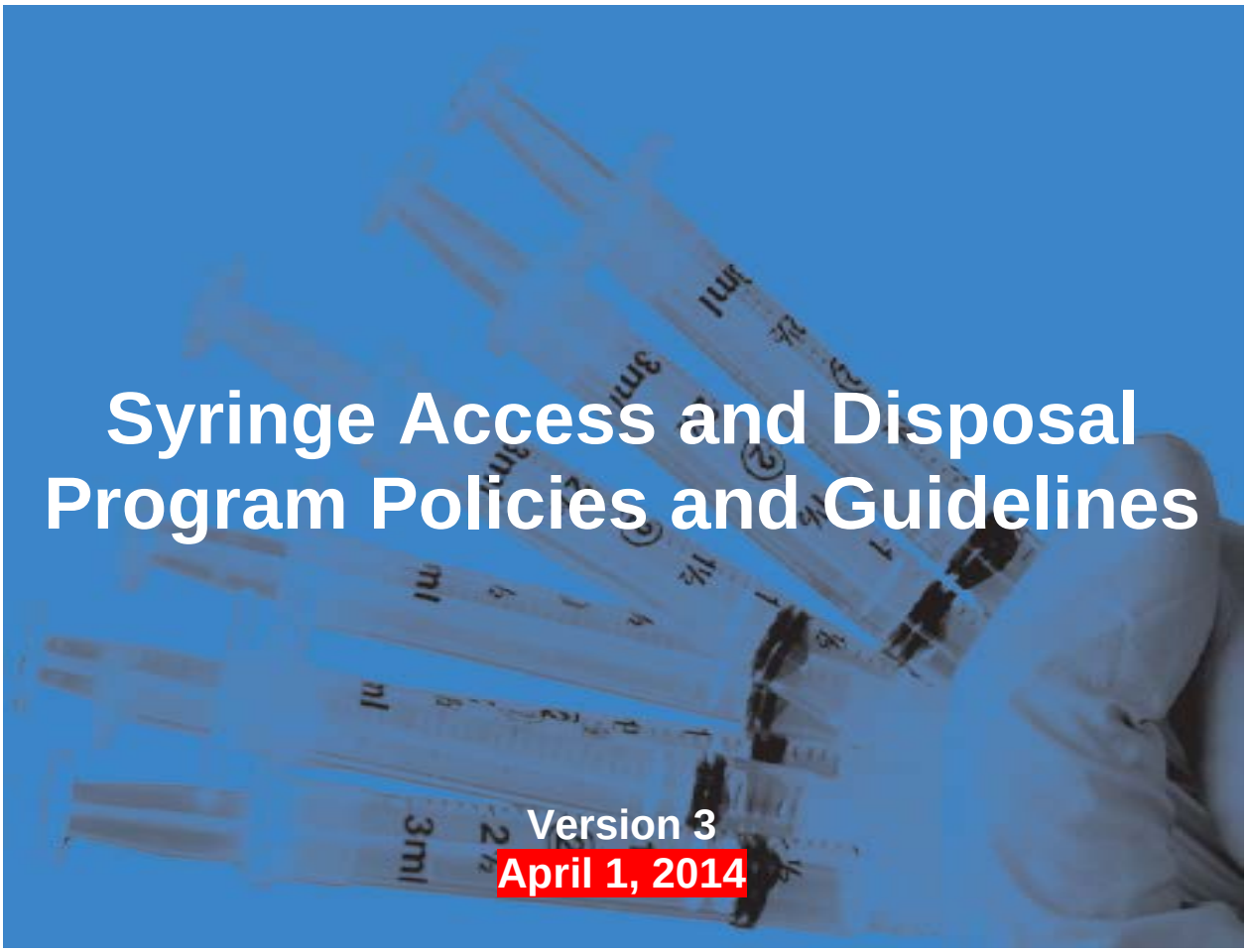

Syringe Access and Disposal Program Policies and Guidelines

Version 3
April 1, 2014

San Francisco Department of Public Health
Population Health Division
Community Health Equity & Promotion Branch

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Acknowledgments

The San Francisco Department of Public Health would like to acknowledge and thank the New South Wales Ministry of Health in Australia for giving us permission to adapt its *Needle and Syringe Program Policy and Guidelines for New South Wales* (first released June 7, 2006) to develop the *San Francisco Syringe Access and Disposal Program Policies and Guidelines.* To access the New South Wales Ministry of Health's document, visit http://tinyurl.com/nspguidelines.

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 pioneers who started 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 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," which can be found at http://tinyurl.com/historyNX.

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 drug injection. These interventions have saved thousands of lives and have decreased the transmission of bloodborne viruses among people who inject drugs.

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

Purpose

This document outlines broad operational guidelines for the San Francisco Syringe[1] Access and Disposal Program (referred to throughout this document as Syringe Programs or "SP"s). It is intended as a framework for organizations, whether or not they receive funding from the San Francisco Department of Public Health (SFDPH), to develop detailed operational guidelines appropriate to their own settings. These guidelines summarize best practices based on public health strategies. Organizations that are not funded by SFDPH **must** adhere to these policies and guidelines as a condition of authorization. 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. The term '**should**' – indicates a strongly recommended practice

Background

The San Francisco Syringe Access and Disposal Program is an evidence-based public health program that aims to protect communities from the spread of infections, including HIV and viral hepatitis. Evaluation research and experience in the field have both demonstrated that adequate syringe access produces positive individual and community-level health outcomes without creating negative societal impacts (Burris, Strathdee & Vernick, 2002).

The call for SPs has existed in San Francisco nearly from the beginning of the HIV epidemic. These services began due to a grassroots movement to respond to communities' 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 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, San Francisco, has significantly lower rates of HIV infection among injection drug users (IDUs) (Des Jarlais, et al, 1995; Hurley, Jolley & Kaldor, 1997).

Progress and advancements in polices for syringe access are evident in the fact that today, California allows state funds to be used for costs associated with operating a SP. For a brief period of time, federal law changed to allow federal funds to be used for costs associated with operating a SP. On December, 16, 2009, President Obama signed the Consolidated Appropriations Act of 2010, which provided a historic shift in federal policy to lift the 1989 ban on using federal funds for syringe programs. In December 2011, the ban prohibiting the use of federal funds for SPs was reinstated in an omnibus spending bill for Fiscal Year 2012 and beyond.

The San Francisco Syringe Access and Disposal Program Policies and 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).

[1] In this document the term "syringe" refers to both syringes and needles

Why Focus on Syringe Programs?

Multiple studies, including a comprehensive review of international evidence on syringe programs, provide compelling evidence of program effectiveness, safety, and cost-effectiveness (Holtgrave et al, 1998; Lurie et al, 1998; Wodak & Cooney, 2006).

In San Francisco, evidence strongly supports that the availability of sterile syringes is responsible for minimizing the number of new HIV infections among people who inject drugs; in fact, evidence suggests that sexually transmitted HIV, rather than syringe-transmitted infections, account for the majority of new HIV infections among injectors (Kral et al, 2001).

San Francisco syringe programs also reduce drug use and drug-related harms. Results from a study of a SP in San Francisco demonstrated that from December 1986 through June 1992, injection frequency among people who inject drugs 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 et al, 1994). Moreover, this same study found that the SP did not encourage drug use either by increasing drug use among current people who inject drugs or by recruiting new or young injectors. Additional studies have also found use of SPs to be associated with reduced syringe sharing and other injection-related risk reduction behaviors (Bluthental et al, 1998; Guydish et al, 1993; Hagen et al, 1991; UC Berkeley School of Public Health, undated report). In addition, SPs promote safe disposal of syringes. A recent study found that, in San Francisco, the majority of syringes are disposed of at SP sites (Wenger et al, 2010). Another study, based on the previously cited study, found eight-fold more improperly discarded syringes in a city without SPs (Miami) compared to a city with SPs (San Francisco), adding to the body of evidence that SPs promote safe disposal of sharps waste (Tookes et al, 2012).

Development and Review

The *San Francisco Syringe Access and Disposal Program Policies and Guidelines* have been developed in consultation with key stakeholders. The original version of 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 HPPC used the guidelines to develop the Syringe Access and Disposal Program Section of the *2010 San Francisco HIV Prevention Plan*. The HPPC revised the goal of SPs, and identified required and supplemental elements for service delivery (see page 8).

The *San Francisco Syringe Access and Disposal Program Policies and Guidelines* were first revised in March 2011. This second revision (Version 3) replaces the March 1, 2011 version and includes updates with regard to current federal and state laws, as well as local policy requirements and recommendations.

This document is subject to as needed review and revision in consultation with key stakeholders.

Goal, Objective, Guiding Principles, and Guiding Policy

Goal, Objective, and Strategies of Syringe Programs

Goal

To ensure access to sterile syringes and injection equipment in order to eliminate the transmission of bloodborne pathogens among people who inject drugs and their sexual partners.

Objective

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

Strategies

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

Guiding Principles of Syringe Programs

- **Governmental Support:** Governmental support for pragmatic interventions such as SPs is critical to promote sustainable behavior change among some of the most stigmatized 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 understanding and acceptance of the program. The SFDPH will work with local communities to ensure acceptance of SPs among the broader community of San Francisco.

Guiding Policy of Syringe Programs: 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 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” in order 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, infectious disease (HIV, STD, tuberculosis, viral hepatitis) testing and treatment, and prevention services (e.g., other HIV prevention services, overdose 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 reads, 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 from criminal prosecution for distribution of syringes in local health jurisdictions that declared a local health emergency.

In 2005, the requirement to declare a local health emergency was rescinded when Governor Schwarzenegger signed AB 547. The law 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 local health emergency. Assembly Bill 547 simplified the procedure for SP authorization in order to encourage the integration of syringe access into HIV and viral hepatitis prevention efforts throughout 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 biennially, 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 two ways. First, in order to facilitate the authorization of local SPs, the consultation with CDPH required by law is completed by 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 local health officers and SP directors, OA will assist with the development of the reports which health officers must make to city councils and boards of supervisors on a biennial basis by sharing examples of various jurisdictions' reports. Once the report is presented, OA requests a copy of the report to assist with data collection regarding the effectiveness of SPs statewide.

For more information on California law pertaining to the authorization of syringe programs, see Appendix D, "California Code Related to Access to Sterile Needles and Syringes."

For information about the authorization of pharmacy-based syringe providers, see pages 6-7.

Models of Service Delivery

Coordination and Development

Syringe programs 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, both types of providers **should** be considered.

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

- The prevalence of drug injection 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.

SFDPH Program Liaisons and other SFDPH 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 AB 1701 “Hypodermic needles and syringes” was enacted in January 2011 (Chesbro, 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. This bill authorizes non-prescription pharmacy sale of syringes through 2018.

Senate Bill (SB) 41 went into effect January 1, 2012. The law expands the provisions of AB 1701, eliminating the need for local government and pharmacies to opt in to a program in order to sell syringes without a prescription, and eliminates the need for local health departments to manage non-prescription syringe sales programs. The law allows licensed pharmacies to sell up to 30 syringes to adults without a prescription. It allows customers 18 years of age and older to purchase and possess up to 30 syringes for personal use when acquired from authorized sources of sterile syringes (i.e., pharmacies, physicians, community SPs). The provisions of this bill sunset on January 1, 2015.

Currently AB 1743 is pending. If it passes, this bill would delete the January 1, 2015 data of repeal of SB 41 and authorize pharmacies and other authorized sources of sterile syringes to provide unlimited syringes to a person 18 years of age or older.

In the event the provisions of SB 41 are not reauthorized by subsequent legislation (e.g., AB 1743) before the sunset date, then the number of syringes an indivudal may possess for personal use if obtained from an authorized soruce will revert to ten, and will apply only to syringe possession in counties and cities which have a locally authorized Disease Prevention Demonstration Project (DPDP). The City and County of San Francisco does have an authorized DPDP.

Under current law, pharmacies engaged in non-prescription sales of syringes **must** observe the following minimal guidelines:

- Customers **must** be 18 years of age or older;
- Customers **must** not be sold more than 30 syringes at a time;
- Syringes **must** be stored behind the pharmacy counter;
- Options for safe disposal **must** be provided. This can include: 1) selling or furnishing sharps containers (puncture-proof biohazard containers); 2) selling or furnishing mail-back sharps containers; 3) participating in syringe take-back programs;
- Education on how to safely dispose of sharps waste and how to access drug treatment, and testing and treatment for HIV and hepatitis C **must** be provided to customers.

In addition to the above, SB 41 requires CDPH OA and the California Board of Pharmacy to post information on their websites about how consumers can access testing and treatment for HIV and viral hepatitis; safely dispose of sharps waste; and access drug treatment. The CDPH OA website may be accessed at http://tinyurl.com/OAsyringe. The Board of Pharmacy website may be accessed, under "Access to Sterile Syringes," at http://tinyurl.com/boardpharmacy.

Community Providers

Community providers offer syringes to help prevent the spread of bloodborne pathogens. 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 may be found in Appendix B.

Regardless of whether or not they are funded by SFDPH, except where noted, community providers **must**:

- Provide a range of sterile injection equipment to meet the needs of the people served (e.g., various needle gauges, syringes, sterile water);
- 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;
- Send a representative to required syringe access meetings for the purposes of coordination and collaboration; and
- ***If funded directly or indirectly by SFDPH,*** collect data on services in accordance with the requirements established by SFDPH.

Operating a Community Syringe Program

Service Delivery

A participant in a SP is a person who receives sterile syringes and injection equipment, 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. Syringe program 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.

The following table lists each of the required and supplemental elements for syringe programs identified by the HPPC in the *2010 San Francisco HIV Prevention Plan* (pp. 185-189), which may be accessed at http://tinyurl.com/2010HIV.

Syringe programs **must** include each of the required elements and **should** include supplemental elements in their program design to enhance their services and best meet the needs of their priority population(s).

For example, in addition to all of the required elements, a syringe program may choose to incorporate Health Education and Risk Reduction, HIV Status Awareness, and Prevention with Positives activities.

Required Elements	Supplemental Elements
▪ Community Service Modality	▪ Additional Community Service Modalities
▪ Sterile Injection Equipment and Disposal Services	▪ Health Education and Risk Reduction
▪ Safer Sex Supplies	▪ HIV Status Awareness
▪ Education and Health Promotion	▪ Prevention with Positives
▪ Referral to Ancillary Services	▪ Provision of Ancillary Services

In order to maximize the likelihood that participants use a new sterile syringe for every injection, programs **must** adhere to the following policies:

- 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 a day, 7 days a week;

- Services and programs **should** be available to accommodate the needs of people from a wide range of social and cultural backgrounds;
- 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 health and social services in the future.

Authorization of SP Providers and Sites

The Director of Community Health Equity & Promotion for the SFDPH has been delegated authority to authorize community SPs in San Francisco, regardless of funding. In the case of the pharmacy sector, the pharmacy **must** follow all applicable state laws (see Appendix D).

All SPs in San Francisco, whether or not they are funded by SFDPH, **must** develop detailed operational guidelines appropriate to their own organization and setting based on this document, in collaboration with SFDPH.

If an existing SP provider adds or moves a site, the site **must** be approved by SFDPH ***before*** services commence. In addition, if an organization is ceasing operations at a SP site or closing altogether, the organization **must** notify SFDPH ***before*** services cease.

San Francisco Administrative Code Chapter 79 (Citizen's Right-to- Know Act of 1998) (a.k.a., "Proposition I Notification") requires the City, a City contractor, or other agent of the City to post a public notice 15 days before approving certain types of City projects. This includes projects and programs that provide services or assistance to benefit the public from a fixed location. Any SP sites that receive SFDPH or other City funding **must** adhere to the provisions of the Citizen's Right-to-Know Act of 1998 when planning changes to fixed-site or venue-based services.

More information on the Citizen's Right-to-Know Act and signposting requirements are available on pages 150-151 of the City Attorney's "Good Government Guide" for 2010-2011. This document may be accessed at www.sfcityattorney.org, in the "resources" section of the website.

Community Service Modalities

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.

Community service modalities refer to the method by which a SP service is provided. The objective of a community service modality is to ensure a broad range of access to community-based SPs. Syringe programs may consist of a mix of outlet types and service delivery modes with the aim of providing comprehensive access to sterile supplies for people in the community. In assessing the level of coverage in the community, programs should be regarded as complementary components of the syringe program network.

Primary Service Modalities

Syringe programs **must** select at least one of the three primary modalities when designing their program. Primary service modalities include fixed-site, venue-based, and pedestrian services.

Fixed-Site Services

Fixed-site services are provided from a building. SPs operating at a fixed site **must** provide a full range of injection and safer sex supplies and provide education, sharps containers, disposal services, brief interventions, and referral services.

Venue-Based Services

Venue-based services are provided through the use of a vehicle or portable 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 interventions, and referral services at levels similar to those offered at a fixed site. All mobile outreach services **must** provide disposal services.

Pedestrian Services

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 a 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 fixed-site or venue-based SP programs. 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 sterile syringes and injection equipment, 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.

Supplemental Service Modalities

Syringe programs may select additional community services modalities to provide syringe access and disposal services. Supplemental options for service modalities include community events, hormone syringe access, and satellite syringe access.

Community Events

Services may be provided at selected community events. Provision of SP services **must** be conducted with the knowledge and support of event organizers and SFDPH. These activities aim to provide a wide range of information, sterile syringes and injection equipment, as well as referral information. These events also provide opportunities to promote the value of SPs 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.

Hormone Syringe Access

Illegal drugs are not the only substances injected. Hormones and other 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 of individuals injecting hormones, programs providing syringes for hormones **must** also:

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

Satellite Syringe Access

Individuals who provide satellite syringe access services collect used syringes from their peers, dispose of them at SPs, and deliver new syringes, along with additional prevention materials and information, back to their peers. Limited hours of service, limited geographic coverage, and concerns about accessing syringes in highly visible places keep many people who inject drugs from attending SPs and pharmacies. Nonetheless, these individuals may receive prevention materials and information through peer networks via satellite syringe access services. As long as there have been syringe access and disposal programs, peer networks have been filling gaps in harm reduction services for people who inject drugs (CDPH, 2007). See Appendix A for further literature on Satellite Syringe Access.

Syringe programs **should** work closely with individual community members engaged with larger peer networks to increase access to sterile syringes, safer injection equipment, 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 people who inject drugs who do not access SPs directly (Snead et al, 2003).

Sterile Injection Equipment and Disposal Services

Sterile injection equipment and disposal services include injection supplies provided to the community in order to help reduce the transmission of bloodborne pathogens, as well as containers to place used biohazardous injection supplies and the availability to dispose of them in a safe manner.

Required supplies include a range of needle lengths and gauges; syringes; additional injection supplies (e.g., cookers, water, and cotton balls); biohazard containers; and onsite disposal services. At a SP outlet, all participants who require injection equipment **must** receive a reasonable supply of sterile equipment and an appropriately sized sharps container to meet their needs. As capacity permits, all 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. Promoting safe disposal of used syringes is a key component of SPs. Syringe programs **must** conduct street sweeps of the areas in which they operate to pick up improperly discarded syringes. Further information or disposal services can be found on page 19-22.

Syringe Possession

In California, H&S Code Section 11364.1 governs the possession of drug paraphernalia. An individual may possess any number of syringes provided by prescription for medical purposes. Individuals over 18 may possess up to 30 syringes for personal use if acquired from a physician, pharmacist, authorized SP, or any other sources that is authorized by law to provide sterile syringes without a prescription. This change in the paraphernalia law will expire on January 1, 2015 unless subsequent legislation is passed, and the number of syringes an individual may possess without a prescription will revert to 10, and will apply only to syringe possession in counties and cities with a locally-authorized DPDP. Individuals may possess an unlimited number of syringes which have been containerized for safe disposal in a receptacle that meets state and federal standards for the disposal of sharps waste (e.g., in a biohazard container).

This provision of the law is statewide, does not require local authorization, and does not sunset. Syringe program staff **should** be able to communicate California paraphernalia law to participants.

Safer Sex Supplies

Safer sex supplies are materials provided to the community in order to help reduce the transmission of STDs and HIV. Syringe programs **must** provide, at minimum, condoms and water-based lubricant. At a SP outlet, all participants **must** receive a reasonable supply of safer sex supplies to meet their needs. All providers **should** stock a variety of items, including condom brands and sizes, a range of water-based lubricants, and other safer sex supplies.

Education and Health Promotion

Education and health promotion refers to resources and brief interventions designed to provide health education to people who inject drugs. This information may be delivered through brochures and/or other written materials, or individual- or group-level forums. The objective of providing education and health promotion resources and interventions is to increase client knowledge of safer injection and safer sex strategies. Syringe programs **must** maintain a supply of appropriate written resources designed to provide health education to people who inject drugs. Syringe program staff members **should** be available to provide health information to individuals or groups. When available, information **should** be provided in languages relevant to the communities served.

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 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 and SPs to provide: 1) capacity-building services for agencies starting their own overdose education and naloxone prescription programs and 2) 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 DOPE Project at 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 Registered Nurses 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.

Syringe program staff members **must** be able to refer participants to overdose prevention and naloxone prescription services and **should** be able to provide information to participants about current California law related to overdose response. Below is a description of overdose-related California laws.

Good Samaritan Overdose Law, California H&S Code Section 11376.5: It shall not be a crime for people calling 911 in an overdose emergency to be under the influence of drugs or possess small amounts of drugs or paraphernalia. This law went into effect January 1, 2013.

Naloxone Liability Protection Law, California Civil Code Section 1714.22 provides limited criminal and civil liability protection to prescribers working with overdose prevention programs to prescribe, dispense or distribute naloxone. The law also provides protections for the recipient of naloxone to possess and

administer the drug in good faith during an overdose situation. Currently, this law is limited to seven counties (the City and County of San Francisco is one of the seven counties). This law sunsets in 2016.

Bleach Education

Community providers **must** not promote bleach as a harm reduction strategy. If participants use bleach, community providers **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. Syringe programs **must** strive to provide participants with sufficient supplies to discourage reuse and sharing of those items that can result in the transmission of HIV and hepatitis C.

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* (to access the report, visit http://tinyurl.com/hepcbleach). 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.*

Ancillary Services

Referral to Ancillary Services

Participants can be expected to make a range of requests for information and assistance. Syringe programs **must** provide referrals to appropriate health and community services. Programs that are not co-located with other services must develop relationships with other providers and maintain an updated list of referrals that address clients' needs.

Provision of 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 syringe supply and prevention education demands have been adequately met and there remains surplus capacity to provide additional services.

Client-Centered Services

Both the content and method of delivery of an intervention should be client centered and culturally appropriate. This requires an understanding of, respect for, and attention to how people from a cultural

group communicate and interact, as well as their values and beliefs. Cultural competency can be defined in many ways and is not limited to race/ethnicity and language.

Confidentiality and Privacy

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 all federal and state laws related to the collection of personal health information. If the provision of ancillary services is supported by funds from the SFDPH, staff **must** adhere to all SFDPH policies and procedures related to the collection of personal health information.

Syringe program providers **must** also follow federal, state and local laws regarding confidentiality and programs **must** adhere to the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, as relevant. The Act mandates adoption of federal privacy protections for individually identifiable health information. The United States 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 **must** become fully aware of the scope of permissible disclosures for public-health purposes allowable under HIPAA Privacy Rules.

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 Center for Democracy and Technology's website, www.healthprivacy.org, is a great resource for information about federal and state laws on health privacy and confidentiality.

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.

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 **must** 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://tinyurl.com/SFsanctuarycity.

If approached by ICE officers, do not release any participant information to them. Please refer them to SFDPH's Population Health Division Privacy Officer, who may be reached via phone at (415) 255-3722.

Managing Crisis, Aggressive, and Challenging Behaviors

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 and that staff members have the skills to assess and refer participants appropriately. If a participant is in crisis, but there is no immediate concern for their safety or the safety of those around them, contact the 24-hour mobile crisis treatment team at (415) 970-4000.

If a participant displays aggressive, violent or challenging behaviors, or staff members feel they cannot

manage a situation, SP staff members **must** summon emergency services by contacting 911. Providers **must** have clear guidelines and procedures to manage such situations effectively.

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 http://tinyurl.com/violencepolicy.

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.

Participants Under the Influence

Participants may present to the SP when they are under the influence of substances. 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.

Addressing Barriers to 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 health disparities, including harms related to 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 among SP participants.

Syringe programs **must** be aware of the cultural and linguistic diversity profile of the populations in their service area(s) and ensure that services are 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, women) who need 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.

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://tinyurl.com/CLASpolicy.

Syringe Program Workforce

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

Core Duties

The following are the duties of SP staff members:

1. Provide sterile syringes and injection equipment, sharps containers, 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 participants with 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

Prior to commencing SP duties, staff authorized to work in SPs **must** be oriented through a process that draws on relevant SFDPH 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;
- National, 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.

A skilled and valued public health workforce is one of the key priorities of the SFDPH. The SFDPH 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. Programs needing training and/or capacity-building assistance **should** contact their SFDPH Program Liaison for support.

Occupational Health and Safety

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 SFDPH to establish and maintain a physically and emotionally healthy work environment. Therefore, it is the policy of SFDPH that all SFDPH-funded organizations **must** comply with all applicable federal, state, and local occupational and environmental health and safety statutes and regulations to provide a workplace that is safe for employees and visitors. Syringe programs **must** be aware that vehicles used for venue-based service provision or transportation are considered workplaces.

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.

Syringe programs **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, open-toed shoes, or shoes with thin soles 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 SFDPH **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. 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://tinyurl.com/needlestick.

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 SFDPH keeps information on SPs to provide information and referral services. Organizations **must** inform the SFDPH Program Liaison of any change in hours of operation, closure, or the establishment of new SP services. As previously noted on page 9, any changes to SP venues **must** be pre-approved by SFDPH and go through the appropriate public notification processes.

Media Liaison

Sound management of media issues and community relations will contribute to the ongoing success of SPs. Syringe programs **should** use discretion when responding to requests from media outlets as the presence of reporters and/or cameras at SP sites may comprise participants' confidentiality. Requests from the media regarding the Syringe Access and Disposal Program Polices and Guidelines or SP services funded by the SFDPH **must** be referred to the SFDPH Program Liaison.

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, in collaboration with the SFDPH Program Liaison, **should** build ongoing relationships with local police stations where services are delivered to ensure ongoing support.

Police Operations

The Chief of Police issued Department Bulletin (DB) 12-152, "Hypodermic Syringe Access and Disposal Programs," on July 24, 2012. Please note that this DB supersedes DB 10-069 and DB-06-197. The DB informs officers not to confiscate sterile injection equipment, biohazard waste containers, or naloxone from SP participants and to not interfere with the operations of SPs by performing surveillance activity at or near a SP site.

Syringe programs **must** have a copy of SFPD DB 12-152 (see Appendix E). Each SP site coordinator **must** also have an identification card readily available to present to any police officer. These identification cards are printed on bright yellow paper with red lettering.

All SFDPH officers are provided information about the DB and SP programs via the "Syringe Access and Disposal Program" training video. Every officer is required to view this video. The video may be viewed online at http://tinyurl.com/SFPDvideo.

Police Liaison

The SFDPH is the lead liaison with the SFPD. In collaboration with SFDPH, 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, a regular police liaison who works with SFDPH and SFPD **should** be established. If difficulties arise between police and the SP, the SFDPH Program Liaison **must** be informed and involved to ensure difficulties are resolved as quickly as possible.

Legal Responsibilities

Syringe program staff members **must** not become involved in any activities which may constitute a breach of federal, state, or local laws regarding drug use or trafficking. Syringe program 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.

Syringe program 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. Syringe program 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

Proper disposal of sharps is a shared responsibility among a number of stakeholders including community clinics, community-based organizations, local government, injection-equipment users, and local businesses. Syringe programs play a key role in the development of such partnerships and **should** be familiar with the San Francisco Safe Needle Disposal Program, and be 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, 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 (now Recology SF), 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 trash collection fees 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 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.

The Safe Needle Disposal Program is not for medical offices, hospitals, or community SPs. Medical facilities and community SPs **must** make arrangements to dispose of contaminated sharps with a commercial medical-waste management service, such as Stericycle.

More information about the Safe Needle Disposal Program may be found by clicking on the "needle" tab at http://tinyurl.com/sfneedledisposal or by calling (415) 330-1400.

All public hospitals and community clinics are required to accept used sharps from members of the community.

As previously noted on pages 11-12, to promote safe disposal of syringes statewide, the California Drug Paraphernalia Law was amended 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.

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

Sharps Disposal at Community SPs

Promoting safe disposal of used needles and syringes is a key component of SPs. All SPs **must** have a written disposal plan approved by SFDPH, including a plan for conducting street sweeps of the areas in which the SP operates to pick up improperly discarded syringes and other injection equipment. If relevant,

the plan **must** include information about the maintenance of publicly available sharps disposal kiosks. Instances may arise when programs need to do additional sweeps or sweep in new areas based on community concerns related to improper disposal of syringes. Any changes to the disposal plan **must** be made in collaboration and coordination with SFDPH.

At SPs, 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. Programs **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. The majority of household sharps waste is generated by diabetics and other injectors of prescribed medications. 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' places 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.

The success of SPs depends upon a strong working relationship among 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, a public nuisance, and can threaten the operations of SPs. In order to maximize community support for SP programs, SPs **must** address these concerns constructively, in collaboration with SFDPH and the community. The promotion of safe disposal and community education and awareness are key elements of a constructive response.

Pharmacy Sharps Disposal

As previously indicated on pages 6-7, many pharmacies in San Francisco provide disposal options to consumers.

Community members can drop off full sharps containers and receive new, empty containers at any Walgreens in San Francisco. All disposal services at Walgreens are free of charge. Community providers **should** inform participants of this service. Note that some Walgreens may not be able to accommodate large biohazard containers or high-volume disposal.

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 Disposal Kiosks

The SFDPH and community partners are piloting 24-hour tamper-proof community disposal kiosks. The SFDPH 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. The SFDPH is responsible for arranging for the handling of biohazardous waste within the kiosks, as well as the preliminary evaluation of these kiosks. Syringe programs **should** be involved in partnering with SFDPH regarding the placement, monitoring and evaluation of community sharps kiosks.

Currently kiosks are at the following locations:

- GLIDE parking lot, next to 330 Ellis Street at Taylor Street
- Outside of 50 Ivy Street, approximately three feet from the entrance to the Tom Waddell Clinic
- Near 76 Ivy Street, backside of the Arts Commission Gallery, close to Please Touch Garden

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 or Recycling Bins

The disposal of syringes in household garbage, business waste, or public garbage bins 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. Used syringes do not belong in the garbage or recycling bins, where they can pose a health hazard to the public and garbage collectors. Syringe program staff members **must** not promote the disposal of syringes in household or public garbage bins and **should** encourage participants to put used syringes into puncture-resistant, leak-proof sharps containers.

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.

In addition to the disposal options provided by SPs, Walgreens, kiosks, clinics, and hospitals, sharps containers are also accepted at the Household Hazardous Waste Facility. Information on the hours of operations, directions, and requirements, can be found at http://tinyurl.com/householdwaste.

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.

Collection of Discarded Syringes

If resources permit, SPs **should** conduct regular or occasional cleanups of the larger neighborhoods in which they operate. Syringe program 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 personal protective equipment (e.g., latex gloves) when handling sharps 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 (e.g., 1-10 solution of bleach and water) and air dry.

Evaluation and Monitoring

Overview

Syringe access and disposal programs have been thoroughly evaluated and are conclusively established as an effective public health intervention to prevent HIV infections, among other benefits (Gibson, Flynn & Perales, 2001). Therefore, local evaluation and monitoring efforts 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 process objectives.

A range of evaluation techniques, including analysis of program process objectives, participant surveys and specifically commissioned research projects, are conducted by SFDPH to inform future planning, development and implementation of the SP.

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.

Outcome Objectives

The data SPs collect are an important source of information used by the SFDPH and providers to assess access to SP services and plan effective service delivery. If the SP has a contract with SFDPH, the SP **must** comply with all contractual data collection and reporting requirements. The data SP contractors collect may regularly be made available to other relevant government departments and organizations, as appropriate.

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. SFDPH-funded programs **must** report changes before implementing them to the SFPDH Program Liaison and **must** include this information in their annual Monitoring Report. Changes in contracted services **must** follow the guidelines set forth in this document. In addition, SP participants **should** have 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 complaint-handling systems are an important element of quality assurance. Participant feedback 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
- Build rapport with participants by giving them the opportunity to have their concerns 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	Department Bulletin
DOPE	Drug Overdose Prevention & Education
DPDP	Disease Prevention Demonstration Project
H&S	Health and Safety
HIV	Human Immunodeficiency Virus
HIPAA	Health Insurance Portability and Accountability Act
HPPC	HIV Prevention Planning Council
ICE	Immigration and Customs Enforcement
IDU(s)	Injection Drug User(s)
OA	Office of AIDS
SB	Senate Bill
SFDPH	San Francisco Department of Public Health
SFPD	San Francisco Police Department
SP(s)	Syringe Program(s) (abbreviation for Syringe Access and Disposal Progran
STD(s)	Sexually Transmitted Disease(s)

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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 may be 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 a criminal, issue (Irwin & Fry, 2007). Examples of broader harm reduction interventions outside of HIV and illegal drug use include intervention programs to decrease public drunkenness; environmental controls on tobacco smoking to minimize the harm both to smokers and bystanders, through exposure to secondhand smoke; and structural changes to vehicles through safety belts to reduce the risk of serious injuries in car accidents. 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 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, soft-tissue infections, and social marginalization. (Erickson, Butters & Walko, 2003).
Harm Reduction Supplies	Syringe access and disposal programs 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 supplies according to best practices (BC Centre for Disease Control). Programs should supply a range of equipment and resources that encourage 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 C.

Syringe Access and Disposal

Syringe access and disposal (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 people who inject drugs 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 peers or a group of people).

Syringe programs reduce the spread of bloodborne infectious diseases, such as HIV, and link people who inject drugs to health promotion services such as medical and mental health treatment. In addition, SPs provide information and/or training to help people who inject drugs 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 people who inject drugs 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 SPs do not encourage drug use, and they have demonstrated effectiveness in the following areas:

- Providing opportunities for people who inject drugs to use sterile syringes and share less often;
- Linking hard-to-reach people who inject drugs with public health services, including tuberculosis and STD treatment; and
- Helping people who inject drugs to 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 injectors or by recruiting new or young injectors. On the contrary, from December 1986 through June 1992, injection frequency among people who inject drugs 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	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 people who inject drugs from attending SPs and pharmacies. People who inject drugs 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 been SPs, peers have been filling gaps in harm reduction services for people who inject drugs (California Department of Public Health, 2007). The CDPH Office of AIDS provided $1.5 million over three years to five SPs 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 people who inject drugs. 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 the first year of this new intervention, the CDPH Office of AIDS observed improved syringe access and HIV peer education among those providing satellite syringe access and the people they served (Stopka, Lees & Irwin, 2005).
Pharmacy Access	Pharmacies are a critically important element in efforts to help people who inject drugs reduce their risks of acquiring and transmitting bloodborne viruses. In October 1999, recognizing the key role of non-prescription 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 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 non-prescription sterile syringes to people who inject drugs, 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 to increase the availability of sterile syringes through pharmacies, and thereby decrease HIV and other bloodborne infections among people who inject drugs and their partners.
Cost Effectiveness of SPs	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).

Appendix B

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

MUST (a mandatory practice required by law or by Departmental directive, regardless of whether or not the SP receives funding from SFDPH, except where noted)	Page #
AUTHORIZATION AND RELATIONS WITH SFDPH	
▪ Adhere to all policies and guidelines as a condition of authorization	1
▪ Develop detailed operational guidelines appropriate to their own organization and setting	9
▪ Provide services consistent with the SFDPH Harm Reduction Policy	3-4
▪ Receive approval from SFDPH for all sites *before* services commence	9, 17
▪ Notify SFDPH *before* ceasing services at a SP site	9, 17
▪ Notify SFDPH Program Liaison of any changes to services (e.g., in hours of operation or establishment of new services)	17, 23
▪ (If funded by SFDPH) Adhere to the provisions of the Citizen's Right-to-Know Act of 1998 when planning changes to fixed-site or venue-based services	9
▪ Obtain approval from an institutional review board before conducting formal research	8
▪ Send a representative to required syringe access meetings for the purposes of coordination and collaboration	7
▪ Refer media requests regarding the *Syringe Access & Disposal Program Policies and Guidelines* or SP services funded by SFDPH to the SFDPH Public Information Officer	17
PARTICIPANT RELATIONS, CONSENT, & CONFIDENTIALITY	
▪ Deliver relevant, culturally appropriate services	7, 15
▪ Provide services on a confidential basis, be aware of SP participants' concerns about accessing the program, and take care to establish trusting relationships	8, 13-14
▪ Aim to reduce barriers that may otherwise deter participants from accessing services	8
▪ Provide services free of charge	8
▪ Treat participants in a respectful and professional manner	8
▪ Obtain informed consent from participants for counseling, other interventions, or surveys for the purpose of formal or informal research	8
▪ Provide ancillary services on a voluntary basis at participants' request, not interfering 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	13
▪ When providing ancillary services that require collection of personal health information (PHI), adhere to all federal and state laws related to the collection of PHI and, if SFDPH-funded, adhere to all SFDPH policies and procedures related to the collection of PHI	13-14
▪ Not require information about or disseminate information regarding the immigration status of an individual when providing services paid for by the City or County of San Francisco, except as specifically required by federal law	14
▪ Call 911 if a participant displays aggressive, violent or challenging behaviors, or staff members feel they cannot manage a situation and have clear guidelines and procedures to manage such situations effectively	14-15
▪ Have clear policies and procedures in place for managing participants who are under the influence	15
PROGRAM DESIGN & SERVICES	
▪ Provide education, health promotion and brief interventions	7
▪ Provide referrals to a wide range of appropriate health and community services	7, 13
▪ Include all required elements outlined in the *2010 San Francisco HIV Prevention Plan*	8
▪ Select at least one of the three primary modalities when designing their program and follow all requirements for the modality(ies) chosen	9-10
▪ Provide services at community events with the knowledge and support of event organizers and SFDPH	10
▪ (If providing SP services for hormone injectors) Follow all SP requirements and provide appropriate supplies, services, and referrals	10
▪ Refer participants to overdose prevention and naloxone prescription services	12

▪ Develop services with a good understanding of who the service is intended to reach and priority who need services but may not be accessing them	15
▪ Comply with all applicable federal, state, and local anti-discrimination laws and regulations	15
SUPPLIES	
▪ Upon request, provide supplies for the purpose of satellite syringe access and disposal	11
▪ Provide a reasonable supply of condoms and water-based lubricant to meet participants' needs	11-12
▪ Maintain a supply of appropriate written health education resources	12
▪ Not provide or promote bleach	12-13
▪ Strive to provide participants with sufficient supplies to discourage reuse and sharing	12-13
DISPOSAL	
▪ Conduct street sweeps of the SP area before and after hours of operation (or during operation in the case of pedestrian services) to pick up improperly discarded syringes and related trash	11, 19
▪ Make arrangements to dispose of contaminated sharps with a commercial medical-waste management service	19
▪ Have a written disposal plan approved by SFDPH, including a plan for conducting street sweeps of areas in which the SP operates to pick up improperly discarded syringes and other injection equipment and, if relevant, a maintenance plan for publicly available sharps disposal kiosks	19-20
▪ Accept used syringes and other medical sharps waste at no charge	19-20
▪ Not require persons accessing a disposal service to provide information or documentation of a personal or medical nature	19-20
▪ Ensure that participants are provided with information about the location of disposal facilities in surrounding areas	19-20
▪ Encourage participants and staff members to respect the neighborhoods in which the SP operates	19-20
▪ Advise participants never to place used injection equipment into household recycling bins and not promote the disposal of syringe in household or public garbage bins	21
▪ Adhere to the guidelines on pages 21-22 when collecting used syringes from the community	21-22
OCCUPATIONAL HEALTH & SAFETY	
▪ Comply with all applicable occupational and environmental health and safety statutes and regulations	16-17
▪ Have policies and procedures to ensure staff safety, incorporating all policies on pages 16 and 17	16-17
▪ Never touch or handle used needles, syringes or other injection equipment returned to the SP and never hold a sharps container while a participant is placing used syringes or other sharps into it	20
POLICE & COMMUNITY RELATIONS	
▪ Have a copy of the SFPD Bulletin regarding SP services and police relations (see appendix E)	17-18
▪ Have an identification card readily available to present to any police officer	18
▪ In collaboration with SFDPH, build relationships with the leadership at relevant local police stations as early as possible prior to commencing operations as a SP	18
▪ If difficulties arise between police and the SP, inform and involve the SFDPH Program Liaison to ensure difficulties are resolved as quickly as possible	18
▪ Not become involved in any activities which may constitute a breach of federal, state, or local laws regarding drug use or trafficking	18
▪ Be aware, if staff members 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	18
▪ Address community concerns about unwanted trash and public nuisances constructively, in collaboration with SFDPH, in order to maximize community support for SP programs	20
DATA & EVALUATION (ONLY IF FUNDED BY SFDPH)	
▪ Collect data on services and report data in accordance with SFDPH requirements	7, 23
▪ Report program changes in their annual Monitoring Report. In addition	23
▪ Follow the guidelines in this document if making any changes to SFDPH-contracted services	23
▪ Have a procedure for participants to provide feedback and suggestions and/or make complaints	23
STAFF TRAINING, SKILLS, KNOWLEDGE	
▪ Ensure staff members are trained and briefed on engaging with the general public, as well as SP participants, prior to participating in community events	10
▪ Offer staff members training in communication, conflict resolution, de-escalation and negotiation	14-15
▪ Utilize staff members with appropriate skills and knowledge	15-16
▪ Have staff orientation process that draws on relevant SFDPH policies, procedures and protocols	16

SHOULD (a strongly recommended practice)	Page #
PARTICIPANT RELATIONS, CONSENT, & CONFIDENTIALITY	
▪ Provide services to accommodate the needs of people from various social and cultural backgrounds	8-9
▪ Provide services that are responsive to participants and their priorities	8-9
▪ Respond to clients in crisis by providing supportive brief intervention and/or assessment and referral	14-15
▪ Obtain participant and stakeholder consultation when making alterations to services	23
▪ Give SP participants adequate advance notice of changes to services	23
PROGRAM DESIGN & SERVICES	
▪ Consider pharmacy and community programs when assessing level of coverage needed	6
▪ Include supplemental elements in the *2010 San Francisco HIV Prevention Plan* in program design	8
▪ Provide access across the widest range of hours possible	8-9
▪ Use brief interventions with participants when providing pedestrian services	10
▪ Work closely with individual community members engaged with larger peer networks to increase access to sterile syringes, safer injection equipment, and health education information	11
▪ Provide health information to individuals or groups and, when available, provide information in languages relevant to the communities served	12
▪ Provide information to participants about current California law related to overdose response	12
SUPPLIES	
▪ Provide appropriate equipment and instructions for people injecting hormones and other steroids, medicines, and vitamins	10
▪ Stock a variety of safer sex items	11-12
DISPOSAL	
▪ Be familiar with the San Francisco Safe Needle Disposal Program, and be proactive in working with local government to assist in community awareness and implementation	19
▪ Retrieve as many used supplies as possible, particularly used syringes, striving for 100% recovery, by encouraging participants to either return used syringes to a SP or dispose of them properly	20
▪ Encourage participants to return used syringes to SPs, including pharmacies	20
▪ Partner with SFDPH regarding the placement, monitoring and evaluation of community sharps kiosks	20
▪ Encourage participants to put used syringes into puncture-resistant, leak-proof sharps containers	21
▪ If providing education on safe disposal to community groups and other agencies, provide factual information about infection risk, safe disposal, and available disposal services and facilities	21
▪ If resources permit, conduct regular or occasional cleanups of the larger neighborhoods	21
POLICE & COMMUNITY RELATIONS	
▪ Limit public advertising of SPs	17
▪ Not conduct advertising through media / publications circulated to the general public	17
▪ Use discretion when responding to requests from media outlets	17
▪ In collaboration with the SFDPH Program Liaison, build ongoing relationships with local police stations	17
▪ Establish a regular police liaison who works with SFDPH and SFPD	18
▪ Refrain from being in the position of obtaining information about criminal activities	18
STAFF TRAINING, SKILLS, KNOWLEDGE	
▪ Be able to communicate California paraphernalia law to participants	11
▪ Ensure that an up-to-date referral is available and that staff members have the skills to assess and refer participants in crisis appropriately	14-15
▪ Have procedures for debriefing and offer support opportunities for staff members who deal with challenging behaviors from clients	14-15
▪ Provide staff members with 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	15
▪ Reflect staff members' duties in position descriptions	15-16
▪ Make ongoing development opportunities available to staff members	16
▪ Contact the SFDPH Program Liaison for training and/or capacity-building assistance, as needed	16

Appendix C

SP Staff Core Duties

The following table provides detail on the core duties identified in pages 15-16.

1	**Provide sterile syringes, sharps containers, sterile injection equipment, 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 outlets 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, satellite providers, and other community groups/locations.
2.2	Assist in the safe disposal of used syringes.
2.3	Arrange for disposal pick up by a commercial medical-waste management service.
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 safer injection practices and disposal of equipment and safer 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 and social service 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 SFDPH grievance 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 the needs of the priority population.
7.6 Implement and evaluate health-promotion and community-education activities and programs.

8 Educate new staff members.

8.1 Assess existing skill level of new staff 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 related to drug user health issues, such as HIV, viral hepatitis, and overdose.
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 Occupational Health and Safety, Code of Conduct, SFDPH policies etc.
11.6 Prepare reports, correspondence and conduct other administrative tasks.

Appendix D

California Department of Public Health, Office of AIDS

California Code Related to Access to Sterile Needles and Syringes Syringe Exchange Programs

California Health and Safety (H&S) Code Section 11364.7(a) establishes that no public entity, its agents, or employees shall be subject to criminal prosecution for distribution of syringes to participants in syringe exchange programs (SEPs) authorized by the public entity.

California Business and Professions (B&P) Code 4145.5(e) (added effective January 1, 2012 by Senate Bill (SB) 41, Yee, Chapter 738, Statutes of 2011) requires SEPs to provide their clients with one or more of three disposal options: 1) onsite disposal, 2) provision or sale of sharps containers that meet applicable state and federal standards, and/or 3) provision or sale of mail-back sharps containers.

Local Authorization of SEPs

H&S Code Section 121349.1 allows local governments to authorize SEPs in consultation with the California Department of Public Health (CDPH), as recommended by the U.S. Secretary of Health and Human Services, subject to the availability of funding, as part of a network of comprehensive services, including treatment services, to combat the spread of HIV and blood-borne hepatitis infection among injection drug users.

H&S Code Section 121349.2 requires that local government and health officials, law enforcement and the public be given an opportunity to comment on SEPs in order to address and mitigate any potential negative impact of SEPs. Assembly Bill (AB) 604 (Skinner, Chapter 744, Statutes of 2011) changed the public comment requirements from annual to biennial, effective January 1, 2012.

H&S Code Section 121349.3 requires the local health officer to present information about SEPs at an open meeting of the local authorizing body. The information is to include, but is not limited to, relevant statistics on blood-borne infections associated with syringe sharing and the use of public funds to support SEPs. AB 604 changed the reporting requirements from annual to biennial, effective January 1, 2012.

State Authorization of SEPs

H&S Code Section 121349.1 (as amended by AB 604 (Skinner, Chapter 744, Statutes of 2011), allows CDPH to authorize SEPs in locations where the conditions exist for the rapid spread of viral hepatitis, HIV or other potentially deadly diseases. The provisions of AB 604 sunset on January 1, 2019. More information.

Individual Possession of Needles and Syringes

H&S Code Section 11364.1 governs the possession of drug paraphernalia. Effective January 1, 2012, SB 41 (Yee, Chapter 738 Statutes of 2011) amends California statute to allow individuals to possess up to 30 syringes for personal use if acquired from a physician, pharmacist, authorized SEP or any other source that is authorized by law to provide sterile syringes or hypodermic needles without a prescription.

If this provision is not reauthorized by subsequent legislation before the January 1, 2015 sunset date, then the number of syringes an individual may possess for personal use if obtained from an authorized source will revert to ten, and will apply only to syringe possession in counties and cities which have a locally-authorized Disease Prevention Demonstration Project.

Individuals may also possess an unlimited number of syringes which have been containerized for safe disposal in a container that meets state and federal standards for disposal of sharps waste.

Nonprescription Sale of Syringes (NPSS) in Pharmacies

SB 41 (Yee, Chapter 738, Statutes of 2011) allows nonprescription sale of syringes (NPSS) by pharmacies in California. The bill eliminates the need for local government and pharmacies to opt into a program in order to sell syringes over the counter, and eliminates the need for county health departments to manage an NPSS program. The provisions of the bill sunset on January 1, 2015. More information.

The Disease Prevention Demonstration Project (DPDP) which was established by H&S Code Section 121285 and B& P Code Section 4145, was a pilot to evaluate the long-term desirability of allowing licensed pharmacies to sell nonprescription syringes to prevent the spread of blood-borne pathogens. Statutes related to the DPDP are inoperative until January 1, 2015. If the provisions of SB 41 are not reauthorized by subsequent legislation before the sunset date, the sections of California Code related to the DPDP will once again be in operation. More information.

Syringe Disposal

B&P Code Section 4146 permits pharmacies to accept the return of needles and syringes from the public if contained in a sharps container, which is defined in H&S Code Section 117750 as "a rigid puncture-resistant container that, when sealed, is leak resistant and cannot be reopened without great difficulty."

H&S Code Section 118286 prohibits individuals from discarding home-generated sharps waste in home or business recycling or waste containers.

H&S Code Section 118286 also requires that home-generated sharps waste be transported only in a sharps container or other container approved by the applicable enforcement agency, which may be either the state (CalRecycle program) or a local government agency. Home-generated sharps waste may be managed at household hazardous waste facilities, at "home-generated sharps consolidation points," at the facilities of medical waste generators, or by the use of medical waste mail-back containers approved by the state.

B&P Code 4145.5 (added by SB 41) requires SEPs and pharmacies that sell or provide nonprescription syringes to also provide consumers with one or more of three disposal options: 1) onsite disposal, 2) provision of sharps containers that meet applicable state and federal standards, and/or 3) provision of mail-back sharps containers.

Disease Prevention Demonstration Project (DPDP)

H&S Code Section 121285 and B& P Code Section 4145 established the DPDP, a collaborative between pharmacies and local and state health officials to evaluate the effects of allowing licensed pharmacists to sell hypodermic needles or syringes to prevent the spread of

bloodborne pathogens, including HIV, hepatitis B and hepatitis C, without requiring a prescription. Statutes related to the DPDP will be inoperative until January 1, 2015. If the provisions of SB 41 are not reauthorized by subsequent legislation before the sunset date, the sections of California Code related to the DPDP will once again be in operation.

CDPH was required to convene an uncompensated evaluation panel for the DPDP, conduct an evaluation of the project, and report the findings to the Governor and Legislature on or before January 15, 2010.

The DPDP requires pharmacies to register with their local health department in order to participate in the project by providing a contact name and related information. Pharmacies must also certify that they will provide written or verbal counseling at the time of selling needles and syringes on how to access drug treatment, how to access testing and treatment for HIV and hepatitis C, and how to safely dispose of sharps waste. Additionally, pharmacies must properly store needles and syringes so that they are only available to authorized personnel, provide on-site safe disposal of needles and syringes, or furnish or sell mail-back or personal sharps disposal containers that meet state and federal standards.

Participating local health departments must maintain a list of all pharmacies registered under the project and make available to pharmacies written information that can be provided at the time of selling nonprescription syringes. Counties and/or cities may participate in the program only after authorization by local government, either the county board of supervisors or the city council.

Related Legislation

AB 604 (Skinner, Chapter 744, Statutes of 2011) permits, until January 1, 2019, CDPH, Office of AIDS (OA) to authorize entities that apply to CDPH and meet certain conditions to provide hypodermic needle and syringe exchange services. This bill requires CDPH SEP authorization be made after consultation with local health officers (LHOs) and local law enforcement officials, and after a 90-day public comment period. In making the authorization determination, CDPH is required to balance the concerns of law enforcement with the public health benefits. CDPH SEP authorizations extend for two years. Before the end of the two year period, CDPH may reauthorize the SEP in consultation with the LHO and local law enforcement officials. AB 604 also changes requirements for LHOs who must report to city or county government on locally-authorized SEPs by requiring the report to be made on a biennial, rather than an annual, basis. Additionally, AB 604 specifies that SEP staff and volunteers not be subject to criminal prosecution for possession of needles and syringes acquired from an authorized SEP.

SB 41 (Yee, Chapter 738, Statutes of 2011) permits nonprescription syringe sales (NPSS) through licensed pharmacies throughout the state until January 1, 2015. It makes inoperative until January 1, 2015, provisions of California code related to the DPDP, a pilot program which allows NPSS in counties and cities which authorize it, and for which authorizing statute sunsets on December 31, 2018. This bill allows customers 18 years of age and older to purchase and possess up to 30 syringes for personal use when acquired from an authorized source. It specifies that pharmacists, physicians and SEPs are authorized sources of nonprescription syringes for disease prevention purposes. SB 41 requires pharmacies and SEPs which offer NPSS to provide options for safe syringe disposal. The bill also requires pharmacies that offer NPSS to provide education to customers on how to safely dispose of sharps waste and how to access drug treatment, and testing and treatment for HIV and hepatitis C virus. CDPH, OA and the California Board of Pharmacy are required by the bill to post this same information on how consumers can access testing and treatment for HIV and viral hepatitis; safely dispose of sharps waste; and access drug treatment on their websites.

AB 1701 (Chesbro, Chapter 667, Statutes of 2010) extends the December 31, 2010 sunset date to the DPDP until December 31, 2018, to continue to allow NPSS in registered pharmacies. AB 1701 continues the current provisions, which: 1) permit cities and/or counties to authorize the project; and 2) require pharmacies which wish to participate to register with their local health department. This bill also extends until December 31, 2018 the provision which allows individuals to possess up to ten syringes for personal use pursuant to local authorization of a DPDP.

SB 821 (Senate Committee on Business, Professions and Economic Development - Omnibus, Chapter 307, Statutes of 2009) authorizes licensed pharmacies to accept home-generated sharps waste for disposal.

AB 110 (Laird, Chapter 707, Statutes of 2007) authorizes a public entity that receives State General Fund money from the California Department of Public Health for HIV education and prevention to use that money to support SEPs authorized by the public entity, including purchasing sterile needles and syringes.

SB 1305 (Figueroa, Chapter 64, Statutes of 2006) prohibits individuals from discarding home-generated sharps waste in home or business recycling or waste containers.

AB 547 (Berg, Chapter 692, Statutes of 2005) authorizes a city or county to establish an SEP without a declaration of a local emergency. AB 547 also: 1) exempts public entities, agents, or employees from criminal prosecution for distributing syringes at authorized SEPs; 2) requires the local health officer to present an annual report on the status of SEPs at an open meeting of the authorizing body (board of supervisors or city council); and 3) gives the public and local stakeholders an opportunity annually to provide feedback to supervisors or city council members on the impact of SEPs.

SB 1159 (Vasconcellos, Chapter 608, Statutes of 2004) creates the DPDP, a collaboration between local and state health officials, and licensed pharmacies who have registered with their local health department to sell ten or fewer syringes for personal use without a prescription. SB 1159 also authorizes a person to possess up to ten hypodermic needles or syringes if acquired through an authorized source, and exempts from prosecution any individual carrying syringes containerized for disposal. The legislation required OA to evaluate the pilot and report to the Governor and Legislature on specified measures.

SB 1362 (Figueroa, Chapter 157, Statutes of 2004) authorizes the hazardous waste element of the California Integrated Waste Management Act of 1989 to include a program for safe collection, treatment, and disposal of sharps waste generated by households.

AB 136 (Mazzoni, Chapter 762, Statutes of 1999) exempts from criminal prosecution public entities and their employees/agents distributing syringes to SEP participants, when such a program has been authorized by the local governing body.

Appendix E

DEPARTMENT BULLETIN

A
12-152
07/24/12

HYPODERMIC SYRINGE ACCESS AND DISPOSAL PROGRAMS

The San Francisco Department of Public Health (SFDPH) continues to fund Syringe Access and Disposal Programs. There are several programs that operate services throughout the city. Refer to the attachment to this bulletin for a list of program locations and schedules.

Members should be aware that the syringe program is a place where injection drug users bring their used syringes and access sterile equipment. Many injection drug users cannot visit a site themselves and may instead have a friend or partner access services for them. This individual may be carrying many syringes to or from a site because they are accessing services for multiple persons.

Members should use discretion when they encounter possible syringe program participants and are advised that the intent of the Department is not to interfere with the program.

Members shall not confiscate syringes, alcohol wipes, naloxone, biohazard waste containers, or other sterile injection equipment, at or near access and disposal sites.

When in doubt, members should ask a supervisor to respond to the scene to ensure the policy is followed.

In 1993, San Francisco began funding syringe access after a local state of emergency was declared because of the HIV epidemic. SFDPH funds organizations to provide access to syringes, alcohol wipes, biohazard waste containers, as well as other sterile injection equipment, to reduce the transmission of blood-borne viruses such as HIV and Hepatitis C. In addition, because overdose is the leading cause of death among injection drug users, SFDPH supports overdose prevention by providing take-home prescriptions of naloxone.

On January 1, 2006, Governor Schwarzenegger signed Assembly Bill (AB) 136. The bil amends previous legislation to allow counties and cities to authorize syringe programs in their jurisdictions without the necessity to declare a state of local emergency.

In October 2011, California Senate Bill (SB) 41 was signed into law in an effort to reduce the spread of HIV, Hepatitis C, and other blood-borne pathogens. Beginning January 2012, pharmacists may furnish up to 30 syringes without prescription to adults18 years of age and older for disease prevention purposes.

Prior to January 2012, pharmacists were permitted to furnish up to 10 syringes without prescription to adults age 18 years and older. SB 41 also allows adults anywhere in the state to purchase and possess up to 30 syringes for personal use when acquired from an authorized source. California code specifies that pharmacists, physicians, and syringe exchange programs are all authorized sources for nonprescription syringes for disease prevention purposes.

Each syringe program site coordinator has an identification card readily available to present to any police officer. These identification cards are printed on bright yellow paper with red lettering.

Please direct questions about the programs to Eileen Loughran, Community Based Prevention Unit, HIV Prevention Section, San Francisco Department of Public Health, at 415-554-9124. Each program supported by the SFDPH will have a copy of this bulletin.

GREGORY P. SUHR
Chief of Police

Appendix F

SFDPH, Population Health Division
Preparation Checklist for Syringe Access and Disposal Programs (SPs)

Agency	
Anticipated number of syringes to be distributed annually	
Anticipated number of contacts expected annually	

Service Modalities	
Required: What are your organizations primary service modalities? (please check all that apply) ☐ Fixed Site ☐ Venue Based ☐ Pedestrian	**Supplemental:** Does your organization propose to select additional service modalities? If yes, please check all that apply: ☐ Community Events ☐ Satellite Syringe Access ☐ Hormone Syringe Access
Sterile injection Equipment and Disposal Services	
Required: Please note that all of the following supplies are required. Please select all supplies so that you are aware that you must offer the following supplies: ☐ Range of needles, gauges, and syringes ☐ Cookers ☐ Water ☐ Cotton Balls ☐ Sterile citric acid ☐ Alcohol Wipes/swab ☐ Tourniquets ☐ Range of biohazard containers ☐ Onsite disposal services	**Supplemental:** If your organization has selected Community Events or Satellite Syringe Access, you must provide all of the required supplies. Additionally, if you select **Hormone Syringe Access**, please note that the following supplies are required. Please select all supplies so that you are aware that you must offer the following supplies: ☐ Range of needles, gauges, and syringes appropriate for hormone injection ☐ Antibacterial soap (as appropriate) ☐ Cotton Balls ☐ Alcohol Wipes/swabs ☐ Range of biohazard containers ☐ Onsite disposal services
Education and Health Promotions	
Required: Please note regardless of the service modality the following Education and Health Promotion information is required. Please select all services so that you are aware that you must offer the following information: ☐ HIV prevention and care services ☐ Hepatitis C prevention and care services ☐ Safe injection and wound care information	Additional Educational Materials ☐ Overdose Education ☐ Bleach Education
Safer Sex supplies	**Referral to Ancillary Services**
Required: Please note regardless of the service modality the following safer sex supplies are required: ☐ "Male" condom and/or "FC2" condom ☐ Lubricant	**Required:** Please note regardless of the service modality the following referrals to ancillary services are required: ☐ HIV testing ☐ HCV testing ☐ HIV Primary Care Services ☐ Primary Care Services ☐ Behavioral Health Services
Completed Plans	
☐ Operational guidelines for program ☐ Staff orientation and training plan ☐ Syringe disposal plan	

Appendix G

Important Phone Numbers

Medical, Fire, Police Emergencies	Emergency Services 911
Client in Crisis (no one in immediate danger)	24-Hour Mobile Crisis Team (415) 255-3610
Accidental Needle Stick	SFDPH 24-Hour Needle Stick Hotline (415) 469-4411
Improperly Discarded Syringe Removal from Public Property	San Francisco 24-Hour Customer Service Center 311 (in SF only) or (415) 701-2311
24-Hour Syringe Disposal Kiosks	GLIDE parking lot, next to 330 Ellis St. at Taylor St. Outside of 50 Ivy Street, near Tom Waddell Clinic Near 76 Ivy Street, near Please Touch Garden
Accessing Community Syringe Access & Disposal Services	Katie Bouche Syringe Access Services Manager San Francisco AIDS Foundation (415) 415-241-5105
Accessing Non-Prescription Sales of Syringes in Pharmacies	Eileen Loughran Syringe Program Liaison San Francisco Department of Public Health (415) 437-6218
Questions About San Francisco Syringe Access & Disposal Policies	Eileen Loughran Syringe Program Liaison San Francisco Department of Public Health (415) 437-6218
Questions About Police Relations	Eileen Loughran SFPD Liaison San Francisco Department of Public Health (415) 437-6218
Media Inquiries	Nancy Sarieh Administrative Support to the Director San Francisco Department of Public Health 415.554.2716
Questions about Releasing Client Information or Dealing with ICE Agents	Alice Gleghorn Privacy Officer San Francisco Department of Public Health (415) 255-3722
Questions about Overdose Prevention and Education Services	Eliza Wheeler Drug Overdose Prevention & Education Project Harm Reduction Coalition (510) 444-6969