

# SANTA BARBARA COUNTY BOARD AGENDA LETTER



Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

**Agenda Number:**  
**Prepared on:** 08-30-04  
**Department Name:** Public Health Department  
**Department No.:** 041  
**Agenda Date:** 10-05-04  
**Placement:** Departmental  
**Estimate Time:** 30 minutes  
**Continued Item:** Yes  
**If Yes, date from:** 09-28-04

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**TO:** Board of Supervisors

**FROM:** Roger E. Heroux, Director, Public Health Department  
Elliot Schulman, M.D., M.P.H., Health Officer and Medical Director

**STAFF CONTACT:** Dan Reid, HIV/AIDS Program Administrator ext. 5421

**SUBJECT:** Report on the local Syringe Exchange and Education Program and the incidence of Hepatitis C in Santa Barbara County

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## **Recommendation(s):**

That the Board of Supervisors:

Receive the staff report (Attachment A) on Public Health disease prevention through the local Syringe Exchange and Education Program and the epidemic of viral Hepatitis C (HCV) in Santa Barbara County.

## **Alignment with Board Strategic Plan:**

The recommendation is primarily aligned with:

Goal No. II. A Safe and Healthy Community in Which to Live, Work, and Visit.

Goal No. VII. A Community that Fosters the Safety and Well-Being of Families and Children.

## **Executive Summary and Discussion:**

On June 6, 2000, your Board approved resolution #00-193 proclaiming the existence of a local emergency relative to transmission of Hepatitis B and C, and Human Immunodeficiency Virus (HIV) through contaminated needles. The resolution provides that the local emergency shall continue in effect until the Board of Supervisors proclaims termination. Further Board action at this hearing authorized the Pacific Pride Foundation to establish a local Syringe (Needle) Exchange and Education Program. Pacific Pride Foundation has been operating the syringe exchange program (SEP) using private donations since June 2000.

The Syringe Exchange and Education Program is one of many elements of the Continuum of Care for HIV/AIDS in Santa Barbara County. Previous studies and local efforts have documented the effectiveness of syringe exchange programs in reducing the transmission of disease, enhancing proper disposal of hypodermic needles and linking injection drug users with substance abuse counseling, rehabilitation and medical care.

**Mandates and Service Levels:**

This is a non-mandated program. However, the California Health and Safety Code Sections 11364.7 allows for the Board of Supervisors to declare a local emergency, as defined in Government Code Section 8558, in order to authorize a Syringe Exchange and Education Program.

This recommendation does not increase service levels for the County.

**Fiscal and Facilities Impacts:**

This action does not increase the use of the General Fund contribution. Pacific Pride Foundation operates the Syringe Exchange and Education Program at no cost to the County.

The action does not result in the need for additional facilities.

**Special Instructions:**

None

**Concurrence:**

Alcohol, Drug and Mental Health Services  
Santa Barbara County Alcohol & Drug Advisory Board

**Endorsement for Needle Exchange Programs from Other Groups:**

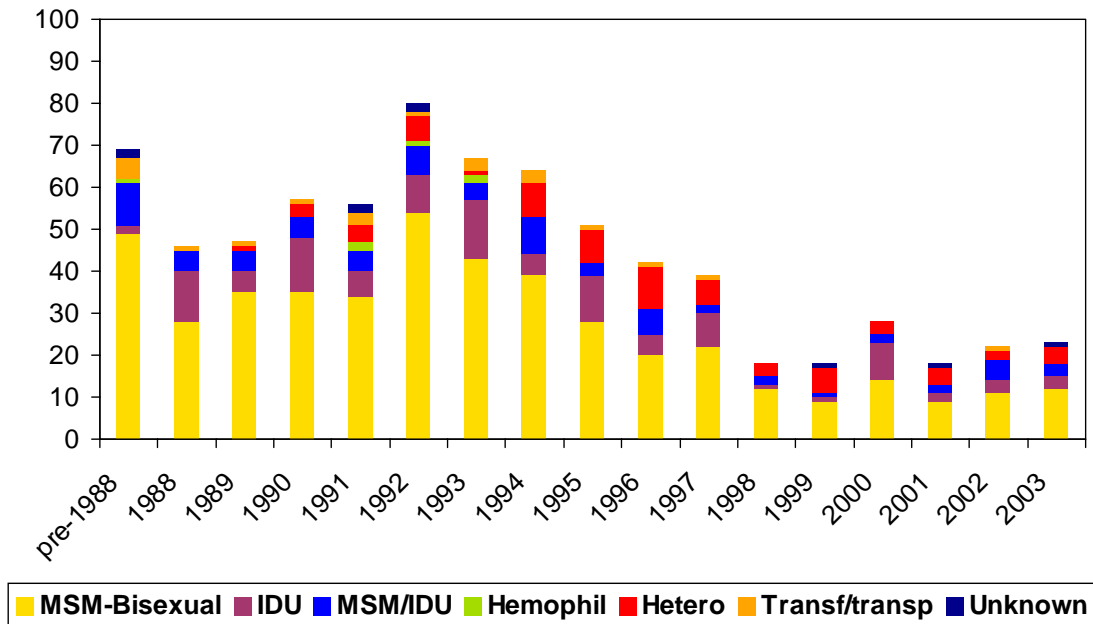
The American Medical Association  
The American Society of Addiction Medicine  
The American Public Health Association  
The Centers for Disease Control and Prevention  
The American Bar Association  
The United States Conference of Mayors  
The National Academy of Science  
The National Research Council  
The National Commission on AIDS  
The National Institute of Health Consensus Statement  
The American Academy of Pediatrics

Staff Report on the local Syringe Exchange and Education Program and the Hepatitis C epidemic in Santa Barbara County

**Public Health Prevention**

The U.S. Surgeon General Dr. David Satcher, commenting on the implementation of syringe exchange programs stated, “after reviewing all of the research to date, the senior scientists of the Department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.” Injection Drug Use (IDU) is one of the major contributions to the spread of HIV/AIDS (see figure 1 below). Although the total number of cases per year has stabilized at approximately twenty new cases per year, IDU still accounts for approximately 26% of all transmissions.

**Proportion of Adult/Adolescent AIDS Cases by Transmission Mode  
Santa Barbara County 1981-2003  
N = 746**

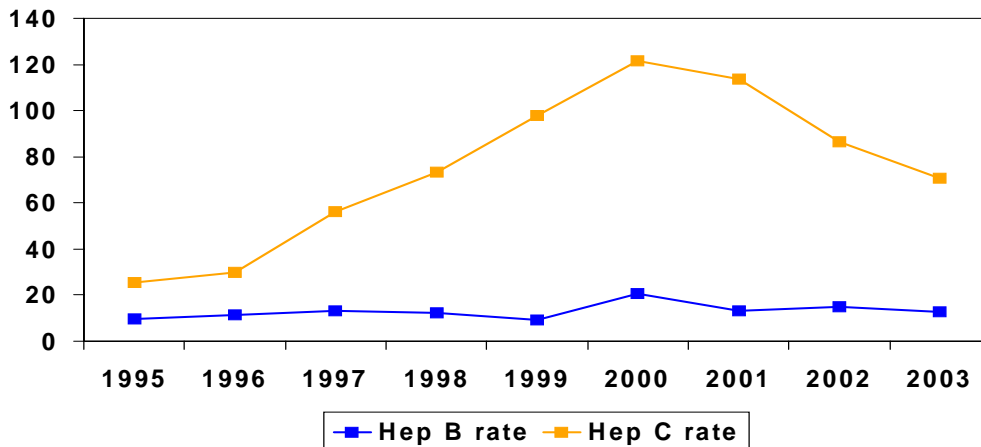


Source: HARS reports. Not shown one person with mother with HIV/HIV risk. **MSM: Men having Sex with Men**, **IDU: Intravenous drug user**, **Hetero: Heterosexual**

Dirty needles are responsible for the transmission of Hepatitis B, Hepatitis C and HIV. A previous study (Heimer, American Journal of Medicine) indicated that over 40% of the needles collected for disposal tested positive for HIV. Figure 2 presents the crude rates of reported Hepatitis B and Hepatitis C in Santa Barbara County over time. The HCV rate reached a peak rate in the year 2000 (118 per 100,000) and has declined to a crude rate of approximately seventy-one (71 per 100,000) in 2003 while Hepatitis B has remained constant. National averages indicate that HCV infection among IDUs is as high as 50% and the local Pacific Pride Foundation staff reports HCV infection among SEP users as high as 60%. The Rand Institute performed a survey and studied data from 23 legal and illegal Syringe Exchange Programs in California. 60% of the more than 500 clients surveyed indicated being HCV positive. Eighteen (18) % of the 220 current Public Health Department clients that are HIV positive and/or living with AIDS also have documentation of Hepatitis C co-infection. In fiscal year (FY) 02/03, over 3700 HIV tests were performed at the County's Alternative Test Sites (ATS). Ninety two (92) of those receiving testing reported being infected with Hepatitis C. Eighty of the 92 clients (87%) self-reported high-risk behavior. High Risk indicates sexual or substance abuse practices that can lead to the transmission of HIV. Many of these clients accessed testing through the Pacific Pride Foundation ATS locations (36 % of testing was performed at these sites).

**Figure 2**

**Reported Hepatitis B and Hepatitis C Crude Rates  
Santa Barbara County 1995-2003**

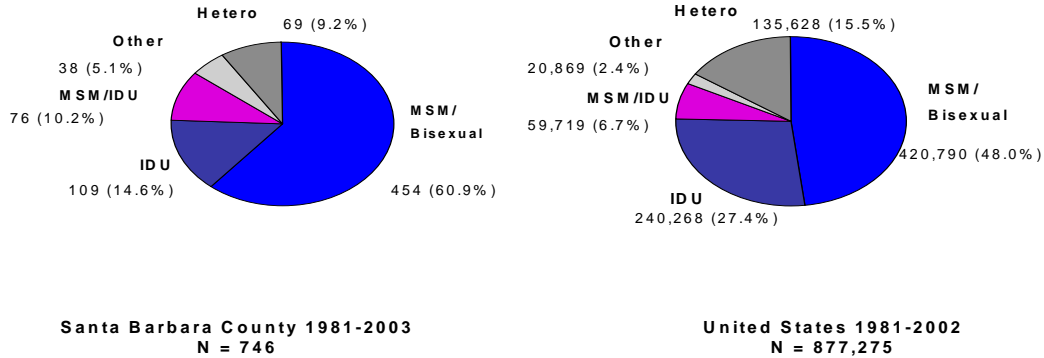


Source: Confidential Morbidity Reports  
State of California, Department of Finance, *County Population Estimates and Components of Change, July 1, 2000-2001, with Historical Estimates, 1990-2000*. Sacramento, CA, January 2002.

The text of AB 2871 (Berg) indicates that “injection drug users are the second largest group at risk of becoming infected with the human immunodeficiency virus (HIV) and developing AIDS, and they are the primary source of heterosexual, female and perinatal transmission in California. Studies indicate that the lack of sterile needles available on the streets, and the existence of laws restricting needle availability promote needle sharing, and consequently the spread of HIV among injection drug users. This sharing is the primary means of HIV transmission within the injection drug user population.”

**Adult/Adolescent AIDS Cases by Transmission Mode  
Santa Barbara County vs. United States**

**Figure 3**

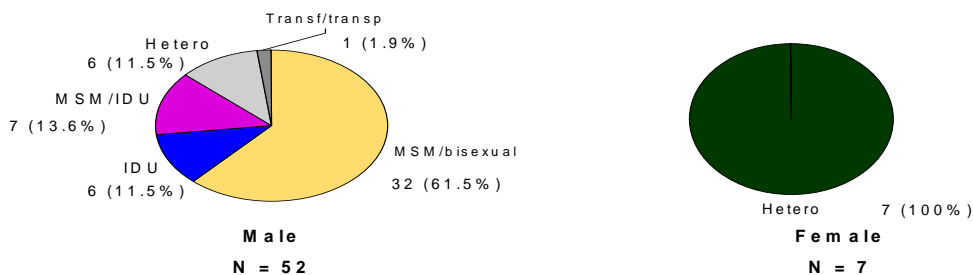


Source: HARS reports and CDC. Other: hemophilia, blood transfusion, transplantation, perinatal risk, and unknown. Homo: homosexual male, Bi: Bisexual male, IDU: Intravenous drug user, Hetero: Heterosexual

As displayed in Figure 3, IDU accounts for 34% of HIV/AIDS transmission in the United States but only 24.6 % of HIV/AIDS transmission in Santa Barbara County. HIV became a reportable infection starting in July 2002. Figure 4 provides a more recent trend analysis using report data from those testing positive for HIV in the last five years. As displayed, a similar percentage (25%) of the recently diagnosed male HIV positive population attribute transmission to factors associated with IDU. The diagnosed female HIV positive population attribute transmission to heterosexual transmission. Figure 5 indicates residence regions for those reported with recent positive tests by transmission mode. Of the 53 cases, 23% were from north county and 77% were from south county. However, IDU factors accounted for 33.3% of the HIV transmissions in the north county compared to 14.6% in the south county. Pacific Pride Foundation staff have noted an increased demand for needle exchange (20% increase) and especially in north county (40% increase) over the previous calendar year. Since inception of the SEP program in 2000, frequency of operation peaked in 2003 with 5 days a week in Santa Barbara and 3 days a week in Santa Maria. Due to reductions in funding and concurrent staff reductions, the hours of operation have been reduced to 4 days in south county and 2 days in north county. Increased access is a major initiative from the State Office of AIDS, the Centers for Disease Control and for the local HIV counseling and testing program.

**Reported HIV + Persons Diagnosed Since 1/1/99  
by Gender and Transmission Mode  
Santa Barbara County**

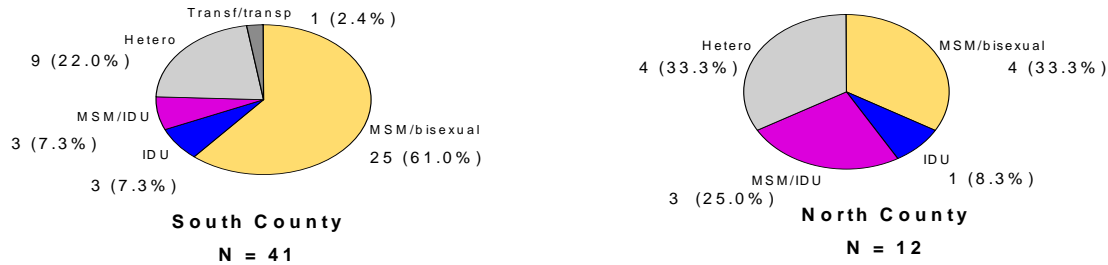
**Figure 4**



Source: HARS data.

**Reported HIV + Persons Diagnosed Since 1/1/99  
by Location and Transmission Mode  
Santa Barbara County  
N = 58**

**Figure 5**



Source: HARS data. Not shown: Central County N = 3 and 2 with missing data. Transf/transp: Transfusion/transplantation

**Local Syringe Exchange Program<sup>1</sup>**

In a Los Angeles Times Editorial (August 19, 2004) titled “Dirty Needles High Costs,” the author stated “more than 26,000 Californians have AIDS because of syringe-sharing. Legislators can’t stop junkies from shooting up, but they can give them a better alternative than poisoned needles.” The current Pacific Pride Foundation SEP provides better alternatives to dirty needles through the following services:

- One to one exchange for dirty needles
- Proper sharps collection and disposal
- Coordination with the Santa Barbara Neighborhood Clinic for HCV testing
- HIV Counseling and Testing
- Safe sex education (condom distribution and abstinence information)- prevention of Hepatitis and STD
- Social and Support Services (Food Pantry, Case Management, Mental Health Counseling, Free Legal Services, Housing Assistance and Bi-lingual and culturally competent staff)

The SEP exchanged over 200,000 needles in Fiscal Year 03/04. It is estimated that 800-1,000 unduplicated clients access the SEP services. It is not possible to definitively state how many people access the program due to its anonymous design. Program annual operational costs are listed below.

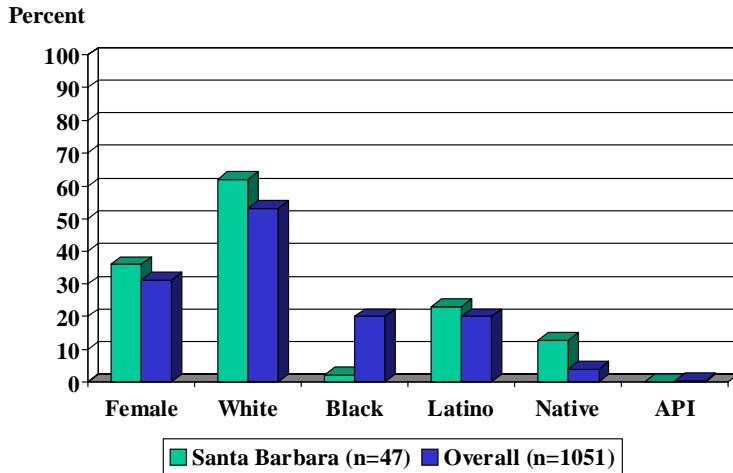
•Personnel Time	\$14,000 (staffing exchange, documentation, preparation, inventory, reporting)
•Occupancy Cost	\$1650
•Syringes	\$14,700
•Conferences/Training	\$2,000
•Printing/Copying	\$550
•Sharps Containers	\$2,600
•Additional Supplies	\$2,000
<b>Total Program Costs for one year</b>	<b>\$37,500</b>

<sup>1</sup> The Pacific Pride Foundation Syringe Exchange and Education Program was instrumental in planning and participation in the inaugural Central Point Conference for Syringe Exchange Programs in California. The Conference was sponsored by the State Office of AIDS, State Department of Health Services, and the State Department of Alcohol and Drug.

Prevention is always more cost effective than treatment. In addition, the State Office of AIDS reports average annual costs for the treatment of HIV/AIDS clients at \$25,000 per year. Funding for the program is provided by private donations that include in-kind (voluntary services) by the majority of Pacific Pride Foundation staff members. The program continues even though Pacific Pride Foundation received only 20% of the previous year's private donations and all Education and Prevention funding for HIV/AIDS programs was cut by approximately 25%. Even private donation funding has restrictions as the majority of private donations may be used only for the purchase of clean needles and not to support the program staff. As the program is also strictly anonymous, data collection, analysis and management is severely restricted. In September 2003, the Rand Corporation (a research and analysis institute) working with a grant from the State Office of AIDS and collaborating with staff from UC Davis and UC San Francisco, reported on all California SEPs for calendar years 2001 and 2002. In addition, the report compared the Santa Barbara SEP to all the programs in California. As shown in Figure 6, the Pacific Pride Foundation survey participants were 60% White and 20% Latino. Thirty five percent (35%) of the participants were female while the age of most participants was in the 30-50 years old range.

## Socio-demographics

Figure 6



## Drug use, last 30 days

Figure 7

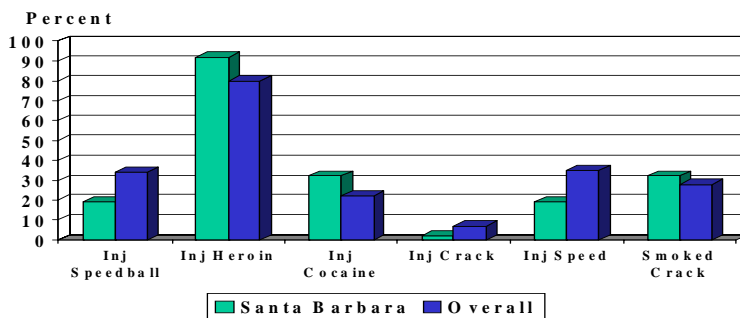


Figure 7 depicts the drug usage of the participants. At that time, heroin was used by 80% of the survey participants and as high as by 90% of all survey participants. Figure 8 displays the accumulation of time as a substance injector with 50% of the participants in Santa Barbara County injecting substances for over 20 years. The figure also provides the frequency of injections with those participants injecting an average of twice a day being almost equal to those injecting three times per day. In other California SEPs, it is more common for those injecting only twice per day.

## Injection years and Injection Frequency, 30 days

Figure 8

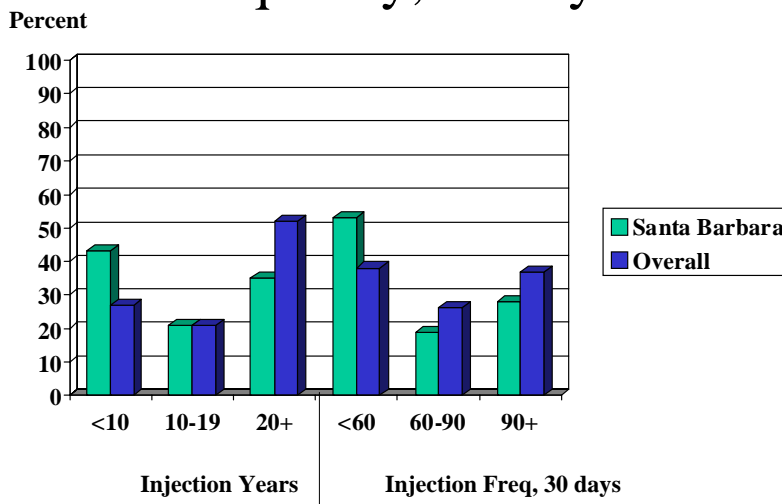
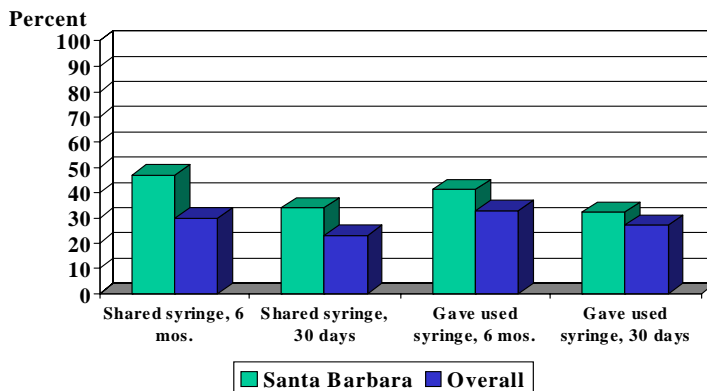


Figure 9 illustrates the phenomena known as “needle sharing.” It is not uncommon for injection drug users to share needles, hopefully after they have been thoroughly sanitized, but this is not always the case. Even after warnings and targeted information and education about the risks associated with needle sharing, SEP clients continue to share needles and provide used needles to others.

## Syringe sharing, 6 months & 30 days

Figure 9

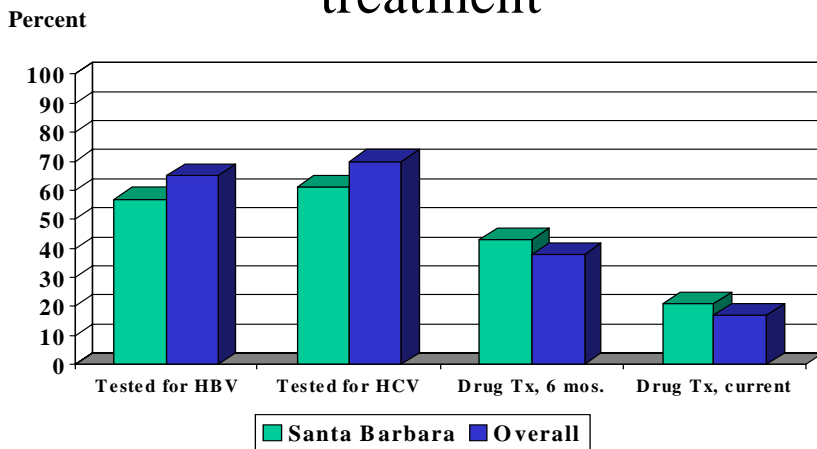




Figures 10 and 11 provide information on the program efficacy for Disease Screening and Health Education respectively. The graphs illustrate the limitations of the SEP at the time of the survey. When the survey was performed, the HCV testing collaboration was not available. Also, funding was not available for production of targeted information. Subsequent to the survey, Pacific Pride Foundation received additional donations that were used to produce targeted information and expand the program’s hours of exchange. This has increased access to these services and at least 8 clients per month are linked to the SBNC HCV testing program

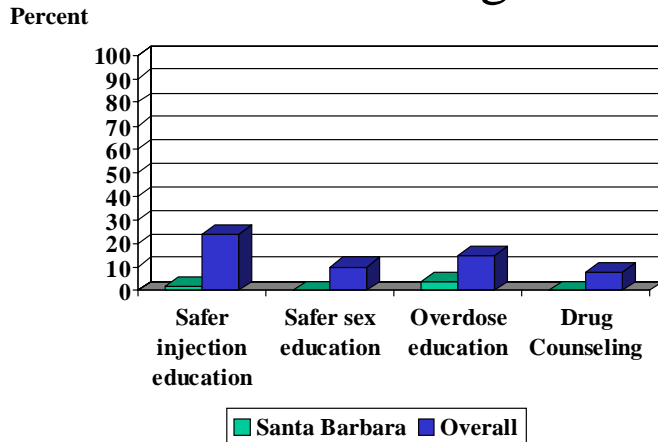
## Health screening and drug treatment

Figure 10



## SEP Services: Education & Counseling

Figure 11



### SEP and Substance Abuse Counseling

Another linkage in the Continuum of Care is the Alcohol, Drug and Mental Health Services (ADMHS) Alcohol Drug Program for treatment of substance abuse. The Pacific Pride Foundation receives funding through a grant to the Alcohol, Drug and Mental Health Services (ADMHS) Department to provide HIV counseling and testing outreach services to clients with substance abuse risks. Pacific Pride Foundation staff members perform this outreach in field settings, at local bars, at substance abuse clinics and in connection with the syringe exchange program. Due to the anonymous design of the SEP, it is not possible to track referral efficacy directly, however, all those that access the SEP receive counseling and referral information for local detoxification and rehabilitation programs. The ADMHS reports that an average of 661 unduplicated Alcohol Drug Program admissions over the last five fiscal years (see Figure 12).

<b>Figure 12</b> Alcohol Drug Program Admissions Clients with Past Year Needle Use or Reporting Injection as Primary Route of Administration		
Fiscal Year	Unduplicated	Duplicated
99-00	611	860
00-01	628	904
01-02	703	1,054
02-03	727	902
03-04	634	819
Total 99-04	3,303	4,539

### Recent and Pending Legislation

The California Legislature recently approved three bills- SB 1362 (Figueroa), SB 1159 (Vasconcellos) and AB 2871 (Berg)- that have elements that will affect local needle exchange programs. SB 1362 (Figueroa) was signed by the Governor in July 2004 and the other two bills are currently on his desk.

#### **SB 1362 – Household hypodermic needle disposal**

This piece of legislation pertains to the proper disposal of solid waste and does the following:

1. Redefines sharps as household hazardous waste rather than medical waste
2. Allows for the establishment of a local sharps (household hazardous waste) collection program or designated collection location.

**SB 1159 (Vasconcellos) Hypodermic needles and syringes**

This legislation was approved in the previous session but was vetoed by Governor Davis. The legislation was amended and is expected to be signed by Governor Schwarzenegger. This legislation contains the following elements:

1. Allows for the purchase and possession, by adults, of up to ten (10) hypodermic needles obtained from a participating pharmacy, without a prescription.
2. Requires the registration of participating pharmacies with the local health jurisdiction.
3. Requires participating pharmacies to provide or sell information and/or supplies for the proper disposal of dirty (spent) hypodermic needles.

**AB 2871 (Berg) Clean needle and syringe exchange projects**

This legislation has passed the Legislature and is expected to be signed by the Governor. This legislation repeals the requirement that a local emergency be declared to establish or sustain a local needle exchange program. Upon the signature of the Governor, a local needle exchange program could be established through the local government process in consultation with the local health Official and the State Department of Health Services.