



March 2007

v22 n3

FOCUS

A Guide to AIDS Research and Counseling

Expanding Access to Syringes

Valerie Rose, MPH, DrPH

What is expanded access to syringes for injection drug users? And why do we need expanded access when many states already have approved syringe exchange programs? Syringe deregulation, which allows for over-the-counter pharmacy sales of syringes, is now a common practice in most states. This structural intervention is particularly effective in cities or states without syringe exchange programs, or in areas where syringe exchange activities are illegal, but operate “underground.”¹ California, despite having 39 approved syringe exchange programs, is a good example of the need for expanded access.

Prohibition and Innovation

In the 1980s, landmark legislation permitted the establishment of syringe exchange programs in the eastern United States, and such programs are now thought to be largely responsible for the stabilization of HIV rates among injection drug users in these areas. California and other western states advocated for similar legislation, and as a result, these states have experienced similar declines or stabilized HIV rates among injection drug users.

Federal and state funding regulations prohibit the use of government funds for the purchase of sterile syringes for use in syringe exchange programs. However, some local county health departments in large urban areas where injection drug use is prevalent have identified general city or county funds to support syringe exchange activities. Most county health departments find it difficult to approve local legislation to support syringe exchange programs. In response, state and local agencies have developed innovative policy reforms, such as syringe deregulation.

The Need in California

Syringe exchange programs tend to be more available in the large urban areas of California and are less likely to be located in rural communities or those characterized by suburban sprawl. Many active injection drug users utilize syringe exchange programs to obtain free syringes; however some injection drug users, including infrequent users, younger injection drug users, and men who have sex with men and inject drugs do not typically access traditional syringe exchange programs—in part due to the lack of anonymity and inaccessibility.²

As of December 31, 2006, more than 24,000 cases of HIV in California were attributed to injection drug use, representing 18 percent of the cumulative total of cases. Eight percent of this total occurred among men who have sex with men and also inject drugs.³ Hepatitis C is also particularly prevalent among California injection drug users, with an estimated 600,000 people infected and another estimated 3,000 new infections annually since 2001.⁴

Syringe Laws and Reform

States have responded to the federal ban on syringe exchange in a variety of ways. In California, legislators have loosened the restrictions on counties seeking to establish syringe exchange programs. New legislation introduced in 2007 may allow counties to advocate for the state Office of AIDS to grant HIV prevention funds for the purchase of syringes, and in 2004, Governor Arnold Schwarzenegger signed SB 1159, which was designed to encourage counties to expand access to syringes through pharmacies.

Expanded access programs address the limitations of traditional syringe exchange programs, such as restricted days and hours of operation, under-funding, and political opposition to syringe exchange. These programs also offer a more private alternative for those injection drug users who do not normally use traditional syringe exchange programs.

Editorial: Not Just a Quick Fix

Michelle Cataldo, LCSW Clinical Editor

Since early in the epidemic, clean injection needles, like condoms, have offered a proven, client-controlled means of HIV prevention. However, while condom availability has been only intermittently controversial, the provision of clean needles has been tightly regulated. The stigma of injection drug use and fears of appearing to encourage it often trump both logic and public health.

For example, it was not until late 2005, 24 years into the epidemic, that the California legislature eliminated a section of state law requiring cities and counties to declare a health emergency every two weeks simply to justify continuing needle-exchange programs. That same year, California followed several other states, including New York, New Hampshire, Rhode Island, and New Mexico in instituting a new state program allowing pharma-

cies to provide syringes without prescription.

The increasing numbers of expanded syringe access programs demonstrate how far into the mainstream harm reduction philosophies have come. They represent the recognition that clean needles are so important and so effective that their distribution should take place in a clean, well-lighted place, in relative privacy—not just for a few hours, or on street corners, or at night. In her article, Valerie Rose discusses the need for expanded access to syringes and reports on the impact of California's fledgling program.

Also in this issue, Emalie Hurliaux shows how a new program to prevent overdose is empowering opiate users to save their own lives and those of their friends. Like many people living with and at risk for HIV, injection drug

users have often been treated as though their lives were disposable. Programs such as expanded access to syringes and overdose prevention services make the statement that the lives of substance users are worth saving—from HIV, from hepatitis C, from overdose. Hurliaux also challenges HIV service providers to integrate these valuable services into their practice. After all, we do all we can to prevent HIV from disabling or killing our clients; this effort means little if they die prematurely of something else.

Twenty-six years into the epidemic, injection drug use is still implicated in one-fourth of all new AIDS cases: HIV work is substance use work. As some communities take steps to make harm reduction interventions more available, they are buying time—time without HIV infection or transmission. In many cases, they are also buying time for the therapeutic relationship to work, so that this relationship can support clients in making choices that promote their own health and well-being.

Pharmacy Access in California

SB 1159, which went into effect in January of 2005, permits enrolled pharmacies throughout California to sell or furnish up to 10 sterile syringes to anyone 18 or older without a prescription. It further allows individuals to legally possess syringes, as long as they were obtained from an authorized source—interpreted to mean either a pharmacy or syringe exchange program. Syringe exchange programs and other harm reduction providers have been instrumental in alerting injection drug users of the pharmacy alternative for purchasing sterile syringes and of the confidentiality measures embedded within the legislation. For example, prior to the passage of SB 1159, purchasers of syringes were required to show identification, and pharmacies were required to keep a name-based log of syringe sales. The new law removed these requirements.

Each county health department can choose whether or not to opt in to the expanded access program. "Opting in" involves approving a local resolution or ordinance and then inviting local pharmacies to participate in a Disease Prevention

Demonstration Project (the formal name for this collaboration between local public health officials and participating pharmacies). It is incumbent upon the local health department to promote and encourage pharmacy participation, and pharmacies generally participate in the program on a voluntary basis.

The large chain pharmacies, such as Walgreens, Rite Aid, and Longs have established corporate policies that strongly encourage participation. However, within each chain, individual pharmacies can still choose to opt out of the health department program. Most health departments market the program to pharmacies as a chance to perform a public health service, and pharmacies often view the program as a chance to foster partnerships with their local health departments. In order to encourage participation, some health departments may suggest to pharmacies that modest financial gains are possible, but most frame the program as a public health intervention.

Participating pharmacies are required to provide information regarding the safe disposal of used syringes and to offer

referrals to local drug treatment programs as well as to HIV and hepatitis C screening programs. Pharmacies are also required to store syringes out of reach of customers. The cost for a 10-pack of syringes varies depending on the brand and the pharmacy, but most pharmacies sell the sizes and gauges that injection drug users are accustomed to using for under \$3.50

The legislation further mandates that the California Department of Health Services evaluate the five-year program and its impact on: needle sharing practices; rates of blood-borne infection related to syringe sharing; needle stick injuries to law enforcement officers and waste management employees; drug or related crime in the vicinity of pharmacies; and the number of discarded used needles and syringes.

Earlier this year, the California Department of Health Services Office of AIDS documented the experiences of counties with and without expanded access programs.⁵ This article highlighted the perceived barriers to expanded access in counties with and without such programs. Health departments that had not approved local policies commonly cited an un-receptive political environment, community and law enforcement opposition, and lack of advocacy for the program among their voting constituents as barriers to program implementation. Further challenges included budgetary concerns regarding how to handle syringe disposal, competing health department programmatic priorities, and a lack of interest among local pharmacies. The article also described positive experiences among those counties that have initiated programs. Successes in these counties were primarily related to early policy adoption, health department leadership, and the willingness of pharmacies to participate.

To date, 16 of the 58 California counties and one city council have approved local policies to permit pharmacy sale of syringes. Three counties have prohibited local health department implementation, and 18 have no plans to adopt local poli-

cies to allow for expanded syringe access through pharmacy sales. The remaining counties indicate that they plan to adopt expanded access programs sometime in the future. Of the 16 counties that have approved local policies, three have not established expanded syringe access programs for various reasons.

San Francisco's Experience

The experience of the San Francisco Department of Public Health offers a useful example of the challenges and rewards of implementing expanded access. The program began in April 2005 with the enrollment of the Walgreens pharmacies, most

Rite Aid pharmacies, and one Safeway pharmacy. In 2006, two additional pharmacies were enrolled, bringing the total enrollment to 76 participating pharmacies or approximately 59 percent of all pharmacies operating in San Francisco.

Pharmacies enrolled in the San Francisco Department of Public Health program receive a certificate that documents their agreement to abide by the state mandates. These pharmacies provide purchasers with educational brochures listing local referrals for drug treatment, HIV and hepatitis C screening

referrals, as well as options for safe disposal of used syringes.

Four established syringe exchange programs (providing syringe exchange at 16 sites) and numerous community-based organizations distribute outreach materials regarding expanded syringe access that are adapted from neighboring counties and from the Chicago AIDS Foundation. Word of mouth, particularly at syringe exchange sites, is thus far the most effective method of promoting pharmacies as an alternative means of accessing clean syringes.

Evaluating the Impact

Data regarding the popularity of the new expanded access program are mixed. During 2006, the San Francisco Department of Public Health conducted behavioral surveillance surveys among injec-

References

1. Burris S, Vernick JS, Ditzler A, et al. *The legality of selling or giving syringes to injection drug users*. Journal of the American Pharmacists Association. 2002; 42(6) Suppl.2, S13-S18.
2. Rose V, Fisher RH, Kellogg T, et al. *Assessing the feasibility of harm reduction services for MSM: The late night breakfast buffet study*. Harm Reduction Journal. 2006; 3: 29.
3. California Department of Health Services. Office of AIDS Case Registry Section. *Data as of December 31, 2006*.
4. California syringe access: SB 1159 resource library. <http://www.syringeaccess.com/syringeaccess/index.htm>.
5. Stopka TJ, Garfein RS, Ross A, et al. *Increasing syringe access and HIV prevention in California: Findings from a survey of local health jurisdiction key personnel*. Journal of Urban Health. 2007, 84(1): 116-125.
6. Raymond, HF. *Personal communication*. January 2007.
7. Facente, S. *Personal communication*. February 2007.

Expanded access programs address the limitations of syringe exchange programs, such as restricted hours of operation and underfunding, while offering a more private alternative.

tion drug users. Ninety-six of 539 injection drug users (18 percent) interviewed stated that they had purchased syringes from a pharmacy in the last 30 days.⁶

HIV counseling and testing data offer another glimpse into the use of pharmacies by injection drug users to purchase syringes. Greater than 19,000 HIV tests were conducted in San Francisco for the one-year period from April 2005 (when the local program went into effect) to the end of March 2006. Of 2,769 people with a history of injection drug use, 218 (8 percent) reported using pharmacies as a source for syringes.⁷ A survey among syringe exchangers at the largest syringe exchange program in San Francisco documented that 41 of 100 injection drug users surveyed used a pharmacy to purchase syringes. Those who used pharmacies made mostly favorable comments about their experiences.⁸

During 2006, the San Francisco Department of Public Health conducted a 25-question evaluation survey of participating pharmacies, and 80 percent of pharmacies returned the survey. Almost all pharmacies (96 percent) reported selling syringes on a weekly basis, with a range of less than 10 to more than 50 syringes sold each week. Relatively few pharmacies advertised the availability of syringes through signage; rather, the majority "told customers who asked."

More than 80 percent of pharmacies provided a free sharps container for used syringes and 84 percent reported collecting used syringes. It is unclear, however, how many of the used syringes collected were from injection drug users, since diabetics and other prescription syringe users also use pharmacies as disposal sites. Follow-

up interviews with selected pharmacists revealed a tension between delivering this public health service and concerns about potentially supporting continued injection drug use. The pharmacists who expressed this sentiment were apparently troubled by their own reactions and indicated that they had resolved the tension by choosing to offer the public health service rather than be constrained by their concerns.

Looking to the Future

Until 2005, California was one of five states (including Delaware, Nevada, New Jersey, and Virginia) in which a syringe-prescription rule created an impediment to syringe access or syringe possession. After numerous attempts over the prior eight years to pass legislation to remedy this problem, SB 1159 was finally approved in 2004. The law will terminate in 2010 unless evaluation of the program shows significant positive results.

Legislation to approve the use of California state funds to purchase and distribute syringes was re-introduced in 2007. A prior version of this legislation passed the state legislature in 2005, but was vetoed by the governor. A subsequent amended version passed both houses in 2006, but, due to fears of another veto, the legislation was removed from consideration that same year. Drug policy advocates and HIV prevention program managers are working with the governor and the California legislature to get the legislation approved during the 2007 session. If the legislation passes, the number of syringe exchange programs throughout California will likely increase, further enhancing services to decrease HIV and hepatitis C transmission among injection drug users.

8. Hocking, K. *Personal communication*. January 2007.

Author

Valerie Rose, MPH, DrPH, is a policy and evaluation researcher with the nonprofit Public Health Foundation Enterprises, Inc. (PHFE). Dr. Rose also works for the San Francisco Department of Public Health on syringe access and disposal issues and is the director of a community health consulting business. She was formerly Director of HIV Prevention (1990–1997) and co-chair of the HIV Planning Council (1993–1998) for the San Francisco Department of Public Health, where she oversaw community-based HIV prevention programs.

Clearinghouse: Reducing Harm

References

Barrie J, Carley S. Best evidence topic report. Prediction of fatal overdose in opiate addicts. *Emergency Medicine Journal*. 2006; 23(8): 647–648.

Bluthenthal RN, Malik MR, Grau LE, et al. Sterile syringe access conditions and variations in HIV risk among drug injectors in three cities. *Addiction*. 2004; 99(9): 1136–1146.

Binswanger IA, Stern MF, Deyo RA, et al. Release from prison—a high risk of death for former inmates. *New England Journal of Medicine*. 2007; 356(2): 157–165.

Fuller CM, Galea S, Blaney S, et al. Explaining the relationship between race/ethnicity and pharmacy purchased syringes among injection drug users in New York City. *Ethnicity and Disease*. 2004; 14(4): 589–596.

Galea S, Nandi A, Coffin PO, et al. Heroin and cocaine dependence and the risk of accidental non-fatal drug overdose. *Journal of Addictive Diseases*. 2006; 25(3): 79–87.

Haynes JF Jr. Medical management of adolescent drug overdoses. *Adolescent Medicine Clinics*. 2006; 17(2): 353–379.

Hickman M, Carrivick S, Paterson S, et al. London audit of drug-related overdose deaths: Characteristics and typology, and implications for prevention and monitoring. *Addiction*. 2007; 102(2): 317–323.

Maxwell S, Bigg D, Stanczykiewicz K, et al. Prescribing naloxone to actively injecting heroin users: A program to reduce heroin overdose deaths. *Journal of Addictive Diseases*. 2006; 25(3): 89–96.

Samitca S, Huissoud T, Jeannin A, et al. The role of pharmacies in the care of drug users: What has changed in ten years. The case of a Swiss region. *European Addiction Research*. 2007; 13(1): 50–56.

More Than Clean Needles: Overdose Prevention and Syringe Exchange

Emalie Hurliaux, MPH

References

1. Centers for Disease Control and Prevention. Update: Syringe exchange programs—United States, 2002. *Morbidity and Mortality Weekly Report*. 2005; 54(27): 673–676.
2. National Narcotics Intelligence Consumers Committee (NNICC). The NICC report 1997: the supply of illicit drugs to the United States. DEA No. 98036. Washington DC: Drug Enforcement Administration, 1997.
3. Heinzerling K, Ochoa K. The Burden of Fatal Opiate Overdose In Los Angeles. Presented at the Los Angeles Overdose Prevention Summit, March 15, 2006. http://www.cleanneedlesnow.org/overdose/presentations/Los_Angeles_Overdose_Prevention_Summit_Keith_Heinzerling_Presentation.pdf

Syringe exchange programs provide more than clean needles. Despite significant challenges in the United States, including the federal appropriations ban on syringe exchange and tenuous grant-based funding, these programs are offering more services to their clients than ever before and recognizing that users of injection drugs have health concerns beyond HIV. In addition, traditional AIDS service organizations, community clinics, drug treatment programs, and departments of health are recognizing the importance of access to sterile syringes as an essential HIV prevention strategy, while simultaneously looking beyond HIV when designing services for their clients who inject drugs.

Many agencies provide a spectrum of harm reduction services to injection drug users, including medical care, mental health services, case management, substance use treatment, support and educational groups, and HIV and hepatitis C counseling and testing.¹ An increasing number of programs also provide overdose prevention, recognition, and response education services. Overdose is among the most immediate threats to the lives of injection drug users.

The Problem of Overdose

In recent years, organizations working with injection drug users have focused attention on the problem of drug overdose. Nationally, the heroin overdose rate has increased dramatically over the past

10 years, since the purity of street heroin doubled while the price was halved.² In California, overdose deaths have risen 73 percent since 1990, surpassing deaths from guns, homicide, and AIDS.³

It is notable that syringe borrowing and lending and same-sex sexual behavior among men are associated both with HIV transmission and with overdose.⁴ Yet while much-needed attention has been given to preventing the transmission of HIV among injection drug users,⁵ overdose has been largely overlooked as a public health concern.⁶

Overdose deaths are often the result of using alone, behind a closed door, with no witness present to respond; or being “functionally alone”—where a witness is present but leaves without calling 911.⁴ A review of medical examiner records for heroin-related overdose deaths that occurred in San Francisco between 1997 and 2000 found that almost half (47 percent) occurred in single room occupancy hotels where residents are isolated, just a step away from homelessness.⁷

While administration of oxygen and naloxone (also known as Narcan®, an opiate antagonist) are the only effective treatments for opiate overdose, street myths about ways to respond to overdose abound, including putting the person in a bathtub full of ice or injecting the person with cocaine, saltwater, or milk. Even experienced drug users seldom realize that overdose death is caused by respiratory depression that can be easily remedied by performing rescue breathing and administering naloxone.

Overdose Education and Prevention

The Harm Reduction Coalition’s Drug Overdose Prevention and Education (DOPE) Project approaches the problem of fatal

Sherman SG, Cheng Y, Kral AH. Prevalence and correlates of opiate overdose among young injection drug users in a large U.S. city. *Drug and Alcohol Dependence*. 2006 Nov 14; [Epub ahead of print].

Sporer KA, Kral AH. Prescription naloxone: A novel approach to heroin overdose prevention. *Annals of Emergency Medicine*. 2007; 49(2): 172–177.

Tobin KE, Hua W, Costenbader EC, et al. The association between change in social network characteristics and non-fatal overdose: Results from the SHIELD study in Baltimore, MD, USA. *Drug and Alcohol Dependence*. 2007; 87(1): 63–68.

Villarreal H, Fogg C. Syringe-exchange programs and HIV prevention: if they’re effective, what’s the con-

troversy? *The American Journal of Nursing*. 2006; 106(5): 58–64.

Wodak A, Cooney A. Do needle syringe programs reduce HIV infection among injecting drug users: A comprehensive review of the international evidence. *Substance Use and Misuse*. 2006; 41(6-7): 777–813.

Wood E, Lloyd-Smith E, Li K, et al. Frequent needle exchange use and HIV incidence in Vancouver, Canada. *The American Journal of Medicine*. 2007; 120(2): 172–179.

Resources

For more information on the DOPE Project, visit <http://www.harmreduction.org/OVERDOSE/>.

For more information on InSite, Vancouver, Canada’s first North American legal supervised injection site, visit <http://www.vch.ca/sis/>.

Contact Information

Valerie Rose, DrPH, MPH. Rose Associates, PO Box 8528, Emeryville, CA 94662. 415-225-1955, roseassociates_2010@yahoo.com (email).

Emalie Hurliaux, MPH. Harm Reduction Coalition, 1440 Broadway, Suite 510, Oakland, CA 94612, 510-444-6969 ext. 16, 510-444-6977 (fax), hurliaux@harmreduction.org (email).

See also references cited in articles in this issue.

4. Ochoa K, Hahn K, Seal K, et al. *Overdosing among young injection drug users in San Francisco*. *Addiction Behaviors*. 2001; 26(3): 453–460.

5. Friedman S, Des Jarlais DC. *HIV among drug injectors: The epidemic and the response*. *AIDS Care*. 1991; 3(3): 239–250.

6. Darke S, Zador D. *Fatal heroin 'overdose': A review*. *Addiction*. 1996; 91(12): 1765–1772.

7. Davidson P, McLean R, Kral A, et al. *Fatal heroin-related overdose in San Francisco 1997–2000: A case for targeted intervention*. *Journal of Urban Health*. 2003; 80(2): 274–287.

8. Ochoa K, Page Shafer K, Evan J, et al. *HIV testing and counseling: Opportunity for overdose prevention among young injection drug users*. Poster at XIII International AIDS Conference, Durban, South Africa, July 9–14, 2000.

9. Centers for Disease Control and Prevention. *HIV diagnoses among injection-drug users in states with HIV surveillance—25 States, 1994–2000*. *Morbidity and Mortality Weekly Report*. 2003; 52(27): 634–636.

Author

Emalie Hurliaux, MPH, is DOPE Project Manager at the Harm Reduction Coalition's West Coast offices. She has worked for many years with community-based public health programs on issues such as harm reduction, HIV prevention, and family planning. She co-founded Ladies' Night, the sole women-only syringe exchange program in San Francisco. She dedicates this article to the late Pete Morse, her coworker, mentor, and friend. At the DOPE Project, Pete helped establish and assist syringe exchange programs throughout the United States.

overdose from multiple angles. The project educates service providers, urging them to adopt preventative policies in their own institutions, such as assigning staff to monitor bathrooms and providing staff with training in rescue breathing; these providers can then pass prevention messages along to their clientele. Project staff also work with criminal justice personnel on prevention efforts, such as establishing 911 “amnesty” policies stating that police will not make arrests when responding to routine overdose calls. Perhaps most importantly, the DOPE Project empowers drug users with lifesaving techniques to prevent, recognize and respond to emergencies in their own communities.

The DOPE Project reaches clients in settings such as drug treatment agencies, drop-in centers, shelters, jails and prisons, and residential hotels. Together with the San Francisco AIDS Foundation's HIV Prevention Project and the San Francisco Department of Public Health, the DOPE Project began the Naloxone Distribution Program in November 2003. This collaboration provides overdose education and naloxone to clients at seven needle exchange sites per month.

Health education sessions offer tips such as fixing with a friend who can respond to an emergency, using less of a drug after a period of abstinence because of decreased physical tolerance, testing the potency of a new batch of drugs prior to use, and reducing the quantity of drugs used when using multiple drugs at once. Participants learn to recognize overdose signs: the victim is unresponsive to noise or pain, is breathing less than once every five seconds, or is turning blue or grey. Finally, they are trained in overdose response: rescue breathing, emergency response activation (including addressing participants' fears about calling 911 and police involvement), and administration of naloxone.

Since the Naloxone Distribution Program began, over 800 prescriptions have been distributed in San Francisco, and, of these, naloxone has been used in over 210 heroin-related overdose situations. Naloxone prescription programs exist in a number of other areas, including Humboldt and Los Angeles Counties in California; Baltimore, Maryland; New York, New York; and Pittsburgh, Pennsylvania. Additionally, an unknown number of “underground” programs operate in the United States.

To reach injection drug users in San Francisco, the DOPE Project works through community clinics and mental health and drug treatment providers. The DOPE Project trains these providers to identify the signs of overdose in their clients, to explain the Naloxone

Distribution Program to them, and to educate their clients about the risk of overdose.

Incorporating Overdose Education

Staff at venues such as HIV antibody test counseling sites and drug treatment programs can incorporate overdose prevention education into their work with clients who use substances.⁸ During the exit planning phase of drug and alcohol counseling services, providers can discuss not only abstinence planning, but also overdose prevention planning. For example, providers may suggest that if clients use, they can choose to use a smaller quantity of drugs than in the past, or can use with someone around who can respond in an emergency.

Staff in supportive housing settings can help tenants to create community events and decrease social isolation, since one risk for fatal overdose is using alone. Tenants who have trusting relationships with staff and peers may have someone to look out for them when they use. Case managers in supportive housing sites can provide drug-using clients with education and counseling about overdose risk factors and can strategize with them about how to decrease overdose risk.

Conclusion and Next Steps

Largely due to the efforts of syringe exchange services and other HIV prevention programs, HIV incidence is declining or stable among injection drug users in communities with such programs.⁹ However, the incidence of drug overdose, another preventable cause of injury and death for this population, has not similarly declined or stabilized. Syringe exchange programs, HIV services organizations, and other agencies can benefit from incorporating overdose education into their existing programs, and from creating new services that address the holistic health concerns of injection drug users. These innovations are vital to making these agencies more responsive to the needs of the communities with whom they work.

Comments and Submissions

We invite readers to send letters responding to articles published in *FOCUS* or dealing with current AIDS research and counseling issues. We also encourage readers to submit article proposals. Send correspondence to rob.marks@ucsf.edu or to Editor, *FOCUS*, UCSF AIDS Health Project, Box 0884, San Francisco, CA 94143-0884.

Recent Reports

Pharmacists and Expanded Access

Deibert R, Goldbaum G, Parker T, et al. Increased access to unrestricted pharmacy sales of syringes in Seattle-King County, Washington: Structural and individual-level changes, 1996 versus 2003. *American Journal of Public Health*. 2006; 96(8): 1347–1353. (Department of Public Health—Seattle–King County; University of Washington; and the Center for Drug Use and HIV Research, National Development and Research Institutes, New York, New York.)

In her article, Valerie Rose discusses the tension some pharmacists feel in implementing expanded syringe access programs for injection drug users. This study describes a shift in Washington state pharmacists' attitudes over a seven-year

period and a concurrent increase in successful test purchases of syringes in the same area. The summary below was excerpted from the cited article and its abstract.

Access to clean syringes significantly increased after implementation of a pharmacy syringe distribution program, according to a 2003 replication of a 1996 Seattle study.

The 2003 study area was expanded to encompass all of King County, Washington. Phone interviews assessed pharmacists' attitudes and practices regarding syringe sales to injection drug users. Researchers then conducted "test-buys," using a scripted protocol to determine ease of syringe access.

Of the 280 eligible pharmacies in King County, 227 participated in the phone interviews (85 percent). In the 1996 Seattle study, only 43 percent of 104 pharmacists surveyed favored expanding syringe access. By 2003, 67 percent of the 107 Seattle pharmacists and 71 percent of the 120 suburban pharmacists favored the expansion. Pharmacists also expressed a willingness to provide information to customers about substance abuse and HIV counseling and testing, and to maintain sharps containers for the disposal of used syringes. Pharmacists

cited a decreased fear of legal retribution and a personal willingness to counsel injection drug users as the chief reasons for their openness to the expanded access program.

Test-buys were considered successful if the customer was able to purchase 10 sterile syringes without a prescription, identification, or any other undue restriction. Test-buy success in Seattle increased from 48 percent in 1996 to 65 percent in 2003, with 60 percent of test-buys successful in suburban areas.

Naloxone in New York City

Worthington N, Piper TM, Galea S, et al. Opiate users' knowledge about overdose prevention and naloxone in New York City: A focus group study. *Harm Reduction Journal*. 2006; 3: 19. E-publication: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16822302>. (Lower East Side Harm Reduction Center, New York; Center for Urban Epidemiologic Studies, New York Academy of Medicine, New York; and University of Michigan.)

Emalie Hurliaux's article describes the life-saving potential of naloxone administration and other rescue techniques in cases of opiate overdose. This New York study explores the barriers substance users perceive to naloxone administration. The summary below was excerpted from the cited article and its abstract.

Participants in two small focus groups disclosed that the difficulty of naloxone administration, fear of "dopesickness," and fear of police arrest all deter them from administering naloxone in the event of an overdose.

Researchers conducted two focus groups in December 2004 that explored participants' knowledge about overdose and overdose prevention. The first was an ethnically diverse focus group of eight opiate users, three women and five men. Participants had little or no previous experience with naloxone as a lifesaving treatment. The second focus group contained five men, four White and one Black. Participants in the second group possessed naloxone prescriptions at the time of the study and had completed the overdose prevention and reversal program.

Investigators asked participants open-ended questions about their experience responding to overdose situations and using naloxone, their understanding and perceptions of naloxone, and their comfort level with naloxone administration. Researchers also solicited feedback about increasing the visibility and desirability of the naloxone distribution program.

Both focus groups acknowledged naloxone as a life-saving measure. However, those in the first focus group, who had no prior

Washington state pharmacists cited a decreased fear of legal retribution for supplying syringes and their own willingness to counsel injection drug users as the chief reasons for their openness to the expanded syringe access program.



**Executive Editor; Director,
AIDS Health Project**
James W. Dilley, MD

Editor
Robert Marks

Clinical Editor
Michelle Cataldo, LCSW

Recent Reports
Katy Grasham

Founding Editor
Michael Helquist

Medical Advisors
Stephen Follansbee, MD
George Harrison, MD

Design
Saul Rosenfield

Production
Carrel Crawford
Jennifer J. Regan
Lisa Roth
Jenny Sarmiento

Circulation
Jennifer J. Regan

FOCUS, published 10 times a year, is a publication of the AIDS Health Project, affiliated with the University of California San Francisco.

For more information about how to receive *FOCUS* and a list of **back issues** and information, write to the above address, call (415) 502-4930, or e-mail jennifer.regan@ucsf.edu.

Printed on recycled paper.

©2007 UC Regents:
All rights reserved.

ISSN 1047-0719



experience with naloxone, acknowledged it as a necessary step only when all other attempts proved unsuccessful. The second—experienced—group was much more enthusiastic about the program's success.

Both groups expressed concerns about the potential challenges of administering naloxone: fear-induced paralysis, preoccupation with their own safety, stress-related decision making, their own physical capabilities and intoxication, and the fear of arrest. The fear of inducing dopesickness (opiate withdrawal), was also a key barrier to willingness to administer naloxone: participants with prior naloxone treatment experience stated that the withdrawal symptoms they felt were so bad that they needed to seek immediate relief by using additional opiates.

Rhode Island's Expanded Access Success

Beckwith B, Moreira C, Aboshady H, et al. A success story: HIV prevention for injection drug users in Rhode Island. *Substance Abuse Treatment, Prevention, and Policy*. 2006; 1: 34. (Brown Medical School; and Rhode Island Department of Health.)

In her article, Rose notes the need for evaluation of the efficacy of expanded access programs in preventing HIV transmission within injection drug-using populations. In this study, Rhode Island researchers charted a steep drop in new HIV infections in injection drug users. They suggest an association between this decline and harm reduction policies, including expanded access to syringes, in the state. The summary below was excerpted from the cited article and its abstract.

A retrospective analysis in Rhode Island revealed a sharp reduction in new injection drug use-related HIV diagnoses over a 13-year period, the result of prevention efforts including expanded syringe access and improved education and harm reduction efforts.

Investigators retrospectively examined trends in new injection-related HIV diagnoses between 1990 and 2003 by reviewing the statewide HIV database as well as the Miriam Hospital clinic database. During this 13-year time frame, numerous prevention efforts—including those targeting injection drug users—were begun. These included education and harm reduction programs, routine testing in correctional facilities, and expanded syringe access via pharmacy-distributed syringes and needle exchange. In addition, during this period the penalty for syringe possession was reduced from a felony to a misdemeanor.

Statewide, the number of new HIV diagnoses between 1990 and 2003 declined from 685 to 134 cases. The number of

injection drug use-related new HIV diagnoses declined from 365 in 1990 to 13 in 2003. The percentage of injection drug use-related new diagnoses in 1990 was 53 percent and this declined to 9.7 percent in 2003, an absolute reduction of 81 percent. This decline was twice that observed by the Centers for Disease Control and Prevention over a similar period for states with name-based reporting.

Based on the clinic's results, the annual number of newly diagnosed persons entering care remained relatively stable at approximately 60 persons. However, the number of new injection drug use-related cases of individuals entering care declined from 38 percent to 5 percent. While the percentage of new injection drug use-related cases declined significantly, the number of cases attributable to sexual transmission for both men who have sex with men and heterosexuals rose, from 16 percent to 34 percent and 4 percent to 19 percent, respectively.

While the authors hypothesize that harm reduction efforts were a key ingredient in the decline, they also note the influence of other factors: the introduction of HIV antiviral therapies, the relatively stable number of injection drug users in the population, and Rhode Island's switch from anonymous to name-based HIV-reporting methods.

Next Issue

Prisons are often described in the media as "breeding grounds" for HIV transmission. The true relationship among incarceration, sexual activity, and HIV, however, is more complex.

In the April issue of *FOCUS*, **Krishna Jafa, MBBS, MPH** and **Patrick Sullivan, DVM, PhD** of the Centers for Disease Control and Prevention discuss the findings of a 2006 study of the Georgia state prison system that explores this multifaceted relationship. In particular, the article questions assumptions about the factors associated with seroconversion among inmates and the extent to which HIV transmission occurs in prisons.

Also in the April issue, **Kim Blankenship, PhD**, Associate Director of the Center for Interdisciplinary Research on AIDS at Yale University, and her colleague **Amy Smoyer, MSW, MPA** reveal how the process of post-incarceration community re-entry can undermine HIV prevention efforts, disproportionately affecting people of color.

FREE searchable archive

DID YOU KNOW?

You can access a FREE searchable archive of back issues of this publication online! Visit

<http://www.ucsf-ahp.org/HTML2/archivesearch.html>.

You can also receive this and other AHP journals FREE, at the moment of publication, by becoming an e-subscriber. Visit http://ucsf-ahp.org/epubs_registration.php for more information and to register!



ABOUT UCSF AIDS HEALTH PROJECT PUBLICATIONS

The AIDS Health Project produces periodicals and books that blend research and practice to help front-line mental health and health care providers deliver the highest quality HIV-related counseling and mental health care. For more information about this program, visit http://ucsf-ahp.org/HTML2/services_providers_publications.html.

