



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Session 1:

Ending the Syndemic, presented by Jorge Mera, MD

Harm Reduction in Alaska, presented by Maya Bowers and Eleanor Pollo

These presentations were part of the one-day Fairbanks Syndemic Clinical Training: Addressing the Syndemic of Substance Use Disorders and Related Disease States held on April 9 and April 10, 2025.



Ending the Syndemic: A Tribal Health Approach

Addressing interconnected epidemics of Substance Use Disorder, Hepatitis C, HIV, and STIs in Indigenous communities through integrated care approaches.

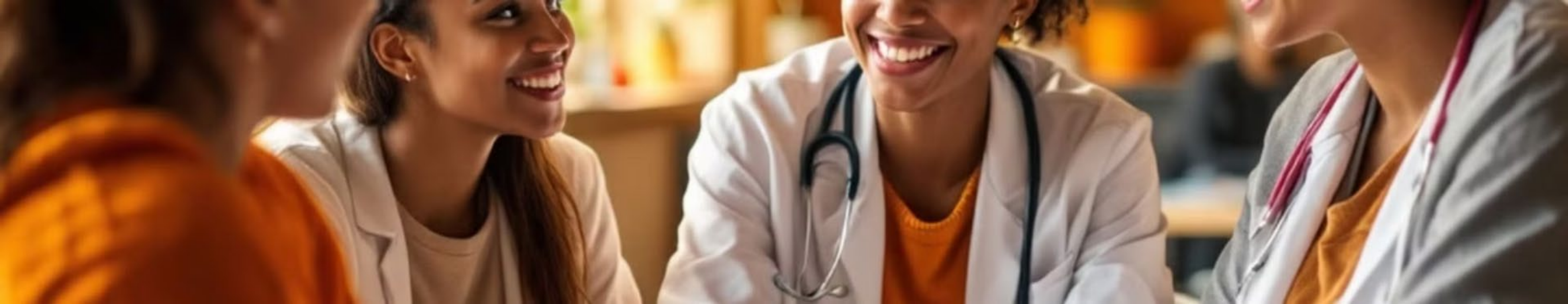
Presented by Dr. Jorge Mera, MD, FACP | ECHO Medical Director | Northwest Portland Area Indian Health Board





Unconscious Bias Disclosure

- I recognizes that language is constantly evolving, and while I make every effort to avoid bias and stigmatizing terms, I acknowledge that unintentional lapses may occur in my presentations.
- I value your feedback and encourage you to share any concerns related to language, images, or concepts that may be offensive or stigmatizing.
- Your input will help me refine and improve my presentations, ensuring they remain inclusive and respectful to participants.



Learning Objectives

1

Explain the concept of a Syndemic

2

Recognize the impact of the opioid epidemic
in relation to the HIV & HCV epidemics

3

Describe interventions to mitigate the
HIV/STI/SUD/HCV syndemic at a macro,
micro and individual level

Syndemic Core Principles

What Is a Syndemic?

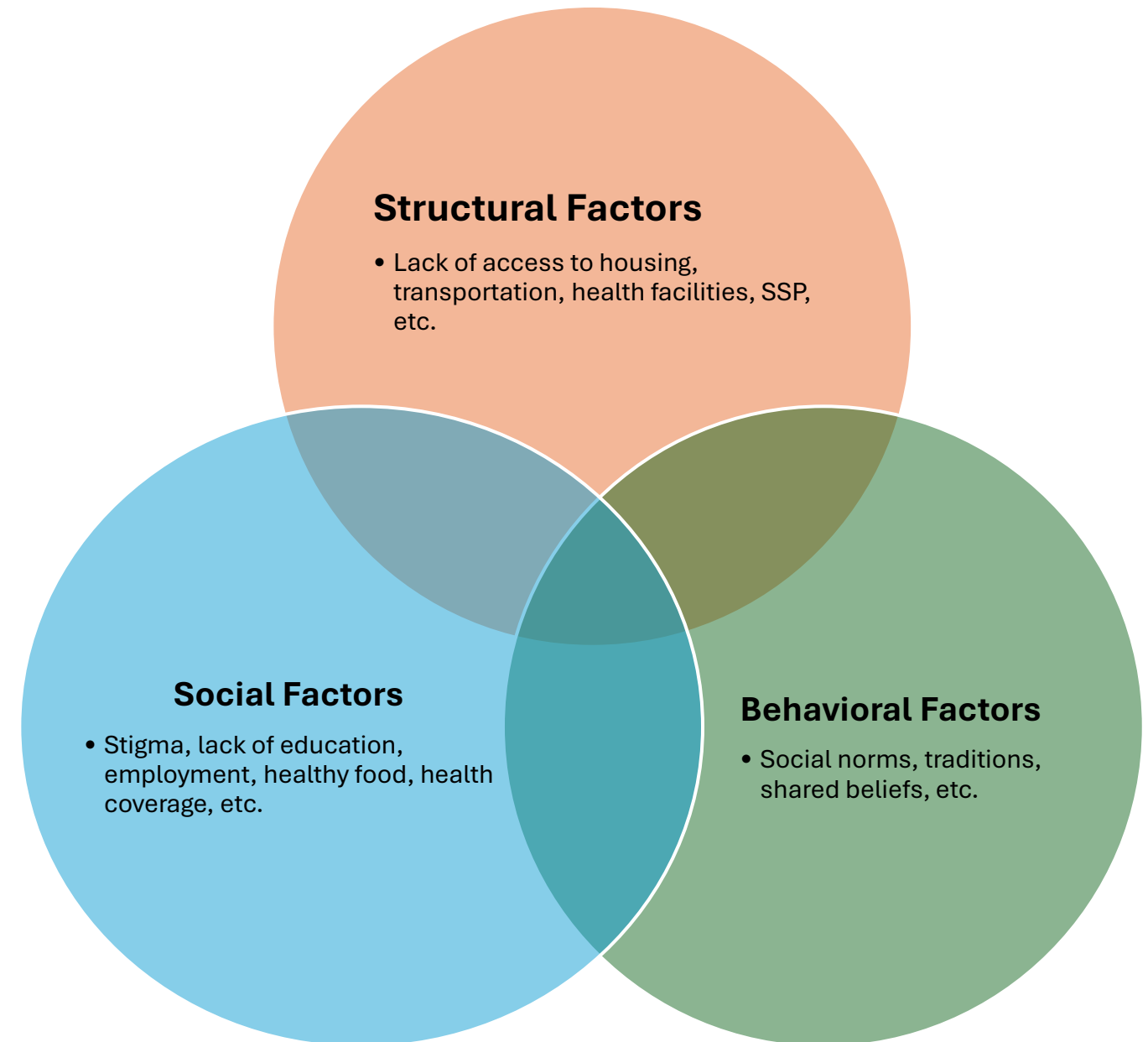
Interacting epidemics that worsen health outcomes

Common Pattern

Multiple health issues cluster together together

Amplifying Effect

Presence of one condition increases risk of risk of others



Syndemic Core Principles

What Is a Syndemic?

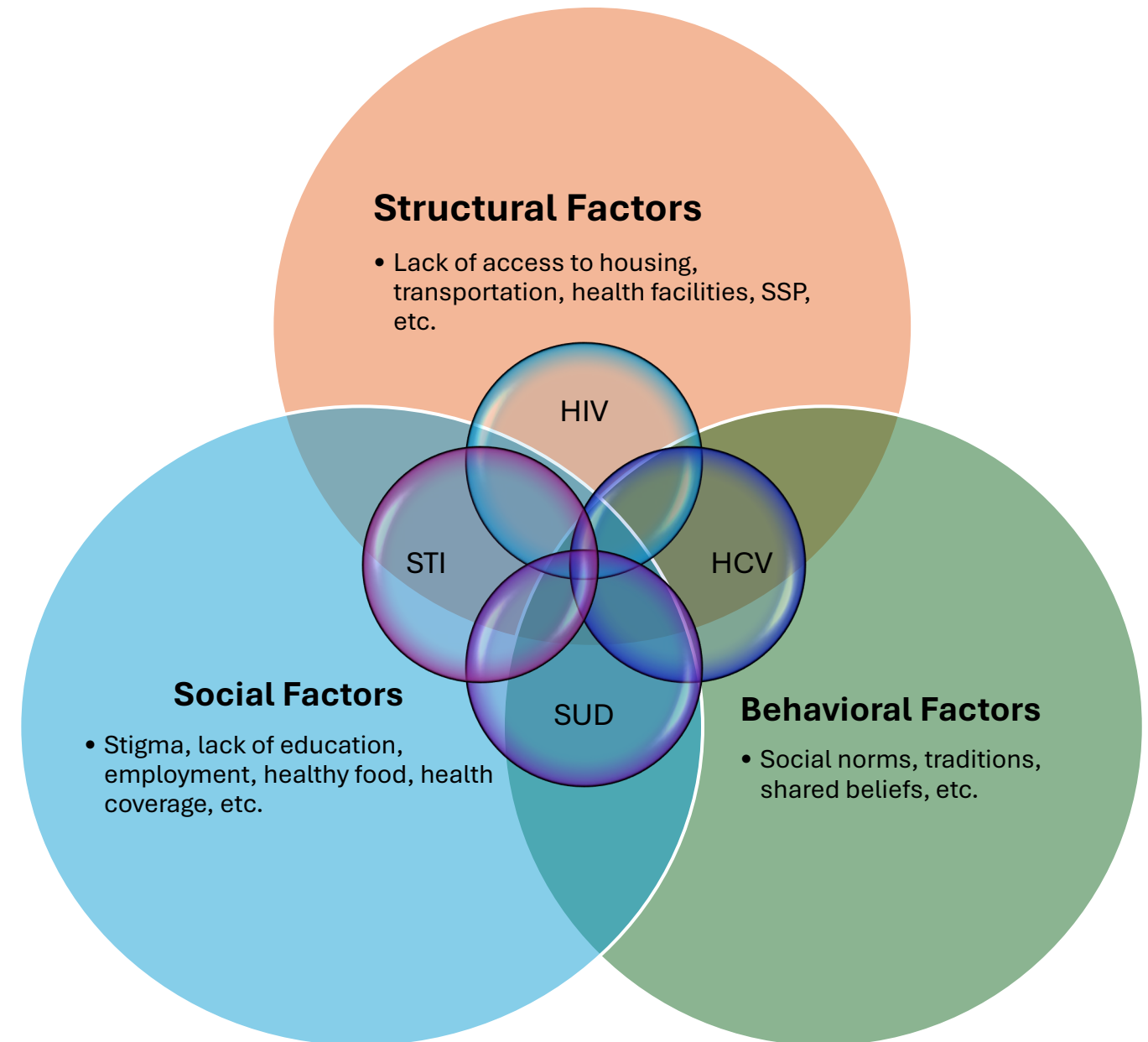
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Syndemic Core Principles

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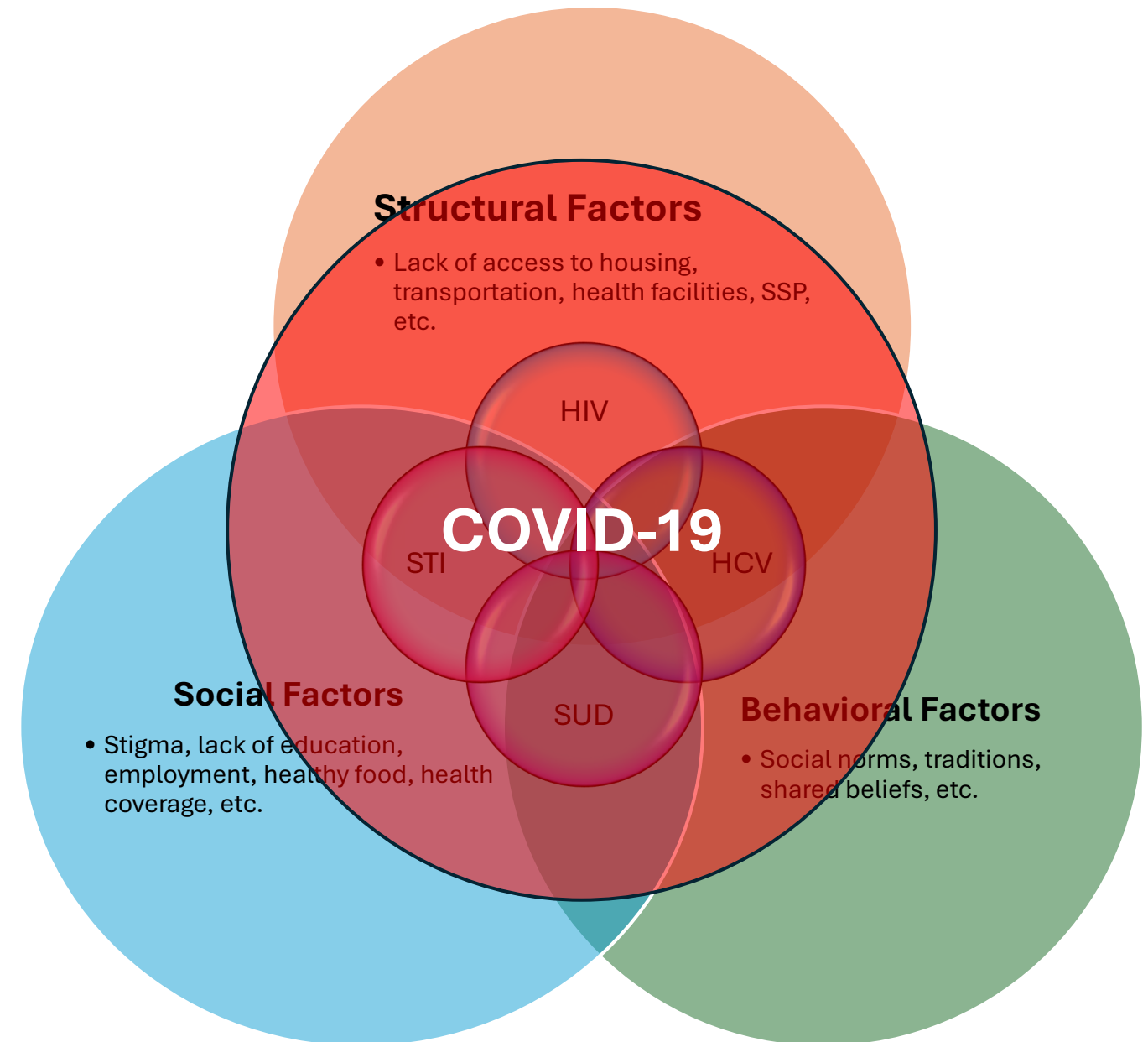
Interacting epidemics that worsen health outcomes

Common Pattern

Multiple health issues cluster together

Amplifying Effect

Presence of one condition increases risk of others



Indiana HIV/HCV/SUD Outbreak

Community in Scott County, Indiana From 2004-2013

- Population of ~ 4200
- Only 5 HIV infections from 2004-2013

**In January 2015
Indiana State Health
Department**

- Investigates cluster of 11 new HIV infections
- Identified by an alert DIS

**From November 18,
2014 – November 1,
2015**

- HIV infection diagnosed in 181 patients.
- 92.3% were coinfectd with HCV
- Most patients (87.8%) reported injecting oxymorphone ER (semisynthetic opioid)

**All cases were
epidemiologically
linked**

- Infections were from a single HIV strain



Scott County Profile

Ranked 92nd of 92 counties in
health indicators
Lowest life expectancy in state

Key Factors

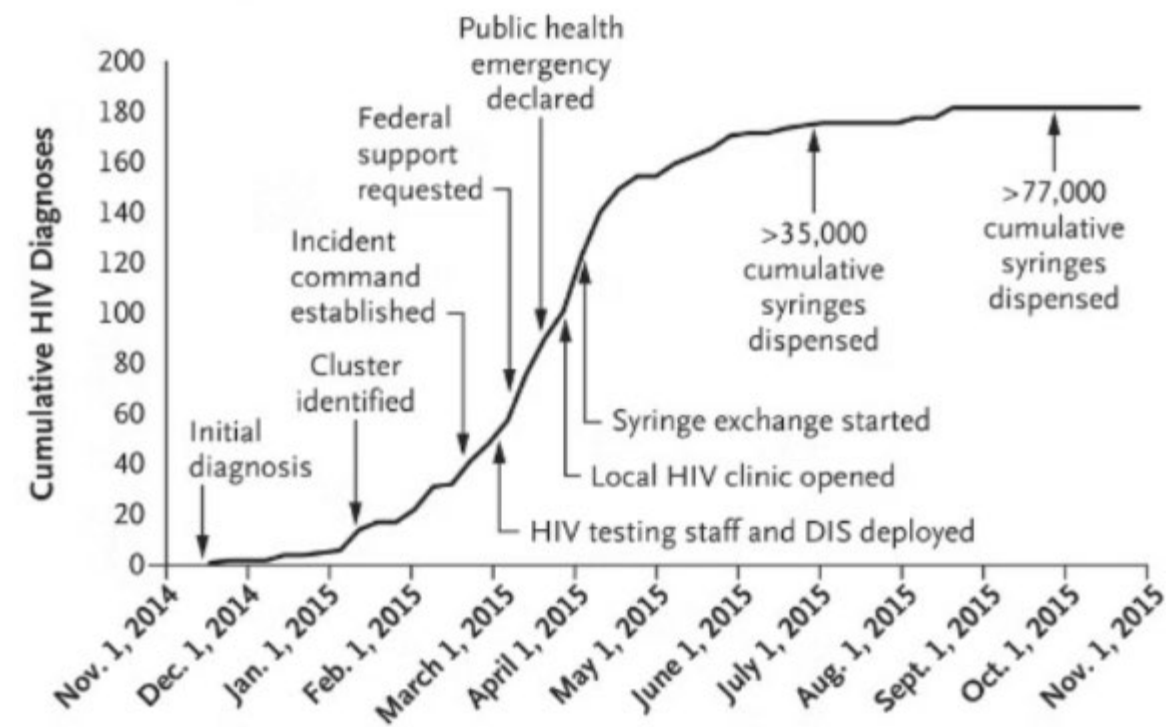
- Prescription opioid misuse
- Injection drug use
- Limited healthcare access

N Engl J Med 2016;375:229-239

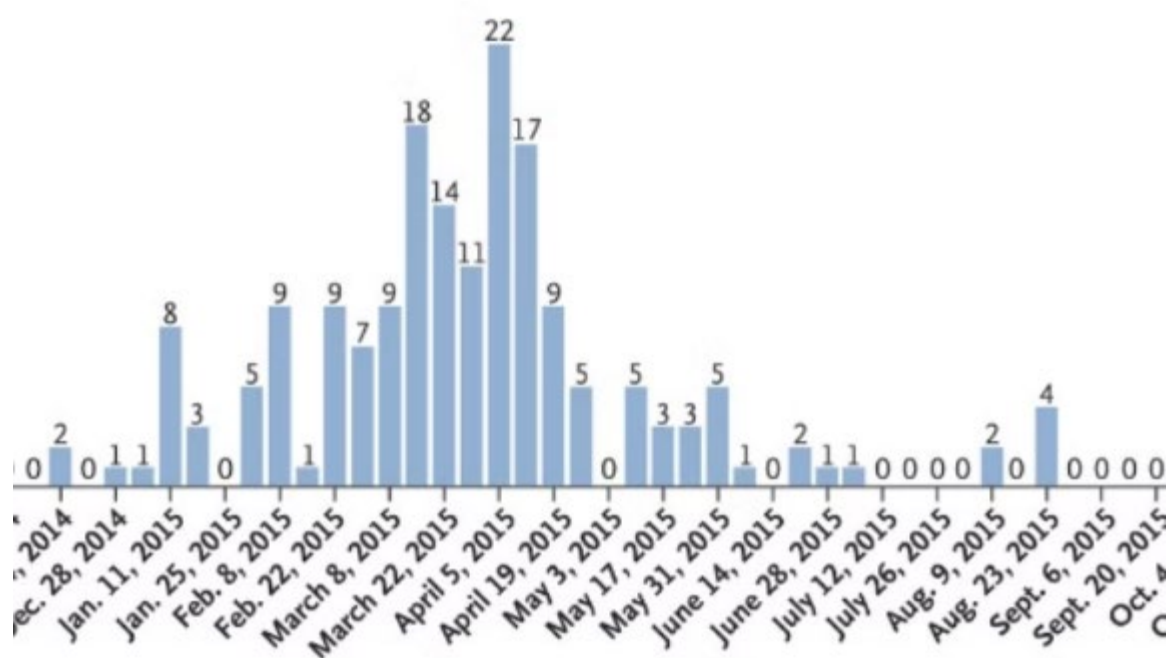
Indiana Outbreak: Syndemic Risk Factors



Diagnoses and Public Health Response



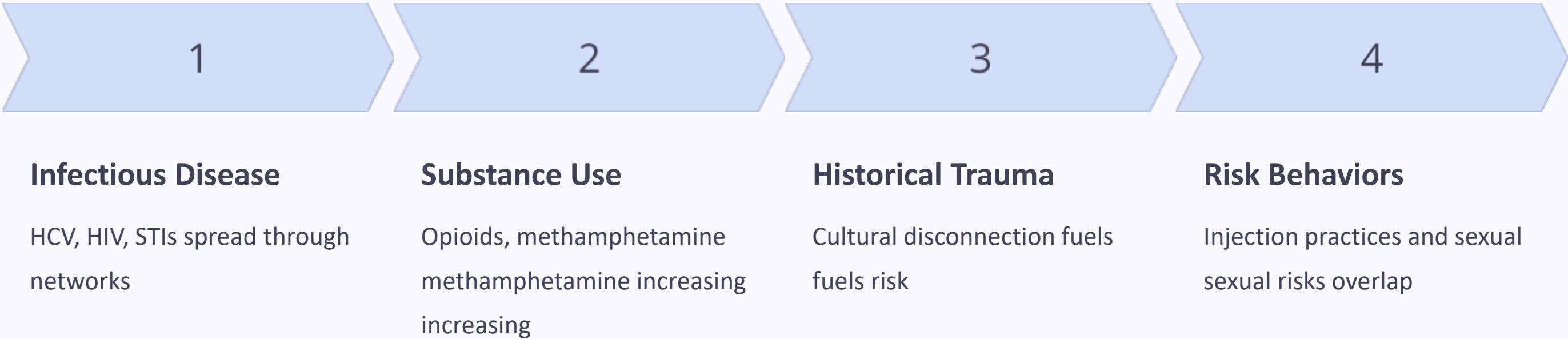
According to Week of Testing



How Was the Outbreak Controlled?

- One-Stop Shop**
Integrated services in single location
- Behavioral Health**
Mental health and addiction treatment
- Comprehensive Care**
HIV/HCV/MAT services provided together
- Harm Reduction**
Emergency authorization for syringe services

The Syndemic Framework for Tribal Health



Clinical Case: Mrs. S

Mrs. S is a 20 yo cis-gender female who has sex with cis-gender males, and presents to the clinic for a pregnancy test only

No current signs or symptoms, and doesn't recollect any in the past year



- Reports having oral and vaginal sex without protective barrier 3 weeks ago
- Reports sex with 2 partners over the past 6 months
- Denies recent drug use, but reports injecting heroin 3 months ago
- Reports unstable housing and transportation and does not have regular access to phone
- Never tested for HIV
- Last gonorrhea/chlamydia (urine only) and RPR tests were all negative 11 months ago

Clinical Case: Mrs. S



Office Tests

- Rapid pregnancy test: **Positive**
- Agrees to rapid HIV/Syphilis test in office when offered incentive
- HIV: **non-reactive**
- Syphilis (treponemal antibody): **reactive**

What are the recommended next steps?

(Check all that apply)

- A. No further testing necessary, as initial reason for the visit (pregnancy testing) already completed
- B. Draw blood for HIV, obtain urine/anal/throat swab for G/C
- C. Draw blood for RPR, wait for results to determine treatment
- D. Draw RPR and immediately administer 2.4 MU IM injection of benzathine penicillin G (BPG) for early latent stage syphilis
- E. Draw RPR and immediately administer 2.4 MU IM injection of BPG weekly x 3 weeks (total 7.2 MU) for late latent stage syphilis

The State of STIs in the US

Learn more at:
www.cdc.gov/sti

The State of STIs in the United States in 2023.

Sexually transmitted infections (STIs) are very common but preventable.



1.6 million
cases of **CHLAMYDIA**;
9% decrease since 2019.



601,319
cases of **GONORRHEA**;
2% decrease since 2019.



209,253
cases of **SYPHILIS**;
61% increase since 2019.



3,882
cases of **SYPHILIS AMONG NEWBORNS**;
106% increase since 2019.



Anyone who has sex could get an STI, but some groups are more affected:

- ✓ young people aged 15–24
- ✓ gay & bisexual men
- ✓ pregnant people
- ✓ racial & ethnic minority groups

Untreated STIs can lead to **serious health problems**:



increased risk of transmitting or getting HIV



long-term pelvic/abdominal pain



inability to get pregnant or pregnancy complications



Prevent the spread of STIs with three simple steps:

talk | test | treat



STIs & Substance Use

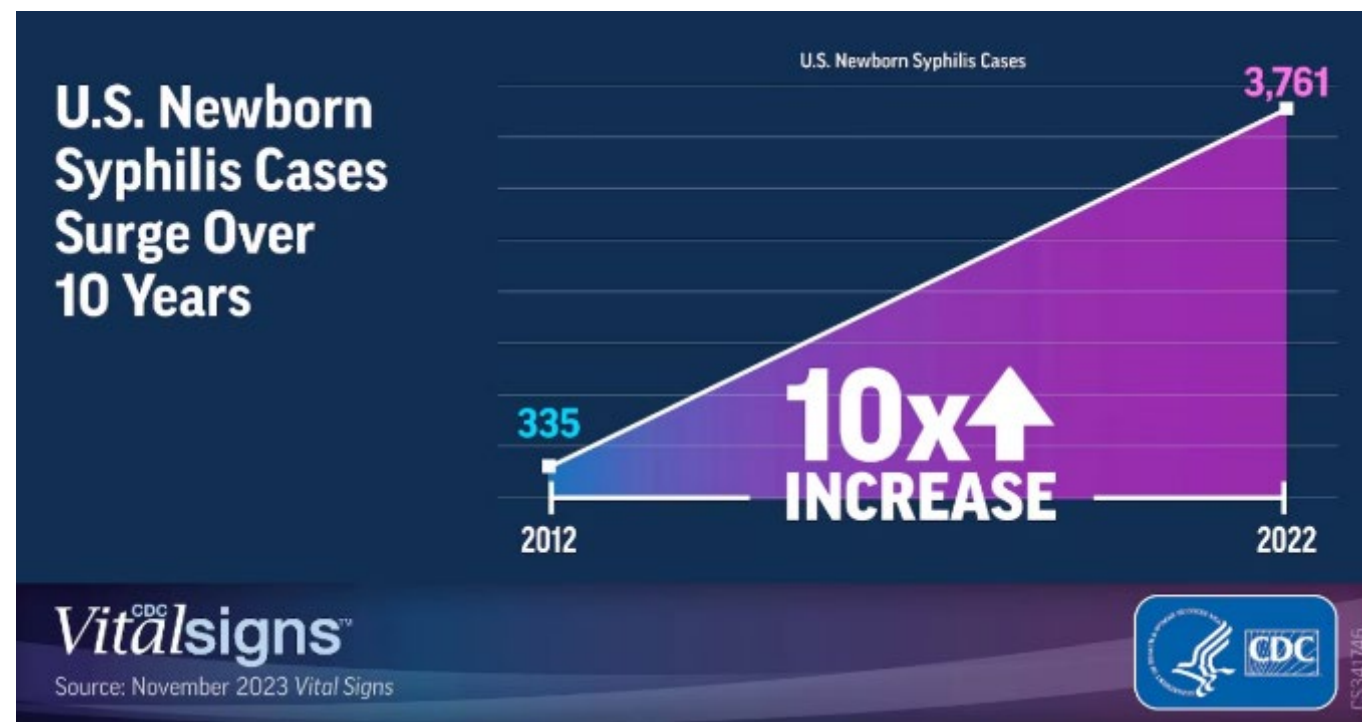


Use of opioids and other substances has been linked to increasing STIs and outbreaks of infectious diseases.



3x
More Likely

Young adults who used an illicit drug* in the past year were **3 times** more likely to get an STI.



U.S. Syphilis Cases in Newborns: 10x Increase Over a Decade

3700+

Annual Cases

Congenital syphilis cases in 2022

10x

Increase Rate

Growth in cases over past decade

220

Infant Deaths

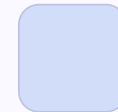
Preventable stillbirths and infant mortality
mortality

Increased Methamphetamine, Injection Drug, and Heroin Use Among Women and Heterosexual Men with Primary and Secondary Syphilis — United States, 2013–2017



Among women and MSW with P&S syphilis

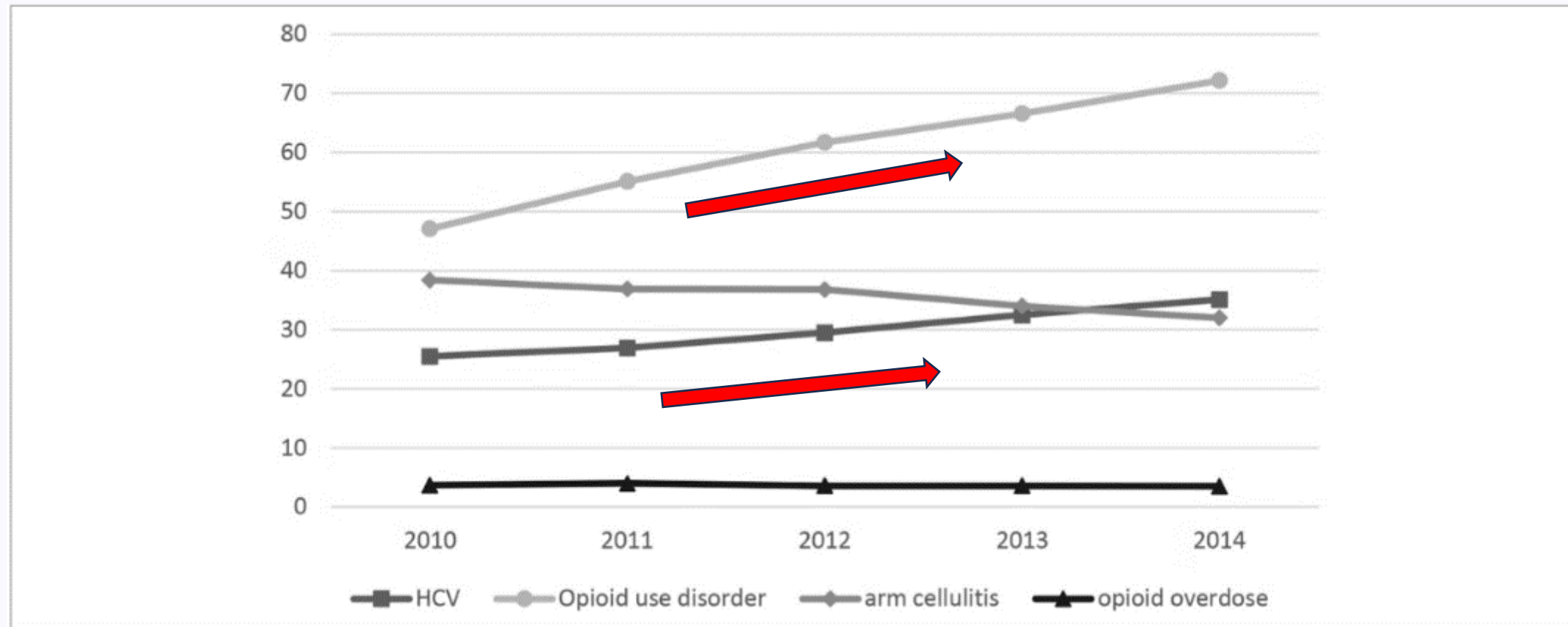
Reported use of methamphetamine, injection drugs, and heroin more than doubled during 2013–2017.



In 2017, women with P&S syphilis

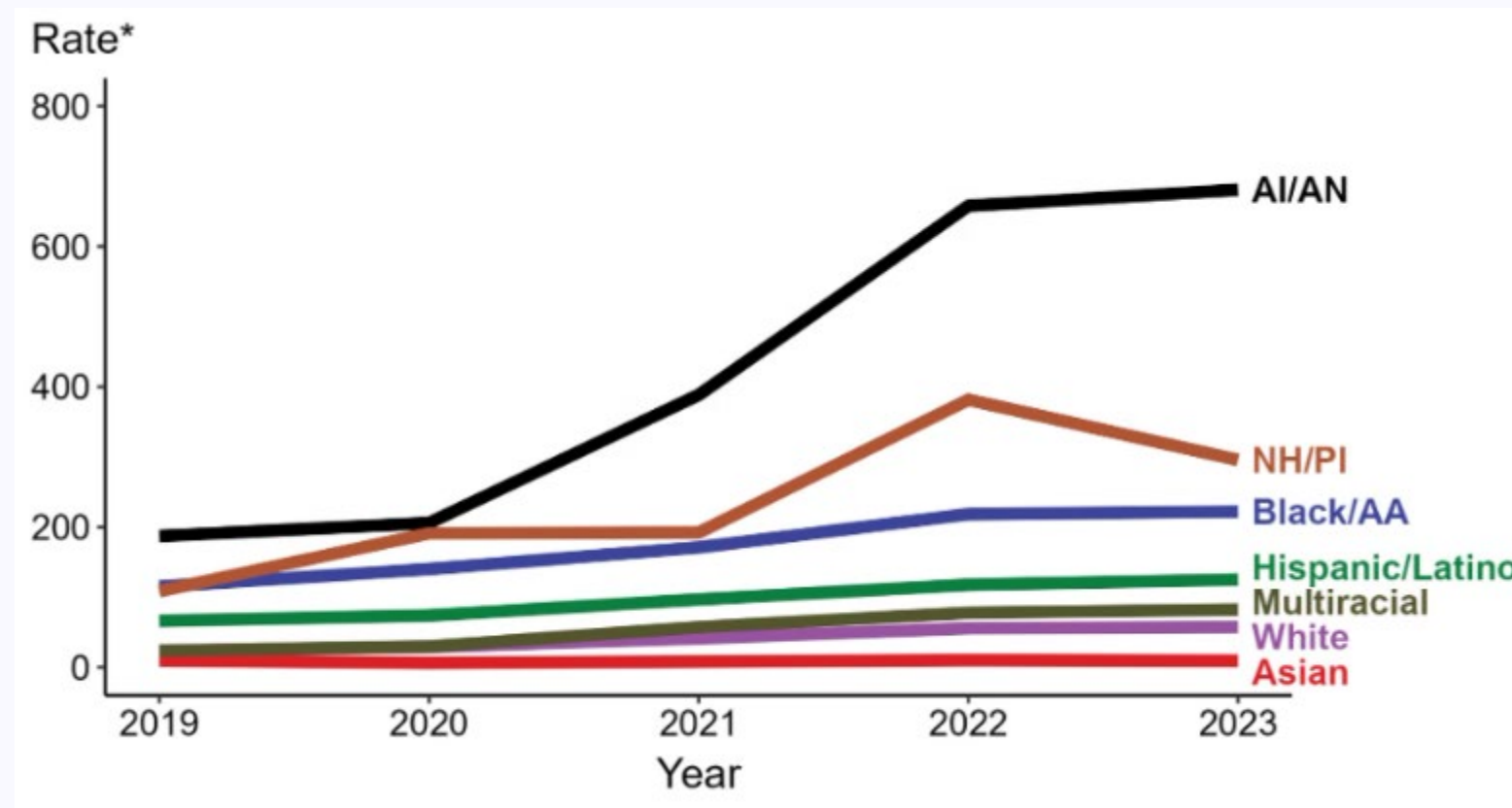
- 16.6% used methamphetamine
- 10.5% used injection drugs
- 5.8% used heroin during the preceding 12 months.

Trends in Indicators of Injection Drug Use, Indian Health Service, 2010-2014: A Study of Health Care Encounter Data



Overall national annual rates (per 10 000 adults) of diagnoses among American Indian/Alaska Native persons for hepatitis C virus (HCV) infection, opioid use disorder, arm cellulitis and abscess, and cellulitis and abscess, and opioid-related overdose, Indian Health Service, 2010-2014. Rates of diagnoses represent 1 health care encounter per person per year. Data for HCV infections are for adults aged 18-35; all other data are for adults aged ≥ 18 . Arm cellulitis was counted only among adults with no diabetes on or before the health care encounter for arm cellulitis visit encounter for arm cellulitis visit (since 2001). Data source: National Patient Information Reporting System.

Congenital Syphilis – Rates of Reported Cases by Race/Hispanic Ethnicity of Birth Parent and Year of Birth, United States, 2019–2023



* Per 100,000 live births

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

NOTE: During 2019 to 2023, the percentage of all congenital syphilis cases with missing, unknown, or other race and not reported to be of Hispanic ethnicity was 5.2%, from a low of 5.0% (n = 193) in 2023 and 2019 to a high of 5.5% (n = 119) in 2020. These cases are not shown in this figure.

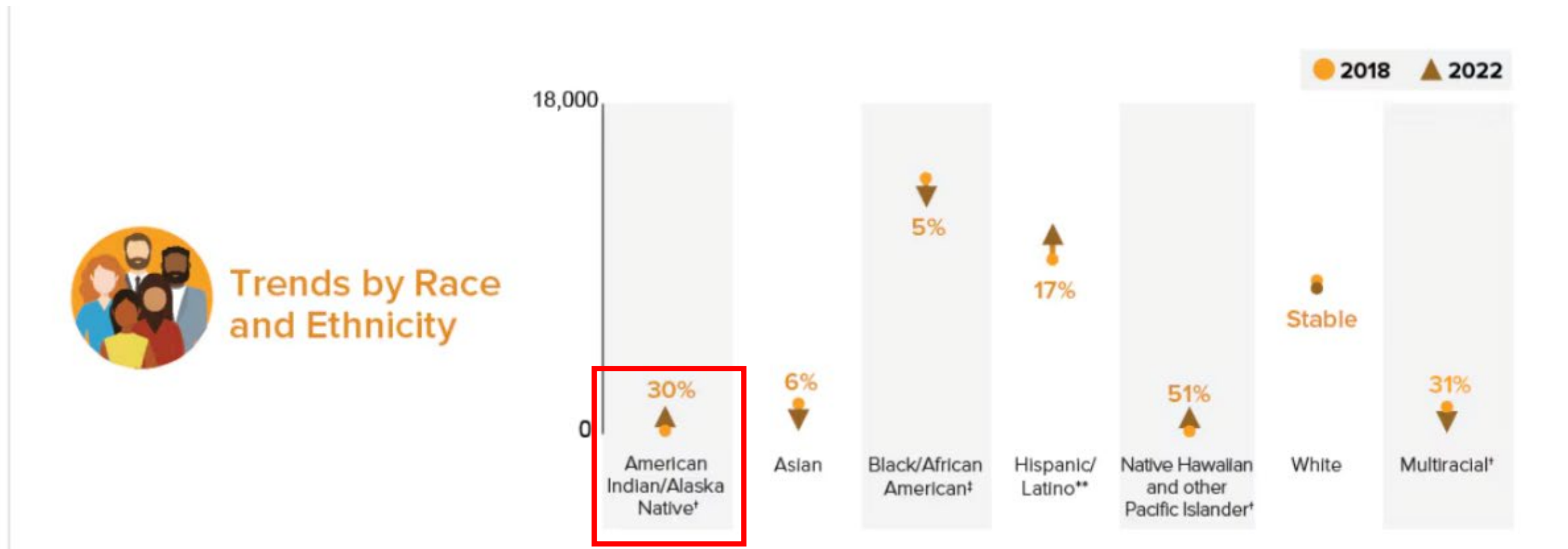
Primary, secondary and congenital syphilis rates are highest in AI/AN

- Comparable to rates from the pre-penicillin era
- For every 155 AI/AN births in 2022, there was one congenital syphilis case.

Most syphilis cases were diagnosed outside of STD of STD clinics in 2022

- Emphasizing the role of HCW in primary care, emergency emergency departments, community health, correctional correctional and drug treatment programs

Trends in HIV diagnoses in the US and 6 territories and freely associated states by race and ethnicity, 2018-2022*



*Among people aged 13 and older.

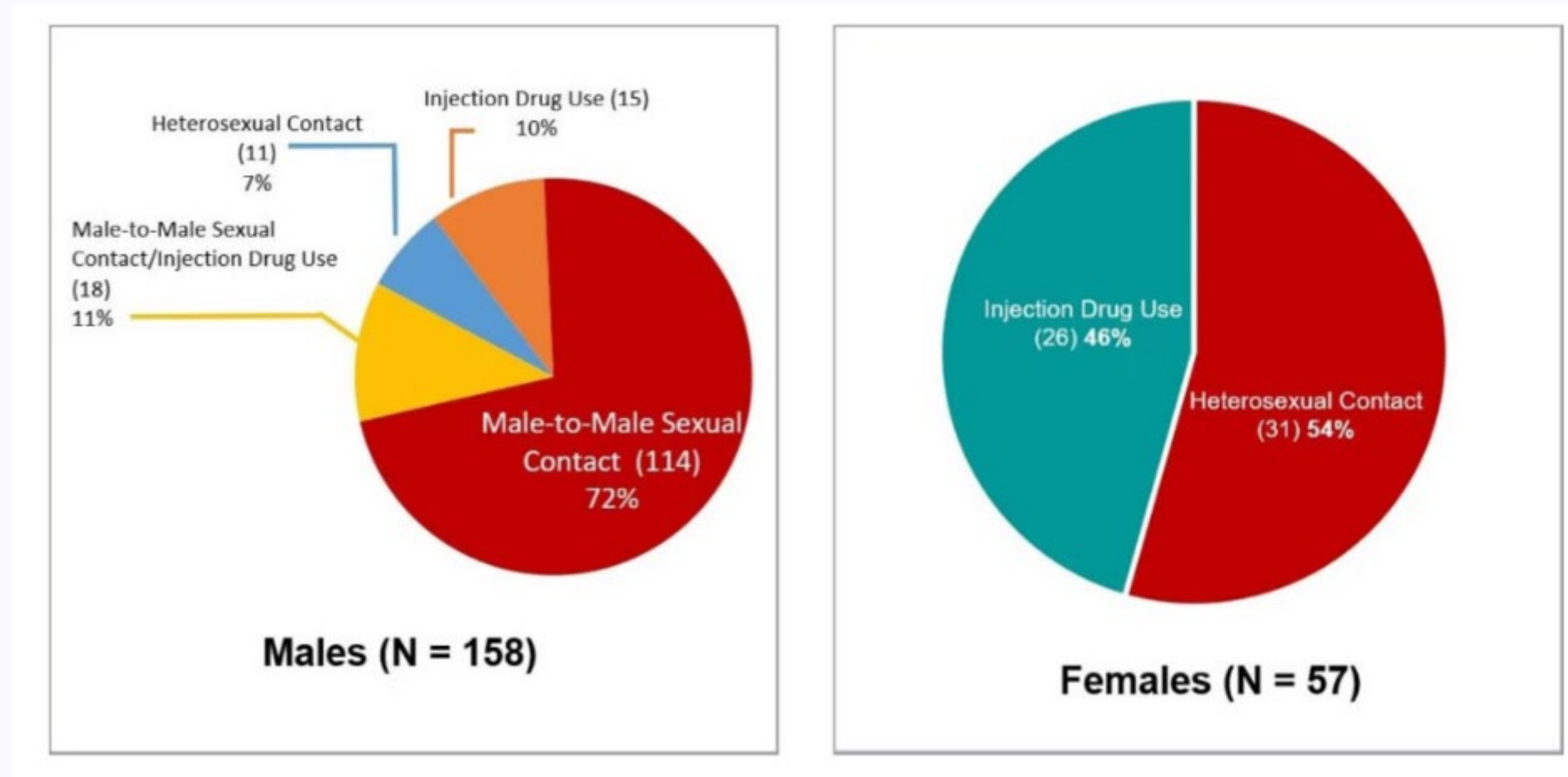
+ Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

* Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022. HIV Surveillance Report, 2022;35.

HIV Diagnoses Among American Indian/Alaska Native People by Transmission Category and Sex at Birth†, 2022 – United States



The terms male-to-male sexual contact (MSM) and male-to-male sexual contact and injection drug use (MSM/IDU) are used in CDC surveillance systems. They indicate the behaviors that transmit HIV infection, not how individuals self-identify in terms of their sexuality.

Disparities in HIV Experienced by American Indian/Alaska Native People in 2022

1

Between 2018 and 2022, new HIV diagnoses among AI/AN people increased by 30%

-From **166** new HIV diagnoses in 2018 to **215** new HIV diagnoses in 2022.

-The rate of new HIV diagnoses among AI/AN people was 10.6/per 100,000 (Twice the rate of experienced by Whites)

2

AI/AN people had the lowest level of knowledge of HIV status

-(77.3%) than any other racial or ethnic group.

3

The rate of diagnosis of HIV infection among AI/AN women (5.5%)

-Is over twice as high as the rate of diagnosis among White women (1.9%).

-Had the second highest percentage (46%) of HIV infections attributable to IDU compared to women in other racial or ethnic groups.

American Indian/Alaska Native (AI/AN) HCV Statistics in the United States

HCV disproportionately affects AI/AN^{1,2}

The incidence rate of acute hepatitis C among AI/AN has remained substantially higher than other racial/ethnic populations

- From 2003 to 2018. In 2018, the rate of incident acute hepatitis C was higher among AI/AN (3.6 per 100,000) than among non-Hispanic whites (1.3 per 100,000)³

Compared to the overall population, non-Hispanic AI/AN persons had a much higher age-adjusted hepatitis C-related death rate

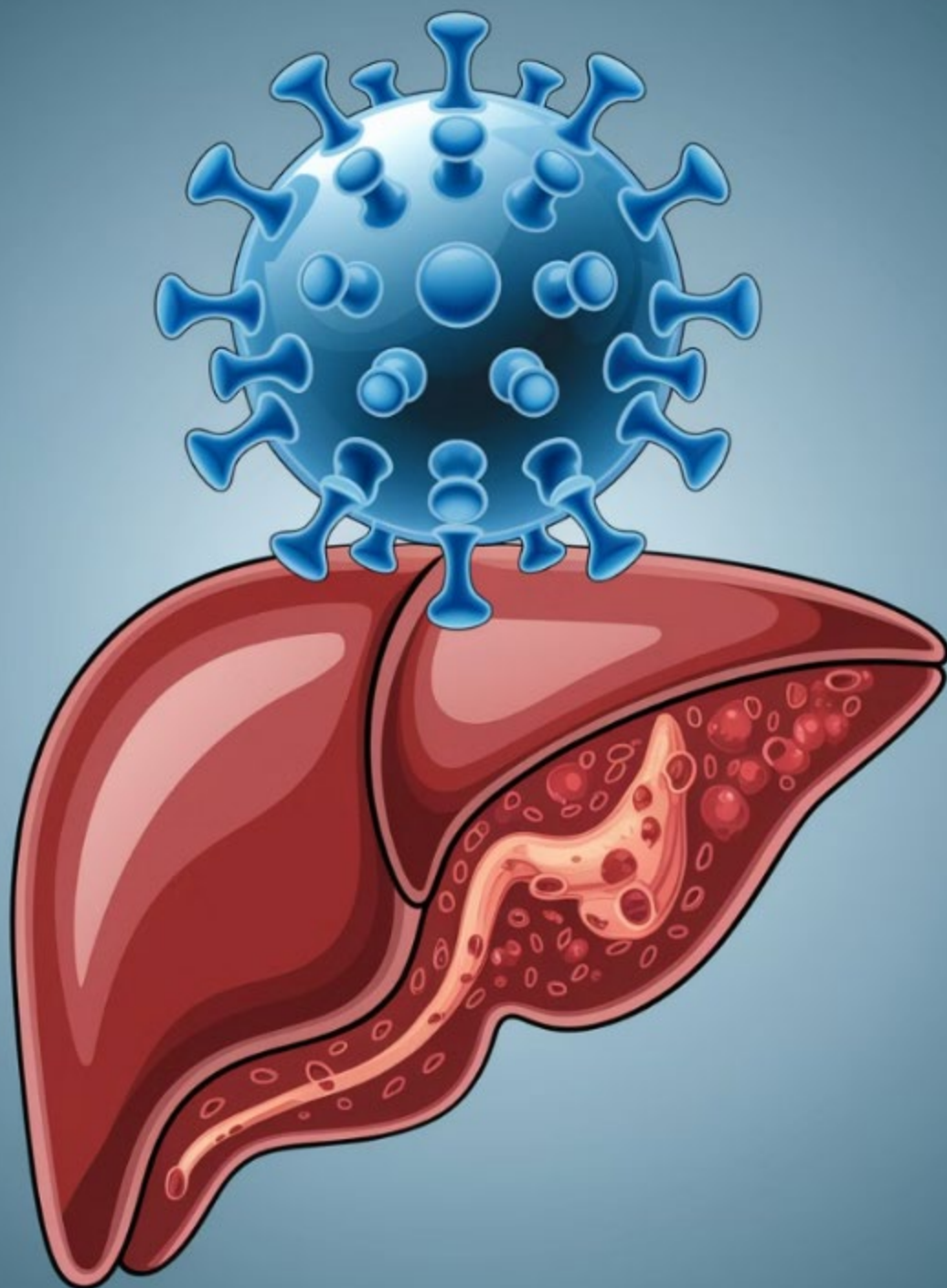
- In 2021 (3.18 vs. 9.99 per 100,000, respectively)

1. Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis: United States, 2016. Retrieved from <https://www.cdc.gov/hepatitis/statistics/2016surveillance/commentary.htm>

2. Center for Disease Control and Prevention. Deaths: Final Data for 2014. http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf

3. Office of Infectious Disease and HIV/AIDS Policy (OIDP)

Content last reviewed June 5, 2024 US Census Bureau. <https://www.census.gov/www>. Accessed Nov 2, 2019



American Indian/Alaska Native HCV Statistics

3.5x

Higher Mortality

Compared to non-hispanic Whites in 2021
(9.99 vs 3.18 per 100,000, respectively)

2x

Rate Increase

From 2003 to 2018

50%

Treatment Gap

1. Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis: United States, 2016. Retrieved from Center for Disease Control and Prevention.
2. Office of Infectious Disease and HIV/AIDS Policy (OIDP) Nov 2, 2019

HIV, HCV, STIs, Drug Use Among AI/AN



AI/AN women had the highest percent of estimated diagnoses of HIV infection attributed to injection drug use



Syphilis rates including congenital syphilis are rapidly increasing

Exacerbates HIV transmission



Drug use is increasing nationwide and in Indian Country



AI/AN have greatest rates of new HCV diagnoses

Over 2x national rate of HCV-related mortality

Rates are decreasing with greater availability of treatment

What can we do to mitigate the syndemic?



AS A PRIMARY CARE HEALTH WORKER?
(INDIVIDUAL)



AS HEALTH SYSTEM LEADERSHIP?
(MICRO)



AS A SOCIETY
(MACRO)

Actions for Health Care Workers “One Stop Shop”



1

Screen and Treat Everyone

Make HIV/HCV/STI testing and treatment routine

2

Offer MOUD

Buprenorphine and other medications

Distribute naloxone to patients and families

3

Reduce Stigma

"No-wrong-door" approach to care

4

When needed: Connect to Care

Warm handoffs to addiction treatment

"No-Wrong Door Approach"



"No-Wrong Door Approach"

Holistic, Coordinated Care Is Critical for Addressing These Overlapping Epidemics

A “no-wrong-door” approach – providing or connecting a person to all the services that meet their needs wherever they seek care – is crucial.

The first step in implementing this approach is **increasing access to quality healthcare settings**. STD clinics are important spaces for people who are uninsured, need flexible appointments, need low- or no-cost services, or are looking for expert and confidential services.

We must reduce the effect of social and economic conditions that can influence health outcomes - called social determinants of health - which have been documented as key contributors to negative health outcomes, including STI transmission. Strategies to reduce these conditions can include:

- ✓ **Promoting prevention and care in related systems**, including housing, education, and the justice system.
- ✓ **Providing patients with resources**, including housing, food, transportation, and employment.
- ✓ **Integrating existing programs**, such as syringe services, substance use disorder treatment programs, and HIV testing and pre-exposure prophylaxis programs in STD 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.

Health Care system Syndemic Response at Micro level

1

Recognize

The problem and embrace it as a syndemic

2

Develop

SUD/HCV/HIV/STI policies

3

Enforce Policies

Encourage, facilitate and motivate SUD, HCV, HIV and STI screening and treatment

4

Allow provider time

For training and participation in these activities

5

Create

Performance-based outcomes around SUD/HCV/HIV/STI



Healthcare System Actions to Mitigate the Syndemic

100%

Universal Screening

Implement opt-out testing for all patients

24/7

Access Expansion

Provide round-the-clock harm reduction services

\$0

Remove Cost Barriers

Eliminate fees for prevention and treatment

2X

Cultural Competency

Double training requirements for all staff

Systems must acknowledge historical trauma's impact rather than placing responsibility on individuals, by Linklater (2014).





Society's Role in Mitigating the Syndemic

Harm Reduction Access

Widespread syringe services programs

Treatment Expansion

Low-barrier MOUD availability
availability

Address Root Causes

Housing, education, economic
economic opportunity

Policy Reform

Decriminalize addiction, fund
services

A coordinated approach between society, government, public health will be needed

Let's Go back to Mrs. S

What are the recommended next steps?

- A. No further testing necessary, as initial reason for the visit (pregnancy testing) already completed
- B. Draw blood for HIV, obtain urine/anal/throat swab for G/C
- C. Draw blood for RPR, wait for results to determine treatment
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Treatment Options for Mrs. S

1 Comprehensive Testing

Draw blood for HIV/RPR, swabs for GC/CT

2 Immediate Treatment

2.4 MU IM benzathine penicillin G injection

3 Harm Reduction

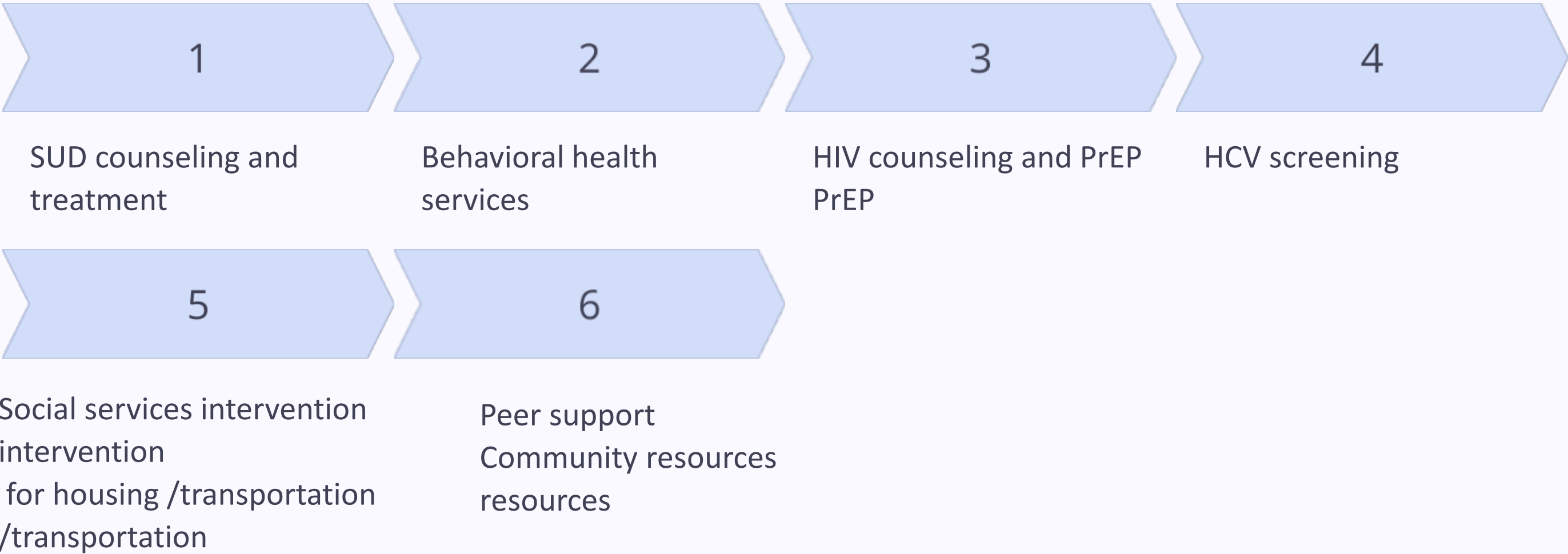
Provide education and safer use supplies

4 MOUD Assessment

Evaluate for medication treatment options



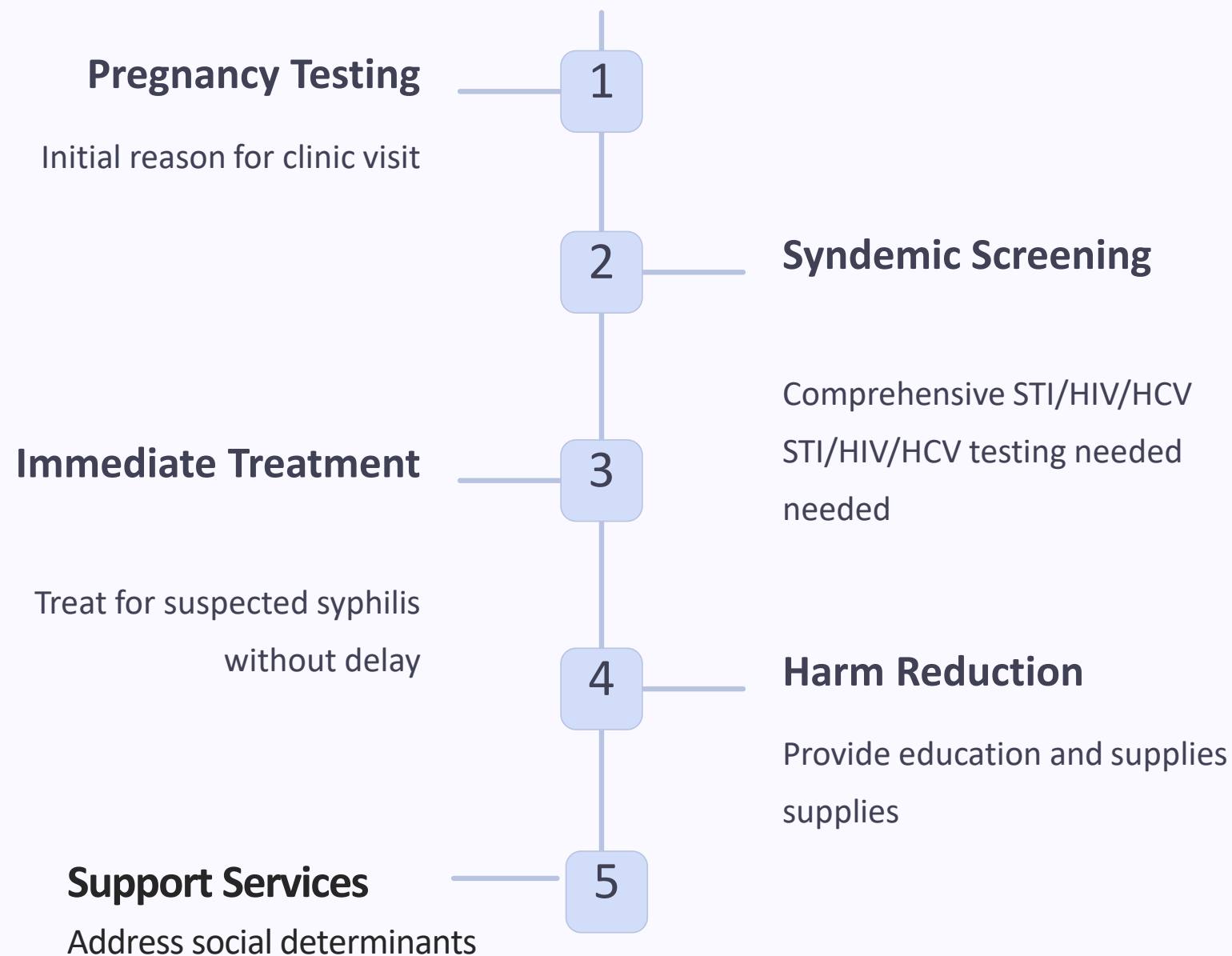
What else would you recommend for Mrs. S?





Syndemic Treatment Frame Work

Mrs. S Seeking Integrated Care

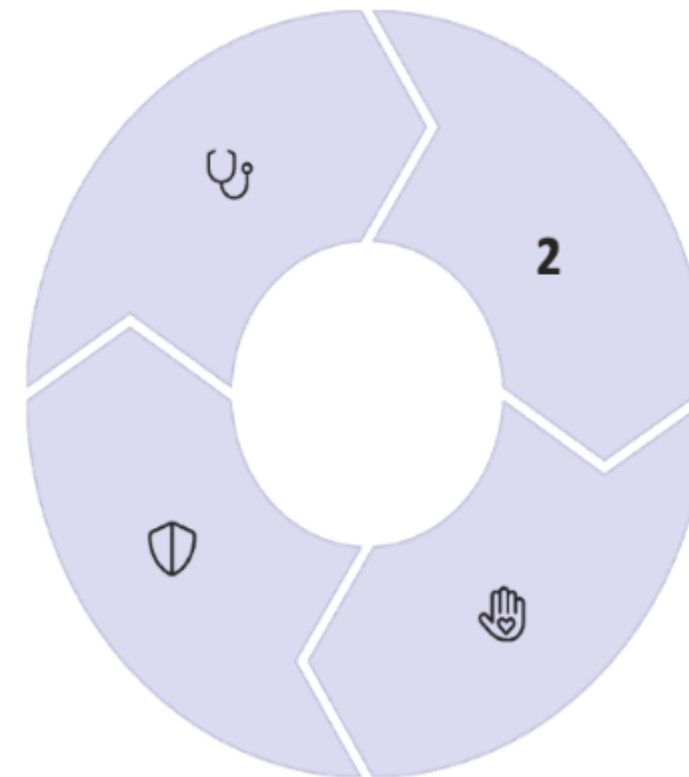


Conclusions: Addressing the Syndemic



Integrated Care
Address all conditions simultaneously

Harm Reduction
Non-judgmental, practical approaches



Community Leadership
Tribal-driven solutions essential

Culturally Grounded
Traditional practices support healing

References

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Questions?

Thank you for your attention to this critical topic. The syndemic of SUD, HCV, HIV, and STIs requires our coordinated response.

Please share your questions, experiences, and ideas for implementing these approaches in your communities.

Contact: Dr. Jorge Mera, ECHO Medical Director, Northwest Portland Area Indian Indian Health Board

HARM REDUCTION IN ALASKA

LOCAL AND STATEWIDE RESOURCES

MAYA BOWERS, NCPRSS, PSPII
INTERIOR AIDS ASSOCIATION

ELEANOR POLLO
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



WHAT IS HARM REDUCTION?

Harm reduction acknowledges that drugs are widely available in our society. It encompasses the understanding that traditional law enforcement approaches or those that require complete abstinence do not decrease demand, use, or negative health consequences of substance use.

Harm reduction is exactly what it sounds like: reducing the harm associated with using drugs through a variety of public health interventions. But the concept relies on more than these tools and begins, at the most fundamental level, with recognizing that all people deserve safety and dignity. It does not treat drug use as a moral failing.

-Johns Hopkins School of Public Health, 2022

HARM REDUCTION IS ALSO...

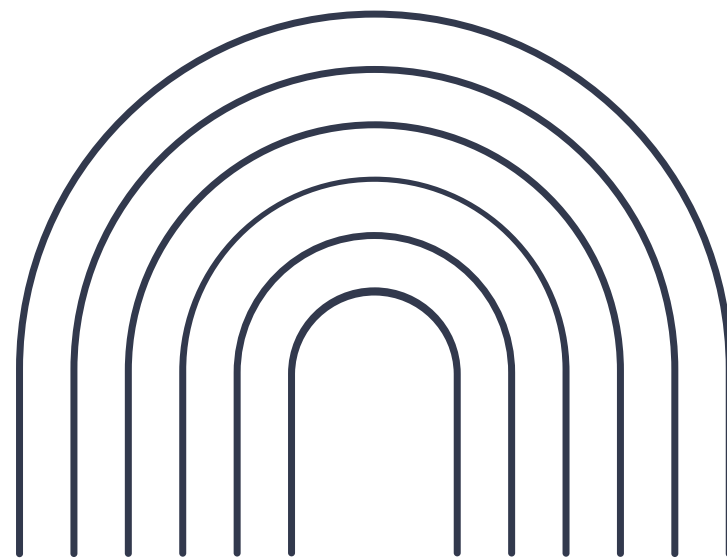
Housing First Programs

Sober Living Homes

Syringe Service Programs (SSPs)

Mental health services

Overdose Prevention Training

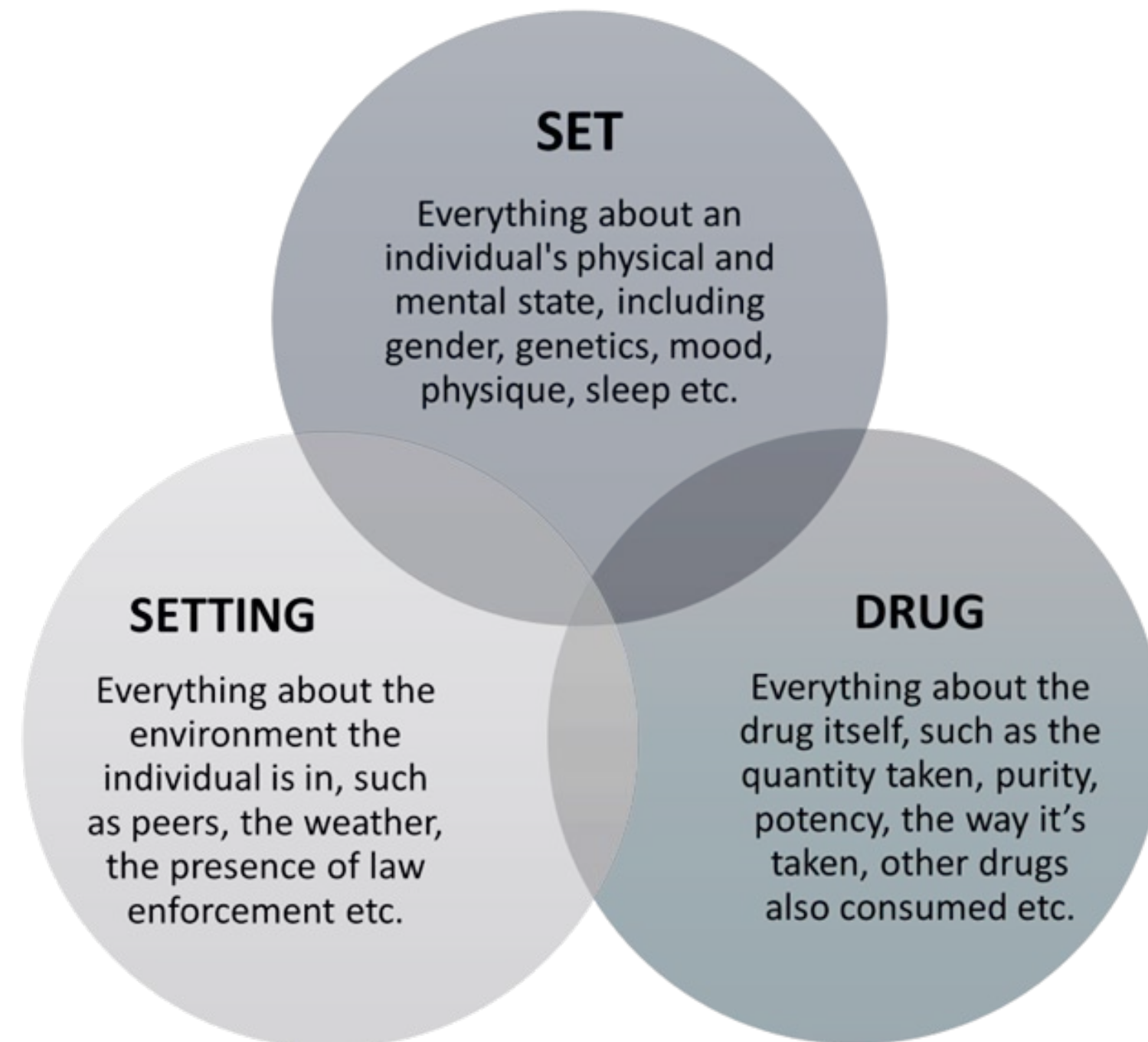


In the broad sense of the word, Harm Reduction includes every strategy that helps to reduce harm.



Daily harm reduction practices include

- wearing sunscreen
- putting on a seatbelt
- getting vaccinated
- washing your hands



INCORPORATING HARM REDUCTION IN PRACTICE



What steps are you currently taking to stay safe when using? Is there anything you feel has helped?

Do you have access to sterile supplies, like new/sterile needles and syringes? Would you like to learn where you can get these locally or receive some from us today?

Is there anything you wish you could have to help you feel safer or more comfortable when using?

Do you carry naloxone? Are you interested in getting some today?

710 3rd Avenue, Fairbanks,
Alaska

www.interioraids.org

Syringe Access Program

Overdose & Infectious Disease
Prevention

Medication Assisted Treatment

Financial Assistance and Case
Management for Persons Living
with HIV/AIDS



INTERIOR AIDS ASSOCIATION

Improving lives through harm reduction

Rapid Testing

Additional Referrals for Testing,
Treatment, & Prevention Medications to:

Public Health
Chief Andrew Isaac Health Center
Tanana Valley Clinic
Interior Community Health Center
iknowmine.org
Identity Health Clinic
Veterans Administration



1 minute HIV Tests



20 minute HIV & HCV tests



10 minute Syphilis Tests



20 minute HIV at home tests

Safer Drug Use Supplies

Smoking Supplies

Injection Supplies

Booty Bumping Supplies

Snorting Supplies



Safer Use Supplies

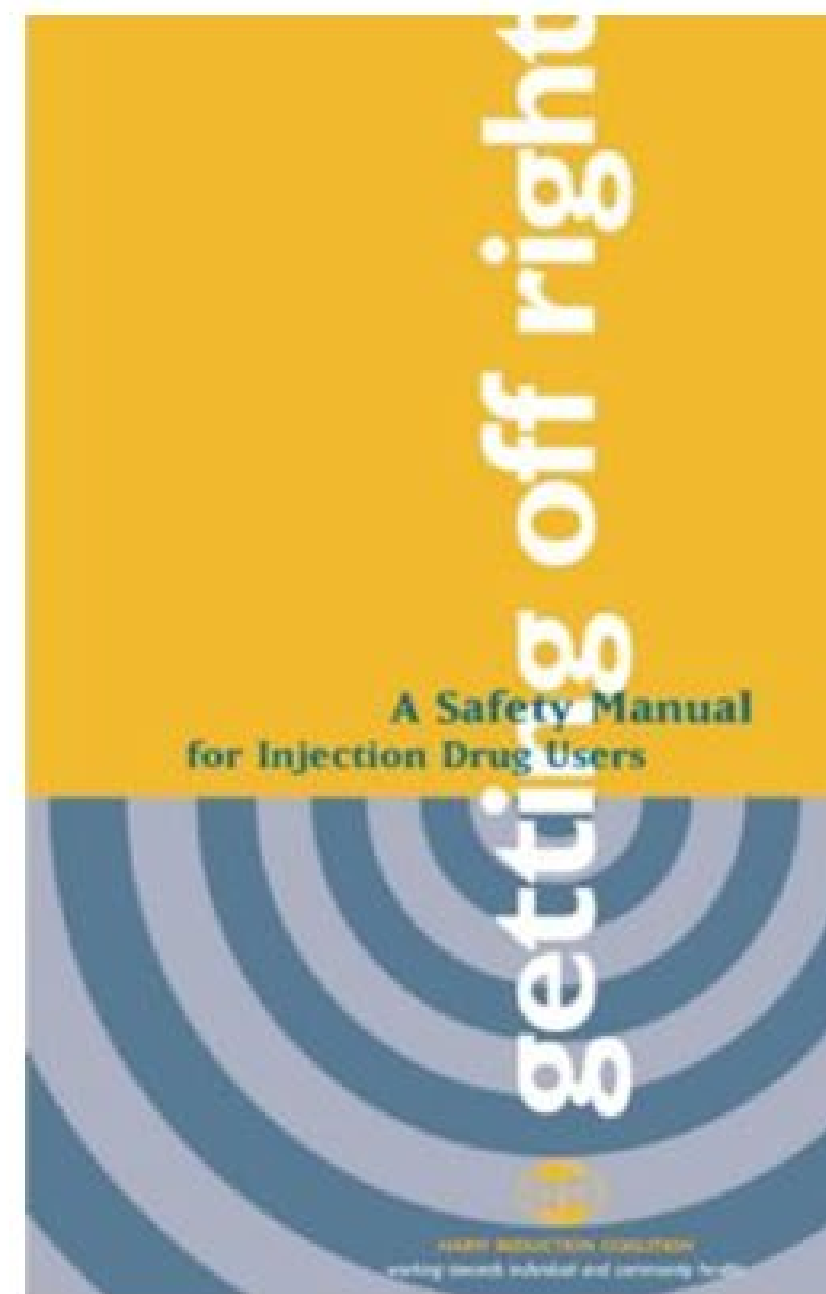
Sharps Containers

24/7 Sharps Disposal

Safety Manual for Injection Drug Users

Wound Care Kits

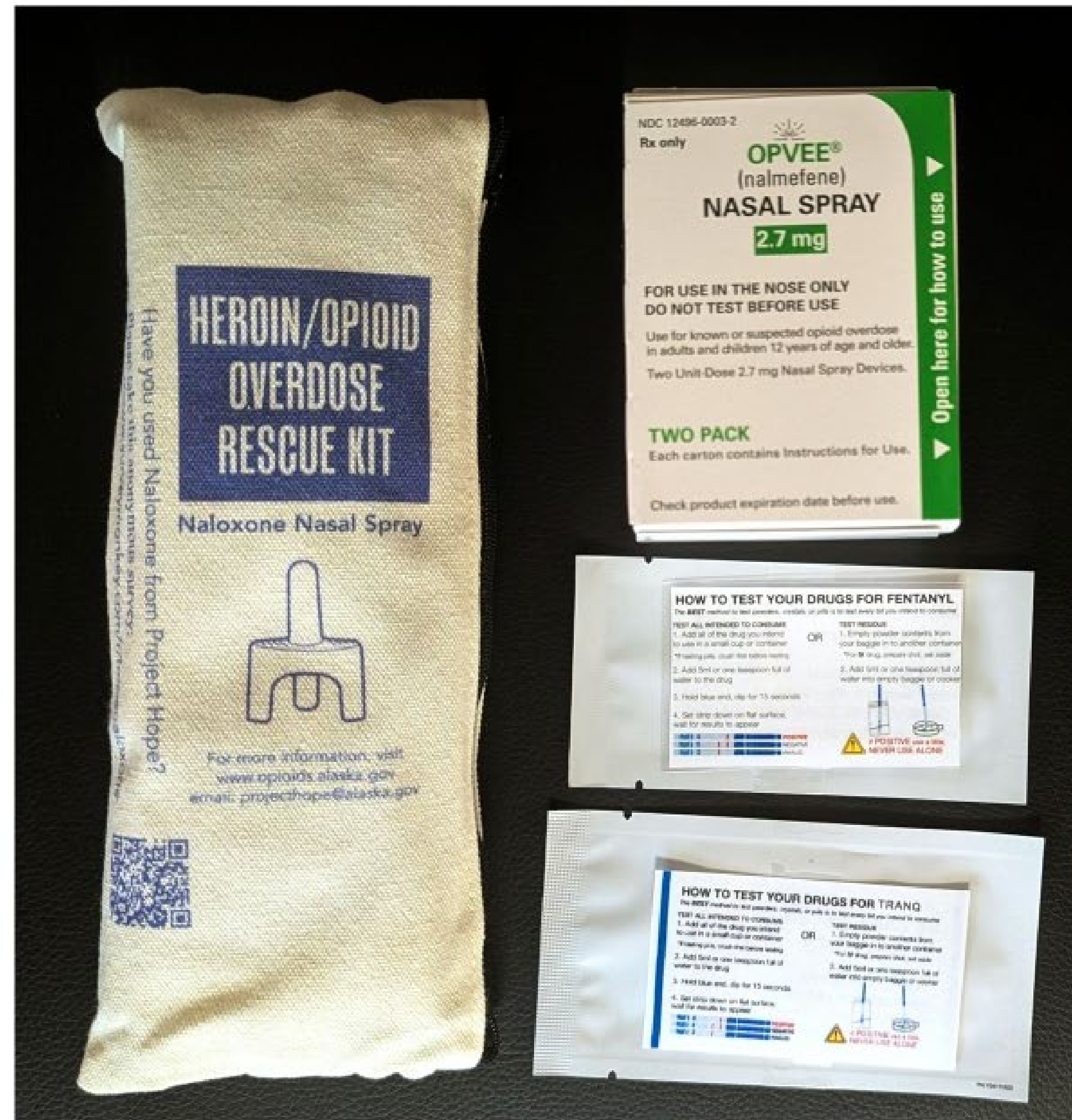
Personal Hygiene Supplies



Overdose Prevention

Naloxone
Opvee

Fentanyl Testing Strips
Xylazine Testing Strips



Safer Sex Supplies

Lubricant

Internal Condoms

Dental Dams

External Condoms

Plan B, Pregnancy Tests, &
Oral Birth Control

Latex and non latex options available



Community Education

- Ralph Perdue Center
- Women and Childrens Center for Inner Healing
- Red Cross
- FNSBSD Middle & High Schools
- Rescue Mission
- University of Alaska Fairbanks
- Lions Clubs
- Chamber of Commerce
- Presbyterian Hospitality House



Truthful, Accurate Information for You(th)

[order resources & supplies](#)[get answers](#)

SEXUAL HEALTH



2SLGBTQIA+



MY BODY



MY MIND



MY SPIRIT



MY RELATIONSHIPS



ALCOHOL, TOBACCO &
OTHER DRUGS

Reverse an overdose and save a life

An opioid overdose can happen to anyone – your family, friend or someone in your community. When an overdose happens, will you be ready?

[Order a Naloxone Kit](#)[Learn more](#)

ASK NURSE LISA

Articles: Alcohol, Tobacco and Other Drugs

CATEGORIES OF SUBSTANCE USE ☐

DEPRESSANTS AND STIMULANTS ☐

HARM REDUCTION ☐

INHALANTS ☐

MARIJUANA ☐

MEDICATION ASSISTED TREATMENT (MAT) ☐

What is Harm Reduction?

Harm reduction, in general, is a set of strategies designed to provide community members and individuals access to a life with reduced risk from harm. Meaning that, if people are engaging in activities that could have a risk, they should have access to tools to help them stay safe, rather than potentially being put in further danger. Some of these tools involve policy change, some involve prevention services, others include intervention services and others are based in community involvement.

Harm reduction is a complex topic, and related items to consider include:

- How harm reduction saves lives
- Substance misuse and harm reduction stigmas
- Harm reduction and Alaska law
- Alaska harm reduction services and resources

Most people don't know it, but harm reduction has played an active role in each of our lives, in many different ways. Harm reduction strategies include:

- Policy change: requiring drivers to wear a seatbelt when driving a car
- Prevention services: offering condoms to the community
- Intervention services: offering pre-filtered cigarettes as an option for people who smoke
- Community involvement: wearing a mask during a pandemic

Access to a safer way of life is a long-standing practice in public health and community care. In recent years, the term 'harm reduction' has been adapted to include the advocacy for the rights of people who use substances (PWUS) to live a life free from additional risks related to substance use. Harm reduction today acknowledges that abstinence from substance use is not always a realistic goal for some people, and involves helping people achieve goals based on their individual needs and circumstances^[1].

Sexual Health & Wellness



PERSONAL CONDOM PACK



CONDOMS FOR ORGANIZATIONS



HIV SELF-TEST KIT



STI SELF-TEST KIT



ORAL DAMS FOR PERSONAL USE



SEXUAL HEALTH PRINTED MATERIALS

Click for more supplies!

- Posters
- Brochures
- DVDs
- Internal Condoms
- Dental Dams
- And more!

Safer Substance Use



SAFE MEDICATION DISPOSAL SUPPLIES



OVERDOSE RESPONSE KIT



HARM REDUCTION KIT

Medication Assisted Treatment Toolkit

Empowering Recovery from Substance Use Disorders in Rural Alaska



MEDICATION ASSISTED TREATMENT TOOLKIT



SAFER SUBSTANCE USE SUPPLIES

A Lesson Plan from
iknowmine
ONLINE VERSION



ARTS & CULTURE Prevention & Recovery Alliance

SUBSTANCE USE EDUCATION

Click for more supplies!

- Posters
- Brochures
- DVDs
- Safer Injection
- Fentanyl & Xylazine Test strips
- And more!

What's in a kit?

syringes
tourniquet
cookers/zip ties
cottons
sterile water
alcohol prep pads
wound care
safer sex supplies
fentanyl test strips
xylazine test strips
personal sharps container
educational materials



Syringes

Access to sterile syringes reduces the likelihood of sharing or reusing needles, which are significant risk factors for the transmission of bloodborne infections, like HIV, hepatitis C, and bacterial infections.

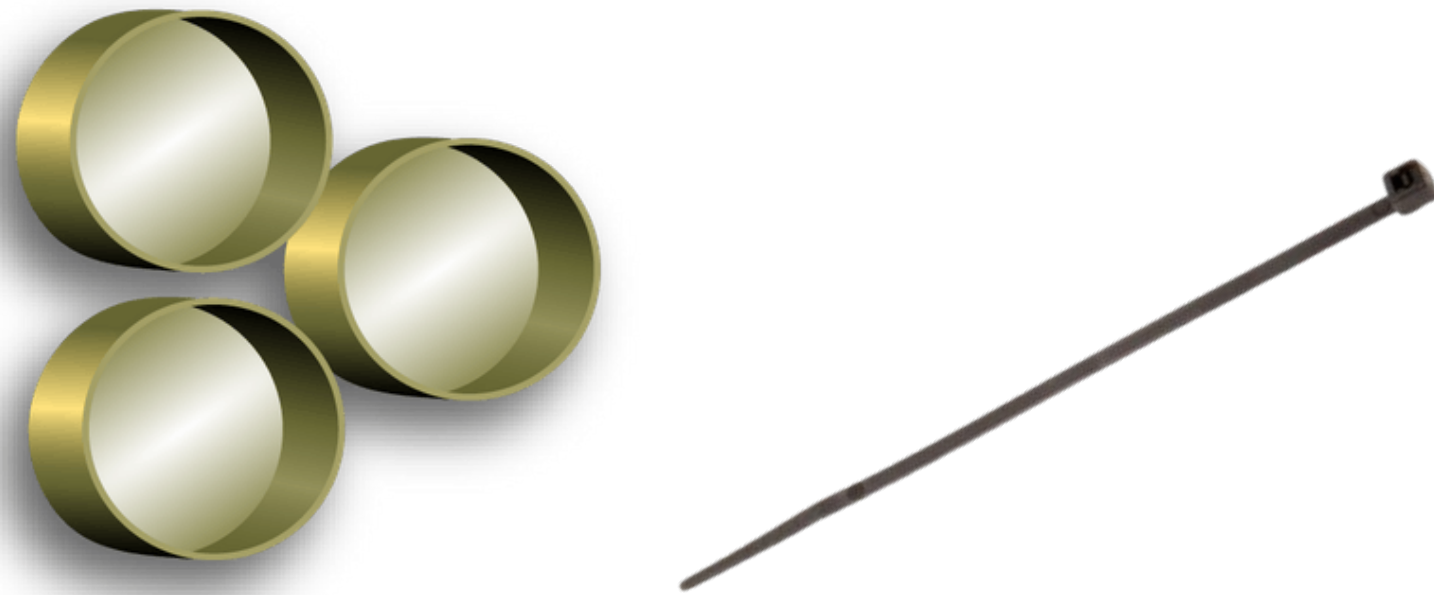


Tourniquet

Without tourniquets, individuals might use makeshift alternatives which can lead to blood clots, nerve damage, and tissue death if left on for too long.



A sterile cooker decreases the risk of transmitting infections and minimizes cross-contamination.



Cookers/Zip Ties

Cottons

*Filters out impurities and
solids*



Sterile water

Sterile water is crucial for reducing the risk of infection, as tap or bottled water or other nonsterile sources can contain bacteria and pathogens that may cause harm when injected.



Proper skin and tool disinfection lowers the risk of introducing pathogens, such as those causing HIV, hepatitis B, and hepatitis C.



Alcohol Prep Pads

Wound Care Kit

Wound care materials help prevent and manage injection-related injuries and infections



Sharps Container

A sharps container provides a safe and secure way to dispose of used needles, reducing the risk of needlestick injuries and preventing the spread of infections in the community.



Fentanyl and xylazine test strips detect the substance in drugs, allowing individuals to make informed decisions and reduce the risk of overdose



Testing Strips

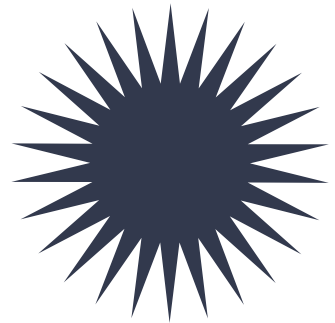
Fatal Doses



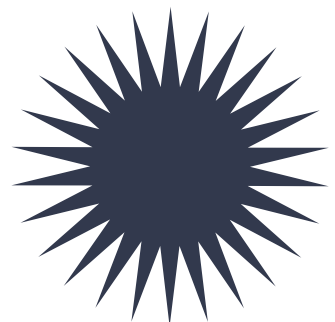
Why Does Harm Reduction Matter?



Improves public health outcomes: By preventing the spread of disease and connecting individuals to health services, harm reduction contributes to better public health outcomes for entire communities.



Cost-effective: It can reduce the long-term costs associated with treating infectious diseases and other conditions linked to risky behaviors. Preventing illness is often more cost-effective than dealing with the outcomes of those illnesses



Saves lives: Data shows us that harm reduction practices significantly reduce overdose deaths, the transmission of infectious diseases, and other harmful consequences associated with substance use.





ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



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