



Syringe Exchange Programs in California: An Overview

Syringe exchange programs (SEPs) have been operating in California, providing sterile syringes, collecting used syringes, and acting as a point of access to health education and care for injection drug users (IDUs) since the 1980s. In 2000, legislation went into effect (Assembly Bill [AB] 136 (Mazzoni, Chapter 762, Statutes of 1999) which authorized the establishment of SEPs in counties or cities that declared a local state of emergency. In 2005, Governor Arnold Schwarzenegger signed AB 547 (Berg, Chapter 692, Statutes of 2005) which simplified the process for local authorization of SEPs by eliminating the need to declare a local state of emergency.

Currently:

- ❖ There are 37 SEPs operating in California.
- ❖ Seventeen County Boards of Supervisors and four City Councils have authorized SEPs, and several other counties and cities are planning for authorization.
- ❖ California SEPs operate with modest budgets and provide a wide range of services, including HIV testing and risk-reduction counseling, provision of sterile injection equipment, and referrals to drug treatment, housing, and mental health services.

Legislation:

- ❖ AB 547 (Berg, Chapter 692, Statutes of 2005): Simplified the process for authorization of SEPs by eliminating the need to declare a local state of emergency. The law requires that California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) be consulted prior to authorization, annual reports on SEP operation and local epidemiology be made to the local authorizing body, and that local stakeholders have an opportunity to comment at an annual open meeting of the Board of Supervisors or City Council.
- ❖ AB 110 (Laird, Chapter 707, Statutes of 2007): Allows State General Fund monies distributed by OA to be used to purchase sterile needles and syringes.
- ❖ Senate Bill 1159 (Vasconcellos, Chapter 608, Statutes of 2004): Allows local government to authorize over-the-counter sale of syringes until December 31, 2010. Also allows personal possession of up to ten syringes in authorizing jurisdictions, if acquired from an authorized source.

OA Direct Funding of SEPs:

- ❖ Prior to the August 2009 budget cuts, OA provided direct funding to 15 SEPs as well as to a technical assistance provider to assist those and other SEPs in the state to increase their HIV and hepatitis C virus (HCV) prevention capacity (total funding

\$1.5 million/year). Awards were announced June 1, 2007, and were awarded through a competitive bid process.

- ❖ These funds were dedicated to improving access to sterile syringes by increasing SEP operating hours, purchasing non-syringe operating materials, expanding syringe exchange to new locations, adding staff or improving compensation for existing staff as well as adding outreach workers to encouraging clients of SEPs to test for HIV and HCV and link clients to medical care when appropriate.
- ❖ Funds were also dedicated to adding services, such as wound care, that improved overall health and wellness for IDUs.

Research and Evaluation: The CalSEP Study, 2000-2004:¹

- ❖ The Centers for Disease Control and Prevention-funded California Syringe Exchange Program Study (CalSEP), found that 20 out of 24 programs evaluated in 2004 operated with budgets of less than \$100,000 per year.
- ❖ Eighty-three percent of programs participating in the study offer HIV counseling and testing on site, and 63 percent offer HCV counseling. All SEPs offered safer sex and safer injection materials, first aid, and referrals to drug treatment. Many SEPs offered overdose prevention education and materials.
- ❖ In a survey of 75 clients recruited from 25 California SEPs, more than 90 percent would recommend SEPs to friends with similar needs.
- ❖ For most SEP clients, contact with SEPs was the only contact IDUs had with health care or social services of any kind, indicating that SEPs are effectively reaching this hard-to-reach population with necessary services. The CalSEP study found that of ten recommended preventive services received, 76 percent were received from SEPs.

Additional Research Findings:

- ❖ A study of 81 cities around the world compared HIV infection rates among IDUs in cities that had SEPs to cities that did not. In the 29 cities with SEPs, HIV infection rates decreased by an average of 5.8 percent per year. In the 52 cities without SEPs, HIV infection rates increased by 5.9 percent per year. The study concluded that there is strong evidence that SEPs lead to lower levels of HIV among IDUs.²
- ❖ Researchers studying a San Francisco SEP found that the program did not encourage drug use, either by recruiting young or new IDUs, or by increasing drug use among current IDUs. In fact, during the five-year study period, injection

¹ Bluthenthal, R. Syringe Exchange Program Diversity and Correlates of HIV Risk: Preliminary results from the California Syringe Exchange Program Study. Presentation to the California Department of Health Services, Office of AIDS, April 22, 2003. Sacramento, CA.

² Hurley, S.F., Jolley, D.J., Kaldor, J.M. Effectiveness of needle-exchange programmes for prevention of HIV infection. *Lancet* 1997; 349:1797-1800.

frequency among IDUs decreased from 1.9 injections per day to 0.7, and the percentage of new IDUs in the community decreased from 3 percent to 1 percent.³

- ❖ Economic studies have predicted that SEPs could prevent HIV infections among clients, their sex partners, and offspring at a cost of about \$13,000 per infection averted.⁴ This is significantly less than the lifetime cost of treating an HIV-infected person, which is estimated to be \$253,196.⁵ One estimate suggested that a national program of syringe exchange would have saved almost 10,000 lives by 1995.⁶
- ❖ Hundreds of studies on SEPs have been conducted and have been summarized in a series of federally funded reports beginning in 1991. Each of the eight reports has concluded that SEPs do not appear to lead to increased drug use, increased neighborhood crime, or increased syringe litter in the communities that are home to these programs.⁷
- ❖ The National Institutes of Health Consensus Panel on HIV Prevention stated that: "An impressive body of evidence suggests powerful effects from needle exchange programs....Studies show reduction in risk behavior as high as 80 percent, with estimates of a 30 percent or greater reduction of HIV in IDUs."⁸

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³ Watters, J.K., Estilo, M.J., Clark, G.L., et al. Syringe and needle exchange as HIV/AIDS prevention for injection drug users. *Journal of the American Medical Association* 1994; 271:115-120.

⁴ Cohen, D.A., Wu, S-Y., Farley, T.A. Cost-effective allocation of government funds to prevent HIV infection. *Health Affairs* 2005; 24:915-926.

⁵ Molitor, F., Aguirre, A., Crump, C., Caldwell, R. Estimated HIV infections prevented and related cost savings as a result of the California Prevention for HIV Positives Persons (PHIPP) Project. National HIV Prevention Conference. June 12-15, 2005 (abstract no. M1-E0102).

⁶ Lurie, P., Drucker, E. An opportunity lost: HIV infections associated with lack of a national needle-exchange programme in the USA. *Lancet*. 1997; 349:604-608.

⁷ Report from the NIH Consensus Development Conference. February 1997.

⁸ National Institutes of Health. [Consensus development statement. Interventions to prevent HIV risk behaviors](#), February 11-13, 1997; 7-8.