ACBC

Addiction Center of Broome County

The Addiction Center of Broome County Inc.

The Addiction Center of Broome County Inc.

ACBC turned 50 this year!

Part 822 medically supervised outpatient clinic



<u>Locations</u>

- 30 West State Street Binghamton, NY(main location)
- 306 East Main Street Endicott, NY
- 103 Leilani Lane Norwich, NY
- 15 Charles St Binghamton, NY (new building)

Services

- Assessment & Referrals
- Individual, Group, Family Counseling for Adults, Adolescents, Children
- Psychiatric Evaluation, Medication Management
- MOUD- Vivitrol, Suboxone, Sublocade
- Health Home Care Management
- Family Navigation
- Certified Recovery Peer Advocacy- *Started in 2017, COTI*
- Opioid Overdose Reversal Program
- Non-Medical Transportation
- Syringe Services funded by the *NYS DOH AIDS Institute*
- Food Pantry
- Child-Centered Play Therapy
- Social Care Network Navigators
- Specialty Food Pantry
- Jail Based Forensic Court Navigators

Serving 1700+ participants across services
135 + employees and growing

SEP

2nd Tier Syringe Exchange

- **Warm/ Soft Open in April 2021**

1st Tier Syringe Exchange

- Contracted in 2023 with DOH

Services Include:

- Harm Reduction Education
- Naloxone Training/ Distribution
- HCV/HIV/STI Testing
- Outreach
- Transportation Assistance
- Referral to Treatment
- SEP (Walk-ins/ Deliveries
- Wound Care Referrals







<u>July 1, 2025- June 30, 2026</u>

Syringes Disposed: 232,305

Syringes Provided: 238,990

SEP

Fast Forward: Cross-trained multiple employees

<u>Focuses include:</u>

- Homelessness
- Encampments
- Rural Broome County
- Linkage To Care
- Syringe Services
- Harm Reduction
- Low- Threshold Engagement
- ***Direct HIV Care for SEP and/or clinic patients***





70 % of SEP services are provided in community, breaking barriers of coming into clinic to access harm reduction, clinical and medical services, and/or general support.

September 2026 Peer Services Provided: <u>579</u>









Law Enforcement Initiatives







ACBC SEP & HIV Care

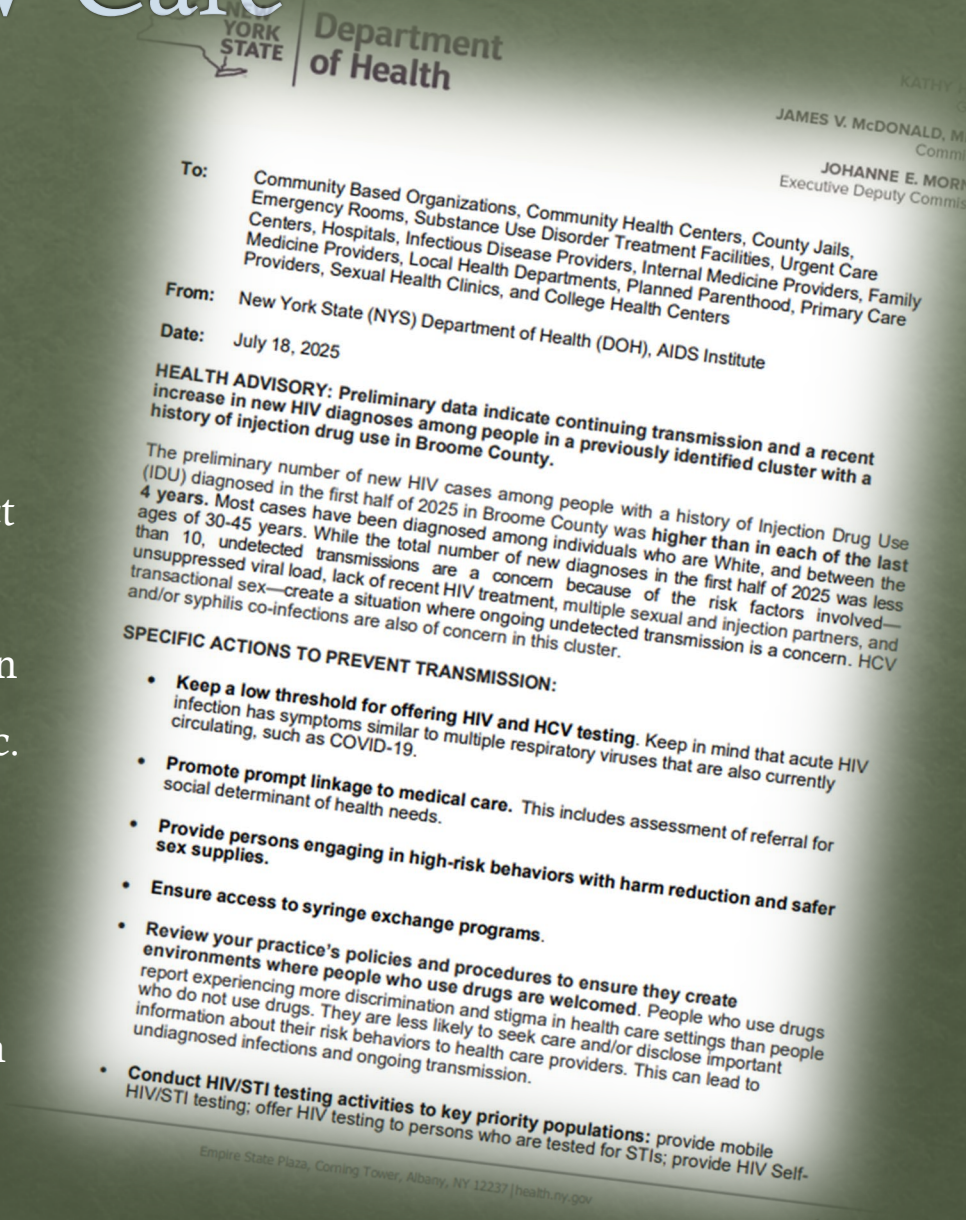
- Rise in HIV Cases in July of 2025

How is ACBC Supporting this Advisory?

- ACBC SEP participants significantly effected- *injection use is a factor*
- ACBC Peers started outreach for participants
- ACBC harm reduction nurse practitioner starts testing, lab work and direct HIV care on a low-threshold basis if positive
- Peers and practitioner provide support, testing, bloodwork, and medication management in the community as well as in person at ACBC's main clinic.

Take Aways

- Peers are VITAL to connecting participants to HIV/ preventive care along with keeping them connected to their provider on a continuum



NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

To: Community Based Organizations, Community Health Centers, County Jails, Emergency Rooms, Substance Use Disorder Treatment Facilities, Urgent Care Centers, Hospitals, Infectious Disease Providers, Internal Medicine Providers, Family Medicine Providers, Local Health Departments, Planned Parenthood, Primary Care Providers, Sexual Health Clinics, and College Health Centers

From: New York State (NYS) Department of Health (DOH), AIDS Institute

Date: July 18, 2025

HEALTH ADVISORY: Preliminary data indicate continuing transmission and a recent increase in new HIV diagnoses among people in a previously identified cluster with a history of injection drug use in Broome County.

The preliminary number of new HIV cases among people with a history of Injection Drug Use (IDU) diagnosed in the first half of 2025 in Broome County was **higher than in each of the last 4 years.** Most cases have been diagnosed among individuals who are White, and between the ages of 30-45 years. While the total number of new diagnoses in the first half of 2025 was less than 10, undetected transmissions are a concern because of the risk factors involved—unsuppressed viral load, lack of recent HIV treatment, multiple sexual and injection partners, and transactional sex—create a situation where ongoing undetected transmission is a concern. HCV and/or syphilis co-infections are also of concern in this cluster.

SPECIFIC ACTIONS TO PREVENT TRANSMISSION:

- **Keep a low threshold for offering HIV and HCV testing**. Keep in mind that acute HIV infection has symptoms similar to multiple respiratory viruses that are also currently circulating, such as COVID-19.
- **Promote prompt linkage to medical care.** This includes assessment of referral for social determinant of health needs.
- **Provide persons engaging in high-risk behaviors with harm reduction and safer sex supplies.**
- **Ensure access to syringe exchange programs**.
- **Review your practice's policies and procedures to ensure they create environments where people who use drugs are welcomed**. People who use drugs report experiencing more discrimination and stigma in health care settings than people who do not use drugs. They are less likely to seek care and/or disclose important information about their risk behaviors to health care providers. This can lead to undiagnosed infections and ongoing transmission.
- **Conduct HIV/STI testing activities to key priority populations:** provide mobile HIV/STI testing; offer HIV testing to persons who are tested for STIs; provide HIV Self-

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

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Linkage to Care

Forms of HIV Medications Provided

- Oral Medications
- Injectables- *most success with participants who are actively using substances in terms of compliance*

Prevention

- PrEP- injectables and oral medications offered/provided
- 3 participants receiving Yeztugo Injectables at ACBC, multiple participants utilizing PrEP options

ACBC has 87.5% of there 9 HIV+ participants within compliance of their medications.-All participants in active use of substances. Some med management complete in-community.

ACBC has 50% of our HIV+ participants receive direct HIV care are now clinically admitted to a harm reduction clinician and are working on their goals of improved health.

A Day In the Life

Jane Doe- In-community based SEP participant

- SEP Enrolled
- Outreach
- Testing Provided
- Direct HIV Care and medications provided by practitioner
- Comprehensive peer support embedded into practice, trust built
- Strong coordination between medical department and peers
- Outreach- The Hunt



Day In The Life

John Doe- In-community based SEP participant

- SEP Enrolled
- Outreach
- Testing Provided
- Direct HIV Care and medications provided by practitioner
- Comprehensive peer support embedded into practice, trust built
- Strong coordination between medical department and peers
- Participant incarcerated
- ACBC SEP and Medical advocate for participant to be transported to ACBC to receive their injectable
- Approved through the Broome County Correctional Facility and Prime Care Medical
- Injectable provided, participant transport to and from the correctional facility 3-4 times before being released- promotes continuity of care.



Thank you

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Questions?

ACR HEALTH

A DAY IN THE LIFE OF HARM REDUCTION

Your Story, Your Health, Our Mission

Presented by:
Trudy Wallace- Drug Checking Coordinator
Ryan Sorrell- Syringe Exchange Program Coordinator



SYRINGE EXCHANGE REACH GREW FROM SYRACUSE TO FOUR CITIES

2011 · SYRACUSE

Westside; Southside added 2022

Onondaga, Oswego, Cayuga Counties

2014 · UTICA

Oneida, Herkimer, Madison Counties

2017 · WATERTOWN

Jefferson, Lewis, St. Lawrence Counties

2019 · OSWEGO

Oswego County - Mobile Operation

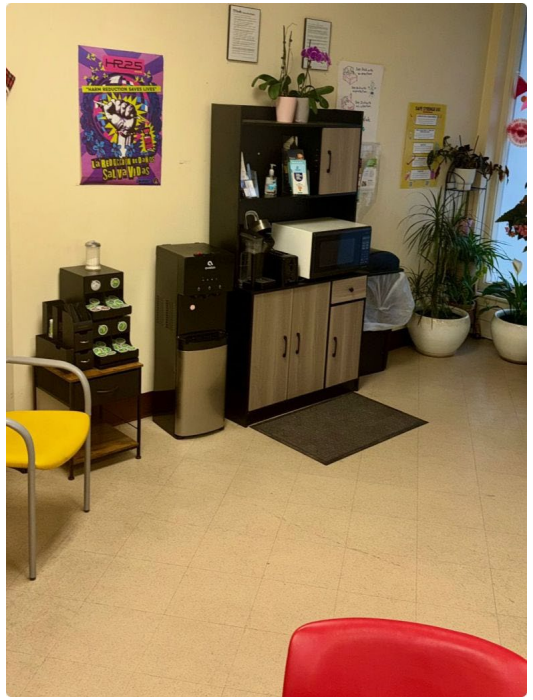
Service expansion alongside access, with partner referral pathways

- **2011** Expanded Syringe Access Program
- **2014** Opioid Overdose Prevention Program
- **2016** Drug User Health Hub (medical clinic)
- **2017 and 2021** Hepatitis C Patient Navigation
- **2019** Drug Checking; Street Engagement
- **2021** Criminal Justice Outreach
- **2025** OASAS Outreach Grant and High Burden Localities

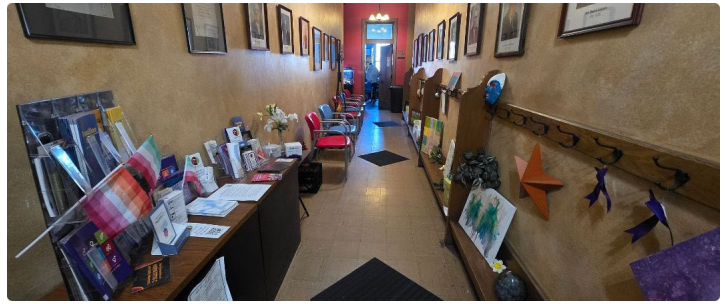

ACR HEALTH
HARM REDUCTION SERVICES
Covering Nine Counties in Upstate New York

OUR SPACES AT ACR HEALTH

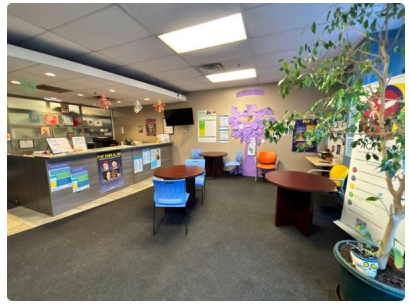


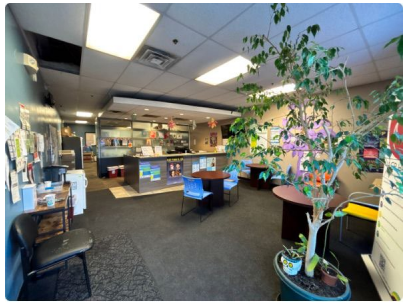












BEHIND EVERY LABEL THERE IS A HUMAN STORY

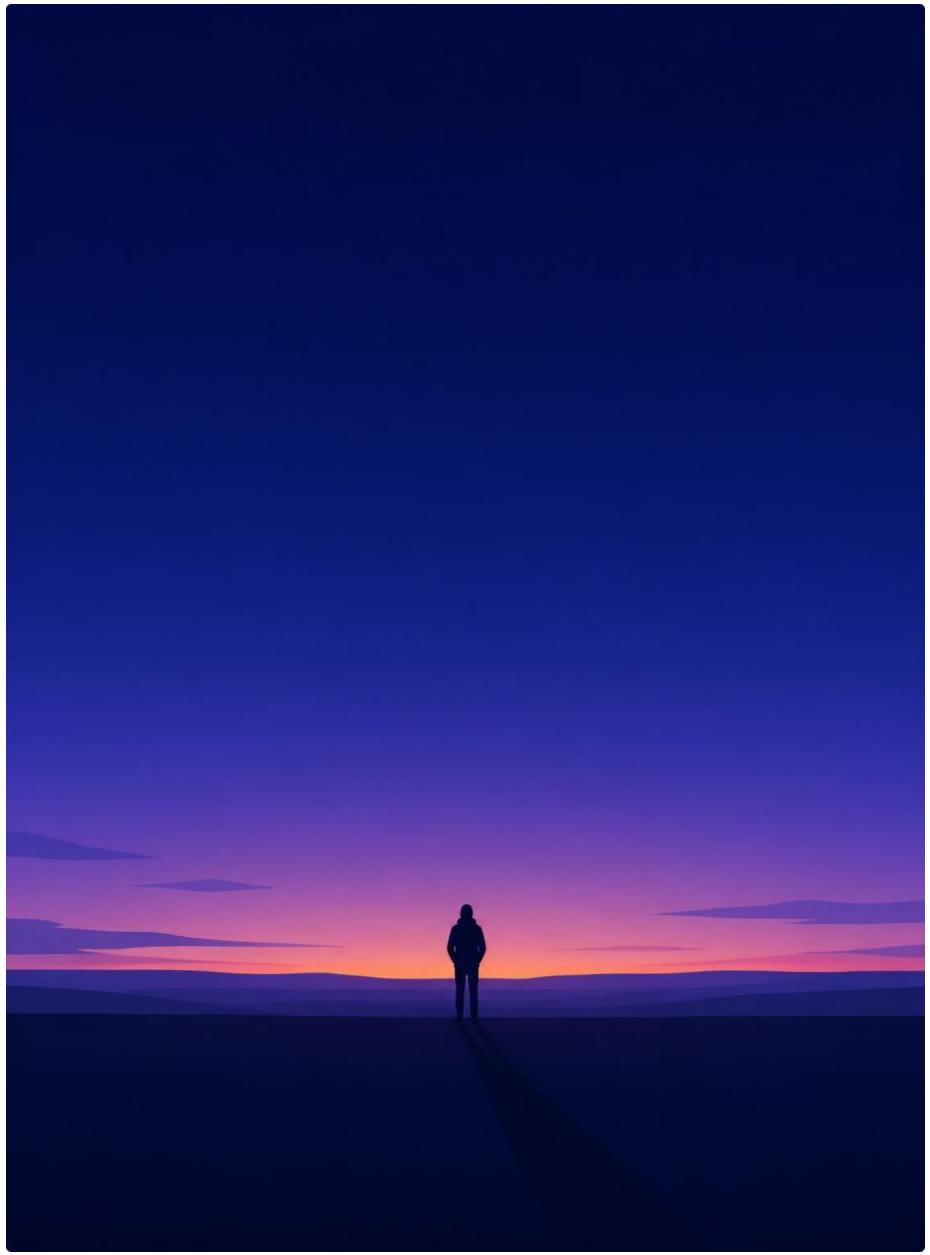
- Jane has been a part of our SEP community since 2019.
- Since 2021, Jane has lived without a place to call home.
- Through freezing winters and hot summers, Jane finds shelter wherever she can, often outdoors or in abandoned buildings.
- Each morning, Jane packs up everything she owns, carrying her belongings wherever she goes.
- For Jane, finding a safe place to sleep is a daily uncertainty.











THE FIGHT TO SURVIVE BEGINS BEFORE SUNRISE

- The day begins with withdrawal, not breakfast.
- The 7/11 restroom becomes her shower.
- A food bag from Urban Mission becomes her next meal.
- ACR offers something rare: safety, warmth, compassion.
- Collecting cans and scrap metal helps her avoid withdrawal.
- By nightfall, Jane must find shelter.
- Tomorrow? It starts all over again.

ONE DOOR. NO JUDGEMENT. ENDLESS POSSIBILITES

- Jane walks through our doors knowing she is WELCOME.
- A warm cup of coffee, a homemade meal, and a safe place to escape.
- Familiar faces who know her by name and treat her with dignity.
- A place to wash up. A place to talk.
- A place to access harm reduction supplies without judgment.
- A place where trust grows and connections to care begin.



MORE THAN A SYRINGE ~ THE POWER OF ONE ENCOUNTER

- For Jane, every visit begins with trust, not judgment.
- Sterile supplies help reduce her risk of infection.
- Naloxone provides a second chance
- Drug checking helps Jane make informed decisions.
- HIV/HCV testing and wound care protect her health.
- Every encounter is an opportunity to keep Jane safer, connected to care, and to celebrate ANY positive change.







FROM SURVIVING- CONNECTING: BUILDING BRIDGES TO CARE



- What began with supplies became a connection to care.
- Jane received HCV testing during her first encounter.
- Through continued engagement, she got health insurance.
- When Jane was ready, staff connected her to same-day MOUD.
- A referral to Coordinated Entry opened a pathway toward housing.
- Trust opens doors that judgment keeps closed.

A LIFE SAVED DOESN'T ALWAYS LOOK LIKE A LIFE CHANGED

Jane continues to navigate life on her own terms.

Her substance use does not define her worth or her right to care.

Success can mean preventing an overdose, reducing health risks, or having a safe place to turn to.

Because dignity, compassion, and healthcare are human rights, not rewards for changing behavior.



TOMORROW IS ONLY POSSIBLE IF WE KEEP YOU ALIVE TODAY

Jane is NOT a statistic, she is NOT a problem to be solved, she IS a person.

Her substance use doesn't determine her worth, and her right to healthcare, housing, and safety is not conditional.

Harm reduction is not about deciding which lives are worth saving. It's about recognizing that every life already is.

We cannot claim to value human life while placing conditions on who deserves to live.



"WE MAY NOT CHANGE SOMEONE'S LIFE IN A SINGLE DAY.

BUT WHAT WE DO TODAY MAY GIVE THEM ANOTHER DAY TO CHANGE THEIR LIFE."









QUESTIONS ???

Trudy Wallace- TWallace@acrhealth.org

Ryan Sorrell - RSorrell@acrhealth.org









Harm Reduction in Motion

A Day in the Life at CASJ

Presented by Jesse Siegel



Who We Are

CASJ is an anonymous program that works to support the health, dignity, and well-being of individuals and communities impacted by substance use and systemic barriers across all of Long Island, New York.

Our approach includes:

- Participant centered care
- Harm reduction and public health
- Accessibility and autonomy
- Community engagement
- Advocacy and social justice

A Day in the Life of a SEP Worker

CASJ brings harm reduction directly to the community. A typical day consists of:

- Respond to participant calls and messages
- Receive requests assigned through the CASJ hotline
- Prepare individualized supply orders
- Coordinate delivery locations
- Distribute harm reduction supplies
- Collect used syringes when participants have returns
- Provide education and connections to additional services
- Build and maintain participant relationships

Every Day is Different. Every Interaction Matters.

Behind the Exchange: What Goes Into a Single Delivery

1. Receive the request: Hotline assignment or direct participant contact
2. Determine supply needs: Discuss requested supplies and quantities
3. Prepare the order: Gather and organize harm reduction materials
4. Coordinate the delivery: Arrange an agreed upon meeting location
5. Complete the exchange: Deliver supplies and collect used syringes when available
6. Maintain the connection: Offer education, information, and additional services.

More Than Just Syringes

Practical Tools That Reduce Preventable Harm

1. Safe Use Supplies
    a. Sterile syringes
    b. Safe injection equipment
    c. Safe smoking supplies
2. Overdose Prevention
    a. Naloxone
    b. Fentanyl, Xylazine, and Medetomidine test strips
    c. Laboratory drug testing
3. Health & Safety
    a. Syringe disposal
    b. Safe sex kits
    c. Hygiene kits
    d. Detox Kits
    e. Telehealth services & HIV, HCV, and Syphilis testing

Beyond the Exchange: Connecting Participants with Care

CASJ offers healthcare access in addition to harm reduction.

- Suboxone telehealth treatment
- Wound care telehealth treatment
- Hepatitis C Treatment

CASJ also offers rapid testing for HIV and Syphilis, as well as both rapid and confirmatory testing for Hepatitis C.

HIV/HCV Testing and Treatment at CASJ

❖ **Rapid HIV/HCV Testing**
- Performed during syringe exchange visits and on van during street outreach

❖ **Diagnostic HCV Testing (Cepheid GeneXpert)**
- Can be performed in many settings (street outreach, treatment programs, correctional settings)
- Addresses common barriers to treatment

❖ **HCV Treatment through Drug User Health Hub**
- No charge for doctor's visit
- Daily oral antiviral medications 8-12 weeks



Drug Checking

Fentanyl Testing (since 2017)

- 185,000 strips distributed

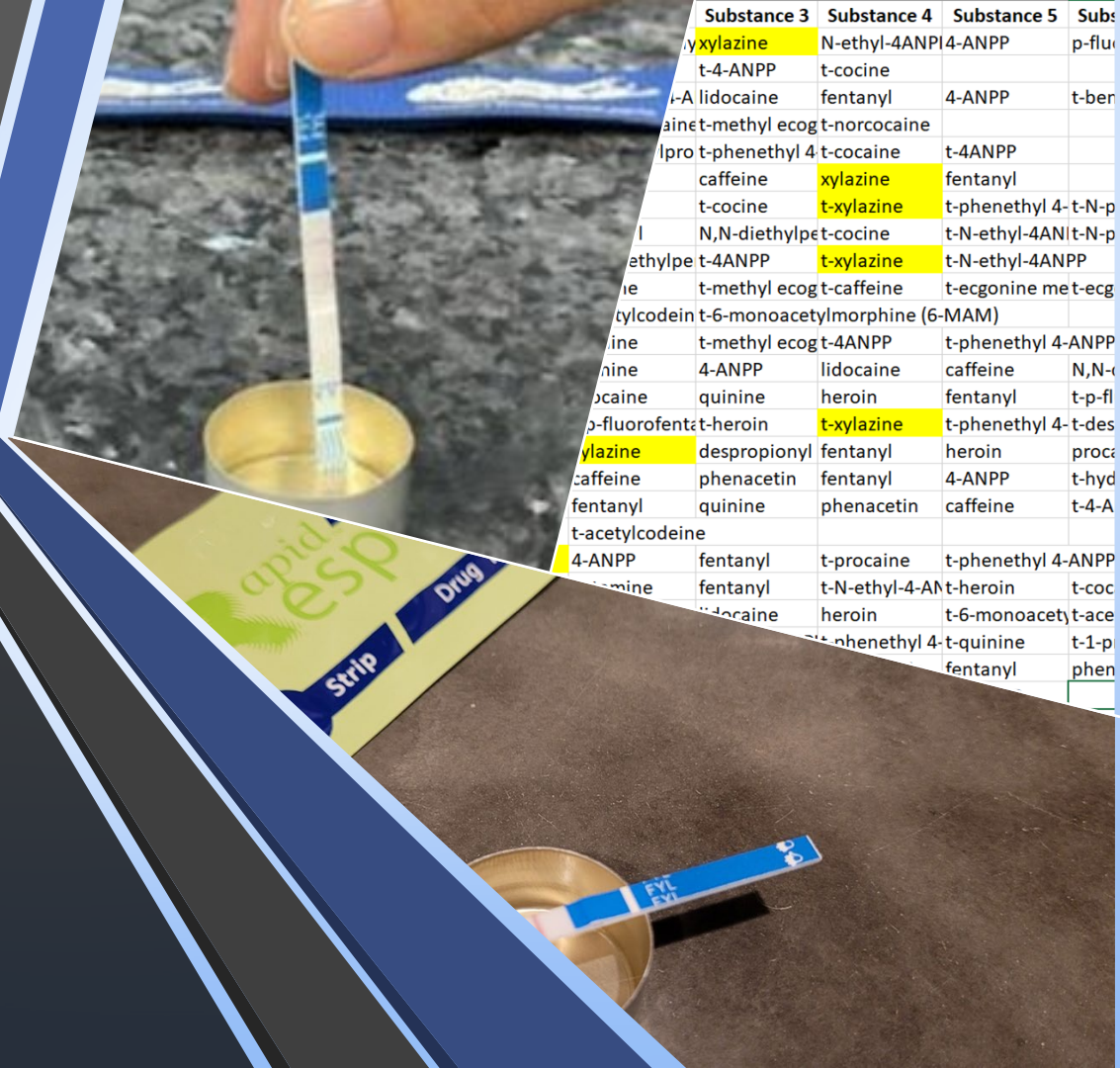
Xylazine Test Strips (2024)

Laboratory (GCMS) Testing (2022)

- New initiative, small sample size
- Large numbers of adulterants
- > 40% opioid samples* contain xylazine

FTIR (Fourier-transform infrared) Spectroscopy





Substance 3	Substance 4	Substance 5	Subs
xylazine	N-ethyl-4ANPI	4-ANPP	p-flu
t-4-ANPP	t-cocine		
lidocaine	fentanyl	4-ANPP	t-ben
t-methyl ecog	t-norcocaine		
t-phenethyl 4	t-cocaine	t-4ANPP	
caffeine	xylazine	fentanyl	
t-cocine	t-xylazine	t-phenethyl 4-	t-N-p
N,N-diethylpe	t-cocine	t-N-ethyl-4AN	t-N-p
t-4ANPP	t-xylazine	t-N-ethyl-4ANPP	
t-methyl ecog	t-caffeine	t-ecgonine me	t-ecg
t-6-monoacetylmorphine (6-MAM)			
t-methyl ecog	t-4ANPP	t-phenethyl 4-ANPP	
4-ANPP	lidocaine	caffeine	N,N-
quinine	heroin	fentanyl	t-p-fl
t-heroin	t-xylazine	t-phenethyl 4-	t-des
despropionyl	fentanyl	heroin	proc
phenacetin	fentanyl	4-ANPP	t-hyd
quinine	phenacetin	caffeine	t-4-A
t-acetylcodeine			
fentanyl	t-procaine	t-phenethyl 4-ANPP	
fentanyl	t-N-ethyl-4-AN	t-heroin	t-coc
lidocaine	heroin	t-6-monoacety	t-ace
		t-quinine	t-1-p
		fentanyl	phen

Harm Reduction Beyond SEP

CASJ's mobile community outreach program operates 5 days a week in predetermined areas on Long Island to provide resources to individuals experiencing homelessness.

Resources distributed include:

- Harm reduction supplies
- Naloxone
- Food and water
- Clothing
- Hygiene products
- Other essential necessities

What Success Looks Like

Success at CASJ looks different for every participant. It can look like:

- A participant consistently accessing sterile supplies
- Someone carrying Narcan and knowing how to respond to an overdose
- A participant receiving HIV, HCV, or syphilis testing
- A participant completing Hep C treatment
- A participant accessing medical treatment they previously couldn’t obtain
- A participant feeling comfortable asking for help

CASJ’s Participant Relationships

CASJ places emphasis on participant-centered care. CASJ staff prioritize

- Consistency: Showing up when participants need us
- Reliability: Following through on commitments
- Respect: Recognizing each participant’s autonomy
- Non-judgment: Providing support without conditions
- Confidentiality: Protecting participant privacy
- Connection: Creating opportunities for continued engagement

Every Exchange Has a Story

‘JC’ is a longtime participant with CASJ.

Homeless, living in a tent in the woods.

Completed HCV testing and received a positive result.

Due to limited resources, staff went to JC to complete telehealth visit.

Staff helped JC obtain medication for HCV treatment, including weekly deliveries of the medication, setting reminders on JC’s phone, and consistently checking in on progress of medication and treatment.

As of today, JC’s HCV is cured.

Meeting People Where They Are

Harm reduction is about people. Every call is an opportunity to connect, every exchange is an opportunity to reduce harm, and every relationship is an opportunity to build trust.

