

# Syringe Exchange in California: Policy, Programs and Progress



**POLICY BRIEF**  
Center for Health Improvement

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## A Proven Public Health Strategy

Overwhelming scientific and medical evidence confirms that syringe exchange programs (SEPs) save lives and public dollars by preventing infections that are costly to treat, disruptive of family and community life, and often fatal.<sup>1</sup> As of March 2009, there were 41 authorized SEPs in California,<sup>2</sup> providing injection drug users (IDUs) with a free, reliable source of sterile syringes and a way to safely dispose of used syringes.<sup>3</sup> Access to sterile syringes reduces incidence of human immunodeficiency virus (HIV), and does not increase drug use, drug injection, or crime.<sup>4</sup> Moreover, according to the National Institutes of Health, “individuals in areas with needle exchange programs have an increased likelihood of entering drug treatment programs.”<sup>5</sup> For many California residents, a SEP is the only accessible provider of medical or social services.<sup>6</sup>

Despite scientific consensus, political controversy about SEPs sometimes occurs within the context of campaigns to eradicate illegal drug use. Historically, some California policymakers expressed concern about undermining efforts to combat drug abuse.<sup>7</sup> Since 1999, amendments to state statutes allow cities or counties to authorize local exceptions to state drug paraphernalia laws allowing legal syringe exchange programs and personal possession of syringes under certain conditions. Two governors and the state Legislature repeatedly affirmed their support for SEPs, but significant programmatic and statutory barriers to establishing SEPs remain and are discussed in this brief.

## Syringe Exchange Reduces Transmission of Blood-Borne Infections

Syringe sharing among IDUs accounts for about one-fifth of cumulative AIDS cases<sup>8</sup> and most hepatitis C virus (HCV) infections in California.<sup>9</sup> The link between

AIDS and syringe sharing is stronger in women than in men. Thirty-five percent of cases among California women are directly attributable to syringe sharing; additionally, thousands of women in California were infected through sex with a person who shared a syringe. The link between syringe sharing and HIV/AIDS is stronger among African-Americans, Latinos, and Native Americans than among Caucasians.<sup>10</sup>

Syringe exchange is a cost-effective strategy for reducing HIV transmission. One study estimated a cost-effectiveness ratio of \$20,947 per

HIV infection prevented through SEPs,<sup>11</sup> far lower than the lifetime cost of about \$266,660 to treat HIV.<sup>12</sup>

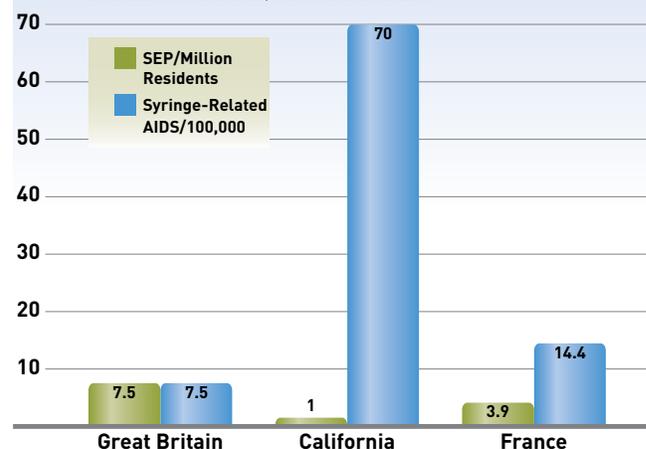
More than 200 published studies collectively emphasized the efficacy of SEPs. Among them, a 2002 study compared HIV prevalence rates in 103 cities. In the cities with SEPs, prevalence of HIV dropped 18.6% annually. In cities without SEPs, HIV prevalence increased on average 8.1% every year.<sup>13</sup>

**“Syringe sharing among IDUs accounts for about one-fifth of cumulative AIDS cases...”**

Source: California Office of AIDS. Cumulative AIDS Surveillance Report 2007.

## Comparison: SEP per Million Residents and Syringe-Related AIDS per 100,000

Sources: UNAIDS 2006, US Census Data 2007



## SEPs Offer Vital Preventive Health Services

In addition to HCV and HIV, injection drug users suffer high rates of death and disease due to preventable conditions such as hepatitis B, sexually transmitted infection (STI), tuberculosis (TB), and accidental overdose.<sup>14</sup> As recommended by the Centers for Disease Control & Prevention (CDC), SEPs provide an effective link to health services for populations that do not have access to traditional health care settings. Many SEPs offer health education and counseling, immunizations, substance abuse and mental health treatment access, overdose prevention education, condom distribution, screening for TB, hepatitis, and HIV, and referral to social and medical services.<sup>15</sup> Some programs offer medical care onsite.<sup>16</sup>

Among 24 California SEPs evaluated from 2001 to 2003, 83% provided onsite HIV testing and counseling and 63% offered HCV counseling. All sites offered safer sex and safer injection information, first aid, and referrals to drug treatment. Among 560 program participants interviewed, 76% received their medical and preventive services exclusively through SEPs.<sup>17</sup> Since SEPs are often the only healthcare provider for IDUs, better funding and integration with other public health programs are needed to provide CDC recommended services. There is an urgent need for SEPs to add

hepatitis screening and referral, and to improve sexual risk-related counseling and services.<sup>18, 19</sup>

## Statutory Framework of California SEPs

Pursuant to laws that went into effect in 2000 and were amended in 2006, local governments may authorize SEPs, exempting program staff from arrest for possession or distribution of drug paraphernalia within that jurisdiction.<sup>20, 21</sup> SEP-specific laws, however, provide no protection from arrest for syringe possession for participating IDUs. In a survey of 935 persons who visited authorized SEPs in the years 2001 to 2003, a full 17% reported being arrested or receiving a citation for possession of drug paraphernalia in the prior six months.<sup>22</sup>

In 2005, laws took effect allowing pharmacies to furnish 10 or fewer syringes to adults without a prescription, and for adults to possess 10 or fewer syringes from an authorized source, including pharmacies and SEPs. Like the SEP-related codes, these exemptions to paraphernalia laws are created by a vote of a local government and pertain only to that jurisdiction. Some SEPs operate in jurisdictions that have not passed these exemptions; therefore, a person possessing syringes provided by a SEP may still be subject to arrest. Possessing 10 or fewer syringes

## Endnotes

1 World Health Organization (2004). Policy Brief: Provision of Sterile Injecting Equipment to Reduce HIV Transmission.

2 Ross, Alessandra (May 27, 2009). Injection Drug Use Policy and Programs Coordinator, CDPH. Interview.

3 Centers for Disease Control Fact Sheet Series: Syringe Exchange Programs, December 2005, [http://www.cdc.gov/idu/facts/aed\\_idu\\_syr.htm](http://www.cdc.gov/idu/facts/aed_idu_syr.htm)

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5 National Institutes of Health Consensus Panel, (1997) Interventions to Prevent HIV Risk Behaviors.

6 Heinzerling KG, Kral AH, Flynn RL, et al (2006). Unmet need for recommended preventive health services among clients of California syringe exchange programs: implications for quality improvement. *Drug and Alcohol Dependence* 81 (2006) 167-78.

7 Wilson P (1994) Veto message from Gov. Pete Wilson, September 30, 1994. [http://info.sen.ca.gov/pub/93-94/bill/asm/ab\\_2601-2650/ab\\_2610\\_vt\\_940930](http://info.sen.ca.gov/pub/93-94/bill/asm/ab_2601-2650/ab_2610_vt_940930)

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15 Centers for Disease Control Fact Sheet Series: Syringe Exchange Programs, December 2005

16 Simpson P (May 20, 2007) Harm Reduction Services, Sacramento. Interview.

17 Heinzerling KG, Kral AH, Flynn RL, et al (2006).



obtained from a SEP or pharmacy may be legal in one jurisdiction, but illegal in neighboring jurisdictions.<sup>23</sup>

### California's Patchwork of Syringe Access

Even before implementation of the first state SEP law in 2000, 25 SEPs operated in California.<sup>24</sup> As of March 2009, there were 41 SEPs affirmatively authorized by 19 county and four city governments;<sup>25</sup> yet, in tens of thousands of square miles of the state there is no legal access to syringes. Even within counties that have authorized SEPs, inadequate budgets, hours, and geographic coverage limit their reach.

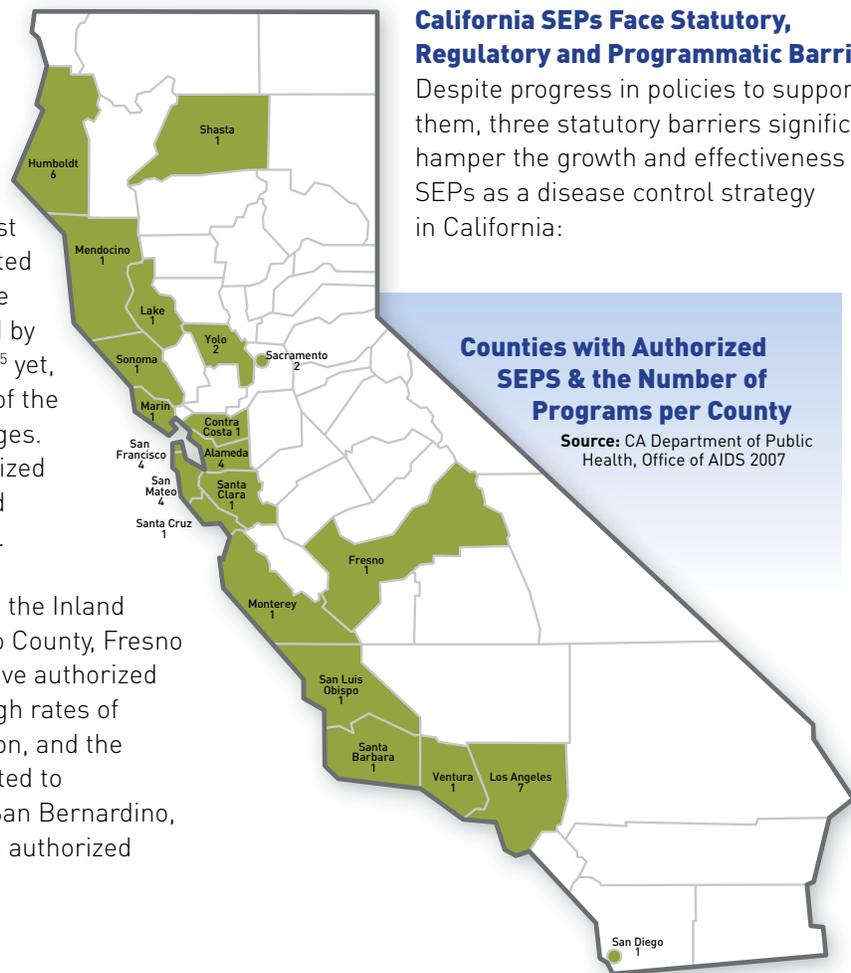
There are no authorized SEPs serving the Inland Empire. In the Central Valley, only Yolo County, Fresno County and the City of Sacramento have authorized SEPs.<sup>26, 27</sup> Among the counties with high rates of methamphetamine and heroin injection, and the highest proportion of AIDS cases related to syringe sharing are Kern, Riverside, San Bernardino, and San Joaquin—none of which have authorized SEPs.<sup>28</sup>

### California SEPs Face Statutory, Regulatory and Programmatic Barriers

Despite progress in policies to support them, three statutory barriers significantly hamper the growth and effectiveness of SEPs as a disease control strategy in California:

#### Counties with Authorized SEPs & the Number of Programs per County

Source: CA Department of Public Health, Office of AIDS 2007



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19 Bogart L, Kral AH, Scott A, Anderson R, Flynn NM, Gilbert ML, Bluthenthal RN. Sexual risk among injection drug users recruited from syringe exchange programs. *Sexually Transmitted Diseases*. 2005;32(1):27-34.

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22 Martinez AN, Bluthenthal RN, Lorvick J, Anderson R, Flynn N, Kral AH. (2007) Impact of legalizing syringe exchange programs on arrests among IDUs in California. *Journal of Urban Health* 84:3:423-433.

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24 Bluthenthal RN, Heinzerling KG, Flynn NM, Anderson R, Kral AH. (2007) Approval of syringe exchange programs in California: Mixed results from a local approach to HIV prevention. *American Journal of Public Health*. (in press).

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28 Friedman SR, et al (2004) Estimating numbers of injecting drug users in metropolitan areas for structural analyses of community vulnerability and for assessing relative degrees of service provision for injecting drug users. *Journal of Urban Health*. 81(3):377-400.

29 New York Times (April 21, 1998) Ban on federal funds for needle exchange to continue.

30 Bluthenthal RN Heinzerling KG, Flynn NM, Anderson R, Kral AH. (2007).

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**Local control:** Syringe exchange requires local authorization by a city or county government, providing for unequal access to syringes in various parts of the state and within counties.

**Paraphernalia law:** In most of the state, possession of a syringe for the purpose of injecting illicit drugs remains a crime punishable by a fine and up to six months in jail.

**Ban on federal funding of SEPs:** Since 1987, the US Congress has banned the use of federal funds to support SEPs.<sup>29</sup>

The capacity of SEPs is hampered by limited budgets and the inadequate number of programs. Among 24 authorized SEPs in 2003, 20 subsisted with average annual budgets of \$99,000. Inadequate funding for SEPs hampers the establishment of new programs and hinders existing programs' ability to provide health and prevention services, or to pay for program performance improvements.<sup>30</sup> For the first time, in June of 2007, the California Department of Health Services (CDHS) directly funded 10 SEPs with competitive grants totaling \$2.25 million over three years.<sup>31</sup>

### Key Policy Considerations

- Establish statewide standards for syringe access in urban, suburban and rural communities.
- Establish and maintain SEPs in areas of high need.
- Support repeal of federal ban on SEP funding.
- Remove criminal penalties for possession of syringes with intent to inject controlled substances, or allow individuals throughout the state to possess a limited or unlimited number of syringes.
- Increase funding and support to SEPs to improve their ability to: **1)** provide primary services (syringe distribution, disposal, HIV/HCV prevention education, and drug treatment referral); **2)** provide CDC recommended health services; **3)** promote safer sex, especially among women, young persons, and men who have sex with men; and **4)** increase emphasis on HCV control through screening, referral, and HAV/HBV immunization.
- Fund and encourage linkages between public health programs and SEPs, including alcohol and drug treatment programs, mental health screening and treatment, and screening and treatment of communicable diseases.



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