

Field Action Report

Syringe Prescription to Prevent HIV Infection in Rhode Island: A Case Study

Josiah D. Rich, MD, MPH, Grace E. Macalino, PhD, Michelle McKenzie, MPH, Lynn E. Taylor, MD, and Scott Burris, JD

Injection drug users (IDUs) are a population at high risk for many diseases, including AIDS, and are clearly in need of medical and substance abuse treatment. Access to sterile syringes is critical for lowering the risk of transmission of HIV and other blood-borne pathogens among IDUs. Previously tried strategies include needle exchange programs and changing laws to allow the legal purchase and possession of syringes.

An alternative strategy is to have physicians prescribe syringes to IDUs. To the best of our knowledge, this has previously been tried by only a few physicians in rare situations and never on a programmatic basis. This report describes the genesis of physician's syringe prescription in Rhode Island and some of the lessons learned to date.

Because of the illicit nature of drug use, a tremendous amount of mistrust and fear on the part of IDUs often leads to poor interaction with the medical establishment. Prescription of syringes by a physician can serve as a tool for reaching out to a high-risk and often out-of-treatment population of drug users.¹ It is a way for the health care community to tap into drug-using networks and bring those populations into a medical care system.

In Rhode Island, high rates of syringe reuse and sharing—attributed to strict legal control of syringes—have led to the state's being one of the few with over 50% of its AIDS cases associated with injection drug use. An incomplete effort to legalize syringes in 1998 set the stage for the alternative strategy of physician syringe prescription. With the support of the Rhode Island Medical Society, the Rhode Island Pharmacists' Association, the Rhode Island Board of Medical Licensure and Discipline, the Rhode Island State Board of Pharmacy, and others, the current director of the Department of Health, Dr Patricia Nolan, sent a memo describing the Rhode Island Blood Borne Pathogen Harm Reduction Program to all licensed physicians in the state in the spring of 1999. This memo makes it clear that syringe prescription is legal.

The Department of Health is inviting interested physicians to participate in a clinical program to offer syringes by prescription to injecting drug users to prevent acquiring bloodborne pathogens and/or transmitting them. . . . To participate, a physician will need to agree to the following:

- agree to document this care in medical record, including the assessment of risk disease transmission and on-going substance abuse management;
- make syringe prescription a part of the patient's on-going medical care;
- include other harm reduction strategies in the patient's care;
- assist patients in disposing of used syringes safely, and
- notify the pharmacy at the time of initial prescription.

It took a substantial amount of time and effort to establish this degree of local support for physician syringe prescription to prevent HIV and other diseases.

Program Description

To evaluate the feasibility, acceptability, and outcome of physician syringe prescription, we have begun a pilot program in Providence, RI. The program operates at 2 locations, an academic teaching hospital and an inner-city community clinic. The staff currently includes 4 physicians, 1 substance abuse referral specialist, 1 nurse, 1 interviewer, and 1 administrator.

We began recruiting participants in the summer of 1999, using business cards, flyers, a toll-free number, and participant referrals on the street, at methadone and detox programs, and at various community agencies. We screen participants for 5 minutes over the telephone and then schedule them for an enrollment visit. If they are eligible for the evaluation component (older than 18 years, injected in the last 30 days), we obtain their consent and administer a questionnaire.

A physician conducts a basic clinical examination of all interested participants and prescribes syringes free of charge, usually 100 at a time. Patients receive a free biohazard bucket as well as instructions on safe injection and safe disposal of used syringes. Patients can schedule medical visits as often as necessary and can obtain additional syringe prescriptions. Separate evaluation visits are scheduled at 3-month intervals, at which a questionnaire is administered and participants are reimbursed for their time.

Discussion and Evaluation

As of October 2000, we had conducted 390 telephone screenings, resulting in the enrollment of 323 participants, over 267 of whom

Key Findings

- Physician syringe prescription is a feasible method for increasing injection drug users' (IDUs') access to sterile syringes for HIV prevention.
- The physician syringe prescription program provides IDUs with links to medical care, substance abuse treatment, and social services.
- The program appears to bring reductions in IDU risk behavior and increased participation in medical and substance abuse treatment.

were subsequently seen by a physician. The most effective recruitment strategy has been participant referral. Our participant population thus far is 33% female, 47% homeless, and 43% non-White, with an average age of 41. On enrollment most of our participants (70%) had heard of the needle exchange program, but only 42% had ever used it. Thirty-nine percent have a regular physician and 40% have medical insurance; although 84% had been in some form of drug treatment, only 34% were in drug treatment at baseline.

That the physician-patient interaction is based on the acknowledgment of injecting behaviors engenders trust and seems to open the door for discussion of a whole host of injecting-related activities, including commercial sex, participation in the underground economy, violence, and abuse. The participants seem to be open and honest about their drug use. They understand that physicians are trying to help them in a nonjudgmental way, and they are quite appreciative of the efforts. Participants are extremely willing to participate in health care, including hepatitis B vaccination; testing for hepatitis, HIV, and other sexually transmitted diseases; and follow-up. Clients appear not to be requesting prescriptions for more syringes than they are using, although some have reported occasionally providing syringes to others in need. Most participants report appropriate disposal of syringes. Preliminary anecdotal reports suggest that risk behavior is reduced and participation in medical and substance abuse treatment is increased. An in-depth evaluation is ongoing, however.

Physician syringe prescription can be extremely rewarding from a physician's standpoint, and other physicians may be encouraged to begin prescribing syringes to IDUs, especially in states where the availability of

syringes for drug users is limited. In addition to the benefit of providing IDUs with legal access to sterile syringes, syringe prescription creates an opportunity to provide medical, social, psychiatric, and substance abuse treatment to a population in desperate need.

Lessons Learned

Syringe prescription is viable and can be replicated in other locations. Based on our experience, we offer the following recommendations:

1. Know the local legal status of prescribing syringes.¹
2. Document in the medical record the need and rationale for prescribing syringes (disease prevention), and verify that attempts at alternative options were tried (i.e., referral to substance abuse treatment).
3. Obtain local support. We built up a substantial amount of local support, including that of the State Medical Society, the Pharmacists' Association, and the Health Department. Given that this is the first program of its kind, that level of support may not be a necessary prerequisite for other programs. The more support, however, the better.
4. Provide low-threshold, nonjudgmental, culturally sensitive access to care and create links to other programs, especially substance abuse treatment programs, that can assist this population.
5. Evaluate outcomes if possible. With any new, unproven strategy, it is helpful to have data to evaluate the strategy in order to convince others to support it. □

Josiah D. Rich, Grace E. Macalino, Michelle McKenzie, and Lynn E. Taylor are with The Miriam Hospital, Brown University School of Medicine, Provi-

dence, RI. Scott Burris is with the Beasley School of Law, Temple University, Philadelphia, Pa, and the Center for Law and the Public's Health at Johns Hopkins School of Hygiene and Public Health, Baltimore, Md.

Requests for reprints should be sent to Josiah D. Rich, MD, MPH, The Miriam Hospital, 164 Summit Ave, Providence, RI 02906 (e-mail: josiah_rich@brown.edu).

This report was accepted November 3, 2000.

Contributors

J. D. Rich and L. E. Taylor have been actively providing syringes through prescription to drug users. G. E. Macalino and S. Burris were instrumental in the design and evaluation of this project. M. McKenzie was a major force in the design of this project. All coauthors assisted in the writing and review of this report.

Acknowledgments

This program and its evaluation are funded by grants from the Open Society Institute (282941581), the American Foundation for AIDS Research (amfAR) (10630-26-EG), the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration (1KD1 TI12037-01). Mr Burris is supported by the Substance Abuse Policy Research Program of the Robert Wood Johnson Foundation (037162). Dr Rich is supported by National Institutes of Health (NIH) Center for AIDS Research (CFAR) grant P30-AI-42853 and National Institute on Drug Abuse K20 grant DA00268.

We would like to acknowledge Jane Silver, MPH, of amfAR for her enthusiastic support of this project.

References

1. Burris S, Lurie P, Abrahamson D, Rich J. Physician prescribing of sterile injection equipment to prevent HIV infection: time for action. *Ann Intern Med.* 2000;133:218-226.