



Expanding access to sterile syringes in California

Alessandra Ross, MPH, Injection Drug Use Policy & Program Coordinator
California Department of Public Health, Office of AIDS

Background

- **HIV/AIDS in California**
 - 19% of cumulative AIDS cases attributed to sharing of injection equipment by IDUs
- **Hepatitis C Virus (HCV)**
 - 5,000 new HCV infections annually
 - 60–90% attributed to sharing of equipment



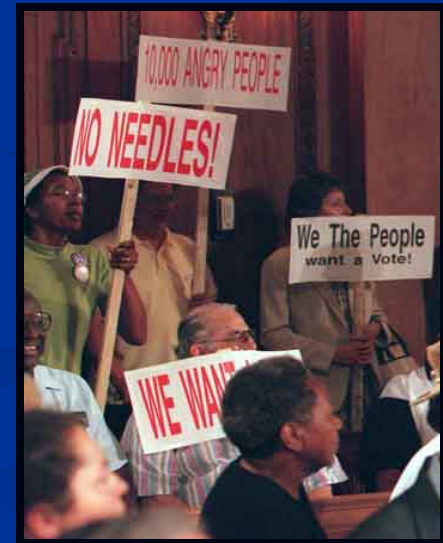
Facilitators to Syringe Access in CA



- More than 40 syringe exchange programs
- SEPs are authorized by state law
- 3.75 million dollars in state funding is provided

Barriers to Syringe Access in CA

- Local government must authorize
- Over-the-counter (OTC) sale of syringes only recently allowed, and only as a pilot
- Very little access to sterile syringes in the Central Valley



Number of SEPs

Alameda	2
City of Berkeley	1
City of Los Angeles	7
City of Sacramento	2
City of San Diego	1
Contra Costa	1
Humboldt	6
Los Angeles	7
Marin	1
Mendocino	1
Monterey	1
San Francisco	3
San Luis Obispo	1
San Mateo	2
Santa Barbara	1
Santa Clara	1
Santa Cruz	1
Shasta	1
Sonoma	1
Ventura	1
Yolo	2

Authorized Syringe Exchange Programs (SEPs) in California

As of May 11, 2007



Note: Some SEPs serve more than one jurisdiction.

Preparation

Preparation for Local Authorization

1. Provide the research
2. Anticipate the objections
3. Bring in local partners
4. Flesh out the details of the syringe access plan
5. Address concerns

Research

- 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 cities with SEPs, HIV infection rates decreased by an average of 5.8% per year. In the cities without SEPs, HIV infection rates *increased* by 5.9% per year.
 - Hurley SF, Jolley DJ, Kaldor JM. Effectiveness of needle-exchange programmes for prevention of HIV infection . Lancet 1997;349:1797-1800.

Research

- **No increase in drug use**
 - No increase in new drug users
 - No increase in youth drug use
 - No change in frequency of injection
- **No increase in crime**
 - Arrest patterns not different in areas served by SEPs
 - No magnet effect: SEP's do not attract IDUs from other communities
- **No increase in syringe litter**



Benefits of SEPs

- Effective as disease prevention
- Do not increase harm
- Cost effective
- Bridge to drug treatment
- Provide needed medical and social services
- Engage people in services

Support for Syringe Exchange

- NIH, CDC, American Medical Association, American Academy of Pediatrics, American Nurses Association, American Public Health Association, American Pharmaceutical Association, American Psychologists Association, NAACP, U.S. Conference of Mayors, Red Cross, California Society for Addiction Medicine, California Medical Association, California Nurses Association, and others.

Anticipate Objections

Conflicts

- HR conflicts with law enforcement policy and practice
- Response: build coalitions that have equal moral authority
- Get local endorsements

SEPs in California



For many, the SEP is the only place where they are treated with dignity (Bluthenthal et al)

OA Prevention Branch Services

- Funding for Syringe Exchange Programs
 - 2.25 million over 3 years
- Secondary Syringe Exchange (SSE)
 - Funds CBOs to provide SSEs, who are people who exchange for others, with training and supplies to do their volunteer work more effectively.
 - 1.5 million over 3 years

OA Prevention Branch Services

- Technical assistance to local health departments
- Technical assistance to SEPs
 - Harm Reduction Coalition has a contract
- Hepatitis C testing
 - Offers HCV testing as part of HIV C&T Program
 - \$430,000/year, no end to contract

Alessandra Ross

Injection Drug Use Policy and Program
Coordinator

CDPH/Office of AIDS

(916) 449-5796

Alessandra.Ross@cdph.ca.gov