

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.

SUMMARY

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.

This report satisfies State regulatory requirements to maintain needle exchange services in Contra Costa.

As of December 2014, 2075 individuals are living with HIV or AIDS in Contra Costa. There is a decline in HIV attributed to injection drug use from earlier years among those living with HIV or AIDS in Contra Costa. The percentage of new HIV (not AIDS) infections attributed to Injection Drug Use is also lower than in previous years.

Needle exchange services are provided under a contract with HIV Education and Prevention Project of Alameda County (HEPPAC). The Health Department continues to provide \$54,000 in County general funds annually to support the operation of Needle Exchange services in West and East County on a weekly basis. While there has been a drop in the number of individuals served, there has been an increase in referrals to health and supportive services this past fiscal year.

Neither Needle Exchange nor legislative changes allowing pharmacies to dispense syringes without a prescription have had any apparent negative effect on residents, business or law enforcement in Contra Costa. The availability of needle exchange as part of a comprehensive continuum of services for injection drug users continues to be a necessary Public Health measure to reduce transmission of blood borne diseases in Contra Costa.

BACKGROUND ON ACCESS TO CLEAN NEEDLES TO REDUCE TRANSMISSION

The California Department of Public Health (CDPH) reports that of the 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 infection¹.

Needle exchange has been an essential component of Contra Costa's strategy to reduce the transmission of HIV attributed to Injection Drug Use (IDU) since 1999, when the program operated under the Board's declaration of a State of Emergency to authorize needle exchange services. Health and Safety Code Section 121349.3 removed the requirement for a Declaration of Emergency and current regulations now require only that Needle Exchange information be provided at an open meeting of the authorizing body every two years.

During 2005-2010, Contra Costa participated in a statewide Disease Prevention Demonstration Project (DPDP) to assess the potential to reduce transmission of HIV by increasing access to sterile needles and syringes. The project evaluation showed lower injection-related risks among people who inject drugs in those counties with syringe exchange programs. 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 crime².

As a result of the success of the DPDP, 2011 legislation expanded syringe access through pharmacies throughout the state. Assembly Bill (AB) 1743 (Ting, Chapter 331, Statutes of 2014) further expanded access in January 2015 by allowing customers to purchase and possess an unlimited number of syringes. Participating pharmacies must provide counseling and offer information on safe disposal.

REDUCING TRANSMISSION OF DISEASE

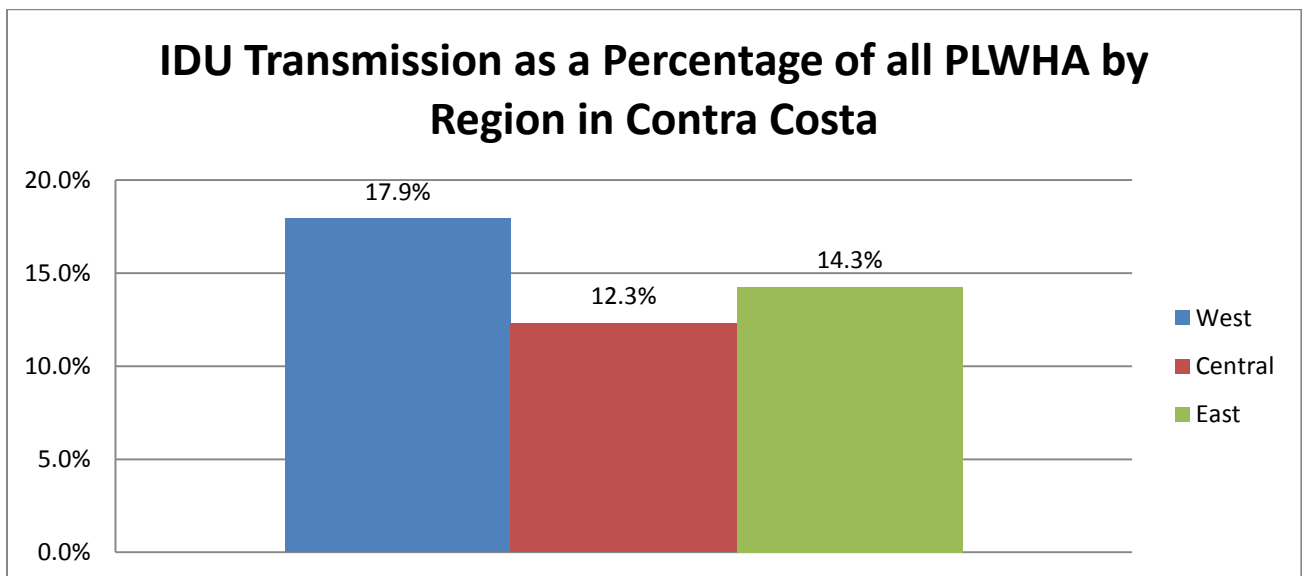
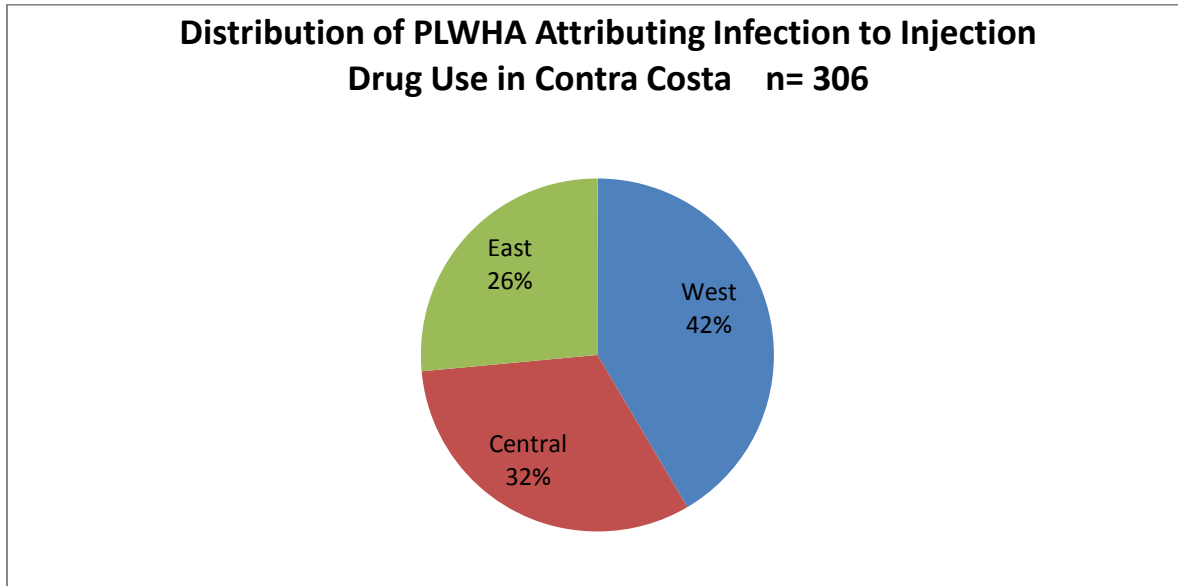
As of December 31, 2014 there were 2075 individuals reported living with HIV or AIDS (PLWH/A) in Contra Costa. Roughly 39% reside in Central County, 34% in West County, and 27% in East County. Of all PLWH/A in Contra Costa, 306 individuals (14.8%) identify injection drug use or injection drug use among men who have sex with other men as their mode of transmission³. While the majority of those identifying injection drug use transmission are in the West and Central areas of the county,

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

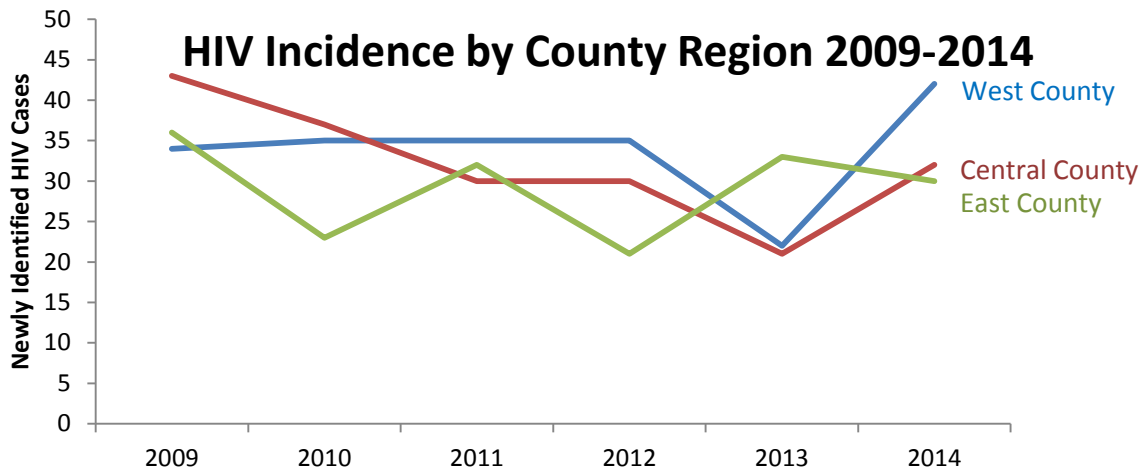
² The full report of the evaluation can be accessed on the California Department of Public Health, Office of AIDS website <http://www.cdph.ca.gov/programs/Documents/SB1159StateReportFinal.pdf> -

³ Contra Costa Public Health Epidemiology, Planning and Evaluation unpublished report dated June 17, 2015

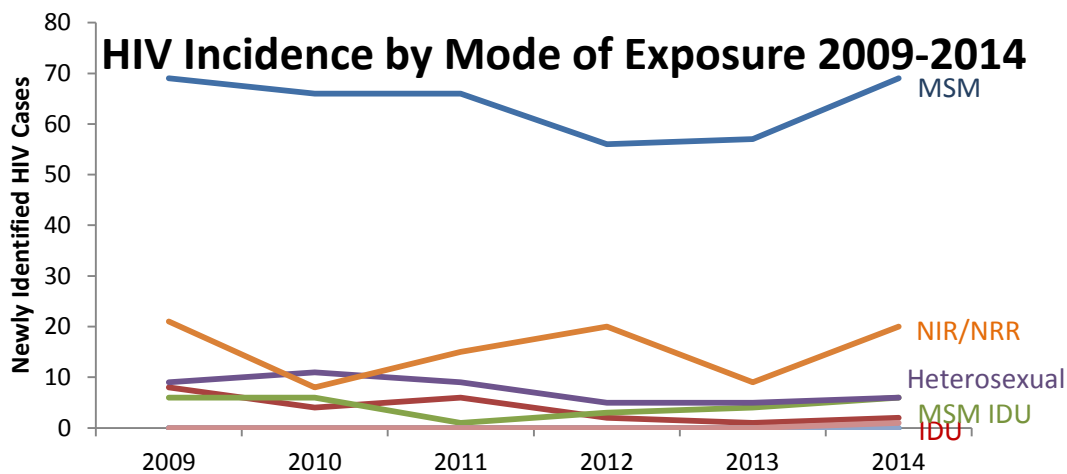
looking at IDU transmission as a percentage of overall cases living in different regions of the county demonstrates that West and East Contra Costa are disproportionately impacted – these are the areas of Contra Costa selected for needle exchange locations.



The number of new HIV infections occurring over the last 5 years has been relatively consistent, averaging about 95-100 new HIV cases per year. Geographic distribution of the new cases has shifted a bit in recent years, with numbers again creeping up in West County.



Most new cases of HIV are men who have sex with other men (MSM). No Identified Risk or No Risk Reported (NIR/NRR), about 20% of the cases, is largely among women in cases where the status of their partner is unknown.



HIV attributed to injection drug use continues to decline from 2005 and 2006, when injection drug users comprised about 25% of all People Living with AIDS in Contra Costa⁴. Statewide about 7 percent of those living with HIV or AIDS report injection drug use as their primary risk and injection drug users who also report MSM activity account for about 7.6 percent of those living with HIV or AIDS.⁵ While Contra Costa continues to have a higher percentage of individuals living with HIV or AIDS who attribute their infection to injection drug use (9.8%) than the State, the numbers are now more closely aligned than in the past, and the number of newly infected (chart above) who cite IDU as their mode of transmission are dramatically lower still.

⁴ Contra Costa Public Health Division report, July 2006. http://cchealth.org/health-data/pdf/hiv_2006_07.pdf

⁵ 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>

Maternal Transmission

It often takes two or three months for an accurate diagnosis of HIV or AIDS in a newborn, as a positive test at birth may be reflecting maternal antibodies and not HIV. Children with HIV have the usual childhood infections more often and more severely than uninfected children, and can also be susceptible to the same opportunistic infections as adults.

There is no comprehensive tracking of maternal transmission since the Stanford project was defunded in 2009. Of the 2,075 individuals living with HIV or AIDS, 15 are pediatric cases: 3 are children 12 years of age or younger based on current age. Identification and treatment of HIV positive women in prenatal care is nearly universal, but we still have women who do not seek prenatal care prior to delivery.

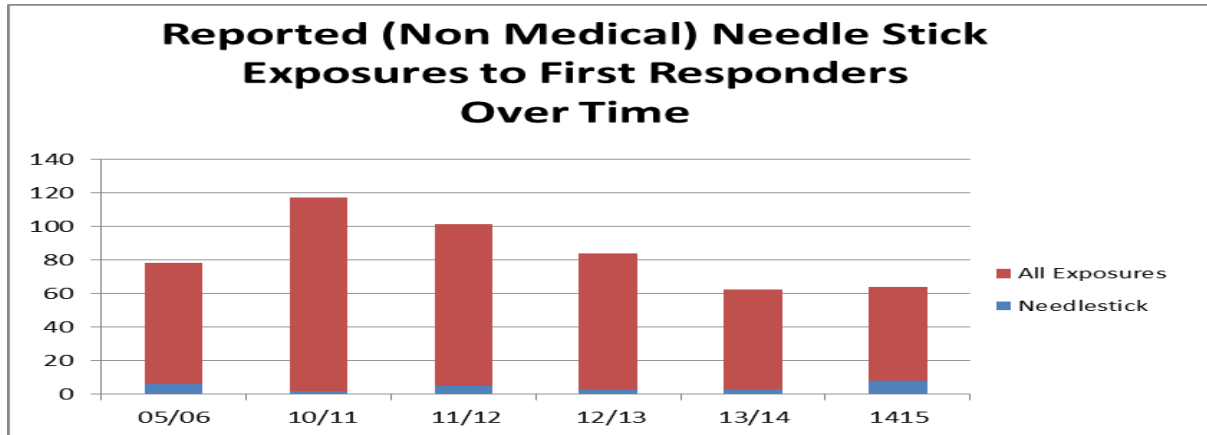
Hepatitis C

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. Across California the number of chronic Hepatitis C carriers continues to be unreliable due to variation in reporting capacities and the high volume of duplicated positive lab tests. Consequently, in Contra Costa the Acute Communicable Disease (ACD) program reviews only a fraction of the reports and only follows those cases with extremely acute infections and those with a higher likelihood of yielding opportunities for contact intervention and transmission interruption. Of the 2,650 reports received in 1415, 196 records were reviewed by ACD. There were multiple reporting duplications in this subset. The State is reviewing reporting and recording processes and we will suspend analysis and inclusion of Hepatitis C data in this report until the data is more accurate.

Exposure Impact on Law Enforcement and First Responders

Occupational exposure to needlestick injuries for first responders remains low. The Communicable Disease Control Program reviews 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>. Eight of 56 exposures reported this year are needlestick contacts, up somewhat from previous years⁶. Public Health has received no reports of subsequent HIV infection as a result of needlestick injury among law enforcement or first responders.

⁶ Contra Costa Health Department Communicable Disease Program



Needle Exchange Services, Fiscal Year 14/15

All data below is supplied by the needle exchange contractor, HIV Education Prevention Project of Alameda County (HEPPAC). HEPPAC assumed the contract in mid-2012.

Needle exchange services in the region rely on a combination of county general funds and other funding secured by the contractor through foundations and other organizations. The budget funds two outreach workers, a site supervisor, staff training, and supplies. Service delivery and reporting has improved over time, attributed to an agency with a stronger structure and better infrastructural support.

In FY 14/15, HEPPAC noted a significant drop in client load, primarily in West County. They do not know why participation has declined, but did report some staffing interruptions during the year. The agency responded by searching for new West County sites and introducing a “roving” needle exchange service which proved somewhat successful in increasing the number of individuals served at the end of the fiscal year. The agency continues to search for appropriate locations in West County in an effort to rebuild weekly services in Richmond. Overall, the number of African Americans and Hispanics served through all needle exchange sites dropped by 50% and 38% respectively compared to the previous year.

In East County, the situation is different: the Pittsburg site yields the highest volume of syringe exchanges in Contra Costa. The average client at East County sites is a Caucasian male between the ages of 40-49. The East County sites also report an increase in the number of participants reporting use of prescription opioid pills, crushed and modified for injection. This trend is reflective of national trends and may be a contributing factor in accidental overdose deaths.

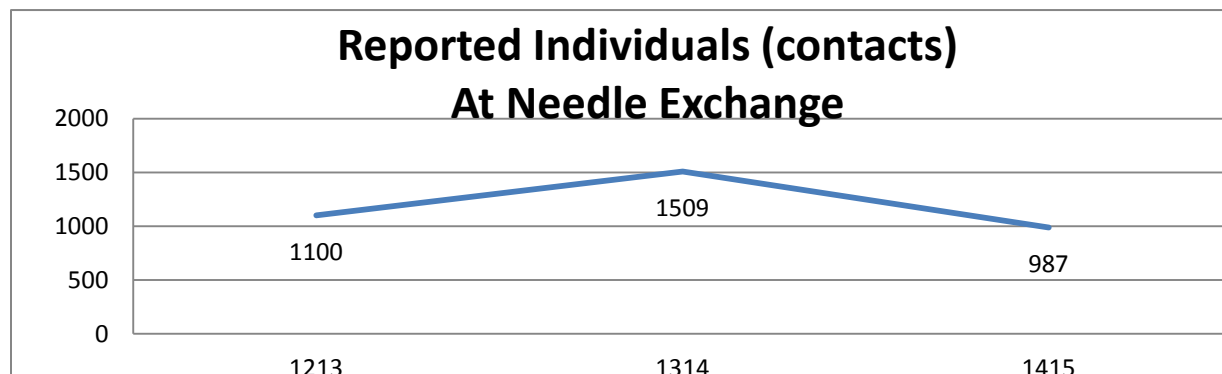
HEPPAC also reports a significant increase in health and social services referrals from 306 referrals in the previous year to 871 referrals last year. This positive move is

attributed to HEPPAC's stronger linkages to health care, substance use treatment, and other resources.

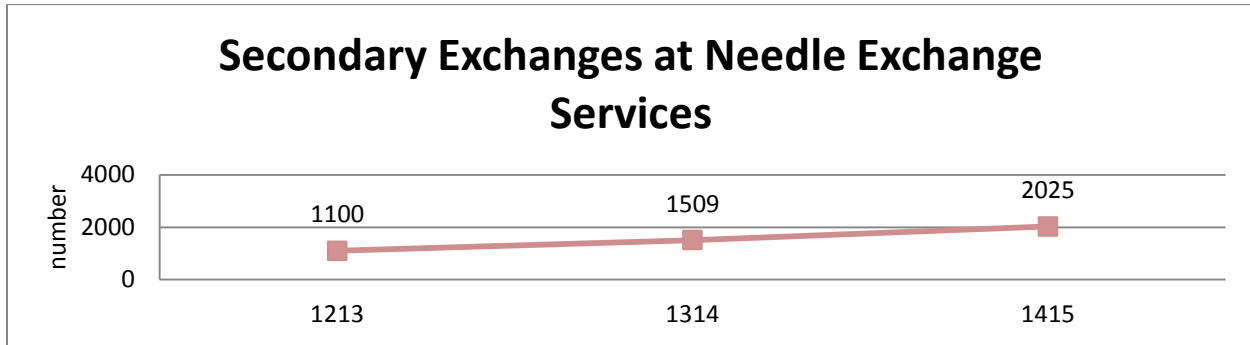
Even though the total number of clients served has dropped this year, the number served remains relatively consistent with the number served two years ago. One-for-one syringe exchange continues to be the core operating principle of needle exchange, and individuals access services for themselves or exchange on behalf of others. Of the 987 individuals (contacts) served in the year, 655 (approx. 66%) were male. A total of 66% of the contacts were in East County and 34% in West County. The data reported by HEPPAC shows a continued shift toward increasing utilization at the East Contra Costa sites. The agency is actively seeking new sites in West County.

Ethnicity Totals Over Time			
	12/13	13/14	14/15
African American	382	622	313
White	534	694	524
Latino/Hispanic	177	183	139
Native American	1	3	1
Asian/Pacific Islander	5	5	7
Other	1	3	3
Total	1100	1509	987

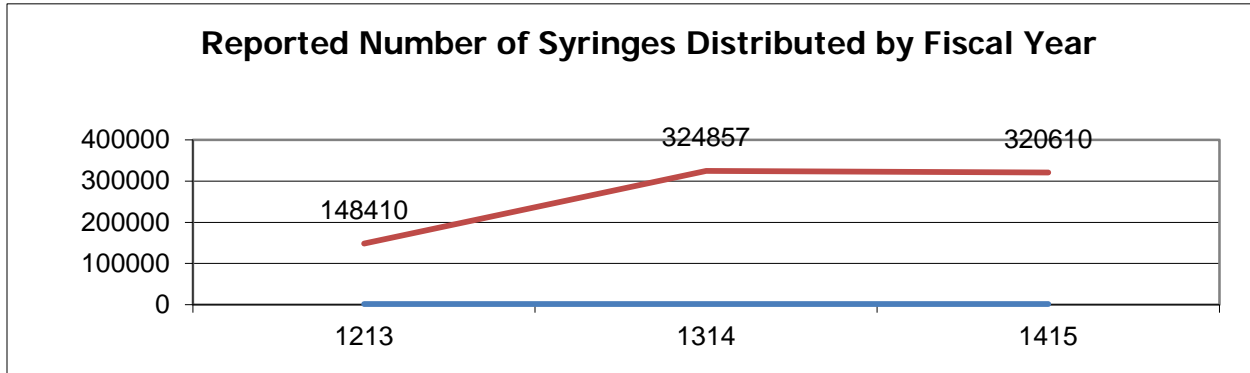
Individuals accessing needle exchange are reported as "Contacts" : the number may contain duplicates.



Exchanging syringes for others is called a secondary exchange. Individuals who exchange for others report the estimated number of individuals for whom they exchange syringes, summarized in the chart below. The overall volume of secondary exchange has increased over time: while the reported percentage increased by about 34% from the previous year, these numbers are also duplicated and based on self-report.



Finally, the total number of syringes distributed over time is increased by 116% since FY 1213. Again, the increase is largely attributed to having a stronger agency managing the program, as well as an increase in secondary exchanges reported by those individuals who exchange for others.

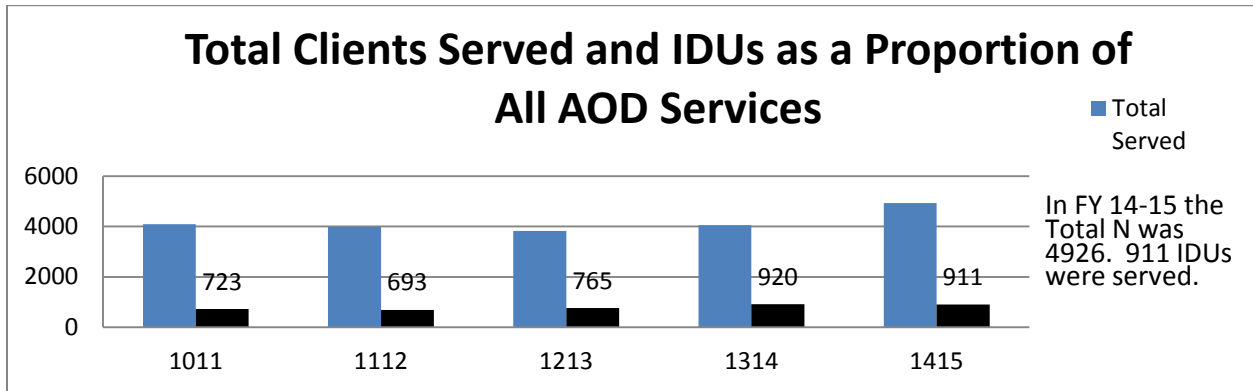


Overall, the agency is performing well and will continue to provide services in both East and West Contra Costa on a weekly basis. The Public Health program will continue to monitor service delivery in West County to both assess why the volume of clients has dropped off and determine if other steps are needed to increase performance.

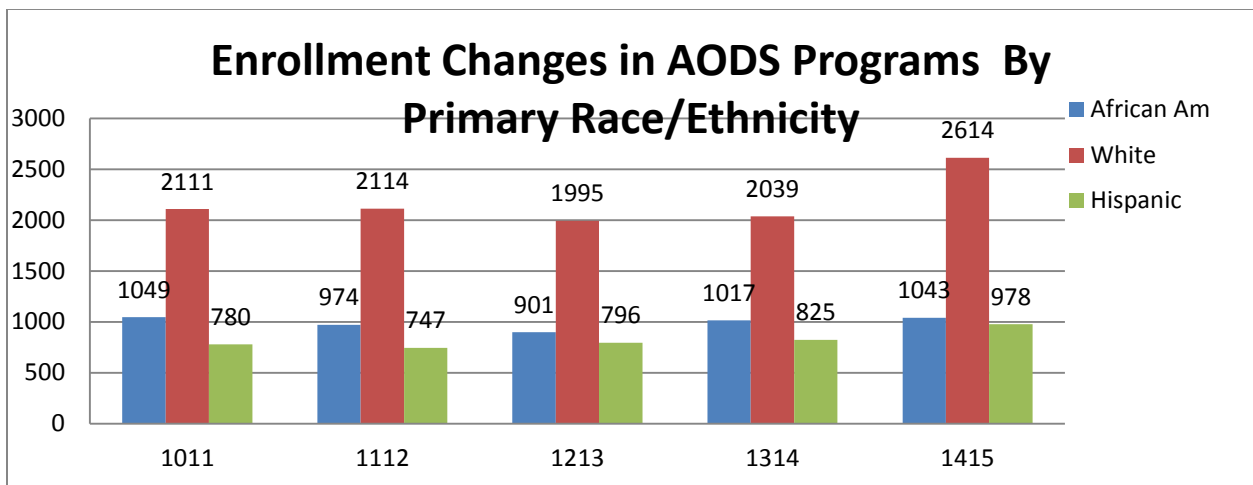
Alcohol and Other Drug Services (AODS)

Admissions to AODS services in Fiscal year 14-15 were up by nearly 22% from the previous year, and at this time it appears that the reduction in treatment capacity since FY 0607 has been reversed. The increased enrollment is attributed to several factors, including an expansion of methadone treatment services due to increased admissions for opioid abuse treatment and increased access due to the Affordable Care Act. Admissions are not necessarily unduplicated individuals – one person may enter treatment multiple times during the year depending on the availability of treatment slots. Indeed, 33% of injection drug users reported 3 or more prior AODS treatment admissions.

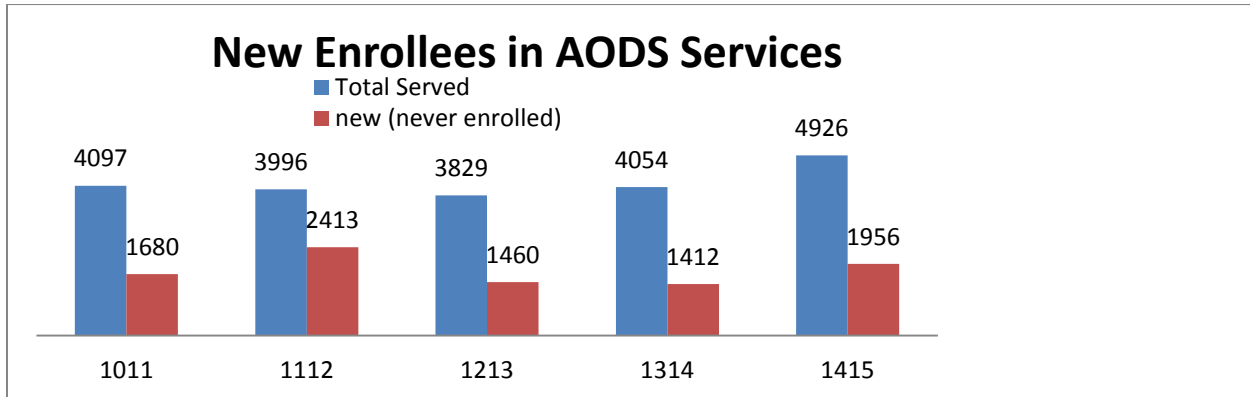
Of the 4926 admissions this past fiscal year, roughly 18% identified injection drug use behavior. The proportion of injection drug users to the overall population in AODS services has remained fairly constant over the last several years, ranging from 18 – 20% of all enrollees.



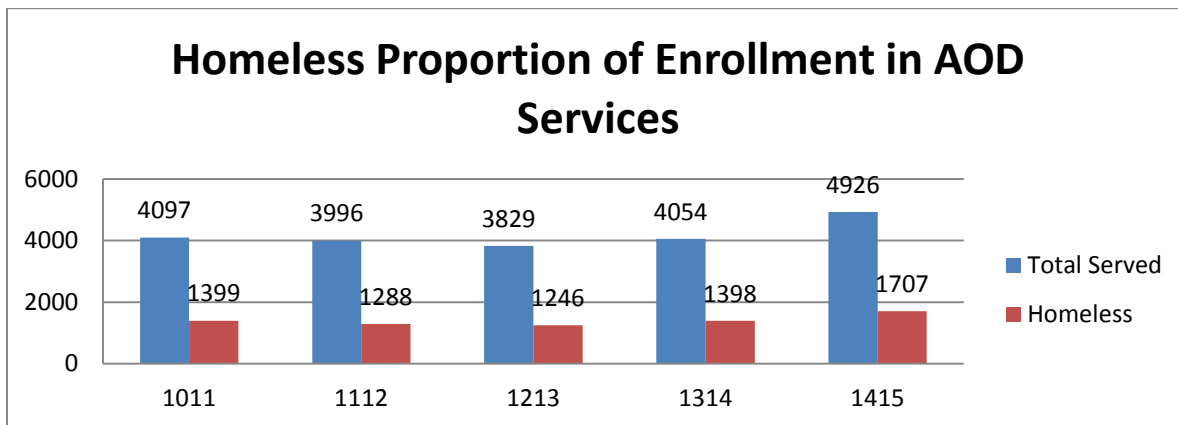
Among major race / ethnicity groups, the overall percentage of African Americans enrolled in services has declined from 26% in 2010 to 21% in 2014-2015. Hispanics have held relatively steady at roughly 20% of those served, and Whites comprise just over half the service enrollees. Women remain roughly 34% of those served.



Nearly 40% of those served in FY 1415 are new enrollees, and nearly 30% of all IDUs served in the year had no prior AOD treatment admissions.



Most enrollees are marginally housed, with 35% of all AODS enrollees indicating that they were homeless at entry and 53% 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 1415, HIV/AIDS and STD education services were provided to 1047 adults and 238 youth. Nearly half of those completing education sessions also received HIV testing services (36% of the adults and 51% 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 rapid 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.

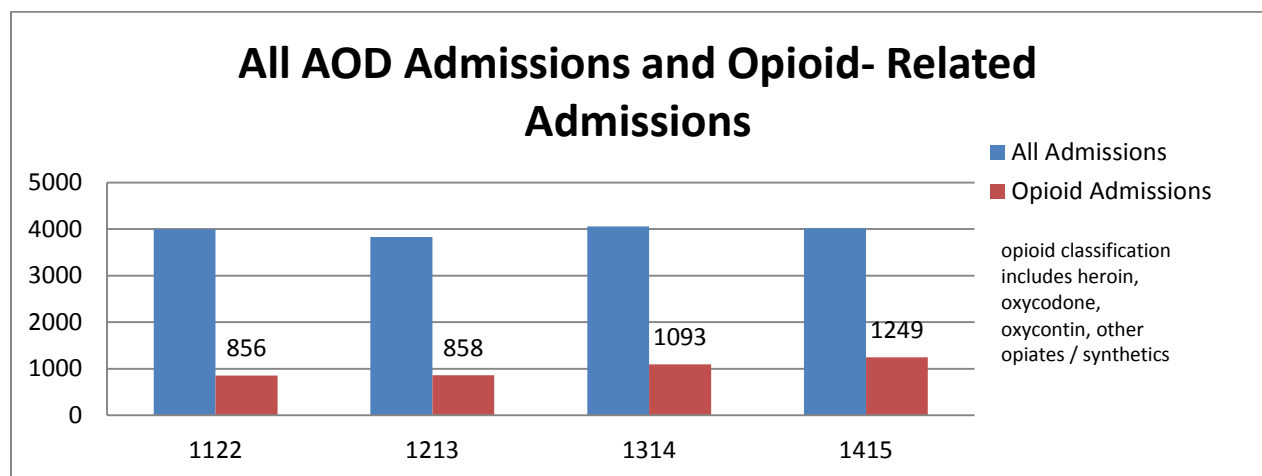
Opioid Overdose

The public health epidemic in Indiana is currently shedding light on the effectiveness of needle exchange and other harm reduction services for HIV/AIDS prevention. Scott County Indiana experienced an outbreak of HIV cases linked to the injection drug use

of the prescription painkiller Opana. The number of new HIV infections attributed to IDU jumped from 5-6 per year to over 170. Emergency legislation was enacted to allow needle exchange services in several counties with high numbers of IDUs.

Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain, diminishing the effects of a painful stimulus. Medications that fall within this class include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs. Hydrocodone products are the most commonly prescribed for a variety of painful conditions, including dental and injury-related pain. Morphine is often used before and after surgical procedures to alleviate severe pain. Codeine, on the other hand, is often prescribed for mild pain. In addition to their pain relieving properties, some of these drugs—codeine and diphenoxylate (Lomotil) for example—can be used to relieve coughs or severe diarrhea.

Heroin is an opioid drug that is synthesized from morphine. In 2011, 4.2 million Americans aged 12 or older (or 1.6 percent) had used heroin at least once in their lives. It is estimated that about 23 percent of individuals who use heroin become dependent on it.⁷ Approximately 60% of IDUs served in AOD programs identify Heroin as their primary problem at admission. Prescription opioid pain medications such as Oxycontin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and they are currently among the most commonly abused drugs in the United States. Admissions to AOD treatment services for which opioids are the primary problem at admission have increased by roughly 46% since 2011, from 21% of overall admissions in 2011/2012 to 31% of admissions in 2014 / 2015.



The California Department of Health estimates in 2012 there were 1,800 opioid related deaths, most attributed to prescription pain medications either with or without alcohol

⁷ <http://www.drugabuse.gov/publications/drugfacts/heroin>

or other drugs. In Contra Costa County in 2013, 137 deaths were attributed to unintentional drug poisoning.” This year the California Board of Pharmacy initiated steps to address concerns with death by opioid overdose. Acknowledging that increasing accessibility to naloxone would contribute to general public health and safety, in April, 2015 an amendment to Title 16 of the California Code of Regulations (Section 1746.3) was adopted, authorizing pharmacists to furnish, without a prescription, an antidote to reverse opioid overdose. Naloxone works only on opioids, and does not reverse overdose of cocaine, amphetamines, methamphetamine, alcohol, or other non-opioid drugs. Pharmacists must complete one hour of continuing education on the use of Naloxone Hydrochloride, screen for any hypersensitivity, and provide the recipient with training to recognize, respond and administer naloxone. Locally, clients at the Syringe Exchange sites, particularly in East County, are requesting information about and access to Naloxone and the Public Health Department is exploring methods to provide Naloxone at needle exchange sites. Due to its capacity to diminish the effects of other substances, Naloxone has no street value. Public Health has also entered into discussions with other Divisions in the Health Department to identify strategies that will support efforts to address abuse of prescription medications.

Disposal

Contra Costa Environmental Health (CCEH) administers 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 maintains a list of frequently asked questions (FAQs) on syringe and needle disposal, a list of disposal sites in Contra Costa, a number of 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	Alamo Sheriff's Substation	150 Alamo Plaza, Suite C	Alamo	94507	Contra Costa	(925) 837-2902	Sharps or Medications	Sharps (Home-Generated)
2	City of Clayton	6000 Heritage Trl	Clayton	94517	Contra Costa	(800) 646-1431	Sharps or Medications	Sharps (Home-Generated)
3	Danville Police Station	510 La Gonda Way	Danville	94526	Contra Costa	(925) 314-3700	Sharps or Medications	Sharps (Home-Generated)

4	Delta HHW Collection Facility (East County)	2550 Pittsburg Antioch Hwy	Antioch	94509	Contra Costa	(925) 756-1990	Sharps or Medications	Sharps (Home-Generated)
5	El Cerrito Recycling CTR	7501 Schmidt Ln	El Cerrito	94530	Contra Costa	(510) 215-4350	Sharps or Medications	Sharps (Home-Generated)
6	Lafayette Fire Station	3338 Mt Diablo Blvd	Lafayette	94549	Contra Costa	(925) 941-3300	Sharps or Medications	Sharps (Home-Generated)
7	Moraga-Orinda fire station	1280 Moraga Way	Moraga	94556	Contra Costa	(925) 258-4599	Sharps or Medications	Sharps (Home-Generated)
8	Mountain View Sanitation District	3800 Arthur Rd	Martinez	94553	Contra Costa	(925) 228-5635	Sharps or Medications	Sharps (Home-Generated)
9	Orinda Police Station	22 Orinda Way	Orinda	94523	Contra Costa	(925) 254-6820	Sharps or Medications	Sharps (Home-Generated)
10	San Ramon Valley Fire District HQ	1500 Bollinger Canyon Rd	San Ramon	94583	Contra Costa	(925) 838-6600	Sharps or Medications	Sharps (Home-Generated)
11	Walnut Creek City Hall	1666 North Main St	Walnut Creek	94596	Contra Costa	(800) 750-4096	Sharps or Medications	Sharps (Home-Generated)
12	Walnut Creek Fire Station	1050 Walnut Ave	Walnut Creek	94598	Contra Costa	(925) 941-3300	Sharps or Medications	Sharps (Home-Generated)
13	West Contra Costa County Hazardous Waste Collection Facility	101 Pittsburg Ave	Richmond	94801	Contra Costa	(888) 412-9277	Sharps or Medications	Sharps (Home-Generated)

The Public Health HIV/AIDS and STD program 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 has recently been updated and is aligned with both the State HIV Prevention strategy and the National AIDS strategy. Our plan 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. There is renewed advocacy for the incorporation of Naloxone into our prevention strategy to reduce transmission of HIV and accidental death among injection drug users. The current plan can be found on the Public Health website <http://cchealth.org/aids/pdf/HIV-Prevention-Plan-Update-2012-2015.pdf> and the newest update will be posted when vetting is complete. Other Prevention strategies to reduce the transmission of HIV include:

- HIV rapid testing services in the community reaching more than 2000 people per year.
- The availability of Pre Exposure Prophylaxis to prevent transmission of HIV.
- 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: 81% of newly diagnosed HIV positive individuals in Contra Costa are linked to HIV care within 90 days.
- 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

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.

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. **The number of children under 12 years of age** living with HIV or AIDS has decreased and 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