

## **RECOMMENDATIONS**

- 1) Accept this report on needle exchange as part of the comprehensive prevention program to reduce transmission of HIV in Contra Costa County.
- 2) Direct the Health Services Department to continue supporting and monitoring needle exchange services and to report back to the committee biennially as required by law.

## **SUMMARY**

This report satisfies State regulatory requirements to maintain needle exchange services in Contra Costa. Neither Needle Exchange nor legislative changes allowing pharmacies to dispense syringes without a prescription have had any apparent negative effect on Contra Costa.

Currently, 2025 individuals are living with HIV or AIDS in Contra Costa. The major demographics of the total number of people living with HIV and AIDS remains largely unchanged over the past several years with the exception that the data demonstrates a deceleration of HIV attributed to injection drug use from earlier years. The percentage of new HIV (not AIDS) infections attributed to Injection Drug Use are dramatically reduced.

Management of needle exchange services was successfully transitioned to HIV Education and Prevention Project of Alameda County (HEPPAC) and services which had been declining over time have now stabilized. The Health Department continues to provide \$54,000 in County general funds annually to support the operation of Needle Exchange services. Services are provided in West and East County on a weekly basis and are reaching those in need. There has been a sharp uptick in referrals for health and supportive services this past fiscal year.

There is no evidence that needle exchange services and the increased accessibility of syringes for purchase at pharmacies have negatively impacted law enforcement in terms of exposure to blood borne pathogens. The availability of needle exchange as part of a comprehensive continuum of services for injection drug users is a necessary Public Health measure to continue to reduce transmission of blood borne diseases, and as such should remain available in Contra Costa County.

## BACKGROUND

A recent California Department of Public Health (CDPH) Office of AIDS report indicates that of the reported 117,553 people living with HIV/AIDS in California in 2012, 15% identified their risk for HIV as injection drug use (IDU). Further, the CDPH Office of Viral Hepatitis estimates that at least 60% hepatitis C virus (HCV) infections in the state are associated with injection drug use. Lack of access to new, sterile injection equipment is one of the primary risk factors that may lead to sharing of hypodermic needles and syringes, which puts people who inject drugs at high risk for HIV and HCV, as well as for hepatitis B infection<sup>1</sup>.

Needle exchange has been a component of Contra Costa's strategy to reduce the transmission of HIV attributed to Injection Drug Use (IDU) since 1999, when a formal declaration of a State of Emergency to authorize needle exchange services was required by law. H&S Code Section 121349.3 now requires the local health officer to present information about Syringe Exchange at an open meeting of the authorizing body. The information is to include, but is not limited to, relevant statistics on blood-borne infections associated with syringe sharing and the use of public funds to support syringe exchange. In 2006, the Contra Costa Board of Supervisors:

- Terminated the local State of Emergency first declared on December 14, 1999;
- Authorized the Health Services Department to administer a clean needle and syringe exchange project pursuant to Health and Safety Code section 121349 et seq; and
- Directed the Health Services Director to annually report to the Board on the status of the clean needle and syringe exchange project.

From 2005-2010, California piloted a Disease Prevention Demonstration Project (DPDP) in various locations across the State to assess the potential to reduce transmission of HIV by increasing access to sterile needles and syringes. The project evaluation showed that participating counties, including Contra Costa, saw lower injection-related risks among people who inject drugs. Additionally, evaluators of the pilot project found lower levels of unsafe discard of used syringes, no increase in the rate of accidental needle-stick injuries to law enforcement and no increase in rates of drug use or drug-related crime.

As a result of the success of the DPDP, legislation was passed in 2011 that expanded syringe access through pharmacies throughout the state. Reporting requirements were also changed to a biennial report. The most recent legislation, Assembly Bill (AB) 1743 (Ting, Chapter 331, Statutes of 2014) further expands access by allowing customers to purchase and possess an unlimited number of syringes. Participating pharmacies must provide counseling and offer information on safe disposal. The law goes into effect January 1, 2015.<sup>2</sup>

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<sup>1</sup> <http://www.cdph.ca.gov/programs/aids/Pages/OASAMaterials.aspx>

<sup>2</sup> The full report of the evaluation can be accessed on the California Department of Public Health, Office of AIDS website

## **REDUCING TRANSMISSION OF DISEASE**

As of December 31, 2013, 2025 individuals were reported living with HIV or AIDS (PLWH/A). Two hundred sixty five (265) of these individuals were newly diagnosed with HIV between 2011 and 2013<sup>3</sup>. The demographics of the total number of people living with HIV and AIDS remains largely unchanged over the past several years with some shifts continuing between those newly diagnosed and those living with HIV. The total number living with HIV and AIDS is up about 2% from the prior year's report.

	People Living with HIV and AIDS. N= 2025	New HIV infections, 1/1/11-12/31/13. N=265
Male	82%	89%
African American	30%	33%
White	44%	32%
Hispanic	20%	25%

The increase in PLWH/A remains largely among Men who have Sex with other Men (MSM), while the increase among the recently diagnosed is largely attributed to "No Risk Reported", a category which applies primarily to heterosexual transmission in which the risk of the partner is unknown. Most individuals with an unidentified/unreported risk are females.

	People Living with HIV and AIDS. N= 2025	New HIV infections, 1/1/11-12/31/13. N=265
MSM	63%	68%
IDU	11%	2%
MSM/IDU	5%	3%
Heterosexual	12%	5%
Risk Not Reported	9%	22%

The data demonstrates a deceleration of HIV attributed to injection drug use from earlier years, when injection drug users comprised about 25% of all People Living with AIDS in Contra Costa<sup>4</sup>. The most recent published California data for 2013 shows that statewide about 7 percent of those living with HIV or AIDS report injection drug use as their primary risk. While Contra Costa continues to have a higher percentage of individuals living with HIV or AIDS who attribute their infection to injection drug use than the State, the figures are now more closely aligned than in the past, and the number of newly infected are dramatically lower still. Statewide, injection drug users (IDUs) who also report MSM activity account for about 7.6 percent of those living with HIV or AIDS.<sup>5</sup> It is important to remember that most estimates continue to project that one in five Americans with HIV do not yet know they have the virus.

<sup>3</sup> Contra Costa Public Health Division Epidemiology, Planning and Evaluation Program, Unpublished update September 2014.

<sup>4</sup> Contra Costa Public Health Division report, July 2006. [http://cchealth.org/health-data/pdf/hiv\\_2006\\_07.pdf](http://cchealth.org/health-data/pdf/hiv_2006_07.pdf)

<sup>5</sup> HIV/AIDS Surveillance in California as of December 2013:

<http://www.cdph.ca.gov/data/statistics/Pages/OASS2013Stats.aspx><http://www.cdph.ca.gov/programs/aids/Documents/RSEpiProfileUpdate2009.pdf>

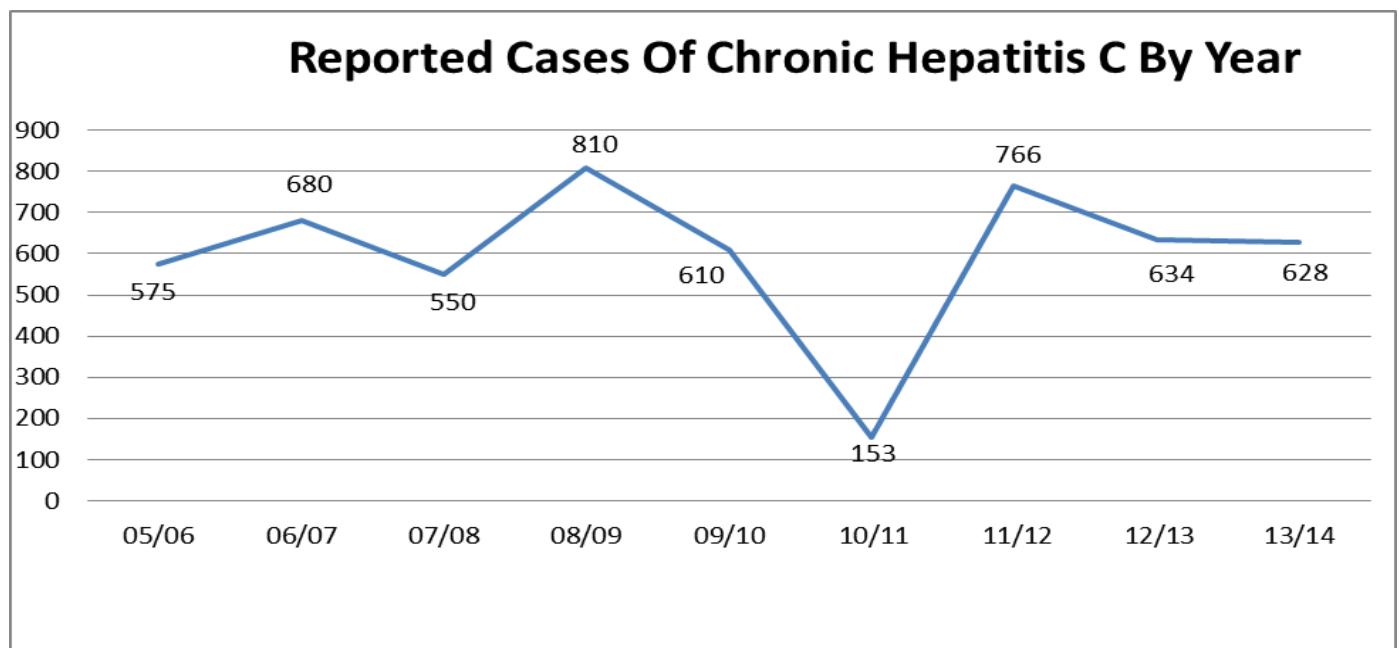
The three cities most impacted by HIV in Contra Costa are the City of Richmond with 359 PLWH/A, Concord with 296, and Antioch with 211. Roughly 34% of all individuals living with HIV or AIDS reside in West County. Approximately 40% of all cases reside in Central County and 26% in East County. There are no plans to modify needle exchange site locations at this time.

## Maternal Transmission

There is no comprehensive tracking of maternal transmission since the Stanford project was defunded in 2009. Of the 2,025 individuals living with HIV or AIDS, 43 (2%) are 12 years of age or younger. These exceedingly small numbers are attributed to earlier diagnosis and treatment of HIV positive women to interrupt the transmission of HIV to their unborn children.

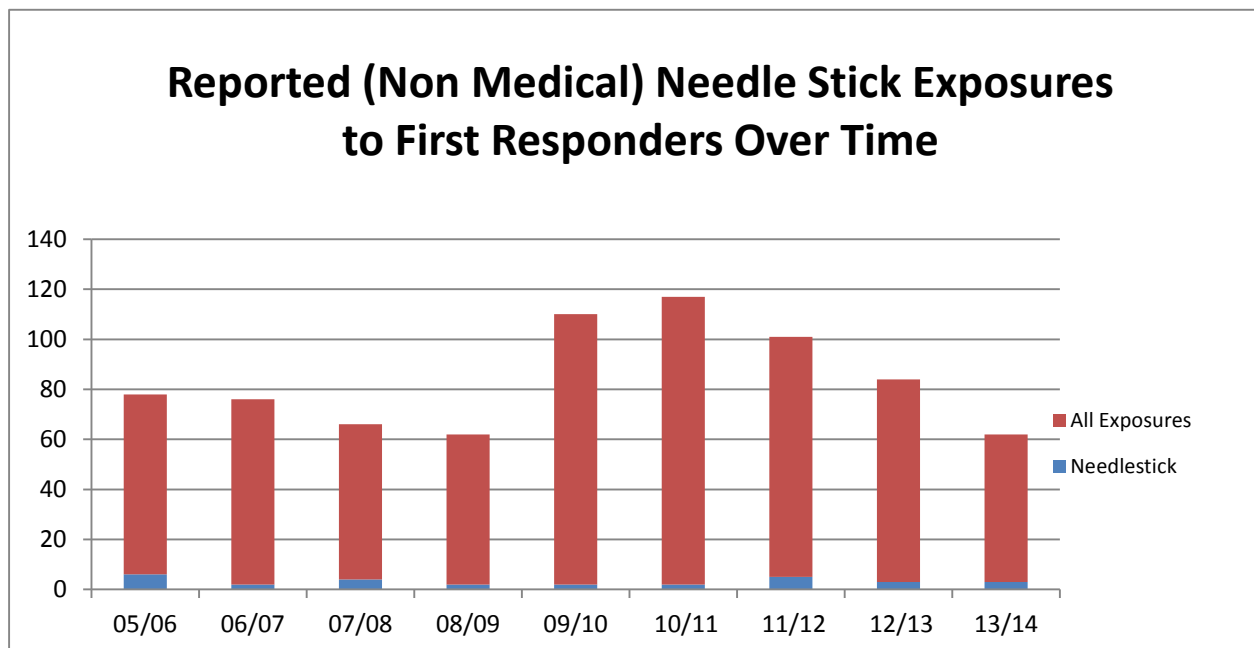
## Hepatitis C

Hepatitis C infection (HCV) is largely attributed to the use of contaminated needles. Chronic HCV can lead to scarring of the liver, cirrhosis, liver failure and/or liver cancer. In Contra Costa, the number of chronic Hepatitis C carriers continues to decline from a high of 1,400 cases reported in 1999. However, reporting data for Hepatitis C remains somewhat unreliable due to variation in medical provider reporting capacities and ongoing changes to the way data is collected and reported within the State database. That being said, the number of confirmed chronic cases reported in the past two fiscal years appears to have stabilized.



## Exposure Impact on Law Enforcement and First Responders

Occupational exposure to needlestick injuries for first responders remains low. The Public Health Communicable Disease Control Program continues to review reported exposures to ensure that law enforcement and first responders have access to the information, care and treatment needed to ensure their health and wellbeing following any exposure. Prepackaged kits containing all necessary paperwork and blood collection tubes are provided to CML, the lab under contract with the Sherriff's Department, to ensure the correct process is followed and proper documentation provided. Printed materials are also available on our website at <http://cchealth.org/aids/syringe-exchange.php>. First responders reported 3 needlestick injuries not related to the provision of emergency medical care between July 1, 2013 and June 30 2014<sup>6</sup>.



## Needle Exchange Services, Fiscal Year 13/14

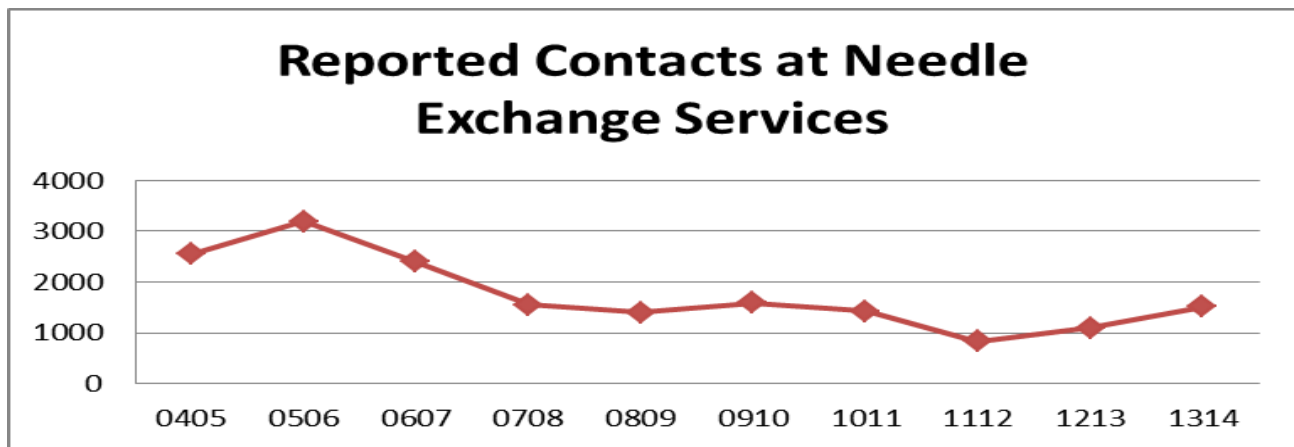
Needle exchange services in the region rely on a combination of county general funds and other funding secured through foundations and other organizations. The budget funds two outreach workers, a site supervisor, staff training, and supplies. Since the change in service providers to HIV Education and Prevention Project of Alameda County (HEPPAC) two years ago, service delivery performance has improved. The increase in services is largely attributed to having a stronger structure and better organizational support within the agency. In FY 1314, HEPPAC provided 306 referrals to health care, substance use treatment, and other resources. The number of African Americans and Hispanics served through needle exchange continues to grow: FY 1314 reports show a 63% increase in African Americans served through all sites.

<sup>6</sup> Contra Costa Health Department Communicable Disease Program

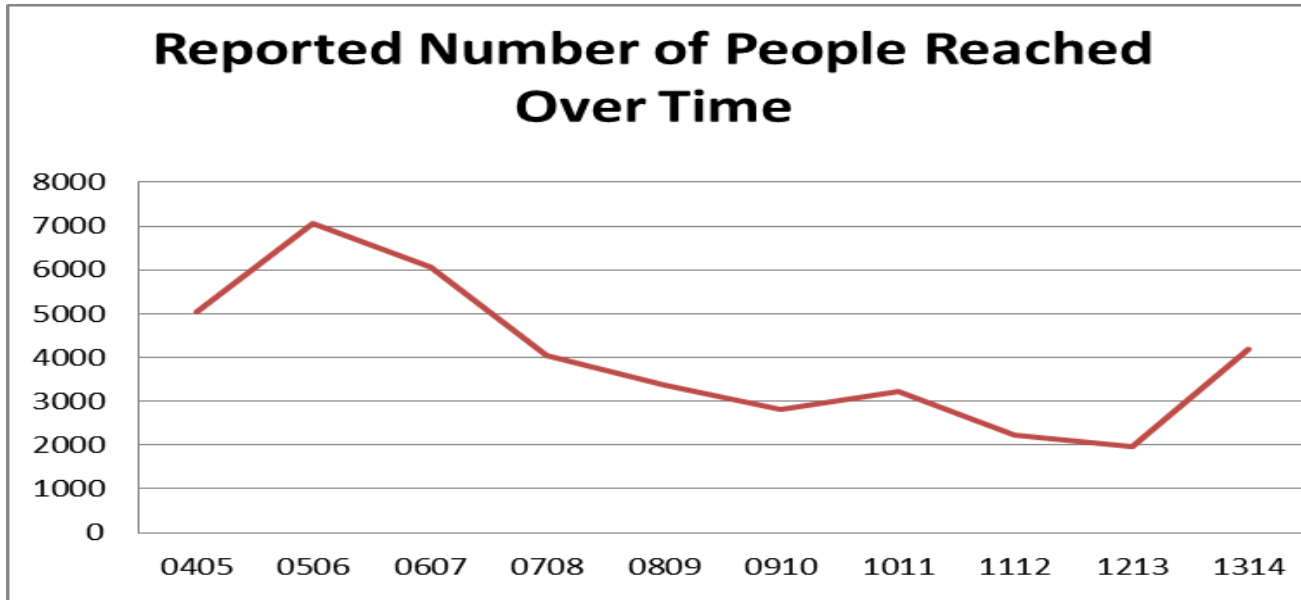
Ethnicity Totals		
	12/13	13/14
African American	382	622
White	534	694
Latino/Hispanic	177	183
Native American	1	3
Asian/Pacific Islander	5	5
Other	1	3
<b>Total</b>	<b>1100</b>	<b>1509</b>

Of the 1509 contacts served in the year, 935 (approx. 62%) were male. A total of 48% of the contacts were in East County and 52% in West County. The data reported by HEPPAC shows a community shift toward increasing site access at the East Contra Costa sites, where greater numbers of Hispanics and Whites are now being seen at needle exchange.

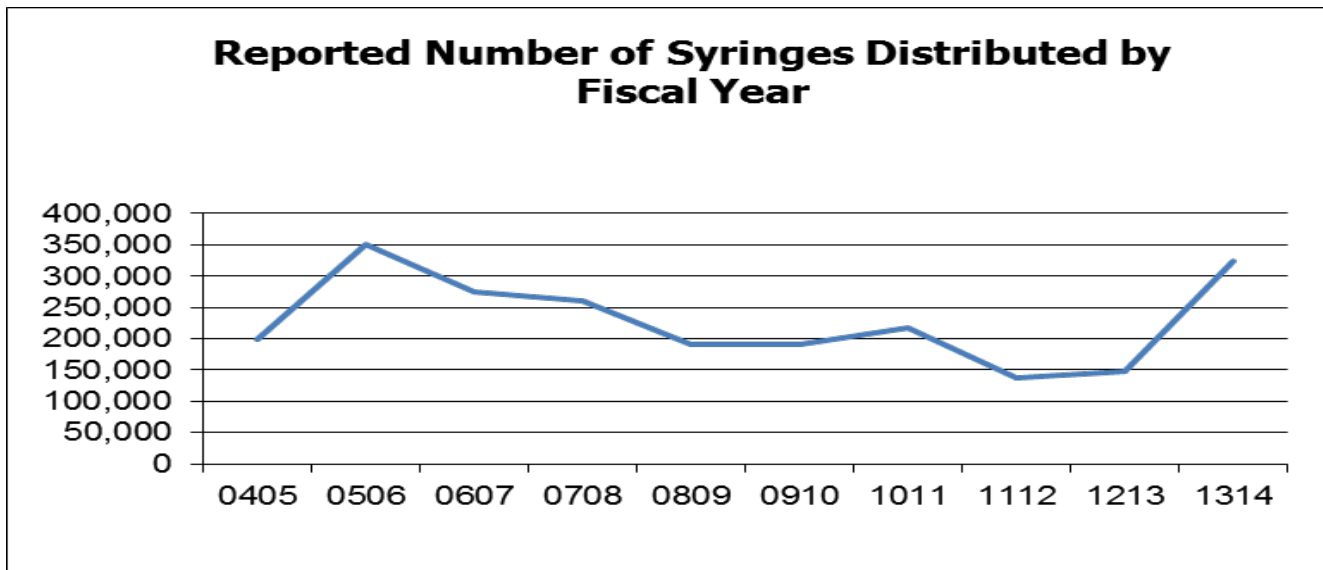
One-for-one syringe exchange continues to be the core operating principle of needle exchange, and individuals access services for themselves or exchange on behalf of others. "Contacts" refers to the individuals accessing a site. Service delivery numbers have been restored, or now exceed, the service level from 5 years ago.



Individuals bringing in syringes for others, referred to as a secondary exchange, are the "Reported Number of People Reached by Needle Exchange Services", below. While the percentage increased by about 37% from the number in the previous year, these figures are duplicated.



Finally, the total number of syringes distributed over time is increased by nearly 71% from FY 0910. Again, the increase is largely attributed to having a stronger agency managing the program.



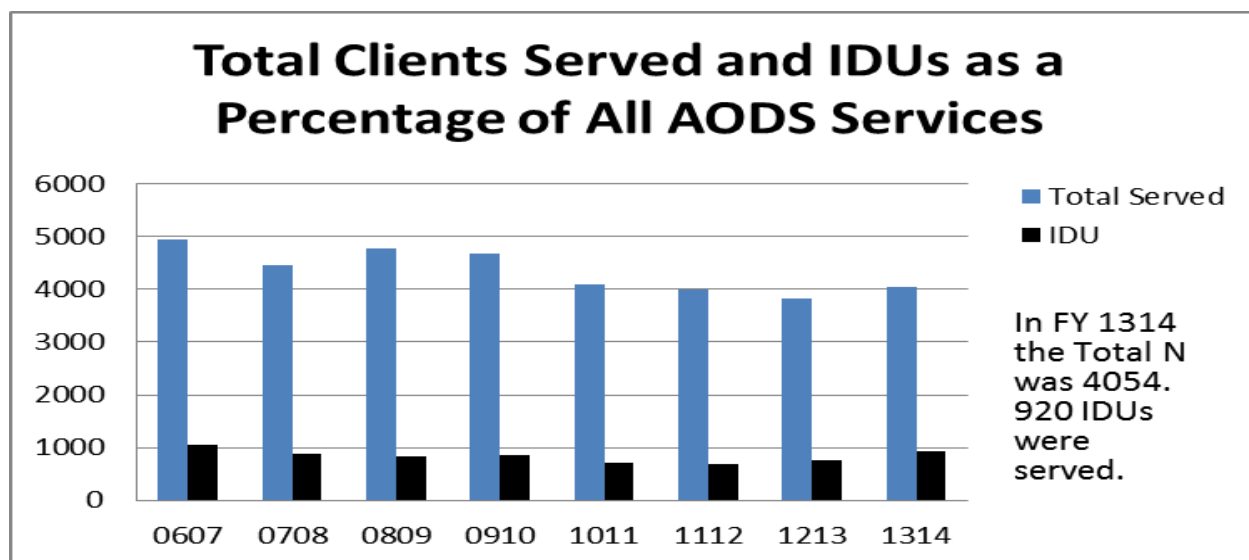
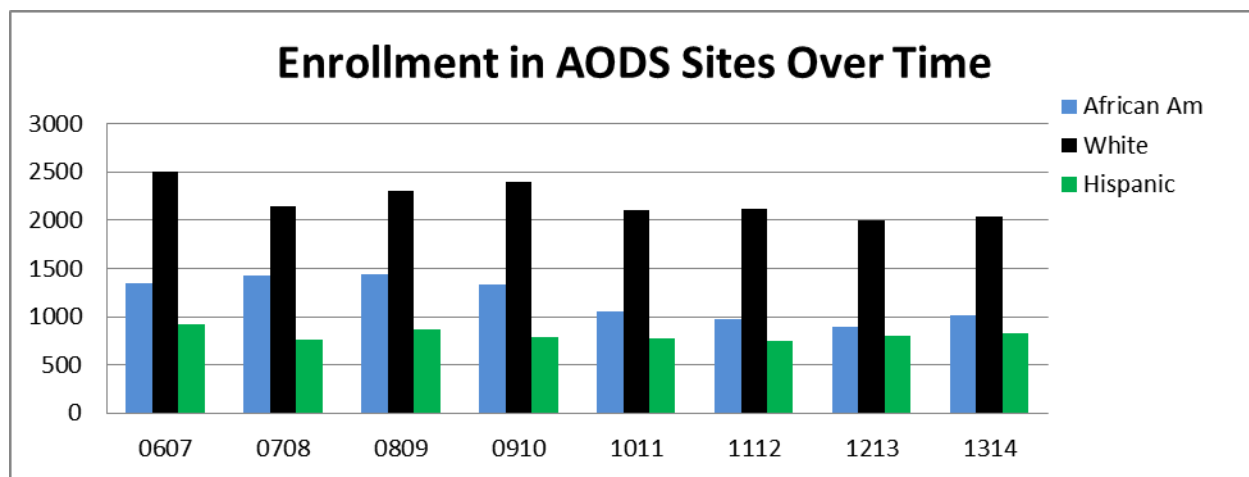
HEPPAC is performing above expectations and will continue to provide the services in both East and West Contra Costa on a weekly basis.

### Alcohol and Other Drug Services (AODS)

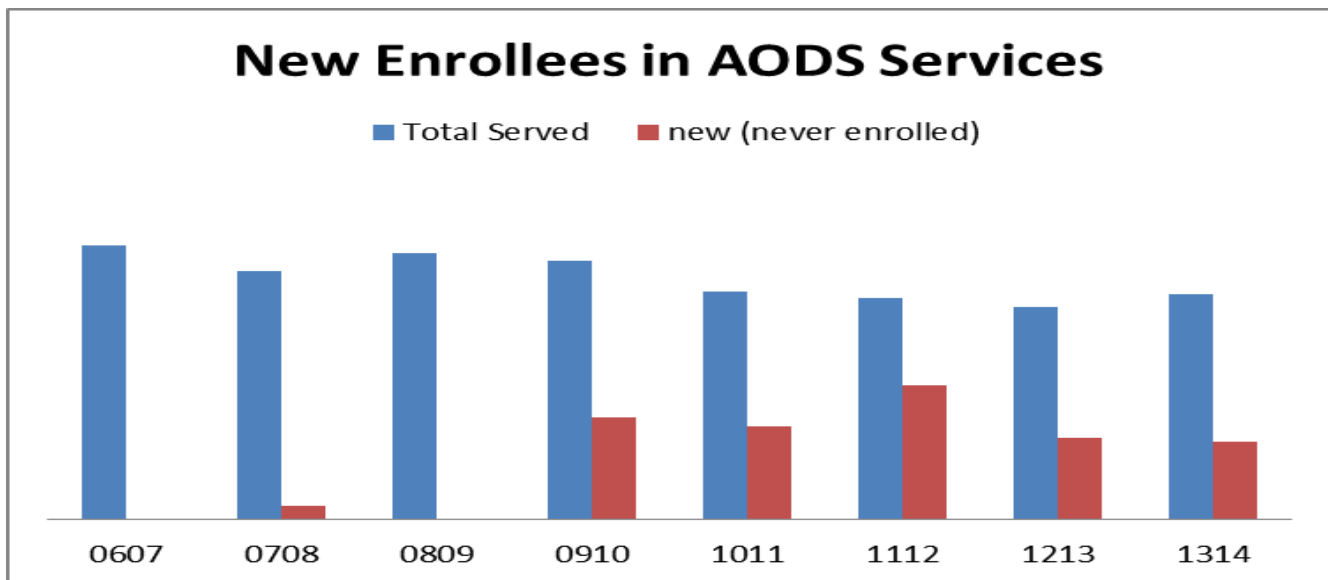
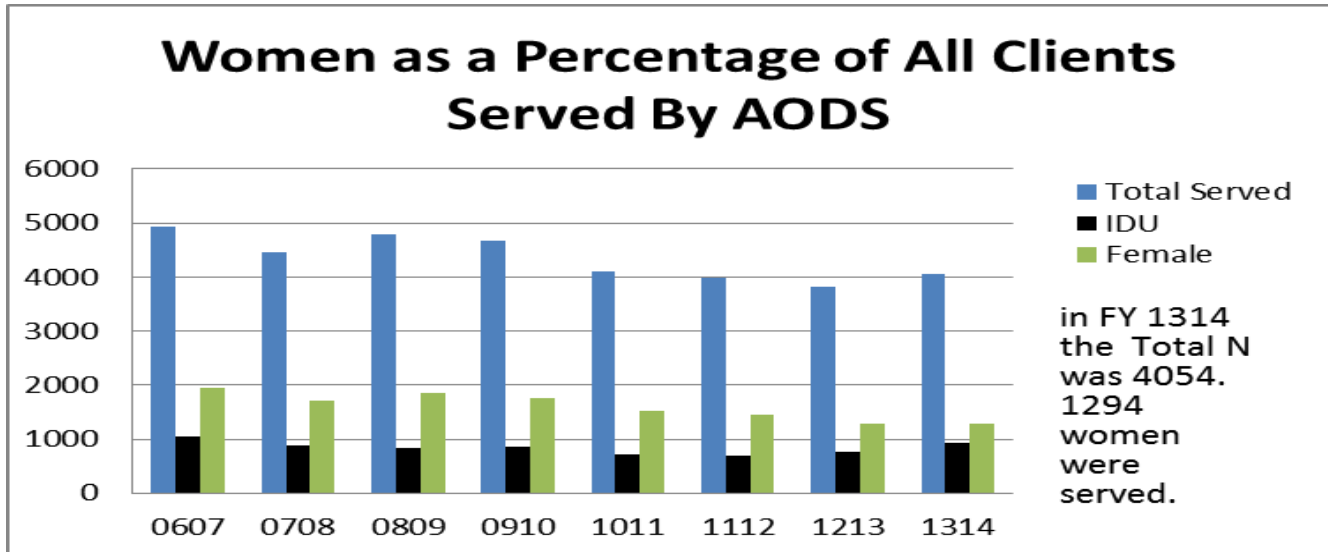
While admissions to AODS services in Fiscal year 13-14 were up by nearly 6% from the previous year, and this increase is reflected to a greater or lesser degree across most demographic characteristics in the AODS report, there are still approximately 13% fewer admissions than 5

years ago in 2009-2010. Admissions are not necessarily unduplicated individuals – one person may enter treatment multiple times during the year depending on the availability of treatment slots.

The largest growth change seen since 2009-2010 is Injection Drug Users (IDU) as a percentage of the overall admissions, up about 10% in the past 5 years. At the same time, the number of IDUs reporting injection habits of 30 or more times in a month is also up about 33% from 09/10. The single race / ethnicity showing an increase in enrollment are Hispanics, up approximately 5% from 5 years ago. While the percentage of women served is up marginally over the last year, enrollment of women has dropped about 36% since 09/10. The number of new admissions reported for the period is also down about 23% from 09/10.







Nearly all enrollees are marginally housed, with 35% of all AODS enrollees indicating that they were homeless at entry and 61% that they are in a “dependent” living condition (reliant on someone else or some other institution for their housing).

The Public Health HIV/AIDS and STD Program provides comprehensive HIV and STD Education, HIV rapid testing, HCV testing, and STD testing at selected AODS residential and detox centers serving adults and/or youth in Contra Costa. In FY 1314, services were provided to 1104 adults and 284 youth, an increase of 35% and 40% respectively over the prior year. Nearly half of those in the education sessions also received testing services (40% of the adults and 55% of the youth). HIV positive individuals are linked to care and treatment via HIV case management services, and individuals with positive STD results are provided treatment and follow-up. The Program also continues to offer limited Hepatitis C testing to approximately 35-50 of the highest risk individuals per year, referring those with positive tests to their clinical providers for follow-up care.

## **Pharmacy Syringe Sales**

Effective January 2015, AB 1743 allows adults anywhere in California to purchase and possess syringes for personal use without a prescription when acquired from an authorized source. [Health and Safety Code \[HCS\] Section 11364.1](#) and [HSC Section 11364.7](#) specify that authorized syringe exchange programs are also legal sources of nonprescription syringes. AB 1743 removes the prior limit of 30 that had been placed on nonprescription syringe provisions in earlier legislation. The pharmacy must still ensure that syringes are stored in a manner that makes them inaccessible to unauthorized persons and must offer consumers information on options for disposal. Health Education resources for consumers are also available on our website at <http://cchealth.org/aids/syringe-sales.php> and additional resources pertaining to pharmacy syringe sales is located on the state website: <http://www.cdph.ca.gov/programs/aids/Pages/OASyringeAccess.aspx>.

## **Disposal**

Contra Costa Environmental Health (CCEH) is responsible for administering the Medical Waste Management Program for Contra Costa County, and is the local enforcement and regulatory agency for Medical Waste Generators. CCEH issues permits and registers generators of medical waste, responds to complaints of abandoned medical waste on public property, and implements the Medical Waste Management Act (Part 14, C. 1-11 of the California Health and Safety Code). The agency web site has a list of frequently asked questions on syringe and needle disposal, a list of disposal sites in Contra Costa, pamphlets describing the proper disposal of syringes and other medical waste as well as links to state and other resources. Additional information can be found at <http://www.calrecycle.ca.gov/FacIT/Facility/Search.aspx#MOVEHERE>

<u>NO.</u>	<u>FACILITY NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP CODE</u>	<u>COUNTY</u>	<u>TELEPHONE</u>	<u>MATERIAL CATEGORIES</u>	<u>MATERIALS</u>
1	<a href="#">Alamo Sheriff's Substation</a>	150 Alamo Plaza, Suite C	Alamo	94507	Contra Costa	(925) 837-2902	Sharps or Medications	Sharps (Home-Generated)
2	<a href="#">City of Clayton</a>	6000 Heritage Trl	Clayton	94517	Contra Costa	(800) 646-1431	Sharps or Medications	Sharps (Home-Generated)
3	<a href="#">Danville Police Station</a>	510 La Gonda Way	Danville	94526	Contra Costa	(925) 314-3700	Sharps or Medications	Sharps (Home-Generated)
4	<a href="#">Delta HHW Collection Facility (East County)</a>	2550 Pittsburg Antioch Hwy	Antioch	94509	Contra Costa	(925) 756-1990	Sharps or Medications	Sharps (Home-Generated)
5	<a href="#">El Cerrito</a>	7501 Schmidt	El Cerrito	94530	Contra	(510) 215-	Sharps or	Sharps (Home-

	<a href="#">Recycling CTR</a>	Ln			Costa	4350	Medications	Generated)
6	<a href="#">Lafayette Fire Station</a>	3338 Mt Diablo Blvd	Lafayette	94549	Contra Costa	(925) 941-3300	Sharps or Medications	Sharps (Home-Generated)
7	<a href="#">Moraga-Orinda fire station</a>	1280 Moraga Way	Moraga	94556	Contra Costa	(925) 258-4599	Sharps or Medications	Sharps (Home-Generated)
8	<a href="#">Mountain View Sanitation District</a>	3800 Arthur Rd	Martinez	94553	Contra Costa	(925) 228-5635	Sharps or Medications	Sharps (Home-Generated)
9	<a href="#">Orinda Police Station</a>	22 Orinda Way	Orinda	94523	Contra Costa	(925) 254-6820	Sharps or Medications	Sharps (Home-Generated)
10	<a href="#">Rossmoor Pharmacy</a>	1220 Rossmoor Pkwy	Walnut Creek	94595	Contra Costa	(925) 939-1220	Sharps or Medications	Sharps (Home-Generated)
11	<a href="#">San Ramon Valley Fire District HQ</a>	1500 Bollinger Canyon Rd	San Ramon	94583	Contra Costa	(925) 838-6600	Sharps or Medications	Sharps (Home-Generated)
12	<a href="#">Walnut Creek City Hall</a>	1666 North Main St	Walnut Creek	94596	Contra Costa	(800) 750-4096	Sharps or Medications	Sharps (Home-Generated)
13	<a href="#">Walnut Creek Fire Station</a>	1050 Walnut Ave	Walnut Creek	94598	Contra Costa	(925) 941-3300	Sharps or Medications	Sharps (Home-Generated)
14	<a href="#">West Contra Costa County Hazardous Waste Collection Facility</a>	101 Pittsburg Ave	Richmond	94801	Contra Costa	(888) 412-9277	Sharps or Medications	Sharps (Home-Generated)

Public Health has received no complaints from law enforcement, business, pharmacies, or community members regarding discarded syringes this year.

### **Other Prevention Activities For Injection Drug Use**

The Contra Costa HIV Prevention plan, aligned with the State HIV Prevention strategy, targets the highest risk populations including men who have sex with other men and injection drug users, for HIV prevention services. Needle exchange remains an integral component of the plan and we anticipate continuing the use of County General Funds for needle exchange services to support the downward trend in HIV infections attributed to injection drug use. The plan will be

updated in calendar year 2015: the current plan can be found on the Public Health website at: <http://cchealth.org/aids/pdf/HIV-Prevention-Plan-Update-2012-2015.pdf>

There is renewed advocacy for the incorporation of Naloxone, a drug used to counter the effects of drug overdose from opioids such as Heroin or Morphine, into our prevention strategy to reduce transmission of HIV among injection drug users. Opioids depress the central nervous system and the respiratory system and also cause a marked decrease in blood pressure, which can lead to serious complications and death. The administration of Naloxone can reverse the effects of these substances and improve chances of survival following a drug overdose. Due to its capacity to diminish the effects of other substances, Naloxone has no street value. While the full extent of the problem is unknown in Contra Costa, the World Health Organization estimates more than 20,000 deaths might be prevented every year in the United States if naloxone was more widely available. Scotland, the first country to introduce a national program to provide naloxone, released results showing a marked reduction in opioid overdose deaths among people just released from prison, a particularly high risk group, from 9.8 percent in 2006 and 2010 to 4.7 percent in 2013.<sup>7</sup> To that end we are reviewing program requirements for establishing access to Naloxone at our needle exchange sites.

Other Prevention strategies to reduce the transmission of HIV among injection drug users include:

- HIV rapid testing services at community reaching more than 2000 people per year.
- Partner Counseling services to notify partners of potential exposure and testing available to HIV positive individuals and their providers.
- Tighter linkages to medical appointments for new positives to reduce the number of individuals falling out of care and to increase adherence to HIV medications.
- Training to increase community capacity to provide prevention services in Contra Costa is provided annually.
- Community based promotion of HIV testing among highest risk communities.
- Cross training between HIV, STD and HIV Surveillance staff to increase the pool of individuals available to meet demand for services

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<sup>7</sup> [http://www.huffingtonpost.com/2014/11/04/naloxone-prevent-overdose-deaths-us\\_n\\_6099152.html](http://www.huffingtonpost.com/2014/11/04/naloxone-prevent-overdose-deaths-us_n_6099152.html)

## **CONCLUSIONS:**

- 1. Access to clean needles has made a difference in Contra Costa and remains an important component of the overall strategy to reduce transmission of blood borne diseases.** The percent of HIV infections attributed to injection drug use has declined dramatically over time and the availability of needle exchange and pharmacy syringe sales has played a key role in this trend.
- 2. Law enforcement exposure to potential blood borne pathogens via needle stick injury has not increased with the implementation of needle exchange and pharmacy sales.** Materials for Law Enforcement to document potential exposure and request assistance are available on the website.
- 3. There is no evidence of increased maternal transmission of HIV to unborn children.**

Needle exchange is a critical component of Contra Costa's HIV prevention strategy and should remain in effect until further notice. Should the Committee desire, frequency of presentations can be at two year intervals.