



DHS Expected Practices

Specialty: Addiction Medicine

Subject: Safer Consumption for People Who Use Drugs

Date: May 23, 2022

Purpose: To promote health for people who use drugs with distribution of safer consumption supplies

Target Audience: Providers and helping professionals in Primary Care, Specialty Care Surgery, Emergency Medicine, Hospitalists, Acute and Critical Care, Mental Health and other helping staff supporting care of people who use drugs.

Background: The Los Angeles Department of Health Services regularly provides care for people who use drugs. Safer Consumption supplies prevent the spread of infectious disease, such as HIV and hepatitis, soft tissue infections, abscesses, sepsis, osteomyelitis, and endocarditis among people who inject drugs. For people who smoke drugs, safer supplies reduces infection, cuts, burns, and lung problems. DHS distributes naloxone in-hand to people at risk for opioid overdose, and their friends and family.

The Los Angeles County Board of Supervisors requested the Department of Health Services (DHS) and the Department of Public Health (DPH) to address overdoses in the county including expanding access to naloxone and safer consumption supplies.¹

A common myth is that providing safer consumption supplies encourages people to use drugs. There is no connection between providing supplies and increased drug use.² This program builds dignity and humanity of people who use drugs and brings them into a

¹ <https://supervisor.kuehl.com/supes-expand-proven-harm-reduction-strategies/>

² https://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/fact%20sheet%20Syringe%20Exchange%20031413.pdf & <https://pubmed.ncbi.nlm.nih.gov/16809167/>

Please Note

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

As with all expected practices, clinicians should exercise their own clinical judgment to ensure that patients get appropriate care as needed.

Doing so may include contacting a consultant or re-evaluating if they feel that recommendations are not aligned with the expected practices described here, doing so is warranted, or if the patient's condition changes.

community of care. This minimizes negative consequences and promotes health and social inclusion. People engaged in these programs are also more likely to accept treatment for addiction.

This Expected Practice – Safer Consumption Supplies for People who Use Drugs - addresses the ability to distribute health promotion supplies to people who use drugs. In addition, each medical center and setting has a current process in place for identifying patients with substance use disorders, providing care, and connecting them to treatment.

Patients who would benefit from distribution of safer consumption supplies include patients who use injectable drugs including, but not limited to, heroin, fentanyl, and methamphetamines. There are also resources for people who smoke drugs to do so more safely.

Expected Practice:

Contents of the SAFER Consumption Supply Kit

Contents of Safer Consumption supply kits can vary depending upon the needs of the community and availability of supplies. Below is a list of supplies and quantities that may be standardized based on route of use – injection or inhalation.

When feasible, ask a patient what supplies they would like, and individually dispense the resources. Your patients are the experts! They can tell you what they know, what they need, what’s working, & what’s not. Distribution may be community led and available in appropriate secure areas, such as from vending machine, field-based outreach workers, or spaces used for substance use disorder treatment.

Patients may be offered a large supply kit with approximately one week of supplies or a small kit with approximately 2 days of supplies. Supplies may be provided in any other combination or quantity that makes medical sense for the patient’s use pattern. Supplies may be bundled together or provided individually.

Supply coordination may be facilitated by same team involved in your site’s distribution of naloxone, or their designee, and follow similar tracking processes. For additional information on supplies or educational material for the kit, contact the MAT or Addiction lead at your facility.

These are supplies for safer injection use.

Large Injection Health Kit
Naloxone (Nasal naloxone 4mg/0.1mL box of #2)
21 Insulin syringes U-100 with needle 1ml, 27g x 1/2"
21 Sterile water ampules
50 Alcohol pads
3 Tourniquets

21 Sterile cookers with cotton filters
1 Personal sharps container – 1.0 qt
1 Baggies 2inch by 2inch (for the cooker and filter)
1 Safe Consumption patient educational card
1 Syringe access patient informational card
1 Medications for Addiction Treatment informational card
1 Paper bag for all supplies

Small Injection Health Kit
Naloxone (Nasal naloxone 4mg/0.1mL box of #2) ³
6 Insulin syringes U-100 with needle 1ml, 27g x 1/2"
6 Sterile water ampules
15 Alcohol pads
3 Tourniquets
6 Sterile cookers with cotton filters
1 Personal sharps container – 1.0 qt
1 Baggies 2inch by 2inch (for the cooker and filter)
1 Safe Consumption patient educational card
1 Syringe access patient informational card
1 Medications for Addiction Treatment informational card
1 Paper bag for all supplies

Safer smoking supplies

Safer smoking supplies include Bowl pipes, Brass screens, Straight stems, Alcohol swabs, Foil, Straws, Push sticks, and Mouthpieces. Drugs most often smoked are crystal meth, crack cocaine and heroin/fentanyl. Sharing smoking equipment can put people at risk for infection, burns and cuts. Harms

³ Naloxone in these kits is from facility distribution program, and may not be from pharmacy supply.

include damage to lungs, worse with makeshift pipes from hazardous materials. Burns and injury occur when makeshift pipes explode under extreme temperature changes.

Fentanyl Strips

Currently, there is no recommendation for or against use of commercially available products to test drug supply. Test strips to determine presence of fentanyl are best used in conjunction with education about how to use them, probability of false positive and false negative results. People use unexpected test results, learning the drug tested is positively contaminated with fentanyl, to promote safer use behavior changes such as not using, using a smaller amount, having naloxone on hand, and a friend present.

Health Promotion and Risk Reduction

See **Appendix D** for other health promotion strategies beneficial for people who use drugs.

See **Appendix E** for picture depicting risk reduction for different modalities of drug use

Patient Education

Conversations with vulnerable populations especially around drug use should be normalized as part of care offer all patients within the Department of Health Services. For providers wanting more information on the topic, the Harm Reduction Coalition has 3 free modules for Californians to support people who use drugs.

<https://nhrclearinglab.thinkific.com/bundles/three-course-bundle?coupon=california100>

Patient education and information cards are made available as below.

Patients who receive Safer Consumption supplies will also be given information about how to safely inject or inhale. (**Appendix A**)

Patients will also be given information on where to get more supplies and find a needle exchange program in their area (**Appendix B**) and where to obtain treatment at the local facility or in the community, including medications for addiction treatment. (**Appendix C**)

When to eConsult:

eConsult to Addiction Medicine is available for any provider to utilize when the provider has questions regarding the management of patients with addiction issues. For more complicated patients, referrals to Medications for Addiction Treatment (MAT) Clinics within DHS may be appropriate.

Additional References:

1. Martin, N. K., Hickman, M., Hutchinson, S. J., Goldberg, D. J., & Vickerman, P. (2013). Combination interventions to prevent HCV transmission among people who inject drugs: modeling the

impact of antiviral treatment, needle and syringe programs, and opiate substitution therapy. *Clin Infect Dis*, 57 Suppl 2, S39-45. doi:10.1093/cid/cit29

2. Aspinall, E. J., Nambiar, D., Goldberg, D. J., Hickman, M., Weir, A., Van Velzen, E., . . . Hutchinson, S. J. (2014). Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis. *Int J Epidemiol*, 43(1), 235- 248. doi:10.1093/ije/dyt243
3. Platt L, Minozzi S, Reed J, Vickerman P, Hagan H, French C, Jordan A, Degenhardt L, Hope V, Hutchinson S, Maher L, Palmateer N, Taylor A, Bruneau J, Hickman M. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database of Systematic Reviews* 2017, Issue 9. Art. No.: CD012021. DOI: 10.1002/14651858.CD012021.pub2
4. Fernandes, R. M., Cary, M., Duarte, G., Jesus, G., Alarcao, J., Torre, C., ... Carneiro, A. V. (2017). Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. *BMC Public Health*, 17(1), 309. doi:10.1186/s12889-017-4210-2
5. HIV and Consumption Drug Use: Syringe Services Programs for HIV Prevention. (2016). *CDC Vital Signs*.
6. Bluthenthal RN, Anderson R, Flynn NM, Kral AH, “Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients”, *Drug and Alcohol Dependence*, 2007; 89(2-3):214-22
7. Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER, “Reduced Consumption frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors”, *Journal of Substance Abuse Treatment*, 2000; 19:247–252.
8. Strathdee, S.A., Celentano, D.D., Shah, N., Lyles, C., Stambolis, V.A., Macal, G., Nelson, K., Vlahov, D., “Needle-exchange attendance and health care utilization promote entry into detoxification”, *J Urban Health* 1999; 76(4):448-60.
9. Heimer, R. (1998). Can syringe exchange serve as a conduit to substance abuse treatment? *Journal of Substance Abuse Treatment* 15:183–191

Appendix A: Safer Consumption Guidelines

Safe Consumption Guidelines for Patients who Inject Drugs

- Find a safe, clean, well-lit area . Wash your hands with soap and water or use an alcohol pad.
- Wipe the Consumption area with an alcohol pad.
- Use a clean cooker or spoon to mix the drug with sterile water, heat.
- Use clean fingertips to add a filter (cotton ball or pellet). **DO NOT USE CIGARETTE FILTERS.**
- Insert tip of syringe into drug and draw up the drug into the syringe.
- Warm up the area to inject to help veins pop up. Move to warm area or **BUNDLE UP!**
- Also use a tourniquet a few inches above the vein to help vein pop up. **AVOID** shoestring or belt.
- Insert needle bevel up into vein. Draw back on syringe to make sure you see dark blood. This means you are in a vein. Release tourniquet before injecting.
- If blood is bright red, frothy or pushes back on plunger, you hit an artery. Pull out needle, take off tourniquet, hold pressure on the Consumption area and seek medical attention.
- Inject just a bit at first to “test” the drug strength and effect. This can help prevent a bad reaction (overdose).
- Dispose of used syringes in sharps container.

Safe Consumption Guidelines for Patients who Inhale Drugs can be found at:

Connecting - A Guide to Using Harm Reduction Supplies as Engagement Tools <https://ohrn.org/>

Appendix B: Patient Handout Exchange Sites in Los Angeles County

For general information on needle exchange sites, call 1-800-643-1643

Bienestar Human Services

130 W Manchester Ave, Los Angeles, CA 90003

(323) 752-3100

Common Ground

622 Rose Ave, Santa Monica, CA 90405

(310) 314-5480

Homeless Healthcare

512 East 4th St, Los Angeles, CA 90013

(213) 617-8408

LA City Syringe Exchange Program

1808 Johnston St, Los Angeles, CA 90031

(866) 590-6411

Needle Exchange

6800-6898 N Eton Ave, Canoga Park, CA 91303

Tarzana Treatment Center

22199 Sierra Hwy, Sylmar, CA 91342

888-777-8565

Appendix C: Medications for Addiction MAT Clinics in Los Angeles County

MAT (Medications for Addiction Treatment) Clinics

Greater Los Angeles

Congratulations on your road to recovery. Here is a list of clinics that can continue the medications that may have been started for you in the Emergency Department or hospital.

Updated online information can be found at LosAngelesMAT.org

PLEASE ALSO CALL YOUR HEALTH INSURANCE FOR HELP

LA County + USC Medical Center

2051 Marengo Street
Los Angeles CA 90033
323-409-5050

Olive View-UCLA Medical Center Bridge Clinic

14445 Olive View Dr.
Sylmar CA 91342
818-792-0407

Harbor-UCLA Medical Center

1000 W. Carson St.
Torrance CA 90502
424-306-4193

For other MAT Clinics in Los Angeles County, contact:

LA County Dept of Public Health

SUBSTANCE ABUSE SERVICE HELPLINE (SASH): 1-844-804-7500

or

www.losangelesmat.org

Appendix D Other health promotion considerations

- Reproductive life planning. Consider offering quick start contraception to people at risk of pregnancy. Connect people who want to get pregnant to supportive pre-conception planning resources. People who are pregnant may be referred to comprehensive reproductive health care services. See DHS guidance on SUD in Pregnancy.
- HIV Care and Prevention. People at risk of HIV should be offered PrEP. Connect people with HIV to appropriate services with aim to quick start and continue treatment. ⁴
- STD/STI screening care. Condom distribution may be appropriate. Offer appropriate engagement to services for people at risk of STDs. including patient delivered partner treatment
- Blood borne infectious disease screening (HIV, Hep B, Hep C) may be offered as appropriate
- Housing and other instrumental needs: refer to social work as appropriate

⁴ <http://publichealth.lacounty.gov/dhsp/>