What’s The Point? The unique role of pharmacists in HIV/HCV prevention efforts

BAY AREA AND NORTH COAST AREA
AIDS EDUCATION & TRAINING CENTER (AETC)
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Disclosure

Presenter has no financial disclosures
Learning Objectives

- List 3 HIV prevention interventions that can be offered by pharmacists
- Apply CDC recommended best practices to real world prevention efforts
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Overview of HIV/HCV Epidemiology and Transmission
Epidemiology of HIV/HCV

- More than 1.2 million people in US are living with HIV infection, and almost 1 in 7 (14%) are unaware of their infection
- MSM, particularly young men of color, are most seriously affected by HIV
- IDU represent 7% of new HIV infections in 2012 and 15% of those living with HIV.
- Approximately 3.2 million persons in US have chronic HCV infection
- Most prevalent among those born 1945 – 1965 but increasing among young people
Incidence of acute hepatitis C by age group in the U.S., 2000 - 2012
HIV Infection and Persons Living with HIV or AIDS in California, 1982-2012

- **Persons Diagnosed with HIV or AIDS**
- **Persons Living with HIV/AIDS**

Year:
- 1982
- 1986
- 1990
- 1994
- 1998
- 2002
- 2006
- 2010
Heroin

HCV infection

fewer IDU-related HIV

stable HIV infection

better HCV treatment

Protective legal framework
Indiana Video

Mechanism of Transmission

Exposure to Infectious Body Fluids

HIV CAN BE TRANSMITTED THR

Sexual Contact

Pregnancy, Childbirth & Breast Feeding
Syringes effective in transmission
Legislation and Unintended Consequences
History of Syringe Regulation

- Prior to 1970s syringes generally available
- Carter Administration developed model legislation
- Syringes included in criminalized drug paraphernalia
1982

ACT UP

NIH = NAZI's in Healthcare
• Fear of arrest for infractions of paraphernalia possession laws.
• No legal access to new, sterile syringes.
Impact of Restricted Syringe Access

HIV infection rates among IDUs were twice as high in cities that required a prescription for syringe purchase as compared to cities that did not.

Decriminalization of Syringes in U.S.

- 1987 - Oregon
- 1989 - Wisconsin
- 1992 - Connecticut
- 1993 - Maine
- 1997 - Minnesota
- 2000 - Rhode Island, New York, New Hampshire
- 2001 - New Mexico, Hawaii
- 2002 - Washington
- 2003 - Illinois
- 2004 - California authorizes the Disease Prevention Demonstration Project
Evaluation Results

- Self-reports of syringe sharing among IDUs were lower in participating counties
- No evidence of elevated crime rates
- No increase in syringe litter
- Decrease in levels of injection of illegal drugs
- SB 41 (Yee) expanded nonprescription syringe sale statewide in 2012
“Syringes can be bought over the counter in nearly every state because the policy saves lives without taxpayer expense. Mountains of research and the medical community stand squarely behind this bill.”

--Assemblymember Phil Ting (D-San Francisco)
AB 1743 (Ting, Statutes of 2014)

- Permits licensed pharmacies throughout California to **sell or furnish syringes without a prescription** to customers age 18 and older, and **allows adults to purchase** and possess syringes for personal use when acquired from an authorized source.

- Removes the prior limit of 30 syringes.
Business and Professions Code 4145.5

- Store behind the counter
- Provide for the safe disposal of needles and syringes through one or more of these options:
  1. Sharps containers
  2. Mail-back containers
  3. On-site syringe collection
Business and Professions Code 4145.5

• Must provide written information or verbal counseling to customers at the time of sale on how to:
  • access drug treatment;
  • access testing and treatment for HIV and HCV; and
  • safely dispose of sharps waste
PATIENT INFORMATION
WHAT CONSUMERS NEED TO KNOW ABOUT SHARPS DISPOSAL

December, 2014

What you need to know about hypodermic needles and syringes and how to dispose of them.

California law allows pharmacies to sell hypodermic needles and syringes to adults age 18 and older without a prescription.1 Adults anywhere in the state can also possess needles and syringes for personal use if they are provided by a pharmacy, doctor, or by an authorized syringe exchange program.1

Starting January 1, 2015, pharmacy law changed to remove limits on the number of syringes that adults can purchase and possess. There are now no limits on the number of syringes an adult can have or buy. The new law also removes limits on the number of syringes that can be sold. Pharmacists and physicians now can choose how many syringes to provide or sell.

Needles and syringes need to be disposed of safely after they have been used — they can’t legally be thrown in the garbage. Ask your pharmacist whether they sell or provide “sharps containers.” Sharps containers are made of strong, puncture-proof plastic.

You can’t put a sharps container in the garbage or recycling. Sharps containers have to be taken to a location that knows how to handle them safely. Call 1-800-CLEANUP (253-2687) and search for “syringes” to find a location near you.

What to “Do” for Disposal:
- Use a container that is made for disposing of needles. Ask your pharmacy if they carry sharps containers.
- Immediately put used needles and syringes into your container with the point facing down.
- Keep the container closed between uses.
- Keep containers away from children and pets.
- Find out where to dispose of your full container(s) at 1-800-CLEANUP (253-2687).

The “Don’ts” of Disposal:
- Don’t throw needles in the garbage, even if they are in a container. Containers can break in the garbage and needles can be a safety risk to sanitation workers.
- Don’t flush needles down the toilet.
- Don’t put sharps in aluminum cans, milk cartons, or any other containers that are not puncture-proof.

How do I find...?
For syringe disposal information call 1-800-CLEANUP or go to http://search.earth911.com/

For drug and alcohol treatment information call 1-800-662-4357.

For HIV and hepatitis testing and treatment call 1-800-662-4357 or go to http://www.cdfph.org/cda/

For more information about access to sterile syringes go to http://cdph.ca.gov/syringeaccess.

1 CA Business & Professions Code Sections 4145.5

December, 2014
Addiction, injection drug use and harm reduction
Addiction Video (AmFAR)

https://youtu.be/5gJYbx7HWSs
Addiction

- A primary, chronic disease with biological, psychological, and social manifestations.
- Characterized by inability to abstain, among other characteristics.
- Like other chronic diseases, it often involves cycles of relapse and remission.

Source: http://www.asam.org/for-the-public/definition-of-addiction
Recovery

- A process of change through which individuals improve their health and wellness
- Built on access to evidence-based support services
- For some, recovery = abstinence, for others, recovery = harm reduction

Source: [http://www.samhsa.gov/recovery](http://www.samhsa.gov/recovery)
Harm Reduction

- Accepts drug use as fact, for better or worse
- *Does not ignore the real harm of drugs*
- Adopts a non-judgmental approach
- Aims to improve well-being; acknowledges that some ways of using are safer than others
- A set of practical strategies for reducing negative consequences to individuals and communities associated with drug use

Source: [http://www.harmreduction.org](http://www.harmreduction.org)
Harm Associated with Injection Drug Use

- Hepatitis C (68% of new infections)
- Hepatitis B (17% of new infections)
- HIV (7% of new infections)
- Overdose
- Soft-tissue infections
- Stigma and denial of services (in pharmacy and medical settings)
Structural Barriers to Evidence-Based HIV/HCV Prevention

Counties & Cities with Authorized Syringe Exchange Programs (SEPs) in California
As of April 2014
Unique Role of Pharmacists in Public Health & Prevention
Current Public Health Interventions in Pharmacies
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SB 493 Legislation – expanding role of advanced practice pharmacists

Current Practices
- Furnish Birth Control
- Furnish Nicotine Replacement
- Furnish Naloxone
- Furnish Travel Vaccines

In Development:
- Billing for Adherence Counseling/Chronic Disease Management
  - Order lab tests
  - Collaborative Care
HIV/HCV Prevention one-stop shop at pharmacy

- Syringes
- Condoms and lube
- Rapid HIV/HCV testing and linkages to care
- Pre-Exposure Prophylaxis
- Treatment Adherence Support
And...

- Hepatitis A/hepatitis B vaccination
- Naloxone and overdose prevention education
- Referrals to drug treatment, Medi-Cal/Covered California enrollment counselors, etc.
Summary

• Sterile syringe access is a key element to HIV/HCV prevention interventions
• Community pharmacies are able to provide access to sterile syringes
• Pharmacists can apply CDC recommended best practices outside traditional medical settings
  • Adherence Counseling
  • Testing and linkage to care
  • Pre-Exposure Prophylaxis
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