

HIV Prevention Programs and Policies Targeting Injection Drug Users

*A Case Study
of Massachusetts
and Washington State*

EXECUTIVE SUMMARY

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Centers for Disease Control and Prevention (CDC)

T. Stephen Jones, Assistant Director for Substance Abuse and HIV Prevention

Massachusetts

George Arlos, Project Coordinator for Addicts Outreach and Resource Center, AHOPE

John Auerbach, Director, HIV/AIDS Bureau, Massachusetts Department of Public Health

Patricia Case, Harvard School of Public Health

Rhoda Creamer, Director, Addict's Health Opportunity Program and Exchange (AHOPE)

Andy Epstein, Director of Health Services, HIV/AIDS Bureau, Massachusetts Department of Public Health

Tim Gagnon, Massachusetts Department of Public Health

Thera Mehan, HIV Planner, HIV/AIDS Bureau, Massachusetts Department of Public Health

David Mulligan, Commissioner, Massachusetts Department of Public Health

Lee Panas, Bureau of Substance Abuse Services, Massachusetts Department of Public Health

Mayra Rodriguez-Howard, Director, Bureau of Substance Abuse Services, Massachusetts Department of Public Health

Gary Sandison, AIDS Policy Advisor, Office of the Mayor, City of Boston

Brian Sylvester, Bureau of Substance Abuse Services, Massachusetts Department of Public Health

Kyle Sullivan, Legislative Assistant for Massachusetts State Senator James Jajuga

Washington State

Elaine Blair, Spokane Department of Public Health

Mariella Cummings, Director of Infectious Disease and Reproductive Health, Washington State Department of Health

Wendy Doescher, Yakima County Department of Public Health

Kathleen Eussen, Thurston County Department of Public Health

Nancy Hall, Public Health Educator, Tacoma-Pierce County Health Department

Wes Hamilton, Washington State Division of Alcohol and Substance Abuse

Michael Hanrahan, Seattle-King County Department of Public Health

Robert Jones, Washington State Department of Corrections

Bruce Miyahara, Secretary, Washington State Department of Health

John F. Peppert, Office of Infectious Disease and Reproductive Health, Washington State Department of Health

David Purchase, Director, Point Defiance AIDS Project and North American Syringe Exchange Network

Maggie Ryland, Office of Infectious Disease and Reproductive Health, Washington State Department of Health

Rod Shafer, Executive Director, Washington State Pharmacists Association

Don Sloma, Chief of Staff, Washington State Senate Health and Long-Term Care Committee

Patty Terry, Washington State Department of Corrections

Alexander P. Whitehouse, Regional Coordinator, Region 3 AIDS Service Network

John Wiesman, Public Health Manager, Tacoma-Pierce County Health Department

Don Williams, Washington State Board of Pharmacy

Robert Wood, MD, Director, AIDS Control Program, Seattle-King County Department of Public Health

Fritz Wrede, Washington State Division of Alcohol and Substance Abuse

Connecticut

Elaine O'Keefe, Director of Health and Welfare, Town of Stratford Health Department

Beth Weinstein, Director of AIDS Prevention and Intervention Programs, Connecticut Department of Public Health

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ASTHO
1275 K Street, NW, Suite 800
Washington, DC 20005-4006
PHONE 202/371-9090
FAX 202/371-9797
E-MAIL patrickf@astho.org
WEB SITE <http://www.astho.org/>

HIV Prevention Programs and Policies Targeting Injection Drug Users:
A Case Study of Massachusetts and Washington State

*“There are few things that are as preventable in terms of saving lives as HIV prevention.
I just think we need to continue to put it at the top of the agenda.
These are difficult things to do because you are going to be severely criticized.
But we need to stay with the programs.”*

— David Mulligan, Commissioner, Massachusetts Department of Public Health

Substance abuse is a public health crisis that continues to destroy the lives of the estimated 1.5 million injection drug users in the United States. The legal and illegal substance use epidemic has decimated the quality of life in many communities and neighborhoods across the United States. Human immunodeficiency virus (HIV) infection is strongly linked to substance abuse and injection drug use in particular. The two epidemics co-exist and threaten the lives of injection drug users as well as their sexual partners and children.

HIV is transmitted among injection drug users through the practice of sharing injection equipment—a practice that exists, in part, because of restricted access to sterile syringes and legal penalties for possession of syringes. The transmission of HIV among injection drug users is extremely efficient when compared to other HIV risk factors such as sexual contact. Injection drug use is also sometimes a causal agent for other HIV risk behaviors such as sex-for-drugs trade and increased number of sexual partners or unprotected sexual contacts due to effects of drugs.

The Association of State and Territorial Health Officials (ASTHO)—representing the chief health officers in each state and territory—is committed to developing sound public health policies for reduc-

ing HIV and other blood-borne infections among injection drug users, their sex partners, and their children. As a follow-up to a December, 1995 conference regarding these policies entitled *Preventing HIV Infection Among Drug Injectors: The Role of Sterile Syringes and Substance Abuse Treatment*, ASTHO has published this report which describes state-level policies and programs which aim to reduce HIV transmission among injection drug users. The format of this report is a case study of Massachusetts and Washington State, though several other states (such as Connecticut, Maine, Hawaii, Rhode Island, and others) have played a leadership role in developing multi-faceted HIV prevention strategies for injection drug users. This report focuses on comprehensive strategies which the two states have adopted, such as

- access to substance abuse treatment;
- syringe exchange programs;
- linkages to HIV counseling and testing and primary health care services;
- outreach to injection drug users;
- coordination between the HIV/AIDS divisions of health departments with police, corrections, substance abuse treatment, and pharmacist organizations;
- and other strategies specific to injection drug users.

This report describes the programs and policies in the states, along with the process used to achieve these programs and policies and the lessons learned by the state health departments. As this report demonstrates, state health departments can play a unique role in promoting comprehensive health policy, including HIV prevention for injection drug users.

While syringe exchange programs have received much attention in academic journals and in the press, no *single* component of an HIV prevention strategy for injection drug users, including syringe exchange, is sufficient. Multi-faceted programs complement each other to maximize prevention opportunities. A multi-pronged approach, as demonstrated by the examples laid out in Massachusetts and Washington State, should strive to achieve the following:

- Increase the availability of substance abuse treatment services;
- Offer primary health care, mental health, support, and educational services;

- Provide HIV prevention programs and education to injection drug users through special outreach efforts;
- Provide outreach/treatment for specific populations in need, such as women, commercial sex workers, cultural and linguistic minorities, incarcerated persons, and sexual minorities;
- Increase access to sterile syringes for drug injectors who continue to inject through
 - establishment of syringe exchange programs (SEPs); and
 - repeal or modification of laws and regulations which restrict the sale of syringes through pharmacies and the possession of syringes by individuals;
- Work collaboratively with pharmacists and police to gain their support and address their concerns;
- Link HIV counseling and testing to syringe exchange and substance abuse treatment programs;
- Improve the cooperation among substance abuse treatment and HIV/AIDS providers and policy makers; and,
- Work with the criminal justice system to provide programs for injection drug users in jail, in prison, and on probation.

An important feature of the Massachusetts and Washington State models is that they both emphasize substance abuse treatment as a mode of HIV prevention. Provision of substance abuse treatment and successful recovery from substance abuse are the best methods of preventing HIV transmission in the long-run. Therefore, programs which facilitate entry to substance abuse treatment and increase chances of having a successful treatment outcome are necessary components of HIV prevention efforts.

At the same time, each state utilizes programs and policies which increase availability of sterile syringes. Both states have determined that sterile syringes are needed to reduce transmission rates of HIV because substance abuse treatment is not available for every injection drug user who desires treatment. Moreover, substance abuse is a chronic disease which involves periods of abstinence and relapse into substance-using behavior. Sterile syringes serve to protect an injection drug user, his or her sexual partner(s), and his or her children from HIV infection until such time as the injection drug user is able to achieve life-long abstinence from substance abuse.

Although federal law currently prohibits the use of federal funds for syringe exchange programs, Massachusetts and Washington State have included syringe exchange programs as an important component of their HIV prevention strategies for injection drug users. The states have adopted programs and policies which provide state financial and public health operational support to local syringe exchange programs. The syringe exchange programs provide a range of ancillary services, including referrals to substance abuse treatment.

While both states' syringe exchange programs are administered at the local level, the Massachusetts and Washington State health departments play an important role in the programs' operations. The state health departments offer guidance to localities, summarize data collected by syringe exchange programs, perform evaluation of syringe exchange programs, and use the unmet demand for substance abuse treatment at syringe exchange programs to advocate for expanded substance abuse treatment capacity.

The state health departments in Massachusetts and Washington State played a critical role in working to obtain the necessary support to implement comprehensive HIV prevention programs. The state health departments' role included, but was not limited to, the following efforts:

- Addressing community concerns and building support for programs, especially among police and pharmacist organizations.
- Funding substance abuse treatment and innovative harm reduction approaches. Many injection drug users are not ready for complete and life-long abstinence from drug use behavior, and therefore need other strategies to protect themselves, their sex partners, and their children from HIV infection.
- Providing technical assistance and practical support and encouragement to communities for HIV prevention programs for injection drug users. These programs should be specifically tailored to each community.
- Conducting evaluation and research about HIV prevention among injection drug users. Evaluations should examine the magnitude of the effort—that is, how many outreach workers are employed, how many syringes are exchanged, how many educational contacts are made with prisoners, how many injection drug users are admitted to substance abuse

treatment, and other measures. Moreover, the “coverage” of the effort should also be evaluated. This includes what proportion of injection drug users can be admitted to available substance abuse treatment slots, what proportion of the estimated number of injections performed are done so with a sterile syringe, what proportion of prisoners can be reached by HIV prevention counseling, and other measures.

Officials in Massachusetts and Washington State used different methods to implement their comprehensive HIV policies and programs for injection drug users but found that there were two broad objectives needed in order to establish and maintain their states’ programs. Each state researched the issues and gathered the necessary data to present credible proposals. First, the states had to establish that *the proposed programs were effectively going to reduce behaviors leading to HIV infection among injection drug users without increasing drug use*. Second, the states had to *gain support for the programs by the public, policy makers, and others*.

Both states gathered the following in preparation for the efforts to gain community and state support:

- Comprehensive AIDS surveillance data and substance abuse data that documented the scope of the problem¹;
- Credible evaluations of similar programs in other cities and states²;
- Concepts for programs which target HIV prevention for injection drug users at several intervention points (such as prevention of initiation of drug use, facilitation of access to substance abuse treatment, and increased availability of sterile syringes through syringe exchange programs and pharmacies);
- Information about programs which are administered locally and are responses to local concerns, while coordinating with and receiving technical assistance and guidance from state and federal public health agencies;
- Designs for well-managed programs which are accountable when scrutinized by the public;

¹ It is important to note, however, that the optimal time to begin a comprehensive program, including syringe exchange is when HIV seroprevalence is low in an area.

² It is important to note, however, that new programs are often established on credible theory as well.

- A blueprint for comprehensive services that are consistent, continuous, and coordinated with other services such as primary health care;
- Evaluations of the program, including a measure of the *magnitude* of the effort being made and the *coverage* of the effort;
- (Visible) support of credible key leaders and policy makers in the state such as the governor, state health commissioner, mayors, city/county council members, state legislators, and trusted and credible community advocates and activists;
- Consideration of the cost effectiveness of comprehensive programs, including syringe exchange;
- Support of law enforcement and pharmacist organizations;
- Careful consideration of the views and concerns of community members.

In Massachusetts and Washington State, participation and support was elicited from a wide variety of governmental agencies, community organizations, and individuals, including public health agencies at the local and state levels; policy makers and elected officials; community advocates and activists; and police officers and pharmacists. In Massachusetts, syringe exchange programs were established by law enacted in the state legislature. The law was sponsored by a state legislator who had been a narcotics officer with the state police for two decades, and the legislation designated an additional two dollars in substance abuse treatment funds for every one dollar invested in syringe exchange programs. In Washington State, the legality of syringe exchange was established by a series of court cases. The final case, which was decided by the Washington State Supreme Court, established that health officials had the authority to establish syringe exchange programs in response to the public health crisis which AIDS presented. In both states, the state public health community, including the state health officers, lent credibility to these efforts through their support and strongly held belief that prevention of injection drug use-related HIV infection is an important public health goal.

Despite their successes in implementing comprehensive HIV prevention programs, both states have identified several areas for improvement in the future. Officials in Washington State have considered employing public relations specialists to allay fears and educate the public about the nature of substance abuse as well as the importance of increased syringe availability. One of the

major barriers for getting large scale efforts to prevent HIV among injection drug users is wide-spread antipathy toward drug users and lack of understanding of their addiction. Efforts to change the public perception of substance abuse and appropriate public health responses to substance abuse would help in the establishment of larger scale efforts that rely on substance abuse prevention and treatment instead of incarceration.

In the future, Washington State health officials will need to address how urban renewal programs impact existing syringe exchange sites and the growth of sites in downtown areas of cities. Urban revitalization programs have begun in several cities, and business owners and developers are concerned that the presence of street-based syringe exchanges, which are highly visible in these areas, may deter citizens from shopping, working, and living in these areas. Health departments in both states will also continue to engage community members and leaders to ensure that programs are consistent with community norms and values.

In both Massachusetts and Washington State, policy makers are examining alternative and complementary strategies to programs and policies currently in place. Several bills have been considered by the Massachusetts legislature which would deregulate and decriminalize the sale and possession of sterile syringes without a prescription. While Washington State and Massachusetts have not used this intervention, other states (most notably, Connecticut) have included this program as a complement to syringe exchange programs. Syringe exchange programs are effective at reaching impoverished and inner-city injection drug users; however, deregulation and decriminalization are much broader programs which targets injection drug users who would normally not use a syringe exchange program. This approach overcomes the stigma often associated with syringe exchange programs, the challenges presented by syringe exchange's limited area and time of operations, and injection drug users' fears of using syringe exchange programs. When such an approach is taken, states often seek to work closely with pharmacists to maximize linkage potential to substance abuse treatment, HIV testing and counseling, and other services for injection drug users.

In producing this report, the Association of State and Territorial Health Officials (ASTHO) hopes that it has depicted the view that syringe exchange programs, while an important component of a comprehensive strategy to prevent HIV transmission among injection drug users, are not panaceas for the increasing cases of HIV transmission among injection drug users. Moreover, syringe exchange

programs certainly cannot resolve the larger issues of the harm that substance abuse has visited upon our communities. Therefore, a range of strategies and programs, including syringe exchange, are crucial to meet the needs of injection drug users.

While state leadership is crucial in establishing and maintaining comprehensive HIV prevention strategies, many states welcome increased federal support for substance abuse treatment and syringe exchange, as well as other programs. Through highlighting the comprehensive HIV prevention programs for injection drug users in Massachusetts and Washington State, ASTHO hopes that states, in conjunction with federal and local public health partners, will continue to develop, improve, and refine programs and policies which aim to prevent HIV transmission among injection drug users, their sex partners, and their children.

Policy Statement

Injection Drug Use-Related Blood Borne Infection



In acknowledgment of the fact that ...

- treatment on demand is not available to injecting drug users and that long waiting lists for treatment and detoxification services still remain in many parts of the country,
- transfer of blood through injection materials is a major route of transmission of the human immunodeficiency virus (HIV), as well as hepatitis B virus (HBV), hepatitis C and other diseases,
- injection drug use has been associated with 15% of HBV infections and 38% of hepatitis C infections (sources: 1992-93 HBV sentinel county surveillance data, CDC and 1990-93 hepatitis C sentinel county surveillance data, CDC),
- HIV transmission among injection drug users is attributable, in an estimated 25% of all cumulative reported AIDS cases, to transfer of blood through injection equipment and other injection materials,
- an estimated 50% of all cumulative AIDS cases among women are attributable to injection drug use,
- the majority of reported cases of perinatal HIV transmission are attributable to injection drug use,
- some states have taken action to remove legal barriers to the use of clean injection equipment, as a means of reducing the threat of HIV transmission and have documented reduction of risk as a result,
- there is a growing body of evidence that needle exchange programs can provide an effective link between injection drug users and the public health system, including increased access to drug treatment as well as other health and social services,
- there is also strong evidence that needle exchange programs reduce the incidence of HIV infection,

... ASTHO promotes the following policy:

- The most certain method of preventing transmission of injection-related blood borne infections, including HIV, is to abstain from the practice of injecting illicit substances.
- Many injecting drug users seeking treatment remain at greatest risk for HIV disease and other infectious diseases due to their continued intravenous drug-use because of a lack of sufficient treatment services.
- Injecting drug users who continue to inject should be referred to the most appropriate source for counseling and treatment to eliminate or reduce their use of illicit drugs and injection equipment. In addition, irrespective of existing policy or practice, efforts should be made to link injection drug users with other health and social services, such as housing and medical care, that may assist them in abstaining from or reducing their injection practice. (As public health authorities who work in a political arena, health officials are well aware of the controversies raised by the issue of injecting drug use. However, in the face of the expanding HIV/AIDS epidemics and the numerous related public health threats connected to intravenous drug use, public health officials have the responsibility to consider the health of entire populations and to make recommendations safeguarding health based on the best scientific information available. Therefore, ASTHO recommends that drug users who continue to inject should be advised of the following guidelines for reducing their risk of infection with injection-related blood-borne infections:

(over)



Association of State and Territorial Health Officials

1275 K Street, NW, Suite 800, Washington, D.C. 20005-4006 (202) 371-0000 fax (202) 371-0707

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- Use a new sterile syringe to prepare drugs for injection.
 - Only use clean or never-before-used "cookers" and "cotton" in preparing drugs.
 - Use clean water from a reliable source [tap water] and, if possible, sterile water for preparing drugs.
 - Clean the injection site prior to injection with a new alcohol swab.
 - Use a new sterile syringe to inject drugs.
 - Use only syringes obtained from a safe, reliable source [e.g. pharmacy or syringe exchange].
 - Never re-use or share syringes or drug preparation equipment.
 - Safely dispose of syringes after one use.)
-
- As this nation's lead public health authority, the U.S. Public Health Service should provide in writing clear policy statements regarding the importance of sterile needles and syringes for injection drug users who continue to inject and clear advice to interested states on 1) how to increase access to sterile needles and syringes and 2) to deregulate possession of needles and syringes.
 - The federal government should not restrict the use of federal funds for needle exchange services to allow interested states and localities the financial flexibility to support successful prevention and treatment initiatives within their jurisdiction.
 - As a possible public health strategy to reduce the transmission of injection-related blood-borne infections, states should explore the removal of legal barriers such as drug paraphernalia and prescription laws, which criminalize the distribution and/or possession of needles and syringes.
 - States with needle exchange programs should continue development of state and local syringe exchange programs incorporating a strong evaluation component and disseminating the results of the evaluation research to the public health community. Interested states should develop and implement procedures to identify process, outcome and cost-effectiveness evaluation measures to assess the effectiveness of increased needle access.
 - State health departments should explore conducting educational programs with pharmacists, police, and members of the legal system about the public health importance of sterile syringes for drug users who continue to inject.
 - States should provide leadership for strategies to increase access to sterile needles and syringes in communities where such strategies are deemed an important component of the public health approach to reducing injection related blood borne infections. Such leadership could include community/provider education and outreach, as well as financial support for successful community based programs.
 - Any strategy, whether developed at the federal, state, or local level, should make a good faith effort to include in the planning and implementation processes members of those communities affected/infected by injection related blood borne infections.

Policy expires: December 31, 2000

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