

Appendix 13: Increasing Syringe Access through Syringe Services Programs and Non-Prescription Syringe Sales

Access to sterile syringes is a critical component of HIV prevention and care in California. Effective HIV prevention incorporates a harm reduction approach to working with people who inject drugs (PWID) that fosters overall health and wellness through such services as wound care, overdose prevention education and naloxone distribution, viral hepatitis testing, and medication – including PrEP and medication-assisted treatment (MAT) for opioid use disorder. A comprehensive strategy to prevent HIV and hepatitis C must include syringe access through syringe services programs (SSPs) or non-prescription syringe sales in pharmacies (NPSS) – and ideally both will be available.

Based on the guidance provided in [Strengthening Our Foundation through Integration: 2019 Guide to HIV Prevention and Surveillance](#):

- **Jurisdictions that do not have an authorized SSP** will assess community readiness to increase access to syringes and other harm reduction services;
- **Jurisdictions that have an authorized SSP** will consider strategies for building the capacity of their local SSP to deliver comprehensive HIV prevention services for people who inject drugs – and this tool can inform those efforts; and
- **Jurisdictions allocated \$170,000 or less** will focus on enhancing collaboration with local SSPs to enable effective linkage and referrals for PWID, and/or may work to increase the number of pharmacies that offer NPSS. This tool may help identify barriers and facilitators.

The Community Readiness Assessment

A community readiness assessment provides a starting point for jurisdictions that are ready to initiate or expand syringe services.

Successful SSPs are community-informed, data-driven, and engage the people who will be using the program in program design. A thorough readiness assessment will create a snapshot of the social and political environment influencing syringe access efforts, reflect patterns of drug use in the community, and provide a clear description of the needs of PWID as well as barriers they experience as they attempt to access services. It will also include information about the current public health consequences of injection drug use in the community.

Readiness Assessment Checklist:

- Know the laws related to SSPs
- Assess need among PWID in your community
 - Get to know the data
 - Get to know the people
- Engage partners and stakeholders
- Review existing policies, resources, and services
- Determine planning steps
- Assess TA needs

Know the laws related to SSPs

California law supports public health efforts to expand access to sterile syringes through both SSPs and non-prescription syringe sales in pharmacies. For a comprehensive overview of California laws related to syringe access, please refer to the resources below:

- What the law says: [Fact Sheet for syringe exchange programs and law enforcement – non-prescription sale and provision of syringes](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Fact%20Sheet%20-%20What%20the%20Law%20Says_ADA.pdf): [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Fact%20Sheet%20-%20What%20the%20Law%20Says_ADA.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CA%20Legal%20Code_Jan%202017_ADA.pdf)
- [California Legal Code Related to Access to Sterile Needles and Syringes](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CA%20Legal%20Code_Jan%202017_ADA.pdf): https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CA%20Legal%20Code_Jan%202017_ADA.pdf

Assess need – get to know the data

Data provides a foundation that can highlight the need for syringe services programs, help to dispel concerns or misunderstandings, and focus planning decisions. Some key data questions and sources for answers for each California county are:

- What is the rate of new HIV diagnoses linked to injection drug use in your county?
 - » The most recent detailed HIV prevention and care continuum for each LHJ has been sent to county Surveillance Coordinators. These include numbers and percentages of people living with HIV/PWID, which can be further broken down by transmission category and demographics.
- What is the rate of chronic hepatitis C virus (HCV) diagnoses in your county?

» [State and County Data Reports - Office of Viral Hepatitis Prevention](#)

The CDPH/Office of Viral Hepatitis provides a county-by-county report on chronic hepatitis C infections. While statewide viral hepatitis surveillance does not generally collect risk factor data, newly diagnosed infections among people under age 30 are considered to be a strong indicator of recent injection drug use.

- What is the rate of opioid overdose mortality in your county?

» [California Opioid Overdose Surveillance Dashboard](#)

CDPH has collaborated with the Office of Statewide Planning and Development, Department of Justice, and the California Healthcare Foundation to provide interactive tables that allow users to examine county data on opioid and other drug overdose – including specific information on fentanyl overdose.

- What is the level of access to medication-assisted treatment (MAT) for opioid use disorders in your county?

» [County Fact Sheets - Treatment Gaps in Opioid Treatment \(Medication-Assisted Therapy\)](#)

County-level estimates of the rate of opioid use disorder and treatment needs and gaps have been developed through a partnership between the Urban Institute and CDPH.

Assess need - get to know PWID in your community

PWID are your best source of information about needs and gaps in syringe access and harm reduction services. Direct involvement of PWID in needs assessment and program

planning strengthens accountability, ensures that services genuinely respond to participant needs, and helps build a sense of ownership and trust even among stigmatized and marginalized communities.

Some proven strategies for engaging PWID in community assessment include focus groups, community forums, and structured conversations with people who have informed or first-hand perspectives about syringe services or the communities that will be served.

Reaching out to people who inject drugs

Even in the absence of local syringe access services, PWID are likely to be accessing other healthcare or social services. Reach out, for example, to public health nursing staff, clinicians at federally qualified health centers, staff at homeless healthcare organizations, and pharmacies that offer nonprescription syringe sales, and discuss whether they would be willing to post flyers or directly recruit people who could inform the development of syringe services. If you identify service locations that serve a significant number of PWID, consider visiting the location to meet people directly and recruit for individual interviews or focus groups.

Although PWID are disproportionately likely to be involved in the criminal justice system, locating PWID through law enforcement settings (police, jails, etc.) is not recommended because the nature of these settings may affect the quality of information shared or relationship building.

Many PWID have experienced discrimination or poor treatment in healthcare and social services settings and may have understandable reasons for distrusting and avoiding contact with government agencies. Bringing a welcoming and respectful demeanor, focusing on learning about PWID experiences without attempting to debate or problem-solve, and maintaining people's confidentiality are all key for establishing relationships with PWID and building trust. If you

are seeking to take up more than a few minutes of people's time, strive to provide some form of incentive.

Some questions to consider for these conversations may include:

- What does injection drug use look like in the county?
 - » Who is injecting (demographics)?
 - » Where is injection drug use happening?
 - » What drugs are being used?
 - » Who is overdosing (demographics)?
 - » Where do PWID currently get syringes?
 - » How often are syringes re-used?
 - » Where do PWID currently get other supplies for safe injection (cookers, cottons, tourniquets, water)?
 - » What factors currently facilitate or impede access to new, sterile injection equipment or naloxone?
- Do PWID know whether the following services are available in the county?
 - » Syringe disposal
 - » Overdose prevention education
 - » Safer injection education
 - » Wound care and education
 - » HIV prevention – education and screening
 - » Hepatitis C prevention – education and screening
 - » Hepatitis A and B vaccinations
- Are these services available in accessible, low-threshold, non-judgmental settings?
- What are PWID experiences with:
 - » Syringe and injection supplies access through SSP
 - » Syringe access through NPSS
 - » Witnessing overdose
 - » Naloxone access
 - » MAT access

- » Access to health care and other services
- What services are most important to PWID?

Engage partners and stakeholders

“Stakeholders” is a broad term encompassing the groups and individuals who will be affected by syringe services programs. Stakeholder engagement is vital to developing the community support that leads to program success and to ensuring that programs and interventions are responsive to local needs. Stakeholders can include supporters of syringe access programs as well as those who have concerns, so it will be important to consider how to engage stakeholders in an environment that fosters open communication.

The strategies for engagement described for PWID (focus groups, community forums, and structured conversations) may also be used with stakeholders. Consider reviewing previous community needs assessments as well - these may yield useful stakeholder-related information.

Stakeholders may include:

- PWID;
- Families and friends of PWID;
- County behavioral health services;
- Safety net healthcare providers (e.g. FQHCs, tribal health clinics, homeless healthcare organizations);
- Homeless services;
- Health or benefits navigators;
- Pharmacists;
- Food banks;
- Methadone clinics;
- Opioid Safety Coalitions;
- Substance use disorder treatment providers;
- Jail discharge planners;
- Hospital emergency departments;
- First responders;
- Local business owners in areas affected by public drug use;

- Police;
- Prosecutors and public defenders; and
- City and county elected officials.

Ask partners and stakeholders:

- Is there any current conversation about SSPs in our community?
- Who (people and organizations) might be in support of SSPs?
- Who (people and organizations) might oppose SSPs?
- What view does the community at large have about SSPs?
- Has anyone tried to establish an SSP here in the past?
- Are there unique characteristics of the community that may affect planning for an SSP?
 - » Is there a local physician who champions access to MAT?
 - » Are there local pharmacies offering naloxone or participating in NPSS?
 - » Are there any clinics targeting services to PWID?
 - » Is there a large homeless population?
 - » Are there community-based organizations (CBOs), clinics, or churches that are willing to house an SSP?
 - » Are there CBOs, churches, universities, or other groups that might provide a source of volunteers?
 - » What community partners are providing services needed by PWID?
 - » Is there a naloxone distribution program?

Next Steps

Once your community assessment is completed, you may be considering a whole new set of questions ranging from practical considerations about how to set up and implement a new SSP to how to go about obtaining authorization for it. The following resources can help:

- [Syringe Services Program Tools and Resources for Health Departments](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Tools%20and%20Resources%20for%20SSPs_ADA.pdf): https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Tools%20and%20Resources%20for%20SSPs_ADA.pdf
- [California Department of Public Health, Office of AIDS SSP Authorization Fact Sheet](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Fact%20Sheet%20-%20SEP%20Certification_final.pdf): https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Fact%20Sheet%20-%20SEP%20Certification_final.pdf
- [Guidelines for Syringe Exchange Programs Funded by the California Department of Public Health, Office of AIDS](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs_ADA.pdf): https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs_ADA.pdf

Nonprescription Syringe Sale: Expanding Syringe Access by Engaging Pharmacies

All California pharmacies can legally opt to sell syringes without a prescription to anyone 18 and older. Customers may buy and possess as many syringes as they need, and there is no requirement to log sales or check identification. For full information about California law that authorizes NPSS in pharmacies, see the [Nonprescription Syringe Sale \(NPSS\) Toolkit: Materials for Pharmacists, Health Departments, and Customers](#).

NPSS is especially crucial for jurisdictions with no SSP – but it’s an important option for any jurisdiction. NPSS is needed when an SSP may not be available due to limited hours of operation or areas served. NPSS may be the only viable option for PWID who choose not to access an SSP. However, NPSS is an under-utilized syringe access option: many pharmacists are not aware of, or misunderstand the law. Some may refuse to provide NPSS at all, while others may

intentionally or unintentionally create barriers to NPSS.

Research on pharmacist willingness to sell syringes without a prescription has found that the main barriers to providing NPSS are: 1) lack of awareness of changes in the law that allow and encourage NPSS and 2) lack of awareness of a need for NPSS. Research also shows that pharmacists respond positively to being asked to provide nonprescription syringe sale.

Assessing NPSS in your jurisdiction

Identify pharmacies to assess for current NPSS participation. Choice may be made by zip code, by specialty (are there HIV and/or HCV specialty pharmacies in your county?) or by other characteristics, such as ADAP pharmacies, a specific chain pharmacy or independent pharmacies. Contact each pharmacy, or the representative for the chain, and ask if they provide NPSS.

- If so, are they willing to work with the health department to ensure customers are aware that NPSS is available by, for example:
 - » Displaying a window cling (available from OA – contact Carol Crump on the TA provider list at the end of this document) informing customers that NPSS is available?
 - » Having their pharmacy listed on the health department’s NPSS website?
- Are they willing to work with the health department to ensure that NPSS is accessible (e.g., low-barrier, judgment-free, and provided according to current laws)?
- If they do not currently provide NPSS, are they willing to consider it?

Set goals to increase and improve NPSS in your jurisdiction

If your jurisdiction has determined how many pharmacies provide NPSS, your next steps may focus on goals such as increasing the number of pharmacies providing NPSS and/or ensuring that pharmacies currently providing NPSS have been updated regarding the law, are aware of best practices, and are not unintentionally creating barriers to access to NPSS.

If there are too many pharmacies in your jurisdiction to make it practical to contact each individually, then you could set goals such as:

- Ensuring that there's at least one pharmacy providing NPSS in each of your most vulnerable neighborhoods;
- Ensuring that every ADAP pharmacy in your jurisdiction provides NPSS; and
- Mapping pharmacy outreach efforts to align with the locations of homeless encampments, or based on areas where HIV or HCV have been most frequently diagnosed.

Choose strategies to increase NPSS

Some ways to increase the number of pharmacies providing NPSS include:

- Provide information and/or make presentations about NPSS at meetings of local pharmacists associations (a list of local pharmacy associations can be found on the California Pharmacists Association website);
- Provide information or make presentations at local schools of pharmacy;
- Provide academic detailing directly to pharmacists and their staff at pharmacies;

- Contact the regional representatives for major chain pharmacies in your area to discuss their local policies and explore how they might encourage NPSS in your region;
- Conduct periodic check-ins to ensure that NPSS is still being offered in a barrier-free manner; and
- Put a list of pharmacies providing NPSS on the health department website.

NPSS technical assistance

The [*Nonprescription Syringe Sale \(NPSS\) Toolkit: Materials for Pharmacists, Health Departments, and Customers*](#) is designed to help expand NPSS in your jurisdiction by enabling you to:

- Provide information about current laws;
- Provide information about NPSS best practices;
- Assist with providing local information. Pharmacies conducting NPSS are required to provide customers with information about sharps disposal, HIV and HCV testing, and substance use disorder treatment. CDPH/OA has a Patient Information Sheet covering these topics, but health departments may wish to customize it to include local information (a Word version of the document in Spanish and English is available on the CDPH/OA website); and
- Make information about pharmacies providing NPSS available to local SSPs and harm reduction service providers.

Technical Assistance from the Office of AIDS and CDC

The Office of AIDS can provide technical assistance for all aspects of the community

readiness assessment process, establishing or expanding syringe services programs, and establishing or expanding non-prescription syringe sales in pharmacies. If you have questions or need help, contact our harm reduction team:

Starting new SSPs; conducting community assessments

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Additionally, the Capacity Building Assistance Request Information System (CRIS) is a CDC program that provides information, on-site training and technical assistance to HIV prevention service providers to help them build their skills, plan for and adapt to change, and meet their goals. PS18-1802-funded LHJs, CBOs, HIV planning groups and health care providers in clinical settings can make a CRIS request through OA. For more information, please see our [Capacity Building Assistance Fact Sheet](#) (PDF).

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