



Syringe Exchange Programs in California: An Overview

Syringe exchange programs (SEPs) have been operating in California, providing sterile syringes, collecting used ones, and acting as a point of access to health education and care for injection drug users (IDUs) since the late 1980s. Since 1999, the California State Legislature has acted several times to expand access to sterile syringes through SEPs authorized by local government, and in 2012, Assembly Bill (AB) 604, (Skinner, Chapter 744, Statutes of 2011) went into effect. The new law permits the California Department of Public Health, Office of AIDS to establish a process through which qualified entities may apply directly to the Department for authorization to provide syringe exchange services, a process which the Department will term SEP "certification." Regulations for the certification program are currently under development.

Local governments retain the authority to authorize SEPs and set local standards as appropriate.

Currently:

- ❖ There are 37 SEPs operating in California, more than in any other state.
- ❖ California SEPs provide a wide range of services in addition to syringe dispensing and disposal, including HIV testing and risk-reduction counseling, overdose prevention education, 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 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.

Research in California: the CalSEP Study¹

- ❖ The Centers for Disease Control and Prevention-funded California Syringe Exchange Program (CalSEP) study found that for most SEP clients, contact with SEPs was the only contact IDUs had with health care or social services of any kind. Of 10 recommended preventive services received by SEP clients, 76 percent were received from SEPs.
- ❖ 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

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.

drug treatment. Many SEPs also 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.

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 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.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
- ❖ The National Institutes of Health Consensus Panel on HIV Prevention stated that:

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.

"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:

- ❖ Senate Bill 41 (Yee, Statutes of 2011) went into effect January 1, 2012. The law allows licensed pharmacies throughout California to sell up to 30 syringes to adults without a prescription, without requiring pharmacies to register in order to do so. It 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 pharmacies, SEPs and physicians are authorized sources of sterile syringes. SB 41 also requires pharmacies and SEPs which offer non-prescription syringe sales to provide options for safe syringe disposal.
- ❖ AB 547 (Berg, 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, 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 604 (Skinner, Statutes of 2011) added the California Department of Health, Office of AIDS (OA) to the list of government entities that may authorize SEPs. Starting January 1, 2012 until January 1, 2019, 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. Regulations are being developed to implement the program.

Additional Fact Sheets:

- ❖ [What the Law Says: California Legal Code Related to Access to Sterile Syringes \(PDF, New Window\)](#)
- ❖ [Public Safety, Law Enforcement, and Syringe Exchange \(amfAR\)](#)
- ❖ [Syringe Exchange Programs and Hepatitis C \(Harm Reduction Coalition\)](#)

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