

SAFE POINT SAN DIEGO
CLEAN SYRINGE EXCHANGE PROGRAM

ANNUAL REPORT

July 1, 2013 – June 30, 2014

The purpose of this report is to inform elected officials and the public regarding the current status of Safe Point San Diego, the Clean Syringe Exchange Program (CSEP) in the City of San Diego, and to satisfy the state's annual reporting requirements.

BACKGROUND

On November 27, 2001 the City Council adopted Resolution No. R-295797, declaring the existence of a state of local emergency in the City of San Diego due to the spread of the Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) exacerbated by the shared use of hypodermic needles and syringes by injection drug users. In addition, the City Council authorized the implementation of a one-year Clean Needle and Syringe Exchange Pilot Program linked to drug abuse treatment programs. The program was funded by Alliance Healthcare Foundation and operated by Family Health Centers of San Diego.

The objectives of the program were to: reduce the transmission of HCV and HIV caused by the sharing of syringes; educate substance abusers about the risks of drug abuse and offer testing for infectious diseases; and facilitate referrals for program clients to drug treatment and other necessary services.

From December 10, 2001 - June 27, 2005 the City Council repeatedly declared the aforementioned state of local emergency and authorized the continued operation of the pilot program. From July 18, 2005 through July 11, 2006 the City Council was unable to garner the five votes required to authorize the program. Family Health Centers immediately discontinued syringe exchange during this time period, but continued to provide health information and referral services at the approved CSEP sites.

In 2005, the California legislature passed AB 547, amending Health and Safety Code Section 11364.7, and enacting Health and Safety Code Sections 121349-121349.3. Effective January 1, 2006 local jurisdictions were no longer required to declare a state of local emergency in order to authorize a CSEP. Instead, they could now authorize CSEP with a single legislative act. To continue operations, CSEPs were required to submit annual reports to the state and their local jurisdiction for review and approval.

On July 11, 2006 the San Diego City Council passed a resolution authorizing a CSEP. The program was approved to operate in accordance with the Basic and Supplemental Recommendations set forth in the CSEP Facilitation Committee Final Report of May 23, 2006. The program was to be funded by the Alliance Healthcare Foundation and operated by Family Health Centers of San Diego (FHCS), a non-profit community clinic organization. Within several weeks, the CSEP was fully operational at two approved sites and it has continued in operation since that time.

Over 150 U.S. cities have implemented CSEPs. Growth of these public health programs can be attributed in large part to reputable institutions including Johns Hopkins University, Yale University and the Centers for Disease Control and Prevention (CDC) that evaluated the practice of clean syringe exchange and determined they:

- 1) curtail the spread of HCV and HIV infection among injection drug users (IDUs);

- 2) serve as an important bridge to treatment and recovery from drug use; and
- 3) reduce the risk to police, emergency personnel and the public from contaminated syringes discarded in streets, parks, beaches and other public areas.

To determine whether national and international experiences were replicable in San Diego, SANDAG conducted an extensive evaluation of the San Diego CSEP during the period July 18, 2002 - February 13, 2004¹. The results of this study determined:

- 1) nearly 9 of 10 clients received referral services;
- 2) client injection frequency did not increase; and
- 3) individuals were less likely to reuse syringes, obtain syringes from questionable sources or discard used syringes in the trash after enrolling in the CSEP.

CURRENT NEED

The need for CSEP in San Diego continues. According to the San Diego County 2010 HIV/AIDS Epidemiology Report², California has the second highest number of AIDS cases of all states and San Diego County has the third highest rate in the state. Injection drug use is the second leading cause of HIV transmission and the leading cause of HCV in California. Further detail from the County report indicates that:

Since the beginning of the epidemic in 1981, 14,228 AIDS cases were reported in San Diego County through 2009. Roughly 400 new AIDS cases are diagnosed in San Diego each year. Fifty-eight San Diegans died of AIDS in 2009 and cumulatively 7,222 have died in San Diego County since 1981. There were 7,006 San Diegans living with AIDS as of December 31, 2009, resulting in a cumulative case-fatality rate of 51%. In recent years, 11-18% of the men and 23% of the women in San Diego who contracted HIV did so through injection drug use.

While treatments and prognosis for people living with HIV and AIDS have improved dramatically in recent years, this infection still results in compromised immunity, altered lifestyle, and expensive medical regimens for many who contract them.

In 2009, 2,079 San Diegans were diagnosed with HCV infection. Injection drug use is the #1 means of contracting HCV. According to a study published in the Journal of Urban Health, 27% of IDUs ages 18-40 years-old have been infected with HCV, and since HCV prevalence increases with longer duration of injecting, the prevalence among all IDUs in

¹ Burke, Cynthia, PhD, *City of San Diego Pilot Clean Syringe Exchange Program: Final Evaluation Report*, SANDAG Criminal Justice Research Division, May 2004

² <http://www.sdcountry.ca.gov/hhsa/programs/phs/documents/HAEUAnnualReport2010FINAL.pdf>

San Diego is certainly higher³. While older IDUs are more likely to have HCV infection, the highest risk for becoming infected is among young, recently initiated IDUs⁴.

HCV compromises liver function, although it can be present without any symptoms for many years. Those who do exhibit symptoms can experience fatigue, flu-like illness, swelling in the abdomen, muscle and joint pain, itchy skin, problems with memory and concentration, depression, and ultimately liver failure. While HCV infection can be cured, the treatment is expensive, requires six months or more of oral and injected medication, produces unpleasant side effects, and still up to half of those treated do not respond. HCV is currently the leading condition necessitating a liver transplant in the U.S. Since there is no vaccine that prevents HCV infection, preventing exposure to HCV through the shared use of blood-contaminated syringes is essential.

Syringe exchange programs reduce the likelihood that these conditions will be passed to others through the sharing of syringes used to inject drugs. It also reduces the chance of transmission from infected mother to her newborn. Finally, exchange programs greatly reduce the number of dirty syringes that are discarded in places where a public safety officer, trash collector, or park-goer can be accidentally stuck and infected.

However, in order for syringe exchange programs to be completely effective in preventing the spread of blood borne pathogens, they must provide IDUs with an adequate supply of syringes to use a new syringe for every injection. Results from a study of 18-40 year-old IDUs in San Diego found that although participants who were recruited from the CSEP were 8-11 times *less* likely to obtain most of their syringes from unsafe sources (e.g., drug dealers, friends, shooting galleries), still 28% of these IDUs said they obtained most of their syringes in the past 3 months from unsafe sources (personal communication: Richard Garfein). Increasing hours of operation, number of locations, and eliminating limits on the number of syringes that can be exchanged have all been recommended as ways to ensure that IDUs can avoid sharing syringes.

The continuing need for this program is also substantiated by the high level of client participation that is detailed below.

PROGRAM STATUS

CSEP services are provided from a small mobile van during two, ½-day intervals each week at approved sites in Downtown (Thursday evenings) and North Park (Friday mornings). New clients may obtain 2 clean syringes plus starter hygiene kits during their first visit to the program. Once registered, clients complete a one-for-one syringe exchange with up to 30 syringes at each session. Unfortunately, in Fiscal Year 2011, the maximum

³ Garfein RS, Rondinelli A, Barnes RFW, Cuevas J, Metzner M, Velasquez M, Rodriguez D, Reilly M, Xing J, Teshale EH. HCV infection prevalence lower than expected among 18-40 year-old injection drug users in San Diego, CA. *Journal of Urban Health*. 2012 DOI:10.1007/s11524-012-9728-0.

⁴ Garfein RS, Vlahov D, Galai N, Doherty MC, Nelson KE. Viral infections among short-term injection drug users: the prevalence of hepatitis C, hepatitis B, human immunodeficiency, and human T-lymphotropic viruses. *American Journal of Public Health*. 1996;86:655-661.

number of syringes that can be exchanged was reduced from 50 to 30 at each session due to ongoing funding challenges. Current law allows for possession, without a prescription, for an unlimited number of syringes. Program participants are provided an identification card. After the initial visit, only one-for-one exchanges are completed.

In addition to providing syringe exchange, the CSEP offers clients individualized assistance including HCV and HIV prevention and education materials, case management, information and referrals to primary medical care and other social service programs, and facilitated referrals to detoxification and substance abuse treatment and rehabilitation programs.

From FY 2007 to 2009, both the number of syringes exchanged and the number of referrals made increased annually. (Tables 1 and 2 describe the demographic trends in the CSEP from FY07 through FY13.)

Beginning in FY 2011, funding cuts required a reduction in both the number of syringes exchanged per person and an increased staff to client ratio.

The staff reduction forced a program realignment that caused the number of referrals provided to drop to a low of 858 in FY 2011. Since that time, FHCS D has been successful in recruiting volunteers from San Diego State University School of Public Health to support the program, resulting in a rebound in number of referrals provided in FY 2012 to 4,027, 11,246 in FY 13, and 12,847 in FY 14.

The program has also continued to see an increase in total clients served.

This year and last, we did see an increase in the number of syringes exchanged following a significant drop in FY 2012. The drop was attributed to the new protocol limiting syringe exchange to 30 per person per session. We are seeing clients adjust by exchanging the maximum amount more frequently.

The median age of clients served increased to 35. Unlike FY 11 and FY 12, our data no longer shows a spike in clients' ages 18-24. FHCS D has been active in addressing this spike through the development of referrals specifically suited to younger people.

We have made some progress in the area of detoxification referral services in the last two years thanks to a partnership with a local research study. Under this partnership, we have an expedited process for clients to enter into their drug assisted detoxification study if the client meets certain criteria. (All research studies are reviewed and approved by medical leadership of Family Health Centers of San Diego to ensure they are appropriate for participating clients and patients.) However, we have seen a drop in traditional detoxification referrals due to our primary partner moving their facility location to National City which creates transportation challenges for clients.

Unfortunately, as the need for drug treatment -- especially on an in-patient basis -- increases, resources for those desiring treatment has not kept pace. Waiting periods for treatment "beds" are significant, and low-cost or free treatment services are extremely limited.

TABLE 1. NUMBERS OF CLIENTS, REFERRALS AND SYRINGES

	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14
New client visits	496	832	829	733	569	686
Repeat client visits	6,640	9,471	11,056	10,368	10,666	13,826
Total client visits	7,136	10,290	11,872	11,069	11,235	14,512
Total referrals*	6,904	3,737	858	4,027	11,246	12,847
Substance abuse treatment	508	283	142	488	751	742
Detoxification services	517	385	114	484	761	775
Mental health	507	156	88	352	1,047	717
Primary care	1,188	1,280	391	493	1,187	1,219
Other**	4,184	1,633	123	2,210	7,500	9,394
Total syringes received	236,552	307,742	329,532	265,971	326,633	405,416
Total syringes disbursed	213,175	286,155	314,382	249,598	282,715	353,207

EXCHANGED

* Program staff work with clients on referrals when possible to help clients complete referral including: scheduling appointments, providing transportation and accompanying clients as appropriate.

** HIV, hepatitis and STD screening; Medi-Cal, CMS and other benefit programs; food, housing, clothing and shelter

TABLE 2. CLIENT DEMOGRAPHICS AT INTAKE

	FY08	FY09	FY10	FY 11	FY 12	FY 13	FY 14
Gender							
Male	69%	72%	75%	69%	71%	75%	73%
Female	30%	27%	25%	31%	29%	24%	27%
Transgender	1%	1%	0%	<1%	<1%	<1%	<1%
Age (median)							
	37	36	33	31	34	36	35
Ethnicity							
White	70%	69%	69%	76%	74%	73%	75%
African American	3%	3%	3%	4%	4%	6%	4%
Hispanic	20%	20%	21%	13%	13%	14%	14%
Other	8%	8%	7%	7%	9%	7%	7%
Marital Status							
Married	12%	12%	9%	10%	7%	9%	9%
Widow/Sep/ Divorce	16%	18%	17%	15%	17%	24%	21%
Domestic partner	6%	3%	<1%	<1%	1%	<1%	2%
Never married	66%	67%	74%	74%	75%	66%	68%

Education							
Elementary/Middle	4%	8%	8%	7%	8%	4%	8%
< 12th grade	16%	14%	18%	17%	19%	24%	15%
High school grad	44%	38%	37%	37%	35%	33%	28%
> High school	35%	40%	37%	38%	38%	39%	49%
GED (if did not finish high school)							
Yes	32%	63%	56%	42%	31%	48%	61%
No	68%	37%	44%	58%	69%	52%	39%
Employed							
Yes	36%	32%	31%	29%	30%	27%	31%
No	64%	68%	69%	71%	70%	73%	69%
Residence							
Own/rents	59%	66%	65%	62%	46%	42%	42%
Someone else's	24%	17%	15%	20%	33%	27%	22%
On the streets	14%	10%	13%	11%	17%	23%	25%
Other	2%	7%	7%	7%	4%	8%	11%

FUNDING

Alliance Healthcare Foundation funded the first decade of program planning and operations. Without their support, San Diego would likely not have a CSEP. In 2009, Alliance redefined its strategic goals and funding priorities. As a result, Alliance decided to stop funding ongoing operational projects and informed FHCS D that it would no longer be able to support CSEP, effective June 30, 2010.

As a result of current State budgetary challenges, funding for all State-funded HIV prevention activities has been significantly reduced. More specifically, the \$100,000 in direct funding received by FHCS D to support CSEP activities was terminated effective July 1, 2009. Additionally, State funding directed to the San Diego HHSA, which supports some of the wrap-around services for injection drug users as well as services to which the CSEP project was able to refer clients, was reduced by 63%.

Further, Congress reinstated a ban on the use of federal funds to support syringe exchange programs. This ban was previously in place from 1988 until 2010. During the period when the ban was lifted, FHCS D did not receive any additional federal funding for CSEP.

The San Diego County Board of Supervisors remains opposed to syringe exchange as well and will not permit funds to be utilized for this purpose. Although the State health department has historically contracted directly with community-based organizations to overcome this barrier, due to the state’s budget challenges there has been a movement toward minimizing the number of contracts executed and monitored by the State.

In summary, local County, state and federal governments cannot be counted upon to fund San Diego's syringe exchange program.

FHCSD is committed to sustaining this vital public health program and continues to prioritize finding new sources of funding. For the first time in 2012, the City of San Diego allocated non-general fund dollars to provide critical funding for CSEP including \$51,000 from the Community Programs, Projects and Services Fund as well as \$75,000 in Community Development Block Grant funding for FY 2013 and \$75,255 in FY 2014.

However, securing funding from new and traditional sources continues to be very difficult as the economy continues to struggle. In FY 2013, FHCSD was notified that a traditional CSEP funding source has had to reduce their overall funding budget for FY 2014 and our opportunity for funding would be reduced by more than half if ultimately granted. This is an unfortunate example of the funding challenges this program continues to face.

FACILITATION COMMITTEE

The CSEP Facilitation Committee continues to meet on a quarterly basis to monitor the program and address any issues that arise. This volunteer committee, comprised of individuals with expertise in various aspects of syringe exchange, is appointed by the Mayor. The majority of the committee was appointed on June 4, 2010. A new member was appointed on February 23, 2012 to fill a vacancy left by a resignation. We currently have two vacancies on the board and are awaiting appointment that was delayed due to recent turnover in the Mayor's office.

POLICE BRIEFINGS

The Lieutenant in charge of the police department's narcotics section is a voting member of the CSEP Facilitation Committee. FHCSD and the CSEP Facilitation Committee utilize this relationship to ensure the department and its officers are aware of changes to state law regarding the legal possession of syringes without a prescription⁵. Working with the police department has been a key component of CSEP throughout its history and will continue. In FY 14, FHCSD staff met with both Police Chief Shelly Zimmerman and Central Division Captain Brian Ahearn to educate them on the program, provide them with key contacts in case their officers have questions, and to confirm their continued support for the program.

CONCLUSION

The San Diego CSEP continues to be a very effective and necessary program for the community. Since its inception in 2002, **CSEP has accepted 276,958 more syringes than it dispensed and has prevented more than 2.5 million syringes from potential improper disposal**. As a result, our neighborhood parks, sidewalks and playgrounds are far

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http://www.cdph.ca.gov/programs/aids/Documents/SB%2041%20%20Fact%20Sheet%20Nov%202011_Financial%2011.20.pdf

safer. In addition, the CSEP program has facilitated 57,095 referrals including 4,436 referrals to detoxification services and 4,108 referrals to drug treatment programs.

Thanks to the leadership of the Mayor of San Diego, the City Council, the CSEP Facilitation Committee, and the Family Health Centers of San Diego, the San Diego CSEP continues to fulfill its goal of making San Diego a healthier city.

SAFE POINT SAN DIEGO CLEAN SYRINGE EXCHANGE PROGRAM

**ANNUAL REPORT
FY 14**

Dr. James Dunford,
City of San Diego EMS Medical Director

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Family Health Centers of San Diego

PURPOSE OF THE ANNUAL REPORT

- Inform the Council and the Public
- Comply with State Reporting Requirements
- Highlight Successes, Concerns, Trends

WHY SYRINGE EXCHANGE?

- **Scientifically Proven Public Health Program to Reduce HIV/AIDS and HCV**
 - Numerous respected institutions endorse clean syringe exchange
 - SD has 3rd highest AIDS rate in CA
 - 2000+ HCV diagnoses last year in SD
- **Prevent Re-use of Syringes and Spread of Infection Among Injection Drug Users**
 - Second leading cause of HIV transmission
 - #1 cause of HCV transmission

WHY SYRINGE EXCHANGE?

- Protect the public, police, emergency and environmental services personnel from infection due to syringes improperly discarded in trash, parks, beaches
- Provide gateway for referral to drug treatment, HIV counseling, health care, and other services

SAFE POINT SAN DIEGO

- Mobile unit operated by Family Health Centers
 - Downtown and North Park
 - 3 hours each Thursday evening and Friday morning
- 2001–2005 Council emergency declaration bi-weekly
- 2006 – New State law permits establishment through single legislative act
 - July 06 Council resolution

SAFE POINT SAN DIEGO

Initial Visit

- 2 syringes
- Identification card
- Demographic data
- Harm reduction and health kits
- Referrals

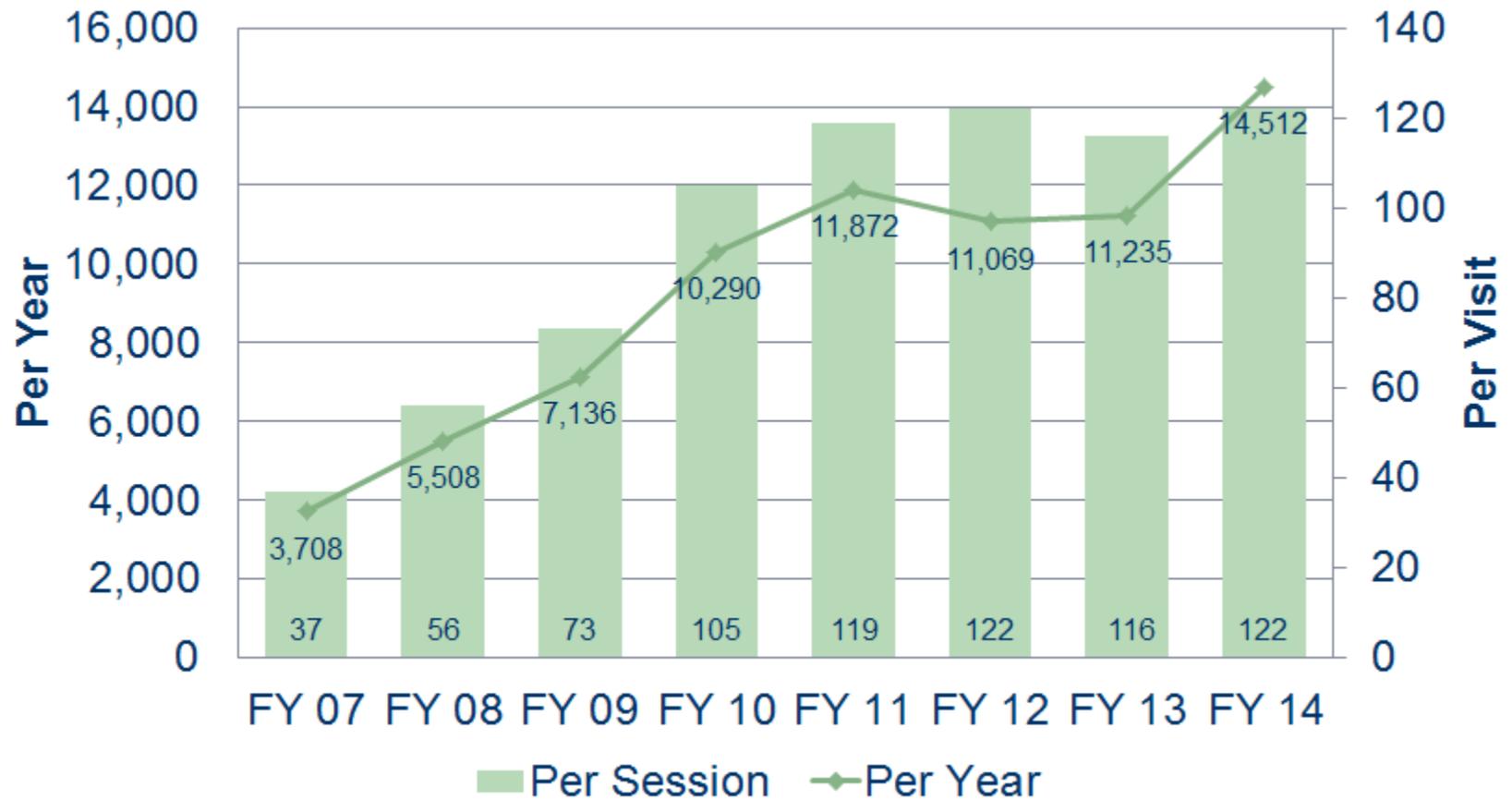
Ongoing

- One for one exchange up to 30 syringes
- Harm reduction and health kits
- Referrals

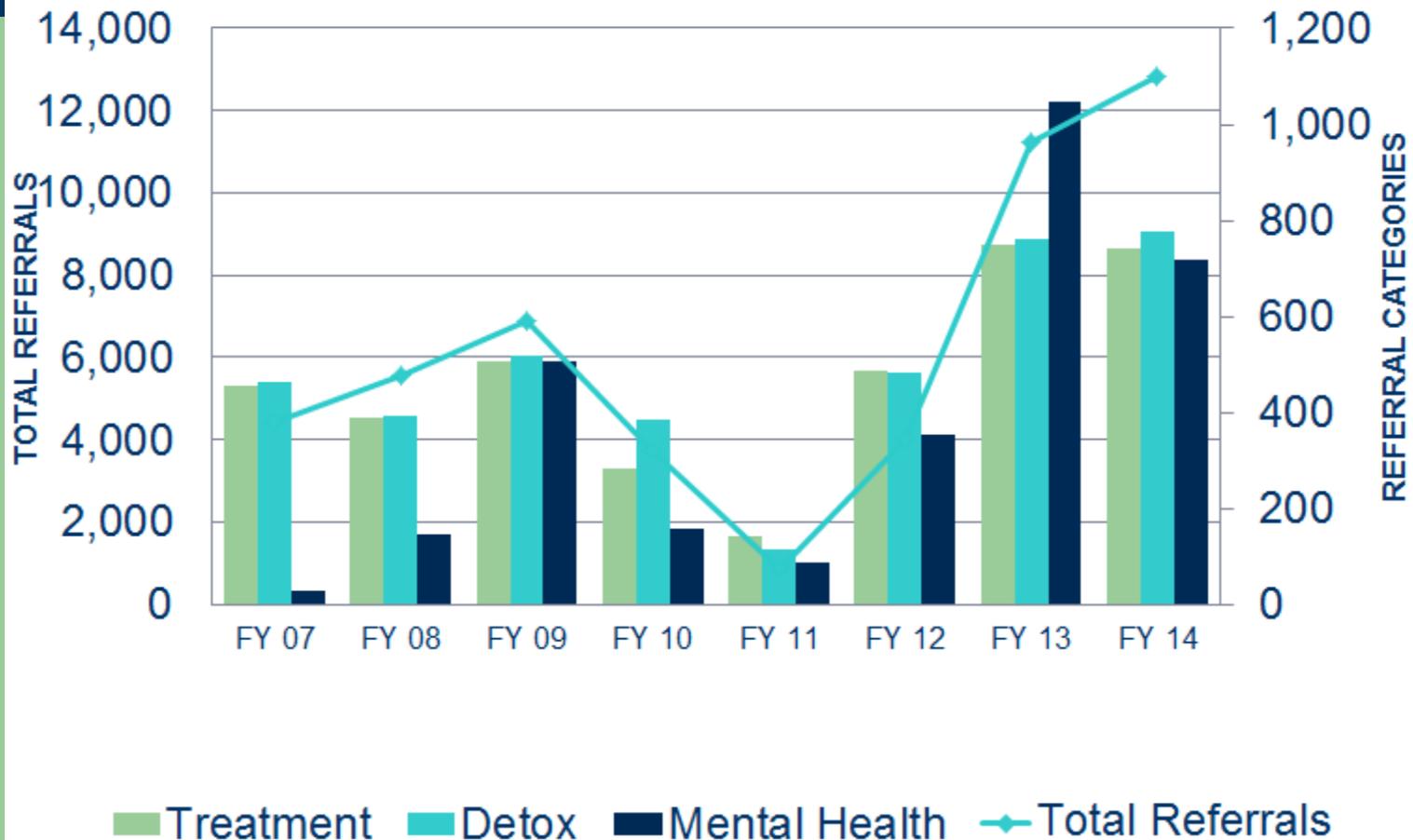
FISCAL YEAR 2013

- 30% increase in client visits
- 24% increase in syringes received
- 14% increase in referrals
- 52,209 more syringes received than disbursed
- 405,416 syringes disposed of properly

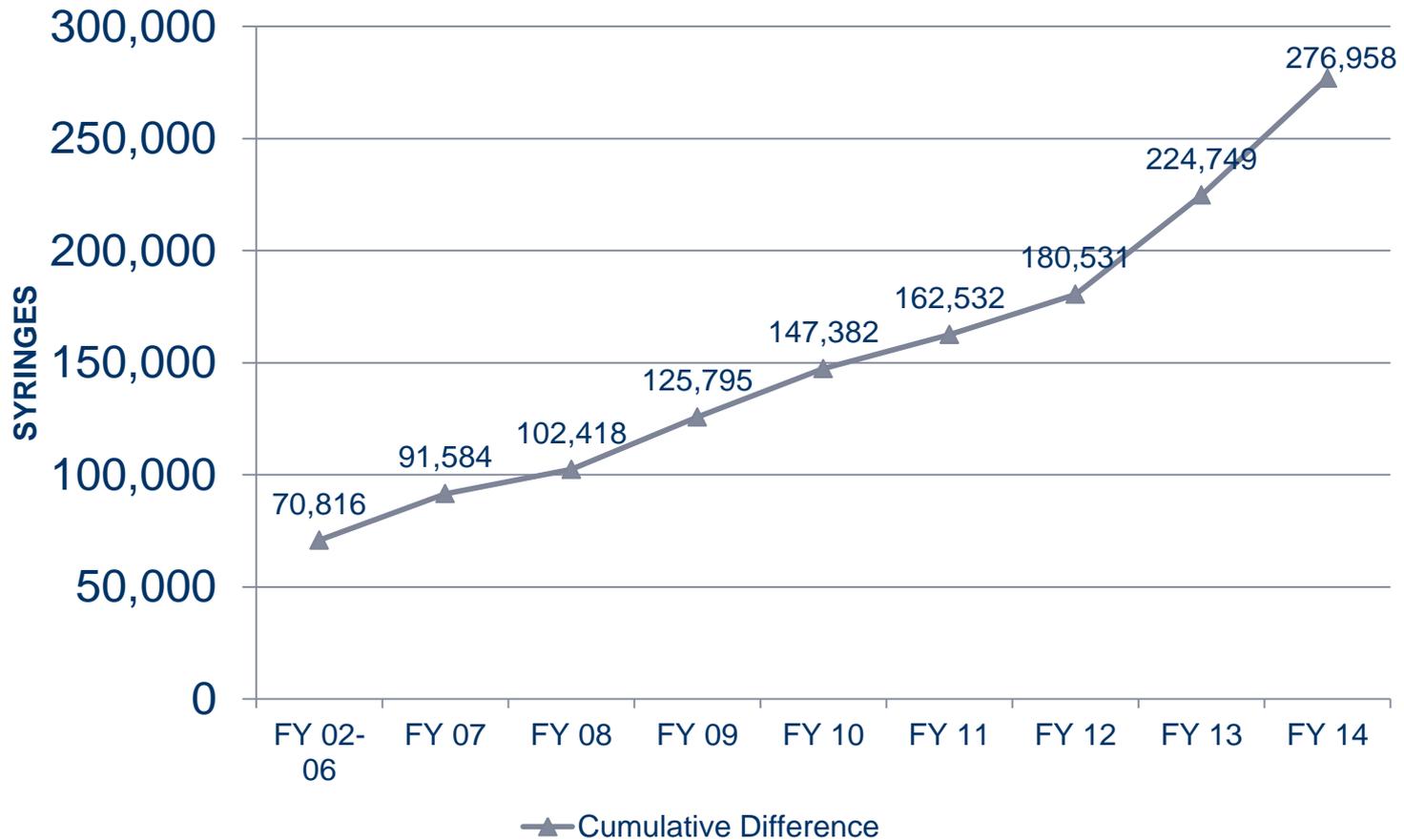
CLIENT VISITS



REFERRALS



RECEIVED VS DISBURSED



DEMOGRAPHICS

- 73% Male
- 75% White
- 77% High School or more
- 31% Employed
- 35 – Median Age
- 42% have own place to live

TRENDS AND CONCERNS

Increased Referrals

- Increased Use of Volunteers
- Streamlined Process
- Partnership with Research Study

More Employed Clients

- 4% more clients employed since 2013

More Educated Clients

- 10% increase in clients with > high school diploma since 2013

Number of Clients and visits growing while funding is not

FUNDING

- No Federal, State, County Funding
- FHCS D Commitment
- Private Funders
 - Human Dignity Foundation
 - AIDS United
 - Comer Foundation
 - MAC AIDS Foundation
- City Council Funding
 - \$51,000 in CPPS Funding for FY 2012
 - \$75,000 in CDBG Funding for FY 2013
 - 75,255 in CDBG Funding for FY 2014

FACILITATION COMMITTEE

- 2006 Council Resolution called committee re-establishment. Members appointed by the Mayor.
- 8 Members including 2 Ex Officio Reps
 - Emergency Medical Services Director (Chair)
 - SANDAG
 - Private Foundation
 - 2 Public Health Experts
 - At Large Community Member
 - Program Operator
 - Police Department

FACILITATION COMMITTEE

- Reviews status of the program and issues relevant to its operation
- Approves recommendations to adjust or add days/hours of service
- Recommends new sites to City Council as needed

CONCLUSION

- San Diego CSEP is a proven successful public health and safety strategy
 - 2.5 million syringes properly disposed
 - 276,958 more syringes received than dispensed
 - 57,095 referrals for supportive services
- Unique need continues
- Funding challenges persist