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RECOMMENDATIONS

1) Direct the Health Services Department to continue to support and monitor sterile needle exchange services and adopt a modified "needs-based" distribution exchange model with built in incentives to return used needles.
2) Increase current Board of Supervisor funding of Syringe Exchange Program (SEP) from $72,000 to $97,000 to support the modified needs-based distribution model.

GLOSSARY

Terms currently used to discuss needle exchange services include:

- Sterile needle/syringe *instead* of clean needle/syringe
- Used needle/syringe *instead* of dirty needle/syringe
- People who inject drugs (PWID) *instead* of Injection Drug Users (IDUs)
- One-for-one exchange model involves exchanging one sterile needle/syringe for a used one; the individual cannot get any additional needles/syringes.
- Needs-based exchange model is less restrictive and allows individuals to receive as many needles/syringes as they self-report using in a given day, without regard to the number of needles and syringes returned. This model increases opportunity for PWID to always have a sterile needle on hand.

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 support a "one-for-one" sterile needle exchange model (i.e. one sterile needle in exchange for a used needle).

BACKGROUND ON ACCESS TO CLEAN NEEDLES TO REDUCE TRANSMISSION

The California Department of Public Health (CDPH) reports that of the 136,566 people living with HIV/AIDS in California in 2018, 6% identified their risk for HIV as IDU.[1] The CDPH Office of Viral Hepatitis reports that transmission of hepatitis C is primarily through sharing needles, syringes or other drug injection equipment. 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.[2]

Needle exchange has been an essential component of Contra Costa's strategy to reduce HIV transmission attributed to 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.

In April 2020, CDPH updated their Guidelines for Syringe Exchange Programs Funded by the California Department of Public Health Office of AIDS and addressed the need to move away from the one-for-one model:

"Restrictive syringe access policies such as variations on one-for-one exchange or the imposition of limits on the number of syringes participants may acquire per transaction are not supported by public health evidence and may impose harm upon SEP participants. 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.[3] This Issue Brief does not supersede legal requirements for SEP operation established in California state laws or by county or municipal laws."[4]

The guidelines also contain guidance to encourage syringe collection and disposal policies and procedures that:

a. Encourage program participants to return used syringes to the program, and/or to dispose of them properly;

b. Collect sharps waste in such a way as to minimize direct handling by program staff, volunteers and clients. Returned syringes should not be individually counted.

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[1] https://www.cdph.ca.gov/
https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2018.pdf
[2] https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018-Chronic-HCV-Surveillance-Report-Exec-Summary.pdf
[3] CDC. (1997). Health Resources and Services Administration, National Institute on Drug Abuse and
Substance Abuse and Mental Health Services Administration. HIV prevention bulletin: Medical advice for persons who inject illicit drugs. Retrieved May 29, 2016.
[4] https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs_ADA.pdf

The number of returned syringes may be calculated through recording volume or weight of returned sharps containers, or through other methods that avoid direct handling of sharps waste.

HIV Education Prevention Project of Alameda County (HEPPAC) is the subcontractor that has been providing sterile needle exchange services in Contra Costa County since July 2013 when they took over the contract previously held by the late Bobby Bowen.

Since needle exchange services began in Contra Costa County, the one-for-one model (one used needle in exchange for one sterile needle) has been in place. However, State and Federal guidelines are now supporting the “needs-based” exchange model which provides each individual who injects drugs with a new, sterile needle and syringe for each injection. The number of new, sterile needles and syringes each client receives is based on self-reported daily use, despite the number of used needles a client brings back to the exchange site. As a *modified version* of this model, HEPPAC would include incentives for clients to bring back their used needles by giving them verbal praise, additional bio buckets, and when available, a $5 voucher for a Subway sandwich. HEPPAC staff report that verbal praise is the most useful strategy, since they let clients know how important their efforts are in keeping used syringes from littering shared, public spaces. In the modified needs-based model, HEPPAC staff would also place a cap on the number of sterile needles and syringes to be received by each client based on their historical use. For example, if a client reports needing 25 needles per day and is given 350 needles for a two-week period, but at their next exchange encounter they report needing two or three times more needles, they will only receive their usual allotment of 350 needles. This example only applies to individuals exchanging for themselves and does not apply to individuals exchanging for themselves and others (secondary exchangers). HEPPAC has a demonstrated ability of getting to know their clients and their use habits, as well as documenting all of their exchanges. Therefore, creating and enforcing a cap will not be problematic for HEPPAC staff.

HEPPAC is ready and willing to change from the one-for-one model to a modified needs-based model for the following reasons:

- The modified needs-based model follows public health best practices: it aligns with recommendations from the US Public Health Service and the Centers for Disease Control and Prevention.

- It has a history of successful implementation in Alameda County: HEPPAC has been operating a modified needs-based model in Alameda County for the last four years and they have successfully incentivized clients to return used needles.

- It reduces COVID-19 risk of transmission: during the COVID-19 response, it is best to offer PWIDs enough sterile needles and syringes to last a minimum of two weeks before they have to come back to the exchange site to get additional supplies (reducing their exposure to others in the community).

- It makes better economic sense: economic studies have predicted that SEPs could prevent HIV infections among clients, their sex partners, and offspring at a cost of about $13,000 per infection averted. This is significantly less than the lifetime cost of treating an HIV-infected person, which is estimated to be $385,200.[5]

- It reduces risk of HIV transmission: The National Institutes of Health Consensus Panel on HIV Prevention stated, "An impressive body of evidence suggests powerful effects from needle exchange programs....Studies show reduction in risk behavior as high as 80 percent, with estimates of a 30 percent or greater reduction of HIV in IDUs."[6]

In order to make the shift from the current one-for-one to the modified needs-based distribution model, HEPPAC will need a modest augmentation to their budget to cover the costs of additional needles and other harm reduction supplies. The current yearly amount approved by the Board of Supervisors for needle exchange services is $72,000, and an additional $25,000 would be needed to provide services using the modified needs-based model in Contra Costa County.

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[5] Cohen, D.A., Wu, S-Y., Farley, T.A. Cost-effective allocation of government funds to prevent HIV infection. Health Affairs 2005; 24:915-926.
[6] National Institutes of Health. Consensus development statement. Interventions to prevent HIV risk behaviors, February 11-13,1997;7-8.