



University of California
San Francisco



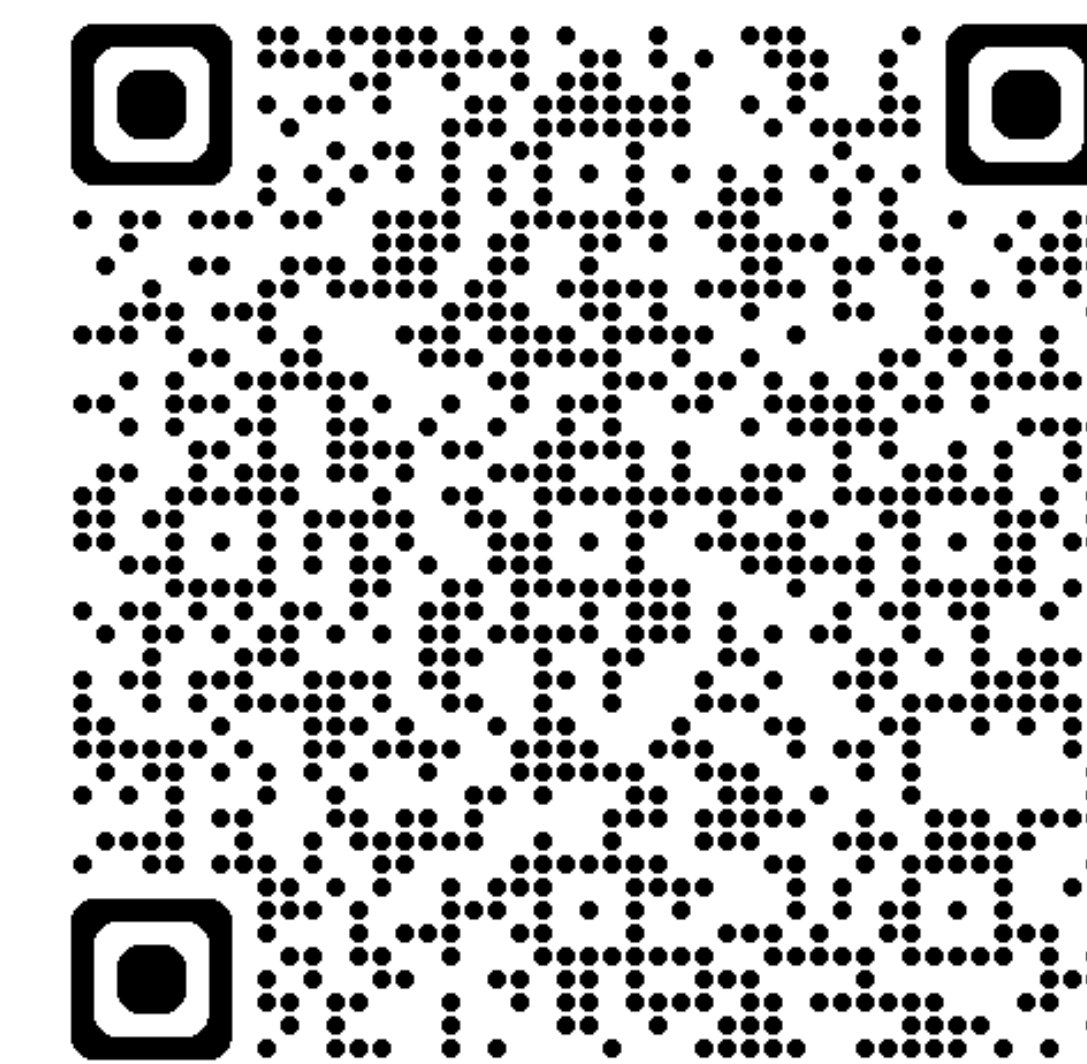
“Harm Reduction Angels”: Linking Veterans Who Inject Drugs to Key Resources

Tessa Rife-Pennington, PharmD, BCGP^{1,2}; Michelle Tang, PharmD³; Jennifer Armentrout-Jones, DNP, PMHNP-BC, CARN-AP^{1,3}; Jennifer Cocohoba, PharmD, MAS, AAHIVP¹

¹University of California, San Francisco, School of Pharmacy, San Francisco, California, USA; ²American Academy of HIV Medicine, Washington, DC, USA; ³San Francisco

Veterans Affairs Health Care System, San Francisco, California, USA

This project is supported through the AAHIVM Dr. Dawn K. Smith HIV Prevention Clinical Fellowship.



BACKGROUND

Injection drug use (IDU) increases risk for preventable infections, including human immunodeficiency virus (HIV) and viral hepatitis.

Screening, HIV pre-exposure prophylaxis (PrEP), and condoms are vital strategies to reduce risk; however, patient, provider, and system-level barriers limit access.

OBJECTIVE

To increase Harm Reduction Program engagement and resource access among Veterans with IDU receiving care at the San Francisco Veterans Affairs Health Care System (SFVAHCS).

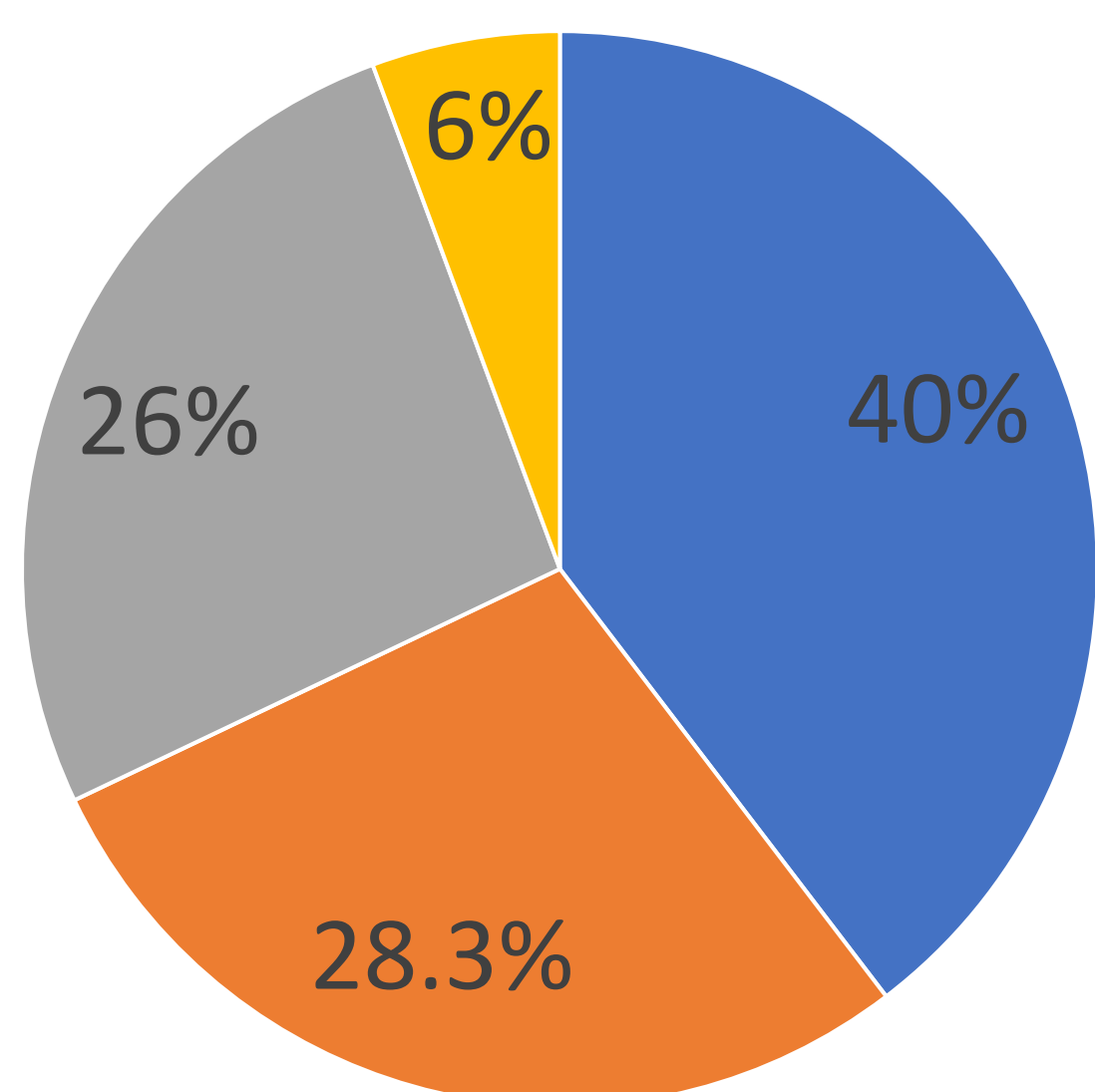
METHODS

Included (n=53)	<ul style="list-style-type: none">• Veterans identified via National VA Syringe Services Program Dashboard• Receiving care at SFVAHCS• Past year IDU via retrospective chart review
Excluded	<ul style="list-style-type: none">• No IDU, deceased
Primary Outcome	<ul style="list-style-type: none">• Number who accepted ≥1 harm reduction resource
Secondary Outcomes	<ul style="list-style-type: none">• Number who accepted:<ul style="list-style-type: none">• Supplies for overdose prevention, infection prevention, safer injection, safer sex• Infection testing• HIV PrEP prescription, education• Vaccine referral
7-8/2024	<ul style="list-style-type: none">• Dashboard data validation• Approved as quality improvement (QI) project
9-10/2024	<ul style="list-style-type: none">• Telephone script, note template, data collection form developed• Baseline characteristics collected
11/2024-4/2025	<ul style="list-style-type: none">• Veterans contacted (telephone, in-person, letter)• Outcomes data collected
4/2025	<ul style="list-style-type: none">• Descriptive statistics evaluated results

VETERAN CHARACTERISTICS

Demographics	Veterans (n=53)
Age, mean±SD	57.6±12.3
Sex assigned at birth, n (%)	Male 51 (96.2) Female 2 (3.8)
Gender identity, n (%)	Man 18 (34.0) Transgender woman 2 (3.8) Gender-fluid 1 (1.9) Unknown/not documented 32 (60.4)
Race/ethnicity, n (%)	White 27 (50.9) Multiple race/ethnicity 9 (17.0) Black or African American 7 (13.2) Hispanic/Latino 2 (3.8) Unknown/not documented 8 (15.1)
Sexual orientation, n (%)	Straight/heterosexual 31 (58.5) Lesbian/gay 5 (9.4) Bisexual 4 (7.5) Pansexual 1 (1.9) Unknown/not documented 12 (22.6)
Percent service connected for disability, mean±SD	41.9±43.3
Substance use disorder diagnoses, n (%)	Stimulant use disorder 43 (82.7) Opioid use disorder 30 (57.7) Alcohol use disorder 23 (44.2)
Infection diagnoses, n (%)	Hepatitis C virus 32 (61.5) HIV 9 (17.3)

RESULTS: OUTREACH



- Among those with ≥1 visit with the Harm Reduction Program, the average number per Veteran was 2.4 ± 1.5 visits (range of 1-6 visits).

RESULTS: RESOURCES ACCEPTED

Overdose prevention supplies

- ✓ naloxone
- ✓ fentanyl test strips
- ✓ safer smoking supplies
- ✓ harm reduction vending machine access

Infection prevention supplies

- ✓ alcohol swabs
- ✓ antibiotic ointment
- ✓ gloves
- ✓ bandages
- ✓ sterile water/saline (n=10, 18.9%)

Safer injection supplies

- ✓ Syringes
- ✓ sharps container (n=9, 17.0%)

Infection testing

- ✓ HIV
- ✓ hepatitis B and C virus
- ✓ chlamydia/gonorrhea
- ✓ syphilis (n=6, 11.3%)

Safer sex supplies

- ✓ condoms
- ✓ lubricant
- ✓ vaginal moisturizer (n=4, 7.5%)

HIV PrEP education

(n=4, 7.5%)

Referral for HBV vaccine

(n=1, 1.9%)

CONCLUSIONS & NEXT STEPS

- Over 25% engaged with the program, and many continued monthly engagement.
- In-person outreach was essential for connecting with Veterans in supportive housing.
- Many reported awareness of risks and avoided sharing/reusing syringes.
- Many expressed appreciation for the outreach, program, and resources, with one Veteran referring to the team as “Harm Reduction Angels”.
- Low-barrier, low time-intensive intervention.
- None accepted HIV PrEP or DoxyPEP; alternative approaches may be warranted to increase access among Veterans with IDU and will be explored in next project stages.

DISCLOSURES

The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government. The authors have no conflicts of interest to disclose.