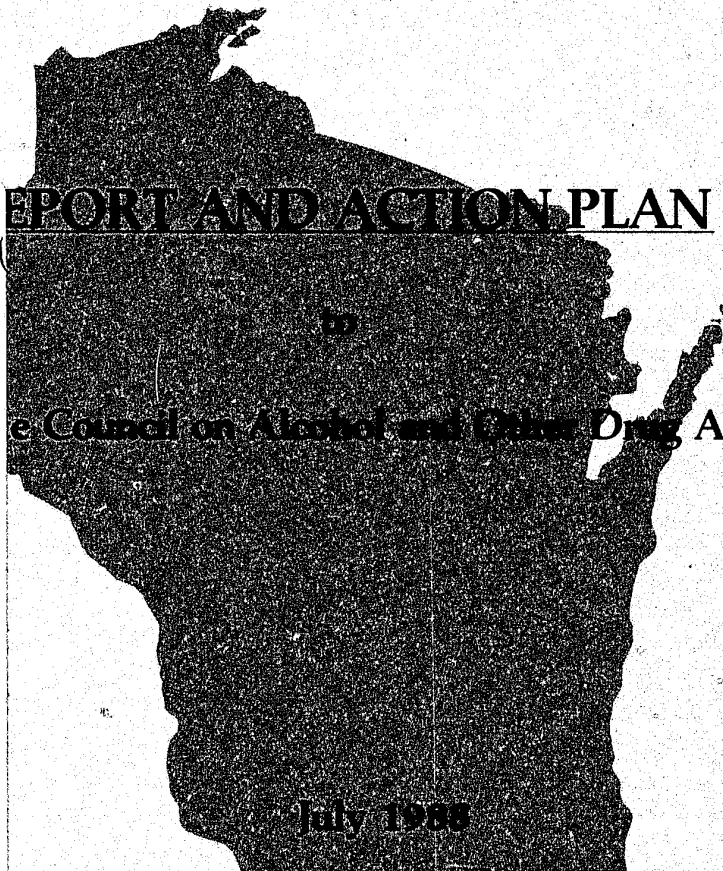


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WISCONSIN TASK FORCE ON IV DRUG ABUSE AND AIDS



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Wisconsin Department of Health and Social Services
Division of Community Services
Bureau of Community Programs, Office of Alcohol and Other Drug Abuse

"A window of opportunity exists where prompt, vigorous, and aggressive efforts at prevention could have major impact."

"The Geographic Distribution of Human Immunodeficiency Markers in Parenteral Drug Abusers"
W. Robert Lange, M.D., M.P.H. et al.
June 1987

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U.S. Department of Justice
National Institute of Justice

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EXECUTIVE SUMMARY

"Perhaps because abusers of intravenous drugs are now recognized as the main conduit by which AIDS may be spread to the heterosexual middle class, public attention to the problems of IV drug abusers has finally been heightened."

"The Exchange"
Issue 6, November 1987
The National Lawyers Guild
AIDS Network

In the fall of 1987, the State Council on Alcohol and Other Drug Abuse appointed a thirteen-member task force to develop recommendations for addressing the problem of HIV transmission by the intravenous (IV) abuse of drugs. Because of their needle sharing behavior and sexual activity with other drug abusers, IV drug abusers are at high risk for contracting AIDS. They are the major conduit for transmission of the disease to the heterosexual population.

Nationally,

- o 70% of heterosexual AIDS patients report that before contracting the disease, they had sexual contact with an IV drug abuser,
- o 80% of pediatric AIDS patients are children of IV drug abusers or children of sexual partners of IV drug abusers,
- o in some areas of New York and New Jersey, 60% of IV drug abusers are seropositive for the HIV antibody, and
- o in New York City the majority of AIDS patients are IV drug abusers.

In Wisconsin the situation is more hopeful:

- o only 5% of the reported AIDS cases have been contracted through IV drug abuse alone;
- o only two pediatric AIDS cases have been reported;
- o according to 1986 data, less than 4% of the clients in Milwaukee methadone programs and the inmates in Wisconsin correctional institutions are seropositive for the HIV antibody.

However, the situation in Wisconsin is potentially explosive if remedial prevention and intervention efforts are not undertaken because:

- o in a statewide survey (April 1988), alcohol and other drug abuse treatment providers reported that 10% of their clients were IV drug abusers and that 43% of those shared needles,
- o 31% of those surveyed in Milwaukee drug abuse treatment programs reported using drugs IV,
- o there are an estimated 21,000 IV drug abusers in the state,
- o only 3,000 IV drug abusers are in treatment.

Now is the time to prevent the AIDS epidemic from devastating Wisconsin's IV drug abusing population as has occurred in other states. To accomplish this, the Task Force proposes the following recommendations:*

1. *The institution of ongoing processes for systematically gathering information on IV drug abusers and for determining the effectiveness of programs which treat IV drug abusers.*
2. *The intensive and ongoing education of all alcohol and other drug abuse agency personnel and clients about AIDS/HIV. Clients identified as at risk should receive risk-reduction counseling and be encouraged to have HIV antibody testing and counseling.*
3. *The development of "street outreach" programs to bring IV drug abusers into treatment. Those in treatment should be counseled to stop using drugs, encouraged to abstain from needle use, refrain from sharing needles and to use bleach to disinfect needles. They should be encouraged to maintain long-term monogamous relationships and to use condoms. They should also be encouraged to have HIV antibody testing and counseling.*
4. *The expansion of methadone maintenance and other drug treatment programs; the provision of adequate funding to enable all drug treatment programs to provide comprehensive services and assessments tailored to individual client needs.*
5. *Education of all adult and juvenile/criminal justice system professionals and correctional clients about AIDS/HIV. Correctional clients at risk should be counseled to have HIV antibody testing and counseling. "Diversion programs" should be used as means of deferring drug users who are not traffickers from the criminal justice system into drug treatment programs.*
6. *The implementation of major prevention, treatment and clinical activities focused on women at risk: AIDS/HIV education, family planning, antibody testing and condom distribution. Blind HIV antibody seroprevalence studies should be conducted on select populations.*

*The recommendations are not necessarily in order of priority.

7. Strengthen the capability of programs and services accessed by members of the minority community to enable agencies to identify and refer IV drug abusers into AODA treatment and allied health services.
8. *The development of targeted messages and materials which are neighborhood and community specific for use by alcohol and other drug abuse treatment providers and street outreach personnel.*
9. *The development of comprehensive programs for the care of HIV infected IV drug abusers, their partners and their children.*

To implement these recommendations, the Task Force also recommends:

10. *The formation of an interagency IV Drug Abuse and AIDS work group comprised of representatives from the Division of Health (AIDS/HIV Program), Division of Corrections (Alcohol and Other Drug Abuse Section), Division of Community Services (Office of Alcohol and Other Drug Abuse and Office of Management Information) and the Department of Justice. The group should be staffed by a full-time employee in the Department of Health and Social Services who should also have oversight responsibility for implementing Task Force recommendations.*
11. *That a conference on IV drug abuse be held to address the need for a cooperative effort between the criminal justice and treatment systems.*
12. *That a comprehensive evaluation of methadone be conducted and that a working seminar on the state of the art in methadone treatment be convened to develop evaluation methodologies and model programs for treatment of addiction.*
13. *That the State Council on Alcohol and Other Drug Abuse appoint a committee to study special needs and strategies to address the minority community which nationally is disproportionately represented among IV drug abusers contracting AIDS/HIV.*
14. Emphasis of current laws which call for:
 - o appropriately referring IV drug abusers, not commercial traffickers, from the criminal justice system into drug treatment;
 - o encouraging the use of s. 161.475, Wis. Stats. (the treatment option) upon recommendation of prosecutors and use by sentencing judges; and
 - o coordinating key components of the criminal justice prevention and treatment systems to address the problem of IV drug abuse to move toward a goal of developing programs to better address the problems of IV drug abusers.

I. INTRODUCTION

"Never before in the history of the United States has a heterosexually transmitted disease had its roots so inextricably tied to IV drug abuse."

James W. Curran, Director
AIDS Program at CDC

Acquired immunodeficiency syndrome (AIDS) is the end stage manifestation of infection caused by the human immunodeficiency virus (HIV). The virus destroys the cells necessary for the functioning of the immune system leaving the body defenseless against disease. As of May 25, 1988, over 60,000 cases of AIDS had been reported to the Centers for Disease Control; more than half of those persons afflicted have already died.

Initially, AIDS/HIV almost exclusively affected homosexual/bisexual men. By 1982, large numbers of IV drug abusers had become infected. In cities hardest hit by the epidemic (e.g., New York, Newark and Jersey City, New Jersey), more than 60% of IV drug abusers are now reported to be seropositive. Members of minority groups are disproportionately represented among infected IV drug abusers.

Since the available data indicate only a small percentage of Wisconsin's IV drug abusers are infected, the state has an excellent opportunity to prevent the spread of HIV infection. However, with an estimated 21,000 IV drug abusers, Wisconsin must move quickly to establish prevention and outreach programs aimed at reducing high risk behaviors which lead to contracting or spreading HIV. Treatment of IV drug abusers, specifically, and prevention of drug abuse, generally, should be the cornerstones of a statewide strategy to address the problems of IV drug abuse and AIDS. For those who will not avail themselves of treatment, needle sharing and at risk sexual behaviors should be discouraged and cleaning of needles suggested.

In September 1986, the Controlled Substances Board indicated its concern about "the spread of AIDS in Wisconsin due to heterosexual contacts of intravenous (IV) drug abusers." To address this problem, the Board requested that the State Council on Alcohol and Other Drug Abuse consider "a review of the Wisconsin AIDS/IV drug abuse problem by the experts in the Department of Health and Social Services and a discussion of what strategies should be used to identify and reduce IV drug abuse and therefore the spread of AIDS . . ."

In July 1987, in recognition of the link between intravenous drug abuse and the spread of AIDS, the State Council on Alcohol and Other Drug Abuse created a thirteen member Task Force to study the issues and develop a response to the IV drug abuse and AIDS problem in Wisconsin. Staff services were provided by the Department of Health and Social Services, Office of Alcohol and Other Drug Abuse.

The Task Force on IV Drug Abuse and AIDS was charged to:

1. Characterize the nature and extent of IV drug abuse in Wisconsin.

2. Assess the effectiveness of current strategies (prevention, treatment and criminal justice) for dealing with IV drug abuse in Wisconsin.
3. Survey strategies used by other states for dealing with IV drug abuse and assess their relevancy to Wisconsin.
4. Recommend to the State Council strategies for reducing IV drug abuse in Wisconsin and for preventing the spread of AIDS within the IV drug abusing population and from the drug abusing population to others in the state.

Although the focus of the Task Force's efforts has been on intravenous drug abuse, it is important to note that mind-altering drugs, including alcohol, no matter what their route of administration, impair judgement during encounters that could lead to sexual activity. Thus there is clearly a need to enhance prevention and treatment strategies aimed at all drug abusers in order to have maximal impact on the problem of AIDS in Wisconsin.

II. IV DRUG ABUSE AND AIDS IN WISCONSIN

There is a "lack of programs to treat IV drug abusers who are at high risk for AIDS infection."

Presidential Commission on the
Human Immunodeficiency Virus
Epidemic
December 1, 1987

As of June 1, 1988, 5% of the reported AIDS cases in Wisconsin were due to IV drug abuse alone (16 out of 309). The State Office of Alcohol and Other Drug Abuse estimates there are approximately 21,000 IV drug abusers in Wisconsin, almost half of whom reside in the southeastern area of the state.

A number of state agencies have been involved in collecting data to provide an understanding of the magnitude of the IV drug abuse problem in the state and the extent of AIDS/HIV infection in the IV drug abusing population.

Division of Community Services. Based on 1,043 responses to a survey distributed in early 1987 to alcohol and other drug abuse treatment providers, the Wisconsin IV drug abuser can be characterized as follows:

- o 21-39 years of age (87%)
- o Male (73%)
- o White (50%) or minority (50%)
- o Never married (47%)
- o Cocaine (52%) and/or alcohol abuser (31%)
- o Shares needles (43%)
- o Has not been tested for HIV antibody (58%)

In a later survey (1988), treatment providers located in 86% of Wisconsin's counties reported:

- o IV drug abuse by clients in 78% of the treatment programs
- o IV drug abuse by 10% of the 1,762 clients surveyed
- o IV drug abuse by 31% of Milwaukee alcohol and other drug abuse clients
- o Needle sharing in 21 counties
- o "Shooting galleries" in seven counties
- o IV cocaine use by 53% of alcohol and other drug abuse clients

In addition the Referral and Monitoring Unit in the Division of Community Services which works with recipients of Supplemental Security Income in need of alcohol and/or drug services provided data on 120 clients:

- o 50% of those diagnosed with drug problems used needles
- o 43% had injected a drug "less than one month ago"
- o Cocaine and heroin were the drugs injected
- o 28% shared their needles or used needles that belonged to someone else
- o 23% had shared needles "within the last month"
- o 26% reported being tested for HIV
- o White (28%); black (68%); Hispanic (3%)

Division of Health

Wisconsin's Division of Health has lead responsibility for implementation of the AIDS/HIV program. The Division of Health completed a study in November 1986 to determine HIV seroprevalence and drug using practices among clients at two methadone treatment programs in Milwaukee. Of the 137 IV drug abusers who agreed to participate, five (3.6%) had antibody to HIV. In a presentation to the Task Force, Edward Belongia, M.D., Physician Epidemiologist, indicated that "the association between AIDS and intravenous drug abuse has emerged as a critical component of the AIDS epidemic . . . control efforts must focus on prevention of HIV transmission."

Dr. Belongia continued, "intravenous drug abusers (IVDA's) constitute the largest heterosexual population in the United States infected with HIV . . . a high prevalence of HIV infection in IVDA's may contribute to increased transmission in the non-IV drug abusing heterosexual population."

The Division of Health also collected data on residents of state correctional institutions through the Bureau of Correctional Health Services. Between January 1986 and December 1987, of 2,780 inmates who voluntarily participated in the HIV screening program, 24 or 0.9% tested positive for the HIV antibody. Of 212 inmates tested during December 1987, 211 were nonreactive; one was reactive to both EIA and Western Blot test (0.5%).

Division of Corrections

Between August 17, 1987, and March 30, 1988, 22% of 1,488 male admissions to correctional institutions reported a history of using needles to inject drugs (from several attempts to daily administration). The comparable figure for female admissions during this time period was 33%. Although fewer in number (N=90), females are more likely than males to report a history of daily drug injection: 16% vs. 5%. These data would suggest high percentages of inmates entering Wisconsin correctional institutions engage in behaviors which put them at risk of contracting AIDS/HIV.

Projection of Wisconsin AIDS cases arising from IV drug abuse. Data from several sources have been used to estimate the total number of IV drug abusers in the state. The 1980 Wisconsin Client Oriented Data Acquisition Process which used information obtained from 15 drug (not alcohol) abuse treatment programs was used to identify what proportion of drug abusers administered their drugs intravenously. Data from the 1982 National Survey on Drug Abuse administered to a sample of households around the nation was used to estimate the number of regular (at least monthly) abusers of various drugs in Wisconsin. Finally, data from the 1988 Division of Community Services survey of alcohol and other drug abuse treatment providers was used to exclude the population of counties which do not have intravenous drug abusers. These data taken together suggest that there are 21,000 regular IV drug abusers in the state. The National Institute on Drug Abuse has estimated that there are 13,000 - 14,000 IV drug abusers in Wisconsin.

A 1986 Division of Health survey of high risk methadone program clients in Milwaukee showed that only 3.6% were seropositive for the HIV antibody. A 1988 Milwaukee County Methadone Program survey provided reason for concern, however, in that 47% of the clients in that program reported needle sharing. Seroprevalence studies will be repeated, but the available data suggest that despite high risk behaviors by these IV drug abusers, a relatively small percentage have become infected.

Five years ago, cities in New York, New Jersey and California also had low seroprevalence rates. Prevention and intervention programs must be implemented to prevent the predictable increase in AIDS/HIV infection in IV drug abusers from occurring in Wisconsin as it has in those other states.

What is the possible scenario in Wisconsin if needle sharing behaviors continue at the present rate? What is the potential fiscal impact? The available data suggest that 40-50% of Wisconsin's estimated 21,000 IV drug abusers (8,400 to 10,000 individuals) are at risk of contracting AIDS. At the current seroprevalence rate, 300-360 Wisconsin residents (3.6% x 8,400 or 10,000) are projected to become infected with the AIDS virus each year. The potential fiscal consequences are staggering. The average cost of medical care for one AIDS patient from diagnosis to death ranges between \$40,000 and \$120,000. Pediatric AIDS cases cost \$200,000 per individual per year. In contrast, the average cost to provide IV drug abusers with comprehensive services ranges from \$3,000 (cocaine) to \$4,500 (heroin) per year. If 50% of Wisconsin's IV drug abusers contract AIDS, the cost of care could be one half to one billion dollars over a ten year period. The cost to prevent the same number of IV drug abusers from getting AIDS would be in the range of \$170 million over a ten year period. Getting drug abusers into treatment and off needles will not only save lives but will save money!

III. TASK FORCE RECOMMENDATIONS

"We won't deal with the AIDS epidemic until we deal with [the IV drug abuse] epidemic."

James W. Curran, Director
AIDS Program at CDC

Policy Recommendations

In addition to the specific recommendations on the following pages, the Task Force also supports strong public policy which increases intervention and treatment capabilities to reduce the spread of HIV infection among IV drug abusers:*

1. To reduce the problem of drug abuse in Wisconsin and to prevent the spread of AIDS, the state should employ every possible means to significantly expand drug abuse treatment capacity so that treatment is available and accessible to all who are in need of these services.
2. A significant increase in funding should be provided to expand drug abuse treatment services in all modalities for addressing new dimensions which are a direct result of HIV infection and AIDS.
3. All new federal and state funding for AIDS should include a designated priority for the drug abuser population. Mandated programs for IV drug abusers should be accompanied by sufficient funding.
4. State resources should specifically address the needs of those populations at highest risk for HIV infection and AIDS, especially black and Hispanic drug abusers.
5. Drug treatment programs should have a policy of active outreach to community health and social services agencies in order to expand the support services needed for AIDS and HIV positive clients and serve as referral resources to and from the alcohol and drug abuse treatment system.
6. The AIDS crisis has introduced new issues to drug treatment programs, issues related to death and dying, sex education and the control of infectious disease, which increase the need for trained staff to work with clients who have HIV and/or AIDS. Significantly increased resources should be directed to provide ongoing AIDS education, training and clinical and personal support of drug treatment programs staff who work with AIDS clients.

*Our thanks to the National Association of State Alcohol and Drug Abuse Directors.

7. Comprehensive HIV risk reduction and prevention programs that include education and counseling on high risk behaviors which may result in HIV infection should be provided to all clients and their families, when possible, in the alcohol and drug abuse treatment system.
8. HIV testing should be offered, but not required, for drug abusers; test results should always be confidential and kept separate from the client's medical and social records. Testing should always include both pre-and post-counseling sessions.
9. The state should work closely with federal and national agencies to advise on policy implementation, program development and funding for intervention and treatment. Such agencies would include: the National Institute on Drug Abuse, National Institute on Alcoholism and Alcohol Abuse, Office of the Surgeon General, Centers for Disease Control and National Association of State Alcohol and Drug Abuse Directors.

Program Recommendations

A. Data Collection

The Task Force was charged with the responsibility of characterizing the nature and extent of IV drug abuse in Wisconsin. Members soon learned that such data were not available from existing information systems. The seriousness of the AIDS/IV drug abuse problem demands accurate information to inform local and state policy makers about the extent of the problem. Data reported should be confidential and summarized and presented in aggregate form for purposes of assessing, planning and programming services for individuals with alcohol and other drug problems.

Therefore, the Task Force recommends that the state monitor on an ongoing basis the nature and extent of IV drug abuse and AIDS risk and infection status among IV drug abusers. Specifically, it is recommended that:

1. A work group composed of staff from the Division of Health, Division of Corrections and the Division of Community Services develop an ongoing process for systematically gathering the following data on IV drug abusers:
 - a. Age, gender, race, marital status, county of residence
 - b. Drugs used intravenously
 - c. Needle sharing behavior
 - d. Level of risk of being infected or spreading the virus (sexual preference; number of partners; safe sex practices)
 - e. Test results for antibody to HIV
2. Data collected should be disseminated in a timely manner to the Department of Health and Social Services Administrators, the State Council on Alcohol and Other Drug Abuse, local 51.42 boards, treatment providers and county departments of social services to assist decision-makers in policy development and program implementation.

B. Program Monitoring of Client Education

The Department of Health and Social Services should determine whether the alcohol and other drug abuse treatment and aftercare programs are implementing procedures that may reduce the risk of HIV infection. To accomplish this the Division of Health and the Bureau of Community Programs should:

1. jointly develop a program review survey that would assess the extent to which the alcohol and other drug abuse programs are responding to the AIDS problem, similar to the surveys used by Milwaukee's methadone clinics. It is recommended that site visits be done selectively around the state by the Division of Health and the Division of Community Services regulatory staff.

2. develop standards and review criteria that could be incorporated into HSS 61.50 (the alcohol and other drug abuse program standards) and make them part of the program certification process conducted by the Bureau of Community Programs and the Division of Community Services regional offices.

C. Training and Education

Because intravenous drug abusers are at high risk for AIDS/HIV infection, the alcohol and other drug abuse treatment programs/facilities are ideal and essential settings in which to deliver risk reduction messages to clients who may be practicing behaviors which put them at risk. Therefore, it is recommended that:

1. All the alcohol and other drug abuse program personnel receive basic information about AIDS/HIV infections through regularly scheduled in-service programs.
2. All alcohol and other drug abuse program clients (and, if appropriate, their significant others) be given basic information about AIDS/HIV infection, both through general education programs set up by alcohol and other drug abuse programs and one-on-one client education during counseling sessions.
3. A staff person within each program be identified as a primary resource to agency personnel and receive at least 20 hours of professional education and training on AIDS/HIV infection.
4. The alcohol and other drug abuse programs with existing community outreach projects make a concerted effort to reach and maintain contact with former clients and their significant others. Since the former clients may practice behaviors which place them and their partners at risk for becoming infected with HIV, basic AIDS/HIV education and safe sex education should be incorporated in the outreach effort.
5. The alcohol and other drug abuse programs perform HIV risk assessments on all clients.
6. Clients identified as at risk have clearly specified risk reduction goals and activities within their treatment plans.
7. Clients identified as at risk be encouraged to have HIV antibody testing and counseling.
8. Personnel in alcohol and other drug abuse agencies communicate the message, "AIDS will be spoken in every treatment program."

D. Intervention Programs for Risk Reduction

IV drug abusers frequently share needles with other users and practice behaviors which put them at risk for contracting and transmitting AIDS/HIV; such behaviors often include having sex without condoms. Strategies should be developed to discourage needle sharing and at risk sexual behaviors (67% of the women who contract AIDS are sex partners of IV drug abusers). Educational campaigns should be developed to teach IV drug abusers to clean their works. Control of the AIDS epidemic among drug abusers must rely on efforts to reduce the high risk behaviors of needle sharing and unsafe sexual practices. Therefore, it is recommended:

1. Street outreach programs be developed by the Department of Health and Social Services in areas that have a high incidence of IV drug abuse to:
 - a. Bring IV drug abusers into treatment by way of a coupon program* funded with general purpose revenues;
 - b. Encourage abstinence from needles; no sharing of needles; provide bleach and educate IV drug abusers on the use of bleach to clean needles and works;
 - c. Provide safe sex education which encourages long-term monogamy and the use of condoms.
2. Outreach workers be recruited from the community which they will serve.
3. The state monitor ongoing pilot programs around the nation to assess the effectiveness of clean needle distribution programs.

E. Treatment Programs

"For extreme illnesses extreme treatments are most fitting."

Hippocrates
C. 460-400 B.C.

Methadone and other drug programs offer counseling and other services to narcotic (opioid) addicted intravenous drug abusers to assist them in getting off needles. In addition to the treatment needs of these individuals, there is a large segment of IV drug abusers in Wisconsin who are dependent upon other drugs including cocaine (approximately 52%).

Methadone programs and other treatment approaches should be expanded to accommodate potential increases in people utilizing these services.

*A program similar to that developed and implemented in Newark, New Jersey. See Appendix for details.

Therefore, the following are recommended:

1. The Department of Health and Social Services should place increased emphasis on abstinence, detoxification from narcotics, treatment and methadone maintenance to reduce narcotic drug abuse and HIV transmission and should encourage entry into and retention in methadone treatment programs.
2. Funding should be provided for a minimum of 300 new methadone slots per year to serve medically indigent populations and 2,700 slots to serve other drug abusers.
3. Methadone treatment programs should be expanded on a case-by-case basis to permit qualified programs to treat those patients living in rural areas which are at a distance from comprehensive methadone programs.
4. The county alcohol and other drug abuse treatment system should be given the necessary funds to reestablish the capability for providing comprehensive services, including multidisciplinary teams to provide improved job placement, vocational rehabilitation, medical, educational, social services, counseling, psychiatric services.
5. The county alcohol and other drug abuse treatment system should increase access and become more flexible so that it is able to respond to the individual level of treatment needs for each client and include a comprehensive assessment of each client, adopting a case management approach with plans and treatment regimens tailored to specific, individual client needs.
6. All the alcohol and other drug abuse program clients (and, if appropriate, their significant others) should receive basic information about AIDS/HIV infections, both through general education programs set up by the alcohol and other drug abuse program and one-on-one client education during counseling sessions.

F. Criminal Justice System

"AIDS has now become a challenge for criminal justice professionals who in the course of their duties may come in contact with intravenous drug abusers and others at high risk for the disease."

From "NIJ Reports,"
The National Institute of
Justice in announcing its
AIDS Clearinghouse,
September/October 1987

Law enforcement authorities, district attorneys, defense counsels, judges and corrections officials should address the problems of IV drug abusers who have become involved in the criminal justice system.

A high proportion of those who come to the attention of the criminal justice system are drug abusers; about 25% of those incarcerated are IV drug abusers. Just as the mainstream of society is struggling with the AIDS infection, so too are police and sheriffs departments, prosecutors, defense counsel, judges, and corrections personnel in Wisconsin. The threat of AIDS emphasizes the need for the criminal justice system to deal with IV drug abusers. Therefore, it is recommended that:

1. Law enforcement personnel, district attorneys, defense counsel, judges and corrections officials be offered ongoing AIDS/HIV training and education, through the Law Enforcement Standards Bureau, District Attorneys Association, Public Defenders Office, Administrator of State Courts and Division of Corrections, respectively.
2. Each jail officer and manager receive training under the auspices of the Law Enforcement Standards Bureau and instruction on the development and implementation of policies, supervision and discipline relating to AIDS/HIV.
3. All inmates in county jails and state institutions and those persons on probation or parole supervision be counseled on the means by which AIDS is transmitted and on reduction of at risk behaviors; those considered to be at risk be encouraged to have HIV antibody testing and counseling.
4. Supervised pretrial release programs, diversion programs (such as deferred prosecution under Chapter 971, Wis. Stats.) and treatment options (s. 161.475, Wis. Stats.) be used, as appropriate, with abusers not involved in delivering controlled substances, as means of referring people into treatment programs.

G. Women and Perinatal Transmission

Women with AIDS/HIV infection present special problems. Nationally, their profile is as follows: 80% are minorities, 75% either use IV drugs or have partners that use, and they account for 80% of the pediatric cases of AIDS in the U.S. Most of these women are poor, many are prostitutes, have limited access to health care, do not use contraception, and are faced with the struggle of day-to-day survival. Reaching these women can be very difficult; furthermore, prevention is not a priority in their lives. Once pregnant, these women are faced with terrible dilemmas to continue or terminate the pregnancy, how to pay for an abortion and the fact that health care providers are neither willing nor prepared to provide obstetrical care. These women may put their own health status in jeopardy if they decide to continue the pregnancy and may not be healthy enough to even care for the child once it is born. Therefore, it is recommended that the following be provided:

1. Accessible HIV antibody testing and broad family planning options to women in the criminal justice system and the alcohol and other drug abuse treatment systems.

2. Condom availability to persons at risk of infection/transmission, accompanied with AIDS education.
3. Continuation of state funded blinded HIV seroprevalence studies for obstetrical and pediatric populations.
4. Funds for alternative alcohol and other drug abuse treatment pilot programs which include AIDS/HIV education and increased availability of treatment programs as well as increasing incentives for participants by providing child care to offspring of women in treatment.
5. Health care provider training to establish minimum knowledge standards to facilitate early recognition of risks and symptoms and prompt medical intervention.
6. A comprehensive study to review issues surrounding prostitutes and contraction of AIDS/HIV.

H. Minorities

In view of the fact that nationally minorities are disproportionately represented among IV drug abusers and those with HIV infection, special measures need to be implemented to reach this population. Therefore, it is recommended that:

1. Services, programs, and agencies that are accessed by the poor and minorities be identified. These agencies should increase minority staff members as reflected by minority caseload.
2. Training and education on intravenous drug abuse, alcohol and other drug abuse and AIDS be provided to staff of local service agencies that are accessed by poor and minorities in Milwaukee, Racine, Kenosha, Beloit, Waukesha, Madison, Green Bay, Eau Claire, Wausau, and La Crosse and the eleven Indian reservations and other rural Indian settlements in central and northern Wisconsin.
3. Funds made available for AIDS/AODA education be allocated through a competitive RFP process. The RFP process should:
 - a. Be offered to established culturally-sensitive programs.
 - b. Be promoted to special minority community agencies not usually recruited through traditional methods.
4. Technical assistance be made available to agencies developing proposals.
5. Minority members be included on review committees.
6. Collaboration among existing AIDS/Minority/AODA programs be encouraged to allow for comprehensive, not duplicative coverage.
7. AODA treatment slots for poor and minority IV drug abusers be made available on a subsidized cost/ability to pay basis.

I. Targeted Education

For individuals to understand the risks that lead to HIV infection, they must first become informed. Health education and risk reduction messages must be delivered to all groups affected by IV drug abuse including IV drug abusers themselves, their families and friends and especially their sexual partners. These targeted messages must take into account cultural differences, educational levels and use appropriate language that is understandable to each subgroup.

Therefore the Task Force recommends that:

1. Public education messages be neighborhood specific. Accurate messages must be targeted to specific subgroups, sensitive to cultural differences and educational levels and use appropriate language that is understandable to each subgroup.
2. Messages be prepared in multiple formats including printed material and audio/visual materials.
3. An information and resource clearinghouse be developed for the collection, development and distribution of pamphlets, films, videos and other educational materials to meet the needs of affected subgroups.
4. Free distribution of these materials should be made to the general public and in particular to groups specializing in the education of IV drug abusers and their significant others. The Wisconsin Clearinghouse should be funded to expand its services to include development and distribution of IV drug abuse and AIDS information as indicated above.

J. Care of HIV Infected IV Drug Abusers, Partners and Children

Intravenous drug abusers infected with the human immunodeficiency virus present a formidable challenge to the health care system. Even before the AIDS epidemic, health care access and quality was limited by lack of adequate insurance coverage, a pattern of episodic crisis-oriented care rather than ongoing primary care, chronic infectious and nutritional problems related to underlying drug and alcohol abuse, poor compliance with medical treatment, a high frequency of mental illness and sociopathy and minimal family and community support. Also, linkage between drug abuse treatment centers and medical care facilities has often been weak or nonexistent. All of these problems have been dramatically magnified by the increasing load of AIDS-related illness in this population and their sexual partners and offspring. The result is often prolonged hospitalization, underutilization of home care and relapse into drug abuse, which increases the cost of care dramatically to the \$100,000 to \$200,000 per case which has been reported from New York. The San Francisco model has shown that with a comprehensive approach linking providers, researchers,

institutions and volunteer networks, and with adequate public financial support, high quality care can be provided at a lower cost of \$25,000 to \$50,000. To accomplish this in Wisconsin, the Task Force recommends the following:

1. Encourage linkage among IVDA treatment units, medical and psychiatric providers, health care institutions (both public and private), home care agencies and community-based service organizations to provide comprehensive case management with quality and cost control mechanisms with an emphasis on alternatives to inpatient care.
2. Make state funds available through changes in Title XIX and direct grants for support of such networks.
3. Provide support for Wisconsin hospitals and clinicians to participate in community-based trials of the natural history of HIV in local IVDA and intervention to treat the disease process.
4. Establishment of an adequate and affordable fund for insuring uninsurable individuals with HIV infection who are intravenous drug abusers.

K. Program Evaluation

The Task Force was charged with the responsibility of evaluating current strategies aimed at reducing IV drug abuse. Very few state alcohol and other drug abuse prevention and treatment programs have the resources to gather data on their program's effectiveness. Even fewer, if any, conduct follow-up studies to test the length of impact. The existence of this type of program evaluation is reviewed as part of the program certification process (HSS 61.52), but due to the lack of specificity in the rule, many programs are not sanctioned. There are also problems with the type of data collected, uniformity of measures, validity, comparability and overall usefulness of the data.

It is recommended that:

1. Alcohol and other drug abuse prevention and treatment programs be measured for their impact, as defined by the Department of Health and Social Services in cooperation with local providers, by selecting a representative sample of alcohol and other drug abuse prevention and treatment programs to be targeted for consultation, and
2. Funds be made available to carry out evaluations of their impact on IV drug abuse and AIDS risk behaviors by clients.

IV. ACTION PLAN

A. An interagency work group comprised of and in cooperation with the Division of Health (AIDS/HIV Program Section), Division of Corrections (Alcohol and Other Drug Abuse Section), Division of Community Services (Office of Alcohol and Other Drug Abuse and Office of Management Information), and Department of Justice should be formed to implement these recommendations. The interagency work group should be staffed by a full time employee in the Department of Health and Social Services.

B. Since 1971, the Wisconsin Legislature (s. 161.01, Wis. Stats.) has restated its finding that "the abuse of controlled substances constitutes a serious problem for society." Further, the Legislature declared its intent:

(2) Persons who habitually or professionally engage in commercial trafficking in controlled substances and prescription drugs should, upon conviction, be sentenced to substantial terms of imprisonment to shield the public from their predatory acts. However, persons addicted to or dependent on controlled substances should, upon conviction, be sentenced in a manner most likely to produce rehabilitation.

(3) Upon conviction, persons who casually use or experiment with controlled substances should receive special treatment geared toward rehabilitation. The sentencing of casual users and experimenters should be such as will best induce them to shun further contact with controlled substances and to develop acceptable alternatives to drug abuse.

IV drug abusers are among those individuals "who should receive special treatment" toward reduction of high risk behaviors which could result in HIV/AIDS. Consequently, the Task Force recommends the emphasis of current law which calls for:

- o appropriately referring IV drug abusers, not commercial traffickers, from the criminal justice system into drug treatment;
- o encouraging the use of s. 161.475, Wis. Stats. (the treatment option) upon recommendation of prosecutors and use by sentencing judges; and
- o coordinating key components of the criminal justice prevention and treatment systems to address the problem of IV drug abuse to move toward the goal of developing programs to better address the problems of IV drug abusers.

C. To address the need for the criminal justice and treatment systems to work together, the Task Force recommends a conference on IV drug abuse, similar to the Governor's Conference on Alcohol and Other Drug Abuse held in February 1988. The goal would be for criminal justice and treatment system personnel to reach consensus on how

both systems can work together to refer and treat IV drug abusers. Seminar attendees representing the criminal justice, prevention and treatment systems would:

- o design formal programs for referring IV drug abusers out of the criminal justice system (detection and apprehension, prosecution, adjudication, disposition) into treatment (methadone and other drug abuse treatment programs);
 - o identify and address obstacles to referrals;
 - o establish mechanisms for ongoing communication and local coordination among units of the criminal justice, prevention and treatment systems; and
 - o explore ways to reach IV drug abusers and encourage them to seek treatment.
- D. An expanded use of methadone is recommended because methadone could help people stop injecting narcotics and reduce a major high risk behavior which can result in contracting HIV. Consequently, in addition to expansion of treatment programs recommended in this report, the Task Force also recommends a comprehensive evaluation of methadone treatment be undertaken by the Department of Health and Social Services and reported to the State Council on Alcohol and Other Drug Abuse. Specifically, it is recommended that the study determine:
- o the effectiveness of methadone treatment programs in reducing HIV infection,
 - o the existence and effectiveness of HIV prevention programs within methadone programs, such as staff and client education, HIV prevention counseling and HIV prevention treatment planning,
 - o the effectiveness of methadone treatment programs in reducing opioid and other drug abuse,
 - o the causes of deaths occurring in patients while in methadone treatment programs, and what the Department of Health and Social Services can do to help programs decrease the number of methadone deaths, and
 - o whether staff of methadone programs are receiving the most current treatment information.
- E. The Task Force also recommends a scientific seminar be conducted on the issues involving methadone to accomplish the following:
- o develop valid program evaluation methodology capable of determining success of client outcomes in methadone treatment and determining the factors which influence treatment outcome, i.e., patient characteristics, program characteristics, services received, employment,

- o gather information and interact with professionals from programs in other parts of the U.S., then develop and fund a model program for the treatment of opioid addiction to be used in revising the methadone treatment standards in the future, and
 - o determine if methadone is the treatment of choice for opiate addicts or if additional research is required in this area.
- F. Although the Task Force developed several recommendations focused on minorities and the poor, it recommends further investigation of their needs. Specifically, it is recommended that the State Council on Alcohol and Other Drug Abuse form a special study committee to further investigate the problems of IV drug abuse and AIDS among poor and minority citizens of this state. It is further recommended that members of Wisconsin's minority community be appointed to serve on this committee.
- G. The Task Force recommends introduction of the "Comprehensive IV Drug Abuse and AIDS Diversion and Treatment Act of 1989" to implement its recommendations. This legislation would call for a committee of the State Council on Alcohol and Other Drug Abuse to:
- o Coordinate activities of state agencies to address the IVDA and AIDS problem;
 - o Monitor the nature, extent and problems of IVDA and AIDS in Wisconsin;
 - o Oversee the implementation of Task Force recommendations;
 - o Make recommendations to state agencies and the Legislature for improving IVDA and AIDS programs; and
 - o Prepare an annual report on IVDA and AIDS in Wisconsin.
- H. The Task Force recommends adequate staff be provided to the State Council on Alcohol and Other Drug Abuse or some other governmental entity to implement its recommendations.

APPENDICES

1. IV Drug Abuse and AIDS in Other Areas of the Nation

Since 1981 when AIDS was first recognized as a fatal disorder of cell mediated immunity, a variety of state and federal activities have been initiated to prevent and control the spread of the infection. As of June 1, 1988, over 60,000 cases of AIDS had been reported to the Centers for Disease Control, of which more than half have been fatal.

Information from other states (including those hardest hit by the epidemic, New York, New Jersey, California, Florida and Texas) indicates changes in transmission categories. For example, homosexual/bisexual men had previously been considered the primary victims and transmitters of the HIV infection, but increasing numbers of IV drug abusers have become infected; members of minority groups are disproportionately represented among infected IV drug abusers.

In June 1987, the National Institute on Drug Abuse (NIDA) published data presented at the 22nd meeting of the Community Epidemiology Work Group, an organization sponsored by NIDA's Division of Epidemiology and Statistical Analysis. The information is based upon 28,371 reported cases of AIDS in 20 major metropolitan areas of the country, accounting for approximately 82% of the AIDS cases reported nationally (N=34,513).

The following information is abstracted from the Work Group's Executive Summary and proceedings:

Newark: Results of a study of prostitutes in the Newark area indicated that of those with a history of IV drug use, 60% were seropositive for HIV; of those with no history of drug use, all were negative. All of the pediatric AIDS cases in Newark were children of IV drug abusers or children of sexual partners of IV drug abusers; 80% of Newark AIDS patients were black, 13% were Hispanic, and 7% were white.

New York City: Findings from studies in New York City methadone maintenance and detoxification programs indicated that 50 to 60% of clients were seropositive. Deaths due to AIDS among IV drug abusers in New York City have increased significantly over the past few years--88 in 1983, 293 in 1984, 488 in 1985. Provisional findings indicate that in 1986 the number of AIDS deaths attributable to IV drug abuse was close to 1,000.

San Francisco: Several studies conducted in San Francisco were designed to monitor seropositivity. Indications were that the infection rate among IV drug abusers was about 7 to 10% in early 1986 but was probably above 15% by early 1987. All of these studies indicated that the infection was spreading far more rapidly among black and Hispanic IV drug abusers than among white IV drug abusers.

Detroit: In Detroit, blacks were particularly affected by the relationship between intravenous drug use and AIDS. A special analysis performed in April 1987 determined that although blacks represented 43% of all AIDS cases, they represented 76% of those AIDS cases with reported IV drug use. There has been a clear increase in the number of IV drug abusers with AIDS and their proportion of total cases. In December 1985, 8% of the documented AIDS cases (8 out of 106) were IV drug abusers. By June 1987, 15% of the total (51 out of 351) were IV drug abusers.

Los Angeles: Although the number of IV drug abusers who had contracted AIDS had increased in Los Angeles, the rate of increase of AIDS among homosexual/bisexual non-IV drug abusers was much higher than among IV drug abusers. However, reports from emergency rooms and treatment programs indicated that the proportion of drug abusers in Los Angeles who used an intravenous route of administration increased between 1984 and 1986. Specifically, the proportion of emergency room episodes attributable to injection rose from 8% in 1984 to 17% in 1986. Among individuals admitted to treatment, 64% were IV drug abusers in 1984. This proportion climbed to 70% in 1986.

New Jersey: A coupon program was introduced in 1987 in New Jersey that entitled drug abusers to one free detoxification. This program has been particularly successful in that a number of the people who entered treatment through this program had never been in treatment before and, of those, a substantial number are remaining on the program in other modalities.

Minnesota: Because of its contiguity to Wisconsin and similar demographic characteristics, Minnesota's experience was examined. (Note that 80% of the Minnesota AIDS-IV drug abuse cases are in Hennepin County, the Minneapolis/St. Paul metropolitan area).

Two percent of the total AIDS cases have intravenous drug abuse (IVDA) as their primary risk factor, and 4% of the cases are homosexual/bisexual males who also have a history of IV drug abuse. [At the time, the data approximate those from Wisconsin. Thus, 6% of the reported Minnesota AIDS cases are IV drug abuse related; the comparable figure for Wisconsin is 9%.]

A number of factors are believed to contribute to the relatively low rates of HIV seropositivity among the intravenous drug abusing populations in Minnesota. Although many of the individuals had a history of sharing needles (91%), only one-third reported frequent needle sharing, and over 70% reported needle sharing with only one other person. A typical scenario reported was a user sharing works exclusively with his or her girlfriend or boyfriend. Secondly, shooting galleries are not common in the Twin Cities and hypodermic needles and syringes are available without a prescription. Finally, there is not a large narcotic-addicted population in the Twin Cities but rather a local tendency toward polydrug abuse. These factors may collectively help explain the as-yet low rates of HIV seropositivity among intravenous drug abusers in Minnesota.

2. Recommended Modifications in the State Methadone*Regulations

- a. It is recommended that the state methadone regulations be changed in an expeditious fashion to allow methadone maintenance treatment for IV opioid (heroin, morphine, hydromorphone, etc.) abusers regardless of duration of physical dependence.

Current regulations require a one-year history of daily opioid use in order for an individual to be eligible for methadone maintenance. In the face of the AIDS threat, making at-risk individuals wait up to a year for methadone maintenance treatment is from a clinical perspective not in patients' best interests.

Criteria should be modified to allow for the admission of those with less than one year of addiction who show evidence of needle use upon physical examination and who show physical dependence on opioids on naloxone challenge.

- b. Former methadone maintenance patients should be allowed readmission on request, regardless of duration since their last treatment episode, with the exception of those persons whose previous violent behaviors represent a danger to the health and/or safety of caregivers and/or other patients in an outpatient setting.
- c. Methadone patients who become physically or mentally disabled because of AIDS should be allowed to take home a one-month's supply of methadone if the program physician deems it appropriate. Caregivers for such a patient should be permitted to pick up methadone doses for the patient when the patient becomes unable to do so.
- d. Urine specimens should be tested twice weekly for opiates and cocaine so that patients who continue to use those drugs can be given more counseling about changing their behaviors to reduce the risk of HIV infection.
- e. State and federal funds should be made available to offer free methadone treatment for the first year.

*Methadone is a narcotic drug used in the medical treatment of pain, and in the detoxification and maintenance treatment of narcotic addicts in approved facilities.

3. Outreach and the Coupon Program in New Jersey

The New Jersey Department of Health, Division of Narcotic and Drug Abuse Control, has developed several innovative programs to address the problem of AIDS/HIV infection in IV drug abusers.

Outreach to Drug Addicts. One such program placed ex-addict health educators into areas frequented by intravenous drug abusers--to make contact with them, encourage them to enter drug treatment, and show them how to reduce their risk of contracting AIDS. At the private, community-based drug treatment programs at which the health educators work, there are also health coordinators to provide counseling and information to all those receiving treatment. The number of educators and coordinators grew from four of each in May 1985 to 28 of each in February 1987.

Coupon Program. Decreases in federal funding in 1981 made it necessary for the state's drug treatment programs to begin charging their clients for services. This resulted in a decrease in the use of these programs particularly by single inner-city males--the group hit hardest by the AIDS epidemic. To help draw this group back into treatment, health educators began late in 1986 to distribute coupons redeemable for free initial outpatient drug detoxification services. The first 1,000 coupons distributed in this program met with an enthusiastic response. They were very successful in bringing the targeted group into treatment: over 40% of those redeeming the coupons had no previous drug treatment, and of those with previous treatment experience, a majority had received it in 1981 or earlier. The coupon program was augmented by an additional 2,666 coupons in March 1987.

Mobile Vans. Two mobile vans (partially funded by the Robert Wood Johnson Foundation) took to the streets of Newark and Jersey City early in 1987. These vans reach out to poor people in inner-city areas who have little or no access to primary health care practitioners and who do not come into treatment centers. The physicians and social workers who staff the vans provide information about drug abuse, its side effects and its prevention, as well as other health issues like AIDS. When appropriate, these health professionals provide physical examinations and counseling; they also provide referrals to testing and counseling sites.

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