

Reducing California's HCV Epidemic: Access to Sterile Syringes



POLICY BRIEF
Center for Health Improvement

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Injection drug use (IDU) is the major risk factor for hepatitis C virus (HCV) infection; transmission occurs when needles, syringes and other drug paraphernalia are shared. At least 60% of new HCV cases occur in injection drug users (IDUs).¹ HCV infection is acquired more rapidly after IDU initiation than either hepatitis B virus (HBV) or human immunodeficiency virus (HIV).²

Access to Sterile Syringes Linked to Disease Transmission

Established medical, scientific and legal bodies convened in the last decade to study disease transmission concur that access to sterile syringes reduces the spread of infectious diseases.³ In addition to syringes, shared injecting equipment (water, cookers, and cotton) are potential methods of transmission of blood-borne pathogens, such as HCV, HBV and HIV.⁴ A study of participants in a syringe exchange program (SEP) found a decline of HCV antibody prevalence from 22% to 13% concurrent with a 50% decline in needle sharing.⁵

Exchange Programs Offer Health and Social Services

SEPs provide sterile syringes in exchange for used syringes, which are then properly disposed. In June 2004, there were a total of 184 known syringe exchange programs (SEPs) operating in 36 states, DC, Puerto Rico, and Indian Lands.⁶

SEPs often provide comprehensive health and social services in conjunction with needle exchange for IDUs

who might not otherwise access such services, including referrals to substance abuse treatment. Clients also receive prevention education about HCV, HIV and sexually transmitted diseases (STDs), and learn harm reduction practices such as safer injection practices and abscess prevention and care. Most SEPs provide onsite counseling and testing for HCV and/or HIV. Many offer hepatitis A and B immunizations, and some even deliver onsite medical care.⁷

Needle Sharing Reduced by SEPs

A study conducted in Oakland demonstrated that IDUs who attended syringe exchange programs were 2 times more likely to stop sharing needles than non-attending IDUs after just six months.⁸ Although public funding for SEPs has decreased nationwide—with the median annual SEP operational budget at \$53,500 in 2002—more than 24 million syringes were exchanged.⁹ Medications for one HCV patient typically cost \$30,000–\$40,000 for antiviral therapy, excluding costs associated with medical visits and laboratory tests.¹⁰

“Syringe exchange programs can help prevent [HCV] transmission by increasing access to sterile syringes...and safe disposal of used syringes.”

Source: Centers for Disease Control—Morbidity and Mortality Weekly Report July 15, 2005.

Who is at Risk for Hepatitis C?

- Persons who have ever injected drugs
- Persons who received clotting factor produced before 1987, or who have ever received long-term hemodialysis
- Recipients of transfusions or organ transplants before July 1992
- Health care or emergency workers after possible exposure to HCV-positive blood

Source: The Hepatitis C Strategic Plan—A Collaborative Approach to the Emerging Epidemic in California, 2001.

Syringe Exchange Decreases Improper Disposal

Improper disposal of syringes poses a threat of injury and infection to sanitation workers, law enforcement and the public; SEPs are significant contributors to safe syringe disposal. In San Francisco, where the San Francisco Safe Needle Disposal Program has operated since 1991, SEPs safely recovered approximately 2 million syringes in 2000, from IDUs and diabetics, and an estimated 1.5 million more were collected through supplemental pharmacy-based, free sharps collection. The Santa Cruz Needle Exchange Program collaborated with the local parks and recreation department to install 12 steel sharps containers in public restrooms throughout the county.¹¹

Pharmacies Offer Legal Syringe Sales

Forty-six states and the District of Columbia have legal over-the-counter syringe access through pharmacies, another avenue for providing safe syringe access and disposal. Pharmacies provide accessible locations and pharmacists, trained health care professionals, who can offer health education to their customers, including possible options for drug treatment and safe injection practices. Pharmacy sales also promote safe disposal of used syringes.^{12 13}

Since Connecticut began allowing legal sales and possession of up to ten syringes in 1992, needle sharing

dropped 40% among IDUs and needle stick injuries to law enforcement decreased by 66%. Over 80% of Connecticut pharmacies voluntarily sell syringes over the counter.¹⁴

Injection drug users unable to stop using drugs should “use a new, sterile syringe to prepare and inject drugs” and practice safe injecting techniques.

Source: Centers for Disease Control—Morbidity and Mortality Weekly Report July 15, 2005

Studies Show Syringe Sales Do Not Increase IDU

Barriers to syringe access, such as legal and regulatory restrictions do exist. Law enforcement has been slow to accept and promote SEPs and pharmacy sales programs.^{15 16} Although a slight majority of Californians support SEPs, communities may voice strong opposition. Law enforcement and residents raise concerns that syringe exchange programs and pharmacy sales of syringes will promote drug use and drug traffic and increase the number of used discarded syringes in their neighborhood.¹⁷ An independent panel convened by the National Institutes of

Health in 1997 concluded that needle exchange does not increase needle injecting behavior among current drug users, does not encourage people to begin using drugs and does not increase the amount of discarded drug paraphernalia in a community.¹⁸ An extensive study of 600 IDUs indicated that access to needles does not foster increased injection behavior.¹⁹ The mean age of IDUs increased and the minimum age remained stable in the years following the opening of SEPs in New Haven and San Francisco, indicating that new, young users are not being encouraged to begin injecting.²⁰

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California Policy: Limited Syringe Exchange

There were approximately 25 SEPs operating in California in 2002, following the passage of Assembly Bill (AB) 136 (Mazzoni) in January 2000.²¹ AB 136 protects needle exchange operators from criminal prosecution for distributing needles and syringes to participants in syringe exchange projects; however, this bill is incumbent upon authorization by local jurisdictions. In order to make SEPs legal, local jurisdictions must declare a public health emergency. Once authorized, the jurisdiction must renew the declaration about every two weeks.²²

In response to the constraints of AB 136, Assemblywoman Patty Berg recently introduced the Clean Needle and Syringe Exchange Projects Bill (AB 547), which would allow cities and counties to have ongoing syringe exchange projects without having to declare or renew a declaration of a local health emergency. AB 547 amends AB 136 by authorizing cities, counties, or cities and counties to have clean needle and syringe exchange projects, in consultation with the California Department of Health Services (CDHS). The bill authorizes this exchange, as part of a network of comprehensive services.²³ AB 547 is currently awaiting action on the Governor's desk.

AB 1597, the Drug Paraphernalia Bill (Laird), is another measure being considered by the California Legislature. The bill authorizes qualified local entities to use state General Fund appropriations for clean needle- and-syringe exchange projects. To qualify, the entity must receive state General Fund money for HIV prevention and education.²⁴

Hepatitis C: The Silent Epidemic

- The most common blood-borne infection in the United States
- The leading cause of liver disease and liver transplants
- Affects four million Americans and 600,000 Californians
- Causes 1,000 to 1,200 California deaths per year; this number is expected to triple over the next 20 years
- Can take decades to progress
- There is no vaccine to prevent hepatitis C

Source: *The Hepatitis C Strategic Plan—A Collaborative Approach to the Emerging Epidemic in California, 2001.*

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California Policy: Local Control of Pharmacy Sales

Effective January 1, 2005, Senate Bill (SB) 1159 was enacted to advance legal syringe access to the public. This legislation allows for the creation of a Disease Prevention Demonstration Project (DPDP) in cities and counties that authorize such a program.

An authorized DPDP permits pharmacies registered with the county public health department to distribute or sell up to 10 syringes over-the-counter to individuals 18 years of age or older, and removes a requirement for pharmacies to keep records of syringe sales. Participating pharmacies must provide written or verbal information about drug treatment, disease prevention and proper disposal of syringes to purchasers. SB 1159 requires participating pharmacies to provide containers for syringe disposal either for free or for a fee, and makes it unlawful to dispose of syringes in parks, playgrounds, beaches and school grounds. As written, SB 1159 sunsets on the last day of 2010. CDHS is required to evaluate the efficacy of the project and to submit an evaluation report to the Governor and Legislature by January 15, 2010.

Either a city council or a county board of supervisors (BOS) can implement SB 1159. Effective August, 2005, nine California counties and two California cities have passed resolutions or ordinances supporting SB 1159. Several additional counties are preparing to decide on the issue within the next few months. As of August 2005, Riverside County is the only county that has officially opted out of implementing SB 1159.

Key HCV Prevention Policy Considerations

The American Medical Association, the American Pharmaceutical Association and many other organizations support breaking down the barriers to SEPs and legal pharmacy sales of syringes to improve IDUs access to sterile syringes. In order to prevent the transmission of HCV, policy makers should consider the following in their deliberations about syringe exchange and legal pharmacy sales of syringes:

- Increase community awareness of HCV and the groups most at risk for contracting the disease through public awareness campaigns and education information at health facilities, community rehabilitation centers, and schools.
- Educate community leaders, physician groups, pharmacists, law enforcement, and the general public about the importance and need for sterile syringe access for IDU's as part of a comprehensive approach to reducing illicit drug use, providing health and social services, and reducing transmission of blood-borne diseases, such as HCV and HIV.
- Secure state funding of syringe disposal programs to assist local jurisdictions in implementing SEPs and pharmacy sales of syringes.
- Develop partnerships that incorporate syringe disposal programs that focus on both IDUs and diabetics with participation from pharmacies, health departments, community-based prevention workers, diabetes associations, legislators and waste management companies. For full participation of IDUs, anonymity is the key to maximizing their involvement.



Center for Health Improvement

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