



COUNTY OF SAN DIEGO

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NATHAN FLETCHER

SUPERVISOR, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: March 10, 2020

TO: Board of Supervisors

SUBJECT

ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND PROTECT PUBLIC HEALTH (DISTRICTS: ALL)

OVERVIEW

Syringe Services Programs (SSPs) is a medically approved strategy with over 30 years of academic research to demonstrate its effectiveness. As the elected body that oversees the County Public Health Services and Behavioral Health Services, it is our obligation to ensure County staff have thoughtful, research-based tools and strategies at their disposal to save lives and protect public health. While some SSPs are perceived as controversial due to lack of education and understanding, we should not steer away from implementing evidence-based practices that promotes recovery, save lives and protects the public health.

Today, I am proposing to update the Board's position in a 1997 Board Resolution opposing needle exchange programs by directing the Chief Administrative Officer to develop a Comprehensive Harm Reduction Strategy, including Syringe Services Programs, engage a third-party subject matter expert to review local data, establish best practices and involve local advisory boards and coalitions to implement a harm reduction strategy in addition to pursuing available State and federal funding.

The benefits of SSPs include prevention of infectious disease, connections to treatment and reducing needlestick injuries and overdose. SSPs are associated with an estimated 50 percent reduction in HIV and HCV incidence. SSPs is also a bridge to substance use disorder treatment and other health services. New users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs. SSPs also protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community.

Despite these benefits, the Board's 1997 resolution about SSPs prevents SSPs from being used by our public health and/or behavioral health departments. This is putting our County at a disadvantage. Under the current policy our health professionals, highly trained and skilled individuals are prohibited from even studying SSPs. They cannot collect data on tactics, use and/or implementation strategies, or services to be administered by the County or a contractor.

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Additionally, due to our current policy opposing SSPs, our County Health and Human Services Agency and the citizens that should have benefited from the intervention have missed out on countless federal and state grants, including the recent \$15.2 million budget allocation establishing the California Harm Reduction Initiative for SSPs and technical assistance.

Annually, the County's funding award for HIV prevention has been reduced by the California Department of Public Health, Office of AIDS (CDPH-OA), due to the County's inability to include clean syringe exchange in our prevention strategy and contracts.

This 23-year-old policy is outdated and does not position our County health experts to most effectively protect the public health and safety of our residents.

I urge your support for developing a comprehensive harm reduction strategy.

**RECOMMENDATION(S)
SUPERVISOR NATHAN FLETCHER**

1. Direct the Chief Administrative Officer (CAO) to develop a Comprehensive Harm Reduction Strategy, including Syringe Services Programs that should be incorporated into current and future County initiatives that aim to prevent and reduce the transmission of disease and infection, and to engage individuals with substance use disorders by linking to treatment and other services to prevent and reduce substance use, drug related deaths, overdose and improve overall quality of life.
2. Direct the CAO to engage a third party subject matter expert, subject to available funding, to review local data, establish best practices, consider local resources and involve local advisory boards and coalitions such as the Methamphetamine Strike Force, County HIV Planning Council and Eliminate Hepatitis C Initiative Coalition in the implementation of a harm reduction strategy.
3. Authorize the CAO to apply for current and future fiscal year funding to support harm reduction strategies that would assist in achieving the County's HIV Getting to Zero and Eliminate Hepatitis C Initiatives among others.

FISCAL IMPACT

The one-time cost for procuring a third-party subject matter expert is estimated to be \$50,000 to \$70,000, subject to available program/grant revenue. There will be no change to general fund net costs and no additional staffing.

BUSINESS IMPACT STATEMENT

N/A

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ADVISORY BOARD STATEMENT

On February 27, 2020, the San Diego County HIV Planning Group sent a letter to the Board of Supervisors urging the Board to reconsider their position on Syringe Services Programs.

BACKGROUND

Harm reduction is described as a strategy directed toward individuals or groups that aims to reduce harm associated with certain behaviors. Comprehensive Syringe Services Programs (SSPs) are a safe and effective harm reduction tactic. SSPs have also been shown to provide healthcare related cost-savings, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.

According to the U.S. Department of Centers of Disease Control and Prevention (CDC), SSPs are part of a comprehensive community prevention strategy and are also referred to as syringe exchange programs and needle exchange programs. They provide access to sterile needles and syringes, facilitate safe disposal of used syringes and link to other important services and programs such as:

- Referral to substance disorder treatment programs.
- Screening, care and treatment for viral hepatitis and HIV.
- Education about overdose, prevention and safer injection practices.
- Vaccines, including those for Hepatitis A and hepatitis B.
- Screening for sexually transmitted diseases.
- Abscess and wound care.
- Naloxone distribution and education.
- Referral to social, mental health, and other medical services.

To determine if SSPs are necessary, it is recommended that local health departments use data on HIV, hepatitis, substance use and overdose rates to determine where services are needed.

Syringe Services Research

Over the last decade, the United States has seen an increase in injection drug use--including injection of opioids, heroin, methamphetamines and fentanyl. Concurrent to the drug epidemic, the HIV/AIDS crisis continues to be an ongoing public health issue in addition to rising outbreaks of Hepatitis C and Hepatitis B infections, which have been correlated with a rise in injection patterns and trends.

By providing access to sterile syringes and other injection equipment, SSPs help people prevent transmitting bloodborne and other infections when they inject drugs according to the CDC. In addition to being at high risk for HIV, viral hepatitis and sexually-transmitted disease, people who inject drugs (PWID) are at risk of other serious, life-threatening and costly health problems, such as infections of heart valves, serious skin infections and deep tissue abscesses. Access to sterile injection equipment prevents these infections, and health care provided at SSPs can address these problems early, providing easy access to treatment by a population that may be reluctant to go to a hospital or seek care.

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The estimated cost of treating one person living with HIV is nearly \$450,000. Hospitalization in the U.S. due to substance use related infections alone costs over \$700 million annually. In the U.S., the estimated cost of providing health care services for people living with chronic Hepatitis C infection is \$15 billion annually. SSPs can help reduce these health care costs by preventing viral hepatitis and other infections.

Studies also show SSPs help overcome substance use disorders. If people who inject drugs use SSPs, they are more likely to enter treatment for substance use disorder and reduce or stop injecting. A Seattle study found that new users of SSPs were five times more likely to enter drug treatment and nearly three times more likely to report reducing or discontinuing injection as those who have never used an SSP. Further, evidence shows that SSPs play a key role in preventing overdose deaths by providing naloxone.

Several studies cited by the CDC show that the presence of SSPs protect the public and first responders by providing safe needle disposal and reducing the presence of discarded needles in the community. In 2015, CDC's National HIV Behavioral Surveillance System found that the more syringes SSPs distributed per number of people who inject drugs in a geographic region, the more likely people who inject drugs in that region were to dispose of used syringes safely.

SSPs are also proven to not cause or increase illegal drug use or cause an increase in crime. For instance, a study in Baltimore and New York City found no difference in crime rates between areas with and areas without SSPs. In Baltimore, trends in areas were examined before and after a SSP was opened and found that there was no significant increase in crime. The study in New York City assessed whether proximity to an SSP was associated with experiencing violence in an inner city neighborhood and found no association.

Board of Supervisors Resolution Opposing Syringe Services Programs

In December 1997, the sitting Board of Supervisors supported a resolution opposing the establishment of needle exchange programs in San Diego County on the basis that they are illegal and facilitate the injection of illegal substances, and urged state and city officials and county law enforcement to oppose such programs. This resolution has prevented any syringe services program from being part of County Public Health Departments strategies for preventing blood borne infection nor as a strategy for our Behavioral Health Department to engage People Who Inject Drugs (PWID) to enroll in treatment. This resolution also prevents staff from collecting data, discussing or promoting the use of syringe services with our provider community and caused our County to miss out on millions of dollars of federal and State funding available to pursue this intervention.

The world has significantly changed since this resolution was put in place 23 years ago. It is widely accepted by academic and medical experts and other health officials that SSPs are effective in reducing deadly viral infections and lower rates of substance abuse.

It is a fact that for many years federal and State of California laws explicitly approves of and encourage local municipalities to implement SSPs when the data warrants the intervention. It is a

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legal activity in federal and state laws and has been held up as a best practice with strong research.

Prevalence of HIV/AIDS, Hepatitis C, Sexually Transmitted Diseases

In 2018, the CDC reported that 37,832 people were diagnosed with HIV/AIDS in the U.S. Twenty-five thousand, or 10 percent, of new HIV diagnoses were reported among PWID. In San Diego, there have been 2,411 people newly diagnosed with HIV from 2013-2017.

The CDC also attributes most of the three-and-a-half-fold increase in Hepatitis C virus infections to injection drug users. There were 4,180 newly reported cases of chronic Hepatitis C in San Diego County in 2018, higher than the average of 2,800 cases over the previous 5 years. From 2014 to 2018, approximately 1,400 San Diego County residents died with chronic Hepatitis C listed as an underlying cause of death on the death certificate.

Cases of early-stage syphilis infections contracted recently enough to spread have increased more than 3,000 percent since 2000, with gonorrhea case rates up 185 percent and chlamydia up 115 percent. Local doctors diagnosed 662 cases of chlamydia per 100,000 San Diego County residents in 2018, a rate that was significantly higher than the 583 and 539 cases per 100,000 for the statewide and nationwide averages, respectively. The gonorrhea case rate was 185 last year in San Diego County, slightly less than the state rate of 199.4 and the same as the national rate. The syphilis rate for the county stood at 52.9 cases per 100,000.

San Diego Public Health Initiatives

San Diego County Initiatives pertaining to Eliminating Hepatitis C and Getting to Zero new HIV diagnosis were created with robust community involvement from consumers, social service providers, medical professionals and advocates, and aim to prevent and reduce the transmission of disease and infection. Neither of these plans currently include SSPs as a tactic to achieve goals of the initiatives. More recently, the federal government released its own plan, Ending the HIV Epidemic, which encourages SSPs as an effective tactic. San Diego could jeopardize funding it receives from the federal government for care, treatment and prevention of HIV and Hepatitis C due to a recent decision to tie SSPs to eligibility.

The County HIV Planning Group (HPG), who are community and professional stewards appointed by our Board to advise us on spending activities for Health Resources and Services Administration (HRSA) Ryan White Care Act funding sent a letter to our Board on February 27, 2020 expressing grave concern about our stance on SSPs and encouraging us to reconsider our position. The HPG points out that funding under the Ryan White Care Act could be used for SSPs and help achieve the County's Getting to Zero and Eliminate Hepatitis C goals and identified the absence of SSPs as a structural barrier to ending both syndemics.

Our Getting to Zero goal is the reduction of new HIV infections in the next 5 years by 75 percent and 90 percent in 10 years. Research shows that harm reduction strategies are effective to reach PWID and are vulnerable to HIV. Similarly, SSPs reduce Hepatitis C transmission and are a necessary tactic if San Diego is to meet their goals related to the Eliminate Hepatitis C Initiative, which aims to reduce new infections by 80 percent over the next 12 years.

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Although progress has been made in reducing the amount of PWID getting HIV (48 percent decrease between 2008-2014), with the implementation of community-based prevention programs that include SSPs along with comprehensive services recent data shows that progress has stalled. This progress is threatened by national trends showing exponential increase in the use of heroin, opioids and methamphetamines that could lead to new HIV and Hepatitis C outbreaks. More access to SSPs, including in San Diego County, could prevent this from happening here.

CDC data indicates that in 2017 alone, there were 70,237 deaths from opioid overdoses associated with PWID in the United States. According to the San Diego Medical Examiner's Report, Fentanyl deaths have increased in San Diego County from 33 cases in 2016, to 84 in 2017 and 92 in 2018. In the first half of 2019, deaths in which Fentanyl was a causative factor were 68 percent higher than the year before. Methamphetamine related deaths reached a high of 483 cases in 2018, compared to 377 in 2017. Methamphetamine was also a causative factor in 62 percent of all unintentional overdose cases in the first half of 2019. There were 577 total deaths related to drugs, prescription medications and alcohol toxicity in 2018.

San Diego County Missing out on federal and State Funding

Due to our policy stance opposing SSPs over the past twenty-three years, our County Health and Human Services Agency and the citizens that should have benefited from the intervention has missed out on countless amounts of federal and state grants like the recent \$15.2 million budget allocation establishing the California Harm Reduction Initiative for syringe services programs and technical assistance.

Annually, the County's funding award for HIV prevention has been reduced by the California Department of Public Health, Office of AIDS (CDPH-OA), due to the County's inability to include clean syringe exchange in our prevention strategy and contracts. If you amortize the amount of the annual reduction in this grant over 23 years it would amount in a loss of over \$1.5 million dollars. Additionally, several federal funding opportunities from Health Resources and Services Administration (HRSA) and the CDC encourages clean syringe programs. If you added all of the other state and federal funding opportunities to support SSPs, we can safely say that not only has San Diego lost out on millions of dollars in program support, but the loss of life by not incorporating this strategy in our efforts is even more glaring and shameful.

Syringe Services federal and State Law

The Federal Consolidated Appropriation Act of 2016 includes language that gives states and local communities meeting certain criteria the opportunity to use federal funds provided through the Department of Health and Human Services to support certain components of SSPs. Recently, the federal government has decided that SSPs are beneficial to the HIV/AIDS and Hepatitis C control and have tied future funding eligibility to the implementation and maintenance of SSPs in the jurisdiction.

There are several references in California Legal Code that confirm the legality of SSPs. California Health and Safety Code and Business and Professions Code sections outline the regulations related to the possession of hypodermic needles and syringes and other injection

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equipment pharmacies, and authorize syringe services programs, sale and provisions of syringes by physicians and safe syringe disposal.

Syringe Services in California

Since 1990, more than forty SSPs started operating within the State of California and have a substantial amount of evidence justifying the value they bring to their communities. A study on a San Jose SSP found a six-fold increase for those who were enrolled in the program to engage in less high-risk behaviors such as sharing needles, improperly discarding them, and using needles that were non-sterilized. While there are many programs throughout the country, modeling has shown that nationally these programs only provide coverage for about 18 percent of PWID.

Syringe Services in the City of San Diego

Beginning in 2001, the City of San Diego opened SSPs in East Village and North Park. Both sites are operated by Family Health Centers of San Diego. Since these programs have been implemented, they have dispersed 4,795,263 syringes and have received 5,313,619 total syringes from PWID. This is a difference of 518,356 syringes off of the streets of the City of San Diego. In FY 2019 alone these two sites saw a total of 2,659 unique clients. To receive access to these services, clients must schedule an intake appointment in order to access the services. The programs operate out of discrete motor homes that make weekly trips to the two designated locations. Due to state and federal government offering funds to support SSP, grant funding that Family Health Centers has relied on has been discontinued. As such the funding supporting the program has waned.

As illustrated in this board letter, SSPs are a proven strategy with over 30 years of academic research demonstrating its effectiveness in preventing infectious disease, providing a bridge to other health services and substance use treatment and reducing needlestick injuries and overdoses without increasing injection of drugs or criminal activity.

We must rise to the challenge and allow our County health professionals to adopt SSPs as a tool when crafting plans to eliminate blood borne infections as well as an engagement strategy with PWID to connect them to recovery and other health services. If we do not take prompt action to reverse our position and allow our public health and behavioral health department to provide these services in our region, we could see an increase in deadly infectious diseases. We cannot allow another life to be lost on our watch when we know a prevention service is within our reach.

Today, I am proposing to update the Board's position in the 1997 Board Resolution opposing needle exchange programs by directing the Chief Administrative Officer to develop a Comprehensive Harm Reduction Strategy, including Syringe Services Programs, that can be incorporated into current and future County initiatives, engage a third-party subject matter expert to review local data and best practice and involve local advisory boards and coalitions to implement a harm reduction strategy and seek available State and federal funding to support these activities.

I urge your support.

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LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed recommendation supports the Building Better Health and Living Safely initiatives in County of San Diego's 2020-2025 Strategic Plan.

Respectfully submitted,



NATHAN FLETCHER
Supervisor, Fourth District

ATTACHMENT(S)

- 1.) Board of Supervisors Resolution (No. 97-381) to Oppose Needle Exchange Programs, 1997
- 2.) Center for Disease Control and Prevention, Syringe Services Programs Fact Sheet, 2019
- 3.) Letter from the San Diego County HIV Planning Group, February 27, 2020

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:
December 09,1997 (29), Needle Exchange Program

BOARD POLICIES APPLICABLE:
N/A

BOARD POLICY STATEMENTS:
N/A

MANDATORY COMPLIANCE:
N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):
N/A

ORIGINATING DEPARTMENT: District 4

OTHER CONCURRENCE(S): N/A

CONTACT PERSON(S):

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Name

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ATTACHMENT 1

No. 97-381

Tuesday, December 9, 1997

RESOLUTION TO OPPOSE NEEDLE EXCHANGE PROGRAMS

On motion of Supervisor Horn, seconded by Supervisor Jacob, the following resolution is adopted:

WHEREAS, certain special interest groups in San Diego County have promoted and advocated needle exchange programs as a means of controlling the spread of AIDS and HIV infection despite the fact that such programs are illegal under Health and Safety Code section 11364.7 and according to a legal opinion of the California Attorney General (78 Ops.Cal.Atty.Gen. 171 (1995)); and

WHEREAS, it is the desire of the San Diego County Board of Supervisors to prevent needle exchange programs from being conducted in San Diego County for the reasons set forth herein; NOW THEREFORE,

IT IS HEREBY RESOLVED that the San Diego County Board of Supervisors opposes needle exchange programs being conducted in San Diego County because such programs violate the laws of California, facilitate the injection of illegal substances, and send the mistaken message that use of illegal substances will be tolerated by State and local governmental entities; and

IT IS FURTHER RESOLVED AND ORDERED that the San Diego County Board of Supervisors hereby opposes any proposed change in State law which would allow needle exchange programs to be conducted in San Diego County, and the Chairman of the Board is hereby authorized to send an appropriate letter stating the Board's opposition to needle exchange programs to the County's legislative delegation, along with a copy of this resolution; and

IT IS FURTHER RESOLVED AND ORDERED that the city councils in San Diego County be requested to take a formal position in opposition to needle exchange programs, and the Chairman of the Board is hereby authorized to write letters to the mayors and city councils of all of the cities in San Diego County requesting them to adopt an appropriate resolution setting forth their opposition to needle exchange programs. In addition, a copy of this resolution shall be transmitted by the Chairman of the Board to the mayors and city councils; and

001092

01093

IT IS FURTHER RESOLVED AND ORDERED that the San Diego County Board of Supervisors hereby encourages law enforcement agencies in the unincorporated areas of San Diego County to vigorously enforce the State laws prohibiting needle exchange programs, and the Clerk of the Board of Supervisors is hereby directed to transmit a copy of this resolution to the Sheriff and the District Attorney of the County of San Diego.

PASSED AND ADOPTED by the Board of Supervisors of the County of San Diego, State of California, this 9th day of December, 1997, by the following vote:

AYES: Cox, Jacob, Slater, Roberts, Horn

NOES: None

ABSENT: None

I hereby certify that the foregoing is a full, true and correct copy of the Original Resolution which is now on file in my office.

THOMAS J. PASTUSZKA
Clerk of the Board of Supervisors

By Frank Galang
Frank Galang, Deputy



Resolution No. 97-381
12/9/97 (29)

ah:needle.ord

REC'D
12/9/97
Dir. Hansen
HELD BY

Syringe Services Programs (SSPs) Fact Sheet



The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use.

Reports of acute hepatitis C virus (HCV) cases rose 3.5-fold from 2010 to 2016.¹

The majority of new HCV infections are due to injection drug use.

Over 2,500 new HIV infections occur each year among people who inject drugs (PWID).²

Syringe Services Programs (SSPs) reduce HIV and HCV infections and are an effective component of comprehensive community-based prevention and intervention programs that provide additional services. These include vaccination, testing, linkage to infectious disease care and substance use treatment, and access to and disposal of syringes and injection equipment.

Helps prevent transmission of blood-borne infections

For people who inject drugs, the best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of acquiring and transmitting infections and prevent outbreaks.

SSPs are associated with an estimated 50% reduction in HIV and HCV incidence.³ When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds.^{3,4}

SSPs serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder.⁵

Helps stop substance use

The majority of SSPs offer referrals to medication-assisted treatment,⁶ and new users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs.

SSPs prevent overdose deaths by teaching people who inject drugs how to prevent overdose and how to recognize, respond to, and reverse a drug overdose by providing training on how to use naloxone, a medication used to reverse overdose. Many SSPs provide "overdose prevention kits" containing naloxone to people who inject drugs.⁷⁻¹²

Helps support public safety

SSPs have partnered with law enforcement, providing naloxone to local police departments to help them respond and prevent death when someone has overdosed.¹³

SSPs also protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community.¹⁴⁻¹⁹

In 2015, CDC's National HIV Behavioral Surveillance System found that the more syringes SSPs distributed per the number of people who inject drugs in a geographic region, the more likely the people who inject drugs in that region were to dispose of used syringes safely.²⁰

Studies in Baltimore²¹ and New York City²² have also found no difference in crime rates between areas with and areas without SSPs.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Endnotes

1. Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis — United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>.
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13. Childs R. Law enforcement and naloxone utilization in the United States. FDA website. <https://www.fda.gov/downloads/Drugs/NewsEvents/UCM454810.pdf>.
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20. Centers for Disease Control and Prevention. HIV Infection, Risk, Prevention, and Testing Behaviors among Persons Who Inject Drugs — National HIV Behavioral Surveillance: Injection Drug Use, 20 U.S. Cities, 2015. *HIV Surveillance Special Report 18. Revised edition*. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-hsr-nhbs-pwid-2015.pdf>. Published May 2018. Accessed July 30, 2018.
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February 27, 2020

ATTACHMENT 3

Helen Robbins-Meyer, CAO
Supervisor Greg Cox, Chair
Supervisor Jim Desmond, Vice Chair
Supervisor Diane Jacob
Supervisor Kristin Gaspar
Supervisor Nathan Fletcher
County Administration Center
Lower Level, Bayside Room
1600 Pacific Highway
San Diego, CA 92101

CAO Robbins-Meyer Chair Cox, Vice Chair Desmond and Supervisors Gaspar, Fletcher and Desmond:

We, the members of the San Diego HIV Planning Group (HPG), a legislatively-required body convened to administer the HRSA Ryan White Program with the County of San Diego regarding planning, funding allocations and developing service standards related to HIV treatment and prevention, write today to express our grave concern for our Board of Supervisor's approved Getting to Zero (GTZ) Initiative. We are requesting the County Board of Supervisors revisit their position on Clean Syringe Exchange Programs (CSEPs) in San Diego.

In 1997, the BOS passed Resolution 97-381 against the institution of CSEPs in San Diego County. In the past three decades even more evidence of the efficacy and public health benefits of CSEPs has been documented. This information has been thoroughly vetted by the Health Services Resources Administration (HRSA), the overseer of Ryan White CARE Act funding and the Centers of Disease Control and Prevention (CDC). They are so assured of the benefits of CSEP's in the control of the HIV/AIDS and hepatitis C syndemic they have tied future eligibility for funding to the implementation and maintenance of CSEPs in the jurisdiction. Therefore, San Diego has been and continues to sit in a position of jeopardy to our much-needed funding for care, treatment and prevention from the Federal Government.

March 1, 2016, by your enactment of the Getting to Zero Initiative, the HPG restructured its planning process with the focus on community awareness and community engagement. Reaching those unaware of their HIV status is a challenge. The HPG, in partnership with the HIV, STD and Hepatitis Branch (HSHB) have made significant progress in our GTZ goals. We have identified the lack of countywide CSEPs a structural barrier to ending the HIV/HCV syndemic. Our Ending the HIV Epidemic goal is the reduction of new HIV infections in the next 5 years by 75% and 90% in 10 years, research shows harm reduction strategies are effective to reach those individuals who inject drugs and are vulnerable to HIV.

San Diego has launched an additional initiative to eliminate HCV by 2030, an infectious disease where the predominant mode of transmission is injection drug use (i.e., shared needles provides direct access to blood-borne pathogens such as HIV and HCV). The goal of this ambitious initiative is to reduce the number of new infections by 80% over the next 12 years. Supporting this effort by CSEPs to reduce HCV transmission is an evidence based "best practice" and necessary to meet this goal.

A systematic review of 15 studies analyzing CSEPs found that these programs were associated with decreases in the prevalence of HIV and HCV and decreases in the incidence of HIV¹. For example, a series of three-year longitudinal studies investigating the effect of New York's legalization of syringe exchange



programs between 1990 and 2002 found decreases in HIV prevalence from 50 percent to 17 percent ($p < .001$)² and person-years at risk for HIV, from 3.55 to 0.77 per 100 person-years ($p < .001$)².

Except for the exceptional efforts of Family Health Centers of San Diego (FHCS) and their dedication to providing CSEPs in limited area in the City of San Diego, there is no doubt the number of HIV and HCV positive individuals in our community would be much higher. Even with FHCS's efforts, between 2011 and 2015, San Diego County had the second highest number of newly reported chronic HCV cases in California according to the California Department of Public Health. The County of San Diego has an estimated 83,486 San Diegans who inject drugs. The lack of access to CSEPs Countywide endangers the safety of these individuals and limits our ability to control our ongoing HIV/HCV syndemic.

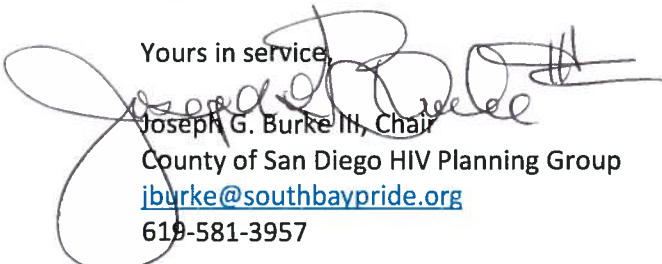
As the official planning group for HIV prevention and treatment services, we request that you revisit your previous decision and support CSEPs as an effective harm reduction strategy. In doing so, please consider the following:

- An estimated 61% of AIDS cases among women are due to injection drug use or sexual contact with someone infected with HIV through injection drug use.
- According to numerous published cost-effectiveness analyses, a dollar invested in syringe exchange programs saves at least six dollars in avoided costs associated with HIV alone.
- According to the federal Office of National Drug Control Policy, CSEPs reduce not only infectious disease but also create an opportunity for people to receive care and be provided a transition into treatment.

Clean Syringe Exchange Programs have been instituted in the other Eligible Metropolitan Areas (EMA) and the majority of Transitional Grant Area (TGA) of the Ryan White CARE Act in California. This intervention has been instituted for not only its cost benefit, but also for its public health benefits to the citizens of California. The economics, the public health and safety issues and the research all point to the fact that CSEPs save lives and benefit all citizens of the County of San Diego. The HIV epidemic (we continue to have approximately 400 new cases in San Diego a year), the HCV epidemic and the increasing and widespread use of opioids and methamphetamine are all fueled by the use of unclean injection equipment. The community organizations working to stem the tide of this syndemic have gathered the local research on CSEPs. That information is available and can be provided to you upon request.

Again, the San Diego County HIV Planning Group for Ryan White CARE Act funding strongly urges the Board of Supervisors to reconsider their policy on Clean Syringe Exchange Programs and allow thoroughly regulated CSEPs in San Diego County. Also, we respectfully request you alert this body to any action you take regarding this request. Please be advised, we are at risk for losing Ending the HIV Epidemic (EHE) funding opportunities from our State and Federal partners.

Yours in service,


Joseph G. Burke III, Chair

County of San Diego HIV Planning Group

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1. A-bdul-Quader, A.S., et al., *Effectiveness of structural-level needle/syringe programs to reduce HCV and HIV infection among people who inject drugs: a systematic review*. *AIDS and Behavior*, 2013. **17**(9): p. 2878-2892.
2. Des Jarlais, D.C., et al., *HIV incidence among injection drug users in New York City, 1990 to 2002: use of serologic test algorithm to assess expansion of HIV prevention services*. *American Journal of Public Health*, 2005. **95**(8): p. 1439-1444.