



Syringe Exchange Programs in California: An Overview

Syringe exchange programs (SEPs) have been operating in California since the late 1980s, providing sterile syringes, collecting used ones, and acting as a point of access to health education and help for people who inject drugs.

Currently:

- ❖ There are more than 40 SEPs operating in California.
- ❖ California SEPs provide a wide range of services in addition to syringe exchange and disposal. These services may include HIV and hepatitis C testing, overdose prevention training, and referrals to drug treatment, housing, and mental health services. Most SEPs also provide first aid and basic supplies, such as clean socks and bottled water, to meet the needs of homeless clients.
- ❖ California SEPs operate in a variety of settings, including in health clinics, mobile vans, storefronts and churches. Some offer street-based services in multiple locations; others offer services daily during standard business hours; still others provide home delivery services.
- ❖ Since 1999 the California State Legislature has acted several times to expand access to sterile syringes through SEPs authorized by local government. Most syringe exchange programs currently operating in California have been authorized by their county boards of supervisors or city councils.
- ❖ In 2012, Assembly Bill (AB) 604, (Skinner, Chapter 744, Statutes of 2011) also granted authority to the California Department of Public Health, Office of AIDS to permit organizations to apply directly to the Department for authorization to provide syringe exchange services. Existing SEPs are not required to apply for state certification, and local governments may continue to authorize local programs.

Research in California: the CalSEP Study¹

- ❖ The California Syringe Exchange Program (CalSEP) study funded by the Centers for Disease Control and Prevention examined the impact of syringe exchange legislation over several years in sixteen counties. Researchers found that for most SEP clients, contact with SEPs was the only contact they had with health care or social services of any kind. Of 10 recommended preventive services received by SEP clients, 76 percent were received exclusively from SEPs.

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.

- ❖ In addition to syringe exchange, eighty-three percent of SEPs participating in the study offered HIV counseling and testing on site and 63 percent offered screening for hepatitis C virus. All SEPs offered safer sex materials, first aid, and referrals to drug treatment.
- ❖ In a survey of 75 clients recruited from 25 California SEPs, more than 90 percent would recommend SEPs to friends with similar needs.

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. By contrast, in the 52 cities without SEPs, HIV infection rates increased by 5.9 percent per year.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 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 \$385,200.
- ❖ Hundreds of studies of 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.⁵
- ❖ A comprehensive review of international studies on syringe access programs, including both syringe exchange and nonprescription pharmacy sale concluded, “There is compelling evidence that increasing the availability, accessibility, and both the awareness of the imperative to avoid HIV and utilization of sterile injecting equipment by IDUs reduces HIV infection substantially.”⁶

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.

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 Report from the NIH Consensus Development Conference. February 1997.

⁶ Wodak A, Cooney A. Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of the international evidence. *Subst Use Misuse*. 2006;41(6-7):777-813.

- ❖ The National Institutes of Health Consensus Panel on HIV Prevention stated, "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."⁷

Related California Legislation:

- ❖ AB 1743 (Ting, Statutes of 2014) allows licensed pharmacies throughout California to sell syringes to adults without a prescription and removes prior limits on the number of syringes that may be sold. It allows adults 18 years of age and older to purchase and possess an unlimited number of syringes for personal use when acquired from a pharmacy, physician or authorized SEP.
- ❖ AB 604 (Skinner, Statutes of 2011) added CDPH/OA to the list of government entities that may authorize SEPs. As of January 1, 2012 OA has authority to establish a program that allows entities to provide syringe exchange services anywhere in the state where OA determines that the conditions exist for rapid spread of HIV, viral hepatitis, or other blood-borne diseases.

Additional Fact Sheets and Links:

- ❖ [Public Safety, Law Enforcement, and Syringe Exchange \(amfAR\)](#)
- ❖ [Syringe Exchange Programs and Hepatitis C \(Harm Reduction Coalition\)](#)
- ❖ [CDC Vital Signs - HIV and Injection Drug Use – Syringe Services Programs for HIV Prevention \(January, 2017\)](#)

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