

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 sterile needle exchange services and adopt a modified “needs-based” distribution exchange model with built-in incentives to return used needles (see document titled “Needle Exchange Recommendation to Change Model for Family & Human Services Committee”).

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.

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 and covers the period of July 1, 2017 to June 30, 2019.

As of December 2018, 2,756 individuals are living with HIV or AIDS in Contra Costa. Between 2016 and 2018, the percentage of people living with HIV and identifying injection drug use (IDU) as the mode of transmission has dropped from 8% of all those living with HIV to 7%. In addition, we are pleased to report that the percentage of those newly infected with HIV in 2017/2018 identifying IDU as the mode of transmission remained roughly the same as in previous years (3% in 2016 and 3.2% in 2017/2018). This speaks in large part to the importance of having accessible, weekly needle exchange services in Contra Costa County.

In our county, needle exchange services are provided through a contract with the HIV Education and Prevention Project of Alameda County (HEPPAC). The Health Department provides an annual amount of \$72,000 from County General Funds 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 and distribution of Narcan, an opioid overdose reversal medication, in these past two fiscal years.

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 136,566 people living with HIV/AIDS in California in 2018, 6% identified their risk for HIV as IDU.¹ Further, 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 the transmission of HIV 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.

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.³

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>

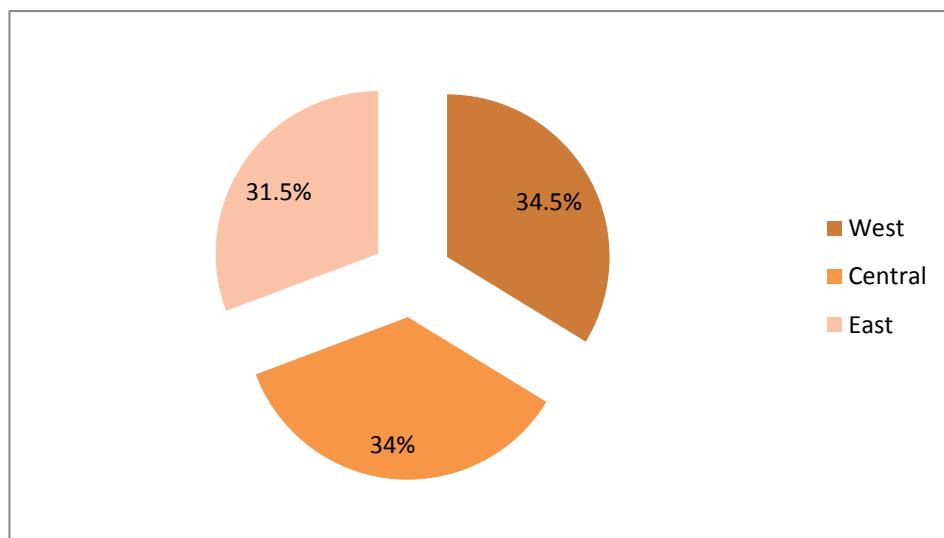
³ The full report of the evaluation can be accessed on the California Department of Public Health, Office of AIDS website <http://www.cdph.ca.gov/programs/Documents/SB1159StateReportFinal.pdf> -

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, 2018, there were 2,756 individuals reported living with HIV (PLWH) in Contra Costa. Roughly 34% reside in Central County, 34.5% in West County, and 31.5% in East County.⁴

Chart 1: Distribution of all PLWH by Region in Contra Costa as of 12/31/2018



Of all PLWH in Contra Costa, 345 individuals (12%) identify injection drug use or injection drug use among men who have sex with other men as their mode of HIV transmission.⁵ Among new HIV infections in Contra Costa County, the majority of new cases are still attributed to male-to-male sexual contact (MMSC). Between July 1, 2017 and June 30, 2019, of the total new HIV cases (219), 158 (72%) were attributed to MMSC. In these two reporting years, the total number of cases attributed to IDU slightly decreased from 4% to 3%.

⁴ Data Use Agreement (DUA) Q2 2018

⁵ Data from 2018 Data Use Agreement (DUA) Data, Q2 2018.

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 infection. 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 2,756 individuals living with HIV or AIDS in Contra Costa County in 2018, 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. As an example, 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 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

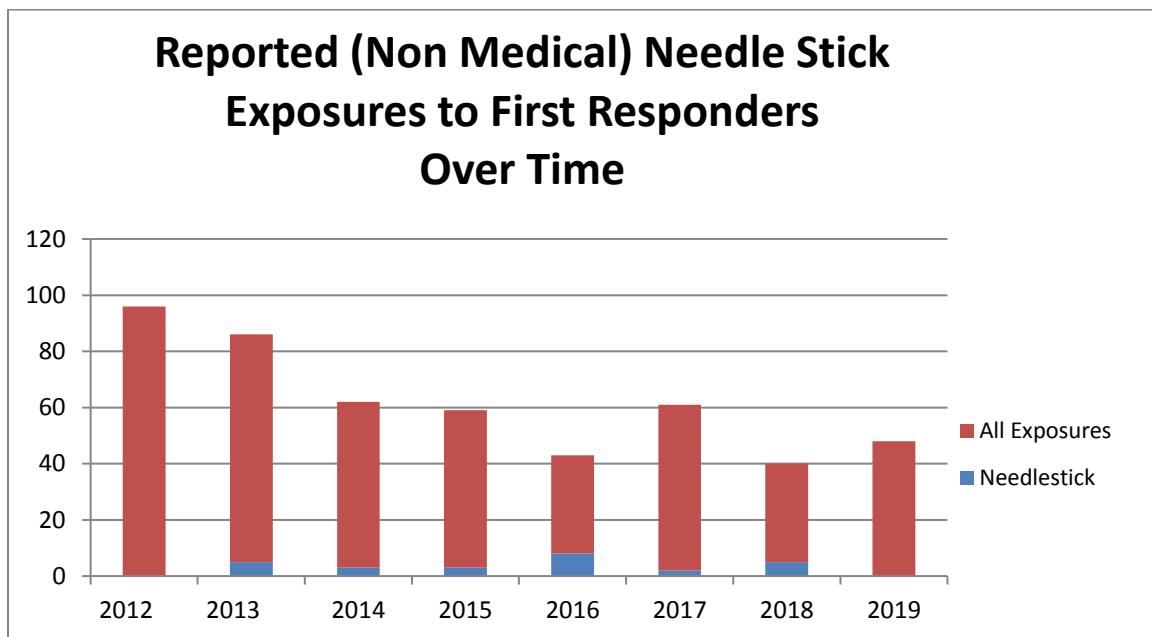
Hepatitis C infection (HCV) is largely attributed to the use of contaminated needles. Chronic HCV can lead to scarring of the liver, cirrhosis, liver failure and/or liver cancer. Across California the number of chronic Hepatitis C carriers continues to be unreliable due to variation in reporting capacities, 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.

EXPOSURE IMPACT ON LAW ENFORCEMENT AND FIRST RESPONDERS

Occupational exposure to needle stick injuries (Chart 2) 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>.

Three of 35 exposures reported in 2018 were needle stick contacts and two out of 48 exposures reported in 2019 were needle stick contacts. Public Health has received no reports of subsequent HIV infection because of needle stick injury among law enforcement or first responders.

Chart 2: Reported (Non-Medical) Needle Stick Exposures to First Responders over Time



NEEDLE EXCHANGE SERVICES: July 1, 2017- June 30, 2019

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 organizations. The budget funds portions of several staff salaries, including Community Health Promoters, a clerk, and the Harm Reduction Services Manager. The budget also funds supplies. HEPPAC's service delivery and reporting continue to improve.

In FYs 2017/18 and 2018/19, HEPPAC continued to notice a drop in the number of clients exchanging needles in West Contra Costa County. While the total number of African American and Latino clients served increased from FY 16/17 to FY 18/19 as shown in Table 1, the total number of needles exchanged by these two subpopulations remained low. One reported observation from HEPPAC is that African Americans tend to take other harm reduction supplies (i.e. cookers, cotton, hygiene/wound care, etc.) instead of sterile needles. Another reason reported is that the physical site where services were being offered needed to be reevaluated to serve a higher percentage of African Americans who inject drugs. The agency responded by searching for new sites in the Richmond/San Pablo area by working with local "gate keepers" to increase utilization by word of mouth to their IDU peers. In late 2019, HEPPAC met with members of the African American Health Conductors to get information on which neighborhoods would be a best fit to restart needle exchange services. The group

decided that the Iron Triangle neighborhood offered the best opportunity to reach individuals who use drugs and come from the African American and Latino communities.

In East County the situation is different: Bay Point sites yield the highest volume of syringe exchanges in Contra Costa County. The average client utilizing East County is a Caucasian male between the ages of 40-49. As demonstrated in Table 1, the percentage of clients who identify as White increased by 24% from FY 17/18 to FY 18/19 and that population continues to be the majority of needle exchange clients in the current fiscal year. The Bay Point site also has 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 continuing increase in health and social services referrals from 941 in FY16/17 to 2,179 in FY7/18 and 3,676 in FY18/19. These service increases are attributable to HEPPAC's stronger linkages to health care providers, substance use treatment services, collaborative partnerships with other community agencies and other resources. In addition, in FY 2018/19, HEPPAC established a relationship with Contra Costa Healthcare for the Homeless (HCH) program and for a limited time offered needle exchange services co-located with HCH's Antioch Fulton Shipyard pop up clinic. This coincided with the temporary closure of HEPPAC's west county site. Once the exchange site in the Iron Tringle in Richmond was established, HEPPAC could no longer keep syringe exchange staff at the Antioch Fulton Shipyard site.

In Contra Costa County, the “one-for-one” syringe exchange model continues to be the core operating principle of needle exchange. However, individuals access services for themselves or exchange on behalf of others (these individuals are called “secondary exchangers”). Of the 1,683 individuals (contacts) served in FY 17/18, 1047 (58%) identified as male, 636 (42%) identified as female, and there were no individuals that identified as transgender. In FY 18/19 1559 (61%) identified as male and 974 (39%) identified as female, and there were no individuals that identified as transgender. In both reporting years, most contacts were served in East County. In FY 17/18 a total of 62% of the contacts were in East County and 38% in West County. In FY 18/19, a total of 56% of the contacts were in East County as compared to 44% in West County. This is vastly different than previous years where close 80% of contacts were served in East County. However, when focusing on needle exchange rates, there are vast differences when looking at region and race/ethnicity.

One important and often overlooked aspect of syringe exchange services programs is the actual disposal of used (formerly known as “dirty”) needles. HEPPAC’s one-for-one model assures that disposal of used needles occurs every week. Agency staff measure the number of used needles they dispose after every exchange by the size of the biohazard container they bring back to incinerate. HEPPAC uses containers that hold increments of 10, 50, 100, 250, 300, 1200 and 5,000 used syringes. They also provide these containers to clients to take home and bring back full to exchange. If clients bring used needles in other containers, the staff estimates based on the size compared to the biohazard containers. The collection and disposal of used needles occurs on a weekly basis and helps ensure that shared community spaces (i.e. playgrounds, parks, etc.) are free of used needles that may create a public health risk for county residents.

In this reporting period, West County residents exchanged a total of 10,074 used needles in FY 17/18 and 9,969 used needles in FY 18/19 as compared to East County residents that exchanged a total of 247,868 used needles in FY 17/18 and 236,344 in FY 18/19. There are also notable differences in needle exchange rates based on race and ethnicity. In FY 18/19 a total of 1,510 African American individuals were served at needle exchange sites as compared to 2,013 Whites. African American clients exchanged 18,519 used needles as compared to 177,794 by the White clients. Some reasons for the differences in exchange behaviors may be that White clients report exchanging needles for secondary users at a much higher rate than African American clients. In addition, the volume of White clients continues to grow in East County. Overall, the data reported by HEPPAC shows a continued shift toward increasing utilization at the East Contra Costa sites.

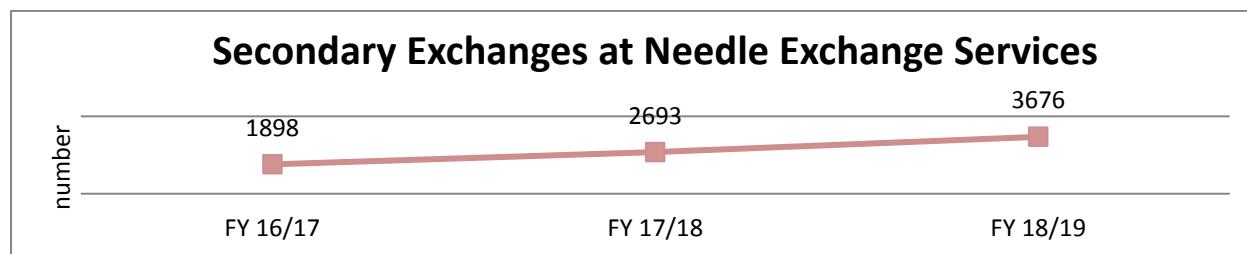
Table 1: Ethnicity Totals Over Time (Needle Exchange Program)

Ethnicity Totals Over Time			
	FY 16/17	FY17/18	FY 18/19
African American	85	541	969
White	769	871	1,142
Latino/Hispanic	103	207	346
Native American	2	10	4
Asian/Pacific Islander	4	22	40
Other	1	32	32
Total	964	1,683	2,533

Individuals accessing needle exchange (Chart 3) for themselves alone are reported as “Contacts”: the number may contain duplicates.

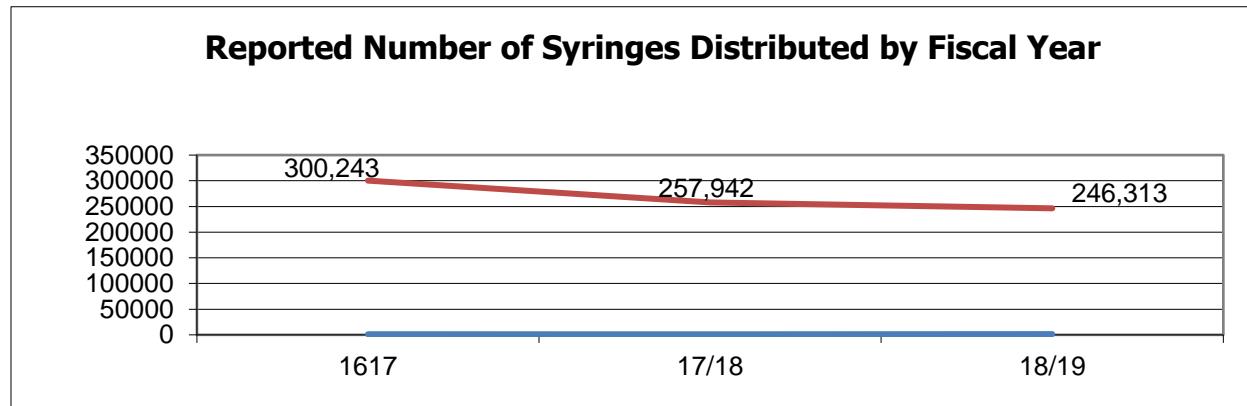
Exchanging syringes for others is called a secondary exchange. Individuals who exchange for others report the estimated number of individuals for whom they exchange syringes, summarized in Chart 3 below. The overall volume of secondary exchange increased in this reporting period as compared to previous years. Still, the number of secondary exchangers by race and region continues to be the same with White clients in East County accounting for the majority of secondary exchangers reported. Because secondary exchangers attend needle exchange more than once in a year their numbers are duplicated. The number of clients they exchange for is self-reported.

Chart 3: Secondary Exchanges at Needle Exchange Services



Finally, as seen in Chart 4, the total number of syringes exchanged over time has steadily decreased in the past three years.

Chart 4: Reported Number of Syringes Distributed by Fiscal Year



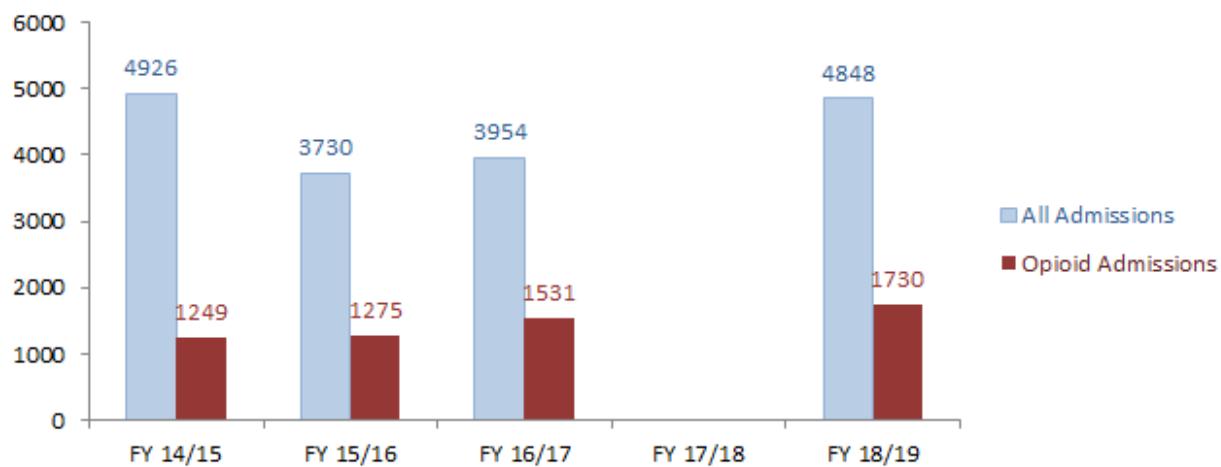
Between 2017-2019, HEPPAC participated in the HIV/AIDS and STD Program's Naloxone Grant Program by helping to distribute a total of 302 overdose prevention kits to individuals most likely to experience or witness opioid overdoses.

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 5) in Fiscal year 18-19 were up by 22.6% 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.

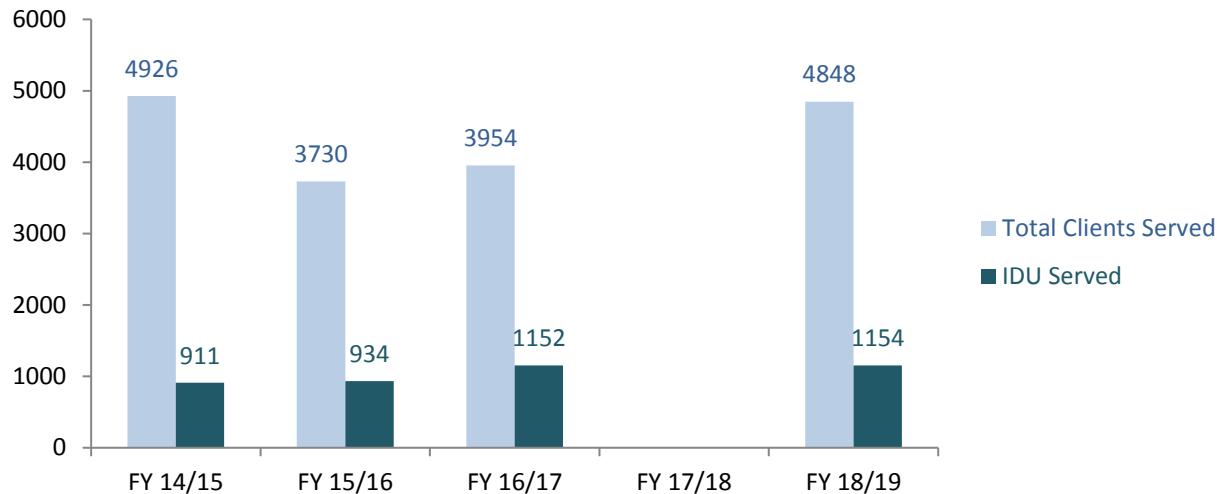
Chart 5: All AODS Admissions and Opioid-Related Admissions*



*Note: FY 17/18 data were not available in time for this report. They are in a different AODS system and request was delayed by COVID-19 response.

Of the 4,848 admissions this past fiscal year, roughly 24% identified injection drug use behavior (Chart 6). The proportion of injection drug users to the overall population in AODS services has been similar year to year over the last several years: FY 15/16 (25%), FY 16/17 (28%), and FY 18/19 (24%).

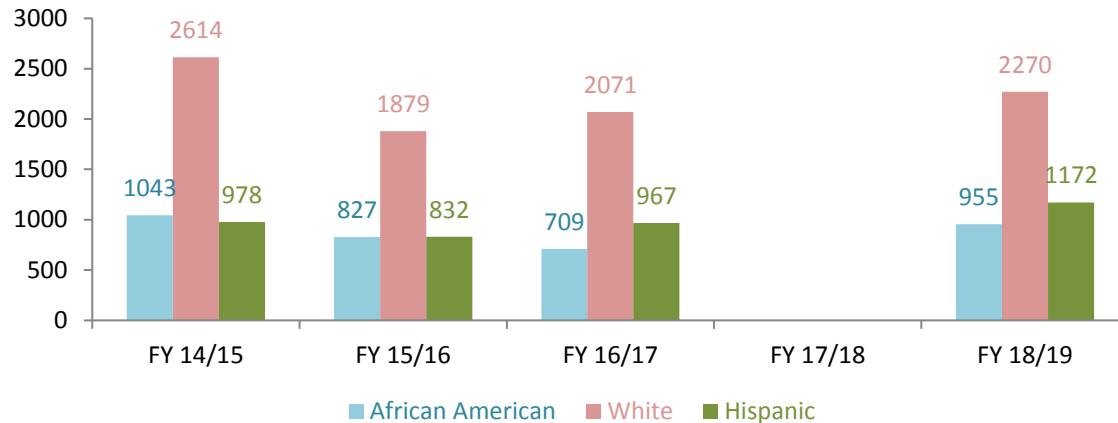
Chart 6: Total Clients Served and IDUs as a Proportion of all AOD Services*



*Note: FY 17/18 data were not available in time for this report. They are in a different AODS system and request was delayed by COVID-19 response.

As seen in Chart 7, the overall percentage of African Americans enrolled in services has increased from 19% of those served in 2017/2018 to 22% of those served in 2018/19. The percentage of Hispanics enrolled in services has remained relatively steady at roughly 27% of those served, and Whites comprise just over half the service enrollees.

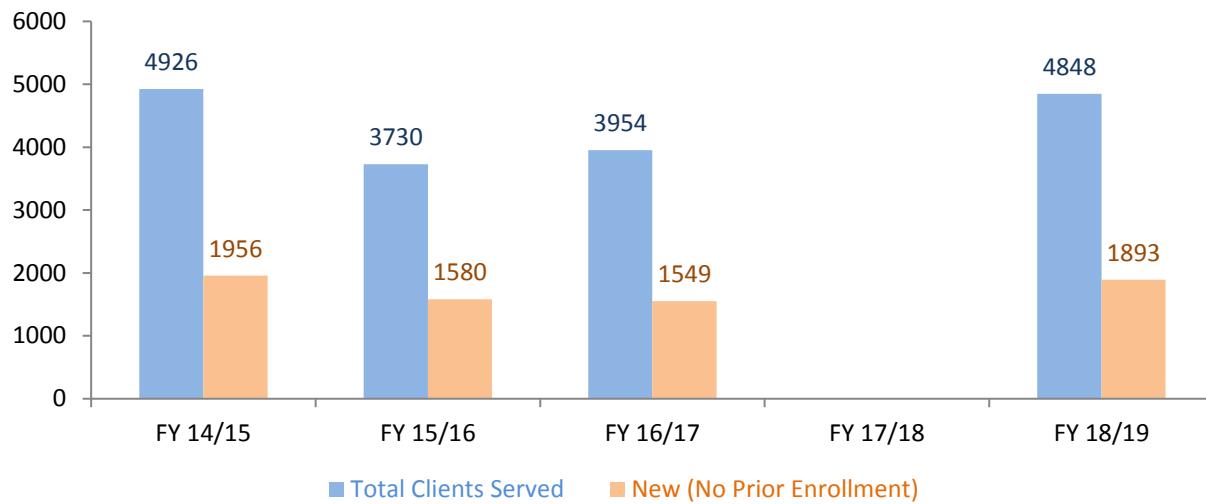
Chart 7: Enrollment in AODS Sites over Time by Primary Race/Ethnicity*



*Note: FY 17/18 data were not available in time for this report. They are in a different AODS system and request was delayed by COVID-19 response.

Nearly 40% of those served in FY 18/19 (Chart 8) are new enrollees.

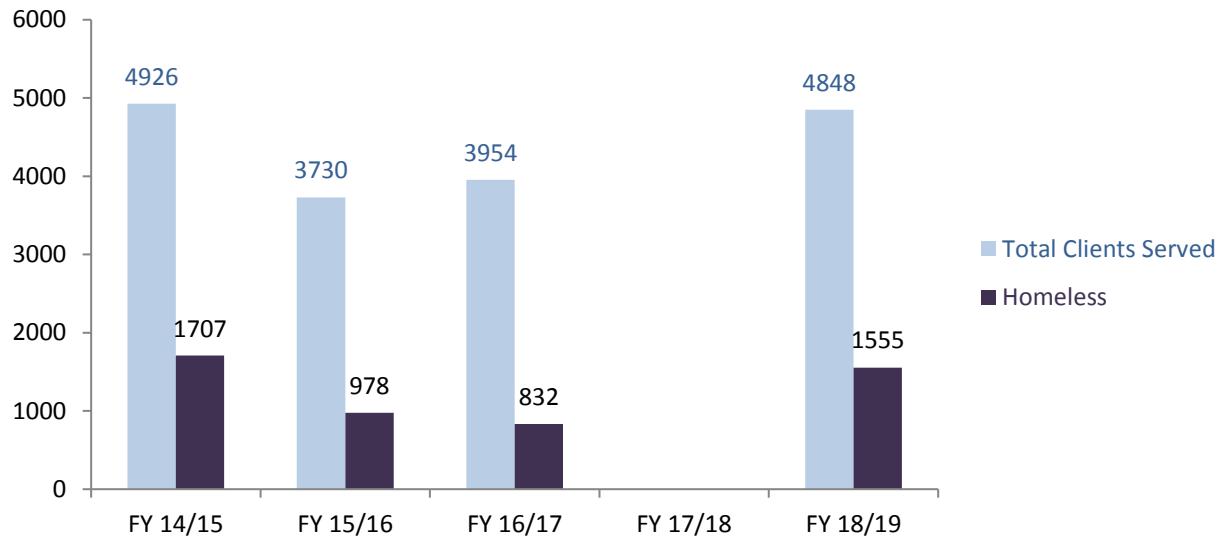
Chart 8: New Enrollees in AODS Services*



*Note: FY 17/18 data were not available in time for this report. They are in a different AODS system and request was delayed by COVID-19 response.

Chart 9 shows a recent increase in enrollees who reported being homeless at the time of service initiation. In FY 2015/16, 26% reported being homeless, in FY 2016/17 21%, and in FY 2018/19, 32% of total clients enrolled reported being homeless.

Chart 9: Homeless Proportion of Enrollment in AOD Services*



*Note: FY 17/18 data were not available in time for this report. They are in a different AODS system and request was delayed by COVID-19 response.

OTHER PREVENTION ACTIVITIES FOR INJECTION DRUG USE

Opioid Agonist Therapy

Recent 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.⁶

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 is used to evaluate care and prevention efforts in both counties. Key prevention components of the plan that focus on injection drug users include:

1. Through a collaboration involving the Oakland Transitional Grant Area (OTGA) Planning Council, the Contra Costa HIV 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 OTGA, 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.

⁶ <https://med.stanford.edu/news/all-news/2017/05/study-identifies-cost-effective-ways-to-combat-hiv-risk.html>

7. Ensure widespread, accessible, and well-publicized syringe distribution and syringe exchange services.

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>.

Data-to-Care Programs

Data-to-Care is a 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 continued to offer two 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-negative persons who are at high risk of being exposed to HIV through sexual contact or injection drug use. Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily.⁷ At present, there are two medications with an FDA-approved indication for PrEP: tenofovir disoproxil fumarate-emtricitabine, which is available as a fixed-dose combination in a tablet called Truvada® and emtricitabine & tenofovir alafenamide tenofovir, which is available in a fixed-dose combination in a tablet called Descovy®. Both pills are once-daily prescription medicine for adults and adolescents at risk of HIV who weigh at least 77 pounds. Both medications are also commonly used in the treatment of HIV. The main difference is that Descovy® for PrEP is recommended to prevent HIV for people at risk through sex, ***excluding people at risk through receptive vaginal sex***. Descovy has not yet been studied for HIV prevention for receptive vaginal sex, so it may not be appropriate for some people. PrEP should be considered part of a ***comprehensive prevention plan*** that includes adherence, risk reduction counseling, HIV prevention education and provision of condoms.

The Line List targeted outreach intervention consists of generating 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).

⁷ <https://www.cdc.gov/hiv/basics/prep.html>

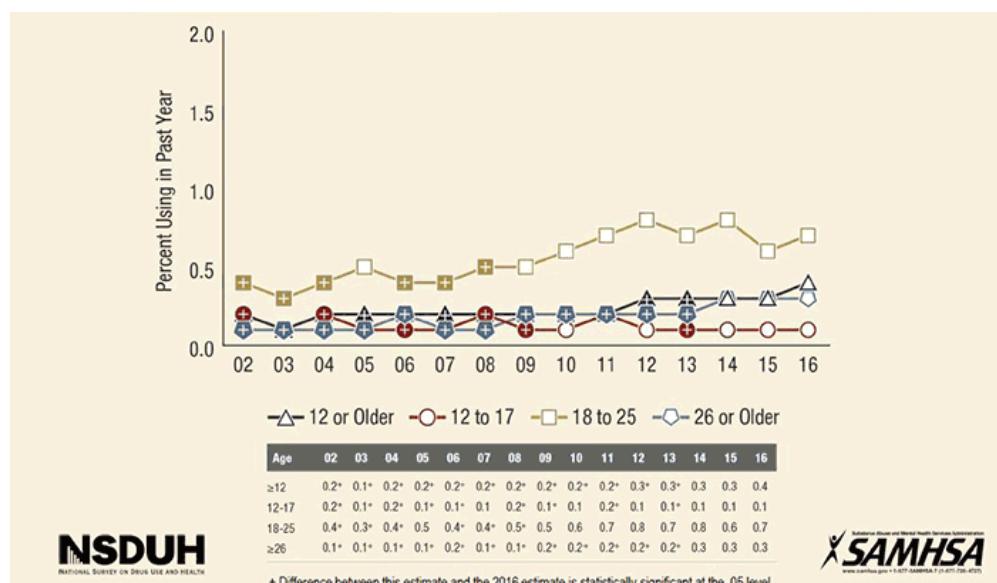
Trained Disease Intervention Technicians (DITs) call the individuals on the line lists and offer risk reduction services, partner services, and, in the case of people who do not have HIV, Pre-Exposure Prophylaxis (PrEP) navigation services. In this reporting period, DITs provided risk reduction services to a total of 881 individuals (729 HIV negative and 152 PLHIV).

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 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 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 2016, 948,000 Americans reported using heroin in the past year, a number that has been on the rise since 2007. The greatest increases in heroin use and are among individuals aged 18-25.⁸

Chart 10: Past Heroin Use among People Aged 12 or Older (2012-2016)



⁸ <https://www.drugabuse.gov/publications/research-reports/heroin/scope-heroin-use-in-united-states>

Data from 2011 showed that 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.⁹ 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.

In FY18/19, approximately 68% of IDUs served in AOD programs identified Heroin as their primary problem at admission, which is up from 60% in FY 16/17.

The California Department of Health reported 2,428 opioid-related overdose deaths in 2018, nearly half involving prescription opioids. This marks a 42% increase since 2012.¹⁰ In Contra Costa County, there were 81 opioid deaths in 2018 and 84 in 2019,¹¹ which is a marked increase from the 50 opioid overdose deaths reported in 2016.¹² 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).¹³ The goal of the program was to reduce fatal overdoses by increasing access to naloxone nasal spray called Narcan.

In 2017-2019, the HIV/AIDS and STD Program administered 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.

After this successful pilot program, the California Department of Health Care Services began providing free naloxone directly to organizations and entities.

⁹ <http://www.drugabuse.gov/publications/drugfacts/heroin>

¹⁰ <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/PrescriptionDrugOverdoseProgram.aspx>

¹¹ 2019 data is preliminary and may increase slightly.

¹² https://pdop.shinyapps.io/ODdash_v1/

¹³ <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 <https://cchealth.org/eh/medical-waste/faq.php>.

Contra Costa Regional Medical Center Sheriff's Substation - New 2500 Alhambra Ave., Martinez	Accepts all household pharmaceutical waste Open to all residents	Monday - Friday 8 a.m. – 5 p.m.
CCC Sheriff's Field Operations Building - New 1980 Muir Road, Martinez	Accepts all household pharmaceutical waste Open to all residents	Monday - Friday 8 a.m. – 5 p.m.
Walnut Creek City Hall - New 1666 North main Street, Walnut Creek	Accepts all household pharmaceutical waste Open to all residents	Monday - Friday 8 a.m. – 5 p.m.
West County Household Hazardous Waste Facility 101 Pittsburg Ave., Richmond	Accepts non-controlled household pharmaceutical waste Open to West County residents only	Thursday, Friday, and First Saturday of every month 9 a.m. - 4 p.m. (Closed 12 - 12:30 p.m. for lunch)
Delta Household Hazardous Waste Collection Facility 2500 Pittsburg - Antioch Highway, Pittsburg	Accepts non-controlled household pharmaceutical waste.	Thursday, Friday, and Saturday 9 a.m. - 4 p.m.

Open to East County
residents only

Pharmaceutical Disposal

City Center Pharmacy Brentwood, Inc
50 Eagle Rock Way, Ste C
Brentwood, CA 94513

City of Clayton, Police Department, City Hall
6000 Heritage Trail, Clayton

City of Concord, Police Department
1350 Galindo Street, Concord

Town of Danville, Police Department
510 La Gonda Way, Danville

City of Martinez, Police Department, City Hall
525 Henrietta Street, Martinez

Town of Moraga, Police Department
329 Rheem Blvd., Moraga

City of Orinda, Police Department, City Hall
22 Orinda Way, Orinda

City of Pleasant Hill, Police Department
330 Civic Drive, Pleasant Hill

City of San Ramon, Police Department
2401 Crow Canyon Road, San Ramon

City of Walnut Creek, Police Department, City Hall
1666 North Main Street, Walnut Creek

City of Richmond, Police Department
1701 Regatta Blvd, Richmond

West County Wastewater District Office
2910 Hilltop Drive, Richmond

City of Pinole, Police Department
880 Tennent Avenue, Pinole

El Cerrito Recycling Center
7501 Schmidt Lane, El Cerrito

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 sterile 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 current one-for-one syringe exchange model needs to change to a modified needs-based model** to better serve Contra Costa residents who inject drugs during the COVID-19 response and beyond and to be aligned with Federal and State guidelines (see document titled “Needle Exchange Recommendation to Change Model for Family & Human Services Committee”).
- 4. Needle exchange is a critical component and essential service** of Contra Costa’s HIV prevention strategy and should remain in effect until further notice. Needle exchange is also the primary strategy that addresses Contra Costa’s opioid epidemic by increasing naloxone access and linking people to substance use treatment programs.