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 using a modified "needs-based" distribution exchange model with built-in incentives to encourage the return of used needles.

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).
- People who use drugs (PWUD). Please note that the term PWUD includes PWIDs but also individuals that use other forms to use drugs (smoking, snorting, ingesting, etc.).
- *One-for-one exchange model* involves exchanging one sterile needle/syringe for a used one, the individual cannot get any additional needles/syringes.
- *Modified needs-based exchange model* involves exchanging sterile needles/syringes for used ones based on client self-reported daily use to ensure that everyone who injects drugs uses a new, sterile needle and syringe for each injection. As a *modified version* of this model, incentives are included to encourage clients to bring back their used needles.

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.

In 2020, the Contra Costa Board of Supervisors Family and Human Services Committee:

- Approved a change from the one-to-one exchange model to a modified needs-based syringe exchange model.

This report satisfies State regulatory requirements to maintain needle exchange services in Contra Costa and covers the period of July 1, 2019 to Dec 31, 2020.

As of December 31, 2020, 2,815 individuals were living with HIV or AIDS in Contra Costa County. Between 2018 and 2020, the percentage of people living with HIV with injection drug use (IDU) identified as the mode of HIV transmission decreased from 7.3% of all those living with HIV to 6.7%. In addition, the percentage of those newly diagnosed with HIV identifying IDU as the mode of transmission between 7/1/2019 and 12/31/2020 was 1.8%, lower than in previous years (3% in 2016 and 3.2% in 2017/2018).

In Contra Costa County, needle exchange services are provided through a contract with the HIV Education and Prevention Project of Alameda County (HEPPAC). In 2019, Contra Costa Health Services provided $72,000 from County General Funds to support the weekly operation of needle exchange services in West and East County. In September 2020, the Board of Supervisors approved to change from the established one-to-one exchange model to a modified needs-based model of syringe exchange and increase the annual amount to $97,000.

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 people who inject drugs 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 137,785 people living with HIV/AIDS in California in 2019, 5.6% identified their risk for HIV as injection drug use.[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.

[1] https://www.cdph.ca.gov/. California HIV Surveillance Report - 2019
[2] https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018-Chronic-HCV-Surveillance-Report-Exec-Summary.pdf

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 (PWID) 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]

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.

In April 2020, the California Department of Public Health (CDPH) updated their guidelines for Syringe Exchange Programs (SEPs) Funded by the CDPH Office of AIDS and addressed the need to move away from the one-for-one model.[4]

"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. This Issue Brief does not supersede legal requirements for SEP operation established in California state laws or by county or municipal laws."[5]

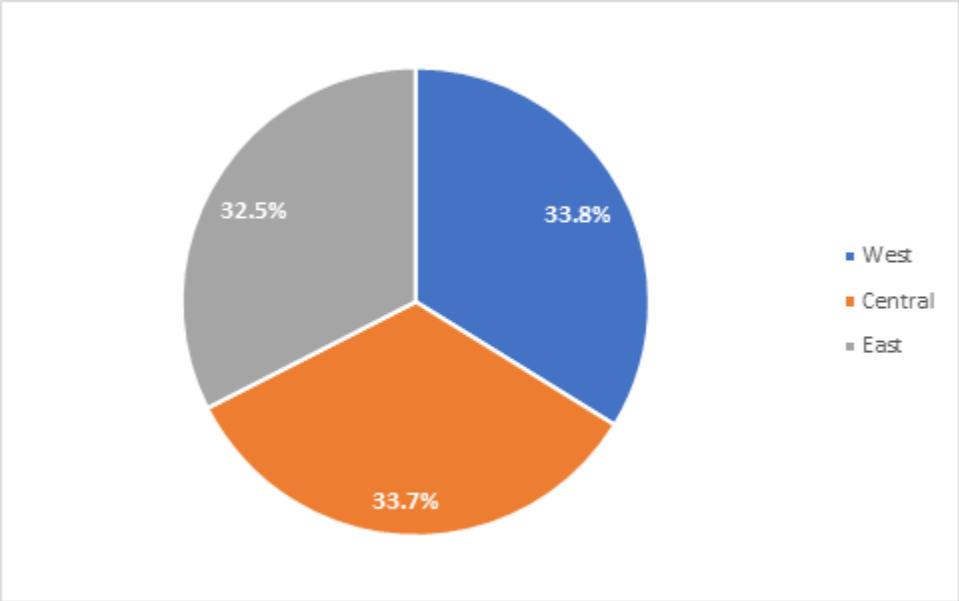
In addition to being a safer model for PWID to access enough injection equipment during COVID-19 shelter in place restrictions, the Contra Costa Board of Supervisors Family and Human Services Committee adopted the modified "needs-based" model in April 2020 to align with these State and Federal changes and improved understanding on best practices for SEPs.

REDUCING TRANSMISSION OF DISEASE

As of December 31, 2020, there were 2,815 individuals reported living with HIV (PLWH) in Contra Costa County. 33.8% reside in West County, 33.7% in Central County, and 32.5% in East County.[6]

[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
[4] 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.
[5] https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs_ADA.pdf
[6] Data Use Agreement (DUA) Q3 DUA 10.01.2021

Chart 1: Distribution of all Persons Living with HIV (PLWH) by Region in Contra Costa as of 12/31/2020



Of all PLWH in Contra Costa, 334 individuals (12%) identify injection drug use or injection drug use among men who have sex with other men as their mode of HIV transmission.[7] Among new HIV diagnoses in Contra Costa County, the majority of new cases are still attributed to male-to-male sexual contact (MMSC). Between July 1, 2019, and December 31, 2020, of the total new HIV cases (n=109), 72 (66%) were attributed to MMSC. In this 18-month period, 7 cases (6.4%) had either injection drug use (IDU) or MMSC **and** IDU as their self-reported probable mode of transmission.

Special note: In calendar year 2019, 95 residents of Contra Costa County were newly diagnosed with HIV. In 2020, this number decreased to 64 persons newly diagnosed, a 32.6% decrease. With the onset of the COVID-19 pandemic in February 2020 and the subsequent stay-at-home orders and shutdowns, people were reluctant to seek routine healthcare services and test for HIV. Similar decreases in new HIV diagnoses were seen in Alameda and other Bay Area Counties.

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.

[7] Data Use Agreement (DUA) Q3 DUA 10.01.2021

Of the 2,815 individuals living with HIV or AIDS in Contra Costa County at the end of 2020, 22 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 child are both virally suppressed at this time.

HEPATITIS C

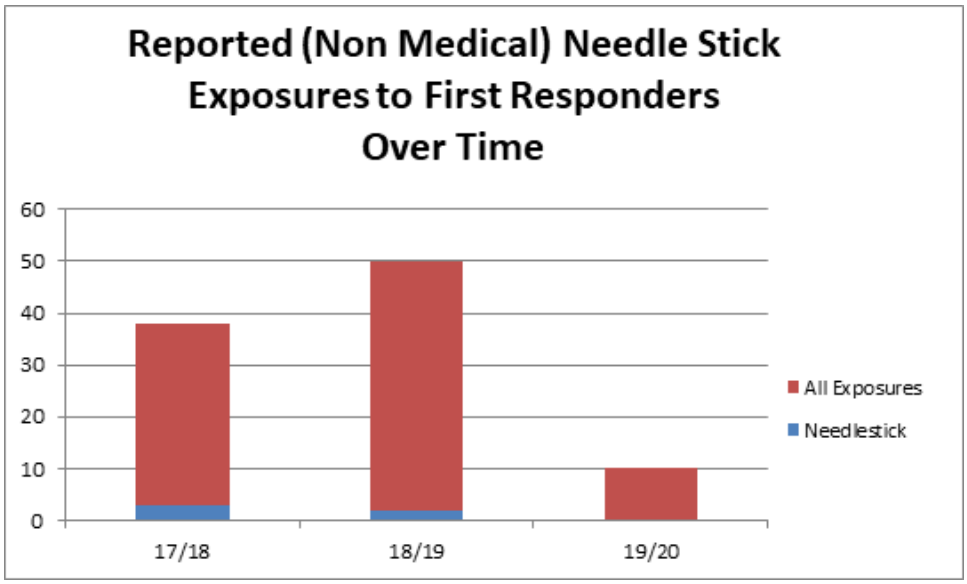
Hepatitis C infection (HCV) is largely attributed to the use of contaminated needles. Chronic HCV can lead to scarring of the liver, cirrhosis, liver failure and/or liver cancer. Across California the number of chronic Hepatitis C carriers continues to be unreliable due to variation in reporting capacities, 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 (CD) Control Program remains responsible for following up on any reported first responder exposures. CD is available for consult as requested and printed materials are also available 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. In FY 2020, there were ten reported exposures among law enforcement and first responders, but none were from needle sticks (see Chart 2).

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



NEEDLE EXCHANGE SERVICES: July 1, 2019 – December 31, 2020

All data below is supplied by Contra Costa's subcontracted needle exchange provider, HIV Education Prevention Project of Alameda County (HEPPAC). HEPPAC has provided services in Contra Costa County 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 Data Specialist, and the Programs Manager. The budget also funds supplies. HEPPAC's service delivery and reporting continue to improve.

Impact of COVID-19 Pandemic

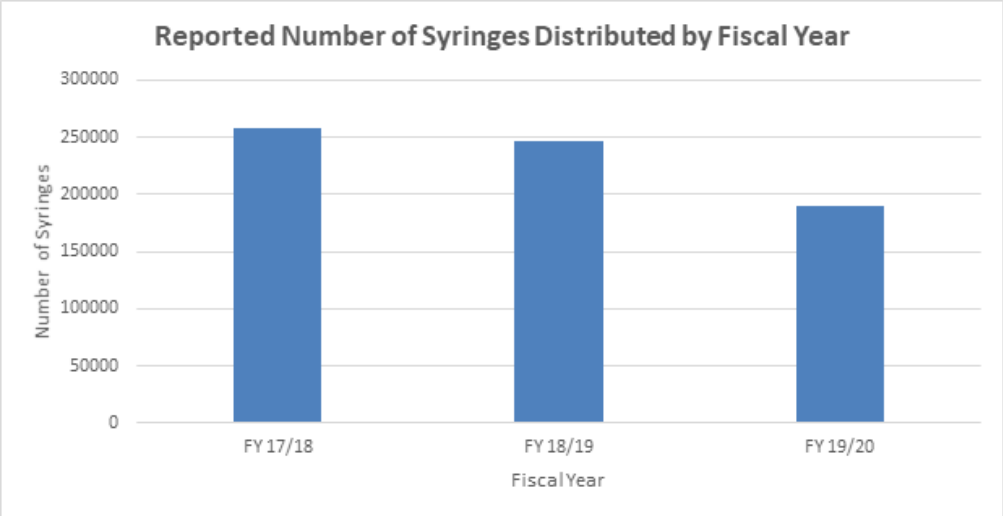
Needle exchange is an essential service, so HEPPAC stayed open during the shutdown period of the COVID-19 pandemic. Fewer individuals came to the syringe exchange sites, but this did not correlate to an equal drop in the number of individuals served and the total number of syringes distributed. **Table 1** shows a decrease of only 2% in total individuals served in FY 2020 as compared to FY 2019, and **Chart 3** shows a 22% decrease in total syringes distributed during the same period. In addition, in FY 19/20, 33% more clients were served than in FY 17/18. The main change that occurred during the shutdown was that HEPPAC had to reconfigure the process in which they served their clients. Before the pandemic, clients would line up to receive services. Since March 2020, clients are served using a "taco truck" method with one window to collect used syringes and take the client's order and another window to give the client their sterile syringes and other requested paraphernalia. Clients are asked to wear a

mask and maintain social distancing between them. HEPPAC submitted a Social Distancing Protocol which was reviewed and approved by county staff.

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

	Ethnicity Totals Over Time		
	FY 17/18	**FY 18/19**	**FY 19/20**
African American	541	969	376
White	871	1,142	1,720
Latino/Hispanic	207	346	342
Native American	10	4	9
Asian/Pacific Islander	22	40	11
Other	32	32	25
Total	**1,683**	**2,533**	**2,483**

Chart 3: Reported Number of Syringes Distributed by Fiscal Year



In FY 19/20, HEPPAC continued to notice a drop in the number of clients exchanging needles in West Contra Costa County. In FY 18/19, a total of 11,150 needles were exchanged as compared to 9,385 in FY 19/20 (a 16% drop). Some but not all these changes may be attributed to the COVID-19 pandemic. While the total number of African American and Latino clients served increased from FY 17/18 to FY 18/19 as shown in Table 1, the total number of needles exchanged by these two subpopulations remained low. However, in FY 19/20, something interesting occurred when the total number of Latino clients decreased by only 1% while the total number of African American clients decreased by 62%. One reported observation from HEPPAC is that African Americans tend to take other harm reduction supplies (i.e., pipes, cookers, cotton, hygiene/wound care, etc.) instead of sterile needles. Therefore, these clients

are not counted in the total number of clients exchanging syringes. Another possible reason for the reduction in African American clients accessing SEPs 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. HEPPAC responded by searching for new sites in the Richmond/San Pablo area by working with local "gatekeepers" to increase utilization by word of mouth to their peers who inject drugs. In late 2019, HEPPAC met with members of the African American Health Conductors to get information on which neighborhoods would be the best fit to restart needle exchange services. The group decided that the Iron Triangle neighborhood offered the best opportunity to reach people who use drugs (PWUD) and come from the African American and Latino communities. In 2020, new sites were established in Richmond to serve this population – one in the Iron Triangle, and two roving sites (one behind the Target on McDonald Ave. and the other behind the Richmond Costco).

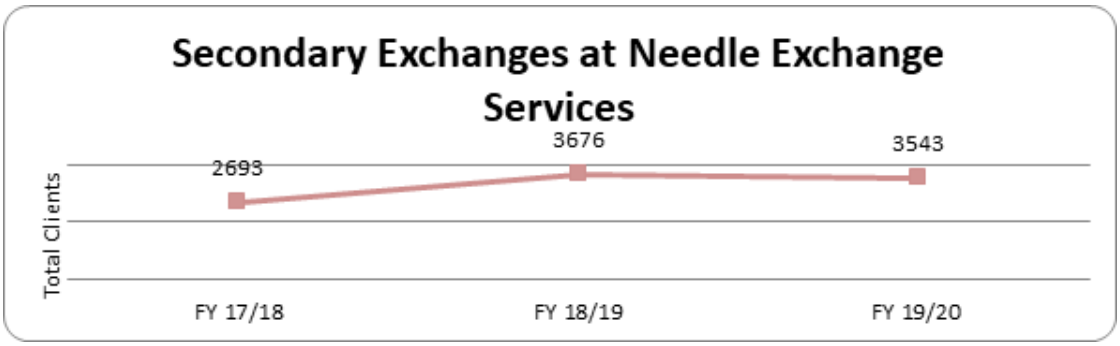
In East County the situation is different: Bay Point sites yield the highest volume of syringe exchanges in Contra Costa County. The average client utilizing harm reduction services in East County continues to be a White male between the ages of 40-49. As demonstrated in Table 1, the percentage of clients who identify as White increased by 34% from FY 18/19 to FY 19/20 and that population continues to be most needle exchange clients in the current fiscal year. The Bay Point site has also identified an increase in the number of participants reporting use of prescription opioid pills that are crushed and modified for injection. This trend is reflective of national trends and may be a contributing factor in accidental overdose deaths.

The effects of the pandemic were also seen in the number of referrals made in FY 19/20 as compared to the previous year. HEPPAC reported a decrease in health and social services referrals from 3,676 in FY18/19 to 2,889 in FY 19/20. HEPPAC maintains strong 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, there are a high number of individuals who access harm reduction services for themselves as well as on behalf of others. These individuals are called "secondary exchangers". Individuals who exchange for others report the estimated number of individuals for whom they exchange syringes, as summarized in **Chart 4**. The overall volume of secondary exchange decreased slightly (4%) in this reporting period as compared to the previous year. Still, the number of secondary exchangers by race and region continues to be the same with White clients in East County accounting for most 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 4: Secondary Exchanges at Needle Exchange Services



One important and often overlooked aspect of SEPs is the actual disposal of used (formerly known as "dirty") needles. HEPPAC's model assures that used needle disposal 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.

While planning to move from the one-to-one syringe exchange model to a modified "needs-based" model, HEPPAC proposed incentives for clients to bring back used needles. As a *modified version* of this model, HEPPAC includes incentives to encourage 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 also places 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 reporting need for 25 needles per day is given 350 needles for a two-week period, but at their next exchange encounter they report needing two or three times as many 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 their exchanges. Therefore, creating and enforcing a cap has not been problematic for HEPPAC staff.

HEPPAC stated that in the last quarter of this reporting period (October to December 2020) they distributed 45% more syringes than they collected. This is something that the agency experienced in Alameda County a few years ago when they adopted the needs-based model there. HEPPAC will focus on utilizing the incentives described above to get more clients to bring back their used needles. In addition, HEPPAC has increased the distribution and size of biohazard containers so that clients who are not going to needle exchange on a weekly basis due to the pandemic can bring back their used needles less frequently.

In this reporting period, West County residents exchanged a total of 9,385 used needles, which is lower than the previous two fiscal years. In East County, the same reduced amount was documented. In this reporting period, East County residents exchanged a total of 181,074 used needles, which is also lower than the previous two fiscal years. COVID-19 is mostly responsible for this downward shift. The downward trend is also evident when looking at needle exchange rates based on race and ethnicity. In FY 19/20, a total of 376 African American individuals were served at needle exchange sites as compared to 1,720 Whites. Consequently, the number of used needles exchanged by African American clients (n=3,249) was also lower than the amount by White clients (n=46,218). 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.

During this reporting period, HEPPAC increased its reach by providing technical assistance to an emerging volunteer-based program called Martinez Harm Reduction Coalition (MHRC) that serves clients in need of harm reduction services in the downtown Martinez area. HEPPAC sees this group as a secondary exchanger group and provides them with supplies and best practices for running an effective syringe service program. In return, HEPPAC requests quarterly client service data from this group. HEPPAC also provided this group with training on how to educate their clients on overdose prevention and provided them with Narcan kits to distribute. In this reporting period, MHRC served a total of 54 clients and reported a total of 6 opioid overdose reversals using Narcan.

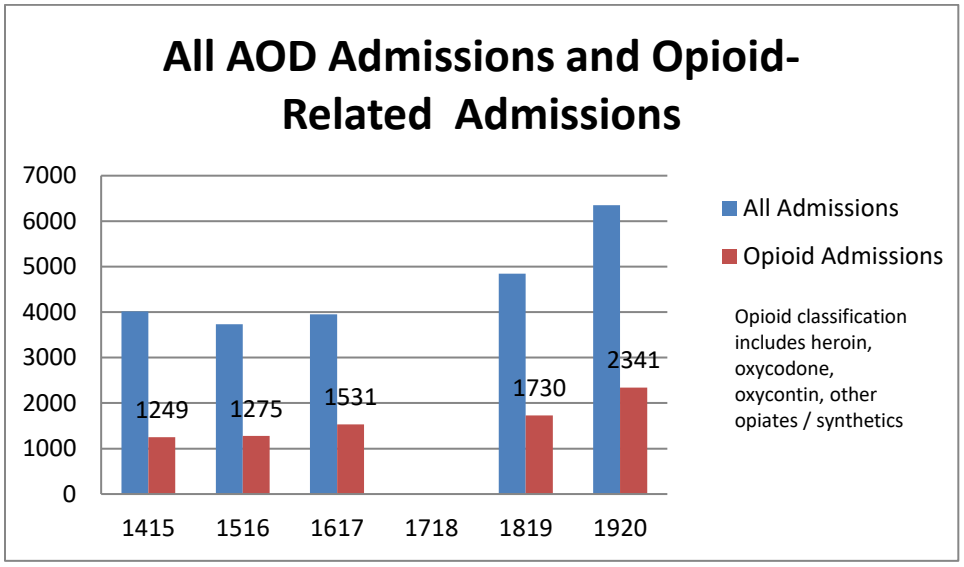
HEPPAC continues to distribute Narcan (the name brand for naloxone) overdose prevention kits to individuals most likely to experience or witness opioid overdoses. Before a kit is given, the client receives education on how to correctly use it. In FY 19/20, HEPPAC provided overdose education and prevention kits to a total of 480 clients. In the same period, HEPPAC reported 159 opioid overdose reversals among their clients in Contra Costa. As the presence of Fentanyl in the drug supply increases, so does the overdose rate. HEPPAC continues to increase awareness, training, and distribution of Narcan throughout the county.

Overall, HEPPAC 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 19/20 continued to increase from previous years. 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 expanded healthcare coverage under 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.

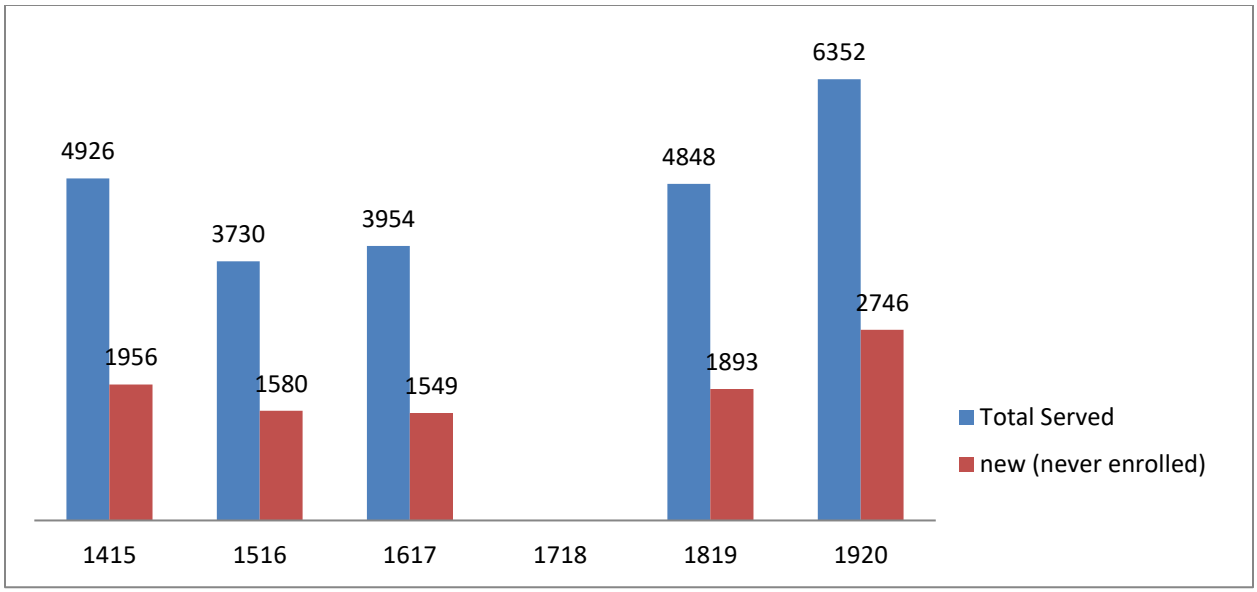
Chart 5: All AODS Admissions and Opioid-Related Admissions*



***Note: FY 17/18 has not been made available due to being held in a different AODS system.*

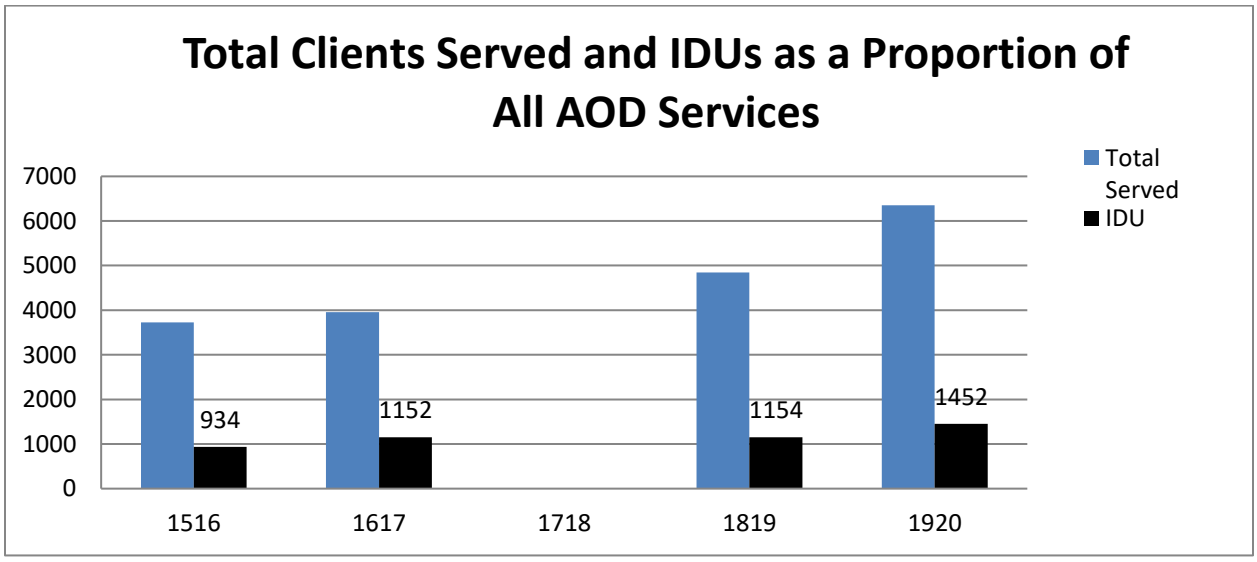
Of the 6,352 admissions fiscal year 19/20, roughly 43% were new (not previously enrolled) (**Chart 6**).

Chart 6: New Enrollees in AODS Services



In FY 19/20, 23% were injection drug users (IDUs) (**Chart 7)**. 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 7: Total Clients Served and IDUs as a Proportion of All AODS Services



As seen in **Chart 8**, the overall percentage of African Americans enrolled in services has remained similar from 19% of those served in 2017/18, 22% of those served in 2018/19 and 20% in 2019/20. 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 8: Enrollment in AODS Sites over Time by Primary Race/Ethnicity

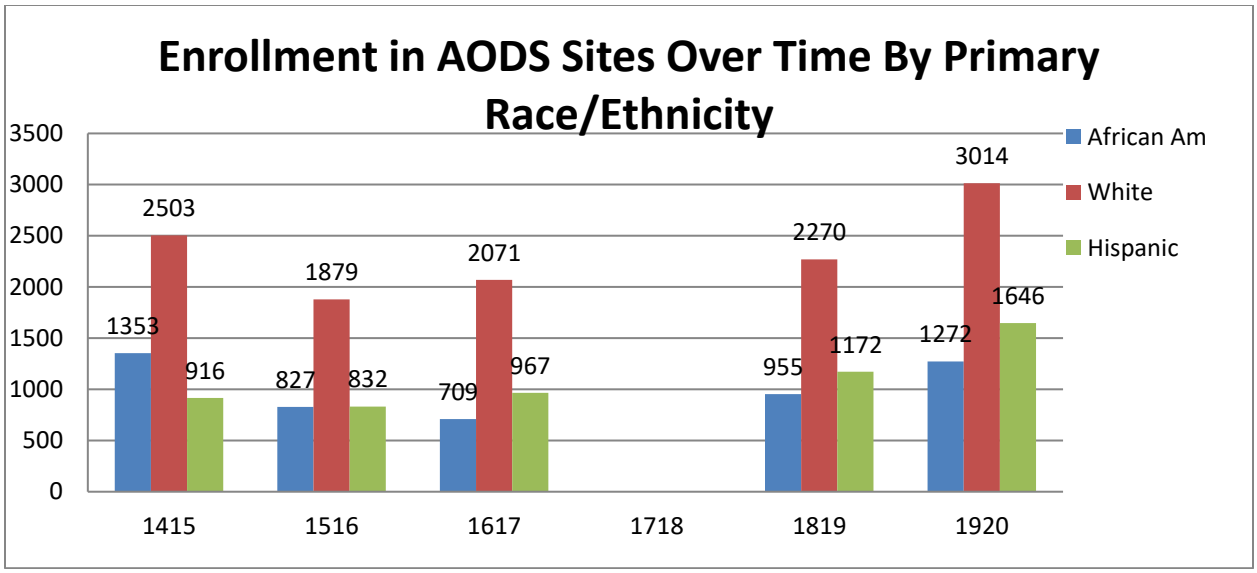
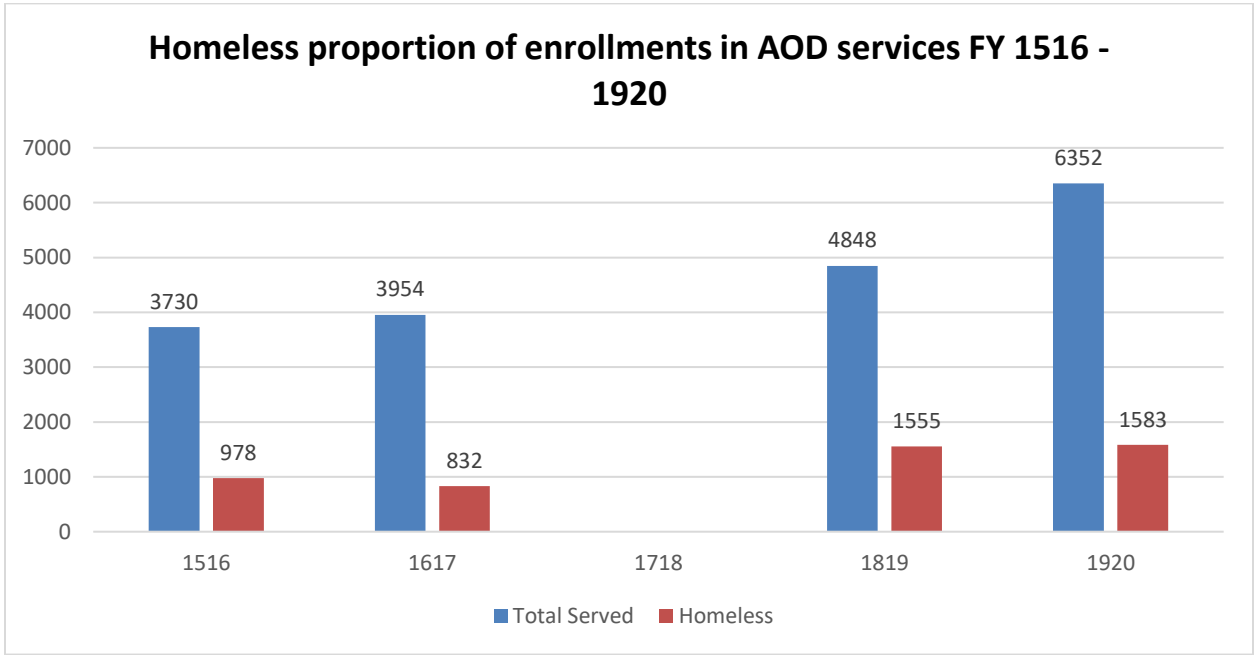


Chart 9 shows a slight decrease in enrollees who reported being homeless at the time-of-service initiation. In FY 2015/16, 26% reported being homeless, in FY 2016/17 21%, in FY 2018/19 32%, and in 2019/20 25% of total clients enrolled reported being homeless.

Chart 9: Homeless Proportion of Enrollment in AOD Services



Of the 6,352 clients served by AODS in 2019/20, 1036 did not have a noted HIV diagnosis, and 6 were noted to be HIV-positive.

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.[8]

Alameda & Contra Costa County Integrated HIV Prevention & Care Plan

Contra Costa County HIV/AIDS and 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.

[8] https://med.stanford.edu/news/all-news/2017/05/study-identifies-cost-effective-ways-to-combat-hiv-risk.html

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.

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 (individuals diagnosed with HIV, percentage of individuals linked to HIV care, percentage of individuals who are virally suppressed, and percentage of individuals who are retained in care). In this reporting period, the HIV/AIDS and 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 Pre-Exposure Prophylaxis (PrEP) Navigation Program for Contra Costa residents.

PrEP 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.[9] 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 fumarate, which is available in a fixed-dose combination in a tablet called Descovy®. Both pills are once-daily prescription medicines 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 support, risk reduction counseling, HIV prevention education and provision of condoms.

[9] https://www.cdc.gov/hiv/basics/prep.html

The HIV/AIDS and STD Program is actively expanding access to pre-exposure prophylaxis for HIV prevention (PrEP) for Contra Costa residents. The State of California's assistance program for the prevention of HIV, PrEP-AP, helps cover the out-of-pocket medical costs related to getting on PrEP. This includes access to all medications on the PrEP-AP formulary for the prevention of HIV and treatment of sexually transmitted infections (STIs), certain vaccines, labs, and all office visits. The PrEP-AP serves HIV-negative persons ages 12 or older who are residents of California with a Modified Adjusted Gross Income (MAGI) that does not exceed 500% of the Federal Poverty Level based on family size and household income. All Contra Costa Positive Health and Sexual Health providers are now PrEP-AP providers, which gives individuals a choice of day and evening appointments options throughout the week. Clinics are located at the West County Health Center, Martinez Health Center, Pittsburg Health Center, and Brentwood Health Center. The Concord Health Center is in the process of being added to the HIV Program's PrEP-AP contract as a fifth clinical provider site.

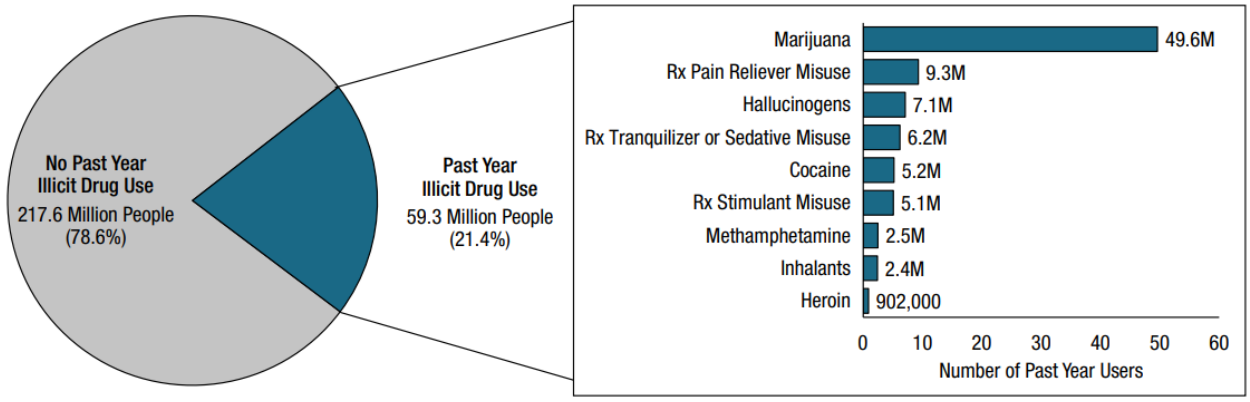
The Line List targeted outreach intervention consists of generating lists that are pulled from State and County surveillance systems. These line lists are focused on three populations at particularly high-risk for HIV and/or repeat STDs: men who have sex with men (MSM) recently diagnosed with one or more STD, women of color (African American and Latinas) 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 do not have HIV, Pre-Exposure Prophylaxis (PrEP) navigation services. In this reporting period, DITs provided risk reduction services to a total of 381 individuals (349 HIV-negative and 32 people living with HIV). Please note, the Line List work was also affected by the COVID-19 pandemic since fewer individuals tested and received treatment for STDs in FY 19-20.

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 2020, 902,000 Americans reported using heroin in the past year, a number that has risen steadily since 2007. The greatest heroin use is among individuals aged 18-25.[10]

Chart 10: Past Year Illicit Drug Use: Among People Aged 12 or Older; 2020



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.[11] 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 (See Chart 10: Rx Pain Reliever Misuse).

The California Department of Health reported 5,363 opioid-related overdose deaths in 2020, with 3,857 deaths related to fentanyl overdose. This marks an increase of 121% from the 2,428 reported opioid-related deaths in 2018, which was a 42% increase since 2012.[12] In Contra Costa County, there were 81 opioid deaths in 2018, 84 in 2019, and 144 in 2020 which is a marked increase from the 50 opioid overdose deaths reported in 2016.[13] 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).[14] The goal of the program was to reduce fatal overdoses by increasing access to naloxone nasal spray called Narcan.

[10] https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf
[11] http://www.drugabuse.gov/publications/drugfacts/heroin
[12] https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/PrescriptionDrugOverdoseProgram.aspx
[13] https://skylab.cdph.ca.gov/ODdash/
[14] https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx

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.

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, several pamphlets describing the proper disposal of syringes and other medical waste, and links to state and other resources. Additional information can be found at https://www.contracosta.ca.gov/depart/cd/recycle/options/msh.htm.

Local Drop Off Sites for Needles/Sharps	**Contra Costa County**
Alamo	
Alamo Sheriff's Substation	
150 Alamo Plaza, Suite C, 94507	(925) 837-2902
Antioch	
Delta HHW Collection Facility	
2550 Pittsburg-Antioch Hwy, 94509	(925) 756-1990
Concord	
Mt. Diablo Resource Recovery *(For residents of Concord Only)*	
4080 Mallard Drive,	
Contra Costa County Regulatory/Information Service	
Contra Costa Environmental Health - Medical & Solid Waste	(925) 692-2500
Lafayette	
Lafayette Fire Station	
3338 Mt. Diablo Blvd., 94549	

Martinez	
Mt. View Sanitary District (MVSD)	
3800 Arthur Rd., 94553	(925) 228-5635
Moraga	
Moraga Fire Station	
1280 Moraga Way, 94556	
Orinda	
Orinda Police Department	
22 Orinda Way, 94563	
Richmond	
West County HHW Collection Facility	
101 Pittsburg Ave., 94801	(888) 412-9277
San Jose	
Safety Kleen	(408) 294-8778
San Ramon	
San Ramon Fire District	
1500 Bollinger Canyon Rd., 94583	
Walnut Creek	
John Muir Rossmoor Medical Center Pharmacy	
1220 Rossmoor Parkway, 94598	(925) 988-7510
Walnut Creek City Hall	
1666 North Main Street, 94596	

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 syringe sales. Materials for Law Enforcement to document potential exposure and request assistance are available on the website.

3. **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 a crucial part of Contra Costa's strategy to address the opioid epidemic by increasing naloxone access and linking people to substance use treatment programs.