PUBLIC SAFETY CITIZEN TASK FORCE

July 24, 2013 Meeting Staff Report

Recommendation

It is recommended that the City of Santa Cruz Public Safety Citizen Task Force (PSTF) hear and deliberate on expert presentations regarding Theme 2: Drug and Alcohol Abuse, Drug Trafficking, and Related Non-Violent or Petty Crime.

It is further recommended that the TF members come prepared to ask questions of the expert panel, keeping in mind the preferred outcome of the PSTF: a set of quantifiable recommendations which can be operationalized by the City, County, neighborhoods and/or voters.

Background

The City of Santa Cruz Public Safety Citizen Task Force (PSTF) has held five meetings thus far. Following its inaugural meeting that focused on governance and schedule, the two subsequent meetings provided the City's perspective on current public safety issues and community members an opportunity to share with the PSTF their personal concerns and priorities through open comment. Both meetings were intended to assist the PSTF in developing its work plan and priorities.

During its fourth meeting, the PSTF set its educational priorities around a set of four themes.

No.	Theme	Questions
1	Environmental Degradation and Behaviors Affecting our Sense of Safety in the City's Parks, Open Spaces, Beaches and Businesses Districts.	1. Other than the City, what jurisdictions are involved with the management of these issues? 2. What resources are necessary to reduce the prevalence of these activities/behaviors and mitigate their effects?
2	Drug and Alcohol Abuse, Drug Trafficking and Related Non-Violent or Petty Crime	1. Other than the City, what jurisdictions are involved with the management of this issue? 2. Are there adequate resources devoted to substance abuse treatment? 3. What is the relationship between substance abuse and petty crime in our community? 4. Are there too many high-risk alcohol outlets in our community? 5. How does substance abuse play a role in Theme 1? 6. Is drug dealing more prevalent in our community than other towns? Is the availability of hard drugs a cause of Theme 1?
3	Gang Violence and Violent	1. Other than the City, what jurisdictions are

No.	Theme	Questions
	Crime	involved with the management of gangs and gang violence? 2. What resources are necessary to reduce the prevalence of gang assemblage and violent crime in our community? 3. What is the relationship between gang violence/violent crime and drug trafficking?
4	Criminal Justice System and Governance	1. How do current local and statewide policies and budget issues within the criminal justice system contribute to the severity of the public safety issues described in Themes 1-3?

The fifth PSTF meeting was held on July 10th. This meeting focused on drug abuse and related crime, Santa Cruz County substance abuse treatment options and practices, and the intersection of drug treatment and the criminal justice system.

This staff report will include a brief overview of the Santa Cruz Drug Court and Drug Courts in other communities. It will also include a brief overview of the Santa Cruz County Needle Exchange Program. It is expected that panel presenters will bring additional information on these programs and provide insight on the efficacy of Santa Cruz County drug treatment programs, justice system interventions in drug treatment and dealing and needle exchange.

Drug Court

General Overview

Drug Court offers adults convicted of drug-related offenses outpatient treatment, drug counseling and testing, family classes, life skills training, court meetings and hearings, and employment support and financial counseling.

- A collaboration between the County of Santa Cruz Superior Court, Health Services Agency's Mental Health & Substance Abuse Services division, the Probation Department and the Alto Counseling Center. The DA's office, the Sheriff's office and the public defender's office are involved as well.
- The design and structure of Drug Court programs are developed at the local level, to reflect the unique strengths, circumstances and capacities of each community.
- This is an attempt to alternatively treat drug addiction with intentions of minimizing the chance of recidivism.

- Examples of Drug Court Strategies:
  - Overall, basic components:
    1) Drug Courts integrate alcohol and other drug treatment services with justice system case
    2) Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
    3) Eligible participants are identified early and promptly placed in the drug court program
    4) Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services
    5) Abstinence is monitored by frequent alcohol and other drug testing

6) A coordinated strategy governs drug court responses to participants' compliance
7) Ongoing judicial interaction with each drug court participant is essential
8) Monitoring and evaluation measure the achievement of program goals and gauge effectiveness
9) Continuing interdisciplinary education promotes effective drug court planning, implementation and operations
10) Forgoing partnerships among drug courts, public agencies and community-based organizations generates local support and enhances drug court effectiveness.

- Eligible drug-addicted persons may be sent to Drug Court in lieu of traditional justice system case processing.
  - Drug Courts keep individuals in treatment long enough for it to work while supervising them closely (if properly funded and executed).
  - For a minimum term of one year, participants are often:
    - provided with intensive treatment and other services they require to get and stay clean and sober;
    - held accountable by the Drug Court judge for meeting their obligations to the court, society, themselves and their families;
    - regularly and randomly tested for drug use;
    - required to appear in court frequently so that the judge may review their progress; and
    - rewarded for doing well or sanctioned when they do not live up to their obligations.
- Drug Court clients are ensured quick access to treatment services and receive immediate feedback and consequences for both positive and negative behavior.
- Although three years old, this article provides an interesting insight into Drug Court, its faults and its successes: http://www.santacruzsentinel.com/ci_15140655

Current Status of Santa Cruz and Other Community Drug Courts

Santa Cruz Drug Court

- Despite the collaborative efforts of private and public entities and due to budgetary restraints, Santa Cruz's drug court program faces elimination and/or other severe setbacks. http://www.courts.ca.gov/partners/documents/County_Budget_Snapshot_Santa_Cruz.pdf

Santa Monica Drug Court

- Run through a foundation: The CLARE Foundation
- CLARE is a nonprofit organization, as payment is "self-payment," though it provides the possibility of payment assistance.

Boulder, CO "Treatment Courts"

Family Integrated Treatment Court (FITC)

- The FITC is a special track for drug/alcohol-addicted parents.
- If a parent enters the FITC and their children remain in the home, they receive immediate and extensive wrap-around services including individual mental health and

substance abuse therapy, family therapy, individual therapy for the children, and parenting education. If the children are removed, visits with the children are established and the treatment plan is imposed with wrap-around services. Caseworkers from the Boulder Department of Housing and Human Services, Boulder County Public Health, and the Mental Health Partners provide services.

- At each court review, the judge administers a punishment, sanction, or disincentive for non-compliant behavior. The judge provides a reward or incentive for compliant behavior. Administration of incentives and sanctions shortly after complying or non-complying conduct is a critical part of the drug court model.

Adult Integrated Treatment Court (AITC)

- The Adult Integrated Treatment Court is a criminal court program. Felony participants on probation who are failing to comply with their sentence requirements because of drug or alcohol abuse, and sometimes co-occurring mental conditions, are assessed to determine whether they are eligible for the AITC. Use of AITC resources is restricted to addicted participants who pose a risk to the community. If they accept and if they are sufficiently stable, they are released from jail. Participants who are not sufficiently stable receive work release sentences, which allow them to work during the day and spend the night in jail.
- Each participant receives a list of requirements for each two-week period. These requirements include participating in urinalysis on a random and frequent basis, taking breath tests and sometimes being subject to automated alcohol testing monitoring, attending all substance abuse and mental health treatment sessions, and obtaining safe and sober housing. Participants must also become financially stable.
- In 2008, AITC won a national award from the Substance Abuse and Mental Health Services Administration, which recognizes programs that "effectively use evidence-based practices in the treatment of substance abuse." The AITC and the FITC were both awarded the Pinnacle Award from the Boulder County Commissioners in 2007 for excellence in public service.

Juvenile Integrate Treatment Court (JITC)

- The JITC is a program for addicted teenagers who have committed crimes. The model is identical to the other treatment courts, but most closely resembles the FITC because of the involvement of the Department of Housing and Human Services and the need to treat the entire family.

DUI Integrated Treatment Court (DITC)

- The DITC serves a population of participants who are facing at least their third DUI conviction. These are people with serious alcohol addictions who may also have addictions to other drugs. The model is identical to the AITC.

Sources:
http://www.clarefoundation.org/index.html
http://bouldertreatmentcourts.org/the-courts-in-detail/

Needle Exchange

General Overview

Needle Exchange organizations offer the exchange of new for used syringes. The intent is to mitigate the spread of AIDS, HIV, Hepatitis, and other diseases easily spread through the sharing of used intravenous/injection tools.

- Organizations can be voluntary, public or private entities.

- Examples of needle exchange strategies:
    - Funds are raised to try and ensure that enough needles and supplies are available to recipients.
    - Fund-raising events, grants, and donations are important sources of funds for voluntary/private organizations.
    - It is not uncommon for these programs to provide other supplies besides needles (this can include sharps disposal containers, overdose information, overdose "antidote," cleaner, rubber ties, condoms, etc.)
    - Some programs are free, some range in costs/prices.
    - Many have contact with the North American Syringe Exchange Network
        - http://www.nasen.org/

Current Status of Santa Cruz and Other Community Needle Exchange Programs

Santa Cruz County Needle Exchange Program

- County Public Health recently took over the previous volunteer run needle exchange program
- Needles are available five days a week, with a 1-1 ratio of used needles for new needles.
    - On weekends, syringes will have to be purchased from pharmacies.
- Street Outreach Services (volunteer group) continues its involvement, but only to operate the at-home delivery system.
- The County recently installed needle disposal kiosks at both exchange sites (Emeline Center and Watsonville) and is reviewing the need for additional receptacle locations.
- Based on medical necessity, a user can request up to 30 needles at one time, with no exchange. These exceptions to the one-for-one exchange are to be given through trained public health workers and their frequency will be tracked and reported to the County Board of Supervisors (and require approval from the County's Public Health Officer).

North American Syringe Exchange Network (NASEN)

- National network of syringe exchange programs (SEPs).
- Three-part mission:
    - Support SEPs through technical and financial assistance programs
    - Expand and support the network of individuals and organizations interested in syringe exchange as an effective public health intervention
    - Disseminate information related to syringe exchange and disease prevention
- Programs
    - Buyers' Club: Uses co-op buying power to acquire the lowest syringe prices for large and small exchange programs alike.
        - Offers the best non-govt. price for the most popular syringes used in syringe exchange

- Grants: Offers syringe exchange start-up assistance for new programs with little or no operational history or funding.
- Loan Program: NASEN can provide short term assistance in the form of a loan or credit
- Technical Assistance: Provide technical assistance to SEPs and other organization requiring special training or help with problems arising from specific circumstances.

Santa Clara County Needle Exchange Program

- 1-1 exchange
- The program provides mobile HIV testing as well as information and referrals for HIV and substance abuse treatment services.
- Clients have to enroll into the program in order to receive needles, testing, other supplies.
    - A membership card is supplied to recipients, this must be brought every time to exchange needles.

Berkeley NEED Program

- Offer an overdose prevention and education component to address the rising number of overdoses among injection drug users.
- Offers weekly, free HIV testing as well as Hepatitis test panels and Hepatitis A and B vaccinations.
- Offers different types of syringes.
- Has three different locations, each one operating one day a week at strict hours.

Santa Monica – Common Ground

- Offer comprehensive services for prevention, treatment and support for people living with HIV, AIDS, Hepatitis C, provide syringe exchange and host innovative, peer-based training programs.
- The needle exchange program also offers
    - Prescriptions to use in case of opiate overdose (narcan/naloxone)
    - Abscess treatment and prevention
    - HIV testing and safer sex information
    - Counseling and referrals to treatment and other services.
- The needle exchange program offers free, anonymous syringe exchange.
- Financial supporters include private and public entities

Substance Abuse Treatment Needs and Resources for Adults in Santa Cruz County

Need for Treatment

The California Department of Health Care Services (DHCS, 2012) estimates that there are 20,200 adults over the age of 18 in Santa Cruz County who need substance abuse treatment. This estimate is based on 2010 National Survey on Drug Use and Health (NSDUH) random household telephone survey data for the central coast region of California showing that 9.46% of the adult population over age 18 met diagnostic criteria for substance abuse or dependence during the prior year. The comparable statewide estimate for California was 8.76%.

Treatment Resources

During the 2011-12 fiscal year, there were 1,096 adults over the age of 18 admitted to County-funded substance abuse treatment program in Santa Cruz County. Of these admissions, an estimated 431 admissions were to persons who were funded with discretionary funds (e.g., county general funds, realigned state general funds, federal Substance Abuse Prevention and Treatment Block Grant funds), and 665 admissions were to clients who were funded by dedicated funding sources (e.g., CalWORKs, AB109, Child Welfare Services) that are tied to the client's involvement with a specific government agency and are not available to members of the general public. For 2012-13, County funds supported approximately 39 residential treatment beds, 2 detoxification beds, 19 clean and sober housing beds, 150 methadone maintenance slots, 7.0 FTE contracted outpatient/day treatment alcohol and drug counselors, and 5.5 FTE County ADP Service Coordinators.

Unmet Need for Treatment

Based on the above data, only 5.4% of adults needing substance abuse treatment in the County actually received it.

It is well known that not all persons who have a substance abuse problem are interested in receiving help for it. The 2011 NSDUH reports that 14.8% of the nationwide population who had a past year substance abuse diagnosis either received treatment, or did not receive treatment but acknowledged needing treatment. Based on this indicator of demand (rather than need) for treatment services, an estimated 2,990 adults per year in the County have a substance abuse problem and are interested in obtaining treatment for it. By comparison, only 1,096 persons actually received treatment (36.7% of those interested in treatment).

Impact of Unmet Need

People who need substance abuse treatment often only seek it when they are in an acute crisis related to issues such as family relationships, the criminal justice system, employment, or personal health. If they have to wait for treatment for more than a few days, the crisis often abates and so does the motivation to seek treatment. Consequently, waiting lists for treatment result in missed opportunities for recovery and ongoing personal and societal suffering and costs until the next crisis motivates a person to seek treatment. The California Department of Alcohol and Drug Programs (DADP, 2013) reports that untreated substance abuse in Santa Cruz County costs an estimated $410 million per year including healthcare costs ($115 million), public services (primarily criminal justice and social services - $49 million), motor vehicle crashes ($18 million), other property damage ($19 million) and lost wages ($209 million).

Local waiting lists for treatment are typically longer for persons who are not involved with a government institution (e.g., criminal justice system, child welfare services, CalWORKs) that has a dedicated funding source to pay for treatment. A March 2013 survey of substance abuse treatment providers in the County reported that the waiting lists for persons who did not have a dedicated funding source to pay for their treatment is approximately two weeks for detoxification; two weeks to four months for residential treatment (depending on the program); and very little wait for outpatient services. Persons who have a dedicated funding source to pay for their treatment typically waited approximately two weeks for detoxification, and had very little wait for residential or outpatient treatment, except at the Janus residential treatment program where clients wait approximately two weeks for a bed. Because so many people who seek treatment abandon their efforts to obtain it if they are not quickly successful in gaining admission, waiting lists are not a reliable indicator of the potential demand for treatment.

References

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Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

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SANTA CRUZ, CALIFORNIA – The Santa Cruz County Health Services Agency (HSA) announced a new program model to address community concerns regarding needle exchange and the improper disposal of syringes while maintaining the public health goals to protect the public from Human Immunodeficiency Virus (HIV) and Hepatitis C transmission, to encourage program participants to seek treatment, to reduce health care costs and, most importantly, to save lives. The model will be put into effect on approximately April 30th, 2013.

Under the new model, the syringe program will be based and operated out of the HSA public health facilities with public health staff oversight. Exchange will be on a one-for-one basis with medical exceptions to be determined by HSA public health staff. Exchanges services will be available at HSA Public Health HIV and Prevention Office located on 1070 Emeline Avenue from Monday through Friday from 8 AM to 5 PM with the exception of Thursday until 6 PM. Another location will be at HSA Watsonville Health Center located at 9 Crestview from 8 AM to 7 PM Monday through Friday.

"Our goal has always been to ensure the priority of protecting the public and to use science and best practices to protect and promote the public health of Santa Cruz County. This plan will make changes to the syringe exchange program, and commence new efforts to conduct clean-ups and increasing training and education," said Giang Nguyen, Director of the Health Services Agency. Lieutenant Daniel Flippo from Santa Cruz Police Department encouraged starting early with youth in school to educate them about the harmful effects of drug use that would impact them, their family and the community. Retired health officer Dr. George Wolf endorsed the plan stating "This plan is forward thinking and a beginning of a collaborative journey to continue advancing the public health goals."

The plan was reviewed in partnership with Street Outreach Services (SOS), community members, non-profit organizations, Westside Pharmacy, the California Harm Reduction Coalition, law enforcement, the Cities of Santa Cruz and Watsonville, and other governmental agencies, which held their first meeting of the Syringe Services Program Advisory Group on March 26th, 2013.

Representatives from the Street Outreach Services (SOS) who were present at the meeting indicated their intent to continue working with HSA at the new exchange fixed sites and to provide legal home deliveries of clean syringes and accept used needles as they have for many years. They provide this service using funds obtained from foundation donations. Giang Nguyen expressed appreciation to SOS for their knowledge, dedication and willingness to continue working with HSA.

In addition to the above, the new County Health Officer Dr. Lisa Hernandez stated she would ensure regular reports to the County Board of Supervisors on the syringe exchange program. The Program shall adhere to all Federal, State and Local laws, regulations and requirements and will be implemented as part of a comprehensive service program in which drug treatment is a key element.

Public Health
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Benefits of Needle Exchange Programs

Needle Exchange as a Public Health Intervention

- HIV/AIDS remains one of the country's most serious health challenges. According to an overwhelming body of evidence, needle and syringe exchange programs not only reduce the spread of HIV, but also save money, encourage the safe disposal of syringes, minimize the risk of needle-stick injuries to law enforcement officials, and help link chemically dependent individuals to vital drug treatment services. (amfAR Issue Brief Jan. 2013)

- Sharing contaminated injecting equipment is one of the most efficient means of HIV transmission. Scores of studies have conclusively demonstrated that needle exchanges programs help prevent infection by reducing the re-use and circulation of injecting equipment without increasing drug use or resulting in other negative consequences. (amfAR Issue Brief Jan. 2013)

- The lifetime cost of treating an HIV-positive person is estimated to be between $385,200 and $618,900. As HIV-positive IDUs are often uninsured or reliant on public sector programs (such as Medicaid, Medicare, and Ryan White) for their care, taxpayers bear the lion's share of treatment costs associated with new infections related to injection drug use. (amfAR Issue Brief Jan. 2013)

- HCV costs hundreds of millions of dollars annually to treat. Needle sharing during injection drug use is the primary driver of hepatitis C infection in the U.S., with an estimated 50–80 percent of drug users becoming infected with HCV within five years of their first drug injection. A study of IDUs in New York City found that from 1990-2001, as needle exchange programs grew substantially, HCV prevalence declined from 90 to 63 percent. (amfAR Issue Brief Jan. 2013)

- IDUs represent a significant percentage of new HIV infections and nearly 20% of all persons living with HIV in the U.S. In Santa Cruz County HIV transmission due to injection drug use is approximately 17% of total infection. The availability of needle exchange services has helped keep this population's risk for HIV low. (amfAR Fact Sheet, May 2011 and Santa Cruz County HIV Report 2010)

Needle Exchange Saves Public Resources

- Law enforcement activities can intentionally or inadvertently interfere with the effective operation of needle exchange programs and pharmacy-based syringe access programs. A substantial body of ethnographic and quantitative research indicates that IDUs in the US are unwilling to carry syringes for fear of being stopped by the police (Burris et al., 2004). Not surprisingly, IDUs are more likely to report arrest or citation for syringe possession where legal restrictions on syringe possession are more stringent (Bluthenthal, et al., 2004).

  Supporting recovery and breaking the cycle of drug use are key principles of the National Drug Control Strategy—needle exchange programs support these aims.

(amfAR Issue Brief Jan. 2013)

- Needle exchange programs reduce circulation of contaminated syringes, collecting used syringes in puncture-proof containers. By discarding used syringes according to hazardous waste disposal procedures, needle exchange programs keep contaminated injection equipment off the streets, protecting the public from potential exposure to infectious needles. (amfAR Fact Sheet 2011)

- Studies demonstrate that the availability of needle exchange programs in communities results in increased safe disposal of used syringes. For instance, in Portland, Oregon, the number of improperly discarded syringes dropped by almost two-thirds after the implementation of a needle exchange program. In 2000, approximately 3.5 million syringes were recovered in San Francisco and safely disposed of as infectious waste. (amfAR Fact Sheet 2011)

- Needle exchange programs do not encourage the initiation of drug use nor do they increase the frequency of drug use among current users, according to an assessment by the Institute of Medicine. (amfAR Fact Sheet 2011)

- The presence of needle exchange programs in communities does not expand drug-related networks or increase crime rates. On the contrary, research has found that neighborhoods in Baltimore with needle exchange programs experienced an 11 percent decrease in break-ins and burglaries, whereas areas of the city without needle exchange programs experienced an 8 percent increase in crime. Another study conducted in Baltimore demonstrated that the number of arrests did not increase after the establishment of needle exchange. (amfAR Fact Sheet 2011)

<u>Needle Exchange Supports Recovery</u>

- Needle exchange programs serve as critical entry points for drug users, and link individuals to comprehensive treatment and care, such as in New Jersey, where more than 22 percent (998 individuals) of the 4,482 people served by New Jersey's five needle exchange from 2007 to 2009 entered a drug treatment program. (amfAR Issue Brief 2013)

- As bridges to comprehensive treatment, prevention, and social services, needle exchange programs improve individual and public health. Needle exchange programs also help clients infected with HIV or hepatitis C learn their status.

- One study found that needle exchange participants are five times more likely to enter a drug treatment program than non- participants. (amfAR Fact Sheet, May 2011)

A Brief History of Syringe Services in Santa Cruz County

1. Needle Exchange began in 1989, when people were sick, dying and relatively hopeless, by a group of volunteers who believed:
    a. That health care was a universal right, not a privilege
    b. Harm reduction model – people who were not ready to stop using drugs, but deserved the right to live long enough to have the option to stop using drugs

2. With state HIV prevention funds HSA was able to augment the needle exchange services, which was operating as a non-profit, from 1998-2006. No State or County funds were used to purchase syringes.

3. 2006 – needle exchange merged with the Santa Cruz AIDS Project.

4. The Drop in Center Opened as a collaborative effort between SCAP, Needles Exchange and HSA – services included:
    a. Weekly medical care for most vulnerable populations at risk for HIV & Hep C
        - IDU
        - Youth
        - Homeless
        - Sex workers
    b. Hepatitis C clinic
    c. HIV testing & education
    d. Risk reduction workshops
    e. Indoor needle exchange
    f. Overdose prevention and abscess care education
    g. Linkage to drug treatment
    h. Meals, clothing, housing
    i. One on one counseling
    j. Identifying and linking HIV positive people to care

5. The State Office of AIDS used the Drop in Center as a model program. The collaborative group received funding to open a youth Drop in Center in Watsonville based on the collaborative programming that was happening at the main drop in center.

6. Drop In Center closed—2009.

7. Street Outreach Supporters (SOS), a volunteer group continued needle exchange services after the Drop in Center closed.

8. SOS has maintained a close relationship with HSA.

9. SOS has been an active participant in an HIV Service Providers group convened by the Board Of Supervisors (BOS).

Important Dates

May 1995 – BOS declared local emergency relating to the spread of HIV/AIDS among injection drug users, their sexual partners and their offspring. SEP

March 2005 – BOS adopts resolution implementing SB 1159, the Disease Prevention Demonstration Project (DPDP). Pharmacists could sell syringes without prescription in quantities up to 10. NPSS

December 2007 –BOS adopts resolution authorizing a clean needle and syringe exchange project to combat the spread of HIV and blood-borne hepatitis infections.

October 2009 – BOS re-authorizes and amend SB 1159 to include all pharmacies, not limited to pharmacies in unincorporated areas.

January 2011 – SB 41, all pharmacies can now sell up to 30 non-perscription syringes.

California Code Related to Access to Sterile Needles and Syringes

Syringe Exchange Programs

California Health and Safety (H&S) Code Section 11364.7(a) establishes that no public entity, its agents, or employees shall be subject to criminal prosecution for distribution of syringes to participants in syringe exchange programs (SEPs) authorized by the public entity.

California Business and Professions (B&P) Code 4145.5(e) (added effective January 1, 2012 by Senate Bill (SB) 41, Yee, Chapter 738, Statutes of 2011) requires SEPs to provide their clients with one or more of three disposal options: 1) onsite disposal, 2) provision or sale of sharps containers that meet applicable state and federal standards, and/or 3) provision or sale of mail-back sharps containers.

Local Authorization of SEPs

H&S Code Section 121349.1 allows local governments to authorize SEPs in consultation with the California Department of Public Health (CDPH), as recommended by the U.S. Secretary of Health and Human Services, subject to the availability of funding, as part of a network of comprehensive services, including treatment services, to combat the spread of HIV and blood-borne hepatitis infection among injection drug users.

H&S Code Section 121349.2 requires that local government and health officials, law enforcement and the public be given an opportunity to comment on SEPs in order to address and mitigate any potential negative impact of SEPs. Assembly Bill (AB) 604 (Skinner, Chapter 744, Statutes of 2011) changed the public comment requirements from annual to biennial, effective January 1, 2012.

H&S Code Section 121349.3 requires the local health officer to present information about SEPs at an open meeting of the local authorizing body. The information is to include, but is not limited to, relevant statistics on blood-borne infections associated with syringe sharing and the use of public funds to support SEPs. AB 604 changed the reporting requirements from annual to biennial, effective January 1, 2012.

State Authorization of SEPs

H&S Code Section 121349.1 (as amended by AB 604 (Skinner, Chapter 744, Statutes of 2011), allows CDPH to authorize SEPs in locations where the conditions exist for the rapid spread of viral hepatitis, HIV or other potentially deadly diseases. The provisions of AB 604 sunset on January 1, 2019. More information.

Individual Possession of Needles and Syringes

H&S Code Section 11364.1 governs the possession of drug paraphernalia. Effective January 1, 2012, SB 41 (Yee, Chapter 738 Statutes of 2011) amends California statute to allow individuals to possess up to 30 syringes for personal use if acquired from a physician, pharmacist, authorized SEP or any other source that is authorized by law to provide sterile syringes or hypodermic needles without a prescription.

If this provision is not reauthorized by subsequent legislation before the January 1, 2015 sunset date, then the number of syringes an individual may possess for personal use if obtained from an authorized source will revert to ten, and will apply only to syringe possession in counties and cities which have a locally-authorized Disease Prevention Demonstration Project.

Individuals may also possess an unlimited number of syringes which have been containerized for safe disposal in a container that meets state and federal standards for disposal of sharps waste.

Nonprescription Sale of Syringes (NPSS) in Pharmacies

SB 41 (Yee, Chapter 738, Statutes of 2011) allows nonprescription sale of syringes (NPSS) by pharmacies in California. The bill eliminates the need for local government and pharmacies to opt into a program in order to sell syringes over the counter, and eliminates the need for county health departments to manage an NPSS program. The provisions of the bill sunset on January 1, 2015. More information.

The Disease Prevention Demonstration Project (DPDP) which was established by H&S Code Section 121285 and B& P Code Section 4145, was a pilot to evaluate the long-term desirability of allowing licensed pharmacies to sell nonprescription syringes to prevent the spread of blood-borne pathogens. Statutes related to the DPDP are inoperative until January 1, 2015. If the provisions of SB 41 are not reauthorized by subsequent legislation before the sunset date, the sections of California Code related to the DPDP will once again be in operation. More information.

Syringe Disposal

B&P Code Section 4146 permits pharmacies to accept the return of needles and syringes from the public if contained in a sharps container, which is defined in H&S Code Section 117750 as "a rigid puncture-resistant container that, when sealed, is leak resistant and cannot be reopened without great difficulty."

H&S Code Section 118286 prohibits individuals from discarding home-generated sharps waste in home or business recycling or waste containers.

H&S Code Section 118286 also requires that home-generated sharps waste be transported only in a sharps container or other container approved by the applicable enforcement agency, which may be either the state (CalRecycle program) or a local government agency. Home-generated sharps waste may be managed at household hazardous waste facilities, at "home-generated sharps consolidation points," at the facilities of medical waste generators, or by the use of medical waste mail-back containers approved by the state.

B&P Code 4145.5 (added by SB 41) requires SEPs and pharmacies that sell or provide nonprescription syringes to also provide consumers with one or more of three disposal options: 1) onsite disposal, 2) provision of sharps containers that meet applicable state and federal standards, and/or 3) provision of mail-back sharps containers.

Disease Prevention Demonstration Project (DPDP)

H&S Code Section 121285 and B& P Code Section 4145 established the DPDP, a collaborative

between pharmacies and local and state health officials to evaluate the effects of allowing licensed pharmacists to sell hypodermic needles or syringes to prevent the spread of bloodborne pathogens, including HIV, hepatitis B and hepatitis C, without requiring a prescription. Statutes related to the DPDP will be inoperative until January 1, 2015. If the provisions of SB 41 are not reauthorized by subsequent legislation before the sunset date, the sections of California Code related to the DPDP will once again be in operation.

CDPH was required to convene an uncompensated evaluation panel for the DPDP, conduct an evaluation of the project, and report the findings to the Governor and Legislature on or before January 15, 2010.

The DPDP requires pharmacies to register with their local health department in order to participate in the project by providing a contact name and related information. Pharmacies must also certify that they will provide written or verbal counseling at the time of selling needles and syringes on how to access drug treatment, how to access testing and treatment for HIV and hepatitis C, and how to safely dispose of sharps waste. Additionally, pharmacies must properly store needles and syringes so that they are only available to authorized personnel, provide on-site safe disposal of needles and syringes, or furnish or sell mail-back or personal sharps disposal containers that meet state and federal standards.

Participating local health departments must maintain a list of all pharmacies registered under the project and make available to pharmacies written information that can be provided at the time of selling nonprescription syringes. Counties and/or cities may participate in the program only after authorization by local government, either the county board of supervisors or the city council.

Related Legislation

AB 604 (Skinner, Chapter 744, Statutes of 2011) permits, until January 1, 2019, CDPH, Office of AIDS (OA) to authorize entities that apply to CDPH and meet certain conditions to provide hypodermic needle and syringe exchange services. This bill requires CDPH SEP authorization be made after consultation with local health officers (LHOs) and local law enforcement officials, and after a 90-day public comment period. In making the authorization determination, CDPH is required to balance the concerns of law enforcement with the public health benefits. CDPH SEP authorizations extend for two years. Before the end of the two year period, CDPH may reauthorize the SEP in consultation with the LHO and local law enforcement officials. AB 604 also changes requirements for LHOs who must report to city or county government on locally-authorized SEPs by requiring the report to be made on a biennial, rather than an annual, basis. Additionally, AB 604 specifies that SEP staff and volunteers not be subject to criminal prosecution for possession of needles and syringes acquired from an authorized SEP.

SB 41 (Yee, Chapter 738, Statutes of 2011) permits nonprescription syringe sales (NPSS) through licensed pharmacies throughout the state until January 1, 2015. It makes inoperative until January 1, 2015, provisions of California code related to the DPDP, a pilot program which allows NPSS in counties and cities which authorize it, and for which authorizing statute sunsets on December 31, 2018. This bill 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 pharmacists, physicians and SEPs are authorized sources of nonprescription syringes for disease prevention purposes. SB 41 requires pharmacies and SEPs which offer

NPSS to provide options for safe syringe disposal. The bill also requires pharmacies that offer NPSS to provide education to customers on how to safely dispose of sharps waste and how to access drug treatment, and testing and treatment for HIV and hepatitis C virus. CDPH, OA and the California Board of Pharmacy are required by the bill to post this same information on how consumers can access testing and treatment for HIV and viral hepatitis; safely dispose of sharps waste; and access drug treatment on their websites.

AB 1701 (Chesbro, Chapter 667, Statutes of 2010) extends the December 31, 2010 sunset date to the DPDP until December 31, 2018, to continue to allow NPSS in registered pharmacies. AB 1701 continues the current provisions, which: 1) permit cities and/or counties to authorize the project; and 2) require pharmacies which wish to participate to register with their local health department. This bill also extends until December 31, 2018 the provision which allows individuals to possess up to ten syringes for personal use pursuant to local authorization of a DPDP.

SB 821 (Senate Committee on Business, Professions and Economic Development - Omnibus, Chapter 307, Statutes of 2009) authorizes licensed pharmacies to accept home-generated sharps waste for disposal.

AB 110 (Laird, Chapter 707, Statutes of 2007) authorizes a public entity that receives State General Fund money from the California Department of Public Health for HIV education and prevention to use that money to support SEPs authorized by the public entity, including purchasing sterile needles and syringes.

SB 1305 (Figueroa, Chapter 64, Statutes of 2006) prohibits individuals from discarding home-generated sharps waste in home or business recycling or waste containers.

AB 547 (Berg, Chapter 692, Statutes of 2005) authorizes a city or county to establish an SEP without a declaration of a local emergency. AB 547 also: 1) exempts public entities, agents, or employees from criminal prosecution for distributing syringes at authorized SEPs; 2) requires the local health officer to present an annual report on the status of SEPs at an open meeting of the authorizing body (board of supervisors or city council); and 3) gives the public and local stakeholders an opportunity annually to provide feedback to supervisors or city council members on the impact of SEPs.

SB 1159 (Vasconcellos, Chapter 608, Statutes of 2004) creates the DPDP, a collaboration between local and state health officials, and licensed pharmacies who have registered with their local health department to sell ten or fewer syringes for personal use without a prescription. SB 1159 also authorizes a person to possess up to ten hypodermic needles or syringes if acquired through an authorized source, and exempts from prosecution any individual carrying syringes containerized for disposal. The legislation required OA to evaluate the pilot and report to the Governor and Legislature on specified measures.

SB 1362 (Figueroa, Chapter 157, Statutes of 2004) authorizes the hazardous waste element of the California Integrated Waste Management Act of 1989 to include a program for safe collection, treatment, and disposal of sharps waste generated by households.

AB 136 (Mazzoni, Chapter 762, Statutes of 1999) exempts from criminal prosecution public entities and their employees/agents distributing syringes to SEP participants, when such a program has been authorized by the local governing body.

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 36 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 Study[1]

- 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:

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[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)

For more information, contact:

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

RESEARCH ON SYRINGE EXCHANGE PROGRAMS AND SYRINGE DISPOSAL IN CALIFORNIA

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History of our Research on Syringe Exchange Programs in California

- 1990 to 1994: SEP in San Francisco decreases syringe sharing and does not contribute to more drug use or young people starting to inject (Watters, JAMA, 1994)
- 1995 to 2001: Replication of findings in Oakland and Richmond solidify that SEP reduce risk while causing no harm.
- 2002 to 2008: Best Practices of SEP with respect to one-for-one, syringe coverage, etc.
- 2009 to 2012: Syringe disposal study shows that city with SEP has less improperly discarded syringes than city without SEP.
- We have published 27 manuscripts on syringe exchange programs in CA in the peer-reviewed medical literature.

Methods

- Urban Health Study (UHS: 1986 to 2005) and NIDA COOP (1992 to 2002)
  - 4 SEPs in 3 cities (SF, Oakland, Richmond)
  - 35,000 IDU interviews (both SEP and non-SEP users) and HIV testing
- Cal-SEP (California SEP Study) 2001 to 2003
  - 24 SEPs interviewed annually for three years
  - 1,577 SEP clients interviewed and HIV tested
- OP-SEP (Operational Characteristics of SEP) 2003-2005
  - 4 SEPs interviewed annually for three years
  - 859 IDUs interviewed twice six months apart and HIV tested
- San Francisco Study 2008
  - 602 IDUs interviewed once in a year
  - 1,000 random blocks walked looking for syringes

Evidence that SEPs are effective

- IDUs who go to SEPs are half as likely to share syringes (NIDA COOP/UHS).
- IDUs who share syringes are twice as likely to stop sharing syringes if they start going to SEP (NIDA COOP)
- IDUs who get most of their syringes from SEPs are one third as likely to dispose of their syringes in public settings (Op-SEP).
- SEPs are an effective at providing other indicated medical and prevention interventions (Cal-SEP).

Comparing Syringe Disposal Practices in a City with SEP to a City without SEP

- Injection drug users in San Francisco (has SEP) disposed 13% of their syringes improperly.
- Injection drug users in Miami (has no SEP) disposed 95% of their syringes improperly including 45% in public places and 39% in trash.
- We found 11 syringes in SF and 328 in Miami.
- In absence of SEPs, improper disposal of syringes in public settings will likely increase

Do SEPs cause harm?

- After SEP started in San Francisco, there was
  - no increase in number of IDUs,
  - no increases in amount of injections among IDUs,
  - no increase in percent of young IDUs
- Other studies have found
  - no increase in crime,
  - no increase in community-level drug use,
  - no increase in improper syringe disposal,
  - no decrease in interest or commitment to drug treatment.

Best Practices of SEPs

- Syringe Dispensation policy
  - One for one limited amount
  - One for one no limit
  - One for one plus some syringes limited amount
  - One for one plus some syringes no limit
  - Need-based distribution of syringes
- Syringe coverage. CDC promotes a new syringe for every injection (100%).

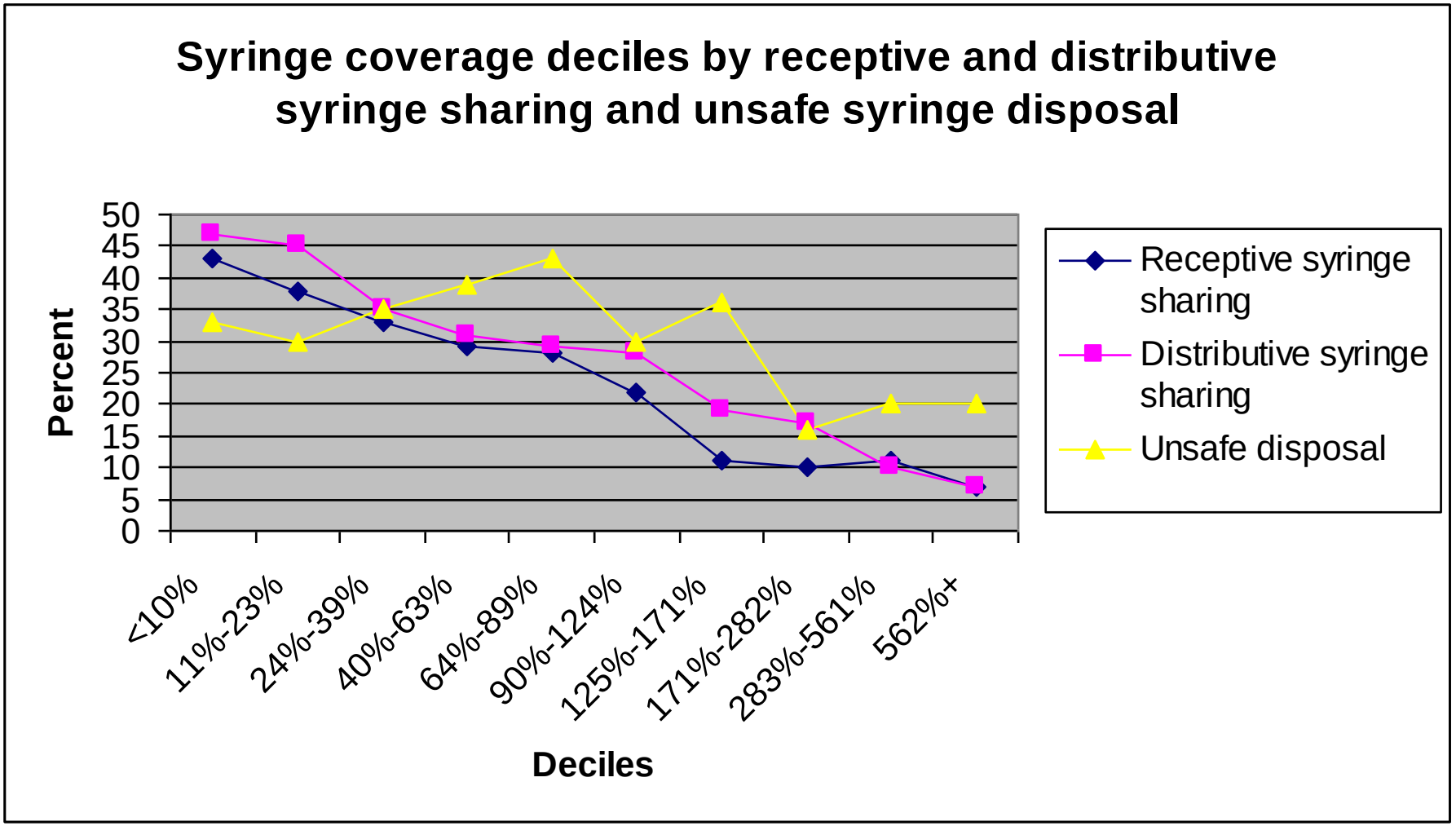
Syringe Dispensation Policy

- IDUs who use need-based distribution SEPs are 5 times more likely to have adequate syringe coverage (Cal-SEP).
- IDUs who use needs-based distribution SEPs are less than half as likely to reuse their syringes as IDUs who use one-for-one or one-for-one plus SEPs (Cal-SEP).
- IDUs who use need-based or one-for-one plus SEPs are half as likely to share syringes (Op-SEP).

Syringe Coverage by Dispensation Policy

	<50%	50-99%	>100%
Unlimited need-based distribution (n=280)	**19%**	**20%**	**61%**
Unlimited 1 for 1 exchange plus (n=487)	**34%**	**16%**	**50%**
Limited 1 for 1 exchange plus (n=97)	**39%**	**20%**	**41%**
Unlimited 1 for 1 exchange (n=602)	**38%**	**20%**	**42%**
Limited 1 for 1 exchange (n=91)	**52%**	**22%**	**26%**

Syringe sharing declines significantly when more than 100% syringe coverage is obtained without impacting unsafe syringe disposal



SEPs and prevention and screening for infectious diseases

- Providing wound care at SEP sites was demonstrated to be feasible and low cost (Grau et al., 2002)
- SEPs are effective and cost-effective locations to provide HBV vaccination, TB screening and care (Altice et al., 2005; Hu et al., 2008; Perlman et al., 2001; Salomon et al., 2000)
- HCV prevention supplies and education messages failed to improve proper use of alcohol wipes (Grau et al., 2009)
- SEPs are effective at referring IDUs to drug treatment (Brooner et al., 1998)

Important Best Practices Lessons

- SEPs are only as good as the people who run and staff them. Important for people to be culturally fluent harm reduction practitioners with no judgment.
- The location of SEP sites is important. If located far from drug users, few will come and you may see more improper disposal.
- NASTAD has published a must-read guidance to health departments who want to run SEPs. http://www.nastad.org/Docs/061751_NASTAD%20UCHAPS%20SSP%20Guidelines%20August%202012.pdf

Acknowledgments

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