

California Department of Public Health (CDPH) Office of AIDS (OA) Syringe Exchange Certification Program

Recent Decisions and Frequently Asked Questions

In order to reduce the spread of HIV and viral hepatitis and to reduce the existing risk of outbreaks of HIV and hepatitis C viral infection in Butte County, the California Department of Public Health, Office of AIDS (CDPH/OA) has approved the application from the Northern Valley Harm Reduction Coalition (NVHRC) to provide syringe exchange services. Authorization is effective October 14, 2019 through October 14, 2021. CDPH/OA has determined that NVHRC has met the requirements outlined in California Health and Safety Code (HSC) Section 121349 to qualify for authorization. Additionally, CDPH/OA has determined that conditions exist for the rapid spread of HIV, viral hepatitis, or other blood-borne diseases in Butte County.

What public health information do we have that is relevant to syringe exchange services in Butte County?

Butte County has faced a number of public health challenges in recent years that are driven by, or related to, injection and other drug use:

- In 2018, there were **17 opioid overdose deaths in Butte County**, a rate of 6.6 deaths per 100,000 population, which is 20% higher than the California average (5.5/100k).
- Butte County's 2018 rate of **all-drug poisoning deaths** was 24.8/100k, more than twice the California average of 12.2/100k.
- In 2016, the most recent year for CDPH's published surveillance, Butte County's rate of new **chronic hepatitis C virus (HCV) infections ranked 15th among California counties**.
- While the HCV rate has declined among older age cohorts, it has recently increased sharply among younger people, which are likely related to injection drug use. In the 20-29 year old age cohort, **chronic HCV infection diagnoses in Butte County increased 89% among men and 107% among women** in the four year period to 2015.

What is the role of CDPH in approval of syringe exchange programs (SEPs)?

California HSC Section 121349(b), allows CDPH to authorize SEPs in any location where the department determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or other blood-borne diseases. CDPH is required to consult with local law enforcement and the local health officer as part of the authorization process, but local government permission is not required.

What does approval from CDPH authorize an SEP to do?

CDPH authorization for SEPs allows the staff and volunteers of the authorized organization to possess and furnish syringes in the geographic area defined in the authorization, and allows people who participate in SEP services to lawfully possess an unlimited number of syringes for personal use. (Separate from the authorization process, state law also permits adults over the age of 18 to possess an unlimited number of syringes for personal use when acquired from a pharmacy or physician.)

As a condition of authorization by CDPH, SEPs are required to directly provide or provide referrals to key medical and social services, including substance use disorder treatment, and screening and linkage to care for HIV, viral hepatitis, and sexually transmitted infections. CDPH-authorized SEPs must submit syringe dispensing and collection and disposal plans designed to maximize return of used syringes without increasing risk of needle-stick injury to staff or program participants. The plan must include sharps waste disposal education that ensures staff and participants are familiar with proper disposal of home-generated sharps waste as referenced in HSC Section 118286.

CDPH-authorized SEPs are required to submit and maintain policies and procedures related to all services, and to submit data as well as an annual report to CDPH. Authorized SEPs must also record both adverse incidents and positive interactions between local law enforcement and SEP staff, volunteers or participants; document concerns and positive feedback expressed by program participants, community members, neighborhood associations and/or local law enforcement officials; and document steps the program has taken to address any reasonable concerns.

How were the locations chosen, and is one of the approved locations close to an elementary school?

NVHRC will table on Sunday mornings between 9:00 and 11:00 AM in the area around Ohio Street outside Community Park, and requested a larger authorized outreach area in which to conduct walkabout outreach as needed. This area has been narrowed by the program, and the request to provide additional services at the Blackbird Café has been withdrawn by NVHRC. The approved outreach area has been identified through NVHRC outreach, interviews with people who inject drugs, and by city authorities as an area in which there is prevalent drug use. Chapman Elementary School is approximately ½ mile from the primary outreach location planned for this area. School is not in session during the SEP operating time on Sunday mornings.

Will this increase syringe litter in the park?

According to local law enforcement, there has been an issue of drug use and syringe litter in and near Community Park, which is a principle reason that NVHRC has identified the area as a services location. The City of Chico and the Chico Area Recreation District has recently worked hard to reduce improper syringe discard, and NVHRC has directly contributed to this by doing cleanups of these areas in beginning in Fall 2018.

What other steps to address syringe litter are included in the authorization?

While syringe litter has been identified as a concern in Butte County, expansion of syringe services is well documented to be effective at decreasing syringe litter because it provides accessible locations for the safe disposal of used syringes. NVHRC's application included collaborations with community partners to increase efforts to address syringe litter. As part of these efforts NVHRC will:

- Establish new hours and areas of operation for syringe services in order to offer locations for people to safely dispose of their sharps waste. Currently, there are few [syringe disposal locations in Chico](#), and none in the areas to be served by NVHRC;
- Conduct regular clean-ups in the areas served by the syringe exchange program;
- Continue to conduct regular cleanups in parks and greenway areas of Chico;
- Document number of syringes collected;
- Respond to community requests to provide cleanup whenever syringe litter is sighted, including by [reporting through a publicly accessible phone line and online reporting form](#); and
- Work with community partners to increase local disposal options (e.g., placement of additional kiosks and increasing availability of individual disposal containers).

Other local partners, including county and city government decision-makers and agencies, are similarly involved in clean-up and mediation efforts, and local action to address the opioid epidemic, homelessness and related issues is organized and ongoing.

Is it true that the SEP won't be a one-for-one exchange?

Based on numerous scientific studies, [CDPH recommends against one-for-one syringe exchange](#), which increases the risk of disease transmission and injury and, critically, is not associated with decreases in syringe litter. CDPH's recommendation echoes similar recommendations and evidence from the U.S. Centers for Disease Control and Prevention and numerous other state health departments. NVHRC has already built a track record of addressing syringe disposal needs in Chico: creating disposal services in the areas proposed for the SEP and for residents of the main Red Cross shelter for people displaced by the Camp Fire, and regular clean-ups of parks and other greenway areas near homeless camps, were among the first activities NVHRC instituted after their founding in 2018. These efforts have been acknowledged in the local press and by local officials and other agencies involved in the county opioid safety coalition. Although the program will not require that a person returns a syringe to the SEP for every new one they receive, SEP participants will be provided with personal sharps disposal containers, counseled about disposal options and encouraged to dispose of used syringes safely. There are also several [other syringe disposal locations in the Chico area](#), such as a kiosk maintained by the Butte County Public Health department.

Does the presence of an SEP increase the risk of needlestick injuries to law enforcement officers?

Searches are a common part of police officers' work, and officers may be at risk of needle stick injury in circumstances where people being searched fear revealing the presence of a syringe or adequate precautions are not taken during a search. Approximately 2 such injuries have occurred among Chico police officers each year since 2015. These injuries may be painful and frightening, and all workers, whether they work in sanitation, law enforcement, or syringe services, deserve protection from injury. OA's [needlestick injury prevention video](#), made in collaboration with the Los Angeles Police Department and with two Los Angeles SEPs, demonstrates how changing cautioning procedures can decrease the likelihood of such injury. Additionally, it is often helpful for such workers to learn there has never been a documented case of HIV or hepatitis C virus transmission in the United States linked to community-acquired needle stick injury ("community acquired" meaning outside of a medical setting). More important, scientific studies have found that legal access to syringes reduces law enforcement needle stick injuries by reducing or eliminating

people's incentive to hide syringes. SEPs also reduce the possibility of infectiousness of syringes by reducing the number of times syringes are used and the length of time they are in circulation before disposal.

What data is there about the effectiveness of syringe exchange programs?

Syringe exchange programs have been rigorously studied since they were first introduced in the mid-1980s in response to injection-related HIV transmission. As the U.S. Centers for Disease Control and Prevention [has summarized](#), this evidence has shown that SEPs:

- Reduce HIV and viral hepatitis transmission;
- Reduce overdose mortality;
- Increase entry into substance use disorder treatment;
- Reduce needle-stick injuries;
- Save money;
- Do not increase drug use or crime.

The impact of SEPs has been most notable in terms of controlling the HIV epidemic: between 2008 and 2014, the annual HIV diagnoses among people who inject drugs (PWID) in the U.S. fell by half. In jurisdictions where SEPs were adopted early and publicly funded, injection-related HIV transmission has been steeply reduced, such as in San Francisco where the number of infections decreased by two-thirds,^[1] or New York City where HIV prevalence among PWID fell from 54% in 1990 to 3% in 2012.

SEPs also play an important role in safe disposal of used syringes. Studies have found, for example, that cities with SEPs have less syringe litter than those that don't have SEPs, and that syringes from SEPs are more likely to be safely disposed than those acquired from other sources. A CDPH review provides information about why restrictive syringe distribution policies are not recommended public health practice, along with a more comprehensive review of evidence related to syringe distribution and disposal: [Issue Brief: Syringe Access Policies for California Syringe Exchange Programs](#).

Additional background including summaries of California-based studies may be found in CDPH's [Syringe Exchange Programs in California: An Overview](#). A brief summary of California law may be found in the CDPH [Fact Sheet for Syringe Exchange Programs and Law Enforcement: Non-Prescription Sale and Provision of Syringes](#).

Many government and professional organizations have endorsed SEPs, including the American Bar Association, the American Medical Association, the American Nurses Association, the American Psychiatric Association, the American Psychological Association, the American Public Health Association, the American Society of Addiction Medicine, the U.S. Centers for Disease Control and Prevention, and the U.S. Conference of Mayors. In addition to funding from the State, California SEPs are partially supported by federal funding including from the U.S. Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Administration, and the Health Resources and Services Administration.

How many syringe exchange programs does California have as of September 2019?

^[1] San Francisco Department of Public Health, Population Health Division. [Syringe Access and Disposal Services](#). May 2018.

There are 49 SEPs operating in California. (See [Syringe Exchange Programs in California: An Overview](#)). CDPH lists all authorized SEPs operating in California on our web site.