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IMPROVING KNOWLEDGE, CHANGING ATTITUDES, FOSTERING COLLABORATION

April 2005

A Report on the HIV Prevention Among Injection Drug Users

**Technical Assistance Project
1998-2005**



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EXECUTIVE SUMMARY

This is the story of a 6-year project to improve HIV prevention among injection drug users (IDUs), a high-risk and stigmatized group in the United States.

In recent years, the Centers for Disease Control and Prevention (CDC) has worked on a variety of fronts to improve the scope, quality, and availability of programs to prevent HIV and other blood-borne infections among IDUs. The 1998-2005 **HIV Prevention Among Injection Drug Users Project** for CDC-funded HIV prevention partners was one such effort.

The underlying goal of the Project was to give agencies and organizations a better understanding of IDUs and the influences on their risk behaviors and a more thorough grasp of available strategies for addressing blood-borne infections among IDUs. Through four types of technical assistance (TA)—publications; responding to requests; websites; and active participation in meetings, conferences, and working groups—the Project aimed to help organizations design and carry out productive and realistic HIV and viral hepatitis interventions and policies.

The Project developed 45 publications, in English and Spanish, which have been used by health departments, community-based organizations, community planning groups, researchers, and many others. These publications included a strategy document, a summary brochure, and five sets of fact sheets. They explained the components of a comprehensive approach to preventing blood-borne infections among IDUs and discussed a number of specific topics, including viral hepatitis; substance abuse treatment; access to sterile syringes; syringe disinfection; and drug use, HIV, and the criminal justice system.

In 2000, the Project launched a technical assistance system, which included telephone and in-person consultations, training meetings and workshops, reviews of materials and products, referrals to subject matter experts, and provision of IDU materials and information. Since the system's inception, the Project has responded to 28 requests from 20 states and cities and has provided 135 services in 16 different topic areas.

The Project also developed two websites. The main Project website (www.cdc.gov/idu), launched in 2002, features all the Project's publications and other related materials on IDUs and blood-borne infections. The Project's second website, Safe Community Needle Disposal (www.cdc.gov/needledisposal), was launched in 2003. This site provides state-by-state profiles summarizing solid and infectious waste policies and regulations, describes safe community syringe disposal options and state programs, summarizes published guidance, and provides state agency contact information.

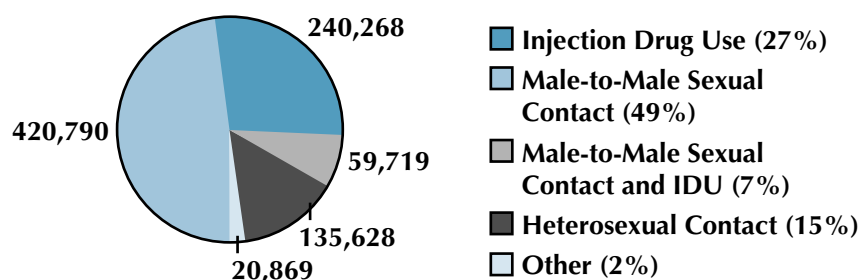
In the fourth major Project activity, staff participated in 13 major HIV/AIDS and viral hepatitis meetings and conferences. They developed and convened panel workshops and roundtable discussions at these meetings, hosted a booth that displayed Project materials, and submitted abstracts related to Project activities to 11 of the meetings.

From 1998 to 2005, the Project was a major element of CDC's efforts to reduce the impact of injection drug use on HIV and viral hepatitis transmission. It helped to keep visible important ideas about a vulnerable and stigmatized population that is often ignored, and it enhanced the ability of groups to understand and apply a comprehensive approach that incorporates a range of pragmatic strategies. It also promoted perceptions of CDC as a leader in HIV and viral hepatitis prevention. The Project's well-received printed materials and websites provided a useful source of credible, concise information that many groups have used in a variety of ways, from education to advocacy. The project's efforts also helped to forge effective collaborations and establish common ground around which diverse groups could work together to achieve common prevention goals.

INJECTION DRUG USERS ARE A KEY FACTOR IN THE EPIDEMICS OF HIV AND VIRAL HEPATITIS

The intersection of high-risk injection drug use and sexual behaviors continue to have a powerful impact on the epidemics of HIV and other blood-borne infections, principally viral hepatitis. More than one quarter of US AIDS cases

**The Impact of Injection Drug Use on the HIV/AIDS Epidemics:
AIDS Cases by Exposure Category**



(27%) reported injecting drugs. An additional 7% reported both MSM sexual activity and injecting drugs. These illnesses have devastating effects on individuals, families, communities, and our Nation as a whole. Developing strategies to address these issues is not easy, but the rewards of reducing HIV and viral hepatitis infections among IDUs are substantial.

Recognizing the importance of IDUs to the HIV epidemic, the Centers for Disease Control and Prevention (CDC) has worked on a variety of fronts to improve the scope, quality, and availability of programs to prevent HIV and other blood-borne infections among IDUs. This report describes how a relatively small investment of federal contract dollars (\$1.4 million), reinforced with other CDC efforts, supported the development of strategies and tools that improved knowledge, changed attitudes, fostered collaboration, and improved the ability of agencies and organizations to work with IDUs in reducing transmission.

In September 1998, CDC and the Academy for Educational Development's (AED) Center on AIDS & Community Health began building a technical assistance (TA) system for CDC-funded HIV prevention partners. The **HIV Prevention Among Injection Drug Users Technical Assistance Project** had four major components:

- Publications, especially Fact Sheets;
- Responding to Requests for Technical Assistance;
- Websites; and
- Meetings, Conferences, and Working Groups.

This report describes these components and the Project's products and accomplishments.

DEVELOPING A VISION FOR THE PROJECT

Understanding potential audiences helped the Project frame its objectives and activities.

The planning and development of the **HIV Prevention Among Injection Drug Users Technical Assistance Project** began with several fundamental assumptions:

- If audiences have a better understanding of IDUs and the influences on their behaviors and a more thorough grasp of the range of available strategies for addressing these problems, they can design and carry out more effective and realistic public health interventions and policies. This understanding also will help them collaborate productively with other groups and ultimately, to be more successful at reducing HIV and viral hepatitis infections.
- The intended audiences for the Project are diverse and include state and local health departments, researchers, health and social service agencies, community-based organizations, advocacy groups, and other state and local agencies and organizations that work with IDUs. Some of these providers and organizations have profound differences in philosophy and orientation, which often limits communication and collaboration.
- Some members of these audiences have limited experience with and knowledge about IDUs or the issues of substance use, HIV, and viral hepatitis. Others have extensive knowledge and experience.
- Myths and misconceptions about IDUs and their lives are pervasive. These myths and misconceptions cover a range of issues, from the mechanics of injection-related viral transmission (sharing syringes is the only injection-related transmission route of concern), to the effectiveness of substance abuse treatment (detoxification is the same as substance abuse treatment; a person who completes substance abuse treatment is “cured”), to policy and programmatic emphases (access to sterile syringes is the predominant emphasis of policy efforts to reduce transmission).

- Deeply ingrained in these myths and misconceptions are strong negative attitudes and biases about addiction and drug users. In the eyes of many, IDUs are seen as bad people whose addiction and resulting infection are “their fault.” IDUs are incorrectly perceived to be unwilling or unable to change their lives for the better or to respond to education, outreach, or treatment interventions.

These factors led staff to view the Project’s technical assistance mission in broad terms. This vision involved helping intended audiences:

- Understand the facts about injection drug use and related infection transmission risks;
- Develop a deeper and more accurate understanding of IDUs’ lives and the ways in which legal, social, and policy environments influence IDUs’ risk behaviors;
- Improve their ability to provide HIV and viral hepatitis prevention services to IDUs; and
- Improve their access to useful resources and materials.

The remaining sections of this report describe how the Project pursued this vision through publications; responding to requests for technical assistance; websites; and participation in meetings, conferences, and working groups.

PUBLICATIONS

Since 1999, the Project has developed 45 publications (mostly fact sheets), which have been used by health departments, community-based organizations, community planning groups, researchers, and many others.

Project staff have created multiple publications to help audiences learn about IDUs. These publications include a strategy document, *A Comprehensive Approach: Preventing Blood-Borne Infections Among Injection Drug Users*, a brochure summarizing the strategy document, and many fact sheets. Most of these publications have been translated into Spanish, an effort that complements *CDC en Español* initiative.

Reactions from Readers

"Of all the publications developed by national organizations, these are the most useful."

"To some IDUs, the existence of these materials means that someone cares."

"The materials are the best concise source for educating people on the issues. These things are lifesavers. We use them all the time."

"The fact that CDC publishes these materials lends credibility to them."

"They legitimize our work."

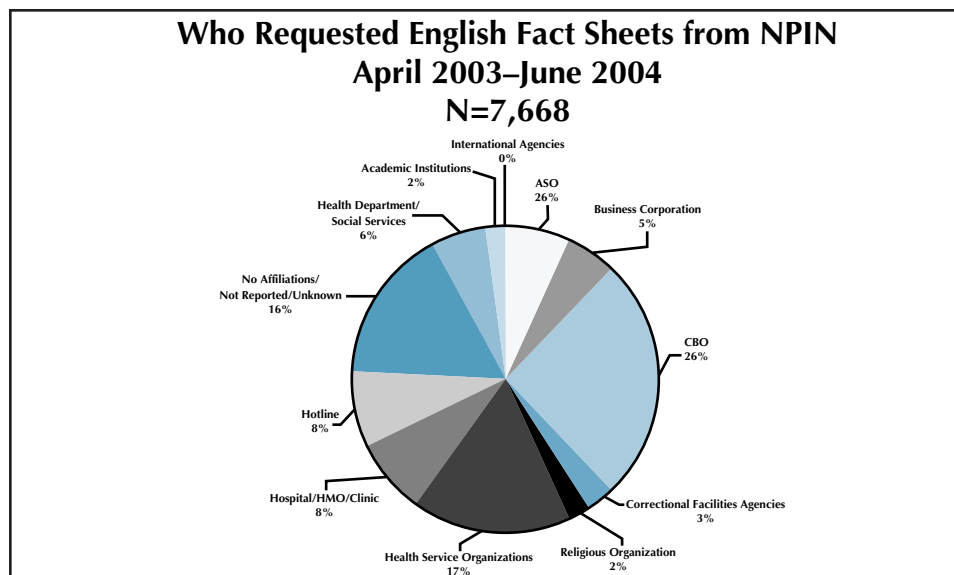
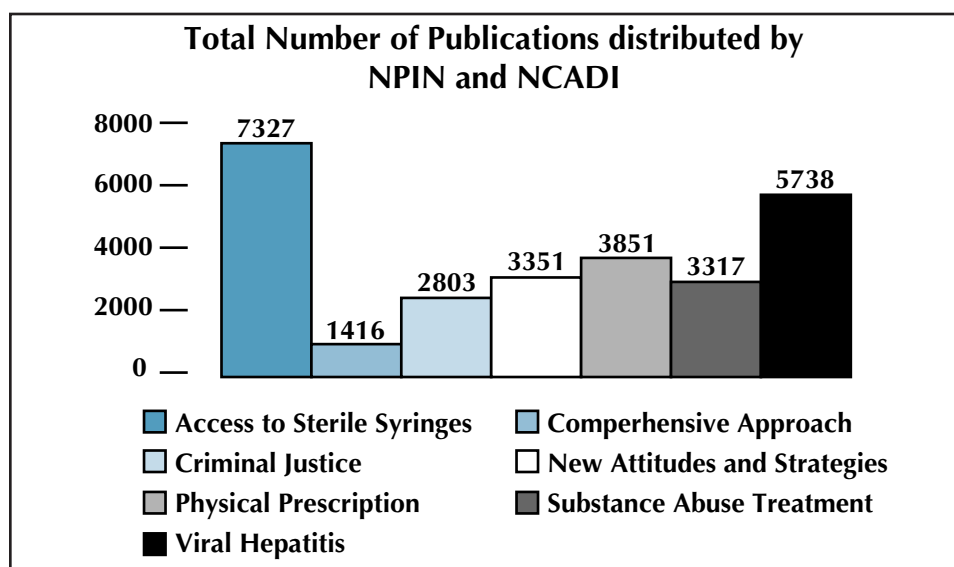
Staff followed essentially the same process in creating each of these publications. This process involved:

- Extensively reviewing available literature and talking with subject matter experts;
- Writing and revising multiple drafts of content;
- Asking CDC and outside subject experts to review and comment on drafts;
- Working closely with graphic designers to develop an appealing and easy-to-read final product.

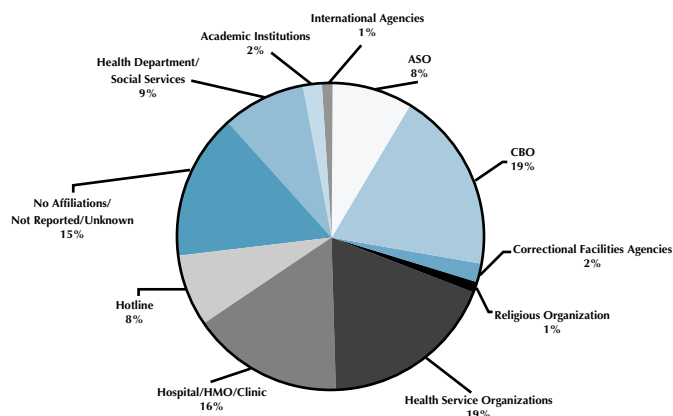
HIV/IDU Prevention Publications (English and Spanish), 2000-2004

Title	Type of Publication	Number Printed	Publication Date
New Attitudes and Strategies: A Comprehensive Approach to Preventing Blood-Borne Infections Among Injection Drug Users	Brochure	20,000	June 2000
A Comprehensive Approach: Preventing Blood-Borne Infections Among Injection Drug Users	Book	10,000	December 2000
Access to Sterile Syringes	Fact sheet (series of 5)	30,000	June 2000
<i>Acceso a Jeringuillas Estériles</i>	Fact sheet (series of 4)	10,000	July 2001
<i>Nuevas Actitudes & Estrategias—Método Integral para Prevenir las Infecciones de Transmisión Sanguínea entre Usuarios de Drogas Inyectables (UDI)</i>	Brochure	8,500	July 2001
Drug Use, HIV, and the Criminal Justice System	Fact sheet (series of 8)	11,000	August 2001
Physician Prescription of Sterile Syringes to Injection Drug Users	Fact sheet	12,000	February 2002
<i>Receta Médica para Jeringuillas Estériles para Personas que Usan Drogas</i>	Fact sheet	8,000	August 2002
Substance Abuse Treatment	Fact sheet (series of 6)	15,000	February 2002
<i>Tratamiento de Abuso de Sustancias</i>	Fact sheet (series of 6)	7,000	June 2003
Viral Hepatitis and Injection Drug Users	Fact sheet (series of 5)	25,000	October 2002
<i>La Hepatitis Viral y los Usuarios de Drogas Inyectables</i>	Fact sheet (series of 5)	7,500	January 2003
Syringe Disinfection for Injection Drug Users	Fact sheet	20,000	December 2004
<i>Desinfección de Jeringuillas para Usuarios de Drogas Inyectables</i>	Fact sheet	12,000	December 2004
Total		196,000	

The Project used a variety of mechanisms to disseminate its publications. One key mechanism was active distribution to CDC's HIV/AIDS prevention partners, including state and local health departments, grantees, and partner organizations. Another was responding to requests for the publications. In 2002, CDC's National Prevention Information Network (NPIN) began including the publications in its catalog as they were released. In 2003, the Substance Abuse and Mental Health Services Administration (SAMHSA) also made them available through its National Clearinghouse for Alcohol and Drug Information (NCADI). The charts below provide snapshots of the Project publications distributed through requests from the diverse audiences that use these clearinghouses. (These numbers do not include the thousands of publications that were distributed at conferences and meetings.)



**Who Requested Spanish Fact Sheets from NPIN
April 2003–June 2004
N=1,763**



Another important distribution route was meetings and conferences attended by Project staff and collaborators. For example, hundreds of participants at the 2001, 2002, and 2003 Community Planning Leadership Summits picked up fact sheets, brochures, and Comprehensive Approach documents while visiting the Project's HIV/IDU booth (see p. 45 for more on the booth). In another example, CDC colleagues reported that participants snapped up all the Criminal Justice fact sheets (see p. 21 for more on this series) that were taken to the 2001 National Commission on Correctional Health Care conference. Project materials also were displayed and distributed at the CDC/HHS booth at the 2002 International Conference on AIDS in Barcelona, Spain.

A number of agencies and organizations also requested copies of Project publications for distribution to their constituencies. Among these organizations were the New York State AIDS Institute, the Center for Substance Abuse Treatment, the National Institute on Drug Abuse, the San Francisco AIDS Foundation, the Kaiser Family Foundation, the Multicultural AIDS Resource Center of California, and the Minnesota AIDS Project. The Project even received requests for the publications from several foreign countries, including Australia, Canada, and China (see p. 25 for more on the substance abuse treatment fact sheet series, which was translated into Chinese by the Hong Kong Department of Health and into Vietnamese for use by the Vietnam Ministry of Public Health).

All the publications also were available on the HIV/IDU website in HTML and PDF formats for easy downloading (see p. 37 for a description of the website).

To complement its publications and create a “brand” identity around the HIV/IDU Project, staff created an HIV/IDU logo in English and Spanish. This logo was placed on all Project products.

The Project pursued a continuing quality assurance effort to gauge the reactions to its publications among those working in HIV prevention among IDUs. This process involved informal surveys of conference attendees, telephone interviews with recipients of materials, and discussions with members of HIV Prevention Community Planning Groups and CDC HIV prevention project officers. These informal quality assurance assessments helped shape Project materials. For example, when the Project reprinted its *New Attitudes and Strategies—A Comprehensive Approach to Preventing Blood-borne Infections Among Injection Drug Users* brochure, it made the brochure larger with easier-to-read type in response to reader suggestions. During August–November 2002, the Project also conducted an evaluation of its activities through telephone and face-to-face interviews with 167 individuals. The results of the evaluation were summarized in a report issued in January 2003.

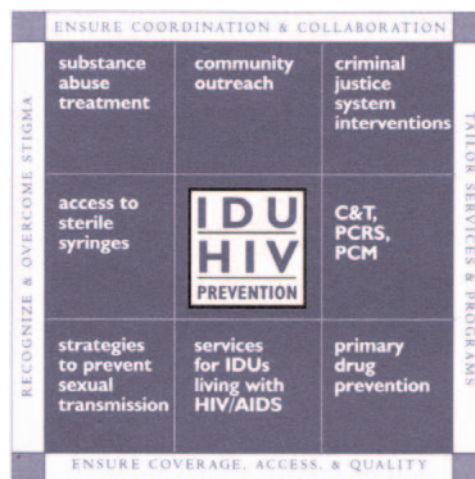
The following pages describe each of the Project’s publications.

PREVENTING BLOOD-BORNE INFECTIONS AMONG DRUG USERS: A COMPREHENSIVE APPROACH

One of the Project's central premises was that program managers and staff, policy makers, HIV prevention community planners, and others in the public health community often focus solely on syringe access and do not recognize the importance of other key strategies, such as substance abuse treatment, that can help prevent HIV and viral hepatitis among IDUs. Moreover, even within the issue of syringe access, the focus on syringe exchange often excludes consideration of other useful approaches. A multifaceted and comprehensive approach is required to address the complexity and interconnectedness of issues related to blood-borne infections among IDUs.

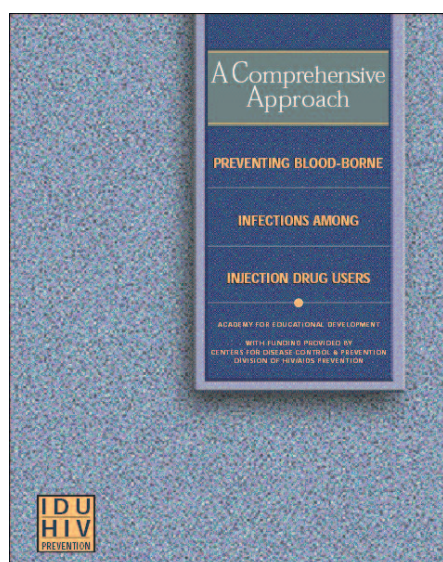
Such a comprehensive approach was laid out in two early Project publications. Its core consists of eight pragmatic strategies. These strategies recognize that services and interventions for IDUs must be delivered and reinforced across various settings, populations, life circumstances, patterns of drug use, and stages of behavior change. The strategies are:

- Substance abuse treatment;
- Community outreach;
- Interventions to increase access to sterile syringes;
- Interventions in the criminal justice system;
- Strategies to prevent sexual transmission;
- Counseling and testing, partner counseling and referral services, and prevention case management;
- Coordinated services for IDUs living with HIV/AIDS; and
- Primary drug prevention.



These eight strategies are supported by four cross-cutting principles:

- **Recognize and overcome stigma** because negative attitudes and misconceptions must be changed if IDUs are to be successfully engaged in prevention efforts and if public policy is to move forward.
- **Ensure coordination and collaboration** because no one provider or institution can or does deliver all required services.
- **Ensure coverage, access, and quality** because efforts will not be effective if they do not reach a critical mass of people, if IDUs cannot or will not use them, or if they are of poor quality.
- **Tailor services and programs** because IDUs are a diverse population with various languages, cultures, sexual orientations, life circumstances, behaviors, and service requirements. Tailoring services and programs and involving IDUs in their planning, execution, and evaluation will make prevention and treatment interventions more effective.



The first publication, a brochure called *New Attitudes and Strategies: A Comprehensive Approach to Preventing Blood-borne Infections Among IDUs*, provided an at-a-glance summary of the Approach and its rationale. It was released in June 2000 (English) and July 2001 (Spanish).

www.cdc.gov/idu/brochure.htm

The second publication, a book released in December 2000 and called *Preventing Blood-borne Infections Among Injection Drug Users: A Comprehensive Approach*, explored the Approach in greater detail.

www.cdc.gov/idu/pubs/ca/forword.htm

Separate chapters focused on the epidemiology of the HIV and viral hepatitis epidemics and the risk behaviors associated with transmission; explored the legal,

Reactions from Readers

"The Comprehensive Approach manual is a godsend. I can't tell you how much I rely on it."

"The materials are comprehensive and researched in real life. They show some experience of what it's like on the street."

social, and policy climate that profoundly influences prevention and treatment efforts for IDUs; and explained the strategies and principles of the Comprehensive Approach. Vignettes about selected HIV prevention or treatment programs were included throughout to illustrate the ways in which the strategies and principles have been applied in diverse communities and settings.

The Comprehensive Approach finds a receptive audience

Number of *Comprehensive Approach* books distributed by NPIN, April 2002-July 2004:

1,416 (English)

Number of *New Attitudes and Strategies* brochures distributed by NPIN, April 2002-July 2004

4,015 (3,351 English; 664 Spanish)

Note: 2-3 times this total were distributed at meetings and conferences

ACCESS TO STERILE SYRINGES

Clearly, the best solution for IDUs is to stop injecting drugs and enter substance abuse treatment. However, many drug users cannot get into treatment programs or will not stop injecting. Even injectors who enter or complete treatment often relapse and begin injecting again.

Given these realities, several governmental bodies and institutions—the U.S. Public Health Service, the Institute of Medicine, and the U.S. Prevention Services Task Force—have recommended consistent, one-time-only use of sterile syringes as a central prevention strategy for IDUs who continue to inject. IDUs can substantially reduce their risk of acquiring or transmitting HIV, hepatitis B and C, and other blood-borne infections if they use sterile syringes. However, most IDUs are not able to obtain a sufficient number of sterile syringes to effectively reduce their risk of acquiring or transmitting HIV and other blood-borne infections.

This series of five fact sheets, released in June 2000 (English) and July 2001 (Spanish), explores the reasons why IDUs find it difficult to obtain sterile syringes, describes a number of positive policy initiatives, and examines some of the practical realities involved in ensuring access to sterile syringes. Its intent was to help expand the public dialogue beyond debating the merits and limitations of syringe exchange by promoting a deeper understanding of why access is a critical HIV prevention component and how it can be achieved in various ways that benefit both IDUs and communities.

ACCESS TO STERILE SYRINGES

If IDUs who continue to inject use a new sterile syringe for every drug injection, it can substantially reduce their risks of acquiring and transmitting blood-borne viral infections.

Since 1981, 688,200 cases of AIDS have been reported to the Centers for Disease Control and Prevention (CDC). Between 650,000 and 900,000 Americans are now living with HIV and about 40,000 new infections occur every year. Between 1 and 1.25 million Americans are chronically infected with hepatitis B; nearly 3 million Americans are chronically infected with hepatitis C.^{1,2,3}

Injection drug use accounts for about one-third of all AIDS cases and one-half of hepatitis C cases. Injection drug users (IDUs) become infected and transmit the viruses to others through sharing contaminated syringes and other drug injection equipment and through high-risk sexual behaviors. Women who become infected with HIV through sharing needles or having sex with an infected IDU can also transmit the virus to their babies before or during birth or through breastfeeding.

To effectively reduce the transmission of HIV and other blood-borne infections, programs must consider a comprehensive approach to working with IDUs. Such an approach includes a range of pragmatic strategies that address both drug use and sexual risk behaviors. One of the most important of these strategies is ensuring that IDUs who cannot or will not stop injecting drugs have access to sterile syringes. The U.S. Public Health Service and several institutions and governmental bodies have recommended use of sterile syringes as an important risk reduction strategy.⁴ In supporting this position, the Institute of Medicine of the National Academy of Sciences has said:⁵

"For injection drug users who cannot or will not stop injecting drugs, the once-only use

of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission."

Why are Sterile Syringes Necessary for Injection Drug Users?

The process of preparing and injecting drugs provides many opportunities for transmitting HIV and viral hepatitis. Before injecting intravenously, an IDU determines whether the needle is in a vein by pulling back on the syringe plunger. If blood enters the syringe, the needle is in a vein and the IDU will inject the drug. After injecting, the IDU rinses the syringe with water. This water is often used to later prepare drugs for injection. If the IDU has HIV or viral hepatitis, his or her blood will contaminate the entire syringe and the preparation equipment with the virus, which can remain viable for several weeks.⁶

Transmission can occur directly, when an infected IDU shares a syringe with others, or indirectly, when an infected injector shares injection paraphernalia such as water, cookers, cottons, and spoons, or when he or she jointly prepares and shares drugs with other IDUs. Given the efficiency with which HIV and other blood-borne viruses can be transmitted through injection practices, ensuring that IDUs who continue to inject have access to sterile syringes is a vitally important strategy to prevent disease transmission. Ensuring access to sterile syringes does not increase the number of persons who inject drugs or the number of drug injections.^{7,8} It does reduce the sharing and reuse of syringes.^{9,10}

How do IDUs Obtain Syringes?

IDUs get their syringes in several ways:¹¹

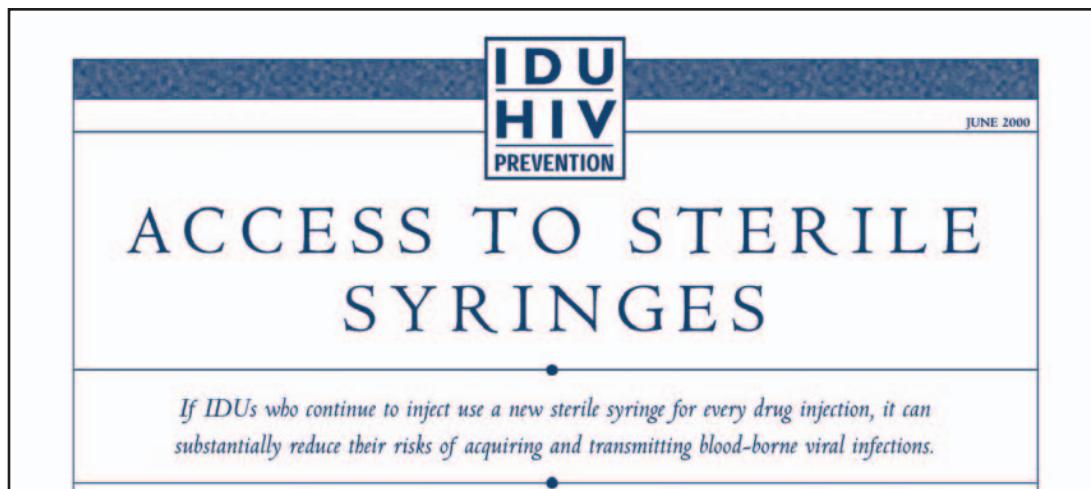
- through illegal or "black market" sources, such as street drug dealers, needle dealers, or shooting galleries or from friends, injection partners, or diabetics — these syringes may not be sterile and may have been used and contaminated with blood; used syringes are sometimes repackaged and sold as new;
- by buying them from pharmacies — this ensures that the syringes are sterile; and
- from syringe exchange programs (SEPs) — this ensures that the syringes are sterile and provides an avenue for safe disposal of used syringes.

Why Is Access to Sterile Syringes a Critical Issue?

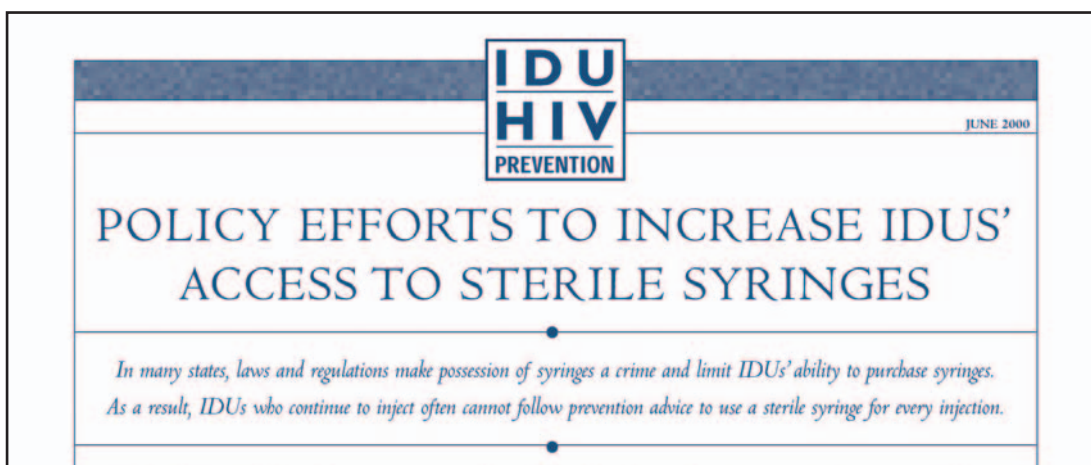
It is estimated that an individual IDU injects about 1,000 times a year.¹² Even in a moderate-size city, this adds up to millions of injections, requiring millions of syringes every year. Most IDUs who continue to inject are currently unable to obtain a sufficient number of sterile syringes to effectively reduce their risks of acquiring and transmitting blood-borne viral infections.¹¹

What Factors Limit IDUs' Access to Sterile Syringes?

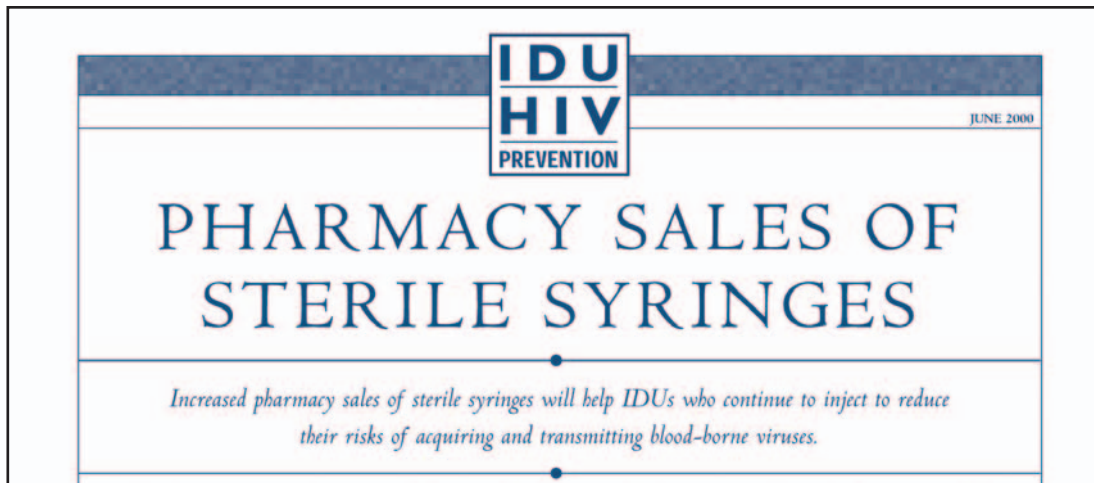
- Most states have legal restrictions on the sale and distribution of sterile syringes¹³; 47 states have drug paraphernalia laws and 8 states have syringe prescription laws. These restrictions present significant barriers to the sale of syringes to IDUs by pharmacists, the prescription of sterile syringes to IDUs by physicians, and the operation of SEPs.
- Twenty-three states have pharmacy regulations or practice guidelines that limit the pharmacy



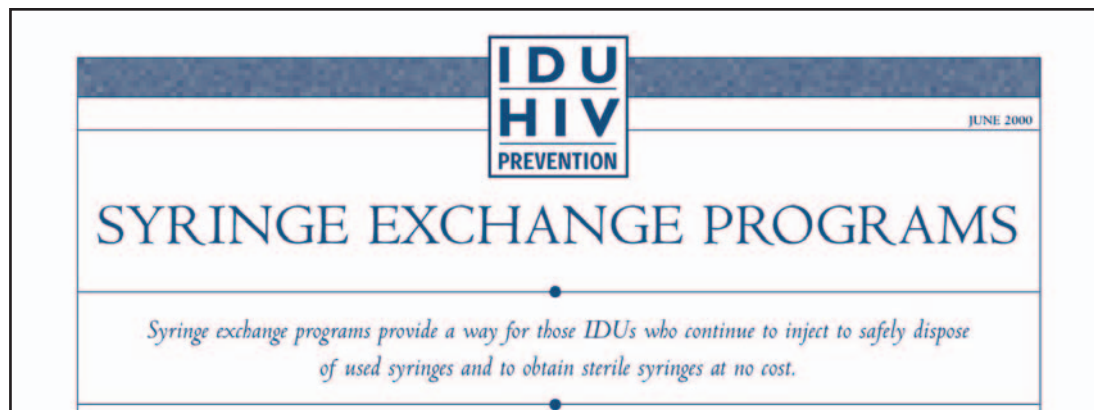
- **Access to Sterile Syringes** explains some of the factors that limit IDUs' ability to obtain sterile syringes and describes several types of interventions now being carried out in the U.S. to improve access.
www.cdc.gov/idu/facts/aed_idu_acc.htm



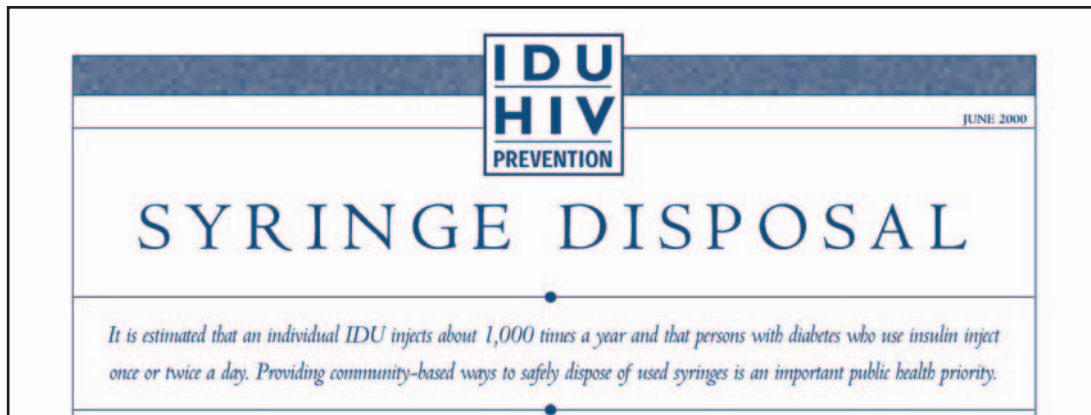
- **Policy Efforts to Increase IDUs' Access to Sterile Syringes** explores the laws, regulations, and practice patterns that affect IDUs' ability to purchase sterile syringes and describe recent actions by several states to changes these laws and regulations.
www.cdc.gov/idu/facts/aed_idu_pol.htm



- **Pharmacy Sales of Sterile Syringes** explains the advantages of this approach and explores the challenges facing communities that wish to expand this service. Several states have acted to increase pharmacy sales and these activities are described. www.cdc.gov/idu/facts/aed_idu_phar.htm



- **Syringe Exchange Programs** explains this important way for IDUs to obtain sterile syringes and safely dispose of used syringes. These programs also can link IDUs with tuberculosis and sexually transmitted disease screening, primary health care, referrals to substance abuse treatment, and other public health and social services. The fact sheet also describes the problems faced by many exchange programs. www.cdc.gov/idu/facts/aed_idu_syr.htm



- **Syringe Disposal** explains why providing ways for individuals in the community to safely dispose of used syringes is a public health priority. Local communities are trying a number of innovative approaches to promote safe disposal programs, though these programs must still overcome legal and policy hurdles.

www.cdc.gov/idu/facts/aed_idu_dis.htm

Access to Sterile Syringes – a consistent “best seller”

Number distributed by NPIN and NCADI
April 2002-July 2004:

8,798 (7,327 English; 1,471 Spanish)

Note: 2-3 times this total were distributed at meetings and conferences

PHYSICIAN PRESCRIPTION OF STERILE SYRINGES TO INJECTION DRUG USERS

Another way to improve IDUs' access to sterile injection equipment is through physician prescription of syringes. This approach also can help IDUs obtain medical services and substance abuse treatment and develop relationships with health care and social services.

This four-page fact sheet, released in February 2002 (English) and August 2002 (Spanish), explains the components and benefits of physician prescription and describes promising results from a research study and program in Rhode Island. The fact sheet also explores the actions necessary on both the community and individual level if this option is to become a reality and explains some of the legal and attitudinal barriers that persist.

www.cdc.gov/idu/facts/Physician.htm



Readers also were interested in Physician Prescription:

Number distributed by NPIN and NCADI
April 2002-July 2004:

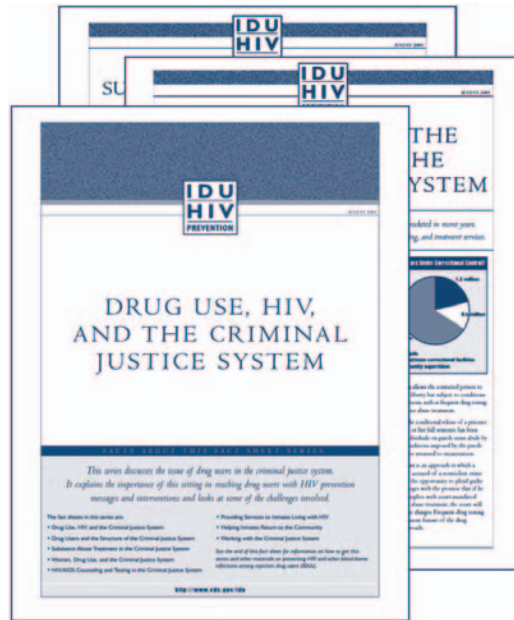
4,530 (3,851 English; 679 Spanish)

Note: 2-3 times this total were distributed at meetings and conferences

DRUG USE, HIV, AND THE CRIMINAL JUSTICE SYSTEM

Because injection drugs are illegal and drug users often are involved in crime to support their drug addiction, IDUs are frequently arrested and imprisoned. At the same time, prison and jail inmates have disproportionately high rates of HIV infection and other sexually transmitted diseases, viral hepatitis, and other health problems.

In light of the many IDUs who are in the criminal justice system and the large numbers of at-risk and infected inmates, this setting is a crucial venue for interventions and services focused on HIV and viral hepatitis. This series of eight fact sheets, released in August 2001 (English), explores a number of issues relating to drug use, HIV, and the criminal justice system.



Criminal Justice strikes a cord with audiences:

Number distributed by NPIN and NCADI

April 2002-July 2004:

2,803 English

Note: 2-3 times this total were distributed at meetings and conferences

- **Drug Use, HIV, and the Criminal Justice System** provides an overview of the issue by explaining that large percentages of prison and jail inmates have serious substance abuse problems and have or are at high risk of HIV or viral hepatitis. It also discusses the importance of this setting in prevention, treatment, and care efforts as well as issues facing correctional facilities and public health agencies as they address this problem.

www.cdc.gov/idu/facts/druguse.htm

- **Drug Users and the Structure of the Criminal Justice System** describes the corrections setting and how it presents opportunities for inmates to obtain HIV and viral hepatitis education, testing, and treatment services.

www.cdc.gov/idu/facts/cj-structure.htm

- **Substance Abuse Treatment in the Criminal Justice System** explains that about 80 percent of inmates in correctional facilities have substance abuse problems. It shows how substance abuse treatment in correctional institutions can help them. Even though many facilities provide treatment and education interventions, significant gaps remain.

www.cdc.gov/idu/facts/cj-satreat.htm

- **Women, Drug Use, and the Criminal Justice System** explains that women inmates have consistently higher rates of drug use and HIV infection than male inmates, describes how women in prison and jail require tailored interventions, and explains how their needs and circumstances need increased emphasis.

www.cdc.gov/idu/facts/cj-women.htm

- **HIV/AIDS Counseling and Testing in the Criminal Justice System** describes how these services are an important opportunity for drug users in the criminal justice system to find out whether they are infected and learn how to reduce their risks.

www.cdc.gov/idu/facts/cj-ct.htm

- **Providing Services to Inmates Living with HIV** describes the experience of one state prison system, which dramatically reduced its AIDS death rate after creating a system to use new HIV therapies. Many correctional facilities provide these therapies, but carrying out a comprehensive HIV treatment regimen for individual inmates can be difficult.

www.cdc.gov/idu/facts/cj-hiv.htm

- **Helping Inmates Return to the Community** explains that one of the great difficulties for newly released inmates is avoiding a return to drug use and crime. It is in the best interest of corrections and communities to provide good transition services to help inmates return successfully to their communities.
www.cdc.gov/idu/facts/cj-transition.htm

- **Working with the Criminal Justice System** explores the compelling reasons for public health, community-based groups, and corrections to collaborate. To do so effectively, each partner needs to learn the others' priorities, procedures, and funding and policy constraints. The partners also need to make personal connections across agency cultures and bureaucracies so that mutual respect and an openness to finding common approaches can develop.
www.cdc.gov/idu/facts/cj-workingwith.htm

Reactions from Readers

"I found the fact sheet on the criminal justice system very helpful. It's a nice walk-through on the system for people who don't understand it."

SUBSTANCE ABUSE TREATMENT

Drug addiction is a chronic illness characterized by compulsive, uncontrollable drug craving, seeking, and use, even in the face of what can be enormous negative consequences. Though nearly all addicts believe at first that they can stop on their own, most of them fail to achieve long-term freedom from use. Moreover, drug injectors who do not enter treatment are much more likely to become infected with HIV and viral hepatitis than are injectors who enter and remain in treatment.



Substance abuse treatment is a powerful disease prevention strategy. This series of six fact sheets, released in February 2002 (English) and June 2003 (Spanish), explores this topic in detail.

- **Substance Abuse Treatment for Injection Drug Users: A Strategy with Many Benefits** explains how substance abuse treatment programs can help IDUs who cannot stop using drugs on their own. It also explores several key barriers that prevent IDUs from obtaining treatment. www.cdc.gov/idu/facts/Treatment.htm

Substance Abuse Treatment reaches multiple audiences:

Number distributed by NPIN and NCADI
April 2002-July 2004:

3,519 (3,317 English; 202 Spanish)

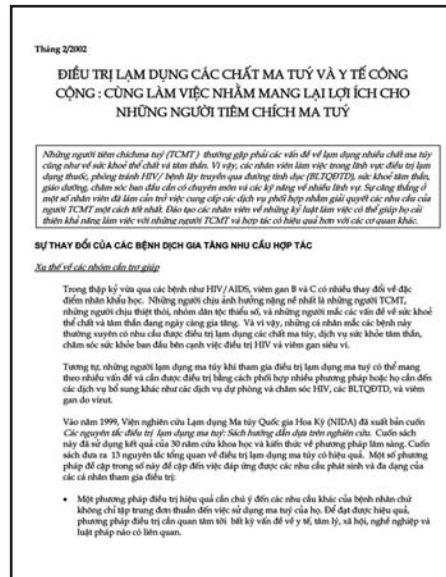
Note: 2-3 times this total were distributed at meetings and conferences

• **What Can We Expect From Substance Abuse Treatment?** describes the unrealistically high expectations that are often held about the results of substance abuse treatment. A better understanding of the nature of addiction and the effectiveness of substance abuse treatment can help temper these expectations and lead to a better understanding of the benefits of treatment. www.cdc.gov/idu/facts/Expectations.htm

• **Linking HIV Prevention Services and Substance Abuse Treatment Programs** shows how connecting HIV prevention programs with substance abuse treatment can help injection drug users reduce HIV transmission risk. Though such linkages offer considerable potential, it can be difficult to create these partnerships. www.cdc.gov/idu/facts/HIVPrevServ.htm

• **Methadone Maintenance Treatment** explains how this treatment approach can help IDUs reduce or stop injecting and return to productive lives. However, its use is still sometimes publicly controversial and many factors limit its effectiveness. Federal regulations, issued in 2001, which have overhauled the methadone treatment system, promise a more flexible approach and improved delivery of these needed, life-saving services. www.cdc.gov/idu/facts/Methadone.htm

• **Policy Issues and Challenges in Substance Abuse Treatment** describes the barriers to substance abuse treatment that persist even in the face of a scientific consensus on its importance



Substance Abuse Treatment fact sheet translated into Vietnamese



Substance Abuse Treatment fact sheet translated into Chinese

and effectiveness. A number of creative national initiatives and many other efforts on a local and individual level are breaking down these barriers. www.cdc.gov/idu/facts/Policy.htm

- **Substance Abuse Treatment and Public Health: Working Together to Benefit Injection Drug Users** explains that IDUs often have multiple substance abuse, physical, and mental health problems. As a result, the providers who work with them need expertise and skills across a range of disciplines. Training can help staff improve their ability to work with IDUs and collaborate more effectively with other agencies.

www.cdc.gov/idu/facts/WorkingTogether.htm

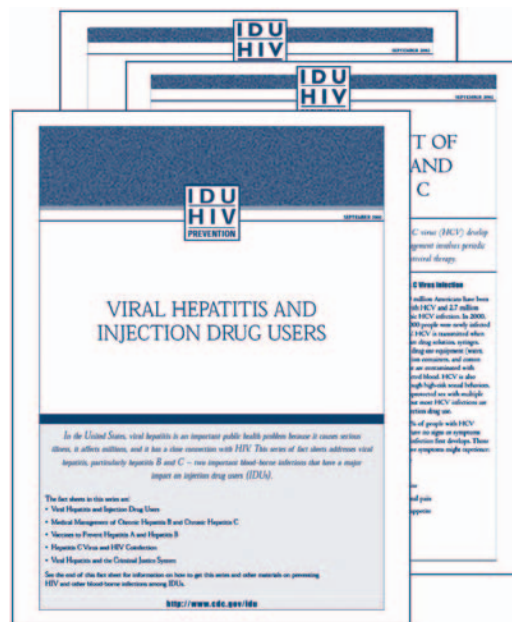
VIRAL HEPATITIS AND INJECTION DRUG USERS

In the United States, viral hepatitis is a critical public health problem that causes serious illness, affects millions, and has a close connection with HIV. This series of five fact sheets, released in October 2002 (English) and January 2003 (Spanish) explores viral hepatitis, especially hepatitis B and C, which are two blood-borne infections that have a major impact on IDUs.

- **Viral Hepatitis and Injection Drug Users**

provides an overview of the issue. Growing awareness of this problem is leading to new initiatives, but efforts to prevent these diseases and reduce their medical, financial, and social costs can be hard to carry out.

www.cdc.gov/idu/hepatitis/viral_hep_drug_use.htm



- **Medical Management of Chronic Hepatitis B and Chronic Hepatitis C**

describes that many individuals who become infected with hepatitis B or C develop chronic liver disease that can gradually cause serious liver damage. Medical management involves periodic monitoring, abstinence from alcoholic beverages, and for some patients, antiviral therapy.

www.cdc.gov/idu/hepatitis/manage_chronic_hep_b-c.htm

- **Vaccines to Prevent Hepatitis A and Hepatitis B**

explains that hepatitis A and B can be prevented through immunization. Awareness of the importance of immunizing against these diseases is growing, and new initiatives are capitalizing on this interest.

www.cdc.gov/idu/hepatitis/vaccines.htm

- **Hepatitis C Virus and HIV Coinfection** is a significant problem, especially among IDUs. Care for individuals living with both diseases is complex. Coinfected IDUs can be treated successfully. The caregiving team should have expertise in liver disease, HIV, and addiction.

www.cdc.gov/idu/hepatitis/hepc_and_hiv_co.htm

- **Viral Hepatitis and the Criminal Justice System** shows how the unique circumstances of the criminal justice environment create opportunities to reach an underserved population with viral hepatitis prevention and treatment services. However, correctional facilities must grapple with several issues, including uncertainty about who will pay for these services, a lack of screening and treatment guidelines, and a need for staff training.

www.cdc.gov/idu/hepatitis/viralhep_crimhal_just.htm

Viral Hepatitis – another popular series:

Number distributed by NPIN and NCADI
April 2002-July 2004:

6,579 (5,738 English; 841 Spanish)

Note: 2-3 times this total were distributed at meetings and conferences

NEW JERSEY

Viral Hepatitis and Syringe Access Factsheets: Success in New Jersey

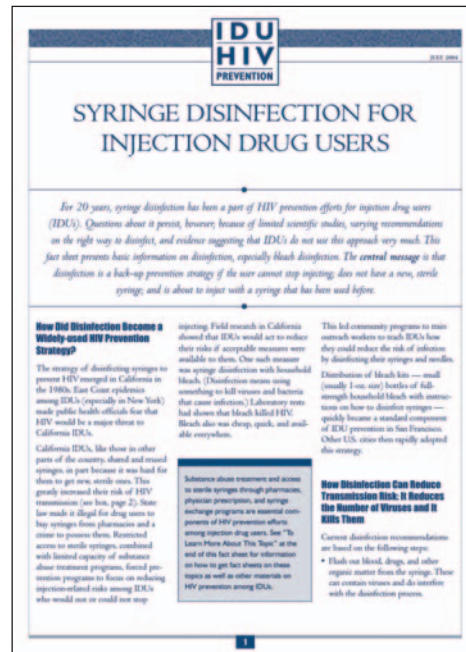
New Jersey has the fifth highest adult HIV rate in the nation, the third highest pediatric HIV rate, and an exploding epidemic of hepatitis C. The Drug Policy Alliance New Jersey, an organization that focuses on changing public attitudes and promoting drug policy reforms on the state level, has used the Project's viral hepatitis and syringe access factsheets numerous times in its education and advocacy efforts. Director

Roseanne Scotti notes that the factsheets are particularly valuable because they are "short, concise, and professional. They contain all the information you need in one place." The Spanish language versions have been a real boon to the Alliance's work because Hispanics are the second largest population in New Jersey and there is a dearth of Spanish-language materials on these topics.

SYRINGE DISINFECTION FOR INJECTION DRUG USERS

For 20 years, syringe disinfection has been a part of HIV prevention efforts for IDUs. Questions about it persist, however, because of limited scientific studies, varying recommendations on the right way to disinfect, and evidence suggesting that IDUs do not use this approach very much.

This fact sheet, released in December, 2004 (English and Spanish), explains how disinfection became such a widely used strategy and how it works to reduce the risk of transmitting HIV and viral hepatitis. Even though disinfection theoretically makes sense as a risk reducing measure, it has limitations, and the fact sheet explores these in detail. It concludes with a summary of messages that education and outreach workers can use with IDUs when discussing disinfection and several “take-home” ideas for readers. The most important of these is that because disinfection is not as safe as using a new, sterile syringe, it is a back-up prevention strategy if the user cannot stop injecting; does not have a new, sterile syringe; and is about to inject with a syringe that has been used before. www.cdc.gov/idu/facts/disinfection.htm



COMMUNITY OUTREACH TO IDUs

Outreach—connecting with people in their own communities—has always been an important part of HIV prevention efforts with IDUs and others at high risk. Traditionally, outreach has focused on sharing information, distributing condoms and bleach kits, and helping people learn about and obtain prevention and treatment services.

CDC's Advancing HIV Prevention Initiative (AHP; www.cdc.gov/hiv/partners/ahp.htm) has stimulated an evolution in the goals of outreach programs because of its emphasis on identifying and testing high-risk individuals. AHP also focuses on linking those identified as HIV-positive with prevention and care services, and recruiting drug users to participate in proven behavioral interventions. Many agencies, organizations, and stakeholders are exploring ways to extend outreach beyond its traditional activities so that they can fully respond to AHP.

These efforts are getting a boost because of new tools and resources. For example, HIV rapid testing can now be done in the field. Public health outreach training and certification programs help ensure that outreach workers know how to do their jobs well. A growing body of literature and practical experience can help provide answers to questions about the best way to establish and maintain relationships with hard-to-reach drug-using populations.

The Project has compiled many resources to help health departments, community-based organizations, and community planning groups improve their outreach efforts to IDUs. These materials include information about outreach worker training programs, successful outreach models used by States, tools and resources available to help organizations achieve their outreach goals, and materials related to organizing and maintaining IDU outreach efforts. By pulling together this diverse information, the Project hopes to enhance the ability of organizations to begin providing or reinvigorate outreach services to IDUs.

REQUESTS FOR TECHNICAL ASSISTANCE

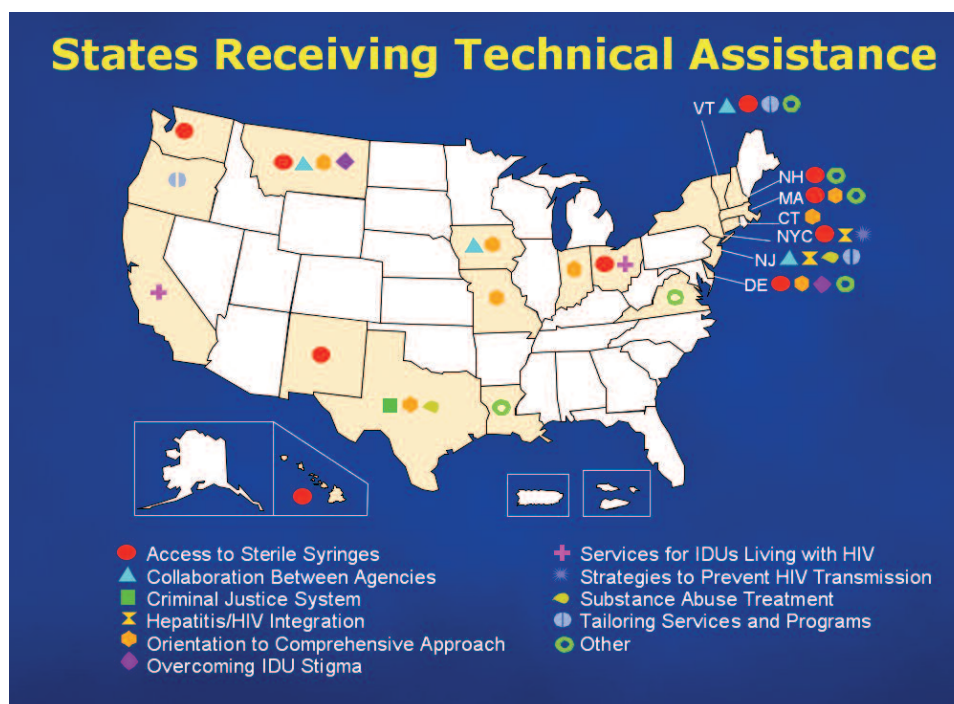
Since 2000, the Project has responded to 28 requests for technical assistance from 20 states and has provided 135 separate services.

In 1999, CDC and Project staff began developing a system for responding to TA requests from CDC-funded prevention partners. This system was designed to help HIV prevention, substance abuse treatment, and HIV care program staff:

- Develop a better understanding of IDUs' lives and service needs;
- Learn about the Comprehensive Approach and implement its components, particularly substance abuse treatment, access to sterile syringes, services in the criminal justice system, and programs and services for IDUs living with HIV;
- Improve collaboration and cooperation with other agencies; and
- Improve the capacity of community planning groups to respond to IDUs and to increase IDUs' participation in the community planning process.

This system was launched in 2000 with workshops requested by the Iowa and Delaware state health departments. These workshops introduced participants to the Comprehensive Approach, fostered sharing of information across agencies and disciplines, and encouraged collaborative approaches to common problems. Each workshop also focused on issues of particular interest in the State. For example, Iowa workshop participants, who represented HIV prevention, substance abuse treatment, corrections, and pharmacies, worked together to develop collaborative HIV/IDU action plans in three areas: pharmacy syringe sales and improving collaboration of substance abuse treatment and criminal justice staffs with health department staffs. Participants in the Delaware meeting focused on steps Delaware could take to improve access to sterile syringes for IDUs.

Since its inception, the Project's TA system has responded to 28 requests for technical assistance from 20 states and cities and has provided 135 separate services covering 16 different topic areas. Services have included consulting by telephone and in person, organizing meetings and workshops, reviewing materials and products, providing information from the scientific literature and referrals to subject matter experts, and providing other IDU technical assistance materials. Initially, the technical assistance activities focused on orienting states to the Comprehensive Approach and how its elements applied to states. Over time, as states became more familiar with this broad strategic approach, technical assistance requests focused on specific issues, such as access to sterile syringes, services for IDUs living with HIV, reducing IDU stigma, integrating HIV and viral hepatitis programs and services, working with substance abuse treatment, and working with criminal justice. The table on p. 33 provides a complete listing of the Project's technical assistance activities.



Technical Assistance Provided, March 2000-October 2004

Start Date	Requesting Jurisdiction	Content Area	Services Provided (# of services)
March 2000	Iowa	Orientation to Comprehensive Approach Collaboration Between Agencies (Substance Abuse Treatment, Corrections, Pharmacists)	Telephone Consultation (12) Provide Materials (11) Onsite Consultation (2)
May 2000	Delaware	Orientation to Comprehensive Approach Stigma Access to Sterile Syringes Other: Legislative Strategy	Telephone Consultation (6) Provide Linkage to Subject Matter Expert Review Materials and Products Onsite Consultation
May 2000	Hawaii	Access to Sterile Syringes	Provide Linkage to a Peer
June 2000	Massachusetts	Strategies to Prevent HIV Transmission (Sexual Risk Assessment with Drug Users)	Provide Materials (2) Telephone Consultation Onsite Consultation Training/Workshop Referral to Research/Literature
August 2000	Ohio	Services for IDUs living with HIV (Culturally Sensitive Services for IDUs)	Provide Linkage to an Organization
September 2000	Washington	Access to Sterile Syringes (Disposal Options)	Telephone Consultation Provide Linkage to a Peer
November 2000	Texas	Orientation to Comprehensive Approach Approach to Treatment in the Criminal Justice System	Telephone Consultation (5) Provide IDU-TA Materials Training/Workshop
December 2000	Massachusetts	Orientation to Comprehensive Approach Access to Sterile Syringes	Provide Materials Review Materials and Products
February 2001	Hawaii	Access to Sterile Syringes (Disposal Options)	Telephone Consultation (4) Provide Materials (3) Review Materials and Products
April 2001	Virginia	Other: Self Assessment Tool	Telephone Consultation
April 2001	New Mexico	Access to Sterile Syringes (Disposal Options)	Telephone Consultation (2) Provide Materials (2) Onsite Consultation
May 2001	New Hampshire	Access to Sterile Syringes (Outcome Evaluation of Syringe Possessions Policy Change)	Provide Materials (Peer Resources)
May 2001	Missouri	Orientation to Comprehensive Approach	Provide Materials
July 2001	Indiana	Orientation to Comprehensive Approach	Provide Materials
July 2001	Massachusetts	Orientation to Comprehensive Approach	Provide Materials
September 2001	Montana	Collaboration Between Agencies (Proposal Support and Resources)	Provide Materials Review Materials and Products Telephone Consultation

Start Date	Requesting Jurisdiction	Current Area	Services Provided (# of services)
September 2001	Montana	Orientation to Comprehensive Approach Overcoming IDU Stigma Access to Sterile Syringes	Provide Materials Review Materials and Products Telephone Consultation Provide Linkage to Subject Matter Expert
November 2001	Hawaii	Access to Sterile Syringes (Developing a Brochure to Accompany Syringes)	Provide Linkage to a Peer Provide Materials (2)
November 2001	Louisiana	Needs Assessment (CPG Assessing Needs of IDUs)	Telephone Consultation (4) Provide Materials Provide Linkage to a Peer Provide Linkage to Subject Matter Expert
December 2001	New Jersey	Collaboration Between Agencies (Conference Planning and Implementation)	Telephone Consultation (10) Review Materials and Products Provide Materials Onsite Consultation
December 2001	Vermont	Collaboration Between Agencies (Health Department and Drug Treatment) Tailoring Services & Programs Other: Needs Assessment (CPG Assessing Needs of IDUs)	Telephone Consultations (4) Provide Materials (2)
August 2002	Oregon	Tailoring Services and Programs (Resources on Effective Outreach to IDUs)	Referral to Research/Literature
April 2003	New Jersey	Tailoring Services and Programs Hepatitis/HIV Integration (Conference Planning and Implementation)	Telephone Consultation (8) Review Materials Provide Materials (3) Referral to Research/Literature
March 2003	Connecticut	Orientation to Comprehensive Approach	Onsite Consultation
March 2003	New York City	Access to Sterile Syringes Strategies to Prevent HIV Transmission (Focus Groups)	Telephone Consultation (4) Report on Findings Onsite Consultation
November 2003	California	Services for IDUs living with HIV/AIDS (Prevention for Positive Resources for IDUs)	Referral to Research/Literature
August 2004	New Hampshire	IDU Recruitment and Retention on CPGs	Telephone Consultations (4) Onsite Workshop (1)
October 2004	California	Access to Sterile Syringes (Outcome Evaluation of Syringe Possessions Policy Change)	Provide Materials (Peer Resources)

The Project initially modeled the HIV/IDU TA system on the widely-used technical assistance system established for HIV Prevention Community Planning. This community planning TA system was built on a formal process that involved a request for help; a diagnostic phase in which AED staff worked with the project area and CDC to determine the problem, identify appropriate solutions, and match the project area with any necessary resources; provision of the TA; and follow-up. TA was provided in various forms, including telephone consultations; site visits; training workshops; and referral to information materials, resources, and expertise. In addition to providing TA to the community planning groups, AED maintained a registry of regional/local and national technical experts who could be called upon to respond to TA requests.

Over time, Project staff found that the community planning TA model did not fit the needs of the HIV/IDU Project. States and cities receiving funds from CDC are required to implement HIV prevention community planning as a component of their comprehensive HIV prevention program. Due to the complex nature of the planning process, community planning groups and state health departments are very likely to request TA. In contrast, states interested or engaged in HIV prevention among IDUs were not working with a similarly structured process. This resulted in a smaller number of spontaneous requests and a more flexible technical assistance system that evolved in response to states' individual situations and needs. However, some elements from the community planning TA system did remain in the HIV/IDU TA system. These included the active involvement of Project staff in all phases of the TA process from initial request to follow-up and the development of a cadre of technical experts who could be called upon to provide help.

THE HIV/IDU TECHNICAL ASSISTANCE SYSTEM IN ACTION

New York City Improves its Hepatitis C Prevention Work with IDUs

In March 2003, the New York Department of Health and Mental Hygiene asked AED for help in developing linked HIV and hepatitis C prevention messages for IDUs. The Project contracted with Dr. Stephen Koester, of the University of Colorado to provide this assistance. Dr. Koester is a noted ethnographic investigator specializing in IDUs and HIV risk behaviors. Many HIV risk behaviors also facilitate the transmission of hepatitis C, and the Department felt that new messages about hepatitis C could be a way to address the transmission of blood-borne pathogens in general, thereby using IDU concerns about hepatitis C to improve HIV prevention.

Dr. Koester traveled to New York and conducted eight focus groups with 56 heroin-using IDUs. He also conducted in-depth individual interviews with 11 active IDUs. These IDUs included adults and homeless young adults. The discussions covered injection-associated risks that facilitate hepatitis C and HIV transmission, factors that influence those risks, and ideas for addressing them.

These interviews yielded valuable information, which the Department put to use in improving its viral hepatitis and HIV education and prevention efforts and ensuring that hepatitis prevention remains a priority issue for the agency. It:

- Retrained intake workers on best practices for intake, assessment, and education, particularly around reducing syringe reuse and drug sharing.
- Helped create peer education training and groups on hepatitis C for young and old injectors.
- Began to work with four syringe exchange programs (and started discussions with two others) to provide free hepatitis A and B vaccinations and hepatitis C testing.
- Mandated hepatitis C assessment, education, and referral in all city-funded HIV prevention contracts.
- Updated Department educational materials and training, and developed two new brochures for IDUs that feature specific messages about not sharing drug injection equipment when preparing, or injecting drugs. The brochures also include information on substance abuse and syringe exchange programs, and free testing and vaccination sites. The brochures are used at STD clinics, city jails, and AIDS service organizations (ASOs).
- Developed a brochure specifically for adolescents that discourages them from beginning to inject drugs.

THE HIV/IDU TECHNICAL ASSISTANCE SYSTEM IN ACTION

Improving Collaboration Across Agencies and Integrating HIV and Viral Hepatitis

The Project worked with the New Jersey Department of Health and the New Jersey AIDS Education and Training Center (AETC) on three separate occasions to help the State improve its work with IDUs. In both cases, the assistance was arranged through New Jersey's CDC HIV Prevention Project Officer.

- In December 2001, New Jersey asked the Project to help substance abuse treatment providers collaborate more effectively across agencies. Project staff planned and designed a meeting in April 2002 to encourage staff from various state agencies to discuss common challenges and opportunities for collaboration in substance abuse treatment and HIV prevention. Project staff shaped the content of the meetings, identified speakers, and analyzed evaluation results.
- In December 2002, Project staff planned and designed a second meeting, similar to the one in April though it focused on substance abuse treatment and hepatitis C. An important element of the meeting's success was the active participation of CDC's Division of Viral Hepatitis (DVH).
- In April 2003, New Jersey asked the Project to help develop a training for prevention case management and counseling and testing staff that would integrate viral hepatitis information with HIV/AIDS information. A workgroup consisting of staff from DVH, DHAP, AED, the New Jersey Department of Health, and the New Jersey AETC planned and developed the training. Project staff researched available training curricula that covered viral hepatitis and HIV/AIDS and recommended that the state use a curriculum developed in New York City. New Jersey then adapted this curriculum by adding information about hepatitis D, E, F, and G to the existing information on hepatitis A, B, and C. In June 2004, staff from three New Jersey regions were trained in this new curriculum.

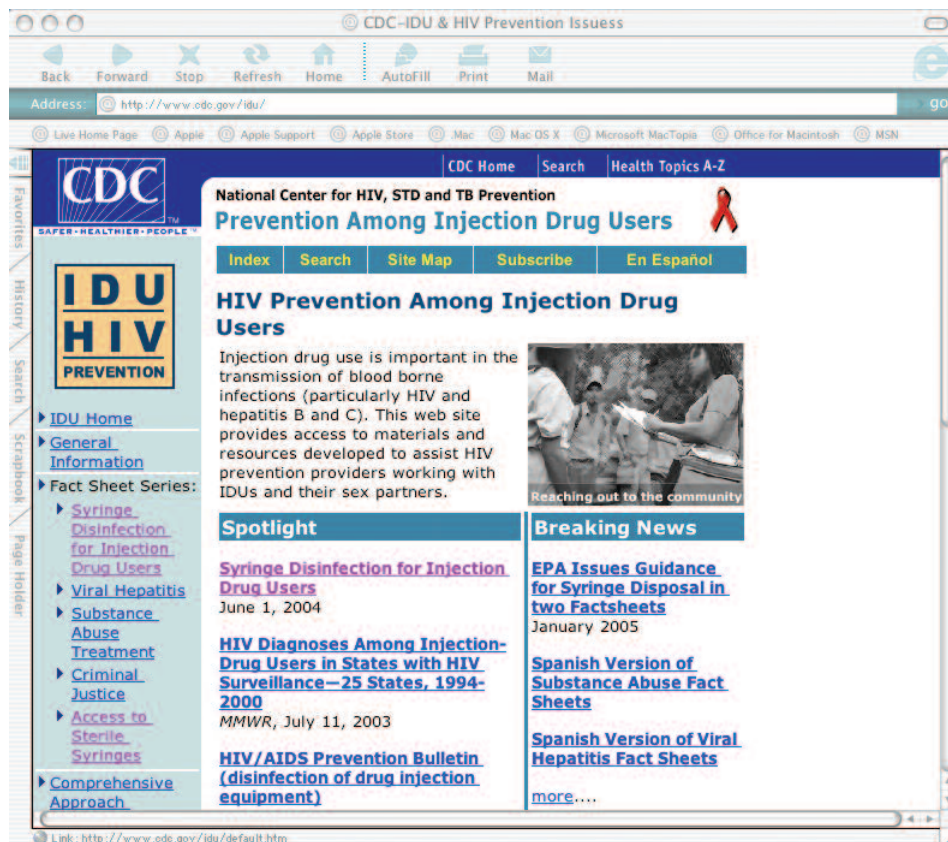
WEBSITES

The Project created two websites, which have provided thousands of visitors with information and resources about preventing HIV and viral hepatitis among IDUs.

HIV/IDU PROJECT WEBSITE

“It looks great.” “It’s timely, faster, and more up-to-date than print materials.” “Having access to those PDF files is wonderful.” “I like the Arial font and the use of blue. It’s soothing to the eye.”

These are a few of the reactions from visitors to the HIV/IDU website, launched in August 2000. The site, at www.cdc.gov/idu, features all the Project’s publications (both English and Spanish versions) as well as links to other related materials on IDUs and blood-borne infections. These include related publications on HIV prevention among IDUs and five “Dear



Colleague” letters from a variety of public health agencies and professional associations. These letters focus on safe syringe disposal, syringe disinfection, access to sterile syringes through pharmacy sales, and HIV prevention. The site also features a topic list, which allows site users to look for information by topic in all Project documents. The materials are available in both PDF and HTML formats, and the site conforms to Federal government usability requirements.

The websites of a number of organizations, including the National Association of State and Territorial AIDS Directors (NASTAD; www.nastad.org), have links to the HIV/IDU website.

HIV/IDU WEBSITE

Requests for Fact Sheets and Other Documents January - August, 2004

Publication Title	Number of Requests
Viral Hepatitis	21,561
Substance Abuse Treatment	15,053
Criminal Justice System	14,140
Access to Sterile Syringes	11,651
HIV Prevention Among Drug Users	9,754
A Comprehensive Approach	4,505
Dear Colleague Letter-HIV Prevention Bulletin	2,801

HIV/IDU WEBSITES

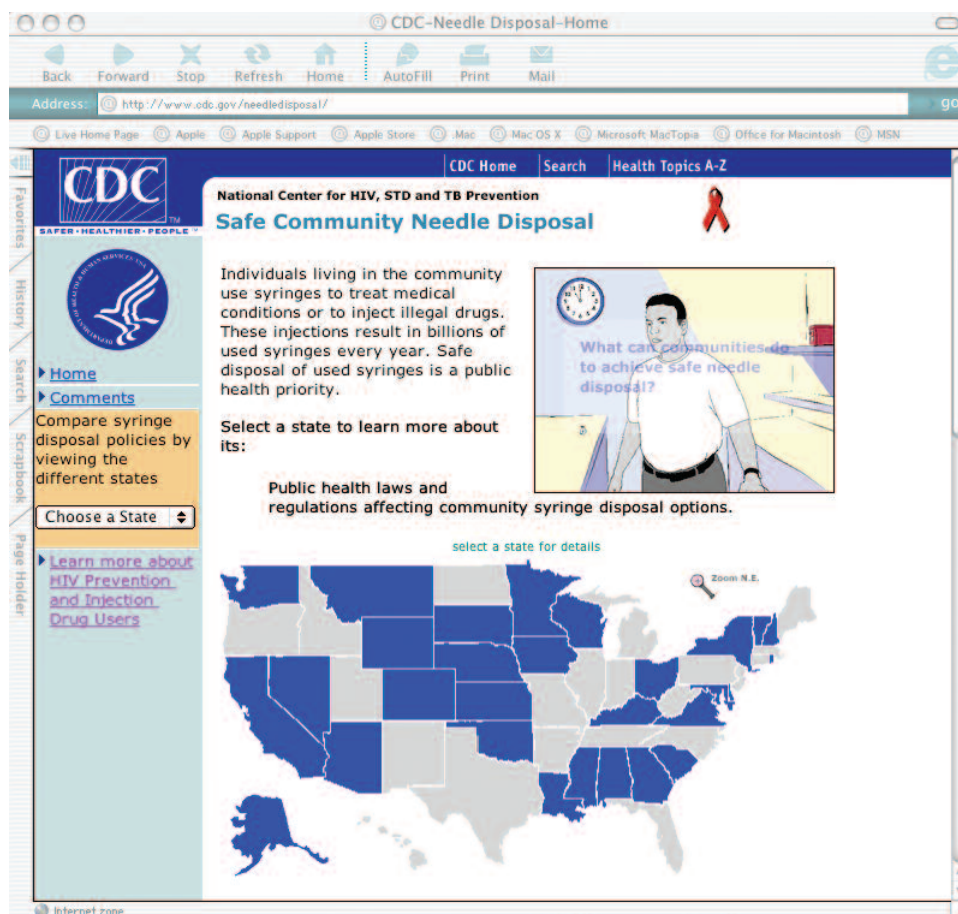
January - August, 2004

Activity	HIV/IDU Website (thousands)	DHAP Website* (millions)	IDU Proportion of DHAP
No. of requests	377	9.5	4%
No. of visits	91	2.9	3.1%
Average visit length (minutes)	14	5	

*Divisions of HIV/AIDS Prevention

SAFE COMMUNITY NEEDLE DISPOSAL WEBSITE

Every year, hospitals, nursing homes, and other health care facilities use billions of syringes. These facilities must comply with strict public health, environmental, and occupational health laws that govern the use and disposal of syringes and other sharps. However, less attention has been paid to the millions of individuals who use syringes to inject insulin and other medicines in their homes and other community locations. Current state systems and regulations about the personal use of syringes vary, and individuals, including



IDUs, have few convenient options for safely disposing of their syringes. Drug paraphernalia and possession laws in many locations create strong disincentives for IDUs to safely dispose of used syringes. Most of the syringes used by individuals in the community end up in public trash disposal systems, which puts solid waste workers at risk of needlestick injuries and potential transmission of HIV and other blood-borne infections.

A 1996-1997 qualitative study gave IDUs a chance to describe their fears about safe syringe disposal

“They’d [the police] catch you with a dirty syringe and you’d go to jail for possession, so people ain’t hardly gonna keep ‘em laying around, keep ‘em in a container or whatever.”

“They know they can stop you, and if you come and dispose of them, they got a case there.”

Springer et al. Syringe disposal options for injection drug users: a community-based perspective. Substance Use and Misuse 1999; 34(13):1917-1934.

Many state and local public health agencies, waste management companies, diabetes education groups, and other organizations have begun to increase public awareness about the risks of disposing of used syringes in the trash and to promote safe community disposal options. Recognizing that concerns about unsafe syringe disposal by IDUs have at times created substantial obstacles to efforts to increase IDU access to sterile syringes and that participation in a broadly-based effort to promote safe community disposal options could also benefit IDUs, the Project launched a new website in 2003.

In an easy-to-navigate format, Safe Community Needle Disposal (www.cdc.gov/needledisposal) presents state-by-state profiles that:

- Summarize solid and infectious waste policies and regulations and federal blood-borne pathogen worker safety standards;
- Describe the primary safe community syringe disposal options and highlight safe disposal programs in the State;
- Summarize safe disposal guidance for individuals published by the State; and
- Provide contact information for state environmental and health agencies that are responsible for issues related to safe syringe disposal.

Developing the website content took place in phases. During the first phase two subject matter experts—Wayne Turnberg of the University of Washington and Scott Burris of the Temple University Beasley School of Law—compiled, reviewed, and analyzed information on solid and infectious waste policies and regulations and information on the effect of state laws and regulations on safe disposal by individuals in the community. Project staff and Dr. Turnberg then used information from this 50-state review to create the state profiles. Representatives from the states reviewed the final profiles for completeness and accuracy before they were posted live on the site (27 profiles are currently live on the site; the remaining profiles are still under review by state representatives).

A critical component of this project was creating the “look” of the website and the template for the state profiles. Project staff worked closely with a CDC web designer to make the site appealing and easy to navigate. The flash graphic of a man safely disposing of a used syringe and an interactive map of the United States that users click to get to a state profile are two notable features of the website.

LEVERAGING PAST EXPERIENCE AND CURRENT OPPORTUNITIES TO CREATE NEW PRODUCTS

The safe syringe disposal website is a good example of how the Project has taken advantage of public interest in an issue, drawn on existing relationships and partnerships with other groups, and built on previous Project activities to create a valuable new product.

Building on a 1996 meeting about safe syringe disposal at Johns Hopkins University and a 1998 scientific paper reviewing existing safe disposal programs (Macalino et al. *J Acquir Immune Defic Syndr Hum Retrovirol*, 1998;18 Suppl 1:S111-9), the Project included safe community syringe disposal in the Comprehensive Approach document as an important component of one of the eight strategies—access to sterile syringes. Then, in 2000, one of the fact sheets in the Access to Sterile Syringes series was devoted to the issue.

www.cdc.gov/idu/facts/aed_idu_acc.htm

During this same period, other groups, including waste disposal companies, state and local public health and environmental agencies, diabetes education groups, and agencies that work with IDUs, also were raising awareness about this issue and promoting community options for safe syringe disposal. Project staff were aware of these activities and talked periodically with members of these groups.

In 2001, the State of Hawaii contacted the Project and asked for technical assistance on safe syringe disposal. The state legislature had recently passed a law permitting pharmacy sales of syringes without a prescription,

and the State Department of Health asked for help to develop a consumer brochure for pharmacies on safe syringe disposal. They also asked for a review of the State's solid and hazardous waste disposal laws and regulations for the Department of Health's newly hired Coordinator of Community Syringe Disposal Efforts. The Project provided support for Dr. Wayne Turnberg of the University of Washington, an expert in this area, to review the laws and regulations. The State also asked for help with a questionnaire for Parks and Recreation Department staff on the problem of discarded used syringes.

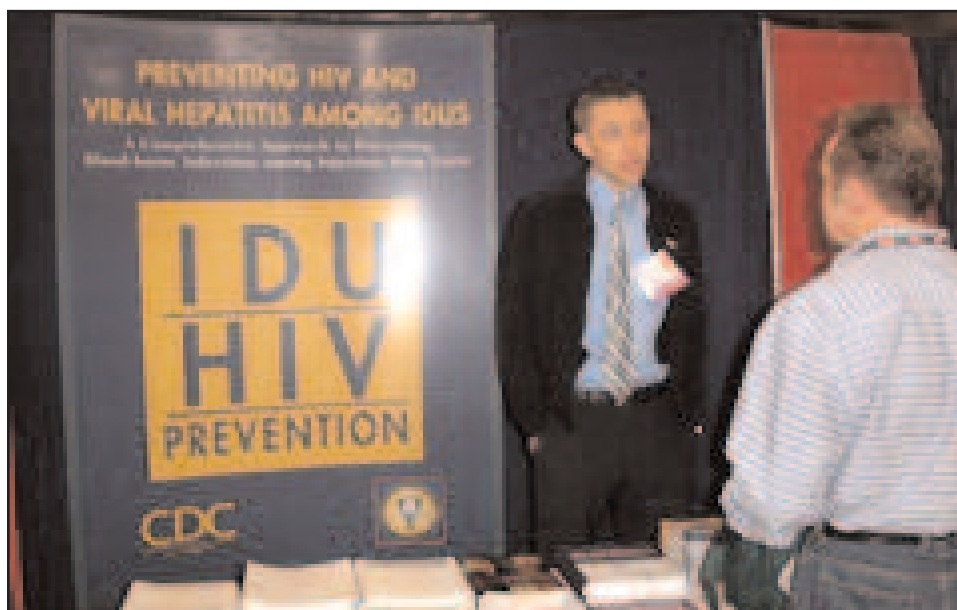
At the same time, the Project's Dr. Steve Jones was guest editor of a supplement to the *Journal of the American Pharmaceutical Association*, which was devoted to the issue of preventing blood-borne infections through pharmacy syringe sales and safe community syringe disposal (www.aphanet.org/JAPhA/suppl2_cdc.pdf). Published in November 2002, the supplement included papers on syringe laws and deregulation, interpreting pharmacy regulations, promoting pharmacy syringe sales, pharmacist attitudes toward selling syringes to IDUs, evaluating pharmacy sales without prescriptions, and safe syringe disposal. Two of the subject matter experts involved in the syringe disposal website—Wayne Turnberg and Scott Burris—also wrote papers for this supplement.

All of these activities helped to foster a receptive environment for new initiatives around safe syringe disposal, including the Safe Community Needle Disposal website.

MEETINGS, CONFERENCES, AND WORKING GROUPS

Between 2001 and 2004, the Project's contributions to 13 major national and international HIV/AIDS and hepatitis meetings helped call attention to, and promote, new prevention opportunities among IDUs.

Throughout the Project, staff actively participated in major HIV/AIDS meetings and conferences to promote a national conversation about preventing HIV and other blood-borne infections among IDUs and their partners and children. To publicize the Project, staff worked with a graphic designer and exhibit production company to create an HIV/IDU Project booth. This booth was featured at nine of the meetings attended by the Project. Its eye-catching design attracted many meeting-goers who were interested in IDU issues. Attendees sought out the booth, and thousands of copies of Project materials were distributed this way. The booth also provided an important way for staff to solicit participation in informal surveys and assessments of Project materials.



Project staff also developed and convened panel workshops and roundtable discussions to describe the Comprehensive Approach and its practical applications to the work carried out by meeting participants. These workshops and roundtable discussions included presentations by Project staff, subject matter experts, and representatives from state health departments, community-based organizations, and other agencies and groups that work with IDUs. These sessions were a valuable opportunity for the Project to highlight the importance of IDUs in the HIV and viral hepatitis epidemics and promote the availability of Project materials and technical assistance. They also allowed the Project to reach out to a broad range of public health professionals and community-based groups to build understanding of the need for collaborative and cross-disciplinary prevention efforts for IDUs. Abstracts were submitted and accepted at 11 of the 12 meetings attended. The accompanying table summarizes the workshops and discussion sessions presented by Project staff at these meetings and conferences.

In addition to these national and international conferences, Project staff participated in two other meetings, which allowed them to share information and build collaborative relationships with other groups:

- In January 2001, CDC and AED Project staff worked with three other organizations to bring together key stakeholders to identify and discuss issues and barriers to safe community disposal of used syringes. Meeting co-sponsors included the American Association of Diabetes Educators, the American Pharmaceutical Association, and the American Medical Association. This meeting resulted in a working group, called the Coalition for Safe Community Needle Disposal (www.safeneedledisposal.org/index.html), which has convened a diverse group of organizations to develop strategies that promote safe community syringe disposal. An AED Project staff member participates as an observer in the working group.
- In June 2001, Project staff were involved in a 2-day meeting in New York City for researchers and community-based organizations directly funded by CDC to share information and lessons learned about HIV prevention among substance users in New York. Project staff assisted in developing the agenda, objectives, and the evaluation, and helped facilitate meeting sessions.

Project Participation in Meeting and Conferences

Conference	Presented	HIV/IDU Booth
2004 U.S. Conference on AIDS Philadelphia, PA; October 2004	Workshop: <i>Outreach to Drug Users as a Recruitment Strategy for HIV Prevention</i> Speakers Representing: AED, CDC, Prevention Point Philadelphia, Texas Department of Health	✓
2004 HIV Prevention Leadership Summit Atlanta, GA; June 2004	Affinity Session: <i>Outreach to Injection Drug Users</i> Facilitators Representing: AED, CDC	✓
2003 U.S. Conference on AIDS New Orleans, LA; September 2003	Workshop: <i>Emerging Issues in HIV Prevention among Injection Drug Users</i> Speakers Representing: AED, CA Prevention Training Center, New Mexico CPG, University of Colorado	✓
2003 National HIV Prevention Conference Atlanta, GA; July 2003	Poster: <i>Safe Community Needle Disposal and Collection</i> Authors: Testaverde J (AED), Lentine D (CDC), Schowalter S (NASTAD) Poster: <i>Evaluation of a National Technical Assistance Project for HIV Prevention Among Injection Drug Users</i> Authors: Novey S, McDonald G, Raybon D, Rodgers AB, Testaverde J (AED), Jones TS (CDC)	✓
2003 Hepatitis Coordinator Conference San Antonio, TX; January 2003		✓
2003 Community Planning Leadership Summit New York, NY; March 2003	Affinity Session: <i>Injection Drug Users and HIV Prevention</i> Facilitators Representing: AED, CDC	✓
2002 U.S. Conference on AIDS Anaheim, CA; September 2002	Affinity Session: <i>Injection Drug Users and HIV Prevention</i> Facilitators Representing: AED	✓
2002 International AIDS Conference Barcelona, Spain; July 2002	Poster: <i>Creating a National Technical Assistance Program for HIV Prevention among Injection Drug Users</i> Authors: Novey S, Raybon D, Rodgers AB (AED), Jones TS (CDC)	✓
2002 Community Planning Leadership Summit Chicago, IL; March 2002	Workshops: <i>Strategies for Increasing Access to Sterile Syringes</i> Speakers Representing: AED, AIDS Foundation of Chicago, Alianza Positiva, Hawaii Department of Health <i>Including the Needs and Experiences of IDUs in the Community Planning Process</i> Speakers Representing: AED, Kentucky CPG, New Jersey CPG, Wyoming Department of Health Roundtables: <i>Improving Your HIV Prevention Efforts for Injection Drug Users: An Introduction to the Comprehensive Approach and the IDU Technical Assistance System</i> Facilitators Representing: AED	✓

Conference	Presented	HIV/IDU Booth
2001 Texas State HIV/STD Prevention Conference Austin, TX; April 2001	<u>Workshop:</u> <i>Innovative Strategies for Preventing Blood-borne Pathogens in Injection Drug Users</i> Speakers Representing: AED, Illinois Department of Health, Texas Department of Criminal Justice, Wellspring Recovery Centers	✓
2001 National HIV Prevention Conference Atlanta, GA; June 2001	<u>Workshops:</u> <i>Improving Your HIV Prevention Efforts for Injection Drug Users: An Introduction to the Comprehensive Approach and the IDU Technical Assistance System</i> Speakers Representing: AED	✓
2001 Community Planning Leadership Summit Houston, TX; March 2001	<u>Workshop:</u> <i>Improving Your HIV Prevention Efforts for Injection Drug Users: An Introduction to the Comprehensive Approach and the IDU Technical Assistance System</i> Speakers Representing: AED, CDC	✓

CONCLUSION

From 1998 to 2005, this Project was a major element of CDC's efforts to reduce the impact of injection drug use on the transmission of HIV and other blood-borne diseases. Its accomplishments include:

- It helped keep visible important ideas about a vulnerable at-risk population that is often overlooked or ignored, but that plays a critical role in the HIV and viral hepatitis epidemics. By broadening audiences' understanding of IDUs, it helped diverse groups and agencies change their views of IDUs and their lives and circumstances.
- It raised awareness among state and local health departments, community-based organizations, and other groups who work with IDUs about the need for a comprehensive approach that uses multiple pragmatic strategies, relies on collaboration, and is sensitive to the diverse characteristics and service requirements of drug users.
- Through print materials and websites, it provided accessible, research-based analyses of issues of particular importance to preventing blood-borne viral transmission among IDUs. Audiences used these analyses in a variety of ways, including as background information, in trainings, in policy development, and in advocacy efforts.
- It responded to technical assistance requests from 20 States and cities, which helped them improve their HIV and viral hepatitis prevention services to IDUs.
- It helped many groups and organizations view CDC as a leader in IDU HIV prevention.

Developing comprehensive prevention approaches for IDUs has important implications for society because reducing the transmission of HIV and other blood-borne infections among IDUs will reduce transmission in the population as a whole. This Project's accomplishments have helped organizations and agencies make program and policy decisions that more appropriately address the prevention needs of IDUs, thereby contributing to continued progress in this area.

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CDC's Division of HIV/AIDS Prevention Project Staff and Advisors



AED's Center on AIDS & Community Health Project Staff and Advisors

