

HUMBOLDT COUNTY BOARD OF SUPERVISORS

SUBJECT: DHHS- Public Health Syringe Services Program

July 7, 2020

OVERVIEW

Syringe services programs are recommended as public health best practice supported by the CDC, California Department of Public Health, and World Health Organization. They have been operating in CA since the late 1980s, with now more than 56 operating in CA. Syringe services programs, which have also been referred to as needle exchange programs and syringe exchange programs, provide access to sterile needles and other injection supplies free of cost and facilitate safe disposal of used needles, and act as a point of access to health education and help for people who inject drugs. These programs prevent the spread of HIV, viral hepatitis and other blood-borne diseases such as bacterial infections like strep and MRSA (methicillin resistant staphylococcus) among people who inject drugs, their partners and their children.

In 2000, the Humboldt County Board of Supervisors approved syringe exchange services by partner agencies. In 2012, the Board approved DHHS-Public Health's Syringe Services Program through mobile outreach. This report satisfies state regulatory requirements to maintain Public Health's syringe services in Humboldt County. The DHHS-Public Health Syringe Services Program is an essential component of Humboldt County's strategy for reducing the harms of drug use on individuals, families, and communities. Benefits include the prevention of disease, injury, and death associated with drug use, as well as strengthened collaborations for addressing other drug related harm including referral to treatment. Most SSPs also provide first aid and basic supplies, such as clean socks and bottled water to meet the needs of homeless clients.

PROGRAM BENEFITS

The availability of syringe services programs is a part of a comprehensive continuum of services for people who inject drugs and continues to be best practice (Bluthenthal, et al., 2009) as a public health measure to reduce transmission of blood borne pathogens. Multiple studies show that syringe service programs do not lead to increased drug use. Rather, syringe services programs:

- Increase access to necessary drug treatment and provide important referrals for general health care, mental health, insurance, and housing
- Decrease incidence of HIV, hepatitis B and hepatitis C, and bacterial infections
- Provide proper disposal and reduce syringe litter
- Provide free HIV and hepatitis C testing and linkages to care and treatment
- Provide opportunities for overdose prevention education and distribution of naloxone

Communities that do not have syringe services programs have higher rates of HIV and hepatitis C among people who inject drugs. In rural Austin, Indiana, population 4,200, nearly 200 people were infected with HIV and 90% of them also infected with hepatitis C in 2015 due to sharing injection equipment. Such scenarios support the need for syringe services programs in rural areas where there is a large population of people who inject drugs. Syringe services programs have consistently shown to be effective in reducing the transmission of HIV and other communicable disease among people who inject drugs.

The California Department of Public Health (CDPH) reports that of the 136,566 people living with HIV/AIDS in California in 2018, 12% identified injection drug use as a risk factor for HIV. Furthermore, the CDPH Office of Viral Hepatitis estimates that at least 60% of hepatitis C

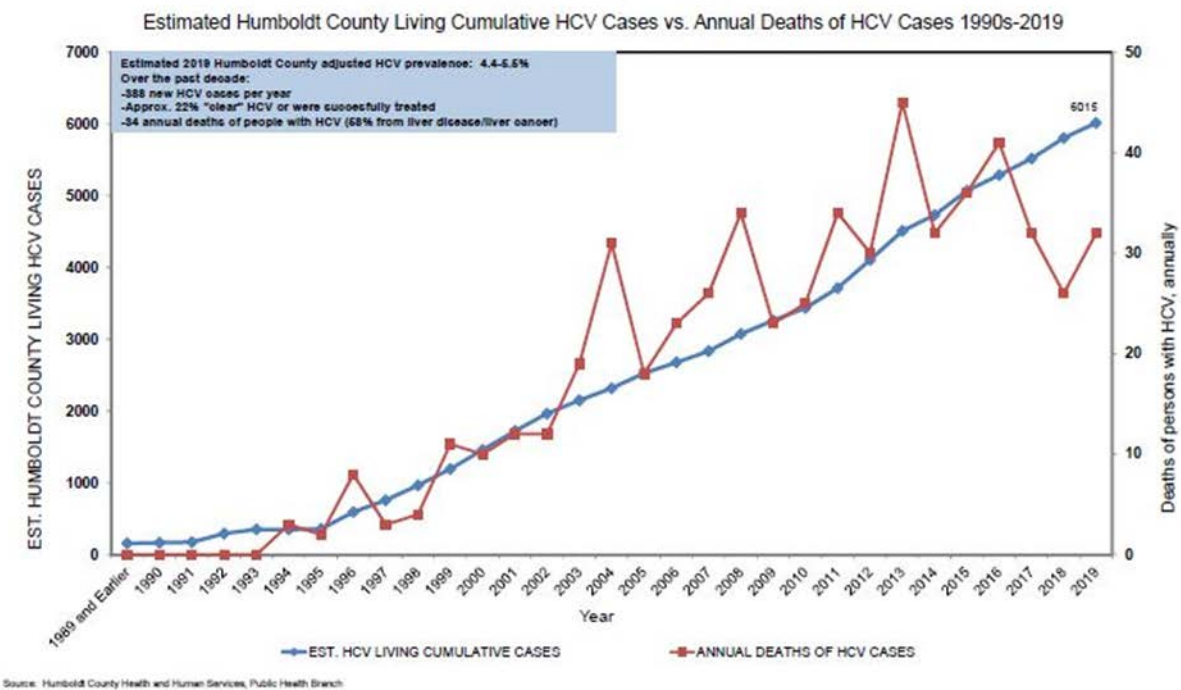
infections in the state are associated with injection drug use. Lack of access to new, sterile injection equipment is a primary reason for sharing of potentially contaminated equipment.

Humboldt County has the highest incidence of new diagnoses of chronic hepatitis C in the state, and the average age at diagnosis is younger than the statewide average, suggesting current transmission of hepatitis C in the county is related to injection drug use.

As of 2019, Humboldt County has an estimated prevalence of hepatitis C at 4.4-5.5%, much higher than the estimated national and state prevalence of 1.0%. This equates to approximately 6000-7400 people, or 1 in 18-23 persons, living with chronic hepatitis C in Humboldt County. Consistently over the past decade, Humboldt County has 388 new HCV cases annually. Approximately 22% of cases “clear” HCV or were successfully treated. There are 34 deaths each year of people with HCV (nearly 60% from liver disease/cirrhosis or liver cancer).

Our full time Hepatitis C health education specialist has been instrumental in improving our HCV surveillance, working in close cooperation with the Healthy Communities division of Public Health, Communicable Disease program, and our epidemiologist.

In scenarios where hepatitis C is transmitted there can be a high risk of HIV transmission. The chart below shows the annual increase in people living with chronic hepatitis C in Humboldt County, and persons with chronic hepatitis C dying each year over the past 25+ years.



The average age at diagnosis is younger than the statewide average. As noted above, this suggests that people are currently getting infected with acquiring hepatitis C in our community, most likely from sharing equipment for injection drug use.

There is a three-pronged approach to addressing hepatitis C:

- 1) Prevention of new infections through Syringe Services and Disposal Programs,

- 2) Treatment for hepatitis C via new antiviral medications that can rid the body of the virus over the course of 12 weeks and with limited side effects, and
- 3) Effectively treating substance use addiction. Medication assisted treatment such as buprenorphine has proven highly effective in lowering overdose risk, decreasing HIV and hepatitis C, and increasing patient retention in treatment.

In Humboldt County, access to hepatitis C medication treatment has improved over the past two years. HCV treatment is now covered by Medi-Cal and most other insurances. Many of the local clinics have medical providers providing treatment including: Open Door Community Health Clinics, United Indian Health, K'ima:w Medical Center, Redwoods Rural Health Clinic, and more.

CURRENT SYRINGE SERVICES PROGRAM

Description of Services

- Sharps disposal containers and information on proper disposal including locations of various syringe disposal options
- Sterile syringes in exchange for used ones
- Safe injection equipment
- Safer sex supplies/condoms
- HIV and hepatitis C risk reduction education, testing and counseling
- Referrals for medical care, alcohol and other drug treatment, medical insurance, housing assistance, and food assistance
- Overdose prevention education and Narcan (naloxone) distribution
- Personal hygiene supplies
- Pharmacy education about non-prescription syringe and Narcan sales (under state law pharmacies can sell an unlimited number of syringes to an individual and Narcan over the counter).

Summary of Activities 2018 – 2019

	2018	2019
Syringes Exchanged	573,262	537,606
Client Visits	1,269	1,340
Narcan Kits Distributed	906	1,392
OD reversals	98	134
Kiosk Disposal	820 Pounds (~205,000 syringes)	1,222 Pounds (~305,500 syringes)
Syringe Return Rates	105%	147%
HIV Testing	145	169
HCV Testing	117	139
Referrals to Mental Health		55
Referrals to Substance Use Treatment		133

Exchange Hours & Locations

Services are traditionally provided Monday – Friday at set times in various locations throughout the county via a mobile outreach van retrofitted to provide a safe, confidential space for client services, including HIV and hepatitis C testing. Three other programs independently offer syringe services programs in the county. During the current COVID-19 crisis, services have

been modified to protect clients and staff. Mobile outreach has been suspended and Public Health is providing SSP services on Thursdays and Fridays from 1-4 p.m. at the Community Wellness Center (908 7th street).

Our program is staffed by two Community Health Outreach Workers. With possible new HCV and SSP funding from the CDPH, we hope to be adding two additional positions and another outreach van so that we can reach the rural parts of the community as well as the overall county more frequently as that is a barrier to participation.

HIV and Hepatitis C Prevention

The Humboldt HIV and HCV prevention programs are aligned with both the State Prevention strategy and the National strategy. The CDPH Office of AIDS is in the process of merging with the HCV Prevention Branch and STD Control Branch. Our plan targets the highest risk populations including homeless, injection drug users, men who have sex with men, and transgender individuals for prevention services. Syringe Services remains an integral component of the plan. Other prevention strategies used to reduce the transmission of HIV and HCV include:

- HIV rapid testing services in the community reached 314 people in 2018 and 2019 with zero positive results.
- Hepatitis C rapid testing services in the community reached 256 people in 2018 and 2019 with 46 positive results.
- The availability of Pre Exposure Prophylaxis (PrEP) to prevent transmission of HIV.
- Case management to connect newly positive people to necessary medical care and follow up to support appropriate medical treatment. 100% of people that have a positive rapid HIV test result in Humboldt are linked to HIV care within 5 days.

Overdose prevention

Naloxone (also known as Narcan®) is a medication called an “opioid antagonist” used to counter the potentially lethal effects of opioid overdose. While not quite twice as many kits were distributed in 2018-2019 than in 2016-2017, more than twice as many reversals were reported. Partners and program clients receive training on how to recognize and respond to an opioid overdose before receiving a kit.

Disposal

The California Department of Public Health, Office of AIDS advises syringe services programs to adopt needs-based distribution policies with the goal of ensuring that program participants have a new, sterile syringe and other clean injection equipment for each injection in order to prevent or reduce the risk of viral and bacterial infections including HIV, viral hepatitis, and skin and soft tissue infections. This recommendation follows the U.S. Public Health Service guidance that advises people who inject drugs to use a new, sterile needle and syringe for each injection. California syringe services programs currently employ several different models of syringe distribution.

Syringe services provided in Humboldt County by DHHS-Public Health are conducted using a modified needs-based model. The following are instances when a one-for-one or different exchange than needs-based is applied:

- a) A participant consistently does not bring back used syringes and wants to be provided with clean syringes.
- b) If the program’s supply is low and there are more participants needing clean syringes.
- c) A participant requests one-for-one because they are reducing their drug use.

- d) A new participant is given a cap of 40 syringes if they do not bring any used syringes to exchange.

Participants are responsible for placing used syringes directly into an approved sharps disposal container. Sealed sharps containers are disposed of through a contracted biohazard waste management agency through the Public Health Clinic. The program provides brochures with information about safe sharps disposal and locations.

Since December 2017, DHHS has provided additional syringe disposal through three outdoor medical waste disposal kiosks to increase access to safe disposal methods in Eureka. They are located at 529 I Street (Public Health), 929 Koster Street (Social Services), and 720 Wood Street (Mental Health). There are additional DHHS locations planned for kiosk implementation including in Hoopa and Garberville. During 2018 and 2019, 2042 pounds of syringes have been collected (an increase of 850% since their installation). Public Health also provides free sharps containers to the public.

PARTNERSHIPS AND COLLABORATION

Since October 2017, DHHS- Public Health has supported an ongoing coordinated effort partnering with local groups working to address syringe litter in Eureka. Partners include: Eureka Police Department, City of Eureka, St. Joseph Health, Open Door Community Health Center's Mobile Outreach Program, Humboldt Area Center for Harm Reduction, and Humboldt Waste Management Authority, and more recently, PacOut Green Team and the Humboldt County Library. Our purpose is to continue to address syringe litter in Eureka, report on steps taken to address it, build relationships between members of the group, provide community education on efforts made, and identify additional solutions and next steps. In addition additional partnerships have been expanded to include SSP and safe disposal trainings to North Coast Clinics Network and K'ima:w Medical Center. Meetings occur quarterly and have been on hold since February 2020 due to the COVID-19 response.

In 2019, Humboldt Area for Harm Reduction took on the responsibility of hosting the quarterly meetings of Humboldt County Harm Reduction Coalition. The meetings are attended by Public Health staff and representatives from syringe service and harm reduction programs from throughout the county. The purpose of the meeting is to review harm reduction services, share legislative updates, explore funding opportunities, share community and client feedback, and provide education about best practices for harm reduction programs.

During the COVID-19 crisis, Public Health is working closely with each of the other SSP programs to assist with supplies and referrals. Public Health has been collaborating with the State Office of AIDS to provide guidance to K'ima:w Medical Center, which started their own SSP in April, 2020.

SOURCE OF FUNDING

Over the years, Humboldt's syringe services programs have relied on private grants and donations, and Public Health Realignment funding. In December, 2015, Congress lifted a decades old ban on using federal funds to support syringe exchange. Current funding sources include: California Department of Public Health (CDPH), CMSP, Department of Health Care Services, St. Joseph Care for the Poor grant and other small grants, including donations from Direct Relief.

CONCLUSIONS

Syringe services programs are recommended as public health best practice supported by the CDC, California Department of Public Health, and World Health Organization. The DHHS-PH Syringe Services Program is an essential component of Humboldt County's strategy for reducing the harms of drug use on individuals, families, and communities. Benefits include the prevention of disease, injury, and death associated with drug use, strengthened collaborations for addressing other drug related harm including referrals to treatment, as well as increasing access to enabling services.

REFERENCES:

Bluthenthal, R. et al. (2009). Recommended best practices for effective syringe exchange programs in the United States: Results of a consensus meeting. Report. Accessed May 10, 2016 at: https://www.cdph.ca.gov/programs/Documents/US_SEP_recs_final_report.pdf

[Cal. Health & Safety Code §121349.3.](#)

Conrad, C. et al. (2015). Community outbreak of HIV infection linked to injection drug use of oxymorphone-Indiana, 2015. CDC MMWR: May 1, 2015 / 64(16);443-444. Accessed May 20, 2016 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6416a4.htm>

Saliby, S. (2016). Scott Co. Public Health Emergency, Needle Exchange Extended. May 2, 2016. Indiana Public Media. Accessed, May 10, 2016 at: <http://indianapublicmedia.org/news/public-health-emergency-scott-county-extended-98224/>

The White House. (2010). National HIV/AIDS Strategy for the United States. July 13, 2010. The White House Office of National AIDS Policy. Accessed, May 10, 2016 at: <https://www.whitehouse.gov/administration/eop/onap/nhas>