



Evaluation Results for SB 1159 (Disease Prevention Demonstration Project)

SB 1159 (Vasconcellos, Chapter 608, Statutes of 2004) established the Disease Prevention Demonstration Project (DPDP), which allows local governments to permit pharmacies to sell up to ten syringes without a prescription to an adult. The legislation required the California Department of Public Health, Office of AIDS (OA) to conduct an extensive evaluation of DPDP. OA evaluators collaborated with independent researchers to produce "[SB 1159 Report: An Evaluation of Over-the-Counter Sale of Sterile Syringes in California](#)," which provides a comprehensive description of the implementation and outcomes of the five-year pilot and was posted online on July 16, 2010. The report concluded that DPDP was having the desired effect of augmenting access to sterile syringes. At the same time, negative outcomes tied to the program were not observed. In addition:

- The evaluation found no effect on rates of drug use, unsafe discard of syringes, crime rates, rates of accidental needle-stick injury to law enforcement personnel, or other negative effects.
- Evaluators found that self-reports of syringe sharing among injection drug users (IDUs) were fewer in LHJs which had authorized a DPDP. Between 30 percent and 47 percent of IDUs in DPDP-authorizing counties reported never sharing syringes. In counties that did not authorize non-prescription syringe sales, never sharing rates were lower, ranging from 22 percent to 32 percent.
- Early adopting counties (which authorized DPDPs in 2005) experienced significant increases in IDUs' use of pharmacies as a source of sterile syringes.
- Amphetamine injectors, Latino and White IDUs were more likely to report relying on pharmacies as a source of syringes than other groups, indicating that pharmacies may be reaching a different subpopulation of IDUs than is reached by syringe exchange programs.
- While some parts of the state with high HIV prevalence now allow non-prescription syringe sales, there are regions that lack legal access to sterile syringes that have not engaged in the process necessary to authorize a DPDP.
- The DPDP approval process is similar to California's legalization of syringe exchange programs and provides a contrast to the majority of other states that offer nonprescription syringe sales on a statewide basis.

Mandated Evaluation Indicators – Excerpt from the Report

SB 1159 required that CDPH evaluate six indicators of the effect of the NPSS (nonprescription syringe sale) pilot. These indicators are numbered below along with salient evaluation findings.

- 1) "Hypodermic needle or syringe sharing practices among those who inject illegal drugs."

Injection-mediated risks are lower among IDUs in LHJs that have authorized access to sterile syringes through pharmacies.



During 2004 to 2006, between 40 percent and 45 percent of IDUs living in local health jurisdictions (LHJs) that authorized NPSS reported never sharing syringes during the past two years compared to 22 to 32 percent of IDUs in counties that did not authorize NPSS. While we cannot attribute reduced syringe sharing practices among IDUs solely to implementation of SB 1159 (other structural and programmatic factors that differ between the authorizing and non-authorizing LHJs could have also played a role), it is favorable from a public health perspective that injection-mediated risks are much lower in LHJs that have expanded pharmacy access to sterile syringes.

2) "Rates of disease infection caused by hypodermic needle or syringe sharing."

More time is required to determine the effect of SB 1159 on HIV incidence rates.

HIV and HCV are the primary infections transmitted by needle sharing. No HIV incidence data was available in California until after SB 1159 was implemented and California does not have an HCV incidence surveillance system. Additionally, because the California names-based HIV case surveillance system only began in 2006, that system will also not permit measurement of infection rates. The only surveillance system addressing this question is for AIDS cases and this system demonstrates decreases in reported AIDS diagnoses from IDUs since 1993 at which point reported AIDS cases reached a peak of 1,410. These declined to 332 reported cases in 2007, a statewide decline which includes the years just prior to and just following SB 1159 authorization and DPDP implementation. However, the long incubation period between HIV infection and AIDS diagnosis makes AIDS surveillance data an unreliable way to measure the impact of recent (those in place less than ten years) prevention measures.

3) "Needle-stick injuries to law enforcement officers and waste management employees."

Reported needle-stick injuries among law enforcement officers remain rare.

In 1993, OA began documenting voluntarily reported accidental needle-stick injuries among California law enforcement personnel. Between 1993 and 2009, a total of 186 accidental needle-stick injuries were reported to OA's HIV/AIDS Registry, 101 in LHJs that had not authorized DPDPs and 85 in LHJs that had, but the differences were not statistically significant. Between 2005 and 2009, post-authorization of DPDPs, 19 accidental needle-stick injuries were reported among law enforcement in LHJs that had authorized DPDPs and 15 accidental needle-stick injuries were reported among law enforcement in LHJs that had not authorized DPDPs, and the differences were not statistically significant.

4) "Drug crime or other crime in the vicinity of pharmacies."

Drug-related crime remained stable in LHJs that authorized DPDPs.

After an extensive analysis of available data on crime and local clustering of crime, there was no evidence of elevated crime rates in counties that authorized a local DPDP. The highest levels of clustering of crime were in counties that have not authorized DPDP.

5) "Safe or unsafe discard of used hypodermic needles or syringes."

Low levels of unsafe discard of used hypodermic needles or syringes were



observed around DPDPs.

Systematic neighborhood observations and surveys conducted in LA and SF during 2007 and 2008 to assess levels of unsafe syringe discard in the vicinity of pharmacies and in high-risk neighborhoods, respectively, found a very low rate of unsafe discard of syringes near pharmacies or in communities where NPSS is allowed. There is no evidence that DPDPs resulted in an increase or decrease in unsafe discard of syringes.

6) "Rates of injection of illegal drugs."

Levels of injection of illegal drugs decreased among publicly funded HIV testing clients since implementation of SB 1159.

During 2004 to 2007, more than 436,000 HIV counseling and testing (C&T) sessions were conducted in publicly funded test sites. During the HIV C&T sessions, clients were asked about their sexual and injection-mediated HIV risk behaviors. The proportion of HIV C&T clients who reported injecting illicit substances during the two years prior to their testing visit decreased from 12.37 percent during the first half of 2004 (pre-SB 1159) to 9.67 percent during the second half of 2007 (post-SB 1159).

OA is unaware of any evidence of change in rates of drug injection found in any statecriminal databases or other sources in the period following authorization of SB 1159.

Additional Information

The DPDP, which originally was slated to conclude in 2010, was re-authorized by Assembly Bill (AB) 1701 (Chesbro, Chapter 667, Statutes of 2010), and will sunset on December 31, 2018.

Subsequent legislation (SB 41 [Yee, Chapter 738, Statutes of 2011]) permits nonprescription syringe sales (NPSS) through licensed pharmacies throughout the state until January 1, 2015. It makethe provisions of California code related to the DPDPinoperative until January 1, 2015.

SB 41 allows customers 18 years of age and older to purchase and possess up to 30 syringes for personal use when acquired from an authorized source. It specifies that pharmacists, physicians and SEPs are authorized sources of nonprescription syringes for disease prevention purposes. SB 41 requires pharmacies and SEPs which offer NPSS to provide options for safe syringe disposal. The bill also requires pharmacies that offer NPSS to provide education to customers on how to safely dispose of sharps waste and how to access drug treatment, and testing and treatment for HIV and hepatitis C virus. CDPH, OA and the California Board of Pharmacy are required by the bill to post this same information on how consumers can access testing and treatment for HIV and viral hepatitis, safely dispose of sharps waste, and access drug treatment on their websites.