

SOCIAL JUSTICE FOR INJECTION DRUG USERS: PUBLIC HEALTH POLICY IMPLEMENTATION

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Health Care Needs of Hard to Reach Populations
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Presenter Disclosures

Valerie J. Rose

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Other Disclosures

- ▣ Public health department employee - ~20 years
- ▣ Health policy and health education background
- ▣ Researcher and advocate for public policies that address HIV risk among IDU

Acknowledgements

Funder: University of California Office of the President:
California HIV/AIDS Research Program (CHRP)
Grant #ID07-PHFE-177; 2007-2009

Project Officer: Roy McCandless, Dr.PH

Participating Local Health Jurisdictions (LHJ):
Humboldt, San Luis Obispo, San Mateo, Santa Cruz

Study population(s): Pharmacists, injection drug users,
local appointed/elected officials

Advisors: Syringe exchange coordinators, AIDS Program
directors

Background

- ▣ Study conceived to address 2005 policy intervention (SB 1159) for IDU
 - Fielded 2008-2009
- ▣ SB 1159 permits pharmacies to sell up to 10 syringes w/o Rx
- ▣ Requires “dual opt-in” at the County level
 - (Unwelcome) feature added at Governor’s signing
 1. Local policy (ordinance, resolution or law)
 - ▣ Health department (HD) effort on behalf of IDU
 - ▣ Political will and support
 2. HD to enroll interested pharmacies

Background

- ▣ 16/61 LHJ fulfilled **both** requirements of the policy to date

- ▣ Local health jurisdictions in this study established policy environment (requirement #1);

...yet

Background

- ▣ Failed to implement policy (requirement #2) by creating program and enrolling pharmacies
 - Perceived disinterest among pharmacies
 - Perceived community opposition
 - Perceived lack of need
 - Lack of resources
 - Concern about syringe disposal

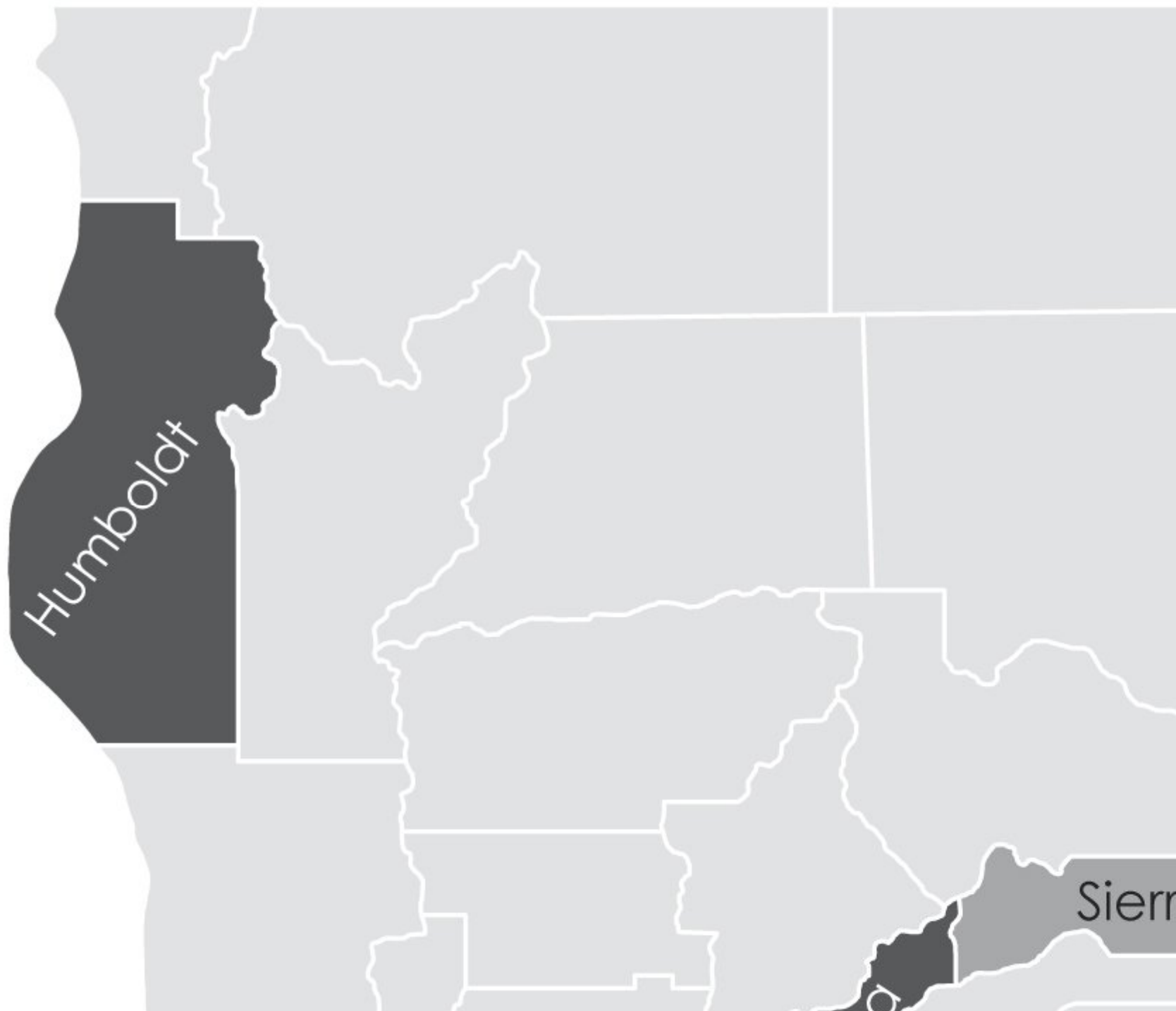
**ALAMEDA
CITY OF LONG BEACH
CITY OF LOS ANGELES
CITY OF SACRAMENTO
CITY OF WEST HOLLYWOOD
CONTRA COSTA
HUMBOLDT
LOS ANGELES
MARIN
MENDOCINO
SAN FRANCISCO
SAN LUIS OBISPO
SAN MATEO
SANTA BARBARA
SANTA CLARA
SANTA CRUZ
SOLANO
SONOMA
YOLO
YUBA**

APPROVED

As of October 2010



Source: California Department of Public Health, Office of AIDS (www.syringeaccess.com)



Study Design

- ▣ Cross sectional surveys of pharmacists and IDU in 4 LHJ

and;

- ▣ Qualitative interviews with policy makers in 4 LHJ

Research Questions

- ▣ Are pharmacies that are not enrolled in a health department program willing to sell syringes to injection drug users?
- ▣ What are IDUs' perceptions of pharmacies as a source of syringes?
- ▣ What recommendations do policy makers have for overcoming barriers to implementation?

Methods

- ▣ Self administered (n=50) and telephone (n=73) survey with pharmacies
- ▣ Interviewer administered IDU reached during syringe exchange activities
- ▣ Face to face and telephone interviews with policy makers -- conducted after data analyzed

Research Questions Pharmacists (n=123)

- ▣ Willingness to sell
- ▣ Syringe sales previous 12 months
- ▣ Needs from LHJ
- ▣ Barriers to enrolling in HD program

Key Findings – Pharmacies

- ▣ 58% overall response rate (123/210*)
 - Range: 53% to 78%

- ▣ 64% Chain pharmacies; 29% independent; 7% point of care

- ▣ 61% sold syringes in past 12 months
 - Range: 42% to 73%; $p < .05$

- ▣ 72% willing to enroll in HD program
 - Range: 64% to 95%

Bivariate Analysis: Willing to Sell

- ▣ 84% ($p < .001$) agreed that it is important to provide syringes to IDU
- ▣ 75% ($p < .05$) agreed pharmacy access to syringes was important public health measure
- ▣ 74% ($p < .001$) agreed that IDU should be able to purchase syringes

Bivariate Analysis: Willing to Sell

- ▣ 70% ($p < .01$) saw a need to sell syringes
- ▣ 68% ($p < .05$) agreed that SB 1159 would enable pharmacies to provide timely access to syringes
- ▣ 65% ($p < .05$) had not been asked by HD to enroll

What Pharmacies Need...

- ▣ Recordkeeping information (75%)
- ▣ Information on HD policies (70%)
- ▣ Simple registration process (70%)
- ▣ Free materials to distribute (67%)

n=50

Potential Barriers

- ▣ Don't want to be seen as supplier of syringes (38%)
- ▣ Having to manage difficult patients (26%)
- ▣ Recordkeeping (26%)

n=50

Research Questions

IDU (n= 46)

- ▣ Willing to use pharmacy for syringe purchase

- ▣ Drug use behavior
 - Drug(s) injected
 - Frequency of injection
 - Frequency of SEP use
 - Syringe disposal practices

- ▣ Interest in drug treatment

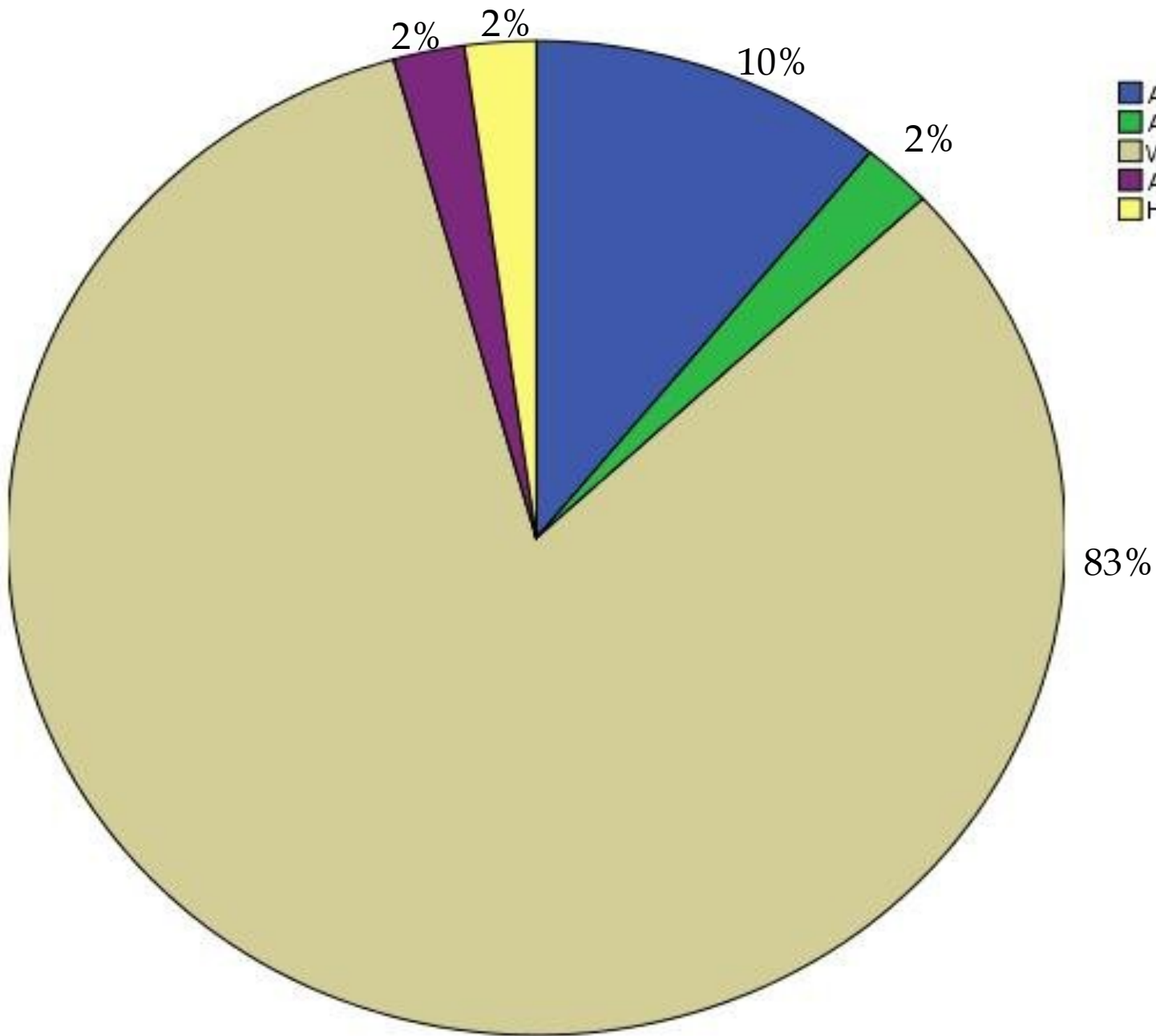
Demographics – IDU

N= 46

Age	n /%
< 29	12/26%
30-48	14/30%
49-51	9/20%
52+	11/24%

Median age: 48

Males	59%
Females	41%
HIV negative	94%
Hep C positive	59%



Ethnicity

- African American
- American Indian
- White
- Asian Pac/Is
- Hisp/Latino

Results – IDU

- ▣ 65% injected heroin
 - 20% methamphetamine
 - 9% cocaine
 - 4% speedball

- ▣ 49% interested in drug treatment

- ▣ 82% would use pharmacies
- ▣ 17% had used pharmacies in last 30 days

- ▣ 87% indicated hard to get the treatment wanted

Research Questions Policy Makers (n= 9)

- ▣ Status of syringe sales program
- ▣ Impression of reasons for LHJ failure to implement
- ▣ Continuing barriers
- ▣ Recommendations

Key Findings – Policy Makers

9 interviews – preliminary data provided

- ▣ 2-3 from each county
- ▣ Health officers, board of supervisors, county counsel, AIDS program managers
- ▣ 3 themes:
 - NPSS is a public health benefit for people who inject
 - Health of IDU was a concern in their counties
 - Lack of responsibility around the issue

“Policy is set by the health department.”

What do these 3 data sets tell us?

We found:

- ▣ Pharmacies are willing to enroll in HD programs
- ▣ Pharmacies are already selling
- ▣ IDU have purchased syringes
- ▣ IDU are willing to use pharmacies as a source of sterile syringes
- ▣ Policy makers supported the policy
- ▣ Policy makers care about the health of IDU

Why wasn't policy implemented?

These 4 LHJs established the foundation for NPSS

- ▣ Considered innovators!

- ▣ HD lost momentum and interest
 - Lost key leaders
 - No public outcry
 - ▣ Kept emphasis off 2nd highest risk population

- ▣ Competing priorities and insufficient resources influenced HD decisions
 - Unfunded mandate

Social Justice and Public Health Practice

- ▣ Public health policy without public health implementation does not address social justice for IDU
- ▣ IDU (as an “interest group”) not organized to act collectively
 - Syringe exchange programs act on their behalf
 - SEP under-resourced and under-utilized
- ▣ Public health prioritization of IDU lacking/poor
 - Stronger advocacy by community planning bodies, SEP and other stakeholders
 - Stronger, consistent and persistent advocacy by public health and community stakeholders needed

Social Justice and Policy Making

- ▣ Policies that address IDU in CA reflect political will of vocal opponents (e.g., elected DA, Sheriff)
- ▣ Public health in best position to create healthy public policy for IDU
- ▣ Public health responsiveness depends upon adequate infrastructure

Lessons for Public Health

- ▣ Raise the question among pharmacists
 - Use existing partnerships (e.g., ADAP)
 - Active vs. passive
 - Use resources from other LHJ
- ▣ Enlist assistance from researchers/policy advocates
- ▣ Leverage research findings
- ▣ Leverage other LHJ experiences
- ▣ Use existing resources and volunteers

Recent Studies on Pharmacy Policy Interventions for IDU

- ▣ Journal of Urban Health, Vol. 87, No. 4, July 2010
- ▣ Journal of the American Pharmacists Association, Vol. 50, No. 5, Sep/Oct 2010
- ▣ SB 1159 Report: An Evaluation of Over-the-Counter Sale of Sterile Syringes in California
<http://www.cdph.ca.gov/programs/Documents/SB1159StateReportFinal.pdf>

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