

Safe Syringe Initiative

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WHY A SSI?

- A significant risk for the transmission of HCV is the sharing of syringes, with over 50% of new infections attributable to the practice (Wasley, Miller, & Finelli, 2007).
- Between 2007 and 2011 in North Carolina, reported rates of acute hepatitis C (HCV) increased by 200%. Reported rates of hepatitis A and B both decreased during the same time period, by 57% and 21% respectively. (CDC, [2013 State Health Profile](#))
- Anecdotal evidence shows that many diabetic patients reuse syringes due to the cost and availability of syringes.

LOCAL SUPPORT

- **Law Enforcement**

- Local law enforcement has indicated their support for this proposal.

- **Criminal Justice**

- The District Attorney has expressed support for this proposal. (See attached e-mail)

PROGRAM DESIGN

- **The OCHD Safe Syringe Initiative (SSI) was designed using model policies, procedures, and recommended best practices from:**
 - The Kentucky Department of Public Health
 - The New York State Department of Health
 - The Foundation for AIDS Research
 - North Carolina Harm Reduction Coalition

STAFF FEEDBACK

- **4 sessions held to allow for questions & feedback from clinical staff**
 - About 25 staff attended overall
- **Overall, feedback was positive & constructive**
 - Favored simple hand-off process without need to collect demographic data
 - Stressed desire to “advertise” the program with partners in Orange County (i.e. Project Connect, Freedom House, local law enforcement, etc.)
 - Interest in having a refresher on sharps and biohazard procedures

OPERATING PROCEDURES: SSI KITS

- **Syringes, Fitpacks, & Educational Materials will be packaged in SSI kits (bags) and made available at the front desk of both clinics**



- Any person who asks for these materials will be given an SSI kit
- Educational materials will include information on OCHD services, mental health & substance abuse treatment, etc.
- SSI kits will also be available in clinics for clinicians to provide to patients



OPERATING PROCEDURES: DISPOSAL

- Anonymous, safe syringe disposal will be available at both sites
 - Containers allow for secure disposal of individual syringes as well as Fitpacks
 - Staff will not handle any syringes or Fitpacks themselves. Clients will be responsible for disposing of materials themselves
 - Emptying of containers will occur by normal clinic procedures



STAFF TRAINING

- All Staff
 - Information for all staff on SSI basics at next All-Staff meeting and via e-mail
- Clinic Staff
 - Refresher training for clinic-based staff on biohazard and sharps disposal and basics of SSA

OUTREACH

- OCHD staff will meet with key stakeholders to let them know about the SSI

- **Community-based**

- e.g., Freedom House, NCHRC



- **Law Enforcement**

- **Legal Leaders**

- District Attorney & Public Defender
- Criminal Justice Contacts



- **Safety Net Providers**

- SHAC
- Piedmont Health
- UNC



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EVALUATION

- **Evaluation will focus primarily on use of the SSI, as measured by:**
 - The # of SSI kits distributed
 - The amount of syringes disposed at both sites
 - Feedback from staff on program use and improvements

Orange County Health Department | Safe Syringe Initiative
Proposed January 2016

Background

The individual and community health benefits of reducing syringe re-use and removing potentially infectious syringes from the community are clear.

- A significant risk for the transmission of HCV is the sharing of syringes¹, with over 50% of new infections attributable to the practice (Wasley, Miller, & Finelli, 2007).
- Between 2007 and 2011 in North Carolina, reported rates of acute hepatitis C (HCV) increased by 200%. Reported rates of hepatitis A and B both decreased during the same time period, by 57% and 21% respectively. (CDC, [2013 State Health Profile](#))
- No high-quality studies exist, however anecdotal evidence shows that many diabetic patients reuse syringes due to the cost and availability of syringes. Some research concludes that reuse of syringes leads to tissue micro trauma, increased incidence of needle breakage, and increased incidence of lipodystrophy (Look, Strauss, 1998).
- A study of 851 injection drug users (IDU) in the Triangle showed that African-American IDUs were one-fifth as likely as white IDUs to report pharmacies as their primary source of syringes (Costenbader, Zule, & Coomes, 2010).
- A literature review of 47 studies found that legal or health concerns are not the primary reason for pharmacists' decisions not to sell syringes to customers. The primary concern is safety, such as staff safety, theft, and improper syringe disposal. (Janulis, 2003)
- OCHD has built strong relationships with a number of important community stakeholders during our county's work to increase naloxone availability.

Cost Considerations

The initial set-up and maintenance costs of the SSI at OCHD are expected to be minimal. The majority of the cost will be through personnel time, mainly of the Board of Health Strategic Planning Manager, clinic leadership, and select clinic personnel.

Set-Up Costs

- \$50 – Syringes
- \$1,000 – Disposal materials (drop box, Fitpacks, etc.)
- \$250 – Printing costs of educational materials
- 40-50 hours - Staff time to design program (meetings w/ stakeholders, program design, staff training, work with media)
- Board of Health member time to attend select meetings with key stakeholders

Maintenance Costs per Year

- \$TBD – Medical waste disposal
- \$300 – Syringes (\$0.05/syringe, 10 syringes/person, 50 people per month, 12 months)
- \$250 – Printing costs of educational materials
- 36 hours – Clinic staff time to educate clients and dispense syringes (4 hrs/month)
- 15 hours – Staff time to monitor program and complete process/output evaluation

¹ For the purposes of this summary, the term syringe includes both the syringe and needle components

Operating Procedures

I. Provision of Safe Syringe Initiative (SSI) Kits

- a. Any individual requesting syringes will be given a pre-packaged SSI kit that includes clean syringes, education and referral materials, and safer sex materials.
- b. SSI kits will be available at the front desk of each OCHD clinic and also within clinics for patients.
- c. Education attempts should be made whenever appropriate or feasible. Topics to discuss include HIV and Hepatitis A, B, C prevention, safer sex, and safer injection techniques. Participants should be encouraged to participate in individual and group delivered behavioral interventions and skills building activities. Although enrollees are offered services in addition to syringe exchange, they are under no obligation to participate in them.

II. Linkage to Care

- a. OCHD may make provide services and referrals to outside providers according to current policies for OCHD patients. Referrals may include, but are not limited to: anonymous and confidential HIV counseling and testing services, HIV, Hepatitis A-C and general primary health care facilities, family planning, prenatal and obstetrical care, substance use treatment and related medical services, tuberculosis screening and treatment, sexually transmitted infection screening and treatment, case management and support services for HIV-infected people, and mental health services.

III. Staff Training

- a. All staff will be trained in the basics of the SSI, including locations, procedures for a client receiving syringes, and harm reduction philosophy.
- b. Additionally, staff that provide syringes through the SSI will receive refresher training on the OCHD's approved policies and procedures that cover:
 - i. Disposal of infectious waste and needle stick prevention management.
 - ii. Procedures for making referrals, including primary care, detox and drug treatment, HIV counseling and testing, prenatal care, tuberculosis and Hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services.

IV. Disposal

- a. Infection control training and procedures will follow follow existing policies and procedures outlines in the [OCHD Infection Control/Bloodborne Pathogens Program Manual](#).
- b. Individuals will be instructed to return used sharps to the Orange County Health Department. OCHD staff members should never dispose of syringes or other SSI materials for a client. Staff should instruct the client to dispose of the materials in the appropriate sharps disposal containers.
- c. Syringes that are returned to OCHD in glass jars or coffee cans will be accepted and carefully deposited in a sharps container by the participant. OCHD staff will educate

participants on the appropriate type of plastic containers that should be used for syringe disposal.

- d. Personal sharps containers (Fitpacks) and FDA approved sharps containers may be discarded.
- e. Participants should be educated about proper disposal of syringes when they are unable to come to the OCHD. Inappropriate methods of syringe disposal such as the following should be discouraged: breaking off the tip and discarding in trash, disposal on the street or other public venues; disposal of used syringes in household garbage or residential sharps programs without containment in sealed, labeled plastic puncture resistant containers, flushing in toilets; disposal of syringes in the trash in glass jars or coffee cans. Many substance users think that syringes are discarded safely if needles are broken off and thrown in the garbage separate from the barrel of syringes. It is important to educate participants that throwing out needles in this way exposes municipal workers (sanitation) to needle stick injury. If participants are intent on discarding syringes in this manner, they should be encouraged to remove plungers from the barrel of used syringes, place needles in the barrel and replace plungers. This will reduce the risk of needle stick injury to others.

V. **Data Collection and Program Reporting**

a. **Quarterly Reports**

- i. Monthly narrative and statistical reports shall be submitted to the Nursing Services Supervisor. Quarterly reports shall be compiled by the Nursing Services Supervisor and provided the Board of Health Strategic Planning Manager. Quarterly reports shall include but not be limited to:
 - 1. Number of enrolled participants;
 - 2. Number of syringes collected from participants, including the average number furnished per participant per transaction;
 - 3. Number of syringes furnished to participants, including the average number collected per participant per transaction;
 - 4. Number and types of services directly provided or provided by referral including referrals for HIV counseling and testing; health care services (including evaluation and treatment for HIV infection, Hepatitis A-C, sexually transmitted infections, tuberculosis; family planning; obstetrical and prenatal care), supportive services; substance use treatment services; and
 - 5. Significant problems encountered and program milestones achieved.

b. **Annual Report**

- i. The Board of Health Strategic Planning Manager shall provide an annual report of activities and statistical reports to the Board of Health.

VI. **Complaints and Concerns**

- a. Incidents related to the SSI from community or law enforcement shall be reported in accordance with the Orange County Health Department's Complaint Policy. The purpose of these reports is to ensure documentation of incidents in order to identify and address potential problems.

- b. Orange County Health Department staff will refer to Administrative Policy V.8.0 “Dealing with a Potentially Dangerous Client or Family Interactions” if any client becomes emotionally labile and angry.

Evaluation

Evaluation of the SSI should include both process/output measures and outcome/impact measures. Measures of the process and outputs, such as the number of syringes dispensed and number of clients dispensed to, will be relatively simple. These measures will require pharmacy tracking logs much like ones already in place for other medications and naloxone.

Process indicators

- Number of hours open per week for syringe provision
- Number of OCHD staff assessing client need for syringes and referring to SSI
- Number of OCHD staff reporting support of SSI
- Number of stakeholders reporting support of SSI

Output indicators

- Number of participant contacts
- Number of syringes distributed
- Estimated number of syringes returned for disposal

Applicable State and Local Rules/Regulations on Syringe Provision in NC

The state of North Carolina is one of 41 states that do not require a prescription for the retail sale of syringes².

The applicable state law governing the knowing use, possession, or delivery of syringes for illegal drug use in North Carolina is the [North Carolina Drug Paraphernalia Act](#) (1981, c. 500, s. 1.) GS § 90-113.22.

§ 90-113.22. Possession of drug paraphernalia.

- a) It is unlawful for any person to knowingly use, or to possess with intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, package, repackage, store, contain, or conceal a controlled substance other than marijuana which it would be unlawful to possess, or to inject, ingest, inhale, or otherwise introduce into the body a controlled substance other than marijuana which it would be unlawful to possess.
- b) Violation of this section is a Class 1 misdemeanor.
- c) Prior to searching a person, a person's premises, or a person's vehicle, an officer may ask the person whether the person is in possession of a hypodermic needle or other sharp object that may cut or puncture the officer or whether such a hypodermic needle or other sharp object is on the premises or in the vehicle to be searched. If there is a hypodermic needle or other sharp object on the person, on the person's premises, or in the person's vehicle and the person alerts the officer of that fact prior to the search, the person shall not be charged with or prosecuted for possession of drug paraphernalia for the needle or

² [Law Atlas](#), accessed August 2015

sharp object. The exemption under this subsection does not apply to any other drug paraphernalia that may be present and found during the search. For purposes of this subsection, the term "officer" includes "criminal justice officers" as defined in G.S. 17C-2(3) and a "justice officer" as defined in G.S. 17E-2(3). (1981, c. 500, s. 1; 1993, c. 539, s. 624; 1994, Ex. Sess., c. 24, s. 14(c); 2013-147, s. 1; 2014-119, s. 3(a).)

§ 90-113.23. *Manufacture or delivery of drug paraphernalia.*

- a) It is unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver, drug paraphernalia knowing that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, package, repackage, store, contain, or conceal a controlled substance which it would be unlawful to possess, or that it will be used to inject, ingest, inhale, or otherwise introduce into the body a controlled substance which it would be unlawful to possess.
- b) Delivery, possession with intent to deliver, or manufacture with intent to deliver, of each separate and distinct item of drug paraphernalia is a separate offense.
- c) Violation of this section is a Class 1 misdemeanor. However, delivery of drug paraphernalia by a person over 18 years of age to someone under 18 years of age who is at least three years younger than the defendant shall be punishable as a Class I felony. (1981, c. 500, s. 1; c. 903, s. 1; 1993, c. 539, s. 625; 1994, Ex. Sess., c. 24, s. 14(c).)

As of December HB 8850 the Possession of Needles/Tell Law Officer Law states that if a person alerts an officer to the fact that he/she has a hypodermic needle or other sharp object on her person, premises or vehicle prior to a search he/she cannot be charged or prosecuted with possession of drug paraphernalia for that object. The purpose of this law is to protect officers from punctures or wounds from sharp objects that could be potentially contaminated with HIV or hepatitis C and to encourage suspects to be honest with officers about paraphernalia they may have in their possession.