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*Research on Syringe Exchange
Programs in California: Summary
Remarks Made to the California
Assembly Health Committee*

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CT-154

April 1999

RAND Health

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Published 1999 by RAND
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1333 H St., N.W., Washington, D.C. 20005-4707

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Preface

This publication contains the summary remarks of Ricky N. Bluthenthal, Ph.D., delivered on April 6, 1999 to the California Assembly Health Committee.

Research on Syringe Exchange Programs in California

Summary of Testimony Presented to the California Assembly Health Committee

by
Ricky N. Bluthenthal, Ph.D.
RAND Health

Background

- Syringe exchange programs (SEPs) are currently illegal in California. Syringe exchange operators in Berkeley, Fresno, Los Angeles, Monterey, Oakland, Redwood City, San Diego, San Francisco, 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.**¹
- 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 about possible arrest while carrying syringes.**²
- **Current California State drug paraphernalia and prescription laws to enable SEPs to operate, to permit pharmacist to sell syringes without prescription, and to allow IDUs to carry syringes are a major obstacle to combating the spread of HIV among injection drug users and their sexual contacts.**

Despite these obstacles to HIV prevention, impressive results have been found in studies conducted of syringe exchange programs in California and elsewhere.

Outcomes

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

syringes.⁵

4) In 1996, Oakland SEP users were four times less likely to report syringe sharing as compared to non-SEP using IDUs.²

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.⁶

6) In Baltimore, MD, and New York, NY, SEP use reduced HIV risk behaviors among IDUs.^{7, 8}

➤ **SEP use reduces HIV incidence and HIV seroprevalence among IDUs.**

1) In New York City, SEP users have been found to have lower HIV incidence rates than non-SEP users.⁹

2) Cities with syringe exchange programs have decreasing HIV seroprevalence while cities without SEPs have increasing HIV seroprevalence among IDUs.¹⁰

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

1) Analysis of drug treatment admissions in 1990 found no evidence of increased drug use in San Francisco following the implementation of the SEP.¹¹

2) 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 1992.³

3) Non-fatal drug overdoses were not associated with SEP use in the San Francisco Bay Area.¹²

➤ **Reduced needle stick injuries in communities with SEPs**

1) After the initiation of a SEP in Portland, Oregon, days that syringes were found on public streets declined from 21% to 9%.¹³

2) Decriminalization of syringes in Connecticut resulted in a two-thirds decrease in needle stick injuries among Hartford police.¹⁴

➤ **SEPs are effective conduits to drug treatment for IDUs**

1) Most California SEPs provided active assistance in entering drug treatment for SEP users that request it.

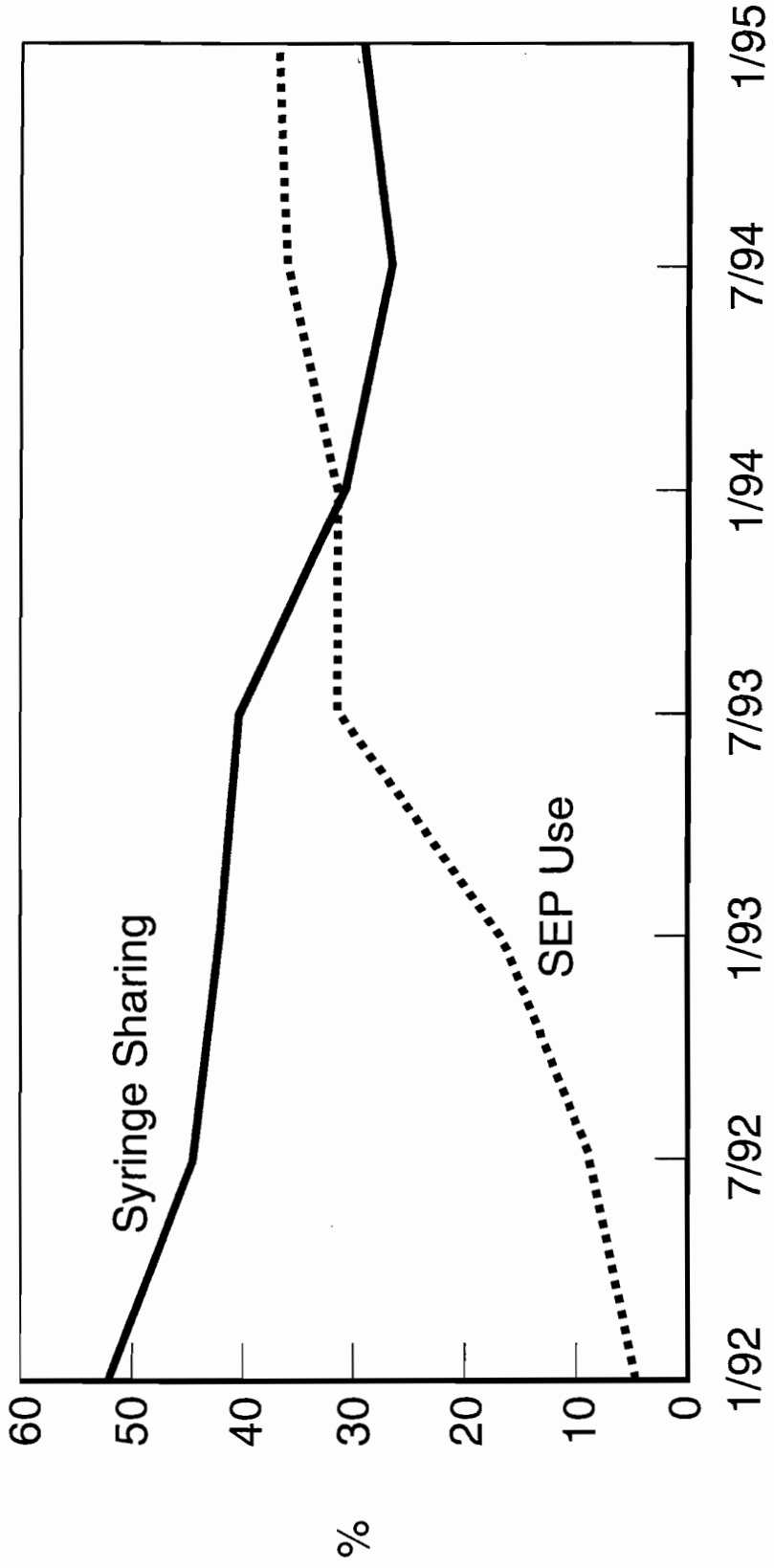
2) The majority of IDUs want to enter drug treatment. In 1997, 56% of 681 IDUs interviewed by the Urban Health Study reported that if a drug treatment slot were available they would accept it.

3) In Baltimore, Maryland and New Haven, Connecticut, syringe exchange programs have proven effective at referring IDUs into drug treatment.^{15, 16}

Summary of Research Findings

- **Syringe exchange programs are an effective HIV prevention strategy for injection drug users and their sexual contacts.**
- **Syringe exchange programs do not increase drug use, crime, or other health or social problems among injection drug users or the general public.**
- **Syringe exchange programs can be an important conduit to drug treatment and other medical and social services for injection drug users.**

Syringe Exchange Programs Significantly Reduced Syringe Sharing in Oakland, CA, 1992-1995



Literature cited

1. Paone D, Clark J, Shi Q, Purchase D, Des Jarlais DC. Syringe exchange in the United States, 1996: A national profile. *American Journal of Public Health*. 1999;89:43-46.
2. Bluthenthal RN, Kral AH, Erringer EA, Edlin BR. Drug paraphernalia laws and injection-related infectious disease risk among injection drug users. *Journal of Drug Issues*. in press.
3. Watters JK, Estilo MJ, Clark GL, Lorvick J. Syringe and needle exchange as HIV/AIDS prevention for injection drug users. *Journal of the American Medical Association*. 1994;271:115-120.
4. Bluthenthal RN, Kral AH, Erringer EA, Edlin BR. Use of an illegal syringe exchange and injection-related risk behaviors among street-recruited injection drug users in Oakland, California, 1992-1995. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. 1998;18:505-511.
5. Bluthenthal RN, Erringer EA, Kral AH, Edlin BR. Factors associated with syringe sharing among injection drug users (IDUs) following the implementation of a medium-sized syringe exchange program (SEP). Presented at the 126th American Public Health Association Meeting; Washington, D.C.; November 15-19 1998.
6. Bluthenthal RN, Kral AH, Erringer EA, Edlin BR. Syringe exchange use and changes in HIV risk behaviors among a cohort of street-recruited injection drug users (IDUs) in Oakland, California, 1992-1996. Presented at the 124th American Public Health Association Meeting; Indianapolis, Indiana; November 9-13 1997.
7. Paone D, Des Jarlais DC, Shi Q. Syringe exchange use and HIV risk reduction over time [letter]. *AIDS*. 1998;12:121-123.
8. Vlahov D, Junge B, Brookmeyer R, et al. Reductions in high-risk drug use behaviors among participants in the Baltimore needle exchange program. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. 1997;16:400-406.
9. Des Jarlais DC, Marmor M, Paone D, et al. HIV incidence among injecting drug users in New York City syringe-exchange programmes. *Lancet*. 1996;348:987-991.
10. Hurley SF, Jolley DJ, Kaldor JM. Effectiveness of needle-exchange programmes for prevention of HIV infection. *Lancet*. 1997;349:1797-1800.
11. Guydish J, Bucardo J, Young M, Woods W, Grinstead O, Clark W. Evaluating needle exchange: Are there negative effects? *AIDS*. 1993;7:871-876.

12. Bluthenthal RN, Kral AH, Lorvick J, Erringer E, Edlin BR. Harm reduction and needle exchange programmes. *The Lancet*. 1998;351:1819-1820.
13. Oliver KJ, Friedman SR, Maynard H, Magnuson L, Des Jarlais DC. Impact of a needle exchange program on potentially infectious syringes in public places. *Journal of Acquired Immune Deficiency Syndromes*. 1992;5:534.
14. Groseclose SL, Weinstein B, Jones TS, Valleroy LA, Fehrs LJ, Kassler WJ. Impact of increased legal access to needles and syringes on practices of injecting-drug users and police officers -- Connecticut, 1992-1993. *Journal of Acquired Immune Deficiency and Human Retrovirology*. 1995;10:82-89.
15. Brooner R, Kidorf M, King V, Beilenson P, Svikis D, Vlahov D. Drug abuse treatment success among needle exchange participants. *Public Health Reports*. 1998;113 (suppl 1):129-139.
16. Heimer R. Can syringe exchange serve as a conduit to substance abuse treatment? *Journal of Substance Abuse Treatment*. 1998;15:183-191.

