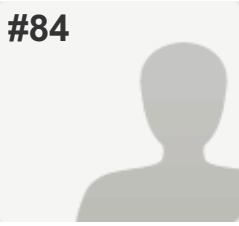


Ending the Epidemic Task Force Recommendation Form

#84



COMPLETE

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PAGE 1

Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Mark
Last Name	Hammer
Affiliation	New York State Department of Health AIDS Institute
Email Address	Mark.Hammer@health.ny.gov

Q2: Title of your recommendation

Lifting the limit on the number of syringes available per transaction through ESAP

Q3: Please provide a description of your proposed recommendation

Public Health Law Section 3381(1)(c) limits the sale or provision of syringes without a prescription under the Expanded Syringe Access Program (ESAP) to a quantity of 10 or less. The implementing regulation in 10 NYCRR 80.137(d)(1) mirrors this limitation. This limitation should be lifted through revisions to both the statute and the regulation.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Other (please specify)
Reducing syringe reuse and sharing by making them more available.

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Ending the Epidemic Task Force Recommendation Form

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Statutory change required

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

The current 10-syringe restriction places an unnecessary barrier on accessing clean, sterile injection equipment. All individuals who inject drugs require a new, sterile syringe for each injection. A used syringe carries with it the risk of transmitting HIV and other bloodborne pathogens. Re-use of syringes may also lead to debilitating skin and soft tissue injury and infection. The regulated syringe exchange programs (SEPs) do not have a mandated cap on the number of syringes they can provide to their participants. Instead, the SEPs are authorized to provide as many syringes as are required to ensure safer injection practices among their participants. Individuals who acquire their injection equipment through ESAP warrant the same protections.

Q10: Are there any concerns with implementing this recommendation that should be considered?

None

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

None.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Reductions in HIV and HCV transmission as well as reductions in skin and soft tissue injury and infections.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

People who inject drugs: They will be able to have their needs met more efficiently and more safely. They will also now have a more responsive public health partners in their pharmacists, which may lead to improved engagement around health care.

Pharmacists and other ESAP providers: They will be able to deal with their customers/clients/patients more efficiently and better serve their needs. This may also enhance their rapport with their customers/clients/patients leading to improved bridges to health care more generally.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Ongoing pharmacy (and other provider) education and support.

Continued promotion of ESAP,

Ending the Epidemic Task Force Recommendation Form

Q15: This recommendation was submitted by one of the following Other (please specify) AIDS Institute staff