California Department of Public Health, Office of AIDS (CDPH/OA) Guidance on the U.S. Public Health Service, HIV Prevention Bulletin: Medical Advice for Persons Who Inject Illicit Drugs

Assembly Bill (AB) 547 (Berg, Statutes of 2005) simplified the process for the authorization of syringe exchange programs in California by eliminating the requirement that local governments declare a state of emergency in order to authorize clean needle and syringe programs. Among other conditions, California Health and Safety (H&S) Code Section 121349.1 now states that clean needle and syringe programs shall be established "as recommended by the United States Secretary of Health and Human Services." The U.S. Public Health Service recommendations were made in a 1997 bulletin, which is excerpted below. CDPH/OA's guidance on the recommendations follows the excerpt.

U.S. Public Health Service, HIV Prevention Bulletin: Medical Advice for Persons Who Inject Illicit Drugs (1997), Excerpted

Full text: http://www.cdcnpin.org/Reports/MedAdv.pdf

IMPLICATIONS OF NEW INFORMATION ON HIV RISKS ASSOCIATED WITH DRUG INJECTION

To minimize the risk of disease transmission, persons who continue to inject drugs should be advised to always use sterile injection equipment; warned never to reuse needles, syringes, and other injection equipment; and told that using syringes that have been cleaned with bleach or other disinfectant is not as safe as using new, sterile syringes. The [1995] National Academy of Sciences [NAS] report stated: **"For injection drug users who cannot or will not stop injecting drugs, the once-only use of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission"** [emphasis in the original].[1] CDC recommends that all syringes used for parenteral injections be sterile.[2] Drug preparation equipment, such as cottons, cookers, water, and syringes should not be reused because they are usually contaminated with blood. Most syringes and needles used by drug injectors were not designed for reuse…

PROVISIONAL RECOMMENDATIONS TO DRUG USERS WHO CONTINUE TO INJECT

Health care workers involved in programs that serve drug users should communicate the following recommendations to drug users who continue to inject. Adhering to these drug preparation and injection procedures will reduce the public health and individual health risks associated with drug injection for both drug users and other persons in their communities.

Persons who inject drugs should be regularly counseled to:

1. Stop using and injecting drugs.
2. Enter and complete substance abuse treatment, including relapse prevention.
3. Take the following steps to reduce personal and public health risks, if they continue to inject drugs:
    - Never reuse or share syringes, water, or drug preparation equipment.

- Use only syringes obtained from a reliable source (e.g., pharmacies).
- Use a new, sterile syringe to prepare and inject drugs.
- If possible, use sterile water to prepare drugs; otherwise use clean water from a reliable source (such as fresh tap water).
- Use a new or disinfected container (cooker) and a new filter (cotton) to prepare drugs.
- Clean the injection site prior to injection with a new alcohol swab.
- Safely dispose of syringes after one use.

The availability of new, sterile syringes varies, depending on state and local regulations regarding the sale and possession of syringes and on other factors, such as the existence of syringe exchange programs sponsored by local HIV prevention organizations.[3] If new, sterile syringes and other drug preparation and injection equipment are not available, then previously used equipment should be boiled or disinfected with bleach using the methods recommended in the April 1993 bulletin.[4] In addition, drug users should be provided information on how to prevent HIV transmission through sexual contact and, for women, information on reducing the risk of mother-to-infant HIV transmission.

[1] Normand J, Vlahov D, Moses LE, eds. Preventing HIV Transmission: The Role of Sterile Needles and Bleach.

CDPH/OA Guidance

CDPH/OA advises that, whenever possible, and in accordance with the U.S. Public Health Service recommendations, the following services be made available by syringe exchange programs (SEPs) to their clients:

1. Referral to drug treatment programs, drug use management, harm reduction and detoxification programs;[1]
2. Provision of sterile injection equipment, including:
    a. syringes
    b. sterile water
    c. filters (cottons)
    d. sterile containers (cookers)
    e. alcohol swabs;[2]
3. Collection of used syringes;
4. Provision of health education on:
    a. the inadvisability of sharing and/or re-using syringes;
    b. methods of cleaning previously used syringes, with the proviso that “cleaned” syringes are not as safe as new, sterile syringes;[3]
    c. how to avoid HIV and HCV transmission;

[1] In its 2005 report on the effectiveness of drug treatment as HIV prevention, the World Health Organization (WHO) determined that HIV prevention is most successful where there are a multiplicity of different drug treatment options available (WHO, 2005).
[2] Numerous studies have shown that injection drug users (IDUs) share injection equipment more often than they share syringes (Strike et al., 2005). Holly Hagen and her colleagues measured hepatitis C virus (HCV) seroconversion among a group of 317 IDUs who tested negative for HCV antibodies at baseline. For IDUs who did not share syringes, sharing drug cookers and cottons increased the risk of HCV seroconversion six-fold. More than half of the HCV infections among this group were attributable to the sharing of cookers and/or cottons (Hagan et al., 2001).
[3] A 2004 WHO policy brief reviewed the scientific evidence on the effectiveness of bleach to disinfect used injection equipment and concluded that bleach and other methods of disinfection are not supported by good evidence for reducing HIV transmission (WHO, 2004).

5. Provision of sufficient sterile injection equipment that the client may use new, sterile equipment for each injection.[4]

References

Hagan H, Thiede H, Weiss NS, Hopkins SG, Duchin JS, Alexander, ER. Sharing of drug preparation equipment as a risk factor for hepatitis C. American Journal of Public Health 2001; 91(1): 42-46.

Kral AH, Anderson R, Flynn NM, Bluthenthal RN. Injection risk behaviors among clients of syringe exchange programs with different syringe dispensation policies. J Acquir Immune Defic Syndr. 2004 Oct 1;37(2):1307-12.

Strike C, Leonard L, Millson M, Anstice S, Berkeley N, Medd E. Ontario needle exchange programs: Best practice recommendations. Toronto: Ontario Needle Exchange Coordinating Committee. 2006.

WHO. Policy brief: Provision of sterile injecting equipment to reduce HIV Transmission. World Health Organization, 2004.

WHO. Evidence for action technical papers: Effectiveness of drug dependence treatment in prevention HIV among injecting drug users. Geneva, Switzerland: World Health Organization, 2005.

[4] In the California Syringe Exchange Program study (CALSEP) Alex Kral and his colleagues concluded that “clients of SEPs with syringe distribution dispensation policies exhibit lower odds of reusing syringes than clients of SEPs with one-for-one* or one-for-one-plus** syringe dispensation policies. This is most likely the result of these clients receiving on average 3 times as many syringes per contact than the clients of the other programs” (Kral et al., 2004).

*”one-for-one” refers to the policy of giving each client only the same number of syringes as he or she returns to the SEP
**”one-for-one-plus” refers to the policy of giving clients a few more syringes than were turned in by the client.