

## **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 2016, 2,614 individuals are living with HIV or AIDS in Contra Costa. Between 2014 and 2016, the percentage of people living with HIV and identifying injection drug use (IDU) as the mode of transmission has dropped from 10% of all those living with HIV to 8%. While the percentage of those newly infected with HIV in 2016 identifying IDU as the mode of transmission increased marginally (2% in 2014 to 3% in 2016), the total numbers remain small (4 individuals newly diagnosed in 2016 attribute their infection to IDU).

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 weekly operation of needle exchange services in West and East County. 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, businesses 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 128,415 people living with HIV/AIDS in California in 2015, 13% identified their risk for HIV as injection drug use (IDU).<sup>1</sup> Further, the CDPH Office of Viral Hepatitis estimates that at least 60% of 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, HCV, and Hepatitis B infection.<sup>2</sup>

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.

From 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 crime.<sup>3</sup>

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, 2016 there were 2,614 individuals reported living with HIV or AIDS (PLWH/A) in Contra Costa. Roughly 35.5% reside in Central County, 33.7% in West County, and 30.7% in East County.<sup>4</sup>

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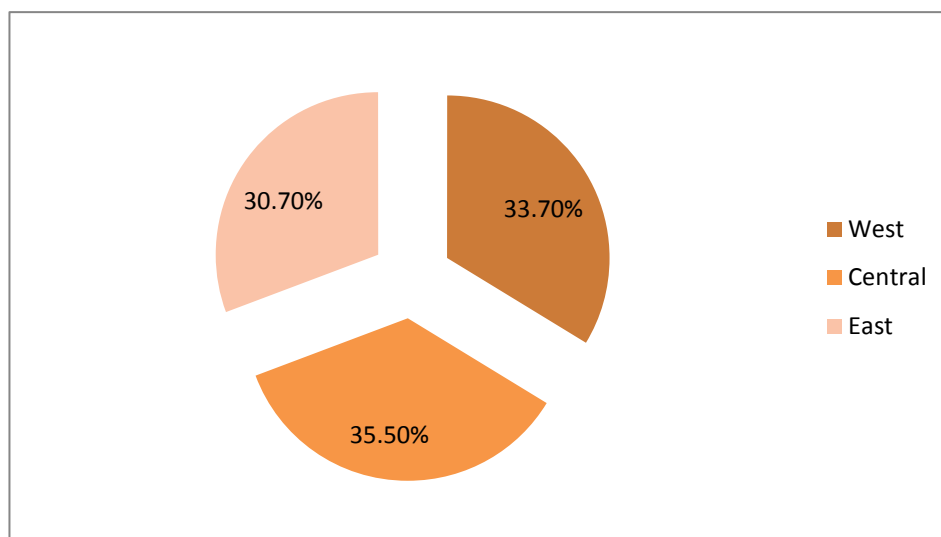
<sup>1</sup> [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202015%20\(Final%20Version%20Submitted%20for%20Approval\).pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202015%20(Final%20Version%20Submitted%20for%20Approval).pdf)

<sup>2</sup> <https://cchealth.org/aids/pdf/Legislation-and-Requirements.pdf>

<sup>3</sup> 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> -

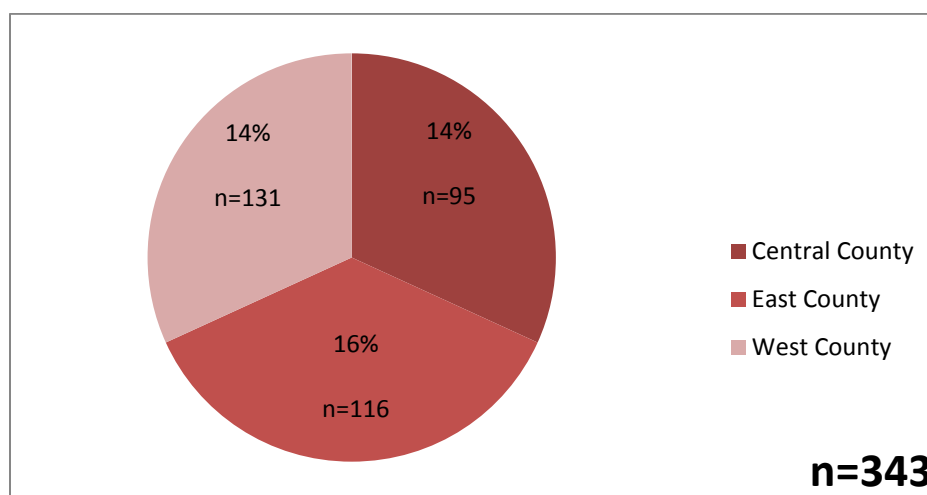
<sup>4</sup> Data Use Agreement (DUA) Q2 2017

**Chart 1: Distribution of all PLWHA by Region in Contra Costa as of 12/31/2016**



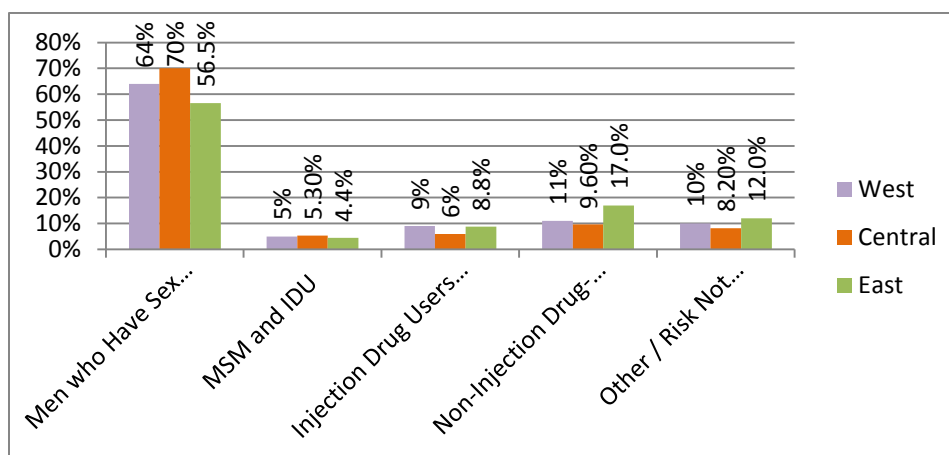
Of all PLWH/A in Contra Costa, 343 individuals (13%) identify injection drug use or injection drug use among men who have sex with other men as their mode of transmission.<sup>5</sup> The majority of those identifying injection drug use transmission are in the West and Central areas of the county,

**Chart 2: Distribution of all PLWHA Attributing Infection to Injection Drug Use in Contra Costa by Region as of 12/31/2016**



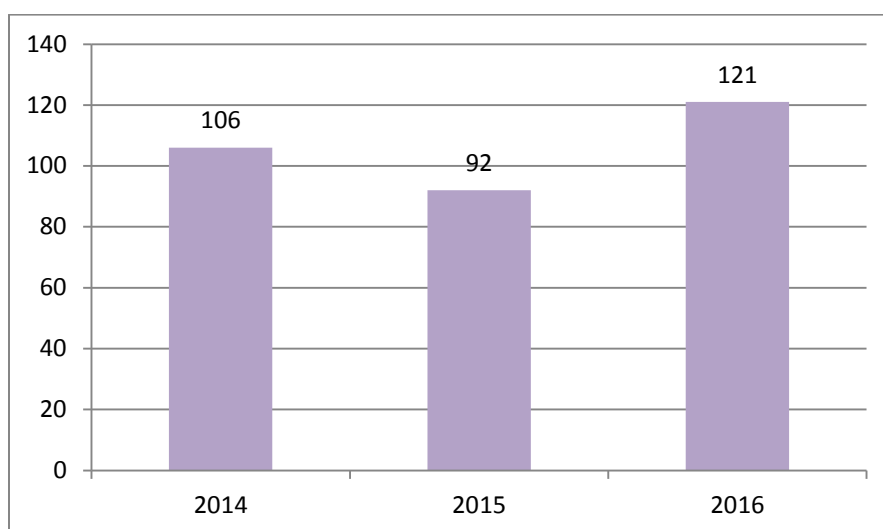
<sup>5</sup> Data from 2016 Data Use Agreement (DUA) Data, Q2 2017.

**Chart 3: Mode of Transmission as Percentage of all PLWHA by Region in Contra Costa in 2016**



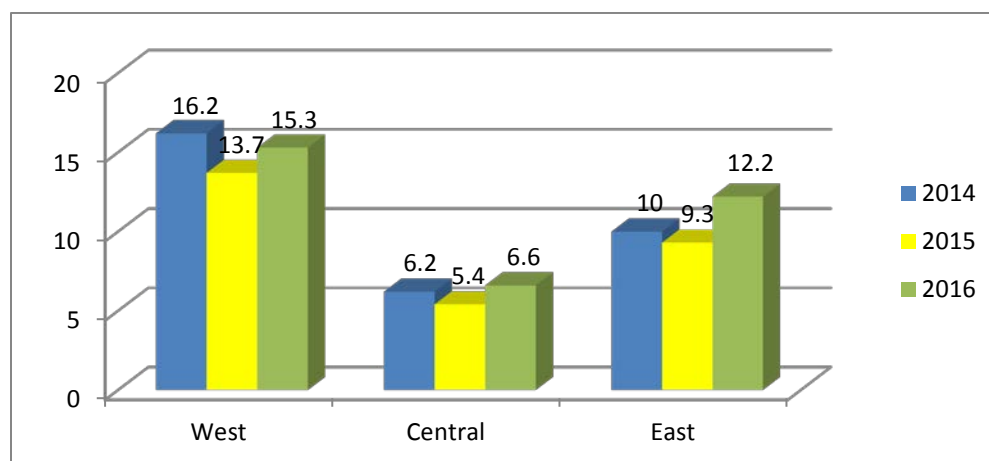
The number of new HIV infections occurring over the last 3 years (Chart 4) has increased slightly, averaging 106 new HIV cases per year. A State change in residency definitions in 2016, coupled with better clinical risk assessments and a move toward more routine testing for HIV may be contributing factors to the modest increase in numbers.

**Chart 4: New HIV Infections by Year in Contra Costa County (2014–2016)**



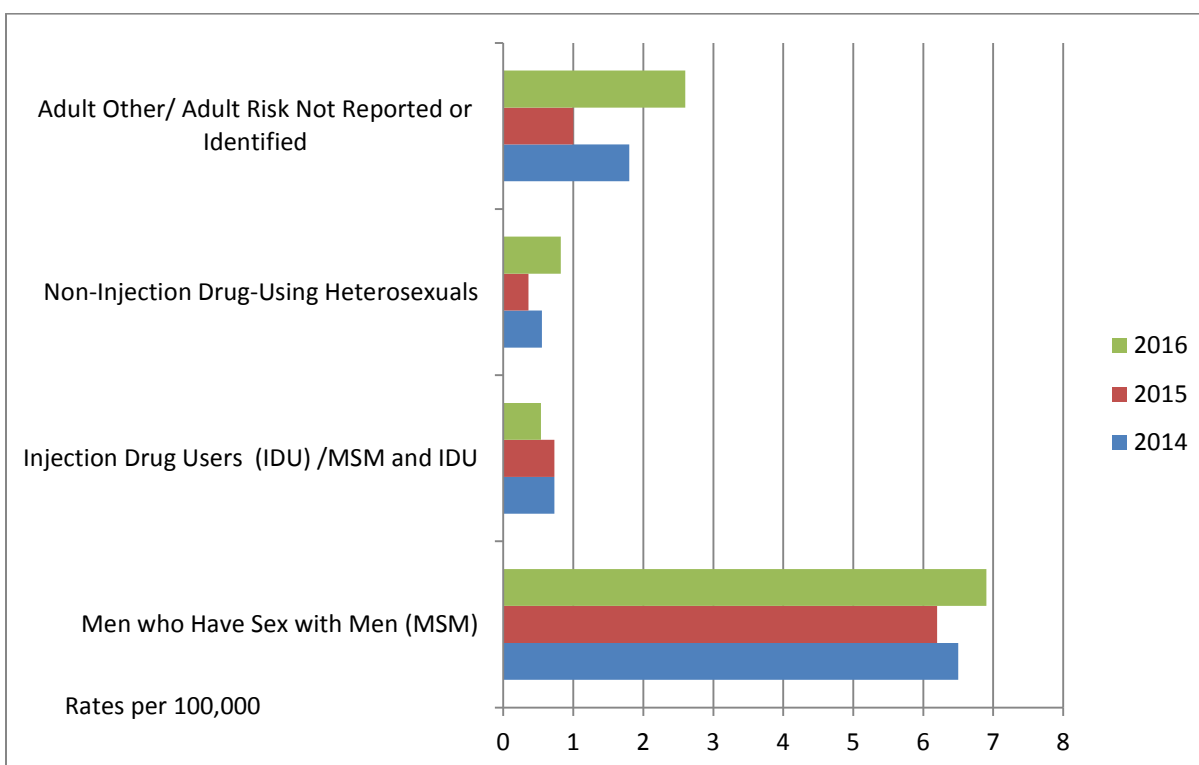
While West Contra Costa remains the region of the county most impacted by HIV, case rates of new HIV infections are increasing in East Contra Costa (Chart 5). For that reason, Needle Exchange services continue to be provided in West and East County.

**Chart 5: Case Rates (Newly Identified HIV) per 100,000 residents by County Region (2014-2016)**



Most new cases of HIV (Chart 6) are men who have sex with other men (MSM). Individuals with no identified risk or no risk reported (NIR/NRR), about 20% of the cases, largely consist of women with partners of unknown status.

**Chart 6: HIV Incidence by Mode of Exposure among Contra Costa Residents Newly Identified with HIV Infection (2014-2016)**



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 HIV in Contra Costa.<sup>6</sup> Statewide about 4.6% of adult males and 18.5% of adult females report injection drug use as their primary risk, equating to 6.3% of adults living with HIV or AIDS. Injection drug users who also report MSM activity account for about 8.1 percent of those living with HIV or AIDS.<sup>7</sup>

## **MATERNAL TRANSMISSION**

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

Of the 2,614 individuals living with HIV or AIDS in Contra Costa County, 19 are pediatric cases: the majority are now adults and 3 are children 12 years of age or younger. Identification and treatment of HIV positive women in prenatal care is nearly universal, but we continue to encounter women who do not seek prenatal care prior to delivery. In 2016, Contra Costa County had one new case of maternally- transmitted HIV. A comprehensive case review completed by the CCRMC Safety and Performance Improvement Committee found that while the woman accessed care quite late in pregnancy, through multiple providers, and was inconsistent in her follow up, several health care systems could have performed better to possibly prevent the tragic outcome. Systems changes were proposed and there have been no new subsequent maternal transmission cases reported. Mother and baby are both virally suppressed at this time.

## **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, changes in patient residences 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 extremely acute infections and those with a higher likelihood of yielding opportunities for contact intervention and transmission interruption. There were 1,313 reports received by the ACD program in calendar year 2016. There may still be reporting duplication in this subset since large de-duplication efforts still have to be

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<sup>6</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>7</sup> HIV/AIDS Surveillance in California as of December 2015:

[https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202015%20\(Final%20Version%20Submitted%20for%20Approval\).pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202015%20(Final%20Version%20Submitted%20for%20Approval).pdf)

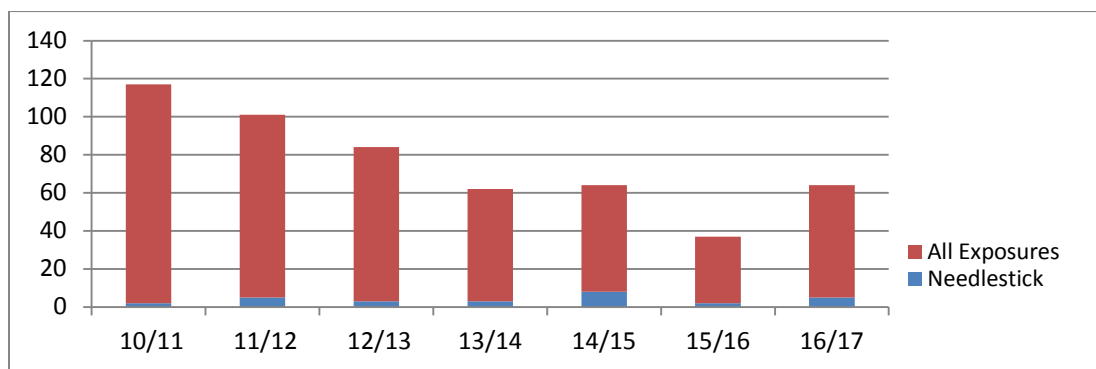
completed by the State Health Department to compare previously reported cases across jurisdictions and against historical reporting systems. The State is reviewing reporting and recording processes and we will suspend analysis and inclusion of Hepatitis C data in this report until the data is more accurate.

## **EXPOSURE IMPACT ON LAW ENFORCEMENT AND FIRST RESPONDERS**

Occupational exposure to needle stick injuries (Chart 7) for first responders remains low. The Communicable Disease Control Program has reviewed reports of exposures and is in the process of transitioning responsibility for most first responder exposure follow up back to the Occupational and Risk Management agencies of the respective departments. Communicable Disease Control remains available for consult as requested and printed materials are also available on our website at <http://cchealth.org/aids/syringe-exchange.php>.

Two of 35 exposures reported in 2015 were needle stick contacts; five of 59 exposures reported in 2016 were needle stick contacts; and zero of 25 exposures reported from Jan-July 2017 were needle stick contacts.<sup>8</sup> Public Health has received no reports of subsequent HIV infection as a result of needle stick injury among law enforcement or first responders.

**Chart 7: Reported (Non-Medical) Needle Stick Exposures to First Responders over Time**



## **NEEDLE EXCHANGE SERVICES, FISCAL YEAR 16/17**

All data below is supplied by the needle exchange contractor, HIV Education Prevention Project of Alameda County (HEPPAC). HEPPAC has provided services since 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

<sup>8</sup> Internal data provided by Contra Costa Health Department Communicable Disease Program, September 2017.

organizations. The budget funds portions of several staff salaries, including a needle exchange worker, health promoter, program manager, clerk, and needle exchange coordinator. The budget also funds supplies. Both service delivery and reporting continue to improve.

In FY 16/17, HEPPAC noticed a drop in the client case load in West County. The agency responded by searching for new West County sites, working with local “gate keepers” to increase utilization by word of mouth to their IDU peers. HEPPAC also continued the “roving” needle exchange services begun in the previous fiscal year since that approach proved somewhat successful in increasing the number of individuals served. Overall, the number of African Americans and Hispanics served through all needle exchange sites dropped by 38% and 17% respectively compared to the previous year. At the same time, the number of Whites served increased by 16% from the previous year.

In East County, the situation is different: the Bay Point and Pittsburg sites yield the highest volume of syringe exchanges in Contra Costa County. The average client at East County sites is a Caucasian male between the ages of 40-49. The majority of the Latino clients are served in the East County sites and the East County sites also have identified 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 871 referrals in the previous year to 941 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, with major changes in the make-up of the clients being served (i.e. more White and Asian and fewer African Americans and Latinos). 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 941 individuals (contacts) served in the year, 556 (approx. 58%) were male, showing a slight increase in the number of female clients served (up by 8%). A total of 89% of the contacts were in East County and 11% 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.

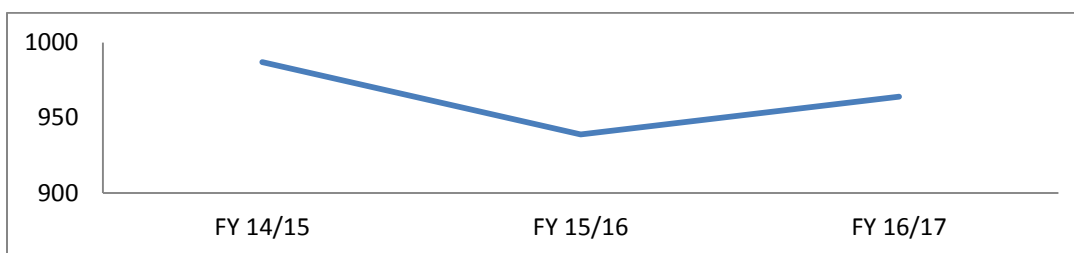


**Table 1: Ethnicity Totals Over Time (Needle Exchange Program)**

Ethnicity Totals Over Time			
	FY 14/15	FY 15/16	FY 16/17
African American	313	135	85
White	524	662	769
Latino/Hispanic	139	123	103
Native American	1	2	2
Asian/Pacific Islander	7	14	4
Other	3	3	1
<b>Total</b>	<b>987</b>	<b>939</b>	<b>964</b>

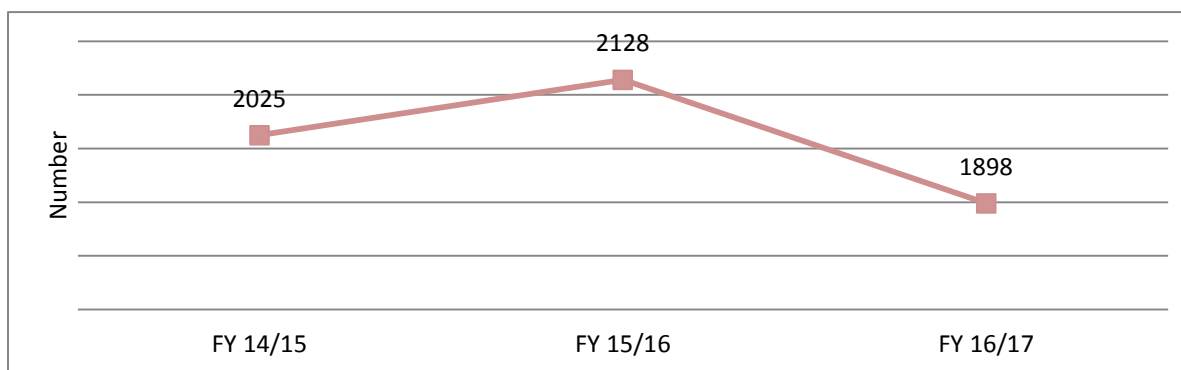
Individuals accessing needle exchange (Chart 8) for themselves alone are reported as "Contacts": the number may contain duplicates.

**Chart 8: Reported Individuals (Contacts) At Needle Exchange Services**



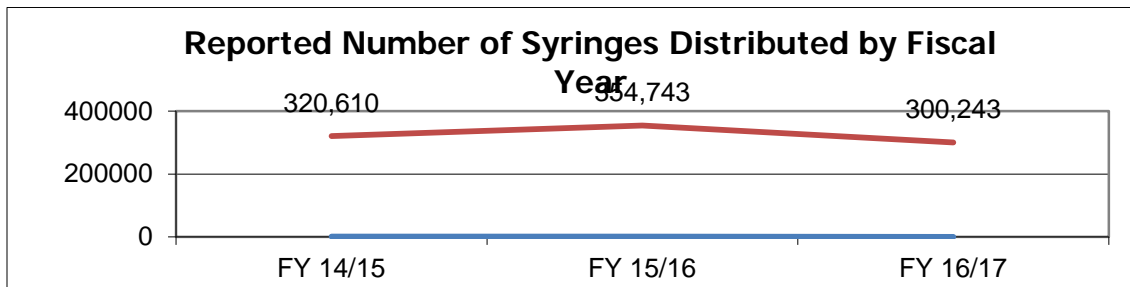
Exchanging syringes for others is called a secondary exchange. Individuals who exchange for others report the estimated number of individuals for whom they exchange syringes, summarized in Chart 9 below. The overall volume of secondary exchange was lower from the previous year by 10%. Because secondary exchangers attend needle exchange more than once in a year their numbers are duplicated. The number of clients they exchange for cannot be verified.

**Chart 9: Secondary Exchanges at Needle Exchange Services**



Finally, as seen in Chart 10, the total number of syringes distributed over time decreased approximately 15% from the previous year. The decrease is largely attributed to the drop in secondary exchanges reported by those individuals who exchange for others.

**Chart 10: Reported Number of Syringes Distributed by Fiscal Year**

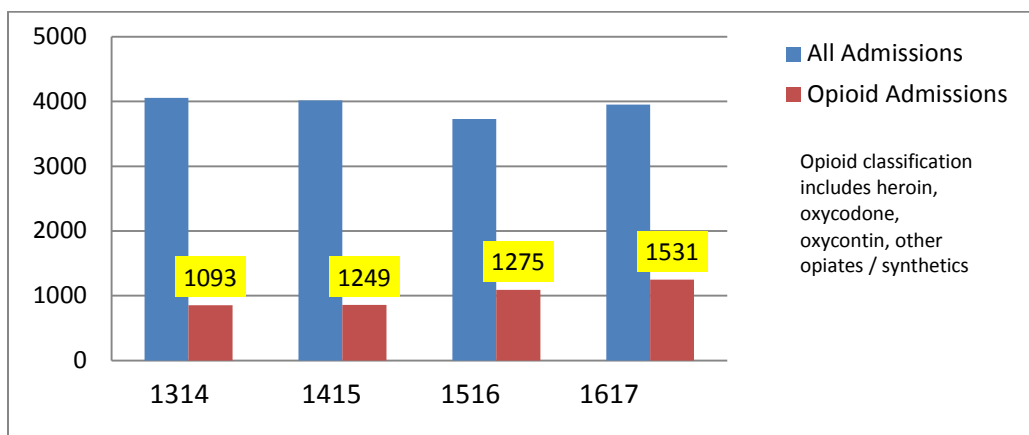


Overall, the agency is performing well and will continue to provide services in both East and West Contra Costa on a weekly basis. The Public Health program will continue to monitor service delivery in West County to both assess why the volume of clients has dropped off and determine if other steps are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

### **ALCOHOL AND OTHER DRUG SERVICES**

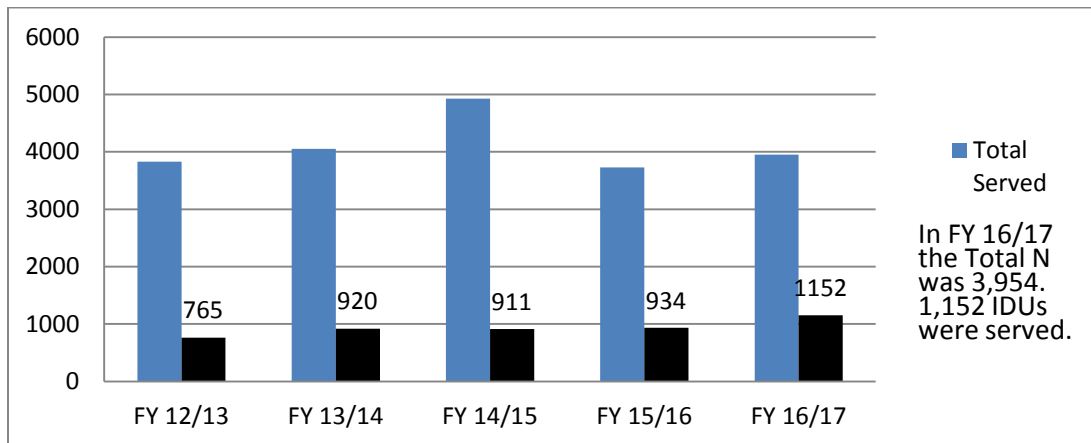
Admissions to AODS services (Chart 11) in Fiscal year 16-17 were up by 20% from the previous year. The increased enrollment is attributed to several factors, including an expansion of methadone treatment services due to increased admissions for opioid abuse treatment and increased access due to the Affordable 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, 43% of injection drug users reported 3 or more prior AODS treatment admissions.

**Chart 11: All AODS Admissions and Opioid-Related Admissions**



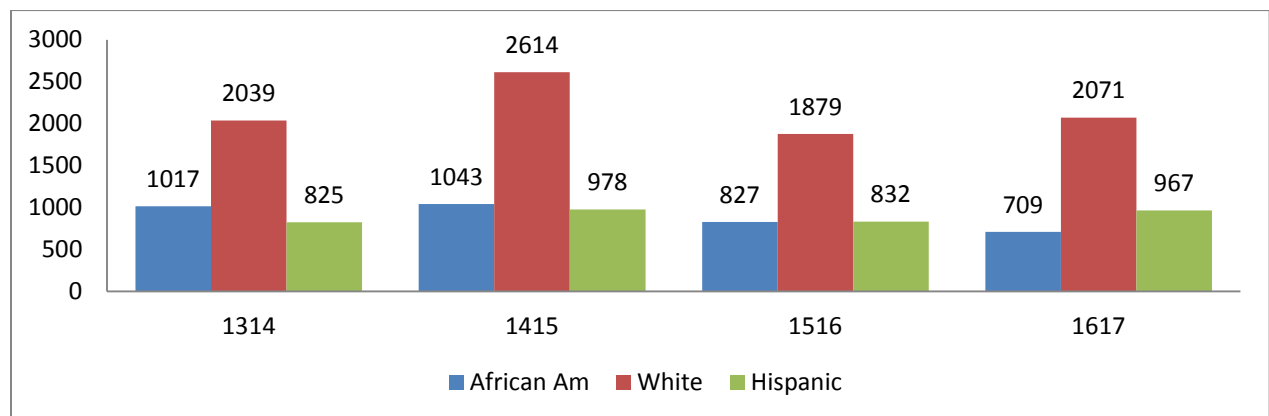
Of the 3,954 admissions this past fiscal year, roughly 28% identified injection drug use behavior (Chart 12). The proportion of injection drug users to the overall population in AODS services has increased year to year over the last several years: FY 14/15 (18%); FY 15/16 (25%), and FY 16/17 (28%).

**Chart 12: Total Clients Served and IDUs as a Proportion of all AOD Services**



As seen in Chart 13, the overall percentage of African Americans enrolled in services has declined from 21% of those served in 2014/15 to 17% of those served in 2016/17. The percentage of Hispanics enrolled in services has remained relatively steady at roughly 20% of those served, and Whites comprise just over half the service enrollees. Women remain roughly 34% of those served.

**Chart 13: Enrollment in AODS Sites over Time by Primary Race/Ethnicity**



Nearly 40% of those served in FY 16/17 (Chart 14) are new enrollees, and nearly 30% of all IDUs served in the year had no prior AOD treatment admissions.

**Chart 14: New Enrollees in AODS Services**

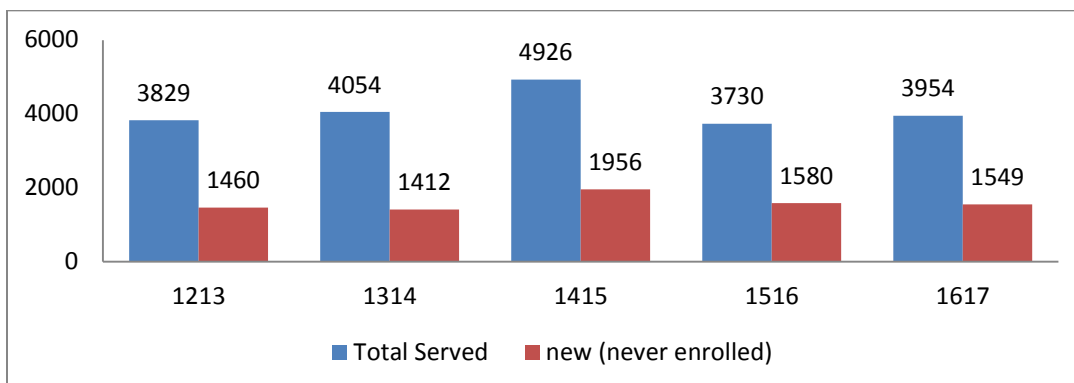
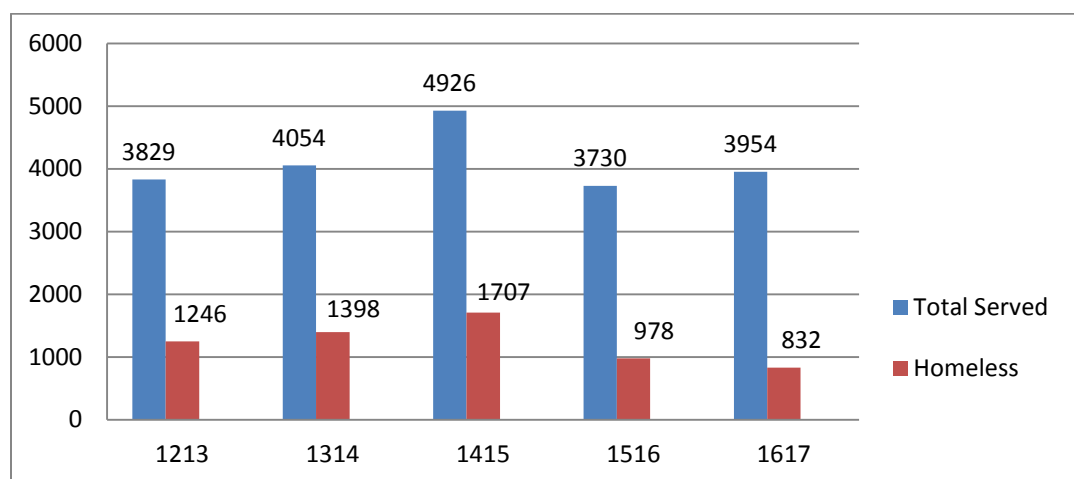


Chart 15 shows that over the last three years, fewer enrollees reported being homeless at the time of service initiation. In FY 2014/15, 34% of those served reported being homeless, in FY2016/15 26%, and in FY 2016/17 21%.

**Chart 15: Homeless Proportion of Enrollment in AOD Services**



## **OTHER PREVENTION ACTIVITIES FOR INJECTION DRUG USE**

### **Opioid Agonist Therapy**

Current research out of Stanford explored the most effective and cost-effective ways to combat HIV risk among injection drug users. As abuse of prescription opioids rises and as more individuals inject drugs like heroin, the risk of increased blood borne illnesses such as HIV and Hepatitis C also increases. Their investigation of HIV prevention programs for injection drug users revealed that opioid agonist therapy (OAT) options, most commonly methadone and buprenorphine maintenance therapies, are the most cost effective. OAT options can also be highly effective in helping people stop injecting

drugs over time. They also found that combining prevention efforts such as needle-syringe exchanges, OAT, Pre-Exposure Prophylaxis (PrEP), and prevention and testing with high-risk negatives have higher rates of success than standalone interventions.<sup>9</sup>

### **Alameda & Contra Costa County Integrated HIV Prevention & Care Plan**

Contra Costa County HIV/AIDS & STD program staff and Consortium members assisted in the development of the regional 2017 - 2021 Alameda & Contra Costa County Integrated HIV Prevention & Care Plan. The plan will be used to evaluate care and prevention efforts in both counties. Key prevention components of the plan that focus on injection drug users include:

1. By December 31, 2017, through a collaboration involving the Oakland Transitional Grant Area (TGA) Collaborative Community Planning Council (CCPC), the Contra Costa Consortium, and the two County health departments, develop an **End of AIDS Action Plan** for the Oakland TGA that outlines steps to implement a collaborative, multidisciplinary campaign to end HIV in the two-county region, including ending new HIV infections, ending HIV-related deaths, and ending HIV related stigma.
2. Continually collect and report data on new HIV diagnoses in the Oakland TGA, including breakdowns by ethnicity, gender, transmission category, and age.
3. Conduct ongoing needs assessments to identify emerging issues related to HIV infection and access to HIV education, testing, and other resources.
4. Deliver targeted, sustained, and evidence-based HIV prevention interventions that are appropriate for high-risk populations.
5. Support the development of expanded, tailored HIV-related stigma reduction campaigns in English and Spanish that are aimed at specific, high-risk subpopulations and are developed in collaboration with consumers; that address stigma related to HIV, homophobia, and HIV risk behaviors; that incorporate cutting-edge social media approaches; and that contain sex-positive messages.
6. Utilize targeted social marketing, media, mobilization and condom distribution programs in English and Spanish to raise and sustain awareness of HIV risk.
7. Ensure widespread, accessible, and well-publicized syringe distribution and syringe exchange services.

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<sup>9</sup> <https://med.stanford.edu/news/all-news/2017/05/study-identifies-cost-effective-ways-to-combat-hiv-risk.html>

The Integrated HIV Prevention & Care Plan targets the highest risk populations including men who have sex with other men and injection drug users, for HIV prevention and care services. Needle exchange remains an integral component of the plan. In Contra Costa County, 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 current plan can be found on the Public Health website at <http://cchealth.org/aids>.

## **New Data-to-Care Program**

Data-to-Care is a new public health strategy that aims to use HIV and STD surveillance data to identify HIV-diagnosed individuals and those at highest risk for HIV not in care, link them to care, and support the HIV Care Continuum. In this reporting period, the HIV/AIDS & STD Program began two new data-to-care interventions that prioritize high-risk individuals: 1) targeted outreach to individuals who have been recently diagnosed with an STD, including individuals who are co-infected with HIV and STDs, and 2) a PrEP Navigation Program for Contra Costa residents. PrEP (pre-exposure prophylaxis) is the use of anti-retroviral medication to prevent acquisition of HIV infection. It is used by HIV uninfected persons who are at high risk of being exposed to HIV through sexual contact or injection drug use. PrEP can reduce the risk for HIV infection by more than 92% if taken as prescribed. At present, the only medication with an FDA-approved indication for PrEP is oral tenofovir disoproxil fumarate-emtricitabine (TDF-FTC), which is available as a fixed-dose combination in a tablet called Truvada®. This medication is also commonly used in the treatment of HIV. PrEP should be considered part of a *comprehensive prevention plan* that includes adherence, risk reduction counseling, HIV prevention education and provision of condoms. The data-to-care targeted outreach intervention consists of generating line lists that are pulled from State and County surveillance systems. These line lists are focused on three high-risk populations: MSMs recently diagnosed with one or more STD, women of color (African American, Latinas, Asian/Pacific Islander, and multiracial women) recently diagnosed with one or more STD, and individuals co-infected with HIV and STD(s). Trained Disease Intervention Technicians (DITs) call the individuals on the line lists and offer risk reduction services, partner services, and, in the case of people who don't have HIV, Pre Exposure Prophylaxis (PrEP) navigation services. In this reporting period, DITs contacted a total of 1,353 individuals and provided 283 risk reduction sessions with high-risk individuals.

## **OPIOID OVERDOSE**

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 2012, about 669,000 Americans reported using heroin in the past year. The greatest increases in heroin use are among individuals aged 18-25.<sup>10</sup> Nearly 80% of Americans using heroin report misusing prescription opioids first, and it is estimated that about 23% of individuals who use heroin become dependent on it.<sup>11</sup> 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.

Approximately 60% of IDUs served in AOD programs identify Heroin as their primary problem at admission.

The California Department of Health estimates there were 1,925 opioid related deaths in 2016, most attributed to prescription pain medications either with or without alcohol or other drugs. In Contra Costa County, there were 50 opioid overdose deaths in 2016.<sup>12</sup> All regions of the county have experienced fatal overdoses, emergency department visits, and hospitalizations due to opioid overdose.

Recognizing the life-saving effects of the opioid-overdose reversal drug naloxone, Senate Bill (SB) 833 (Chapter 30, Statutes of 2016) established a new Naloxone Grant Program within the California Department of Public Health (CDPH).<sup>13</sup> The goal of the program is to reduce fatal overdoses by increasing access to naloxone nasal spray called Narcan.

The HIV/AIDS and STD Program is administering the Naloxone Grant Program by distributing the county's 1,642 State-allotted doses to local community agencies with existing naloxone distribution systems and those working with individuals most likely to experience or witness opioid overdoses. The agencies identified to receive Narcan intranasal spray doses in Contra Costa County are Healthcare for the Homeless, HEPPAC, New Leaf Treatment Center, and LifeLong Medical's medication-assisted treatment program.

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<sup>10</sup> <https://www.drugabuse.gov/publications/research-reports/heroin/scope-heroin-use-in-united-states>

<sup>11</sup> <http://www.drugabuse.gov/publications/drugfacts/heroin>

<sup>12</sup> [https://pdop.shinyapps.io/ODdash\\_v1/](https://pdop.shinyapps.io/ODdash_v1/)

<sup>13</sup> <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx>

## **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/FacI1/Facility/Search.aspx#MOVEHERE>

<u>NO.</u>	<u>FACILITY NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP CODE</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	(925) 837-2902	Sharps or Medications	Sharps (Home-Generated)
2	<a href="#">City of Clayton</a>	6000 Heritage Trl	Clayton	94517	(800) 646-1431	Sharps or Medications	Sharps (Home-Generated)
3	<a href="#">Danville Police Station</a>	510 La Gonda Way	Danville	94526	(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	(925) 756-1990	Sharps or Medications	Sharps (Home-Generated)
5	<a href="#">El Cerrito Recycling CTR</a>	7501 Schmidt Ln	El Cerrito	94530	(510) 215-4350	Sharps or Medications	Sharps (Home-Generated)
6	<a href="#">Lafayette Fire Station</a>	3338 Mt Diablo Blvd	Lafayette	94549	(925) 941-3300	Sharps or Medications	Sharps (Home-Generated)
7	<a href="#">Moraga-Orinda fire station</a>	1280 Moraga Way	Moraga	94556	(925) 258-4599	Sharps or Medications	Sharps (Home-Generated)
8	<a href="#">Mountain View Sanitation District</a>	3800 Arthur Rd	Martinez	94553	(925) 228-5635	Sharps or Medications	Sharps (Home-Generated)



9	<a href="#">Orinda Police Station</a>	22 Orinda Way	Orinda	94523	(925) 254-6820	Sharps or Medications	Sharps (Home-Generated)
10	<a href="#">Rossmoor Gateway Building (For Rossmoor residents only)</a>	1001 Golden Rain Rd	Walnut Creek	94595	(925) 906-1801	Sharps or Medications	Sharps (Home-Generated)
11	<a href="#">San Ramon Valley Fire District HQ</a>	1500 Bollinger Canyon Rd	San Ramon	94583	(925) 838-6600	Sharps or Medications	Sharps (Home-Generated)
12	<a href="#">Walnut Creek City Hall</a>	1666 North Main St	Walnut Creek	94596	(800) 750-4096	Sharps or Medications	Sharps (Home-Generated)
13	<a href="#">Walnut Creek Fire Station</a>	1050 Walnut Ave	Walnut Creek	94598	(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	(888) 412-9277	Sharps or Medications	Sharps (Home-Generated)
15	<a href="#">Sutter Regional Foundation Medical Laboratory</a>	4053 Lone Tree Way	Antioch	94509	(925) 756-3400	Sharps	Sharps (Home-Generated)
16	<a href="#">Mount Diablo Resource Recovery</a>  (ONLY for Concord residents, MUST bring Concord ID)	4080 Mallard Dr.	Concord	94520	(925) 682-9113	Sharps	Sharps (Home-Generated)

The Public Health HIV/AIDS and STD program has received no complaints from law enforcement, businesses, pharmacies, or community members regarding discarded syringes this year.

## **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.