Drug User Health in San Francisco: Syringe Access & Disposal as a Gateway to Supportive Services

A collaborative effort between the City & County of SF and the SF Community

City Agencies: SFDPH, SFPD, DPW

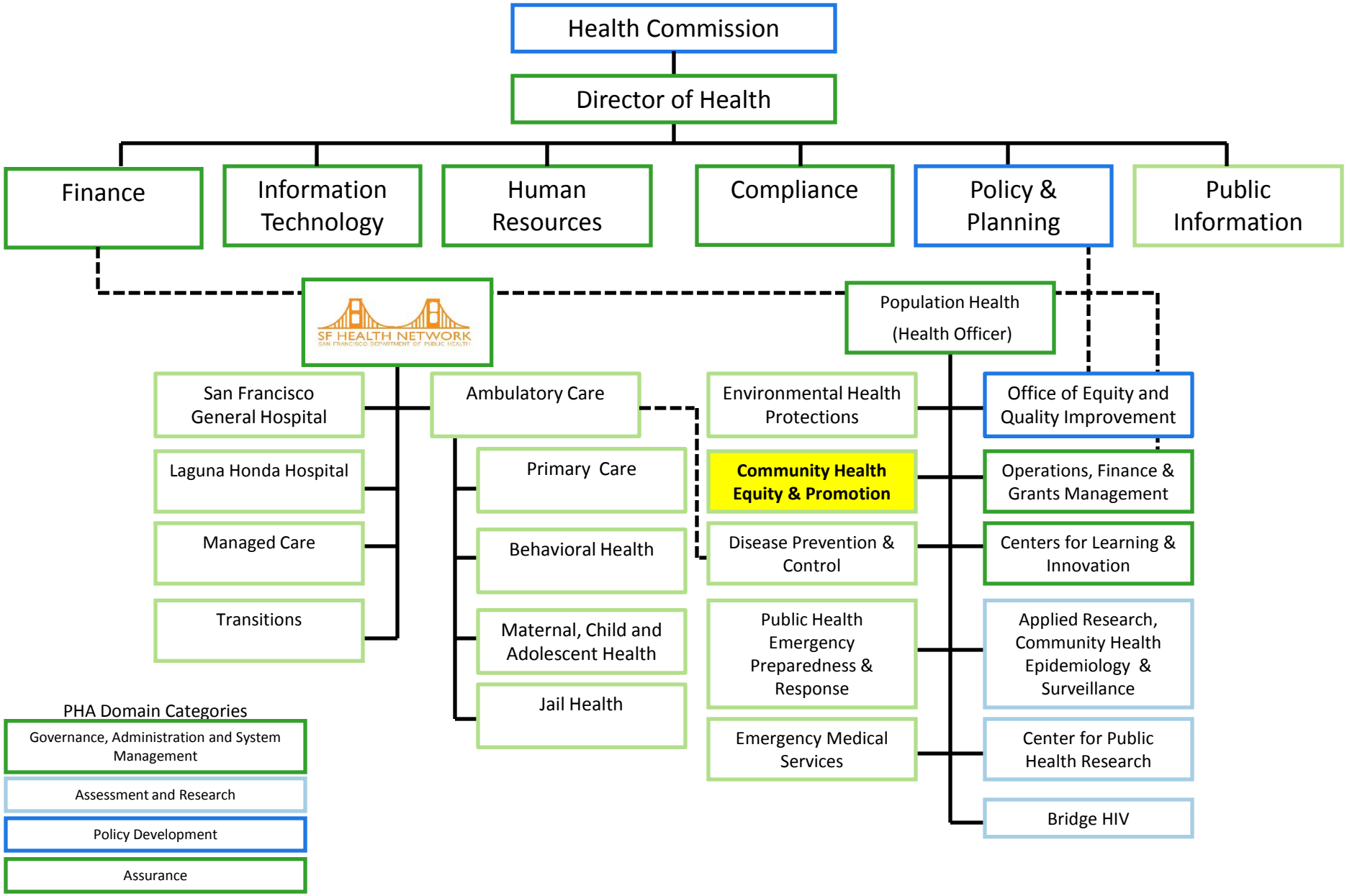
Community Partners: San Francisco AIDS Foundation, St. James Infirmary, Glide, the Asian & Pacific Islander Wellness Center, The San Francisco Drug Users' Union, and Homeless Youth Alliance, HPPC, SF residents and business owners

Community Health Equity & Promotion Branch

12/16/2014

Presentation Goals

- Explore the complexity of drug user health needs
- Showcase the success of syringe access and disposal efforts in San Francisco
- Discuss ideas for future directions to promote drug user health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Director of Health
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SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Population Health
(Health Officer)
San Francisco General Hospital
Laguna Honda Hospital
Managed Care
Transitions
Ambulatory Care
Primary Care
Behavioral Health
Maternal, Child and Adolescent Health
Jail Health
Environmental Health Protections
Community Health Equity & Promotion
Disease Prevention & Control
Public Health Emergency Preparedness & Response
Emergency Medical Services
Office of Equity and Quality Improvement
Operations, Finance & Grants Management
Centers for Learning & Innovation
Applied Research, Community Health Epidemiology & Surveillance
Center for Public Health Research
Bridge HIV
PHA Domain Categories
Governance, Administration and System Management
Assessment and Research
Policy Development
Assurance

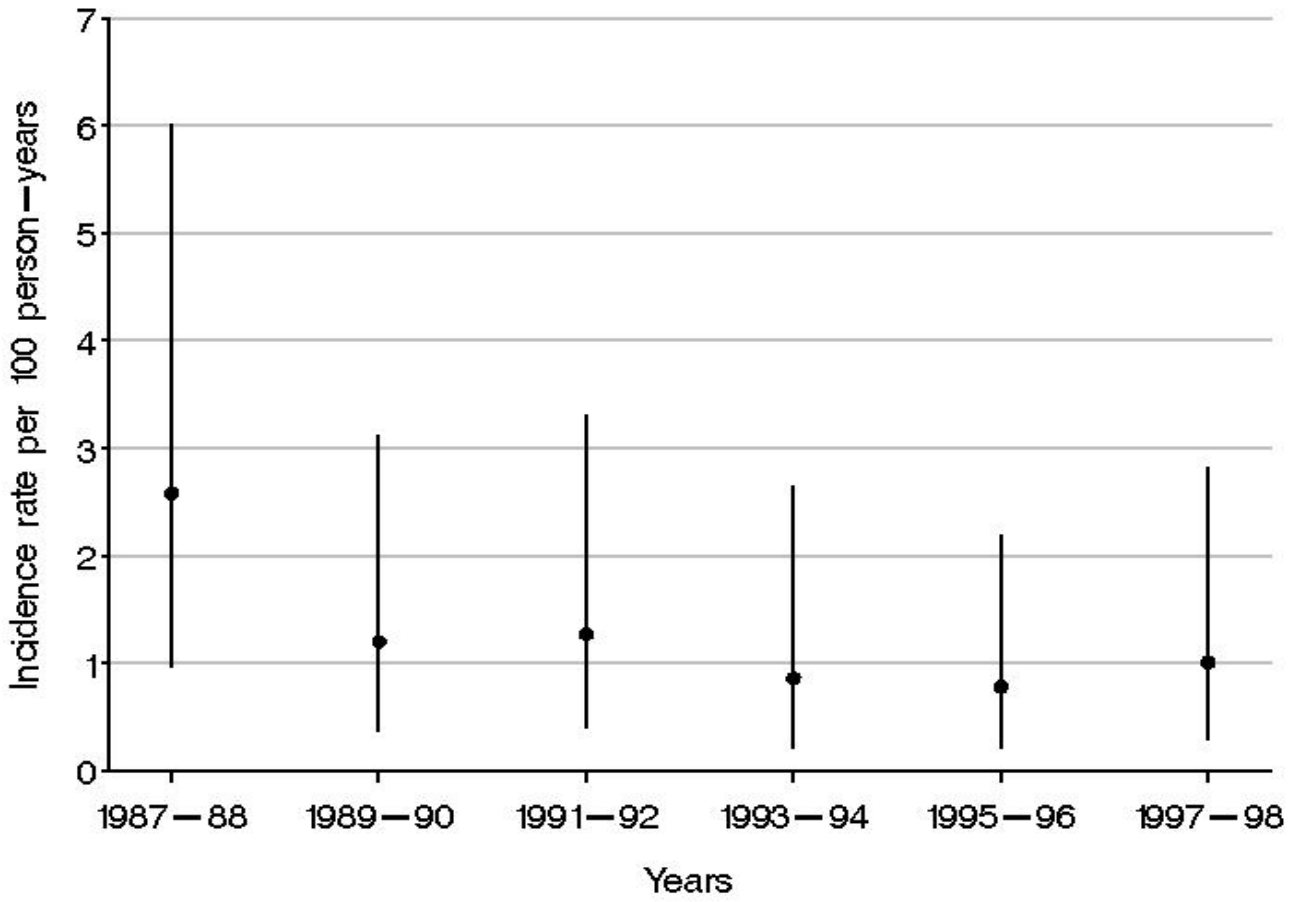
Sterile Syringe Access Works

- Needle sharing (blood to blood contact) is the most efficient route of transmission for HIV, yet HIV incidence has remained low and stable among injection drug users (IDUs) in SF

Why?

SF's early adoption of syringe services, beginning in the 1980's and formally sanctioned by the mayor in 1993

Trends in HIV Incidence among IDUs in San Francisco by Detuned EIA, 1987 to 1998 (N=8,065)



Community Syringe Access & Disposal Providers (funded by HPS)

- Programs provided approximately 3.3 million syringes to over 51,000 duplicated clients.
- Local data from our National HIV Behavioral Surveillance project indicates that 97% of HIV+ IDU access free sterile equipment and 76% of HIV- IDU access our services.

Best Practice: Multiple Access Points, Multiple Disposal Options

Access

- 18 community sites (general IDU population and subpopulation-focused)
- Pharmacies

Disposal

- Community sites
- Pharmacies
- Community Sharps Disposal Kiosks
- Citywide Hotline (3-1-1)
- Residential biohazard pick-up

Complexities of Drug User Health Needs

IDUs tend to have…

- High prevalence of other health problems
- High prevalence of mental health issues
- High prevalence of trauma
- Poor social supports
- Higher level of homelessness
- Higher level of previous incarceration

Poor relationship with healthcare system

Best Practice:
Syringe Access as a Gateway to Care

- Detox and drug treatment programs
- Medical, Dental & Mental health services
- Counseling and referral
- Case Management
- HIV/HCV services
- Housing services
- Shelters
- Community building

CHEP Branch: Future Directions for Drug User Health

- Continue to promote integrated primary care/behavioral health focused on the specific needs of drug users living with and at risk for HIV
- Improve prevention, linkage to care, and treatment programs and services to address hepatitis C (HCV)
- Bring a renewed focus to harm reduction, through raising awareness about SF's Harm Reduction Policy

CHEP Branch: Future Directions for Drug User Health

- Continue to support and expand innovative holistic health service models for drug users
- Creative and proactive responses to changing city dynamics
  - Emphasis on community engagement
- Further integration of HIV prevention, HCV prevention, and overdose prevention