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 Humboldt County, the California Department of Public Health, Office of AIDS (CDPH/OA) has approved the application from the Humboldt Area Center for Harm Reduction (HACHR) to provide syringe exchange services. Authorization is effective October 8, 2018 through October 8, 2020. CDPH/OA has determined that HACHR 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 Humboldt County.

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

Humboldt 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 2017, there were 28 opioid overdose deaths in Humboldt County, representing a 6% decline from the previous year, but nonetheless a death rate (21.0/100k) more than 4.5x the California average (4.5/100k).
- Humboldt’s 2017 rate of all-drug poisoning deaths was 31.7, about 3.5 times higher than the California average of 10.1/100k.
- Humboldt saw a 49% increase in chronic hepatitis C virus (HCV) cases between 2011 and 2015. Humboldt’s new case rate in 2015 was 278% higher than the state average.
- The largest increase in HCV cases (+149%) was among men age 20-29. HCV cases among young people are more likely to be recent infections related to injection drug use, compared to infections among the “baby boomer” age group who are more likely to have been infected through blood transfusions before universal screening of the blood supply was introduced. Among both men and women there were large increases in both the 20-29 and 30-39 age cohorts.
- While the prevalence of HIV infection in Humboldt County is about half the California average in 2016, Humboldt’s annual rate of new HIV diagnoses increased by 47% between 2012-2016, while statewide the rate declined by 6%. An outbreak of at least 10 new HIV cases has been identified in recent months and found to be linked to local syphilis cases, though not yet injection drug use.

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.
Local governments also have separate statutory authority to approve syringe exchange programs to operate within their jurisdiction under HSC 121349(b), and to set standards for local program operation as part of that local authorization.

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 needlestick 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.

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

While syringe litter is an escalating concern in Humboldt, 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. HACHR’s application included collaborations with community partners in increased efforts to address syringe litter. As part of these efforts HACHR will:

- Expand hours and areas of operation for syringe services in order to offer additional hours and locations for people to safely dispose of their sharps waste;
- Continue to conduct regular cleanups in Eureka and Arcata;
- Document number of syringes collected;
- Respond to community requests to provide cleanup whenever syringe litter is sighted;
- Work with local law enforcement to reduce barriers to using sharps disposal kiosks;
- Continue to assist with cleanup in the Old Town area and in city green belts; 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.
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, 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.

How many syringe exchange programs does California have as of 2018?

There are 45 SEPs operating in California. (See Syringe Exchange Programs in California: An Overview). The California Department of Public Health (CDPH) lists all authorized SEPs operating in California on our web site.

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