



Assembly Bill (AB) 110 (Laird, Statutes of 2007) Clean Needle and Syringe Exchange Projects

AB 110 was signed by Governor Arnold Schwarzenegger and became effective January 1, 2008. The bill authorizes local health jurisdictions (LHJs) that receive State General Fund money from the California Department of Public Health, Office of AIDS (CDPH/OA) for the purposes of HIV education and prevention (E&P) to use the money for the purchase of sterile hypodermic needles and syringes if certain conditions are met.

In 2006, AB 547 (Berg, Statutes of 2005) authorized cities and counties to have clean needle and syringe exchange projects (SEPs) upon the action of local authorities, (i.e., “upon the action of a county board of supervisors and the local health officer or health commission of that county, or upon the action of the city council, the mayor, and the local health officer of a city with a health department, or upon the action of the city council and the mayor of a city without a health department.” (Health and Safety [H&S] Code Section 121349(b)). Previous legislation, which required the county or city to declare a state of local emergency in order to authorize syringe exchange, was rescinded by AB 547. AB 547 allows cities and counties to authorize SEPs for an indefinite period of time; it does not require the authorization to be renewed periodically.

Prior to AB 110, state policy permitted the use of E&P funds to pay for costs associated with authorized SEPs, but not for the purchase of sterile hypodermic needles and syringes. AB 110 authorizes the use of E&P funds by authorized SEPs for the purchase of sterile hypodermic needles and syringes if the following conditions are met:

1. The amount of funds dedicated to syringe purchase must supplement, rather than supplant, other private or public funds used for this purpose. For example, no existing LHJ E&P budget should be rewritten to remove local or private funds currently used for the purchase of syringes.
2. The amount of funds dedicated to syringe purchase must not exceed 7.5 percent of the total budget allocated to LHJs for the purposes of HIV E&P. For example, if an LHJ’s total E&P allocation from CDPH/OA amounted to \$100,000 per year, no more than \$7,500 could be spent by LHJ on syringe purchase.
3. Each one dollar (\$1) of General Fund money that an LHJ uses for the purchase of sterile syringes must be matched by forty-three cents (\$0.43) of nonstate public or private funds.
4. The allocation of E&P funds for syringe purchase must be based on epidemiological data as reported by the LHJ in its local HIV prevention plan submitted to CDPH/OA.

Current statute requires local health officers to “present annually at an open meeting of the board of supervisors or city council a report detailing the status of syringe exchange

programs” in their jurisdictions (H&S Code Section 121349.3). AB 110 adds that the report must include an account of “the use of public funds for these programs.”

In enacting AB 110, the Legislature found that:

- Injection drug users continue to be at high risk of HIV and viral hepatitis infection in California.
- SEPs have been shown to significantly reduce the transmission of HIV and hepatitis among injection drug users, their sexual partners, and children.
- SEPs have been effective in moving individuals into substance abuse treatment programs and in reducing the number of used hypodermic needles and syringes disposed of in public places, which pose a threat to public health and safety.
- The ability of SEPs to purchase an adequate supply of sterile hypodermic needles and syringes is essential to California’s ability to further reduce the transmission of HIV and hepatitis, and to relieve the public cost for the care and treatment of HIV disease and hepatitis.

For more information, contact:

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