

# T E S T I M O N Y

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*Research on Syringe Exchange  
Programs in California: Summary  
Remarks Made to the California  
Senate Committee on Public Safety,  
the Senate Committee on Health and  
Human Services, and the Assembly  
Committee on Public Safety*

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## **Preface**

This publication contains the summary remarks of Ricky N. Bluthenthal, Ph.D., delivered on February 23, 1999 to the joint informational hearing of the California Senate Committee on Public Safety, the Senate Committee on Health and Human Services, and the Assembly Committee on Public Safety.



# Research on Syringe Exchange Programs in California

Summary of Testimony Presented to the California Senate Committee on Public Safety, the Senate Committee on Health and Human Services, and the Assembly Committee on Public Safety

by  
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## Background

- Syringe exchange programs (SEPs) are illegal in most of the state. Syringe exchange operators in Berkeley, Fresno, Los Angeles, Monterey, Oakland, Redwood City, San Francisco, San Diego, and Santa Cruz have been arrested for violating state syringe prescription laws. **SEP operators in Fresno are scheduled to go on trial in May.** However, many California SEPs operate with city and county support. **California currently has more SEPs (17) than any other state.**<sup>1</sup>
- Drug paraphernalia laws which prohibit injection drug users (IDUs) from possessing syringes are an on-going source of HIV risk behaviors among IDUs. According to a study in Oakland and Richmond, **IDUs who were concerned with possible arrest for carrying syringes were over 3 times more likely to have shared syringes than those who were not concerned.**<sup>2</sup>
- **Amending California State drug paraphernalia and prescription laws to permit SEPs to operate and IDUs to carry syringes is key to combating the spread of HIV among injection drug users and their sexual contacts.**

## Outcomes

Despite these obstacles to HIV prevention, impressive results have been found in studies on SEPs conducted by the Urban Health Study at UCSF.

- **SEP users in five California studies were found to have significantly lower levels of HIV risk behaviors.**
  - 1) In 1992, San Francisco SEP users were nearly two times less likely to share syringes as other IDUs.<sup>3</sup>
  - 2) Between 1992-1995, Oakland SEP users also nearly two times less likely to share syringes.<sup>4</sup>
  - 3) In 1996, Richmond SEP users were over two times less likely to share syringes.<sup>5</sup>

- 4) In 1996, Oakland SEP users were four times less likely to report syringe sharing as compared to non-SEP using IDUs.<sup>2</sup>
- 5) A cohort study of high risk IDUs found that those who began using the syringe exchange program were three times more likely to quit sharing syringes than other IDUs.<sup>6</sup>

*No increased drug use as a consequence of SEP availability has been detected*

- Analysis of drug treatment admissions in 1990 found no evidence of increased drug use in San Francisco following the implementation of the SEP.<sup>7</sup>
- Among out-of-treatment drug users, cross-sectional analysis of IDUs in San Francisco failed to detect any increase in new initiates to injection drug use between 1989 and 1992.<sup>3</sup>
- SEP use was not associated with non-fatal drug overdoses in San Francisco.<sup>8</sup>

*Reduced needle stick injuries in communities*

- After the initiation of a SEP in Portland, Oregon, days that syringes were found on public streets declined from 21% to 9%.<sup>9</sup>

*Conduit to drug treatment*

- Most California SEPs provided active assistance in entering drug treatment for SEP users on request.

**Readiness for drug treatment among drug injectors in the San Francisco Bay Area**

- In 1997, 56% of 681 IDUs interviewed by the Urban Health Study reported that if a drug treatment slot were available they would accept it.
- In 1997, 24% of 681 IDUs had tried but failed to enter drug treatment in the previous year.
- Lack of room in the drug treatment program and lack of money were the first and second most expressed reasons for failure to enter drug treatment.

**Expansions of capacity and diversity of drug treatment is urgently required.**



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