



HIV Prevention Information, Services,
and Resources for the City of San Francisco

A large, semi-transparent blue rectangular area covers the middle of the page. Inside this area, several medical syringes are arranged in a fan-like pattern, pointing towards the top right. The syringes are white with black markings and are set against a solid blue background. The text "Syringe Access and Disposal Program Policies and Guidelines" is overlaid in white, bold, sans-serif font across the center of the syringes.

Syringe Access and Disposal Program Policies and Guidelines



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HIV Prevention Section

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Acknowledgments

We would like to acknowledge the work of many pioneers who began providing access to sterile syringes in the 1980s in communities throughout the world, even though such activities were illegal and could have placed them at risk of criminal prosecution. These pioneers include: the Amsterdam Junkiebond of the Netherlands; the pilot program in Sydney's inner city suburb of Darlinghurst; Jon Parker, who began distributing—and later exchanging—needles and syringes on the streets of New Haven, Connecticut, and Boston, Massachusetts; as well as Dave Purchase in Tacoma, Washington, who organized the first needle exchange program to operate with some community consensus.

In San Francisco we would like to acknowledge the leadership of George Clark and the volunteers who established Prevention Point, which began operating the first syringe access and disposal program in San Francisco on the Day of the Dead (November 2), 1988. Information on the early history of these programs is documented by Sandra D. Lane and colleagues in “Needle Exchange: A Brief History” and can be found at <http://www.aegis.com/law/journals/1993/HKFNE009.html>.

Twenty years later organizations and frontline staff continue to expand opportunities to provide sterile equipment and services in a respectful manner to decrease the short- and long-term adverse consequences of risk practices. These interventions have helped saved thousands of lives and have decreased the transmission of bloodborne viruses among people who inject drugs.

We would like to take this opportunity to thank the New South Wales Department of Health in Australia for giving us permission to adapt its guidelines to develop this document. We acknowledge the courageous work, integrity and initiative of the many people who have shaped San Francisco into a leader in cutting edge HIV prevention and education strategies. We dedicate this document to those who strived and those who continue to strive to eliminate HIV and other bloodborne infections in San Francisco by providing syringe access and disposal services.

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Introduction

Background

The San Francisco Syringe¹ Access and Disposal Program (referred to throughout this document as Syringe Programs or “SP”s), is an evidence-based public health program that aims to protect injection drug using communities from the spread of infections, such as HIV and hepatitis C. Both evaluation research and experience in the field have demonstrated that adequate syringe access produces positive health effects without creating negative societal ones (Burris, Strathdee & Vernick, 2002).

SPs have existed in San Francisco since the beginning of the HIV epidemic. Services began as a grassroots movement to respond to various community needs for sterile syringes. The City and County of San Francisco formally sanctioned syringe access in 1993, when Mayor Frank Jordan declared a public health state of emergency, a move that gave him the power to legalize syringe exchange programs, and began funding programs as an essential structural component of HIV prevention services (Lane, 1993). Compared to cities that were not early adopters of syringe access, cities, like San Francisco, that adopted SPs early in the HIV epidemic have significantly lower rates of HIV infection among injection drug users (IDUs) (Des Jarlais, et al., 1995; Hurley, Jolley & Kaldor, 1997).

These guidelines were developed in accordance with the guidance set by the United States Public Health Service and the Centers for Disease Control and Prevention (CDC), which recommend, “for those who are unable to stop injection drugs, a new, sterile syringe **should** be used for each injection” (CDC 2005a; CDC 1997).

It is widely documented that the availability of syringes in San Francisco is responsible for keeping new HIV infections at endemic as opposed to epidemic levels among IDUs. SPs are therefore a high priority HIV prevention intervention for IDUs. A summary of supporting literature is provided in Appendix A.

¹ In this document the term “syringe” refers to both syringes and needles

Purpose

This document outlines broad operational guidelines for SPs. It is intended as a framework within which organizations funded by the San Francisco Department of Public Health (SFDPH) **must** develop detailed operational guidelines appropriate to their own organization and setting. These guidelines summarize best practices based on public health strategies and we strongly recommend organizations not funded by SFDPH adhere to the principles and protocols provided in this document. SFDPH will provide this document to all SPs authorized by the City & County of San Francisco.

In this document the term:

‘must’ – indicates a mandatory practice required by law or by Departmental directive

‘should’ – indicates a strongly recommended practice

Development and Review

The San Francisco Syringe Access and Disposal Program Policy and Guidelines have been developed in consultation with key stakeholders. This document was approved by the Strategies, Interventions, and Evaluation Committee of the HIV Prevention Planning Council (HPPC) on August 6, 2008, and endorsed by the full HPPC on September 11, 2008. The San Francisco Syringe Access and Disposal Program Policy and Guidelines will be subject to annual review and revision by the SFDPH HIV Prevention Section (HPS) in consultation with key stakeholders.

HPS would like to acknowledge that the framework for the guidance was modeled on the guidance developed by the New South Wales, Australia Department of Health. The San Francisco Syringe Access and Disposal Program Policy and Guidelines have been reproduced with the permission of the New South Wales Department of Health from its publication, Syringe Program Policy and Guidelines, issued in July 2006.

Goals and Key Principles

Goal, Objective and Strategies of SPs

Goal

- To eliminate the transmission of bloodborne viruses among people who inject drugs and their sexual partners.

Objective

- To reduce risk behaviors that may lead to the transmission of bloodborne viruses among people who inject drugs and their sexual partners.

Strategies

- Provide access to sterile syringes, injection supplies and safer sex supplies.
- Promote safe disposal of syringes and injection supplies, including collection and disposal of used syringes.
- Develop and deliver education programs relevant to the goal.
- Provide information on and referrals to other health services.

Guiding Principles of Syringe Programs

- **Governmental Support:** Governmental support for pragmatic interventions such as SPs is critical to effect sustainable behavior change among some of the most marginalized groups in society.
- **Stakeholder Empowerment:** Empowering the community to address health issues is a key goal of health promotion programs. SPs **should** work to enhance the capacity of people who inject drugs to initiate solutions to health issues impacting their lives.

- **Community Involvement:** The acceptance by local communities of the program is critical to its success. SPs **should** work within their local communities to promote community understanding and acceptance of the program. The HPS will work with local communities to ensure acceptance of SPs among the broader community of San Francisco.

Harm Reduction

In September 2000, the City and County of San Francisco adopted a Harm Reduction Policy. The purpose of the policy is to promote healthy behavior and decrease the short- and long-term adverse consequences of risk practices. All SFDPH providers, including contractors, who deliver substance use, mental health, homeless, sexually transmitted diseases (STD), and HIV/AIDS treatment and prevention services, and/or who serve drug and alcohol users in their programs **must** provide services consistent with the Harm Reduction Policy.

Agencies providing harm reduction services **must:**

- Attempt to reach participants “where they are” to assist them in making healthy choices.
- Be attentive to the health and well-being of the entire person in considering when to use harm reduction options.
- Tailor harm reduction options to the needs of the population, taking into consideration the population’s norms and behaviors.
- Provide referrals to appropriate health and social services, including primary care, mental health, substance use/abuse, STD testing and treatment, and other HIV prevention services.

Authorization of Syringe Programs

In 2001, California Assembly Bill (AB) 136 was signed into law, creating Health and Safety (H&S) Code Section 11364.7. The law read, in part:

No public entity, its agents, or employees shall be subject to criminal prosecution for distribution of hypodermic needles or syringes to participants in clean needle and syringe exchange projects authorized by the public entity pursuant to a declaration of a local emergency due to the existence of a critical local public health crisis.

H&S Code Section 11364.7 protected local government organizations, their employees, and authorized subcontractors in local health jurisdictions that have declared a local health emergency from criminal prosecution for distribution of syringes.

In 2005, the requirement to declare a local emergency was rescinded by AB 547. This bill was signed by Governor Schwarzenegger and went into effect on January 1, 2006. The bill amends previous legislation (AB 136) to allow counties and cities to authorize SPs in their jurisdictions without the necessity to declare a state of local emergency. AB 547 simplified the procedure for SP authorization in order to encourage the integration of syringe access into HIV and viral hepatitis prevention efforts throughout the State of California.

Now political officials of counties and cities may authorize SPs contingent upon consultation with the California Department of Public Health (CDPH) (H&S Code Section 121349.1). Additionally, the new law requires the local health officer to present annually at an open meeting of the board of supervisors or city council:

a report detailing the status of syringe programs including, but not limited to, relevant statistics on bloodborne infections associated with needle sharing activity. Law enforcement,

administrators of alcohol and drug treatment programs, other stakeholders, and the public shall be afforded ample opportunity to comment at this annual meeting (H&S Code Section 121349.3).

The CDPH Office of AIDS (OA) responded to the requirements of the legislation in three ways. First, in order to facilitate the authorization of local SPs, the consultation with CDPH required by the law will be completed through the local health officer or his or her designee contacting OA staff responsible for program oversight. These staff will also be available to provide technical assistance, relevant research and answers to questions about SPs and HIV prevention strategies. Additionally, OA staff members are prepared to assist local health jurisdictions by providing relevant data on injection-related HIV risk within each jurisdiction.

Second, in conjunction with health officers and SP directors, OA will develop and issue guidance for the reports which health officers must make to city councils and boards of supervisors on an annual basis. Once the report is presented, OA requests a copy of the report to assist with data collection regarding the effectiveness of SPs statewide.

Lastly, in January 2006, OA launched a new, statewide initiative which provides no-cost technical assistance to local health jurisdictions and community based organizations interested in establishing SPs. Technical assistance is also available to existing SPs wishing to stabilize, improve or expand services. To access this service, contact the contracted provider, the Harm Reduction Coalition, at hrcwest@harmreduction.org or (510) 444-6969.

For information about the authorization of pharmacy-based syringe providers, see page 4.

Models of Service Delivery

Coordination and Development

SPs consist of pharmacy providers and community providers offering comprehensive access to sterile syringes for people who inject drugs. In assessing the level of syringe access coverage needed, the community and private-sector programs **should** both be considered.

Providers in a specific geographic location need to take into account several of factors, including:

- The level of injection drug use in the area;
- Whether there are concentrated areas of people who inject drugs;
- The level of participation from the pharmacy sector;
- The demographic profile of the people who inject drugs within the Area and service preferences of key populations;
- The level and form(s) of community stigma regarding drug use and injection;
- Feedback from participants about their service needs and wants; and
- The level of funding available to the program.

HPS Program Managers and other HPS staff, depending on the type of provider, will act as a first point of contact for agencies and others seeking to liaise with SPs.

Types of Providers

In San Francisco, SPs are classified as either Pharmacy Providers or Community Providers.

Pharmacy Providers

In order to prevent the spread of bloodborne infections such as HIV and hepatitis C, California Senate Bill (SB) 1159 “Pharmacy Access to Syringes” was enacted in January 2005 (Vasconcellos, 2004). Unless there is subsequent legislation to extend or repeal the provisions, SB 1159 will expire on December 31, 2010.

Under this legislation, any city or county in California may authorize pharmacies within its jurisdiction to sell or provide up to 10 syringes to an individual over 18 years of age without a prescription.

The HPS has three statutory duties:

1. To register pharmacies that agree to certain conditions (listed below);
2. To maintain a list of participating pharmacies; and
3. To provide participating pharmacies information on how to access HIV and hepatitis screening, and how to safely dispose of used syringes, so that pharmacies can pass this information on to their customers either orally or in writing.

Any pharmacy in San Francisco may register through HPS to sell up to 10 syringes to an adult without a prescription. Pharmacy chains are allowed to register *en masse*.

Participating pharmacies **must** observe the following minimal guidelines:

- Syringes will be stored behind the pharmacy counter, and
- Each purchaser of nonprescription syringes will be counseled verbally or provided written information about: 1) how to access drug treatment; 2) how to access HIV and hepatitis screening and treatment; and 3) how to safely dispose of used syringes.

Registered pharmacies will support safe disposal of used syringes by doing at least one of the following:

- Sell or furnish sharps containers (puncture-proof biohazard containers).
- Sell or furnish mail-back sharps containers.
- Participate in syringe take-back programs.

Community Provider

Community providers offer syringes to help prevent bloodborne viral infections. A community provider has staff members in roles relevant to the provision of SP services. In this document “staff members” refers to all individuals supporting SP services (i.e., both paid employees and volunteers). A summary of all the requirements and recommended practices for Community providers can be found in Appendix B.

Community providers **must**:

- Provide a range of needle gauges, syringes, and injection supplies;
- Provide condoms, lubricant, and other safer sex supplies;
- Provide sharps containers and disposal services;
- Provide education, health promotion and brief interventions;
- Provide referrals to a wide range of health and community services;
- Provide culturally appropriate services that are relevant to the communities with which and neighborhoods in which the SP works; and
- Collect data on services in accordance with the requirements established by HPS.

Community Service Modality

Community service modality refers to the method by which a SP service is provided. Services may be provided through five modalities: fixed sites, venues, pedestrian, community events, and/or satellite syringe access. Many community outlets will utilize more than one service modality and provision of supplies may differ based on the modalities of services.

Fixed Site

Fixed site refers to the provision of SP services from a building. SPs operating at a fixed site **must** provide a full range of syringes, injection and safer sex supplies and provide education, sharps containers, disposal services, brief interventions and referral services.

Venue Based

Venue based refers to the provision of SP services through use of a vehicle or structure (e.g., table) and are typically provided at a specified location at a specified time. Venue

based services **must** provide a full range of syringes, injection and safer sex supplies, sharps containers, disposal services, brief intervention and referral services at levels similar to those offered at a fixed site. All mobile outreach services **must** provide disposal services.

Pedestrian

Pedestrian services are provided by staff members who move from place to place or group to group in an effort to promote and extend the reach of the service. Access to syringes takes place as part of this broader promotional and educational activity.

Pedestrian services may increase access to syringes for people who inject drugs who may not otherwise come into contact with a SP. An important strategy for pedestrian services is to develop rapport and credibility with participants and refer them to other venue or fixed site SPs. Staff members' roles include developing an understanding of the social structures and characteristics of an area to establish trust between community members and SPs, leading to better access and use of sterile syringes.

Generally, pedestrian services **must** provide syringes, injection supplies, safer sex supplies, sharps containers, disposal services and a limited range of educational resources. It is noted that pedestrian services may not have capacity to provide participants with large-scale access to syringes or syringe disposal services. Staff members **should** use brief interventions with participants and be able to make referrals as required.

Community Events

Services may also be provided at selected community events with the knowledge and support of event organizers. These activities aim to provide a wide range of information, sterile syringes and injection supplies, as well as referral information. These events also provide opportunities to promote the value of the SP to a wider audience. Staff members **must** be trained and briefed on engaging with the general public, as well as SP participants prior to participating in such activities.

Satellite Syringe Access

Individuals who collect used syringes from their peers, dispose of them at SPs, and deliver new syringes back to their peers, along with

additional prevention materials and information, provide satellite syringe access. Limited hours of service, limited geographic coverage, and concerns about accessing syringes in highly visible places keep many IDUs from attending SPs and pharmacies. IDUs who do not visit SPs or other syringe access and disposal programs may nonetheless be receiving their prevention materials and information through peer networks of satellite syringe access. As long as there have been syringe access and disposal programs, peer networks have been filling gaps in harm reduction services to IDUs (California Department of Public Health, 2007). See Appendix A for further literature on Satellite Syringe Access.

SPs **should** work closely with individual community members engaged with larger peer networks to increase access to sterile syringes, safer injection supplies, and health education information. If a person seeking syringe access and disposal services is not seeking supplies for him or herself, SPs **must** provide supplies for the purpose of satellite syringe access.

Building organizational capacity to work with peer networks providing satellite syringe access can facilitate effective provision of risk-reduction supplies and information to IDUs who do not access SPs directly (Snead et al., 2003). The California State Office of AIDS has several resources for satellite syringe access activities. SPs **should** access them at www.satelliteexchange.org.

Hormone Syringe Access

Illegal drugs are not the only substances injected. Hormones, steroids, medicines, and vitamins are also injected. Appropriate equipment and instructions should be available

to people injecting these products to support their safety and the safety of those around them.

Community providers who offer syringes for hormones must follow the operating guidelines outlined in this document. However, given the particular needs, program providing syringes for hormones **must** also:

- Provide a range of needle gauges, syringes and supplies appropriate for hormone injection;
- Provide education, health promotion and brief interventions related to the proper injection of hormones; and
- Provide referral to a wide range of health and community services for the target population (e.g., transgender-specific services).

Additional and Ancillary Services

Some programs may wish to co-locate with ancillary services to offer a wider range of health-related services to people who inject drugs. Examples of ancillary services include bloodborne virus and sexual health screening, hepatitis B vaccination, case management or counseling services, wound-care and overdose-prevention education. Access to such services **must** always be voluntary and at the participants' request, and **must** not interfere with the capacity of the SP to provide timely service to those participants who do not wish to engage with other services at the time of their visit. In general, it is not expected that such additional services be funded from core SP funds, unless there is compelling evidence that needle-supply and prevention-education demands have been adequately met and there remains surplus capacity to provide additional services.

Operating a Syringe Program

Service Delivery

A participant in a SP is a person who receives sterile syringes, injection supplies, safer sex supplies, educational resources, referral information and/or other services from any type of SP provider.

Because SP participants are often involved in illicit drug use and there is considerable stigma attached to injection drug use, people who inject drugs may have a number of concerns about accessing the program, including fear of exposure or concerns about discriminatory or judgmental attitudes. SP staff members **must** be aware of this and take care to establish trusting relationships that stress the confidentiality of the service.

In order to reduce sharing and reuse of syringes it is necessary that people who inject drugs have access to a sterile syringe for every injection. Therefore, SPs **must** aim to reduce barriers that may otherwise deter participants from accessing services.

In order to maximize the likelihood of the use of sterile syringes for every injection, the following guidelines **must** apply:

- Participants **must** be treated in a respectful and professional manner;
- With the exception of pharmacy sales of syringes, services **must** be provided free of charge;
- SP services **must** be provided on a confidential basis; and
- Participation in counseling or other interventions or in surveys for the purpose of formal or informal research and evaluation **must** be on the basis of the participant's informed and voluntary consent. It is not acceptable for the provision of SP services to be conditional on participation in such activities. If research is formal, the study **must** be reviewed and approved by an institutional review board.

SPs should aim to follow the following guidelines:

- Access to sterile syringes **should** be provided across the widest range of hours possible, and **should** include the availability of a facility

(e.g., pharmacies) that provides access 24 hours, 7 days a week;

- SP services and programs **should** be available to accommodate the needs of people from a wide range of social and cultural backgrounds; and
- Service provision **should** be responsive to participants and additional educational and referral services **should** be provided in accordance with the participant's own priorities. Care **should** be taken to avoid imposing unwanted interventions, which may discourage participants from using the service in the future.

Approval of SP Providers

The Director of the HPS has been delegated authority to approve SPs funded by SFDPH. In the case of the pharmacy sector, the pharmacy **must** follow the procedures established under SB 1159.

If an organization is not funded by the SFDPH, the Director of HPS **should** be informed that the organization is establishing a SP.

Syringe Program Workforce

All staff members undertaking SP duties **must** have the skills and knowledge required for this role.

Core Skills and Knowledge

The following are the duties of SP staff:

1. Provide sterile syringes, sharps containers, injection supplies, and safer sex supplies to people who inject drugs;
2. Manage disposal of used equipment;
3. Provide education and information on safer injection strategies and safer sex strategies to people who inject drugs;
4. Conduct brief assessments and provide appropriate referrals to services;
5. Provide participant support and assistance when appropriate;
6. Promote the SP within the community;
7. Conduct health-promotion activities with participants and the community;
8. Educate new staff members;
9. Demonstrate professional development and

- update knowledge;
- 10. Attend to agency and staff issues; and
- 11. Carry out administrative tasks.

These duties **should** be reflected in the position descriptions of staff members employed to undertake SP roles. An expanded set of duties is provided in Appendix C. These may assist in determining staff training and other staff development needs.

Workforce Development

Orientation

Prior to commencing SP duties, staff authorized to work in SPs **must** be oriented through a process that draws on relevant HPS and local policies, procedures and protocols. The orientation may include experiential on-the-job learning, self-directed learning, or other forms of training. We recommend that training topics include:

- Working effectively with people who inject drugs, including culturally appropriate service provision;
- Bloodborne virus transmission and prevention;
- Overdose prevention and response;
- Federal, State and local patterns of drug use;
- Overview of available injection equipment;
- Safety and professional boundaries;
- Conflict resolution and de-escalation;
- Legal protection issues in relation to SP services;
- Health promotion strategies; and
- Local assessment and referral processes.

Ongoing Development

A skilled and valued workforce is one of the key priorities of the HPS. The HPS is committed to ensuring that learning and development programs are widely available, coordinated and linked to local service-delivery needs.

Ongoing development opportunities **should** be available to staff members to maintain their interest in the work and to help the SP meet its goals and priorities. SPs needing training and/or capacity-building assistance **should** contact their HPS Program Manager for support.

Provision of Syringes

At a SP outlet, all participants who require injection equipment **must** receive a reasonable

supply of sterile equipment (as determined by the participant and appropriate to budget and supply constraints) and an appropriately sized sharps container.

Information on where to safely dispose of syringes **must** be provided, including informing the participants to return used syringes to the SP sites.

If capacity permits, all community providers **must** stock a variety of injection equipment items, including a range of syringe brands and sizes, a range of needle gauges and sizes, and a range of personal use and other disposal containers. All injection equipment, including an appropriate disposal container, **must** be made available to participants.

Syringe Possession

Throughout the state, an individual may possess any number of syringes provided by prescription for medical purposes. Pursuant to local authorization, individuals over 18 may purchase or obtain up to 10 syringes from an authorized source without a prescription. Individuals without a prescription may possess up to 10 syringes from an authorized source. This change in the paraphernalia law will expire on Dec. 31, 2010, unless there is subsequent legislation to extend or repeal the provisions. Individuals are also allowed to possess an unlimited number of syringes if they are containerized for safe disposal. This provision of the law is statewide, and does not require local authorization, as well does not sunset.

Provision of associated equipment

Programs may, from time to time and depending on budget limitations, provide other goods, such as sterile water for injection, cotton balls, and alcohol pads, to promote the health of SP participants.

Confidentiality

Personal information is defined as identifying information collected from or about an individual in order to provide them with health services. Personal information is not required in order to provide sterile injection equipment.

In circumstances where the provision of ancillary services at the SP does involve the collection of personal information, staff **must** adhere to the

policies and procedures outlined in the Core Variables Instruction Manual. The manual can be accessed at the following site:
www.sfhiv.org/provider_eval_data_collection.php

SP providers **must** also follow federal, state and local laws regarding confidentiality. Programs **must** adhere to the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. The act mandates adoption of federal privacy protections for individually identifiable health information. The federal Department of Health and Human Services responded by issuing privacy regulations (known as the HIPAA Privacy Rules) that address the way in which organizations and businesses handle individually identifiable health information. Pharmacies and community providers operating SPs funded by the SFDPH are covered by HIPAA and they **must** become fully aware of the scope of permissible disclosures for public-health purposes.

Some organizations may need to tighten physical and/or electronic security or follow an updated set of procedures in order to be compliant with local, state or federal laws and regulations. In cases where laws contradict each other, the more stringent law prevails. The Georgetown Health Privacy Project is a great resource about information about federal and state laws on health confidentiality and privacy. This information can be accessed at www.healthprivacy.org.

The SFDPH respects the privacy rights of all residents of the City and County of San Francisco. This privacy is extended to all individuals in San Francisco, regardless of immigration status.

In 1989, the San Francisco Board of Supervisors passed an ordinance (Chapter 12H) making San Francisco a "City of Refuge." On March 1, 2007, Mayor Gavin Newsom issued Executive Directive 07-01 entitled, "The Sanctuary City Policy" due to the increase in Immigration and Customs Enforcement (ICE) raids resulting from a national political anti-immigrant sentiment.

This policy includes five components, each designed to go with Chapter 12H. One such component is employee training, ongoing training, and outreach.

Unless specifically required by federal law, City and County of San Francisco departments, agencies, and commission officers or employees

may not assist Immigration and ICE investigations, detentions, or arrest proceedings. Organizations may not require information about or disseminate information regarding the immigration status of an individual when providing services or benefits paid for by the City or County of San Francisco, except as specifically required by federal law. Information on the city ordinance and materials in several languages may be found at <http://www.sfgov.org/site/sanctuary>.

If approached by ICE, do not release any participant information to ICE officers. Please refer them to SFDPH's Privacy Officer, who may be reached via phone at (415) 255-3706.

Referrals

Participants can be expected to make a range of requests for information and assistance. SP staff **should** have knowledge of appropriate services in their area. Agencies **should** develop referral databases of key services and establish referral pathways and protocols with key services to assist SP participants who wish to access additional services. For a list of current referrals, please visit www.sfhiv.org/services.php or www.sfdph.org.

Education and Health Promotion

All providers **must** maintain a supply of appropriate written resources designed to provide health education to people who inject drugs. When available, information **should** be provided in relevant community languages.

Staff members may also receive requests for additional information on a range of subjects related to HIV/AIDS, hepatitis C and injection drug use. These requests present an opportunity to engage with participants and provide education, health promotion and other interventions as required. Staff members **should** be offered learning and development opportunities to improve their ability to provide education and health-promotion information.

Overdose Education

Since November 2003, the Drug Overdose Prevention & Education (DOPE) Project has worked in collaboration with the SFDPH to operate the Naloxone Distribution Program. Naloxone is an opiate antagonist traditionally administered by paramedics to temporarily reverse the effects of an opiate overdose. In

June 2005, the DOPE Project became a program of the Harm Reduction Coalition.

In collaboration with SFDPH, the DOPE Project provides overdose education and take-home naloxone prescriptions to SP participants. The DOPE Project also works closely with community based organizations, SPs to provide capacity-building services to agencies starting their own overdose education and naloxone prescription programs and provides trainings for staff members and participants in overdose prevention and response strategies.

Trainings for agencies funded by the City and County of San Francisco and Single Room Occupancy Hotel trainings are provided free of charge. For trainings in other settings, please contact the Harm Reduction Coalition for information on training rates. The organization offers continuing education units (CEUs) to Certified Addiction Treatment Specialists through the California Association of Alcohol and Drug Educators, to RNs through the Board of Registered Nursing, and to Licensed Clinical Social Workers and Masters in Family Therapy through the California Board of Behavioral Sciences Provider #PCE 3440. For information on overdose and other harm reduction trainings visit their website at www.harmreduction.org or call (510) 444-6969.

Bleach Education

The following information was provided through the 2004 report from the Public Health Agency of Canada, *The Effectiveness of Bleach in the Prevention of Hepatitis C Transmission*. The paper summarizes the literature regarding the effects of bleach in the reduction of transmission of bloodborne virus such as HIV and hepatitis.

In an effort to interrupt the transmission of bloodborne pathogens, harm reduction programs have encouraged IDUs to use bleach to clean needles and syringes if new needles are not available. The CDC, National Institute of Drug Addiction and Center for Substance Abuse Treatment advocate the use of bleach for disinfecting drug-injection equipment. In a joint bulletin released in 1993, these organizations stated, "bleach disinfection of needles and syringes continues to have an important role in reducing the risk of HIV transmission for IDUs who reuse or share a needle or syringe."

However, given the prevalence of hepatitis C among IDUs, bleach disinfection should not be

recommended outside the context of a broad-based harm reduction strategy. Although partial effectiveness cannot be excluded, the published data clearly indicate that bleach disinfection has limited benefit in prevention of hepatitis C transmission among IDUs. More research is needed about the ability of bleach to disinfect needles and equipment, proper bleaching procedures and IDU behavior. Bleach distribution and education programs for IDUs must be careful not to impart a false sense of security regarding bleach's protective efficacy.

Community providers who promote bleach as a harm reduction strategy must ensure that participants are well educated about the proper protocols to effectively disinfect syringes and that bleach disinfection may not protect them against hepatitis C transmission. SPs **should** strive to provide IDUs with sufficient supplies to discourage reuse and sharing of those items that can result in the transmission of HIV and hepatitis C.

Condoms and Lubricant

Community SP providers **must** make condoms and lubricant available to program participants. Condoms can be damaged by heat; therefore, care **must** be taken to ensure that condoms are stored according to manufacturer instructions.

Crisis Intervention

There are a number of circumstances in which SP staff members may be required to intervene in a crisis. These circumstances may include dealing with participants in distress or displaying aggressive, violent or challenging behaviors. In the interests of the health and well being of participants and staff members, if a participant is violent or staff members feel they cannot manage a situation, SP staff members **must** contact the 24-hour mobile crisis treatment team at (415) 255-3610 or summon emergency services by calling 911. Providers **must** also have clear guidelines and procedures to manage such situations effectively.

Participants Under the Influence

Participants may at times present to the SP when they are under the influence of substances. This can place participants and staff members at risk of harm if a participant's substance use affects his or her judgment and ability to access services. SPs **must** have clear policies and procedures in place for managing such situations. Staff members **should** receive training on recognizing and working with people

who are under the influence of substances, including training on strategies to assess and respond to overdose situations.

Participants in Crisis/Distress

On occasion, participants may present in a state of crisis or distress and seek assistance from SP staff. Staff members **should** respond by providing a supportive brief intervention and/or assessment and assisted referral to the service most appropriate to deal with the participant's situation. Services **should** ensure that an up-to-date referral is available to staff and that staff members have the skills to assess and refer participants appropriately.

Aggressive and Challenging Behaviors

The City and County of San Francisco has a zero-tolerance approach regarding violence in the workplace and services **must** have appropriate procedures in place to minimize and address violent incidents. Under the authority of Section 3.660 of the Charter of the City and County of San Francisco, the Civil Service Commission has established a Policy Prohibiting Violence in the Workplace. Further information can be found on the city website at www.sfgov.org/site/civil_service.

Challenging behaviors may include participants being verbally abusive, angry, agitated, impatient, paranoid or sexually inappropriate. To manage these situations effectively, staff members need to develop skills in effective communication, conflict resolution, de-escalation and negotiation. Staff members **must** be offered appropriate training and support to enable them to deal with such situations. Challenging behaviors can be very stressful for staff and procedures for debriefing, and accessing support and assistance, **should** be developed and made available to staff members.

Access and equity

People who inject drugs are not a homogenous group and are found across a broad spectrum of lifestyles and social strata. That said, the most disadvantaged groups in our community have the highest rates of exposure to a number of health risk factors including drug use. Key vulnerable groups include incarcerated people, people with problems related to alcohol and other drugs, and people with low incomes or who are unemployed.

While it does not automatically follow that all people who inject drugs have problematic drug use or belong to an identified disadvantaged group, people from populations with poorer health outcomes are overrepresented amongst SP participants.

All direct service providers **must** be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the Americans with Disabilities Act and Chapter 12B of the San Francisco Administrative Code. Information on the SFDPH Cultural & Linguistic Competency Policy can be found on the SFDPH website at <http://www.sfdph.org/dph/comupg/aboutdph/insidedept/clas/clas.asp>.

SPs **must** be aware of the cultural and linguistic diversity profile of the population in the area they service and ensure that services can be delivered in a culturally appropriate manner. Services **must** be developed with a good understanding of who the service is intended to reach and, more importantly, any priority populations (e.g., young people or women) who need the services but may not be accessing them. Suitable strategies **must** be developed to redress any imbalances. Strategies **must** address not just issues of access, but also of service delivery and style.

Addressing Barriers to Access

The physical location and layout of SP facilities can have a profound effect on access to services, especially in areas where there is a high level of stigma attached to injection drug use.

While the provision of services through a fixed site is usually the most effective means of reaching a wide range of people who inject drugs, there remain significant barriers to access for some individuals and subpopulations. Barriers to accessing a fixed site SP may include fear of exposure, mobility issues associated with physical disability, cultural values and shame, transport availability, and lack of awareness of programs.

A range of strategies may be employed to overcome or minimize these barriers. In some circumstances services may be modified to target certain populations or enable SP service delivery in locations where fixed site services are not possible or practical.

Occupational Health and Safety

Employers have an obligation to provide a workplace that is safe and without risk to employees and visitors. SP managers **must** ensure that workplaces conform to all SFDPH requirements and policies regarding occupational health and safety (OHS). SPs **must** be aware that vehicles used for venue based service provision or transportation are considered workplaces.

It is the mission of the SFDPH to protect and promote the health of all San Franciscans. The extension of that mission to employees obligates the Department to establish and maintain a physically and emotionally healthy work environment. Therefore, it is the policy of the Department and funded organizations to comply with all applicable federal, state, and local occupational and environmental health and safety statutes and regulations.

Furthermore, it is the responsibility of all SFDPH employees and grantees to establish and implement responsible internal practices that promote the prevention of injury and illness, where laws and regulations do not exist. Participation by all employees in making risk-management programs and practices successful is both encouraged and expected.

Staff Safety

SPs **must** have comprehensive policies and procedures to ensure the safety of staff members. Agencies **must** incorporate the following policies:

- All SP staff members **must** wear suitable clothing while working. In particular, staff members **must** avoid wearing sandals or open-toed shoes because of the risk of needle stick injuries;
- Programs that transport biohazardous waste to disposal facilities **must** ensure that the mode and method of transportation does not place any persons at risk;
- Clear protocols and procedures addressing staff safety **must** be developed prior to the implementation of any services;
- Staff members working offsite (e.g., at a venue or providing pedestrian services) **must** have access to an appropriate communications system allowing them to stay in contact with other outreach staff and with an appropriate support service in case of emergency;
- SP staff **must** obtain consent of the owner or occupier to enter private property to dispense

or collect syringes,

- All SP facilities **must** have a critical-incident procedure outlining processes and responsibilities for managing incidents, including participant aggression, threats of violence and other potentially hazardous situations; and
- Organizations funded by the HPS **must** follow policies consistent with the SFDPH Occupational Bloodborne Pathogen Exposure Control Plan in relation to occupational screening and vaccination of employees and other personnel against infectious diseases.

Needlestick Injury

All SP providers **must** have documented procedures for the management of needlestick injuries that are consistent with the SFDPH Occupational Bloodborne Pathogen Exposure Control Plan. Individuals can contact the 24-hour needle stick hotline at (415) 469-4411. Information on SFDPH policies can also be found at <http://insidechnsf/bloodbornepath/Needlestick.htm>

Service Advertising and Promotion

To protect the confidentiality of participants there **should** be limited public advertising of SPs. Word-of-mouth promotion through participants is generally an effective means of service promotion. Advertising of a specific SP **should** not be conducted through the media or other publications circulated to the general public.

The HPS keeps information on SPs to provide information and referral services. Organizations **must** pass on information about any change in hours of operation or the establishment of new SP services to their HPS Program Manager. Information on disposal services can also be found at <http://www.sfrecycling.com/needles>.

Media Liaison

Sound management of media issues and community relations will contribute to the ongoing success of SPs. SPs **should** use discretion when responding to requests from media outlets as the presence of reporters and/or cameras at SP sites may compromise participant's confidentiality. Requests from the media regarding the Syringe Access and Disposal Program Policies and Guidelines or SP services funded by the SFDPH **must** be referred to the Public Information Officer at (415) 554-2507.

Police Relations

The San Francisco Police Department (SFPD) has a long history of working with the SFDPH and SPs to ensure community members have access to sterile syringes. However, community reaction to injection drug use and levels of support for syringe access and disposal can differ by neighborhoods and change over time. This may lead to a change in attitude among police working in local stations as they attempt to address neighborhood concerns; therefore SPs **should** build ongoing relationships with local police stations where services are delivered to ensure ongoing support.

Police Operations

The following information was issued by the Chief of Police on September 29, 2006 through the Departmental Bulletin (DB) 06-197 "Hypodermic Need Exchange.

The DB informs officers that they "should be aware that the syringe program is a place where injection drug users bring their used syringes and exchange them for sterile ones. Many injection drug users cannot visit a needle exchange sites themselves. Many have a friend or partners know as "secondary exchanger," who visit the exchange for them. The secondary exchanger may carry a considerable amount of syringes to and from an exchange site because they are exchanging for multiple persons. To avoid the spread of HIV and Hepatitis C, injection drug users are encouraged to use a syringe only once. This can also account for secondary exchangers carrying a large amount of syringes."

The DB also informs officers that they "should use discretion when they encounter needle exchange participants and should remember that the intent of the Department's policy is not to interfere with the exchange program. Surveillance activity and the confiscation of needles, alcohol wipes, or other exchange supplies at or near the exchange is against Department's policy. When in doubt, members

should ask for a supervisor to respond to the scene to ensure the spirit of the policy is followed.

Police Liaison

The HPS is the lead liaison with the SFPD. In collaboration with HPS, organizations **must** build relationships with the leadership at relevant local police stations as early as possible prior to commencing operations as a SP. In addition, regular police liaison **should** be established. If difficulties arise between police and the SP, it is essential that they be resolved as quickly as possible. Problems that cannot be resolved through the normal liaison process **must** be referred immediately to the HPS Program Manager.

Syringe Program Responsibilities

SP staff members **must** be mindful not to become involved in any activities, which may constitute a breach of federal, state, and local laws regarding drug use or trafficking. SP staff members **must** not:

- Become involved in interactions between police and SP participants or
- Give assistance to, or become involved with, SP participants attempting to procure drugs.

SP staff members **should** also refrain from placing themselves in positions in which they obtain information about the criminal activities of SP participants. This information is not required in order to carry out SP duties. In light of this, it is unlikely that SP staff members will have significant information regarding criminal activity of SP participants. SP staff members **must** be aware, however, if they have information concerning a serious criminal offense and do not report the offense to SFPD, they could be charged as an accessory to the crime. This covers offenses such as drug trafficking, serious assaults, sexual assaults, murder and manslaughter.

Syringe Disposal

Management of Sharps

This document emphasizes that a partnership approach is essential and recommends that responsibility for sharps disposal be shared between a number of stakeholders including community clinics, community-based organizations, local government, injection-equipment users, and local businesses. SPs play a key role in the development of such partnerships and **should** be familiar with the San Francisco Safe Needle Disposal Program and proactive in working with local government to assist in community awareness and implementation.

San Francisco residents have one of the best programs in the nation to safely dispose of their used syringes and lancets: the Safe Needle Disposal Program administered by San Francisco Recycling & Disposal. This information can be found at <http://www.sfreycling.com/needles>.

The Safe Needle Disposal Program, started in 1990, was the first of its kind in the nation and has been replicated in many other cities. It was designed by a coalition composed of Sunset Scavenger Company, Golden Gate Disposal & Recycling, San Francisco Recycling & Disposal, the SFDPH, the American Diabetes Association, and Walgreens in order to protect garbage company workers and the public's health by providing residents with a safe and convenient disposal option for sharps used in non-clinical settings.

San Francisco Recycling & Disposal administers the program, which is funded through garbage rates paid by San Francisco residents. The company buys the sharps containers, delivers them to participating Walgreens, and arranges for a medical waste company to pick up full containers. More than 1,500 containers are distributed to the residents of San Francisco each month. After collection from Walgreens, the sharps are microwaved to sterilize them and then ground up and discarded at specially permitted landfills.

When garbage collectors observe sharps in a resident's trash, the customer is contacted and told about the Safe Needle Disposal Program. The goal is to inform residents who use sharps

about the hazards of improper disposal and the safe disposal options San Francisco provides.

If San Francisco residents find sharps on the street or in other public spaces, they may call the San Francisco Department of Public Works or 311. The Department of Public Works will deploy someone to retrieve the sharps and dispose of them properly.

The Safe Needle Disposal Program is not for medical offices or hospitals. Medical facilities **must** make arrangements to dispose of contaminated sharps with a commercial medical-waste management service. Medical facilities can learn more by calling (415) 330-1400.

In order to promote safe disposal of syringes statewide, the California Drug Paraphernalia Law was amended under SB 1159 to exclude syringes that have been containerized for safe disposal, even if those syringes were previously used for non-medical purposes, such as illicit drug use. The language is clear that if used syringes are in a sharps container, they are no longer illegal drug paraphernalia. This change went into effect Jan. 1, 2005, statewide, and has no expiration date.

Promoting safe disposal of used needles and syringes is a key component of SPs. All public hospitals and community clinics are required to accept used sharps from members of the community. At an SP, used syringes and other medical sharps waste **must** be accepted at no charge, regardless of whether the person accessing the disposal service is a participant of the SP. Persons accessing a disposal service **must** not be required to provide information or documentation of a personal or medical nature.

All SPs **should** retrieve as many used supplies as possible, particularly used syringes. Program **should** strive for 100% recovery. Full recovery of syringes within a program may be challenging since participants may dispose of used syringes at other SPs, pharmacies, publicly funded clinics, and other disposal sites. Two-thirds of household sharps waste is generated by diabetics and other injectors of prescribed medications (A. Ross, personal communication, May 22, 2008). There **should** be a strong emphasis placed on encouraging all people who

use syringes, whether they are SP participants or not, to either return their used syringes to a SP or to dispose of them properly.

While SP participants **should** be encouraged to return used syringes to SPs, including pharmacies, it is not required for this to occur in order for participants to receive sterile supplies. This is because disposal facilities are more widely available than distribution points, and it may be more convenient and safer to dispose of used injection equipment near the participants' place of residence or in proximity to where injection takes place, rather than to transport used equipment to the nearest SP site. Services **must** ensure that participants are provided with information about the location of disposal facilities in surrounding areas.

Return of Used Sharps

In order to minimize the likelihood of needlestick injury, the following procedures apply when used syringes are returned to the SP. The staff **must** never touch or handle used needles, syringes or other injection equipment returned to the SP. Staff **must** never hold a sharps container while a participant is placing used syringes and/or associated injection equipment into it.

Community Sharps Management

The management and safe disposal of used needles, syringes and other sharps is an emerging issue for San Francisco. This includes syringes and lancets used by people with diabetes and other conditions requiring self-injection, as well as syringes used by people who inject drugs. The collective term for such equipment is community sharps.

The success of SPs depends upon a strong working relationship between the programs themselves, SP participants, and the community at large. The following outlines the SP role in promoting and maintaining cooperation and partnership between the programs, the participants and the community.

The SPs **must**:

- Encourage participants and staff members to respect the neighborhoods in which the SP operates, and
- Conduct sweeps of the immediate areas in which they operate before and after their hours of operation (or during operation, in the case of pedestrian SP providers) to pick up any trash, including sharps, that may have

been provided to participants by the SP (pharmacy providers are exempt from this requirement).

Thankfully, the risk of transmission of HIV or hepatitis C infection from used discarded syringes is extremely low. However, their presence in the community creates understandable concern, unwanted trash, and a public nuisance. In order to maximize community support for SP programs, SPs **must** address these concerns constructively in collaboration with the community. The promotion of safe disposal and community education and awareness are key elements of a constructive response.

Community Sharps Disposal Kiosks

HPS and community partners are piloting 24-hour tamper-proof community disposal kiosks. HPS identified locations for the kiosks based on data regarding improperly discarded syringes, community input, and feedback from SP and other health and social service providers. HPS is responsible for arranging for the handling of biohazardous waste within the kiosks, as well as the preliminary evaluation of these kiosks. SPs **should** be involved in partnering with HPS regarding the placement, monitoring and evaluation of community sharps kiosk.

Promotion of Safe Disposal

It is important to educate SP participants about the importance of safe disposal. Education can be conducted one-on-one during service provision and/or by displaying educational materials and posters, including placing informational stickers on personal sharps containers. Participants may also be encouraged to promote safe disposal awareness among their peers.

Disposal in Garbage Bins

The disposal of syringes in household garbage, business waste, or public litterbins is prohibited by law even if the syringes are containerized. Waste contractors have legitimate occupational health and safety concerns for their staff members if this practice occurs. SP staff members **must** not promote the disposal of syringes in household garbage bins or public litterbins.

Used syringes do not belong in the garbage where they can pose a health hazard to the public and garbage collectors. They **should** be

put into puncture-resistant, leak-proof sharps containers.

Residents with medical conditions requiring the use of sharps may pick up free sharps containers at any Walgreens pharmacy in San Francisco. When it is full, it may be returned to Walgreens for proper disposal. Sharps containers are also accepted at the Household Hazardous Waste Facility. Information on the hours of operations, directions, and requirements, can be found at www.sfrecycling.com.

Disposal in Recycling Bins

Sharps and sharps containers are not recyclable. The presence of these materials in curbside recycling services raises significant occupational health and safety concerns for workers involved in the collection and sorting of recyclables, and many needlestick injuries have been reported. Participants of SPs and other users of syringes in the community **must** be advised never to place used injection equipment into household recycling bins.

Community Education on Safe Disposal

Resources permitting, it may be useful for SPs to provide education on safe disposal to community groups and other agencies (e.g., schools, childcare centers, local businesses). These educational sessions **should** provide factual information about infection risk, safe disposal and available disposal services and facilities.

Citywide Hotline

A citywide hotline (311) allows members of the public to call if they have concerns regarding syringe littering in public places. The hotline takes messages. Callers are provided with:

- An opportunity to express and discuss their concerns;
- Information and advice about options for

- resolving their concerns; and
- The option of a removal service if required.

Collection of Discarded Syringes

If resources permit, SPs **should** conduct regular or occasional cleanups of neighborhoods in which they operate. SP providers **should** collect data on the location and types of injection equipment discarded in order to build a profile of local hotspots.

When SP staff members are involved in the collection of used syringes from the community they **must** adhere to the following guidelines:

- Never place hands into any hidden areas (e.g. drains, cavities, garbage bags, or bushes) where the hands or fingers are not clearly visible;
- Wear puncture-resistant work gloves. Disposable gloves **should** be worn under puncture-resistant work gloves where appropriate to prevent contamination of the skin with blood or body substances;
- Never attempt to recap, break or bend needles;
- Use sharps containers for collection of syringes;
- To avoid accidental injuries, make sure no one is standing nearby when collecting syringes;
- Place the sharps container on the ground beside the syringe to be collected (never hold the container) and pick up the syringe by the barrel using appropriate tongs or similar equipment (e.g., easy-reacher) issued for this purpose;
- Place the syringe in the sharps container, sharp end first. If disposable gloves have been used, place them in a waste container; and
- Wash hands with warm water and soap or detergent afterward. If tongs or other collection equipment have been used, clean these items with detergent and warm water (while wearing impermeable gloves), and then treat with a suitable disinfectant solution and air dry.

Evaluation and Monitoring

SPs have been thoroughly evaluated and are conclusively established as an effective public health intervention (Gibson, Flynn & Perales, 2001). Therefore, local evaluation and monitoring **should** focus on the quality of the services and adherence to the policies and particular program objectives and not on HIV-transmission outcomes.

Evaluation helps to ensure that program objectives are being met and provides information that can assist in program and policy development. Monitoring of the SP occurs primarily through measuring achievement of program outcome objectives.

A range of evaluation techniques, including analysis of program outcome objectives, participant surveys and specifically commissioned research projects, are conducted by HPS to inform future planning, development and implementation of SPs.

Key data sources for quality improvement include organizations' quarterly reports; periodic surveys of SP participants; and epidemiological data in relation to HIV, hepatitis C and other bloodborne infections. Examples of program outcome objectives that may assist SPs are identified in Appendix D. HPS does not anticipate that all SPs will be able to collect the full range of data. HPS Program Managers work with SPs to identify data collection appropriate for the programs.

Data Collection

The data SPs collect are an important source of information used by the HPS and providers to measure the overall efficiency of SP services and plan effective service delivery. If the SP has a contract with HPS, the SP **must** comply with all contractual data collection and reporting requirements (see Appendix D). The data SP contractors collect are regularly made available

to HPS Program Managers. The data are also made available to other relevant government departments and organizations as appropriate.

Cost

Given the large demand for syringes in San Francisco, it is important that cost efficiency measures are taken. Careful scrutiny of resource allocation is the responsibility of the SFDPH. Geographic and demographic factors influence the cost of service provision and costs per unit of service will vary depending on where and how SPs operate. However, SPs **should** assess the cost per unit of injection supplies distributed on an annual basis and monitor expense patterns over time.

Changes to Service Delivery

Planning and evaluation processes may result in the need to make changes to service delivery. Factors that will impact changes to service delivery may include participant demand, shifting patterns of drug use, and access and equity issues. All alterations to services **should** involve participant and stakeholder consultation. It is also important to ensure that SP participants are provided with adequate advance notice of changes to services.

Participant Satisfaction and Complaints

All SP services **must** have a procedure for participants to provide feedback and suggestions and/or make complaints. Feedback or complaints-handling systems are an important element of quality participant service that can:

- Assist in identifying necessary improvements;
- Provide an opportunity to give service and satisfaction to dissatisfied customers;
- Provide an opportunity to strengthen support for agencies; and
- Give participants the opportunity to have complaints considered through a clearly defined grievance process

Acronyms

AB	Assembly Bill
AIDS	Acquired Immune Deficiency Syndrome
CDPH	California Department of Public Health
CDC	Centers for Disease Control and Prevention
DB	Departmental Bulletin
H&S	Health and Safety
HIV	Human Immunodeficiency Virus
HIPAA	Health Insurance Portability and Accountability Act
HPPC	HIV Prevention Planning Council
HPS	HIV Prevention Section
ICE	Immigration and Customs Enforcement
IDU	Injection Drug User
OA	Office of AIDS
SB	Senate Bill
OHS	Occupational Health and Safety
SFDPH	San Francisco Department of Public Health
SFPD	San Francisco Police Department
SP	Syringe Programs (abbreviation for Syringe Access and Disposal Programs)
STD	Sexually Transmitted Disease

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Appendices

Appendix A

Supporting Literature

Appendix B

Community providers summary of “Must” and “Should”

Appendix C

SP Staff Core Skills and Knowledge

Appendix D

Outcome Objectives

Appendix A

Supporting Literature

Harm Reduction

Harm reduction involves taking action through policy and programming to reduce the harmful effects of behavior (BC Centre for Disease Control, 2004). Harm reduction interventions may be targeted towards an individual, family, community, or society (Erickson, Butters & Walko, 2003). Harm reduction is best defined as an approach to prevention that accepts that people engage in behavior that may be harmful, and the main goal is to reduce the negative effects of the behavior rather than ignore or pass judgment on the person or the behavior. Harm reduction methods and treatment goals are free of judgment or blame and directly involve participants in setting their own goals. Programs utilizing harm reduction approaches incorporate a spectrum of strategies, from safer use, to managed use, to abstinence (Harm Reduction Coalition, 2008).

A harm reduction approach encourages safer substance use or sexual practices among those engaging in high-risk behaviors and acknowledges the social and environmental factors that affect high-risk substance use and sexual behaviors, such as poverty, racism, and stigma (Harm Reduction Coalition, 2008). Additionally, the overarching aim of the harm reduction approach is to situate substance use as a public health, rather than criminal, issue (Irwin & Fry, 2007).

Examples of broader harm reduction interventions outside of HIV/AIDS and illegal drug use include intervention programs, such as decreasing public drunkenness; environmental controls on tobacco smoking to minimize the harm both to smokers and through exposure to secondhand smoke, the use of safety belts to reduce the risk of serious injuries in car accidents, etc. Thus, in public health practice, the harm reduction approach is used very often to prevent or reduce negative health consequences associated with certain behaviors when these behaviors cannot completely stop (Erickson, Butters & Walko, 2003).

In relation to drug injecting, “harm reduction” components of comprehensive interventions mainly aim to prevent the transmission of HIV and other systemic infections that are transmitted through the sharing of non-sterile injection equipment and drug preparations. They also address other negative consequences of drug use such as overdose, bacterial infections of soft tissues, social marginalization, etc. (Erickson, Butters & Walko, 2003).

Harm Reduction Supplies

Syringe access and disposal sites provide several supplies to support participants in reducing drug-related harm to themselves and their communities. In addition to syringes, harm reduction supplies may include: cotton balls and pellets; sterile water; alcohol prep pads; tourniquets; cookers and twist ties (to fashion a handle); spark plug covers (to cover glass pipes used for smoking substances); citric or ascorbic acid; condoms and lubricant; wound care supplies (e.g., gauze, vitamin A+D ointment); and biohazard (i.e., “sharps”) containers. All programs should strive to provide maximum access to harm reduction-related medical supplies according to best practices (BC Centre for Disease Control). Programs should supply a range of equipment and resources that encourage more injection drug users to use SPs more often, and to discourage reuse and sharing of those items that can result in the transmission of HIV and hepatitis.

Syringe Access

Syringe access (previously called needle exchange) means providing access to new syringes and disposal opportunities for used ones. Syringe access often occurs through community or street-based programs that provide sterile syringes and other injection equipment to IDUs and hormone, steroid, vitamin, and insulin users. Syringe access can be primary (i.e., individuals exchange their own syringes) or secondary/satellite (i.e., individuals exchange syringes for friends or a group of people).

SPs reduce the spread of HIV, hepatitis and other bloodborne illnesses and link IDUs to health promotion services such as medical and mental health treatment. In addition, SPs provide information and/or training to help IDUs reduce overdoses and soft-tissue infections. All SPs must supply puncture-proof “sharps” containers and information on safe disposal of used syringes to every participant.

A study of 81 cities around the world compared HIV infection rates among IDUs in cities that had SPs with cities that did not have SPs. In the 52 cities without SPs, HIV infection rates *increased* by 5.9% per year on average. In the 29 cities with SPs, HIV infection rates *decreased* by 5.8% per year. The study concluded that SPs appear to lead to lower levels of HIV infection among IDUs (Hurley, Jolley & Kaldor, 1997).

The following is the conclusion of the National Institutes of Health Consensus Panel on HIV Prevention with regard to syringe access and disposal: “An impressive body of evidence suggests powerful effects from needle exchange programs... Can the opposition to needle exchange programs in the United States be justified on scientific grounds? Our answer is a simple and emphatic no. Studies show reduction in risk behavior as high as 80%, with estimates of a 30% or greater reduction of HIV in IDUs.” (NIH, 1997).

A report issued by CDC (2005a) concludes that syringe exchange programs (SEPs) do not encourage drug use, and they have demonstrated effectiveness in the following areas:

- Providing opportunities for IDUs to use sterile syringes and share less often
- Linking hard-to-reach IDUs with public health services, including tuberculosis and STD treatment
- Helping IDUs stop using drugs, through referrals to substance use treatment.

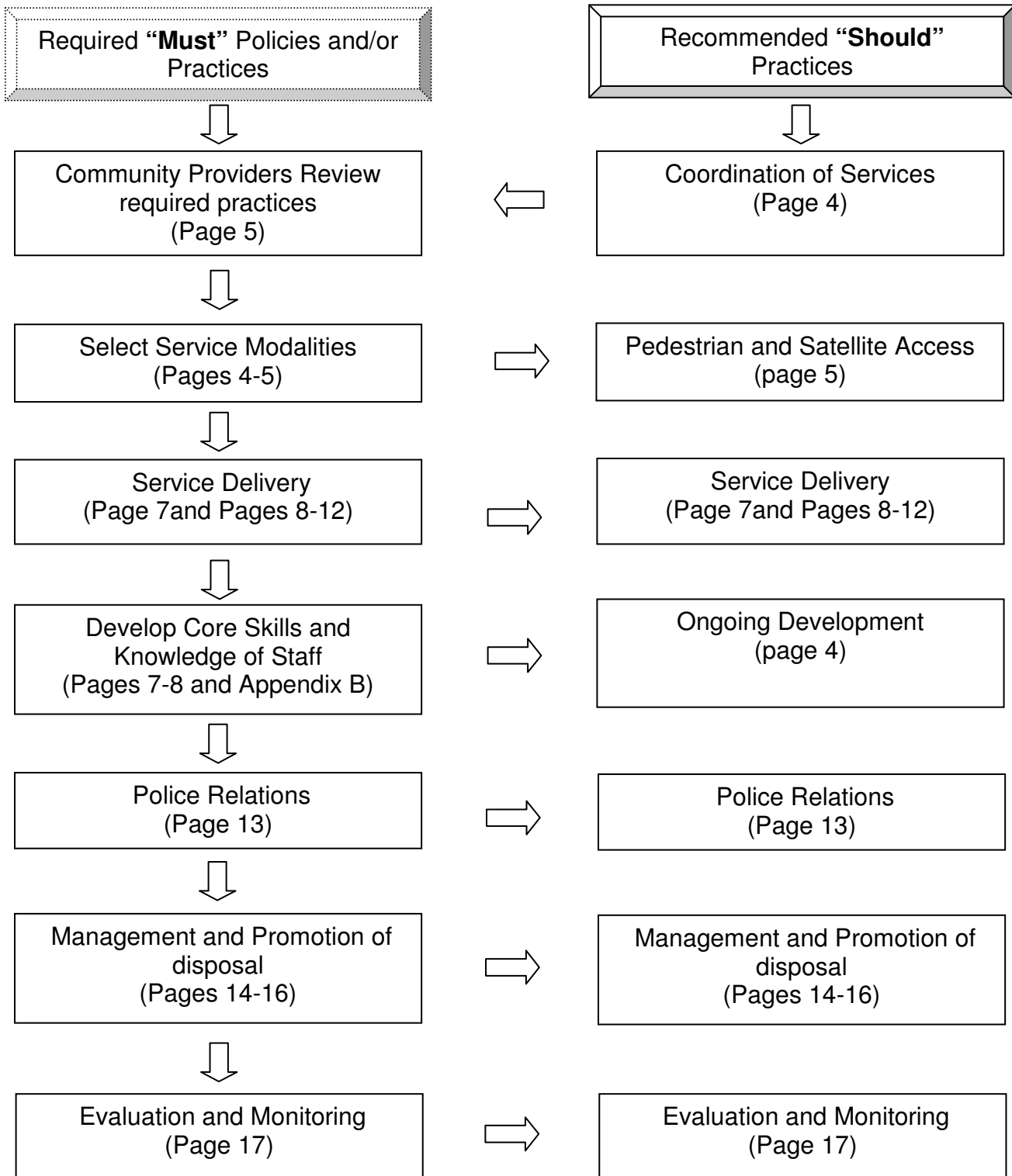
In San Francisco, the effects of a SP were studied over a five-year period. The SP did not encourage drug use either by increasing drug use among current IDUs or by recruiting significant numbers of new or young IDUs. On the contrary, from December 1986 through June 1992, injection frequency among IDUs in the community decreased from 1.9 injections per day to 0.7, and the percentage of new initiates into injection drug use decreased from 3% to 1% (Watters, Estilo, Clark, et al, 1994).

Several studies have found use of SPs to be associated with reduced syringe sharing and other injection-related risk reduction behaviors (Bluthenthal et al 1998, Guydish et al 1995, Hagan et al 1991, UC Berkeley School of Public Health, undated report, Watters, Estilo, Clark, et al 1994).

Satellite (Secondary) Syringe Access	<p>Individuals who collect used syringes from their peers, dispose of them and retrieve new syringes at SPs, and deliver them back to their peers, along with additional prevention materials and information, provide satellite syringe access. Limited hours of service, limited geographic coverage, and concerns about accessing syringes in highly visible places keep many IDUs from attending SPs and pharmacies. IDUs who do not visit SPs or other syringe access and disposal programs may nonetheless be receiving their prevention materials and information through networks of people providing satellite syringe access. As long as there have SPs, peers have been filling gaps in harm reduction services to IDUs (California Department of Public Health, 2007).</p> <p>The State Office of AIDS provided \$1.5 million over 3 years to 5 syringe exchange programs to evaluate the efficacy of providing those conducting satellite syringe access with training and supplies to do their volunteer work more effectively. Formalizing the prevention role of these individuals within the public health system has expanded the harm reduction services of SPs and pharmacies to a broader community of IDUs. Many peers are eagerly stepping up their role as HIV prevention experts in the community. Over time, and with consistent support, it appears that those providing satellite syringe access can be trained to more effectively reduce their own risk behaviors and to better reduce risk in their extensive peer groups. During Year 1 of this new intervention, the State Office of AIDS observed improved syringe access and HIV peer education among those providing satellite syringe access and the IDUs they serve (Stopka, Lees & Irwin, 2005).</p>
Pharmacy Access	<p>Pharmacies are a critically important element in efforts to help IDUs reduce their risks of acquiring and transmitting bloodborne viruses. In October 1999, recognizing the key role of pharmacy sales of sterile syringes, the American Medical Association, the American Pharmaceutical Association, the Association of State and Territorial Health Officials, the National Association of Boards of Pharmacy, and the National Alliance of State and Territorial AIDS Directors issued a joint letter urging state leaders in medicine, pharmacy, and public health to coordinate their actions to improve IDUs' access to sterile syringes through pharmacy sales. This joint letter stated that "approximately one third of all AIDS cases and one half of hepatitis C cases are directly or indirectly linked to injection drug use. Limited access to sterile syringes contributes to the transmission of these bloodborne infections among IDUs, their sex partners, and their children" (CDC, 2005b). Furthermore, they stated that in many states, there are legal and regulatory barriers to the pharmacy sale of sterile syringes to IDUs, including prescription and drug paraphernalia laws and pharmacy regulations on syringe sales (2005b). In this letter, they suggested that the removal or modification of legal barriers is an important step in increasing the availability of sterile syringes through pharmacies, and thereby decreasing HIV and other bloodborne infections among IDUs and their partners.</p>
Cost Effectiveness of SPs	<p>Syringe access is a cost-effective approach because it helps avert new HIV infections (Holtgrave et al 1998; Lurie et al 1998; UC Berkeley School of Public Health, undated report). Most cost-effectiveness studies suggest that the cost per HIV infection averted is far below the \$119,000 lifetime cost of treating an HIV-infected person (UC Berkeley School of Public Health, undated report).</p>

Appendix B

Community provider's summary of "Must" and "Should"



Appendix C

SP Staff Core Skills and Knowledge

The following table provides detail on the core skills and knowledge identified in page 6.

1 Provide sterile syringes, sharps containers, injection supplies, and safer sex supplies to people who inject drugs

- 1.1 Access participants and establish rapport
 - 1.2 Distribute equipment to meet the needs of participants
 - 1.3 Promote services available to participant groups
 - 1.4 Maintain confidentiality of participant information
 - 1.5 Appraise physical, pharmacological, legal, and psychological situation when providing equipment
 - 1.6 Respond to crisis situations when required in line with agency protocols
 - 1.7 Stock outlet/s with appropriate equipment
 - 1.8 Maintain records/statistical data on equipment.
-

2 Manage disposal of used equipment

- 2.1 Supply safe disposal containers to people who inject drugs, secondary providers and other community groups/locations
 - 2.2 Assist in the safe disposal of used needles and syringes
 - 2.3 Arrange collection of returned used equipment by licensed contractors
 - 2.4 Maintain records of returned equipment
 - 2.5 Provide information on safe disposal to community groups.
-

3 Provide education and information on safer injection strategies and safer sex strategies to people who inject drugs

- 3.1 Assess current concerns of people who inject drugs
 - 3.2 Provide written educational materials on safe practices and disposal of equipment and safe sex practices
 - 3.3 If appropriate, organize and/or conduct groups/workshops for people who inject drugs
 - 3.4 Relate to participants in a way that empowers them to assess their own risks and make informed choices
 - 3.7 Evaluate interventions.
-

4 Conduct brief assessments and provide appropriate referrals to services

- 4.1 Develop and maintain a referral network of available health services and resources
 - 4.2 Provide, upon the participant's request, appropriate assessment and referral to other health, welfare and community agencies
 - 4.3 Conduct brief crisis intervention as required.
-

5 Provide participant support and assistance when appropriate

- 5.1 Provide appropriate support or action to participants at risk of abuse, exploitation or discrimination
 - 5.2 Assist such participants to access health and/or legal support when requested
 - 5.3 Be familiar with HPS complaint procedures.
-

6 Promote the SP within the community

- 6.1 Develop and maintain links and liaison with other health and community agencies
 - 6.2 Promote the SP service to other relevant agencies, services and community groups
 - 6.3 Promote the availability of training and community education to such agencies and services
 - 6.4 Support other agency staff as appropriate.
-

7 Conduct health-promotion with participants and the community

- 7.1 Conduct needs assessment among people who inject drugs
 - 7.2 Plan, implement and evaluate campaigns for people who inject drugs
 - 7.3 Link with state and national health-promotion campaigns and local community activities
 - 7.4 Research existing resources and current program provision
 - 7.5 Adapt and/or produce resources to meet target-group needs
 - 7.6 Implement and evaluate health-promotion and community-education activities and programs.
-

8 Educate new SP staff

- 8.1 Assess existing skill level of new staff with respect to Area Health Service requirements and identify gaps
 - 8.2 Provide appropriate education and support to new staff as required
-

9 Demonstrate professional development and update knowledge

- 9.1 Keep up to date with research developments, policies and educational practices in HIV and hepatitis C prevention
 - 9.2 Contribute to the development of the agency through attendance at relevant staff-development activities, SP programs, conferences and meetings, sharing skills and information with co-workers.
-

10 Attend to agency and staff issues

- 10.1 Describe roles and responsibilities of self, other staff and participants
 - 10.2 Carry out all work duties in a way that supports self and colleagues to have a safe work environment
 - 10.3 Operate a work place that follows the federal, state and local laws and regulations regarding non-violence, cultural and linguistic competence, and occupational health and safety.
 - 10.4 Communicate effectively with work colleagues, supervisors and other agency staff
 - 10.5 Contribute to a positive team environment
 - 10.6 Develop agency and personal strategies for dealing with critical incidents
 - 10.7 Implement strategies for maintaining own personal, physical and emotional well-being
 - 10.8 Debrief crisis situations with supervisor, peer or clinical supervisor.
-

11 Carry out administrative tasks

- 11.1 Order and monitor stock
 - 11.2 Collect statistical data on the service for monitoring and evaluation
 - 11.3 Work within budget constraints or manage service/program budgets
 - 11.4 Research and implement new strategies to maximize service effectiveness
 - 11.5 Follow appropriate protocols and organizational policies and procedures, such as OHS, Code of Conduct, SP Policy and Guidelines, SFDPH policies etc.
 - 11.6 Prepare reports, correspondence and other administrative tasks
-

Appendix D

Syringe Access and Disposal Programs Guidance for Writing Outcome Objectives Contract Renewals, July 2008

“Outcome Objectives” Section

Part 1: Required. All providers **must** include the following paragraph and outcome objectives. If it is necessary to adapt the language to better fit your program, this is acceptable. HPS will compile the data for you, based on the data you submit quarterly.

Numerous studies have concluded that syringe exchange is extremely effective at reducing new HIV infections, so there is no need to measure that outcome directly. It is more important to measure how widespread the access to clean syringes is, because the more access IDUs have to clean syringes, the less likely they will be to share. The following three objectives address access:

- By the end of the contract period, [Agency’s] syringe access program will have exchanged or provided [number] syringes.
- By the end of the contract period, [Agency’s] syringe access program will have made [number] contacts with IDUs.
- By the end of the contract period, [Agency’s] syringe access program will have had [number] syringe exchange events/sessions.

Part 2: Optional. It is optional whether to include additional objectives. If you do develop additional objectives, they **must** be SMART (specific, measurable, achievable, realistic/relevant, and time-phased) and linked to the goals of your program. If you develop your own objective, you **must** be able to measure and report on it yourself, without assistance from HPS. Areas for objectives include, but are not limited to, the following:

Strongest Objectives

- Needle-sharing behavior change
- Sexual behavior change

Strong Objectives

- Changes in cofactors (e.g., drug use, employment status, reincarceration rates, and housing status)

Acceptable Objectives

- Retention/participation
- Serostatus awareness (e.g., percentage of participants receiving HIV testing as a result of your program)
- Risk level of participants (e.g., an objective that could demonstrate a program reaches the highest-risk participants)
- Referrals (e.g., percentage of participants accessing HCV/STD testing or treatment, housing referrals, etc. as a result of your program)
- Disclosure of serostatus to partners

“Other Measurable Objectives” Section

All contracts **must** include the following objective:

[Agency] agrees to collect and submit the following data on a quarterly basis: number of syringes provided, number of contacts made, and number of syringe access events/sessions held.

