



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

I4

For the meeting of: May 22, 2018

Date: April 18, 2018
To: Board of Supervisors
From: Connie Beck, Director *MB for Connie Beck*
Department of Health and Human Services – Public Health (DHHS – PH)
Subject: Report on the DHHS – PH Syringe Services Program (SSP)

RECOMMENDATION(S):

That the Board of Supervisors receive and file a report on the SSP by the Humboldt County Health Officer, Public Health Director, Public Health Director and Deputy Director and take action as appropriate.

SOURCE OF FUNDING:

Public Health Funds

DISCUSSION:

Syringe services programs, also known as syringe exchange or needle exchange, prevent the spread of HIV, viral hepatitis, and other blood-borne diseases among people who inject drugs, their partners, and their children. In 2012, the Board approved the DHHS – Public Health's Syringe Services Program through mobile outreach. Current regulations require that the Health Officer update the Board on the status of the county SSP biennially. Humboldt County Health Officer, Dr.

Prepared by Karen Baker, Administrative Analyst

CAO Approval *E. Sheehan*

REVIEW:

Auditor _____ County Counsel _____ Human Resources _____ Other _____

TYPE OF ITEM:

☐ Consent
☒ Departmental
☐ Public Hearing
☐ Other _____

PREVIOUS ACTION/REFERRAL:

Board Order No. H-2

Meeting of: 6/7/16

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Fennell* Seconded by Supervisor *Bass*

Ayes *Bass, Fennell, Sundberg, Bohn, Wilson*
Nays _____
Abstain _____
Absent _____

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: 5/22/18

By: *Kathy Hayes*
Kathy Hayes, Clerk of the Board

Donald Baird, Public Health Director, Michele Stephens and Deputy Director, Lara Weiss, will give a brief oral report. The full written report is attached.

FINANCIAL IMPACT:

There is no financial impact to reporting on the SSP.

This report reflects support of the Board's Strategic Framework by protecting vulnerable populations and creating opportunities for improved safety and health.

OTHER AGENCY INVOLVEMENT:

None

ALTERNATIVES TO STAFF RECOMMENDATIONS:

Board discretion.

ATTACHMENTS:

Attachment #1: Report on the DHHS – PH Syringe Services Program.

Attachment #1:

Report on the DHHS – PH Syringe Services Program

DEPARTMENTAL REPORT TO HUMBOLDT COUNTY BOARD OF SUPERVISORS

SUBJECT: DHHS- Public Health Syringe Services Program

May 22, 2018

Humboldt County Board of Supervisors

825 5th St.

Eureka, CA 95501

OVERVIEW

Syringe services programs, which have also been referred to as needle exchange programs and syringe exchange programs, provide access to sterile needles and syringes free of cost and facilitate safe disposal of used needles and syringes. 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.

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:

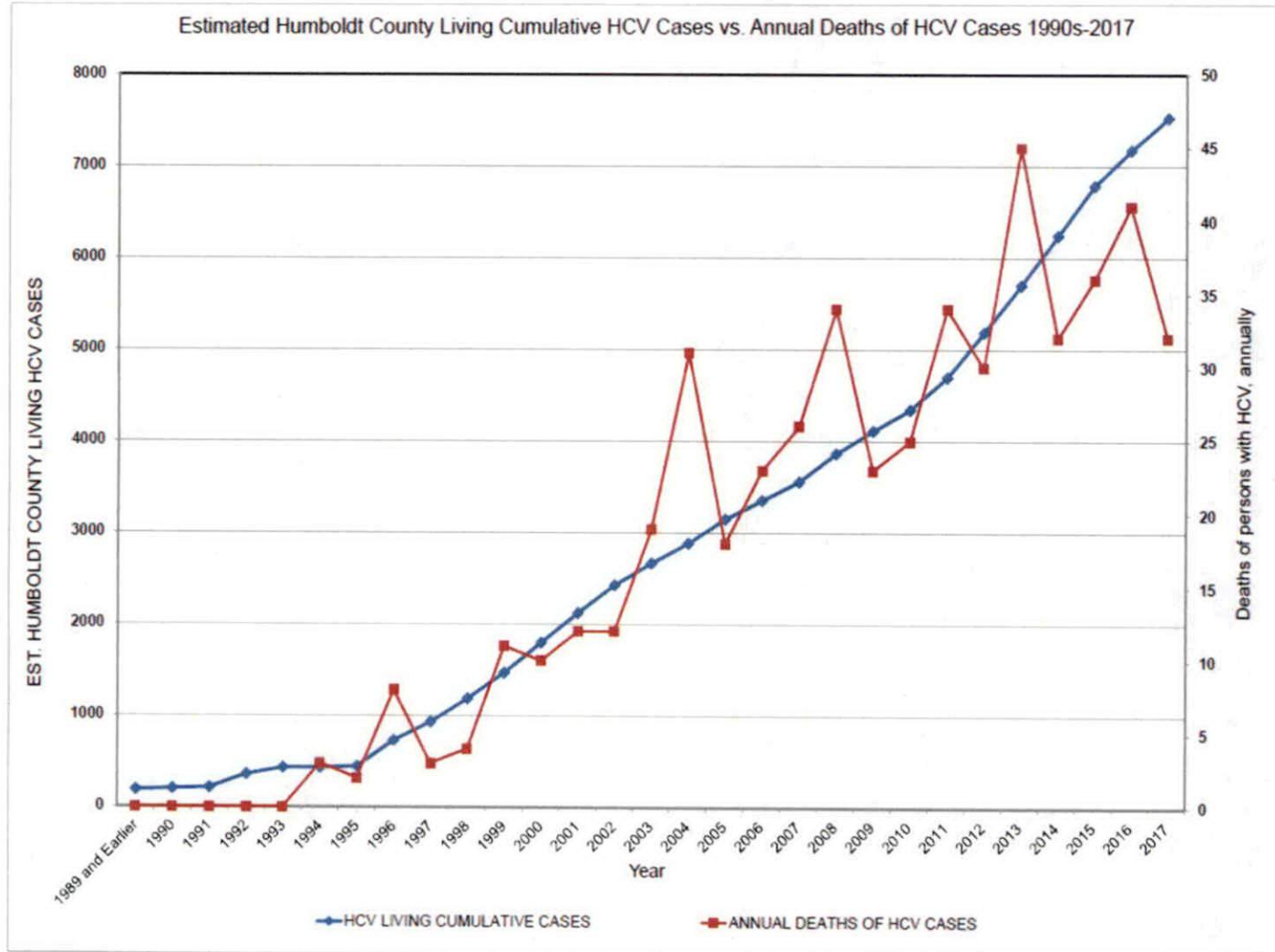
- Increase access to necessary drug treatment and provide important referrals for general health care, mental health, insurance, and housing
- Decrease incidence of HIV, hepatitis B and hepatitis C, and bacterial infections
- Provide proper disposal and reduce syringe litter
- Provide free HIV and hepatitis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

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 132,405 people living with HIV/AIDS in California in 2016, 13% 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. Humboldt County has an estimated prevalence

of hepatitis C at 5.6%, much higher than the estimated national prevalence of 1.9%, and state prevalence of 1%. As of 2017, there are approximately 7500 people, or 1 in 18 persons, diagnosed with chronic hepatitis C in Humboldt County. 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:



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 is still limited due to provider capacity and cost, although there are ongoing efforts being made to address this.

The syringe services program provides safe and clean injection kits because diseases can be transmitted by all injection equipment including syringes, cottons, cookers, water, tourniquets, and alcohol swabs. Since hepatitis C can survive outside the body for weeks on dry surfaces, making injection equipment potentially contaminated, there is a risk of infection.

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 2016 – 2017

	2016	2017
Syringes Exchanged	122,147	248,107
Client Visits	1609	1127
Narcan Kits Distributed	753	484
OD reversals	43	57

Exchange Hours & Locations

Services are 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.

HIV and Hepatitis C Prevention

The Humboldt HIV prevention programs are aligned with both the State HIV Prevention strategy and the National HIV/AIDS strategy. 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 include:

- HIV rapid testing services in the community reached 426 people in 2016 and 2017 with one positive result in 2017.
- Hepatitis C rapid testing services in the community reached 319 people in 2016 and 2017 with 88 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 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. The syringe services program has distributed 742 Narcan kits to individual program clients in 2016 and 2017. In addition, we have worked with community partners to make sure that other people at risk for opioid overdose have access to this life-saving medication and 495 kits have been distributed through those community partners. 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-PH 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 installed three outdoor medical waste disposal kiosks to increase access to safe disposal methods in Eureka. They are located at 529 I St at Public Health Main, 929 Koster St at Social Services campus, and 720 Wood St, Mental Health Services. There are additional DHHS locations planned for kiosk implementation including in Hoopa and Garberville. Since their installation, to date, 215 pounds of syringes have been collected. Public Health also provides free sharps containers to the public.

PARTNERSHIPS AND COLLABORATION

Since 2006, Public Health has hosted quarterly meetings of Humboldt County Harm Reduction Partners. 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 syringe service program data, share legislative updates, explore funding opportunities, share community and client feedback, and provide education about best practices for harm reduction programs.

Since October 2017, DHHS-PH, Eureka Police Department, the City of Eureka, St Joseph Health, Open Door Community Health Center's Mobile Outreach Program, Humboldt Area Center for Harm Reduction, Humboldt Waste Management Authority and others have been meeting regularly to address syringe litter in Eureka. Our purpose is to continue to address syringe litter in Eureka, report on steps taken to address it, build relationships between stakeholders of the group, provide community education on efforts made, and identify additional solutions and next steps.

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) – Office of AIDS, CDPH – Safe and Active Communities Branch, Partnership Health Plan of California and other small grants, including a donation of Evzio (Narcan) kits from Kaleo Pharmaceutical Company.

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, as well as strengthened collaborations for addressing other drug related harm including referrals to treatment.

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:

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