Hub organizations and programs have historically been on the front lines of naloxone distribution in community and harm reduction settings, this model advances these efforts by providing direct referral arrangements with law enforcement, first response, emergency care, and other entities in order to provide immediate access to overdose aftercare and naloxone. Buprenorphine may also be used as a crisis intervention tool for opioid overdose prevention.

Medical Care: Drug User Health Hubs provide a crucial means to address immediate health needs such as wound and abscess care, access to sterile injection and other safer use materials, and health and safer use education. Health Hub staff can provide assessment and triage of presenting health needs and assist with treatment referral, navigation, and follow-up. Screening for HIV, Hepatitis C, and STD's can be provided as can vaccinations for Hepatitis A and B.

Law Enforcement Referrals: Health Hubs serve as a crucial resource for law enforcement and others to provide immediate access to health and safety resources,

as well as entry into treatment and services for people who use drugs. Law enforcement officers, for example, are able to directly contact Health Hub staff so that an immediate response can occur when a non-fatal overdose occurs. This response ensures that the individual as well as their social network and family are offered support and services to reduce the likelihood of another overdose.

Law Enforcement Assisted Diversion (LEAD): LEAD is a pre-arrest and pre-booking diversion program for individuals in contact with law enforcement as a result of psychosocial drivers that include substance use. In LEAD, law enforcement personnel utilize discretion to link participants with harm reduction case management and outreach services. Programs can use the Drug User Health Hub model to establish, expand, support, or otherwise interface with LEAD projects.

Anti-Stigma Activities: Health Hub staff can work with providers, community groups and others to eliminate stigma for people who use drugs and help them embrace harm reduction as a philosophy and practice.

MUNICIPAL / COMMUNITY STRATEGIES

While it is acknowledged repeatedly that we cannot “arrest our way out of” the overdose crisis, and communities, elected officials, law enforcement, first responders and others express frustration at the lack of available public health resources at their disposal, few practical alternatives have been implemented. Drug User Health Hubs provide an effective framework for municipalities and communities to address the complex issues of public health and safety associated with drug use, and offer a real alternative to problematic and ineffective strategies based on failed drug war methodologies. By deploying harm reduction-based public health resources, these programs can simultaneously protect public safety while promoting and improving individual and community health.

For more information, visit the New York State Department of Health AIDS Institute Office of Drug User Health's website at https://www.health.ny.gov/diseases/aids/general/about/substance_user_health.htm or contact Keith Brown, Director of Health and Harm Reduction: keith@katalcenter.org