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# **Inaccessibility to Syringes for Intravenous Drug Users in the Central Valley**

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### Inaccessibility to Syringes for Intravenous Drug Users in the Central Valley

A sacred place that people consider home, a place where people are born and raised, a place where people hope one day change its infrastructure to address the critical issues that many people endure in the San Joaquin Valley or Central Valley. From the early 1980s to the present day, there have been many gradual developments across the Central Valley regarding agricultural advancements, more economic opportunities, and an increase in the local population. The Central Valley is considered the hub of agriculture for California and many parts of the nation, with one-third of the nation's vegetables and three-quarters of fruit being grown here in California ("California Agricultural Production Statistics"). This region has remained a crucial part of the nation's source of fruits and vegetables. The development can also be seen economically, with Fresno receiving the highest job growth rate compared to the Bay area, with a 2.9% increase in 2019, and farmers receiving \$51.9 billion (about \$160 per person in the US) in cash receipts for their output ("The Future is Fresno: Exploring the Valley to Valley Opportunity"). For many Central Valley residents, the rare opportunity to visit a doctor, let alone have access to a hospital near them, has remained the reality for decades.

Despite all these developments in the Central Valley, some significant health disparities need addressing. Naturally, finding drug rehabilitation is difficult with limited resources. Local hospitals flood with patients requiring care, but hospitals are typically at brimming capacity. Individuals with substance use disorder face a specific issue: they do not have direct access to thoroughly clean and sterile syringes. Substance use disorder is a multifaceted condition

characterized by the persistent and uncontrollable consumption of a substance despite its adverse effects. Over the years, there has been a push to establish programs that provide clean syringes at no cost when a person exchanges their existing syringe for a clean one. Even so, these Service Exchange Programs (SEPs) frequently have a negative connotation and perception attached to them, with people believing that they cause more issues than solutions. In many counties where the establishment of these programs remains illegal, the widespread belief is that access to clean syringes incentivizes people to start using drugs. Many people believe that clean syringes intensify the substance abuse crisis in the Central Valley, not realizing that these programs play a crucial role in preventing disease spread.

While these exchange programs exist, some limitations prevent people from buying clean syringes. Clean syringes invariably play a vital role in the prevention of disease spread. People who face drug addiction with heroin, cocaine, methamphetamine, prescription revivers, and prescription opioids reuse syringes. Reused synergies instantly become the ideal tool from which Human Immunodeficiency Virus (HIV) and other diseases spread. HIV damages the body's immune system, which helps fight off viruses and infections ("HIV/AIDS" 1). HIV can be transmitted through the reuse of sharing and direct contact with the bodily fluids of someone with HIV. HIV is a lethal disease that not only damages the ability to fight off other diseases, but the absence of a cure to this disease means any untreated or unregulated flu-like symptom may result in death.

Ensuring access to aseptic, germ-free syringes in the Central Valley comes with understanding the different components of this issue. For instance, local pharmacies place barriers preventing people from buying syringes, intravenous drug users face stigma when trying to buy clean syringes, and even the political opposition in some regions creates inaccessibility

for people to have sterile syringes. The inaccessibility to clean syringes propagates HIV spread and the need for preventive care in service exchange programs is unmet in the Central Valley, which can be addressed through bipartisan work and better support and expansion through local governments, pharmacies, and hospitals.

### RESULTING PROBLEMS OF INACCESSIBILITY

The pressing issue of disease spread through shared syringes by people who face drug addiction is alarming, as evidenced by an HIV outbreak in Indiana. In March 2015, the governor of Indiana, Mike Pence, issued an order to declare “Indiana in a state of health emergency due to an HIV outbreak in Scott County” (Rich and Adashi 23). After deep analysis and investigations, the outbreak could trace back to the sharing and reuse of dangerously infected syringes. Two main reasons leading to this outbreak include the criminalization of possessing and distributing sterile syringes and the prohibited establishment of SEPs. Before the outbreak, the local government had firm opposition to the establishment of these programs because they deemed that these programs undermined the “war on drugs” and destroyed the “credibility of society’s message that the use of drugs is not only illegal but morally wrong” (Rich and Adashi 23). These strong positions played a crucial role in enabling the outbreak because the local government disregarded the effectiveness in preventing disease spread that SEPs provide. The total number of HIV cases confirmed was 188 during the outbreak, however, the number remains insignificant compared to the total number of deaths due to the HIV epidemic that has killed over “40.1 million globally” (“Global HIV & AIDS statistics — Fact sheet” 1). While this outbreak happened in 2015 in Indiana, it remains prevalent in the Central Valley because Fresno and Kern County are rural areas with a dense population of intravenous drug users. Fresno has one of the highest numbers

of substance abuse disorders, “averaging three times” more compared to the national average (“Drug-use capital is unlikely city Fresno, Calif., battles widespread problem of substance abuse”). Rural areas like Scott County in Indiana represent what happened due to the lack of sterile syringes and the expansion of SEPs. Many rural areas in the Central Valley do not have SEPs established, and even in Fresno, with a significantly higher population, only one SEP is fully functioning. Failure to recognize the lack of SEPs and understanding their crucial role in decreasing substance abuse will lead to a much more significant issue. Service exchange programs are lifesaving, harm-reducing public health interventions and do not lead to increased drug usage.

#### ISSUES WITH INACCESSIBILITY

The issue with inaccessibility to syringes extends to more than insufficient supply but is a multiphase issue involving preventive care needs not being provided. To combat the issue of limited syringes, California has started a program referred to as SEPs, in which anyone can come to the location and exchange any dirty and germ-filled syringes for new and clean ones. These programs aim to reduce HIV transmission and provide additional services for people who visit the locations. These programs' free services include “screening for infectious diseases, vaccinations, risk reduction counseling, drug treatment/counseling, and access to sterile syringes” (Heinzerling 169). The services provided through these locations are essential in preventing the disease from propagating; however, the intended preventive services fail to assist people who endure substance abuse disorders. The reality of these service exchange programs is that they provide a short-term solution to the bigger issue at hand, which is substance abuse. A study by Keith Heinzerling, the director of the Pacific Treatment & Research in Psychedelics

(TRIP) Program and a recognized expert in Addiction Medicine, took a sample of 560 clients of 23 SEPs throughout California and asked them a series of research questions regarding the services provided through SEPs. According to the research findings, “clients needed 9 of the 10 recommended preventive services but received only 1 recommended service in the past 6 months” (Heinzerling 171). Based on the findings of Dr. Heinzerling, the demand for these services is substantial, suggesting that people with substance abuse disorders need the expansion of these programs because they aid in preventive health services. It is essential to recognize that these SEPs may not be able to provide everyone with the required services because of their limited capability. On average, “49% of people who visited SEPs did not receive these recommended services," (Heinzerling 171) meaning that there are people who need care but are not receiving it. Most individuals seeking these services tend to be intravenous drug users, who may be facing drug addiction and require medical attention. To receive these services, intravenous drug users must return regularly to attain and secure services. These preventive services become the factor that dictates whether HIV spreads because it can be detected and stopped with screening. Expanding SEPs is crucial, but improving the quality of preventative services of existing SEPS will ensure that HIV is not transmitted to locals and make syringes more obtainable.

Aside from preventive care and syringes provided through SEPs, pharmacies may also provide access to sterile syringes. Still, pharmacies also place barriers for people to access syringes, with regulations required by the law but still enforced to prevent people who may look like intravenous drug users from buying them. While Bill SB41 decriminalized the possession and sale of non-prescription syringes for people in California and required that pharmacies provide information on drug treatment programs, pharmacies deny people who may not have

diabetes, a prescription, or even an address to purchase clean syringes. Refusing the purchase of syringes threatens the spread of disease because many drug users may not have an address or a prescription to buy syringes. Pharmacies have strict policies that discourage people from buying syringes, which forces people to reuse syringes. A study conducted by Robin Pollini, a well-known substance abuse and infectious disease epidemiologist who focuses much of her research on investigating the health impact of substance use, analyzes the effectiveness of Bill SB41 that allows the purchase of sterile syringes without prescription in two areas of the highest number of injected drug users in the Central Valley. The study concluded that only 21% of community pharmacies in Fresno and Kern County allowed the purchase of nonprescription syringes (Pollini 31). The study highlights that Bill Sb41 is not achieving its goal of having access to syringes in one of the populations with the highest number of related-injected drug users, amplifying the HIV epidemic—the successful legislation making sterile syringes legal needs to expand disease prevention. Pharmacies are creating barriers that contradict the intended goal of Bill SB41 by demanding that people show prescriptions and provide sensitive personal information. According to the study conducted by Robin Pollini, in which 215 eligible pharmacies where numerous drug users could “visit in Fresno and Kern county,” discovered that “167 (53.9%)” pharmacies required users to sign a log book in order to sell the syringe without prescription and “166 (53.6%),” pharmacies required the purchaser to sign their name and address in the log book based on the store policy (Pollini 368). Pharmacies play a crucial role in providing availability to clean syringes for individuals with substance abuse, yet their store policies are still preventing this. Store policies limit people purchasing syringes by requiring individuals to share sensitive information. The required logged information disincentivizes people from purchasing syringes at pharmacies because of fear that the sensitive information will

be “shared with the law enforcement” (Pollini 682), which may result in an arrest for drug use. Apart from SEPs, pharmacies are the only option for intravenous drug users to access germ-free syringes. The law intended to tackle the issue of drug-related diseases spread like HIV not only provides access to syringes but also requires that pharmacies “share information on possible drug treatments” (Pollini 680) available for individuals to address the issue of substance abuse. One of the reasons behind the extended spread of HIV in Fresno and Kern County relates to the unsuccessful understanding of the law on behalf of pharmacies. Pharmacies changing store policies to reflect the intended goal of Bill SB41 will disable HIV from being spread to locals by providing access to syringes and information on how to deal with drug addiction that may change an individual's life.

In addition to the barriers that pharmacies create, drug users face stigma and discrimination when accessing sterile syringes. The stigma people with substance abuse disorders face seen through the pharmacy staff, who hold specific interpretations of people. Recent research by Catherine Paquette, a doctoral candidate in Clinical Psychology at the University of North Carolina at Chapel Hill with research interest in substance use, health risk behaviors, and psychiatric comorbidity, demonstrated the widespread perceptions and stigma experienced by individuals with substance abuse disorder from pharmacy services. In the study, researchers conducted 46 in-depth interviews with intravenous drug users and their experiences with health services in Fresno and Kern County. The study concluded, "Stigma played an undeniably important role in our participants' experiences with health services" (Catherine 108). Many participants describe “experiences of discrimination, stereotyping, rejection, and self-loathing related to a variety of identity factors including race, HIV status, and sexual orientation” (Catherine 106). When intravenous drug users require medical assistance, they often

report not receiving healthcare that could be lifesaving. The experience of rejection and denial by people's bias against individuals with substance abuse negatively impacts accessibility to syringes. People fail to recognize that substance abuse disorder is not an option but a “medical condition” that many fail to recover from due to the lack of support programs in the Central Valley (Pollini 683). While access to syringes is essential to prevent the spread of disease, the perception of drug users needs to change. The research interviews illustrated a challenge to accessing syringes: "Participants perceived that pharmacists made judgments based on appearance and refused to sell syringes to individuals they suspected were PWID (People Who Inject Drugs). Some reported changing their appearance before attempting syringe purchase, including covering tattoos and injection stigmata (e.g., injection-related scars) and dressing conservatively” (Catherine 106). Many drug users who face health issues are often categorized as unworthy of receiving the necessary care, forcing them to change their appearance so no judgments are made and purchasing a syringe is achievable. The denial of access to syringes at pharmacies, coupled with the stigmatization of substance users, often prevents people from taking advantage of programs like SEP, as many pharmacy staff hold biases against individuals struggling with addiction. Using a dirty syringe becomes the only option for drug users, leading to more deaths. For people to have access to syringes and the prevention of HIV, stigma must be combated at its core to change the culture around the treatment of intravenous drug users.

Due to political opposition, existing programs providing clean syringes are only available in some California counties. Service exchange programs have become the battleground for prevention of disease spread in California; however, perceptions of these SEPs exacerbating the issue of substance abuse prevent local governments from allowing these programs to exist. State laws authorize these programs, but local governments decide if their county can have them.

Jennifer Leigh Syvertsen, an Associate Professor in the Department of Anthropology at the University of California, Riverside, examined how dissonance or disagreement between local and state decision-making results in uneven access to clean syringes in the Central Valley, where substance abuse is high. In Syvertsen's findings, "There was no [SEPs] in Kern County due to political opposition; Fresno's [SEP] has been run by volunteers for more than 20 years despite opposition, and recently gained authorization" (Syvertsen 6). The disagreement between local and state governments prevents programs from existing because local governments base their decision on ethical and moral standards rather than evidence-based information. The SEP available has remained stable due to the volunteers who helped keep it open and available for people to access syringes. Access to syringes remains critically unavailable to communities because these programs cannot function in the Central Valley without the local government providing support to expand on these programs.

The Fresno SEP has successfully remained open due to the advocate's and volunteer's dedication to providing clean syringes. Nonetheless, they faced opposition to keeping the SEP open; "Even though activists described presenting evidence of [SEP] effectiveness to the Fresno County Board of Supervisors, it was not until 2008 that the board authorized the [SEP], only to rescind its authorization in 2011" (Syverton 4). Fresno and Kern County oppose the establishment of SEPs without regard to the ongoing substance abuse crisis. The existing SEP in Fresno has contributed to the successful prevention of HIV without the support of the local city officials. However, they still place barriers to this beacon of hope that prevents a possible HIV outbreak like the one in Indiana to occur. Fresno County and Kern County hold one of the highest drug users nationwide, with "173 IV drug users" for every "10,000 residents" ("2016 Drug Trends in Fresno, California"). Many individuals suffering from drug addiction started with

prescription opioids and later transitioned to heroin. There is only one Service Exchange program site in Fresno County and zero in Kern County, which may explain the high number of transmitted diseases (Syvertsen 7). Establishing SEPs is crucial to prevent any potential HIV outbreak from happening. The denial of purchasing syringes forces people to reuse syringes, placing them in a situation where their livelihood is in jeopardy. The culture of opposition to SEPs stalls the process of expanding, and for the existing SEP in Fresno, staying open has been challenging and almost impossible.

## POSSIBLE SOLUTIONS

The solutions to the syringe problem come with multiple steps, including finding a way to cooperate between local governments in rural and conservative areas on scientific evidence of the importance of establishing programs. The Indiana HIV outbreak is an excellent indicator of what can happen in the Central Valley with the disagreement between local and state governments. The state government is aware of the importance of access to syringes, demonstrated by the passing of Bill SB 41. It is the local government's due diligence to prevent an HIV outbreak from negatively impacting the public. Expanding locations for service exchange programs is crucial, alongside prioritizing preventive care for drug users to curb disease transmission and fatalities. Moreover, it is imperative to enhance educational efforts led by organizations and pharmacy leaders to promote the provision of sterile syringes, ensuring accessibility and safety for individuals seeking them. These solutions are beneficial as they help reduce drug abuse and the number of discarded syringes left on the street. While these solutions do not guarantee that everyone will have access to sterile syringes, they will increase access in areas where the population of drug users is dense, including Kern County and Fresno County.

While the viable solutions previously mentioned to increase access to sterile syringes in Central Valley may be promising, there are still limitations that can arise in providing solutions. Local pharmacies are private entities that may choose not to enact educational programs from which employees can learn about the importance of eliminating the stigma around substance abuse disorder due to a lack of resources. The additional funding to expand SEPs, organizations, and health service providers, can take time to acquire due to the fluctuating economy of the present day. Recently in 2023, “Newsom in January released a \$297 billion spending plan for 2023-24 that projected a \$22.5 billion deficit, a sharp swing away from last year’s \$100 billion surplus. A week later, the Legislative Analyst’s Office warned of “a good chance” that California revenues would come in lower than the governor forecast and that additional cuts would be needed to fill the gap” (“California’s budget deficit is growing. Could federal debt ceiling standoff make it worse?”). The state government would provide the necessary funding to fund the expansion of programs like SEPs. However, with budget cuts happening in the coming months across the entire state of California, it seems highly unlikely that there will be any available funding to expand programs in the Central Valley because local officials will direct money to other causes. The conditions that may need to be in place for the solutions to work include having enough capital from government funding and private entities to allow programs to expand and educational programs to exist. An incentive that may influence private corporations to provide more education and informational seminars for employees in the Central Valley is for California to grant them tax reductions and credits in exchange for additional preventive care and programs designed to combat the stigma that drug users face. Changing the culture and perception of substance abuse disorder as a medical condition requiring appropriate care is the key to getting people on board to prevent HIV and save lives.

## DISCUSSION AND CONCLUSION

In conclusion, drug users in the Central Valley face many barriers that prevent access to quality germ-free syringes and preventive services, which can be addressed through the compliance between the local and state government, better support for programs such as SEPs, and educational expansions to combat drug-usage stigma at a local level. The neglect of extending access to syringes in the Central Valley enables the spread of HIV. Quality care, preventive services not being provided, and the stigma that drug users face exacerbates the complications of accessing syringes. Local governments with firm opposition to support programs like the one in Fresno only make the HIV spreading issue more likely, with a possible outbreak happening soon. The inaccessibility of syringes begins with people's negative stigma and beliefs getting in the way of not understanding what a person who faces substance abuse endures. Substance abuse is not an option that people decide to take, but a medical condition that requires urgent measures to be taken to prevent the spread of HIV. For some, even reading this paper's title may push them from reading it.

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