

County of Santa Cruz Syringe Services Program FAQs

1. What is a syringe exchange program?

Syringe exchange is a public health intervention which is proven to reduce the transmission of blood-borne pathogens in the community. It works by providing people who cannot or will not stop injecting illegal drugs with new syringes, and a place to safely dispose of used syringes. There are approximately 200 syringe exchange programs operating in 38 states. Syringe exchange is common elsewhere in the world, with official programs being operated in at least 46 countries, including countries such as Iran, China, and Russia, where illicit drug use is often treated far more harshly than is constitutionally possible in the United States.

California Health and Safety Code Section 11364.7 (a) guarantees freedom from criminal prosecution for public entities and their agents or employees who distribute syringes or syringes during a lawfully authorized syringe exchange project/program.

2. Why does Santa Cruz County Health Services Agency Syringe Services Program (SSP) give syringes to people who don't bring in dirty syringes?

The drug user who has no syringe at all is the drug user at highest risk of using another person's dirty syringe. The syringe exchange may give a limited number of clean syringes to drug users who do not have any. A recent study of 26 syringe exchanges in California showed that counties with a strict one-for-one policy (i.e. no syringe could be given out unless a dirty one was brought in) had just as many syringes found on the streets as counties such as San Francisco or Los Angeles, which allowed exchanges to give limited numbers of syringes to people who had none. However, the study found that drug users in counties with a strict one-for-one policy had higher rates of syringe sharing than those without (1). Additionally, in 1997, the town of Windham, Connecticut closed its only syringe exchange following community concerns that the syringe exchange was the primary source of street-discarded syringes. A federally funded study conducted in the county during this period found that there was no change in the number of street discarded syringes after the exchange closed, but that drug users were sharing and re-using those syringes more often before discarding them. (2)

More generally, studies consistently show that syringe exchanges are not associated with increases in syringe trash (3), and that law enforcement officers report decreased rates of syringe-stick injuries after the opening of exchanges, as syringes are more likely to be stored in disposal containers for return to the exchange (4) .

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3. How do we know syringe exchange reduces the number of HIV infection?

Because syringe exchange has been politically contentious, it is the most thoroughly studied public health intervention of the past thirty years. These studies have repeatedly and consistently shown that syringe exchange reduces new HIV infections (5), increases successful uptake of drug treatment, and does not result in increased crime or violence in communities in which they are started (6). Federally funded reports conducted by the National Commission on AIDS (7), the General Accounting Office (8), the Centers for Disease Control and Prevention (CDC) (9), the National Institute of Medicine's National Research Council (10), and the Office of Technology Assessment (11) have all concluded that syringe exchanges reduce the transmission of HIV while not increasing drug use.

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10. National Commission on AIDS (1991) The Twin Epidemics of Substance Use and HIV. Washington DC.
11. General Accounting Office (1993) Syringe Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy US Government Printing Office: Washington DC.
12. Centers for Disease Control and Prevention (1993) The Public Health Impact of Syringe Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations CDC: Atlanta.
13. Institute of Medicine, National Research Council (1995): Preventing HIV Transmission: The Role of Sterile Syringes and Bleach National Academy Press: Washington DC.
14. Office of Technology Policy Assessment of the US Congress (1995) The Effectiveness of AIDS Prevention Efforts US Government Printing Office: Washington DC.

4. What to do if you find syringes in the community?

If you have found syringes in the community, first determine if they are located in a place where they present a **threat to public safety**. If so, **call 911**, and the Sheriff's Office will be dispatched. If no threat to public safety exists, please call the **Department of Public Works at 454-2160** to report the finding and request removal.

If syringes are found on private property, please call **Environmental Health at 454-2022** to report the finding and request removal.

5. Along with syringes, what other supplies are participants of the syringe exchange program receiving?

The County Health Services Agency's SSP follows best practice recommendations issued by various peer-review and scientific research and reports from the United States and other countries regarding syringe exchange programs. These practices, including the Harm Reduction framework indicate that providing other necessary supply items along with sterile syringes will reduce the potential HIV and Hepatitis C risk associated with the re-use of supplies used in drug injection. In addition to syringes, there are a variety of supplies that are important for syringe exchange programs to stock and distribute in order to offer a comprehensive approach to preventing infectious disease. Blood-borne infections such as Hepatitis C virus can be transmitted through sharing any piece of injection equipment that may have blood on it. Other harm reduction supplies offered at the SSP include bandages, condoms, lubricant, caps/cookers, tourniquets, water, bleach, cotton, alcohol wipes, bandages and antibiotic ointment. Research has demonstrated that sharing cookers is an independent predictor of contracting the Hepatitis C virus and has also documented an association between cooker sharing and HIV prevalence. The distribution of cookers to clients is the best way for syringe exchange programs to reduce the risks with the re-use of sharing of cookers among intravenous drug users.

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Articles (or their abstracts) discussing blood-borne disease transmission can be viewed by opening the following web links:

- Parenteral transmission of HIV among injection drug users: assessing the frequency of multi-person use of needles, syringes, cookers, cotton, and water.
<http://www.santacruzhealth.org/pdf/ParenteralTrans.pdf>
- Overcoming Barriers to Prevention, Care, and Treatment of Hepatitis C in Illicit Drug Users
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1510897/>
- Ontario Syringe Exchange Programs: Best Practice Recommendations
http://www.health.gov.on.ca/english/providers/pub/aids/reports/ontario_needle_exchange_programs_best_practices_report.pdf
- Prevention and Treatment of Hepatitis C in Injection Drug Users
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1629041/>
- National Institute for Health & Clinical Excellence: Syringe and Syringe programs: Providing People Who Inject Drugs With injecting Equipment
<http://harmreduction.org/wp-content/uploads/2012/01/NHS-NSP.pdf>

6. Does the SSP program offer home deliveries?

No, as part of the Santa Cruz County comprehensive SSP program, we are currently not offering home deliveries.

- Needle Exchange Programs. Delivery and Access Issues
<http://www.ncbi.nlm.nih.gov/pubmed/12353453>
- Secondary Syringe Exchange Among Injection Drug Users
<http://www.ncbi.nlm.nih.gov/pubmed/12791808>
- Health Benefits of Secondary Syringe Exchange
<http://www.hunter.cuny.edu/sociology/faculty/howard-lune/repository/files/Murphy.Kelley.Lune04.pdf>
- Promoting Secondary Exchange: Opportunities to Advance Public Health
<http://harmreduction.org/wp-content/uploads/2012/01/promotingsecondaryexchange.pdf>

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7. Was there new training for County workers? Were SOS volunteers included?

All County Staff, SOS and other volunteers who participate in the SSP are part of an ongoing training program. A broad range of topics are covered through regular training sessions. Topics include, but are not limited to SSP Program overview and orientation, harm reduction model, safer injection and equipment, California state syringe exchange regulations, blood-borne pathogens, exposure control, universal precautions, referral procedures, HIV testing and counseling and treatment and recovery. Need for training is constantly evaluated with new training topics continuously added to the training calendar. Trainings are conducted by internal staff and, when needed, expert trainers from the appropriate field.

In addition, HSA administrative staff involved in the development and implementation of the SSP program have and continue to receive ongoing training and support from the California Department of Public Health , The Harm Reduction Coalition, Monterey County, Santa Clara County, San Francisco County and other local health departments conducting syringe exchange activities.

8. Does the Santa Cruz County SSP Program hand out educational materials?

Yes, the Santa Cruz County SSP Program provides clients with a broad range of educational materials. Topics include drug treatment and rehabilitation, infectious disease such as Hepatitis C and HIV information and prevention, testing resources, and safer injection techniques.

Click here to view samples of information brochures:
<http://www.santacruzhealth.org/pdf/ssppamphlets.pdf>

9. How is the Santa Cruz County SSP funded?

HSA is responsible for managing and monitoring the expenditures of the fixed clinic site syringe exchange program. HSA is currently exploring outside funding sources with hopes of securing grants for this program in the future.

10. What does 1:1 exchange mean?

For each used syringe a client brings in to exchange, they get a clean one in return. If they bring 10 used syringes, they get 10 new syringes, etc.

Guide to Developing and Managing Syringe Access Programs
<http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/syringe-access-manual/>

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On a one time basis, a new participant may be provided new syringes without the exchange of used syringes. Once assessed for need, the client may be given up to 15 new syringes along with other harm reduction supplies and education about the need to bring those syringes back for future exchanges.

On subsequent visits, if a client does not have used syringes, they do not receive clean syringes. They are offered other harm reduction supplies, which include: supplies to clean used syringes, a list of pharmacies selling non-prescription syringes and a program schedule. They are then asked to return when they have syringes to exchange.

Click here to view list of pharmacies selling non-prescription syringes
<http://www.santacruzhealth.org/pdf/ssppharmacylist.pdf>

11. What does medical exception mean? Who is granted a medical exception?

If a participant presents at the exchange program without used syringes or needing more syringes than they have to exchange and has an elevated risk for becoming infected or infecting others with HIV, Hepatitis C or other infectious agents, they will be assessed for eligibility for a medical exception. If granted a medical exception, staff will work with the client to determine when the client can return to the exchange program and how many syringes they need until that time. In no case will a participant receive more than 15 additional syringes under the medical exception policy.

For additional information please see our [SSP policies and procedures page 10, item c, ii.](#)

12. Will data and reports be available on the County Syringe Services Program Web Page?

Yes, 90 day reports will be posted on the web for the public to view. The first 90 day report is scheduled to be posted on the web at the end of August 2013. For details about what will be included in the report please see [SSP policies and procedures page 13.](#)

13. Does the Santa Cruz County SSP utilize an ID card system for program participants?

Recommended best practices indicate ID card system is not best practice for syringe exchange program. The HSA SSP does not use an identification card. Currently the program issues a unique identifier (identification number) to each participant who utilizes the program. At each visit the unique identifier is used to monitor the utilization of the program and ensure that the clients are being served the best they can within the confines of the program.

- Recommended Best Practices for Effective Syringe Exchange programs in the United States
http://www.cdph.ca.gov/programs/Documents/US_SEP_recs_final_report.pdf

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- Guide to Developing and Managing Syringe Access Programs
<http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/syringe-access-manual/>

14. Does SOS have a website accessible by the public?

Currently the SOS website is outdated and under construction. While the site is being updated HSA has removed links from the HSA web page. Once the site is fully updated, links to it will be added back to the HSA website.

15. What is the current status of sharps kiosks being placed in the community?

Sharps kiosks have been placed at 1080 Emeline, Building D and 1430 Freedom Blvd Suite D., Watsonville. Both of these kiosks are located outside of the County's health clinics. There is also a sharps kiosk located at the Government Center at 701 Ocean St. (Water St. side of the building). Staff is in the process of investigating additional placement locations in the unincorporated areas of the county. The community is encouraged to report any information on improperly discarded syringes or the lack of disposal availability for prescription syringes to County Environmental Health at 454-2022.

County staff continues to have conversations with staff from the City of Santa Cruz and County Officials regarding potential future kiosk sites.

16. Do syringe exchange programs increase injection drug use in a community and do syringe exchange programs reduce the number of used syringes discarded in a community?

There is no scientific evidence that shows that syringe exchange programs (SEPs) increase the use of injection drugs nor do these programs encourage initiation of injection drug use.

- Santa Cruz Sentinel Opinion: Hilary McQuie: Syringe Services Programs are a Critical Part of the Solution
http://www.santacruzsentinel.com/opinion/ci_22557214/hilary-mcquie-syringe-services-programs-are-critical-part

Yes, there are numerous studies that have shown that those communities who have SEPs have fewer discarded syringes.

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- City of Los Angeles Syringe Exchange Program
http://disability.lacity.org/aids/syringe_exchange.htm
- ACPM Public Policy On Needle Exchange Programs
http://c.ymcdn.com/sites/www.acpm.org/resource/resmgr/policy-files/polstmt_drugmorbidity.pdf
- A Comparison of Syringe Disposal Practices
http://www.santacruzhealth.org/pdf/Tookes_2012Comparison.pdf
- National Institute for Health & Clinical Excellence: Syringe and Syringe programs: Providing People Who Inject Drugs With injecting Equipment
<http://harmreduction.org/wp-content/uploads/2012/01/NHS-NSP.pdf>

17. Don't SEPs cost a lot of money?

While there is a cost for the county run program, SEPs save taxpayers money by preventing the transmission of HIV, Hepatitis B and Hepatitis C in our community. It is far more costly to treat these diseases than to prevent them.

- Harm Reduction Coalition: Cost Effectiveness of Syringe Exchange Programs
<http://harmreduction.org/wp-content/uploads/2012/01/CostEffectivenessofSyringeExchangePrograms.pdf>