

NASTAD

HIV PREVENTION

BULLETIN

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Focus on Syringe Disposal and Access
Adolescent and School-Based Health
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Focus on Syringe Disposal and Access

Since the emergence of AIDS in the United States over two decades ago, injection drug use (IDU) has played a major role in the spread of HIV. One-third of all AIDS cases are IDU-related and IDU accounts for approximately 60% of hepatitis C virus (HCV) transmission. Injection drug users (IDUs) risk contracting and transmitting HIV, HCV and other blood-borne infections directly through sharing contaminated syringes, drug preparation and injection equipment, and drugs. IDU also indirectly contributes to the spread of blood-borne infections when IDUs transmit these infections through high risk sexual behaviors to their sex partners and perinatally to their children.

Despite significant political, legal, and funding constraints, HIV prevention programs have developed and implemented effective disease prevention interventions to reach injection drug users (IDUs). Central to these efforts are ensuring IDUs access to sterile syringes. Several different strategies have been used to increase access to syringes, including, changing existing syringe laws and regulations to allow for pharmacy sales of syringes, removing criminal penalties for the possession of syringes, and implementing syringe exchange programs (SEPs).

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One frequent barrier to implementing syringe access initiatives is the fear that increased access to syringes will result in an increase of improperly discarded syringes on community streets. Although studies^{1,2} have found no increase in discarded syringes after the implementation of SEPs, the fear persists. In order to advance syringe access initiatives in the U.S., it is critical for HIV prevention programs to address syringe disposal concerns.

This issue of the *NASTAD HIV Prevention Bulletin* highlights recent syringe access and disposal initiatives in the U.S. These initiatives all demonstrate that by using innovative approaches and partnering with diverse organizations, HIV and hepatitis prevention efforts for IDUs can be advanced.

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Safe Community Needle Disposal: Good Public Health and Improved HIV Prevention for Injection Drug Users

Overview of a Public Health Problem

At least 3 billion injections occur outside of health care settings each year. An estimated 1 billion injections are attributed to injection of heroin, cocaine, and other drugs, and 2 billion are attributed to insulin injection and other home health care. The disposal of these used needles,

syringes, and other “sharps” are not subject to the same strict standards and regulations found in health care facilities.

In the United States, there are no consistent systems or regulations for proper disposal of used sharps in communities. Existing regulations and guidance is often confusing or even contradictory. Physicians, pharmacists, diabetes educators, and other health professionals are often uncertain what to advise patients. As a result, a significant number of used sharps end up in the trash, posing a risk of needle stick injury to employees of waste management companies, and a host of public service workers.

Improperly disposed sharps pose an occupational risk of needle stick injury to sanitation, housekeeping, and janitorial workers. Used sharps discarded on streets and in neighborhoods pose a non-occupational risk to the public. The risk of acquiring HIV, hepatitis B, or hepatitis C infection from a needle stick is extremely low. However, encountering a used needle can be scary, even if no injury occurs.

What does this have to do with HIV?

For injection drug users, safe disposal options go hand-in-hand with increased access to sterile syringes. The potential for used syringes and needles to be discarded on the streets and in neighborhoods is a primary factor in community opposition to increased access. Pharmacists cite the risk of discarded syringes near their stores as one of their greatest concerns in decisions whether to sell syringes. By providing disposal options to injection drug users, barriers to syringe access can be diminished.

However, even if disposal options are made available, current laws in most states create significant legal risk and disincentive for IDUs to safely dispose of needles. IDUs may fear arrest for

their possession of drug paraphernalia, and choose not to carry or store used syringes. A qualitative study of IDU attitudes towards various methods of syringe disposal gave IDUs a chance to describe their fears¹. One IDU stated “They’d [the police] catch you with a dirty syringe and you’d go to jail for possession, so people ain’t gonna hardly keep ‘em laying around, keep ‘em in a container or whatever.”

What Safe Disposal Initiatives Have Been Tried?

Selected state initiatives are described in detail elsewhere in this issue. In general, these disposal methods have been used in the U.S.

1. Syringe exchange programs (SEPs) provide an important way for IDUs to safely dispose of used sharps. IDUs report a preference for SEPs because they receive a sterile syringe in exchange for every used one.
2. Placing used syringes in puncture-resistant containers, such as bleach or soda bottles, which are then thrown into the trash. This approach places IDUs at risk for arrest, and has little to offer homeless people who have no place to store containers. Also, it presents some risk to sanitation workers because even heavy-duty bleach bottles will break under sufficient pressure.
3. Providing sharps containers and designating drop-off sites in pharmacies, hospitals, and health departments. The containers are then picked up as part of ongoing biohazard disposal programs.
4. Using drop boxes, located on street corners in neighborhoods with high drug traffic. Drop boxes have been supported by the communities in which they have been tried because they are “one-way only” – syringes go into the box but cannot be retrieved.

What Can be Done to Support Safe Disposal Initiatives?

Support for safe community needle disposal can be garnered from a broad spectrum of people and organizations, including:

1. Needle users, including IDUs and people with diabetes.
2. Pharmacists, diabetes educators, and community-based prevention workers, and other health professionals.
3. Sanitation workers, medical waste and refuse companies, and worker unions.
4. Relevant state and national organizations and legislators.

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More Information: <http://www.cdc.gov/idu>

National Call to Action for Safe Community Syringe Disposal

In August 2002, NASTAD joined the American Association of Diabetes Educators (AADE), American Diabetes Association (ADA), American Medical Association (AMA), American Pharmaceutical Association (APhA), and the Association of State and Territorial Health Officials (ASTHO) to issue a national “call to action” on the need to develop safe, community needle disposal options.

More than 2 billion needles and syringes are used each year in this country outside of health care settings, by persons administering treatment for diabetes and other conditions and by persons using injection drugs (IDUs). This number is expected to rise as the U.S. population ages and the use of

home health care increases. Despite the regular use of syringes and other sharps outside of health care settings, there are very few laws, regulations or guidelines on how to properly dispose of medical waste in the community. Existing paraphernalia laws that criminalize IDUs for possession of syringes also serve as a disincentive for IDUs to safely dispose of syringes. Health care professionals who are in a position to provide guidance to persons on safe disposal (e.g. physicians, pharmacists and diabetes educators) are often uncertain of what to advise. Due to these factors, the majority of used needles are discarded into the public solid waste system where they pose a risk of injury, including infection with HIV and hepatitis B and C, to anyone who encounters them.

In response to this public health concern, the six organizations collaborated on the joint letter, which outlines the problem of limited community options available for safe disposal of used needles, and calls for members of each organization to increase awareness of this issue and to help develop local solutions. The joint letter is available online at:

http://www.nastad.org/pro_viral_hepatitis.asp?menu=pro

If you would like additional information, please contact Laurie Schowalter at lschowalter@nastad.org

Update on Safe Disposal Initiatives in New York State (NYS)

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Numerous approaches are being pursued in NYS to promote safe disposal of syringes, needles, lancets and other “sharps” used outside of health care settings. Some of these are well established, for instance 13 NYS Department of Health (NYSDOH)-authorized syringe exchange programs (SEPs) have accepted used syringes for

Coalition for Safe Community Needle Disposal

Established in spring of 2002, the Coalition for Safe Community Needle Disposal is a non-profit organization dedicated to addressing the problem of limited options available for the disposal of used needles and other sharps in the community. Start-up funding was provided by The Waste Management Charitable Foundation, Inc., and BD (Becton, Dickinson and Company). NASTAD, along with the American Association of Diabetes Educators (AADE), American Diabetes Association (ADA), American Medical Association (AMA), American Pharmaceutical Association (APhA), and the Association of State and Territorial Health Officials (ASTHO) serve as members of the Coalition’s advisory council. The Coalition is working to increase awareness about the need for safe, community disposal options. The Coalition can also provide resources to assist local efforts to develop safe disposal programs.

For more information about the Coalition, or for information about how to start a community disposal program, please call 713-980-3120 (toll free, 800-643-1643) or visit the Coalition on the web at: <http://www.safeneedledisposal.org>.

safe disposal since 1992. These SEPs are located in New York City (NYC), Buffalo, Rochester, Mount Vernon and Ithaca. Since 1996 hospitals and nursing homes have been required by law to accept used sharps for disposal. There are 251 hospitals and 679 nursing homes in NYS. Hours and days of operation as well as program requirement vary from one facility to another. Anecdotal reports and survey results suggest limited utilization. NYS residents may also dispose of syringes in household trash in accordance with local laws. Since 1995 NYSDOH

Preventing Blood-Borne Infections Among Injection Drug Users (IDUs):

A Comprehensive Approach is a technical assistance document developed by CDC to address HIV and hepatitis prevention among IDUs. The document outlines multiple strategies that can be used to help advance prevention of blood-borne infections among IDUs. A copy of the document is available on the web at: www.cdc.gov/idu.

Through the Academy for Educational Development (AED), IDU-related technical assistance is available to health departments funded by CDC to conduct HIV prevention and to HIV prevention community planning groups (CPGs). For more information, contact your CDC HIV prevention project officer at 404-639-5230 or AED at 202-884-8952.

has made available a brochure, "Household Sharps: Dispose of Them Safely" that contains guidance on containing and disposing of sharps in household trash.

Amendments to the NYS Public Health Law established the Expanded Syringe Access Demonstration Program (ESAP) effective January 1, 2001. Although ESAP's primary focus was on enhancing syringe access through non-prescription pharmacy sales, provisions concerning safe disposal were included. To qualify for registration to sell or furnish syringes under ESAP, eligible providers must "cooperate in safe disposal of used hypodermic needles and syringes." Each time syringes are sold or furnished under ESAP, a "safety insert" must be provided that addresses safe disposal. NYSDOH must submit an independent evaluation of ESAP, including an assessment of its impact on safe disposal that will be considered by the Legislature and Governor in deciding whether ESAP will continue beyond March 31, 2003.

In considering ways to promote safe disposal, NYSDOH has looked at ways to enhance programs at the traditional disposal sites outlined above and is working with hospitals, hospital associations and others to strengthen these facility-based programs. An "ESAP Directory" which provides county-by-county listings of existing sharps disposal sites was developed.

Expansion of options is also being pursued. For example, clinics and community health centers already manage "regulated medical waste" and they can potentially play a role in accepting sharps. Pharmacy acceptance of sharps is not as well established in NYS as it is elsewhere (e.g., Rhode Island, San Francisco), and acceptance of used syringes for safe disposal by ESAP pharmacies is voluntary. NYSDOH developed "New York State Guidelines for Pharmacies Interested in Accepting Hypodermic Needles, Syringes and Other 'Sharps' Used Outside of Health Care Settings for Safe Disposal (March, 2002)." These can be viewed at: <http://www.health.state.ny.us/nysdoh/hiv aids/esap/pharmdispose.htm>

Sharps collection and safe disposal is also being pursued through community-based syringe access and safe disposal demonstration projects underway in local communities. Coalitions reflecting numerous partners and perspectives are exploring options, including placement of sharps collection "kiosks" in convenient settings, such as pharmacies. For example, in Amsterdam and Buffalo pharmacies are now collecting used sharps for safe disposal, as is a drug treatment program in the Bronx. Below is a K-Mart Billboard advertising their ESAP Program.

SEPs are forging new partnerships with pharmacies to "close the loop" by offering sharps



containers and information about the SEPs as resources for safe disposal. The NYC DOH is locating “drop boxes” outside of public clinics in all five boroughs of NYC to offer new options for safe disposal. ESAP has provided impetus for these and other safe disposal initiatives. NYSDOH staff has been working closely with NASTAD, CDC and others on safe disposal issues.

Prescribing Syringes to Injection Drug Users to Prevent Disease

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Access to sterile syringes is critically important in preventing the spread of HIV, hepatitis, and other health problems among injection drug users (IDUs)¹. However, a web of laws restricts access to sterile syringes in many states. Prior to September 2000, Rhode Island had among the strictest laws governing the purchase and possession of syringes. Syringes could not be purchased without a prescription, and possession of a syringe without a prescription was a felony offense punishable by up to 5 years in prison.

Rigorous enforcement of these statutes—which were originally adopted in 1974 to combat drug use at a time when AIDS was still completely unknown—resulted in high rates of syringe reuse

among injection drug users (IDUs) and a high proportion of injection-related AIDS cases in the state. Rhode Island was one of only four states with greater than 50% of AIDS cases associated with injection drug use². While urging state legislators to decriminalize syringes, a group of doctors and public health officials explored the possibility of prescribing syringes to active IDUs in an effort to immediately address the need for improving access to sterile syringes.

Analysis of the existing legislation in Rhode Island indicated that physicians could legally prescribe syringes to IDUs to prevent disease, pharmacists could legally fill those prescriptions, and IDUs could legally possess syringes obtained with a prescription. With the support of Rhode Island’s Department of Health, State Medical Society, Boards of Pharmacy and Medicine and other organizations, a syringe prescription program was established in Providence in 1999. Program participants meet with a doctor and can receive a prescription for enough syringes to provide a sterile syringe for each injection until the next scheduled clinic appointment, up to 100 sterile syringes at a time. As of August 2002, over 375 IDUs had enrolled in the program and prescriptions had been filled for more than 70,000 syringes.

In addition to prescribing syringes to IDUs who continue to inject, the clinic provides risk reduction counseling, including provision of materials such as male and female condoms, cottons, cookers, sterile water, etc. Participants are given instructions on safe disposal of syringes and are offered a biohazard container or a pocket-sized safe disposal device. Participants receive free medical care including disease testing for HIV, hepatitis, STDs and tuberculosis; hepatitis B vaccination, primary medical care and referral to specialists. The syringe prescription program provides an enticement for IDUs to enter medical care and reaches out to a “hidden” population that

may have few or no links to much needed healthcare and social services.³ At their first visit, many participants had not received routine primary care services, such as a pap smear, for several years.

During clinic visits physicians, as part of routine medical care, encourage participants' entry into substance abuse treatment. These brief interactions also address high-risk injection behaviors and sexual practices. Because drug use is acknowledged from the beginning, the stage is set for an open discussion with physicians regarding injection-related health risks and drug treatment, including referrals to substance abuse care.

A thorough evaluation of the program is currently under way using baseline assessments and follow-up assessments at 3, 6, and 12 months.

In September 2000 Rhode Island legalized the purchase and possession of syringes, allowing IDUs to legally buy and carry syringes. Though syringe prescription is no longer as crucial to providing syringes in Rhode Island, the prescription program continues to enroll and retain participants. The Rhode Island pilot program has demonstrated the feasibility of prescribing syringes to IDUs and highlights a number of important benefits associated with syringe prescription:

- The ability to provide legal access to syringes for injection drug users in places where such access is otherwise restricted. Even in states where prescription is not legally mandated, having a prescription can improve access by reducing fear of harassment by pharmacists.
- The possibility of providing primary medical care to an underserved population and establishing new links to healthcare for IDUs.
- The potential for healthcare providers who prescribe syringes to serve as a conduit to substance abuse treatment and other services.

Syringe prescription by healthcare providers also reinforces the rationale for providing access to sterile syringes, namely protecting and improving health.

While syringe prescription may not have a huge impact on HIV and hepatitis rates on its own, it can act as a complement to other syringe access approaches, such as needle exchanges and pharmacy sales. It can also bring physicians into the debate over appropriate strategies to address substance abuse related disease transmission. Prescribing syringes to IDUs is currently legal in 45 of 52 U.S. jurisdictions.⁴ For a discussion of relevant statutes in a particular state, visit the website of the Project on Harm Reduction in the Health Care System (<http://www.temple.edu/lawschool/aidspolicy/default.htm>), located at the Beasley School of Law, Temple University. Syringe prescription is an innovative and promising approach to addressing the health risks of IDUs and should be further explored.

ADDITIONAL READING:

Fact Sheet: Physician Prescription of Sterile Syringes to Injection Drug Users. Centers for Disease Control and Prevention (CDC). Available online at: <http://www.cdc.gov/idu/facts/physician.htm>

Winter 2001 issue of *Health Matrix: Journal of Law-Medicine*. A special feature entitled "Symposium: Legal and Ethical Issues of Physician Prescription and Pharmacy Sale of Syringes to Patients Who Inject Illegal Drugs" includes five papers that present the rationale for physician prescription of syringes and explore related legal and ethical issues. *Health Matrix: Journal of Law-Medicine*. 2001;11(1):1-147.

For more information, please contact Josiah D. Rich, MD, MPH at JRich@lifespan.org.

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Eureka Sharps Disposal System: A Practical Solution to the Problem of Residential Needle Disposal in Rhode Island

Cherie Kearns, Executive Director, Diabetes Foundation of Rhode Island

Launched in 2000 as the SharpSmart Program, the Eureka Sharps Disposal System continues to be the only statewide residential needle disposal program in the nation. Eureka was developed under the leadership of the Diabetes Foundation of Rhode Island (DFRI) in partnership with Stericycle, Rhode Island Resource Recovery Corporation (RIRRC), the Champlin Foundations, Ida Ballou Littlefield Charitable Trust, and the Rhode Island Department's of Health and Environmental Management. The common goal of all is to provide a safe and healthy environment for all Rhode Islanders.

While the disposal system was launched in 2000, the needle disposal effort began in 1999 when the RIRRC, a quasi-state corporation that owns and operates the state landfill and recycling facility, noticed a significant increase in loose needles discovered in the residential trash and recyclables at the Materials Recovery Facility (MRF). Concerns about worker needle stick injuries and plant operation interruptions at the state landfill and MRF led the RIRRC to meet with the Diabetes Foundation of Rhode Island and to the development of Rhode Island's statewide residential needle disposal program, Eureka Sharps Disposal System ("Eureka"). At the MRF, workers manually sift through waste for recyclable materials in order to reduce the volume of solid waste going to landfills. When a loose needle is observed in the MRF line, the RIRRC temporarily stops operations, at an approximate cost of \$1,800 per hour. In 1999 and 2000 more than 400 pounds of loose sharps were removed from the MRF line; in the first eight months of 2000, 35-40 incidents of loose syringes led to a total of 65 hours of MRF interruptions at an estimated cost of \$120,000. During 18 months in 1999 and 2000, five RIRRC workers suffered accidental on-the-job needle stick injuries complicated by concerns about the potential risk of infectious disease.

To simplify needle disposal and create a safe community needle disposal program, DFRI staff and Custom Design in North Kingstown created a simple kiosk design that limited potential exposure to the used needles. Having patients place used needles through a "one-way" door into a locked kiosk substantially reduces the potential blood-borne pathogen exposure for staff in the facility (e.g., pharmacy) where the kiosk is located.

The kiosk, funded by the Champlin Foundations, is a mailbox-like metal bin approximately 5 feet high. The model is designed to accept commercial sharps containers, bleach bottles and other taped-

sealed plastic containers or coffee cans. Depositing sharps in glass containers is not



permitted. As of May, 2001 kiosks have been placed at 42 sites around Rhode Island, including 35 pharmacies, 4 fire stations, 2 police stations and the DFRI office. The number of kiosk locations will increase to 50 by December 2002. Although the kiosk is designed for both indoor and outdoor use, all have been placed inside facilities (e.g., in pharmacy waiting areas).

Through a public relations campaign targeting sharps users, state agencies, municipalities, physicians, pharmacists, nurses and health educators, people have been encouraged to place their properly sealed sharps in a Eureka kiosk. When a full sharps container is placed in the kiosk, staff persons at the site provide a new sharps container free of charge. The sharps containers were donated to Eureka by the Rhode Island Department of Health, RIRRC and Stericycle. Stericycle, a medical waste company, has sponsored the pick-up from the Eureka bins and

delivery of sharps to a medical waste treatment plant and, from there, to American Refuel, Inc., where they are burned for energy.

During the implementation phase between February 2001 and February 2002, over 8,000 pounds of sharps or 800,000 syringes were collected through Eureka. Since full implementation of the program, the average total monthly pick up amount is 650 pounds or 65,000 syringes monthly. Preliminary evaluation results of the program are promising, showing a 50% decrease, from 400 pounds of sharps in 2000 to 200 pounds of sharps in 2001, in the amount of loose needles found on the MRF line and no worker injuries since the program's inception. Eureka has been most successful at those sites where staff and/or local fire departments strongly promoted the program.

Eureka was designed to address the needs of a diverse range of sharps users, to involve the broader community in its development and to provide the basis for a state-wide needle disposal program with enough flexibility to allow local autonomy in implementation. In August of 2001, the Rhode Island General Assembly passed legislation to establish a year-long commission to evaluate needle disposal laws and methods, examine the outcomes of the Eureka Sharps Disposal program and to obtain long-term funding for this project. The Commission report will be published in December 2002. The DFRI plans to begin expansion of Eureka nationally in late 2002. The preliminary success of Eureka demonstrates the feasibility of a state-wide residential needle disposal program developed through collaboration with consumer groups, the solid waste industry, state agencies and healthcare providers and corporations.

For more information about the Eureka Sharps Disposal System, please contact Cherie Kearns,

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Cooperative Efforts to Promote Syringe Sales in Washington State

Robert W. Marks, M Ed, Educator Consultant; Michael Hanrahan, Coordinator, Drug Use and HIV/AIDS Prevention; and Robert W. Wood, MD, Director, HIV/AIDS Program, Seattle-King Co. Health Department

Public Health – Seattle & King County began collaborating with King County retail pharmacists in March 2001 to increase syringe access. The purpose of the collaborations is to prevent the transmission of blood-borne infections and other medical complications of using non-sterile injection equipment among injection drug users (IDU). Pharmacies are asked to voluntarily participate by signing a memorandum of understanding with Public Health and by selling sterile syringes.

Over the years there have been several interpretations of Washington State law concerning the retail sale of syringes or other devices used to inject drugs. In June 2002, Washington State implemented revised drug paraphernalia legislation that clarifies pharmacist roles, rights and responsibilities in selling or distributing syringes. The new law specifically exempts pharmacies from any penalties associated with syringe sales and allows individuals over the age of 18 to legally possess sterile hypodermic syringes and needles. The legislation's intent is to encourage pharmacists to help achieve public health goals of preventing new blood-borne infections, reducing the negative consequences of injection drug use and facilitating entry into drug and alcohol treatment.

Under Public Health's leadership, a letter was drafted to which the Washington State Board of Pharmacy and the Washington State Pharmacy Association provided critical input and signed on. The joint letter describes the health issues injection drug users experience and their impact on public health, outlines the revised legislation and encourages pharmacists to participate in disease prevention efforts. Both the Board and the Association committed to printing the letter in their next newsletter and magazine, respectively, and to posting the letter on their websites. Public Health obtained a database of Seattle and King County pharmacy addresses from the Board and mailed the letter, along with a collaboration recruitment brochure, to every pharmacy manager in King County.

The joint letter is one component of a larger campaign. The Expanded Syringe Access Campaign includes: 1) personal visits and phone calls to King County pharmacists to solicit participation, 2) development and supply of syringe safety, syringe disposal and drug treatment brochures for distribution to customers who purchase syringes, 3) training for pharmacy staff on the prevention of HIV, hepatitis and other blood-borne infections, 4) expanded syringe disposal options, and 5) ongoing support for partnered pharmacies. Many pharmacists who sign on become peer leaders who personally recruit fellow pharmacy managers. The campaign's intent is to inform, educate and encourage communication concerning the health and health needs of IDU, their families and King County residents and communities.

Early indicators suggest that the joint appeal is aiding in educational and recruitment efforts. During the period of March 2001 through July 2002, Public Health contacted 46 retail pharmacies within King County. Twenty-six (57%) enrolled as Public Health partners. The joint letter was mailed to all King County pharmacies on July 24, 2002.

Seven non-enrolled pharmacies were contacted two weeks later and asked to collaborate. All 7 managers of those pharmacies stated that they had received the letter. Five (71%) of those managers agreed to enroll. One of the managers who declined to sign was interested and enthusiastic concerning collaborations, but requested that Public Health contact his corporate offices to gain approval. The other declining manager was concerned about word-of-mouth advertising and the customers it might attract.

The joint appeal demonstrates how local, state and professional organizations can unite and inspire others to demonstrate their commitment to improving health care. It also is an excellent example of how local health jurisdictions can take a leadership role in influencing disease prevention and health promotion efforts. To see the Washington State Joint letter, [click here](#).

Communities Install Syringe Disposal Boxes

In order to address the need for safe disposal of needles and other sharps, several communities are installing syringe disposal boxes in strategic locations.

The New Mexico Department of Health (NMDOH) has ordered a half-dozen disposal boxes for persons to use to dispose of used syringes. The boxes will be installed in local public health offices throughout New Mexico, beginning with Albuquerque and Las Cruces. The boxes will be placed outside the health offices so disposal is not limited to office hours. The drop boxes are similar to a mail box; the syringes are disposed through a “safety drop chute access door” and the boxes are tamper-proof. NMDOH has contracted with a waste management company for the removal of the contents of the disposal box.

A supplemental issue of the Journal of the American Pharmaceutical Association entitled “Preventing Blood-Borne Infections Through Pharmacy Syringe Sales and Safe Disposal” will be published in November 2002. The special issue will contain articles on pharmacists’ attitudes and practices related to syringe access and disposal, changes in state syringe purchase and possession laws, and community safe needle disposal programs.

Phillip Fiuty, Harm Reduction Coordinator for the New Mexico HIV/AIDS program, said that the health offices are “excited” to offer this service. He is currently working with pharmacies to provide smaller disposal boxes in their stores. Fiuty noted that while there are an estimated 14,500 IDUs in New Mexico, there are approximately

150,000 persons living with diabetes who stand to benefit from increased syringe disposal options.

In Santa Cruz, California, the City Council unanimously voted in May to install syringe disposal boxes in public bathrooms at several sites in the city. This measure was taken in part to protect city parks employees from accidental needle sticks. The Santa Cruz needle exchange is responsible for the removal of the syringes and sharps collected in the boxes.

Update on California Syringe Access Legislation

Two bills are before the California Legislature this session relating to syringe access, both authored by Sen. John Vasconcellos (D) of San Jose. SB 1734 would amend the Health and Safety Code to allow public agencies to distribute certain drug-related paraphernalia (e.g. cookers, cotton, alcohol swabs) that would help sterilize needles and syringes. Currently, public agencies are allowed to distribute

sterile needles as part of the state's needle exchange program. This bill clarifies the law to ensure that, "no public entity, its agents, or employees shall be subject to criminal prosecution for distribution of any device or substance necessary to ensure the safety and cleanliness of needles or syringes distributed to participants in clean needle and syringe exchange projects." Another important amendment to SB1734 will allow local health jurisdictions to declare a "public health emergency" for a period of one year. (To authorize needle exchange programs in California, the local governing body must declare a local emergency due to the existence of a critical local public health crisis.) The current law is interpreted to limit public health emergencies to a period of two weeks, requiring county Boards of Supervisors to renew them every two weeks. SB 1734 has passed in both the California Assembly and Senate.

SB 1785 would allow pharmacists to sell up to 30 hypodermic needles or syringes to someone who is 18 or older. California is one of six states currently requiring a prescription to purchase syringes. The bill has passed in the Senate and the Assembly, but must now return to the Senate because of amendments made in the Assembly. The Assembly amendments largely relate to ensuring that syringe disposal programs are available either onsite or for purchase.

Adolescent and School-Based Health:

Developing and Delivering Effective Messages About Adolescent High-Risk Behaviors

On August 5, 2002, the Association of Maternal and Child Health Programs (AMCHP), in collaboration with NASTAD, the National Coalition of STD Directors (NCSDD), the American Social Health Association (ASHA), and the Sexuality Information and Education Council of the United States (SIECUS), sponsored a meeting for state health department STD, HIV, and teen pregnancy program representatives from several jurisdictions to improve their message development and delivery skills around adolescent risk behaviors.

During the meeting, the state teams learned the reasoning behind the process of developing messages, the importance of strong messages, and how to deliver and maintain focus on their message. The trainer identified five key principles, or "Cs" of message development:

- Clarity – include only 3 or 4 key points
- Connect – find who your real audience is
- Concise – keep the sound bytes short
- Compelling – share something newsworthy that piques their interest, use phrases that are familiar to people (appeal to their emotional intelligence)
- Continual – keep repeating your message, it takes 7-12 times just to get awareness

The state teams created messages for their state using two message development models. Once the teams created their messages, they were given the opportunity practice their message delivery skills.

State AIDS Programs and planning groups may consider collaborating with their STD Programs and Maternal and Child Health Coordinators to develop common messages around adolescent health risk behaviors since the same sexual risk behaviors that result in an STD infection may also result in HIV infection or a teen pregnancy.

If your jurisdiction is considering strategies for integrating HIV, STD and teen pregnancy prevention messages and would like more information on NASTAD's work in this area, please contact Rebecca Wong (rwong@nastad.org), (202) 434-8090.

The Manager:

AIDS and the "War on Terrorism": Can There Be a Silver Lining?

Among the many devastating results of the events of September 11 has been a shifting of priorities away from HIV/AIDS and other chronic social and public health problems towards funding for the military, espionage, and "homeland security." The New York Times described the new funding priorities in the following headline on Feb. 5: "Buckets for Bioterrorism, But Less for Catalog of Ills." As the article states, "While President Bush is proposing a major increase in spending to defend against bioterrorism, other public health programs, like preventing chronic diseases and birth defects and controlling infectious diseases, would be cut under the 2003 budget the White House unveiled."

Just as problematic has been a reorientation of the nation's foreign policy emphasis away from multilateral efforts to improve the lot of poorer nations. Today, there appears to be a return to a Cold War-era mentality in which the world is again divided into two camps: those who support and

those who oppose the U.S. politically and militarily. Meanwhile, an ambitious UN global fund for AIDS, malaria, and TB has been languishing, with contributions totaling only one billion of the seven billion dollar annual bare minimum seen as necessary by the UN.

While most would not argue the need for the U.S. to combat the threat of terrorism, the placing of AIDS and many other issues on the proverbial "back burner" is deeply troubling. But amidst all this bad news, are there any "silver linings," any reasons to hope that current circumstances may actually produce a few positive results for the fight against AIDS? Although the following is necessarily speculative, there are at least three possible silver linings:

There may be "trickle-down" improvements in public health. As The New York Times article put it, "anthrax trumps AIDS, and most else, in the Bush budget." Still, the nation's public health infrastructure has been sorely in need of additional funds for some time, and the threat of bioterrorism was influential in the Bush administration's decision to see through a Clinton administration commitment to doubling the budget of the National Institutes of Health (NIH). Other enhancements in surveillance and monitoring systems, particularly in terms of infectious disease, may also "trickle-down" into other areas. Indeed, President Bush in his first State of the Union address cited the general improvement of the public health infrastructure as a possible side benefit of funding for bioterrorism last January. Military-related research tends to produce results.

Once scientific issues are perceived as taking on relevance of national security, it is not unusual for the resulting increased funding and focus to produce dramatic results. Antibiotics were in their infancy at the outbreak of World War II, for instance, but research and clinical practice were

accelerated by the demand for antibiotics to treat war-wound infections. Similarly, nuclear fission was still a theory at the outset of World War II and computers barely existed. But the military resources focused by the US on the Manhattan Project ushered in a new era of nuclear power, while the vast teams of cryptographers assembled by Britain to decipher the Nazi "Enigma" code helped to launch the modern field of computer science. And after the Soviet Union launched the Sputnik satellite, raising fears that it was outpacing the U.S. in space exploration, President Kennedy pledged that the U.S. would put "a man on the moon" by the end of the 1960s. It did so in 1969, and in the process greatly advanced the aeronautics and aerospace industries. Might a similar emphasis on bioterrorism lead to advances against multiple infectious diseases through enhanced research into treatment, prevention, and vaccines?

There is a new recognition of the problem of "unstable" countries. Across the globe, there are states of the world that have failed to perform such basic tasks as maintaining internal order and securing food and shelter for their citizens, lapsing instead into corruption and civil strife. Perhaps the most notorious "failed state" has long been Afghanistan, and the current conflict has placed a renewed emphasis on intervening in states before they can descend into chaos and thus provide a haven for terrorists.

Throughout the developing world, but especially in Sub-Saharan Africa, a major threat to internal stability is the explosive spread of AIDS. While global AIDS was first formally acknowledged as a national security issue by the Clinton administration, the concept has been languishing in recent years. But Senator Joseph Biden, Chair of the Senate Foreign Relations Committee, recently noted that if AIDS is not confronted, "We will have much more than a health problem, we will have a security problem [because unstable countries] are

susceptible to the future bin Ladens of the world." These three possible silver linings must be viewed as exactly that – possibilities, and only small slivers of hope in a generally cloudy picture. Nonetheless, with any luck, even an unwelcome shift in priorities away from AIDS could conceivably generate a few welcome developments.

Recognizing the need to support HIV/AIDS program staff members in their management challenges, the NASTAD HIV Prevention Bulletin offers "The Manager" column to bring to our readers' attention key works by professionals in the field of management. "The Manager" encourages readers to send in ideas for topics to be covered in this column. Please e-mail suggestions to nastad@nastad.org, fax them to 202-484-8092, or mail them to "The Manager," NASTAD, 444 N. Capitol St., NW, Washington DC 20001.

Resources:

Seattle/King County Bibliographies of Current HIV/AIDS Literature

Public Health-Seattle & King County has a list of bibliographies of current HIV/AIDS literature. To access these bibliographies, please visit:

<http://www.metrokc.gov/health/apu/newart/namenu.htm>

Community Planning Calendar

Following are listings of meetings, conferences and other key dates that may be of interest to those working on HIV prevention or community planning. Their inclusion does not necessarily indicate endorsement by NASTAD; please see contact information for additional details about each activity.

September 9-11, 2002

U.S. - Mexico HIV/AIDS Border Conference, Tucson, AZ. For more information, visit: <http://www.elrio.org> and log on to "Border Conference."

September 19-22, 2002

2002 United States Conference on AIDS, Anaheim, CA. For more information, visit: <http://www.nmac.org/usca2002>.

September 26-28, 2002

National Conference on Health Care and Domestic Violence, "Prevention and Response Strategies: Pushing the Envelope," Atlanta, GA. Sponsored by the Family Violence Prevention Fund's National Health Resource Center on Domestic Violence. For more information, visit: <http://www.endabuse.org/health>.

September 26-28, 2002

"Breaking the Chains: People of Color and the War on Drugs," Los Angeles, CA. Sponsored by the Drugs Policy Alliance. For more information, contact conference@drugpolicy.org or visit: <http://www.breakingthechains.info>.

October 25-28, 2002

2002 National Black Lesbian and Gay Leadership Forum (NBLGLF) Conference: "Discovery," Detroit, MI. Sponsored by the National Black Lesbian and Gay Leadership Forum. For more information, contact Chyrrill Quamina, NBLGLF registrar at natblkforum@aol.com or visit: <http://www.hotterthanjuly.com>.

November 1-3, 2002

"Lights, Camera...Prevention: Taking Stage", a skills-based training for youth and young adults that uses theater, dance and other art forms to address HIV/AIDS related issues. Sponsored by The National Youth Performing Arts Institute for HIV/AIDS Prevention. For more information, call: (404) 727-7019 or email Ken_Hornbeck@oz.ped.emory.edu.

November 9-13, 2002

American Public Health Association (APHA) 130th Annual Meeting and Exposition, "Putting the Public Back Into Public Health," Philadelphia, PA. For more information, visit: <http://www.apha.org>.

November 15-17, 2002

First National Asian and Pacific Islander Summit on HIV/AIDS Research, Oakland, CA. For more information, visit: <http://meetings.s-3.com/apishare/default.htm> or call Ms. Brenda Robin at (301) 628-3536 or (800) 749-9620.

November 21, 2002

CDC Live Satellite Broadcast and Webcast: "Public-Private Partnerships: A New Model for Community Mobilization Against AIDS," 1-3 p.m. EST. The broadcast will focus on public-private partnerships and engaging the private sector as an educational resource and mobilizing agent for community-based HIV prevention. For more information on this broadcast, please see attached brochure or call toll-free: (800) 458-5231 or (301) 562-1000. The TTY number is (800) 243-7012.

December 1-3, 2002

2nd International Conference on Substance Abuse and HIV, Mumbai, India. Sponsored by United Nations AIDS. For more information, contact The Hope 2002 Secretariat at info@hopeconference.org or visit: <http://www.hopeconference.org/hope2002main.html>.

December 1-4, 2002

4th National Harm Reduction Conference, "Taking Drug Users Seriously," Seattle, WA. For more information, visit: <http://harmreduction.org/conference/4thnatlconf.html>.

January 27-30, 2003

National Hepatitis Coordinator Conference, San Antonio, TX.

March 2-8, 2003

The Black Church Week of Prayer For the Healing of AIDS, sponsored by The Balm in Gilead, Inc. For more information, visit: <http://www.balmingilead.org/home.asp>.

March 12-15, 2003

Community Planning Leadership Summit for HIV Prevention, New York City. Sponsored by AED, CDC, NASTAD and NMAC. For more information, visit: <http://www.nmac.org> and click on the CPLS button.

March 30- April 2, 2003

15th National HIV/AIDS Update Conference (NAUC), Miami, FL. Sponsored by the American Foundation for AIDS Research (AmFAR). For more information, contact Jennifer Attonito, Conference Director at (212) 805-1631 or visit: <http://www.amfar.org/cgi-bin/iowa/nauc/index.html>.

April 6-10, 2003

14th International Conference on the Reduction of Drug-Related Harm
Chiang Mai, Thailand
For more information, visit <http://www.ihrc2003.net>

July 27-30, 2003

2003 National HIV Prevention Conference, Atlanta, GA. Sponsored by CDC and other governmental and non-governmental partners. For more information, visit: <http://www.2003HIVPrevConf.org>

If you have an idea or program relative to any of these topics that you would like to include in the Bulletin, please contact Nyedra Booker (e-mail: nbooker@nastad.org, phone: 202/434-8090).

LET US KNOW WHAT YOU THINK!

NASTAD welcomes feedback to issues presented in our newsletter. To submit commentary, please e-mail us at nastad@nastad.org.

Visit our Webpage!

Electronic versions of *the Bulletin* are posted, along with other information on both NASTAD's prevention and care projects. <http://www.nastad.org>

The NASTAD *HIV Prevention Bulletin* is written and edited by NASTAD staff and participants of community planning and prevention efforts around the country. NASTAD's production of the Bulletin is made possible through funding provided by CDC's Division of HIV/AIDS Prevention (DHAP) in the National Center for HIV, STD, and TB Prevention.



HIV and Hepatitis Prevention: Access to Sterile Syringes

Dear Colleague:

The Washington State Board of Pharmacy, the Washington State Pharmacy Association and Public Health – Seattle & King County seek pharmacists to help prevent the transmission of HIV, hepatitis, and other blood-borne infections among injection drug users (IDU) by selling new, sterile syringes.

Injection drug use currently accounts for one-third of all new U.S. AIDS cases and approximately 60% of hepatitis C virus (HCV) infections. HCV is the major cause of end-stage liver disease and need for transplantation and is a major cause of hepatocellular carcinoma. Nationally, 50% of new HIV infections occur among IDU and their sex partners. In King County, where most studies involving IDU are conducted in Washington State, only 3% of IDU are HIV infected thanks to needle exchange and other prevention efforts. Given that 86% of King County IDU are infected with HCV, however, HIV's potential for rapid spread continues to be great. Statewide HIV and HCV data for IDU are not available. However, it is estimated that over 60% of IDU across Washington State have HCV.

The United States Public Health Service is one of several institutions recommending that drug users who continue to inject use a new, sterile syringe for every injection to prevent the transmission of blood-borne pathogens. Research continues to show that access to sterile injection equipment is associated with reduced risk of infection and lower frequency of unsafe injection practices. And, increased access to sterile equipment does not increase drug use. The Centers for Disease Control and Prevention (CDC) recognizes pharmacies as critically important in helping IDU reduce their risks of acquiring and transmitting blood-borne viruses. The CDC strongly promotes increased access to sterile syringes through pharmacy sales.

Current Washington State law (RCW 70.115.050) stipulates that on the sale at retail of any syringe or other device used to inject drugs, "the retailer shall satisfy himself or herself that the device will be used for the **legal use** intended."

In the fall of 1999, after reviewing information from the Centers for Disease Control and Prevention and an interpretation of drug paraphernalia laws by the Washington State Supreme Court, the Washington State Board of Pharmacy determined that **legal use** includes the distribution of sterile hypodermic syringes and needles for the purpose of reducing the transmission of blood-borne diseases.

On March 28, 2002, Governor Locke signed into law House Bill 1759 which allows for the sale of hypodermic needles and syringes to reduce the transmission of blood-borne diseases. This revised drug paraphernalia legislation (RCW 69.50.4121 and 1998 c 317 s 1 and RCW 69.50.412 and 1981 c 48 s 2) specifically exempts pharmacies from any penalties associated with syringe distribution. It also allows individuals over the age of 18 to possess sterile hypodermic syringes and needles for the purpose of reducing blood-borne diseases.

To facilitate access to education and screening for HIV and hepatitis as well as public health services such as drug and alcohol treatment, the Washington State Board of Pharmacy recommends that pharmacies partner with public health agencies for syringe sales.

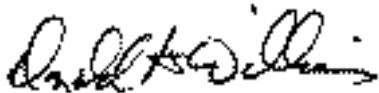
Some counties have already initiated partnership efforts; in other counties, implementation of the new laws are still in the planning stages. Pharmacists can take a leadership role in implementing the new regulations across Washington State. Please contact your local health jurisdiction to inquire about syringe sales guidance and to request assistance.

For more information, please contact the following staff members of the organizations issuing this letter:

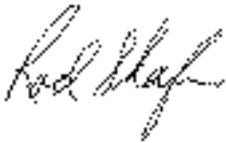
WA State Board of Pharmacy	Don Williams	360-236-4825	don.williams@doh.wa.gov
WA State Pharmacy Association	Rod Shafer	425-228-7171	rshafer@wsparx.org
Public Health – Seattle & King County	Robert Marks	206-205-5510	robert.marks@metrokc.gov

This is an excellent opportunity for community pharmacies to continue to demonstrate their commitment to improving health care. With your help, we can prevent new blood-borne infections, reduce the negative consequences of injection drug use and facilitate entry into drug treatment. Together we can protect the health of all Washington State residents and communities.

Sincerely,



Don Williams, RPh, FASHP
Executive Director
Washington State Board of Pharmacy



Rod Shafer
Chief Executive Officer
Washington State Pharmacy Association



Alonzo Plough, Ph.D., MPH
Director and Health Officer
Public Health – Seattle & King County