

HUMBOLDT COUNTY BOARD OF SUPERVISORS

SUBJECT: DHHS - Public Health Syringe Services Program (SSP)

March 2023

OVERVIEW

Syringe services programs (SSPs) or needle exchange programs are recommended as public health best practice by the Centers for Disease Control (CDC), California Department of Public Health (CDPH), and World Health Organization (WHO), and are part of comprehensive harm reduction programs. These programs can provide access to disease and overdose prevention education and harm reduction supplies such as sterile needles, other injection supplies, non-injection supplies, safer sex supplies, HIV/HCV testing, and naloxone (Narcan), free of cost for participant. They have been operating in California since the late 1980s, with more than 65 currently operating in California.

SSPs facilitate the safe disposal of used syringes and act as a point of access for disease and overdose prevention education, healthcare, substance addiction treatment, mental healthcare, and other needed services; they are often the only point of contact to access services for people who use drugs, especially for those who are experiencing homelessness. These programs prevent the spread of HIV, viral hepatitis, and other communicable diseases, as well as bacterial infections like strep and MRSA (methicillin-resistant staphylococcus), among people who use drugs, their partners, and their children. SSPs also provide first aid and basic supplies such as clean socks, blankets, and bottled water, to meet the needs of people experiencing homelessness.

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 its mobile outreach program. This program is operated by Public Health's North Coast AIDS Project (NorCAP), harm reduction program in the Healthy Communities Division. The DHHS – Public Health harm reduction program is an essential component of Humboldt County's Board Strategic Framework Core Role to "Create opportunities for improved safety and health" and the Humboldt County Community Health Improvement Plan Priority Area "Behavioral Health – Substance Use". This program is an essential strategy for reducing the harm of drug use to individuals, families, and communities. Benefits include the prevention of disease, injury, and death associated with drug use, as well as addressing other drug-related harm by providing referrals to treatment.

SYRINGE SERVICES PROGRAM BENEFITS

Harm reduction programs are public health best practice and are instrumental in reducing the transmission of bloodborne pathogens, communicable diseases, and overdose, as well as increasing linkages to care and services. The availability of harm reduction programs is part of a comprehensive continuum of services for people who use drugs (Bluthenthal, et al., 2009). Research shows that harm reduction programs do not lead to increased drug use; rather, harm reduction programs:

- Increase access to necessary drug treatment and provide important referrals for general health care, mental health care, insurance, and housing;
- Decrease the incidence of HIV, hepatitis B (HBV), hepatitis C (HCV), and bacterial infections;

- Provide avenues for proper disposal and reduce syringe litter;
- Provide free HIV and HCV testing and linkages to care and treatment; and
- Provide opportunities for overdose prevention education and distribution of naloxone.

Hepatitis C (HCV) and HIV are transmitted through infected body fluids. HCV and HIV are most often transmitted through blood-to-blood contact, though they can be transmitted sexually too. Up until recently, only baby boomers (born 1945 to 1965), many of whom contracted HCV several decades ago, were advised to get tested for HCV. Some forms of transmission included receipt of blood transfusions prior to 1992, when blood donations began to be screened for HCV; receipt of clotting factors before 1987; hemodialysis (a process that filters the blood when the kidneys are not working properly); and injection drug use.

According to the U.S. Department of Health and Human Services, the number of reported acute hepatitis C infections have increased by more than fivefold from 2010 to 2020, primarily due to increased injection of opioids and other drugs. Hepatitis C infections among younger adults is a problem affecting primarily non-urban areas of the country, according to the CDC.

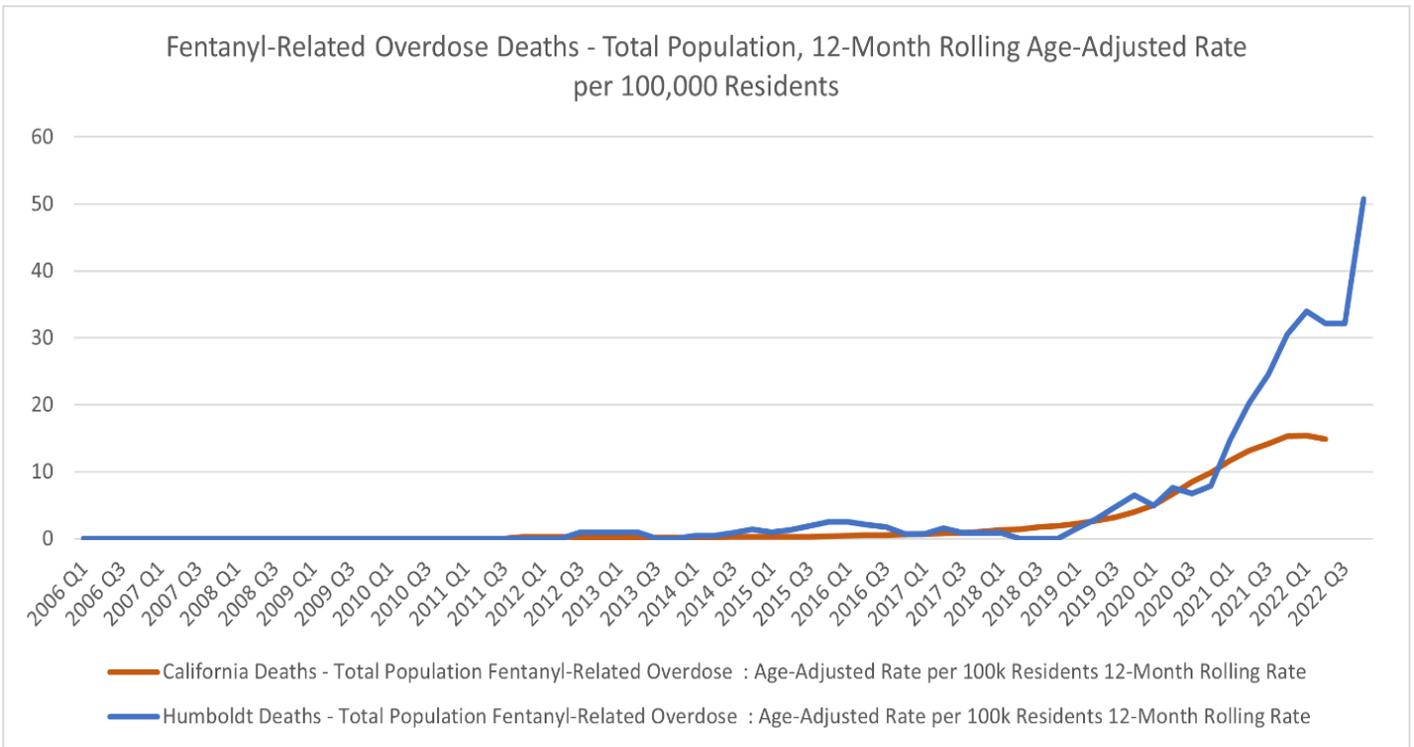
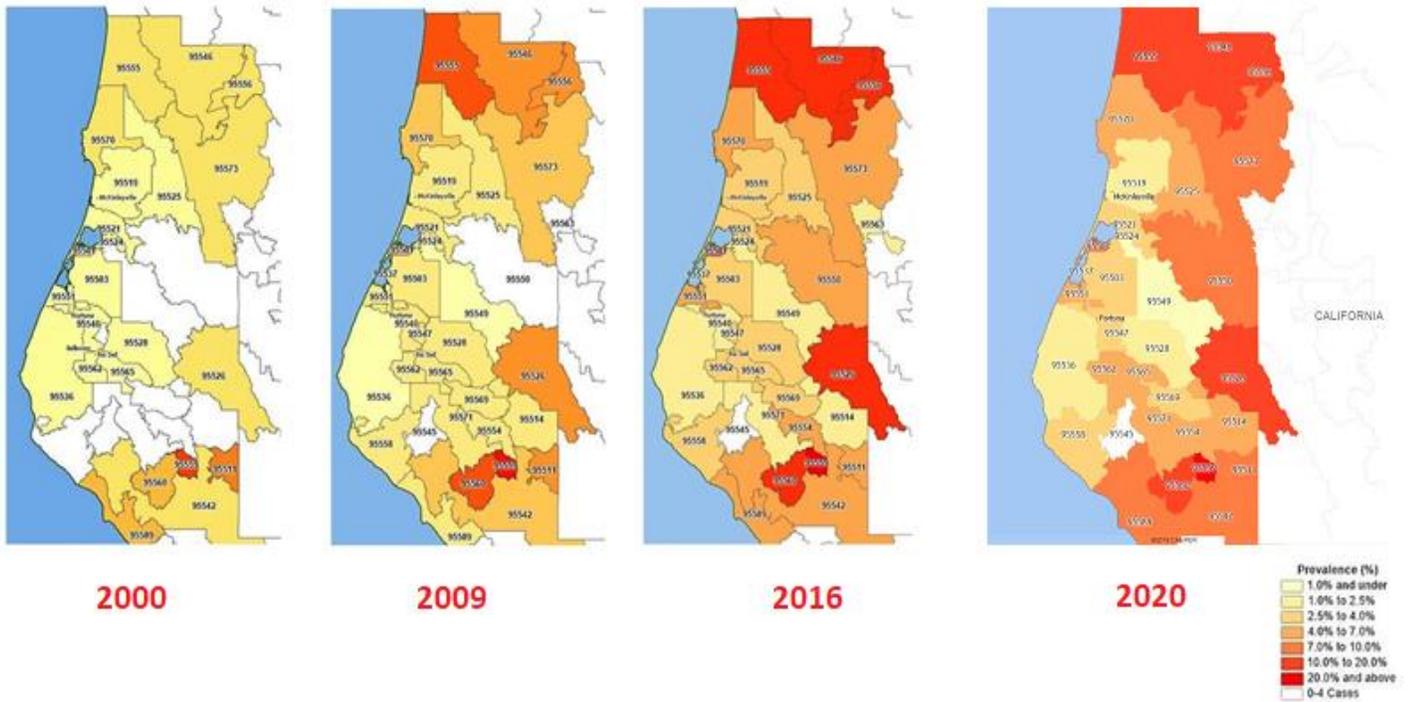
The California Department of Public Health (CDPH) reports that of the 137,785 people living with HIV/AIDS in California in 2021, 40% identified drug use and 4% injection drug use as their risk factors for acquiring HIV. Furthermore, the CDPH Office of Viral Hepatitis estimates that at least 68% of new HCV infections in the state are associated with injection drug use. Lack of access to new, sterile injection equipment is a primary reason for sharing potentially contaminated equipment.

In 2018, according to CDPH-Office of Viral Hepatitis, Humboldt County was ranked the second highest incidence of new diagnoses of chronic HCV in the state, and the average age at diagnosis is younger than the statewide average, suggesting current transmission of HCV 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. Average over the past decade, Humboldt County has 388 new HCV cases annually (Humboldt County Epidemiologist. See chart below).

Overdose rates in Humboldt County have dramatically increased with the arrival of fentanyl.

Humboldt County HCV Prevalence by Zip Code



*Data source: California Overdose Surveillance Dashboard. California wide data is shown through Q2 (June 30, 2022). Humboldt data includes local data through Q4 (Dec 31, 2022) and has reported 69 total fentanyl overdose death.

The Humboldt HIV and HCV prevention programs are aligned with both the state and national prevention strategy. Our local plan, in line with the state and national plans, targets the highest-risk populations, including people experiencing homelessness, people who inject and use drugs, men who have sex with men, and transgender individuals, for prevention services. Harm reduction services remain an integral component of the national, state, and local plans. Other prevention strategies used to reduce the transmission of HIV and HCV include:

- HIV and HCV rapid testing services;
- The availability of Pre-Exposure Prophylaxis (PrEP) to prevent transmission of HIV; and
- Care Coordination to connect newly positive people to necessary medical care and follow-up to support appropriate medical treatment.

There is a three-pronged approach to addressing HCV:

- 1) Prevention of new infections through Syringe Services and Disposal Programs,
- 2) Treatment for HCV 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 for Opioid Use Disorder such as buprenorphine (Suboxone) and Methadone have proven highly effective in lowering overdose risk, decreasing HIV and HCV, and increasing patient retention in treatment.

CURRENT DHHS - PUBLIC HEALTH HARM REDUCTION SERVICES PROGRAMS

Description of Services

- Sharps disposal containers and information on proper disposal, including current locations of syringe disposal kiosks
- Sterile syringes (distributing and collecting)
- Safe injection equipment
- Safer sex supplies, including condoms
- HIV and HCV risk reduction education, testing, and counseling
- Linkages to care coordination, medical care, mental health care, alcohol and other drug treatment, medical insurance, housing assistance, and food assistance
- Overdose prevention education and Narcan (naloxone) distribution
- Personal hygiene supplies

Summary of Activities Jan 1, 2020 – Dec 31, 2022

	2020	2021	2022
Syringes Exchanged on mobile van	701,988	713,424	377,139
*Unique Client Count	1,059	1,117	603
Narcan Kits Distributed	1,224	2,966	3,308
**OD reversals reported	26	266	271
Kiosk Disposal	1,181 Pounds (~ 295,250 syringes)	1,568 Pounds (~ 392,000 syringes)	1,140 Pounds (~ 285,000 syringes)
Syringe Return Rates	98%	153%	120%

***HIV Testing	0	1	0
***HCV Testing	0	1	1
Linkages to Mental Health			58
Linkages to Substance Use Treatment			80
As of December 31, 2022			
Homeless Clients			65.7%
Race	White/Caucasian		55%
	American Indian/Native		44%
	Multiracial		0.5%
	Pacific Islander		0.5%
Age	18-24		1.5%
	25-34		20.1%
	35-44		39.2%
	45-54		20.1%
	55-64		17.6%
	65-74		1%
	75+		0.5%

*Unique client population count is inclusive of participants seeking services outside of SSP as well, such as safer sex supplies, hygiene supplies, and testing services.

**In 2020, outreach services were reduced due to COVID.

***Due to the COVID-19 pandemic, no HIV and HCV testing occurred in 2020-2021. New staff has completed test counselor training in 2022. Testing resumed in December 2022.

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 HCV testing.

Disposal

The California Department of Public Health, Office of AIDS advises harm reduction 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. Clean equipment prevents and reduces 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 syringe for each injection.

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. Public Health also provides free sharps containers to the public, as well as businesses and community partners.

Since December 2017, DHHS has provided additional syringe disposal through five outdoor medical waste disposal kiosks to increase access to safe disposal methods. The kiosks are located at 529 I Street (DHHS-Public Health), 929 Koster Street (DHHS-Social Services), 720 Wood Street (DHHS- Behavioral Health), and one in Hoopa (downtown). There are additional DHHS locations planned for kiosk installation including in Garberville and McKinleyville. During 2020-2022, 3,889 pounds of syringes were collected. Syringe cleanups occur at each mobile outreach site while providing services and when staff are available, provide small cleanups when we receive call about syringe litter.

HIV AND HEPATITIS C PREVENTION

In Humboldt County, access to low-barrier HCV medical treatment has continued to improve with new funding from the National Harm Reduction Coalition, CMSP, and CDPH.

In January 2022, DHHS-Public Health’s (DHHS-PH) North Coast AIDS Project launched the HCV Care Coordination Program. Public Health executed the contract for HCV clinical services with the community-based organization (CBO) Open Door Community Health Clinics. This contract included a data sharing agreement and access to their Electronic Medical Records to enhance care coordination. Aegis, a local methadone clinic, began testing all clients for HIV and HCV upon enrollment and referring them to Public Health. The HCV Care Coordinator established a formal partnership, referral process, and weekly case conferences with Aegis.

In February 2022, Open Door (as part of the subcontract) hired an internal HCV Navigator to establish a single point of contact for program entry with the Public Health HCV Care Coordinator and established a weekly client case conference meeting. The HCV Care Coordinator began providing outreach and presentations about the new HCV prevention program to community partners that provide services to people who use drugs and the Latinx community. Throughout this reporting period, the HCV Care Coordinator presented to 13 community agencies.

In May 2022, Public Health’s North Coast AIDS Project was awarded a new HCV Care Coordination grant from CMSP which began July 1, 2022.

In November 2022, three additional HCV Care Coordinators were hired to support individuals who test positive for HCV, in accessing medical treatment and the cure. The Care Coordinators received their state certifications as HIV/HCV test counselors.

In the spring of 2023, two Community Health Outreach Workers will be hired, and the program will launch a second mobile outreach van to better reach the rural parts of the community and improve overall access.

HCV Care Coordination Data: Jan 1 – Dec 31, 2022		
	Number of Total Clients Served	Percent of Total Clients Served
Received a reactive HCV screening test (from all sources)	58	---*

Linked to HCV Care	58	100%
Received a positive HCV confirmatory test	36	62%
Started HCV Treatment	30	83%
Completed HCV Treatment	24	80%

*Humboldt County Public Health was not administering rapid HIV/HCV testing during this time; the reactive HCV screening tests were referrals from community partners which our program then linked to services

OVERDOSE PREVENTION

Naloxone (also known as Narcan®) is an “opioid antagonist” medication used to counter the potentially lethal effects of opioid overdose. Naloxone works immediately to reverse opiate overdose. It is currently a prescription drug but is not a controlled substance. Since 2017, the California Health Officer has had a standing order for naloxone distribution and use. Bystanders such as friends, family, and other non-healthcare providers (laypeople) and drug users themselves are easily trained and equipped to effectively respond to and reverse an opioid overdose, per California Civil Code section 1714.22. There is no age restriction to possess or administer naloxone in the California law.

In 2020, the California Department of Health Care Services established the Naloxone Distribution Project (NDP), which provides free naloxone supplies to our program and any organization in the state interested in receiving and distributing free naloxone.

Public Health Outreach supplies free naloxone kits and training on how to recognize an overdose and administer naloxone. It is distributed throughout the county. In efforts to expand access to those at risk for overdose, the program distributes naloxone and provides training broadly to:

- individuals
- agencies, groups, schools, and businesses that want it onsite or with staff/employees
- agencies and groups that wish to distribute naloxone themselves.

Current as of January 1, 2019, the California Education Code §49414.3 allows K-12 school districts, county offices of education, and charter schools to provide naloxone to be administered by trained individuals. The Humboldt County Office of Education has developed policy and is providing trainings. During this reporting period, Public Health has provided training on recognizing an overdose and how to administer naloxone to 42 agencies including 15 DHHS programs, 13 schools.

Overdose Prevention and Naloxone Trainings 2021-2022		
School	Staff Trained	Students Trained
College of the Redwoods	X	X
Fortuna High	X	X
Eureka High	X	X
McKinleyville High		X
Arcata High		X
South Fork High	X	

Zane Junior High	X	
Winship Junior High	X	
Miranda Junior High	X	
Dow's Prairie Elementary	X	
Lafayette Elementary	X	
Grant Elementary	X	
Teen Court	X	X

SOURCE OF FUNDING

Current funding sources include the California Department of Public Health (CDPH), CMSP, and Department of Health Care Services, as well as supplies from the CDPH Office of AIDS, Naloxone Distribution Project, and 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 harm of drug use to 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; and increased 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*.
https://www.cdph.ca.gov/programs/Documents/US_SEP_recs_final_report.pdf
- Office of Viral Hepatitis. (2018). *Chronic Hepatitis C Infections in California Surveillance Report, 2018: Data Tables*. California Department of Public Health.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Chronic-Hepatitis-C-Infections-in-California-Surveillance-Report-2018-Data-Tables.pdf>
- California Health and Safety Code, Syringe Exchange Programs.
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=105.&title=&part=4.&chapter=18.&article=
- Office of National AIDS Policy. (2010, July). *National HIV/AIDS Strategy for the United States*. The White House. <https://www.whitehouse.gov/administration/eop/onap/nhas>