

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 utilizing a modified “needs-based” distribution exchange model with built-in incentives to return 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).
- 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 each 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 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 January 1, 2021, to June 30, 2022.

As of June 2022, 2,869 individuals are living with HIV or AIDS in Contra Costa. Between 2020 and 2022, the percentage of people living with HIV and identifying injection drug use (IDU) as the mode of transmission has dropped from 6.7% of all those living with HIV to 6.4%. In addition, the percentage of those newly infected with HIV in 2021/2022 identifying IDU as the mode of transmission was 1.3%, a decrease from 2018 (2.7%) and 2019 (2.1%). This speaks in large part to the importance of the County’s accessible, weekly needle exchange services.

In Contra Costa 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 \$97,000 from County General Funds to support the weekly operation of needle exchange services in West and East County. In addition, harm reduction services including needle exchange are offered in Martinez at Waterfront Park by the Martinez Harm Reduction Collective (MHRC), a volunteer group that acts as a secondary exchanger with HEPPAC. Please note, the funds from Contra Costa's contract with HEPPAC do not support MHRC; HEPPAC utilizes funds from other sources to provide them with technical assistance and harm reduction supplies.

The availability of needle exchange as part of a comprehensive continuum of services for PWID continues to be a necessary public health measure to reduce transmission of blood borne diseases in Contra Costa.

BACKGROUND ON ACCESS TO STERILE NEEDLES TO REDUCE TRANSMISSION

The California Department of Public Health (CDPH) reports that of the 139,703 people who were living with HIV/AIDS in California in 2020, 5.5% identified their risk for HIV as solely 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 hypodermic needles and syringes, which puts PWID at elevated risk for HIV, HCV, and Hepatitis B infections.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 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_Report2020_ADA.pdf

² <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018-Chronic-HCV-Surveillance-Report-Exec-Summary.pdf>

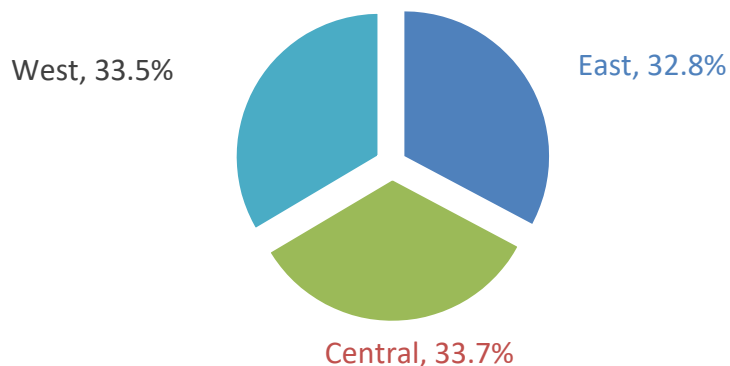
³ The full report of the evaluation can be accessed on the California Department of Public Health, Office of AIDS website <http://www.cdph.ca.gov/programs/Documents/SB1159StateReportFinal.pdf> -

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 June 30, 2022, there were 2,869 individuals reported living with HIV (PLHIV) in Contra Costa. Roughly 33.7% reside in Central County, 33.5% in West County, and 32.8% in East County.⁴ Of all PLHIV in Contra Costa, 323 individuals (11.3%) 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, most new cases are still attributed to male-to-male sexual contact (MMSC). Of the total newly diagnosed HIV cases (153) between January 1, 2021, and June 30, 2022, 94 (61.4%) were attributed to MMSC. Since 2018 the total number of new diagnoses attributable to injection drug alone use has decreased from 2.7% to 1.3%.

Chart 1: Distribution of all PLWH by Region in Contra Costa as of 6/30/2022



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 2,869 individuals living with HIV or AIDS in Contra Costa County in 2022, 26 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 February 2022, Contra Costa had one new case of

⁴ Data Use Agreement (DUA) Q2 2022

⁵ Data from 2022 Data Use Agreement (DUA) Data, Q2 2022.

maternally transmitted HIV. A comprehensive case review completed by our HIV Surveillance Coordinator and the Outbreak and Investigation Unit of the Office of AIDS found that the prenatal care was accessed late (24 weeks) in pregnancy, through multiple providers, and two outside LHJs. Seroconversion occurred shortly before delivery, which was one month after the initial prenatal visit and initial negative HIV test. System changes were proposed, including increased collaboration between LHJs and increased testing of high-risk pregnant individuals, and there have been no new subsequent maternal transmission cases reported. Mother and baby are both virally suppressed at this time.

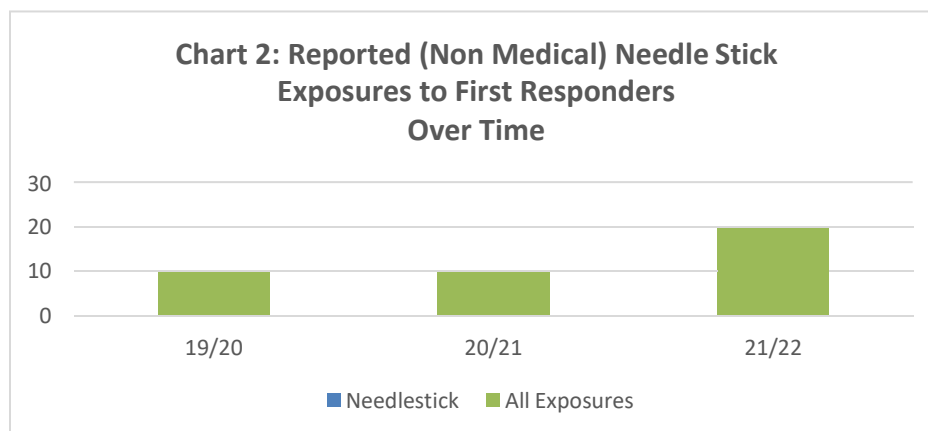
HEPATITIS C

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, Contra Costa's 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 is responsible for communicating the source person's results with Occupational Health, but they do not advise on treatment or follow up. Communicable Disease Control remains available for consult as requested and printed materials are also available on the Syringe Exchange website: <https://cchealth.org/hiv/syringe-exchange.php>

There were ten reported exposures in FY 20/21 and twenty in FY 21/22 among law enforcement and first responders, but none were from needle sticks:



NEEDLE EXCHANGE SERVICES: JANUARY 1, 2021- JUNE 30, 2022

All data below is supplied by Contra Costa’s needle exchange contractor, HIV Education Prevention Project of Alameda County (HEPPAC). HEPPAC has provided services in Contra Costa since 2013.

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. HEPPAC’s 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.

Impact of COVID-19 Pandemic: Needle exchange is an essential service, so HEPPAC stayed open during COVID-19 related lockdowns. Fewer individuals came to the syringe exchange sites but the drop in the number of individuals served and total number of syringes distributed was minimal. In the January 2021—June 2022 reporting period, two COVID-19 variants (Delta and Omicron) affected the number of weekly clients accessing harm reduction services at HEPPAC needle exchange sites in West and East Contra Costa County. However, with the increase in vaccination rates across the county, HEPPAC was able to serve more individuals in FYs 20/21 and 21/22 as compared to the beginning of the COVID-19 pandemic. Table 1 shows an increase of 10% in this reporting period from FY 19/20. At the beginning of the COVID-19 pandemic, HEPPAC had to reconfigure their service delivery process. Before the pandemic, clients would line up to receive services; clients are now 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 syringes and other requested paraphernalia.

Clients are asked to wear a mask and maintain social distancing. In FY 19/20, HEPPAC submitted a Social Distancing Protocol which was reviewed and approved by county staff and continues to be followed.

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

Race/Ethnicity Totals Over Time			
	FY 19/20	FY 20/21	FY 21/22
African American	376	734	689
White	1,720	1,668	1,709
Latino/Hispanic	342	319	299
Native American	9	3	6
Asian/Pacific Islander	11	4	8
Other	25	15	5
Total	2,483	2,743	2,716

In this reporting period, West County residents exchanged a total of 20,884 used needles, which is higher than the previous two fiscal years. In East County, a similar increase was observed—East County residents exchanged a total of 152,990 used needles, which was also higher than the previous two fiscal years. These increases may be due to the easing up of COVID-19 restrictions. The upward trend is also evident when looking at needle exchange rates based on race and ethnicity for African Americans. In this reporting period, an average of 711 African American individuals per fiscal year were served at needle exchange sites as compared to 376 in FY 19/20.

However, for White clients, the opposite is true. A total of 1,720 White clients were served in FY 19/20 as compared to an average of 1,675 White clients in the two fiscal years included in this report (see Table 1).

However, for reasons outlined here and later in this report, the number of used needles exchanged by African American clients (n=18,617) remained much lower than the amount by White clients (n=208,620). There is a notable difference in exchange behaviors: White clients report exchanging needles for secondary users at a much higher rate than do 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 increased utilization at the East Contra Costa site

West County Harm Reduction Services:

In FYs 20/21 and 21/22, HEPPAC reported an increase in the number of clients using harm reduction services in West Contra Costa County. This increase is due in large part to HEPPAC's increased outreach efforts in the region, which included the work of the HEPPAC Community Health Promoters (CHPs) who scouted new areas throughout Richmond (roving sites) to increase visibility and identify areas requesting harm reduction services. Despite these efforts, most of these individuals are still primarily accessing harm reduction supplies other than syringes (safer smoking supplies, condoms, Narcan, etc.). This is evident in the huge increase in the number of African American clients, specifically in West County, from FY 19/20 to FYs 20/21 and 21/22 and the low number of needles exchanged by this population. One reported observation from HEPPAC is that African Americans tend to take other harm reduction supplies (i.e., condoms, hygiene/wound care, safer smoking supplies, etc.) instead of sterile needles. Another reason reported is that the physical site where services were being offered needs to be reevaluated to serve a higher percentage of African Americans who inject drugs. HEPPAC reports an increase in smoking as the modality of drug use rather than injecting, and this is another reason for the increase in African American clientele at harm reduction services. In this reporting period, HEPPAC also increased its efforts to create more access to Medically Assisted Treatment (MAT) during Syringe Services Program (SSP) sites in East and West County with specific focus on increasing visibility in Richmond. The agency received a grant from the Sierra Health Foundation to increase PWID access to MAT at SSPs. With this funding, HEPPAC can hire Substance Use Navigators (SUNs) to assist in this effort by setting up Harm Reduction SSPs at sites that the County does not have the capacity to support.

East County Harm Reduction Services:

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 has remained stable over the past three fiscal years, and that population continues to be most needle exchange clients in the current fiscal year as well.

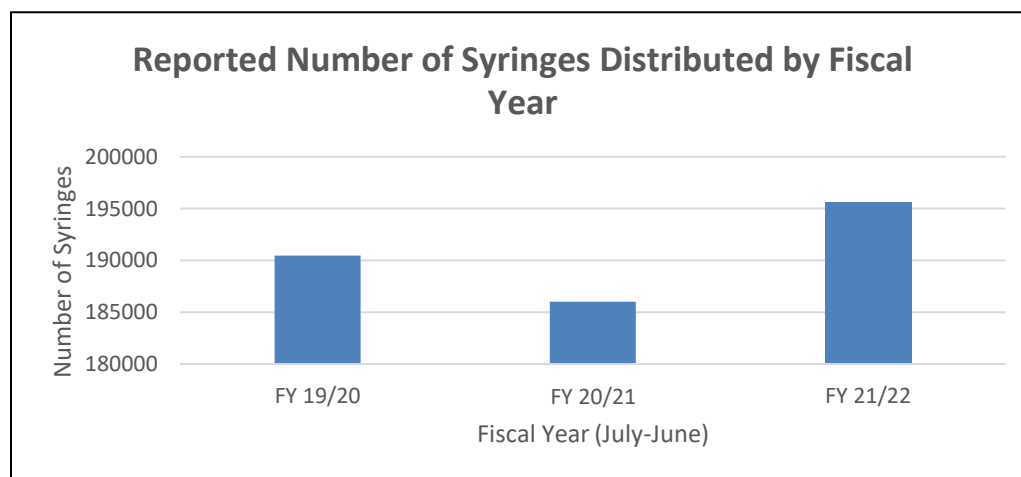
New Trends Reported Among PWID:

HEPPAC staff continue to report an increase in the number of countywide 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.

Another reported trend in drug using behavior during this reporting period is that many former PWID are turning more to smoking as opposed to injecting their new drug of choice: fentanyl. A study conducted by researchers from California and Washington state, published in 2021 in the journal *Drug and Alcohol Dependence*, found that many people who use drugs in San Francisco have been reducing their injection of heroin and other drugs and smoking more fentanyl instead.⁶ Study participants reported that smoking fentanyl, compared to injecting tar heroin and other opioids, helped them experience better highs, better health, reduced stigma, and improved quality of life.

This trend speaks to the importance of continuing to offer safer smoking supplies at syringe exchange sites to reduce the risk of reuse/sharing and thus transmission of blood borne diseases such as HIV and Hepatitis C.

Chart 3: Reported Number of Syringes Distributed by Fiscal Year



⁶ Transition from injecting opioids to smoking fentanyl in San Francisco, California *Drug and Alcohol Dependence* Volume 227, 1 October 2021, 109003.

In FYs 20/21 and 21/22, HEPPAC continued to provide effective harm reduction services including syringe exchange and overdose prevention services for East and West Contra Costa County residents. These services include collection and disposal of used syringes, distribution of biohazard containers for disposal and future collection, one-on-one education, and intervention with clients to promote the use of clean syringes, provide clean syringes and other tools for safer use focused on PWIDs. In addition, the agency provides overdose prevention kits with Narcan to those that are at risk of overdose and their peers/family members that may need to administer the Narcan. Due to the increase in fentanyl in almost all the illicit street drugs, all drug users are at risk. HEPPAC continues to distribute fentanyl test strips at all sites to prevent overdose deaths among PWIDs. The permanent sites in East and West Contra Costa County are in the middle of overdose “hot spots” where harm reduction services are most needed.

Referrals to Health and Social Services

Another sign of rebounding from the COVID-19 pandemic was seen in the number of referrals made in FY 20/21 and FY 21/22 as compared to the previous year. HEPPAC reported a marked increase in health and social services referrals from 2,889 in FY 19/20 to an average of 3,153 per year in this reporting period. HEPPAC maintains strong linkages to health care providers, substance use treatment services, collaborative partnerships with other community agencies, and other resources.

HEPPAC has an established relationship with the Contra Costa Health Care for the Homeless (HCH) program and provides them with harm reduction materials to distribute to clients, particularly at the Antioch Fulton Shipyard site.

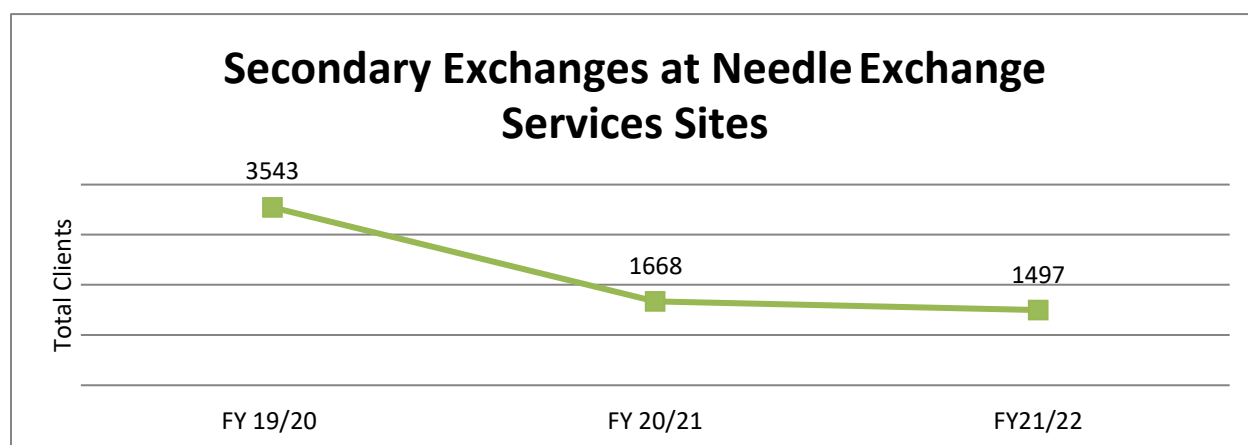
Syringe Disposal

One important and often overlooked aspect of syringe exchange services programs is the actual disposal of used (formerly known as “dirty”) needles. HEPPAC’s modified needs-based model assures that disposal of used needles occurs every week. Agency staff measure the number of used needles they dispose of 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, 1,200 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, HEPPAC 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.

Secondary Exchangers

In Contra Costa County, there are individuals who access harm reduction services for themselves as well as on behalf of others. These individuals are called “secondary exchangers”. Secondary exchangers report the estimated number of individuals for whom they exchange syringes, summarized in Chart 4. The overall volume of secondary exchange has decreased over the past three fiscal years, which could be the result of the COVID-19 pandemic. 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 key group of secondary exchangers with HEPPAC are the volunteers that make up the Martinez Harm Reduction Collective (MHRC). This is a group made up of Martinez residents that came together in 2019 to start harm reduction services in Martinez. In this reporting period, HEPPAC continued to provide technical assistance to MHRC in the form of training and supplies, including Narcan kits. In return, MHRC submits quarterly client service data to HEPPAC. MHRC provided weekly harm reduction services to an average of 35 residents per week at the Waterfront Park in the Martinez marina area.

Challenges and Response

In early May 2022, Health Services Alcohol and Other Drugs Program (AODS) received a formal complaint from a Martinez resident regarding used syringes/needles on the ground in Waterfront Park. The AODS Director reached out to the Health Services Public Health HIV Program who has a contract with HEPPAC for syringe exchange. The HIV Program contacted HEPPAC to clarify the syringe collection process being utilized by MHRC. HEPPAC confirmed that MHRC volunteers collect used syringes from clients at their weekly exchange site in Waterfront Park as well as provide clients with large sharps containers to keep the used needles and transport them back to the exchange site. In addition, MHRC volunteers reported that they educate every client to not discard used syringes on the ground and instead direct clients to the closest community site for disposal, either the sharps containers in the Waterfront Park’s bathrooms or the Mountainview Sanitation District in Martinez. The HIV Program Manager also spoke with a Supervisor at Martinez Public Works who confirmed that his staff has been finding and cleaning

up used syringes/needles in the Waterfront Park since he has been working there, almost twenty years. However, he did report that there has been a higher volume of used syringes in the last four years and that the sharps containers in the park bathrooms get full and need to be emptied every two weeks by Public Works as part of their regular maintenance of the park facilities.

While the investigation into the complaint about used needles was ongoing, the Interim Chief of Police for Martinez asked to meet with Health Services Public Health representatives to discuss concerns over used syringes/needles on the ground in Waterfront Park. Representatives from both AODS and Public Health met with the Interim Chief and provided him with data about the harm reduction services in Waterfront Park. The Interim Chief also inquired about how the services initially began and raised some questions about legal authority which were referred to County Counsel.

Dr. Ori Tzvieli, Public Health Director, requested that HEPPAC pause syringe exchange services in Martinez Waterfront Park while the Health Department and County Counsel review the legal questions as well as the contract with HEPPAC. MHRC was told that they can continue providing referrals, safer sex materials, and Narcan to their clients, but the group decided to pause all activities until advised otherwise. Clients in need of harm reduction services in Martinez are being referred to the Richmond or Bay Point sites, where HEPPAC staff can provide them with harm reduction services. The full impact of this pause on harm reduction activities in Martinez is unknown at the time of this report.

Future Endeavors

In response to the service disruption in Martinez, Health Services may decide to amend the contract with HEPPAC to include Central County as a service area for harm reduction services to be able to identify additional or alternate locations. If this is the case, the Public Health HIV Program will bring a resolution to a future FHS Committee meeting to describe any financial, legal, or logistical issues to increase HEPPAC's capacity to serve Central County clients.

Distribution Model Change

During this reporting period, the model used in Contra Costa for syringe exchange was changed from a one-to-one model to a modified needs-based model per approval of the Board of Supervisors. To increase the return rate (the rate of returned used needles compared to new, sterile needles given out), HEPPAC proposed incentives for clients to bring back used needles. As a modified version of this model, HEPPAC offers various incentives for clients to bring back their used needles (i.e., 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. HEPPAC staff 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 states that they need 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 secondary exchangers. HEPPAC staff have demonstrated their ability to get to know their clients and their use habits, as well as documenting previous exchanges. This information also helps HEPPAC determine the cap for each client. Given HEPPAC's rapport with clients and in-depth knowledge of their use, creating and enforcing a cap has not been problematic for their staff.

In the third quarter of the first fiscal year of this report, HEPPAC began to report the total number of new, sterile syringes given out and the total number of used syringes collected. According to the California State Office of AIDS, the average return rate for used syringes statewide is 60%. Contra Costa County's HIV Prevention Program negotiated a return rate of 70% for HEPPAC in Contra Costa. The 70% return rate has been difficult for HEPPAC to achieve in the reporting period, and HEPPAC reported a return rate of 56%. HEPPAC has shifted focus on utilizing the incentives described above to get more clients to bring in their used needles. In addition, HEPPAC has increased the distribution and size of biohazard containers so that clients can bring back larger amounts of used needles. This is additionally important for clients that come monthly to the exchange sites since larger sharps containers can keep more used needles from being discarded in shared community settings.

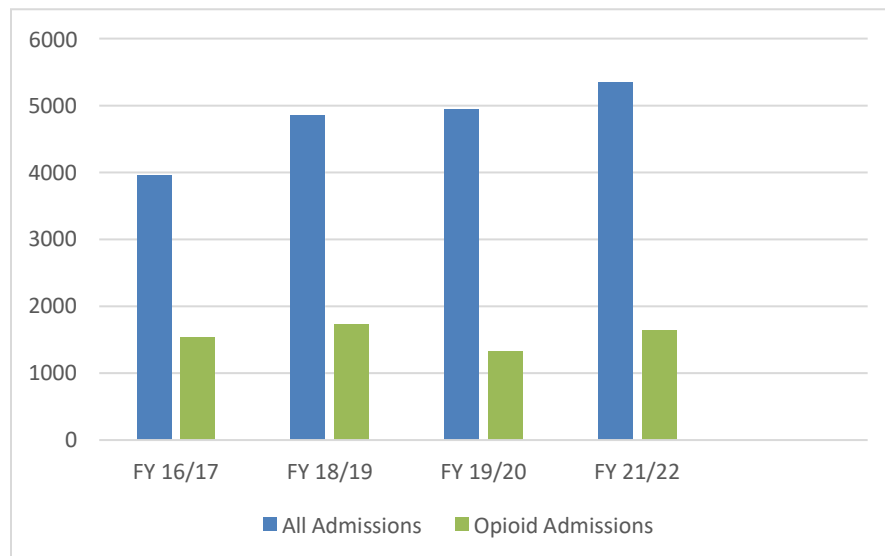
HEPPAC continues to distribute overdose prevention kits (naloxone) to individuals most likely to experience or witness opioid overdoses. Before a kit is given, the client receives education on how to use the kit. In FYs 20/21 and 21/22, HEPPAC provided overdose education and prevention kits to a total of 1,217 clients (equivalent to 2,542 doses of Narcan). This represents a 61% increase from FY 19/20. Late in FY 21/22 there was a national shortage of nasal Narcan which affected HEPPAC's ability to distribute Narcan at a high capacity as compared to previous quarters. HEPPAC does provide intramuscular Narcan, however, clients prefer to have the nasal Narcan in the event of an overdose because it is easier and faster to use.

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 and respond to the situation in Waterfront Park and is working diligently to restore harm reduction services in Martinez.

ALCOHOL AND OTHER DRUG SERVICES (AODS)

Admissions to AODS services (Chart 5) in this reporting period were up by 22.6% from FY 18/19. 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*

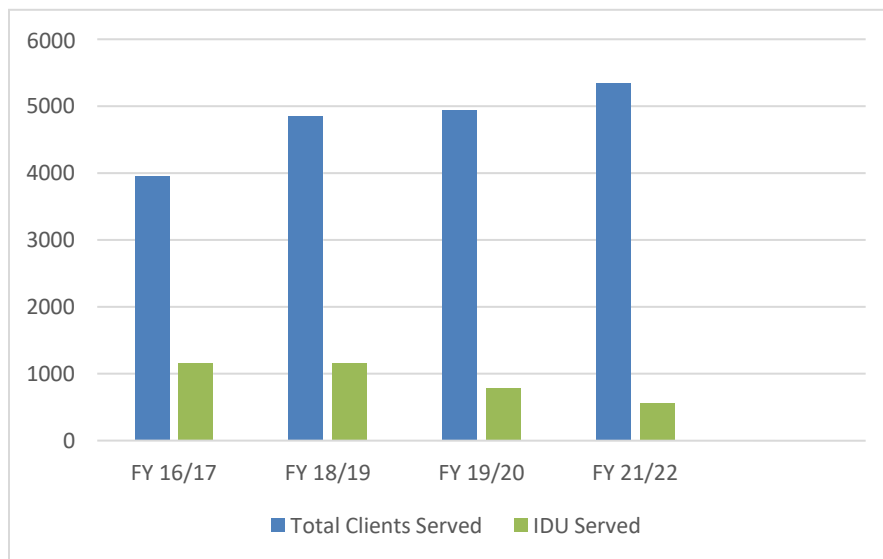


**Note: FYs vary slightly due to differences in reporting periods prior to COVID-19. FY 16/17 refers to July 2016-June 2017; 17/18 data was not able to be pulled because it was in another system; 19/20 refers to July 2019-December 2020; 21/22 refers to January 2021—June 2022. In the next reporting period, we will resume reporting on single year FYs from July-June.*

Of the 5,337 admissions this reporting period (Jan 2021—June 2022), roughly 15.1% identified injection drug use behavior (Chart 6). The proportion of injection drug users to the overall population in AODS services has noticeably decreased compared to previous years: FY 16/17 (28%), FY 18/19 (24%), FY 19/20 (16%), FY 21/22 (10.4%).

This trend may be attributed to the changing behaviors and the prevalence of fentanyl as detailed above.

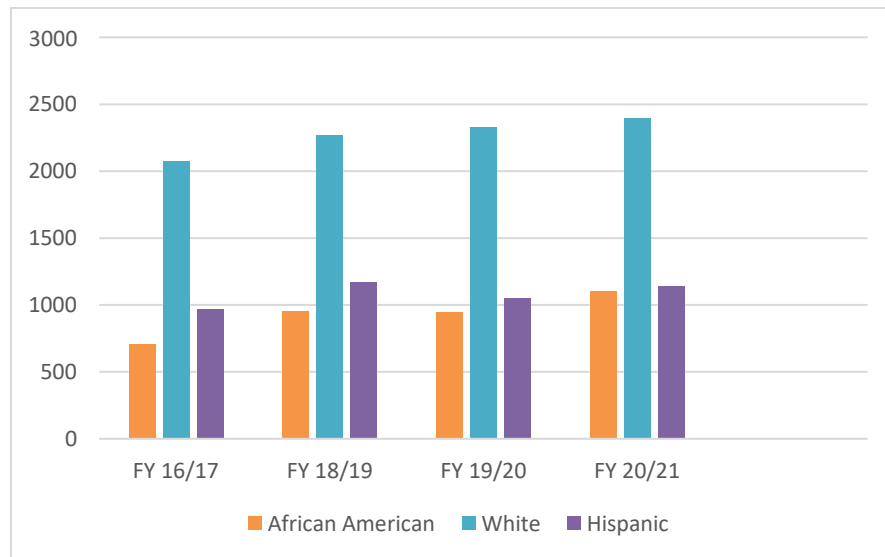
Chart 6: Total Clients Served and IDUs as a Proportion of all AOD Services*



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As seen in Chart 7, the overall percentage of African Americans enrolled in services has remained similar to previous years, representing 22% of those served in 2018/19, 19% in FY 19/20, and 21% in 2021/22. The percentage of Hispanics enrolled in services has decreased slightly, going from roughly 27% of those served in past years to 21% in 2021/22. Normally over half of service enrollees, White participants also decreased to 45% in 2021/22.

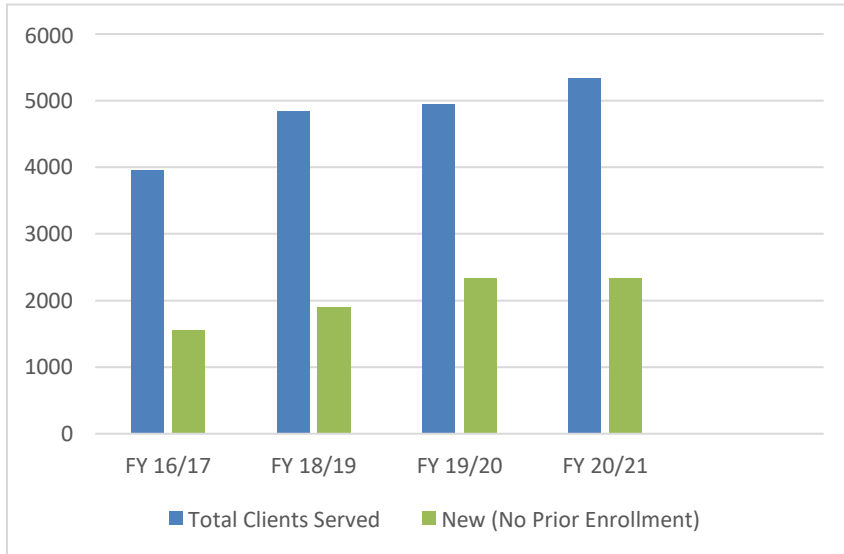
Chart 7: Enrollment in AODS Sites over Time by Primary Race/Ethnicity*



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Nearly 44% of those served in FY 21/22 (Chart 8) are new enrollees, a slight decrease from 19/20, which was 47%.

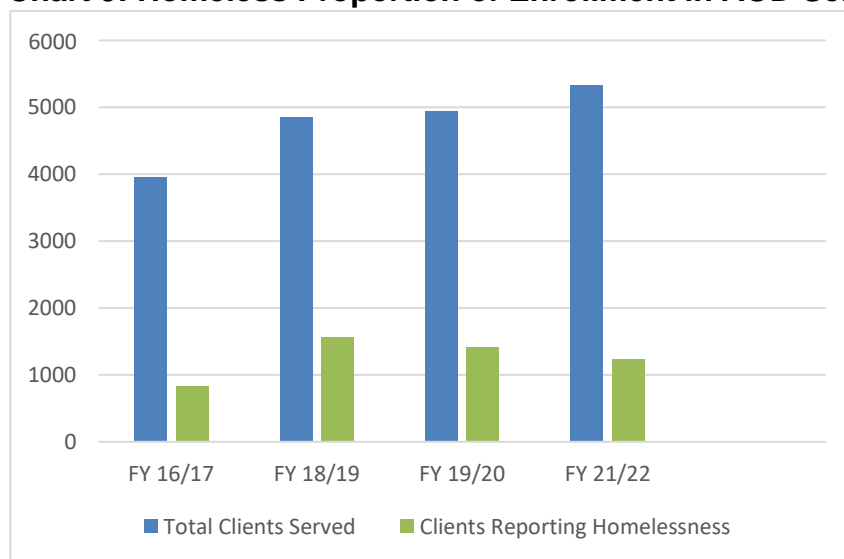
Chart 8: New Enrollees in AODS Services*



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Chart 9 shows a decrease in enrollees who reported being homeless at the time-of- service initiation. In FY 2018/19, 32% of total clients enrolled reported being homeless, in 19/20 it was 29%, and in 21/22 it was 23%.

Chart 9: Homeless Proportion of Enrollment in AOD Services*



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AODS Program Highlights

During this reporting period, AODS expanded its services network by adding two new Narcotic Treatment Programs (NTP) to provide Medication Assisted Treatment (MAT) for Opioid Use Disorders: BAART Clinic in Concord and Harmonic Solutions in Walnut Creek. The BAART Concord Clinic and Antioch Clinic also provide HIV/HCV screening for clients as needed, and clients in need of treatment and other services receive on-site care and warm handoffs to the HIV/AIDS and STD Program.

Beginning in April 2022, AODS fully integrated substance abuse counselors with the Medical Team in Detention Facilities to provide SUD treatment in the jail and linkages to SUD treatment post release. This effort also focuses on continuity of care post release to facilitate re-entry through recovery support services.

AODS currently has two *Nuevos Comienzos* (New Beginnings) groups for Spanish speaking clients in need of lower-level SUD treatment. *Nuevos Comienzos* is an effort to address health inequities and the low utilization rate of SUD treatment in the Spanish speaking population.

AODS is also part of the larger community of harm reduction services in Contra Costa. They coordinate with the East Bay Harm Reduction coalition by distributing Narcan at needle exchange sites and engage clients into SUD treatment. AODS provides training and distribution of Naloxone across all Recovery Residences, also known as Sober Living Environments (SLE).

OTHER PREVENTION ACTIVITIES FOR INJECTION DRUG USE

Opioid Agonist Therapy

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 and 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.⁷⁸

Contra Costa's **Choosing Change (CHOCH)** initiative provides effective treatment for people who want to stop using opioids such as heroin, prescription painkillers like oxycodone, and similar drugs. The program provides buprenorphine medication combined with a group visit, recovery-focused therapy. Highlights from CHOCH during this reporting period include:

- Currently offering 14 clinics associated with 6 health centers throughout Contra Costa County (see CHOCH Table 2 below)
- Sublocade (long-acting) injectable form of buprenorphine now available weekly at the Miller Wellness Center in Martinez
- Groups are currently being held via telehealth Zoom, with demonstrated success in engaging patients through this model of care
- CHOCH referrals can be placed directly by CCHS system providers within ccLink or through the AODS Access line
- For patients needing more intensive treatment, CHOCH can assist in connecting to inpatient and outpatient services
- Substance Use Navigators stationed at CCRMC are associated with CHOCH and connect patients seen in the ED to program services

⁸ <https://med.stanford.edu/news/all-news/2017/05/study-identifies-cost-effective-ways-to-combat-hiv-risk.htm>

Tables 2-4: Choosing Change Patient Demographics

Table 2: Patients Served by Primary Clinic

Patients Served by Primary Clinic		
Clinic	Count of Patients	Percentage of Patients
Antioch Health Center	75	7%
Brentwood Health Center	60	6%
Concord Health Center	371	36%
George and Cynthia Miller Wellness Center	235	23%
Pittsburg Health Center	198	19%
West County Health Center	82	8%
Total	1021	100%

Table 3: Patients by Race

Patients by Race		
Race	Patient Count	Percentage of Patients
American Indian/Alaska Native	8	1%
Asian	20	2%
Black/African American	139	14%
Hawaiian/Pacific Islander	5	0%
White/Caucasian	626	62%
More than One Race	30	3%
Other Race	174	17%
Declined/Unknown	19	2%
Total	1021	100%

Table 4: Patients with HIV

Patients with HIV		
HIV Diagnosis	Patient Count	Percentage of Patients
Yes	7	1%
No	1014	99%
Total	1021	100%

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. Although the plan has not yet been updated for the next five years, it is referenced to evaluate care and prevention efforts in both counties. Key prevention components of the plan that focus on PWID 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.
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. 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 county 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. At

present, there are currently three medications with US Food and Drug Administration (FDA) approved indication for PrEP that are either taken as a daily pill or by an injection and are both highly effective at protecting individuals from HIV. Both indications are approved for both adults and adolescents ages 12 and over who weigh at least 35 kilograms (77 pounds).

Truvada® and Descovy® for PrEP

At present, there are two medications with an FDA-approved indication for daily use 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®. When taken daily, studies have shown that both Truvada® and Descovy® reduce the risk of getting HIV from sex by about 99% and by at least 74% among people who inject drugs.⁹ 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.

Injectable PrEP

On December 20, 2021, the FDA approved one injectable pre-exposure prophylaxis (PrEP) medication: cabotegravir (CAB) 600 mg (brand name Apretude®). CAB is a single antiretroviral drug given as an intramuscular injection every 2 months to prevent HIV. CAB is approved for cisgender men, transgender women, and cisgender women. CAB injections may be a good option for PrEP for people who:

- Have problems taking oral PrEP as prescribed.
- Prefer getting a shot every 2 months instead of taking oral PrEP.
- Have serious kidney disease that prevents use of oral PrEP medications.

CAB is FDA approved as an intramuscular injection in the buttocks initiated as a first injection followed by a second injection 1 month after the first and then continued with an injection every 2 months thereafter. A 4-week lead-in period of 30 mg daily oral CAB prior to the first injection is optional for patients who are worried about side effects.

All forms of PrEP should be considered as part of a **comprehensive prevention plan** that includes adherence, risk reduction counseling, HIV prevention education and provision of condoms and requires follow-up with a provider to assess for HIV and STI testing at regular intervals

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 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 624 individuals (594 HIV negative and 30 PLHIV).

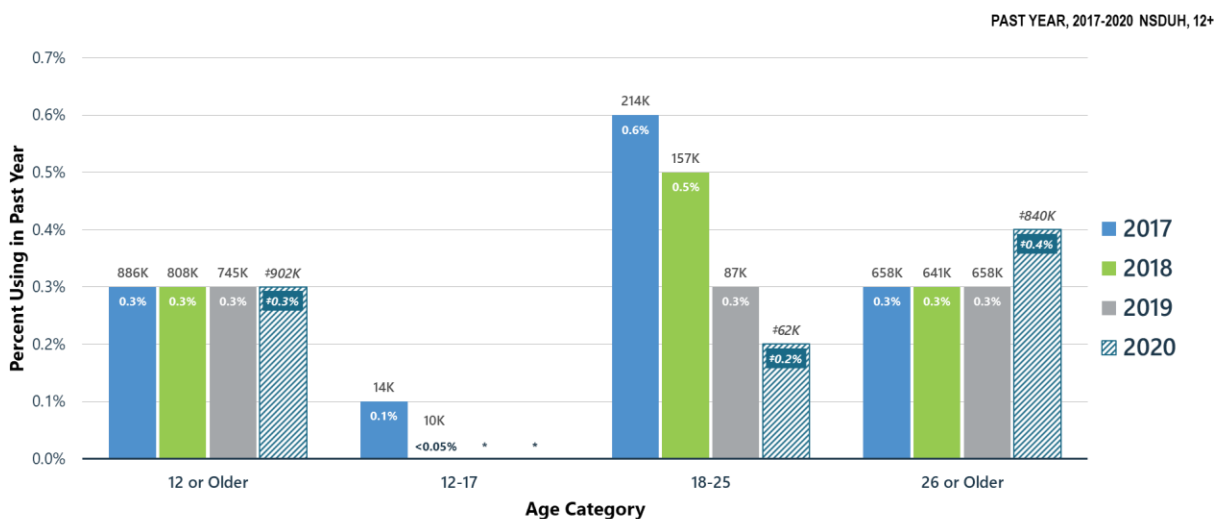
⁹ <https://www.cdc.gov/hiv/basics/prep.html>

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 been on the rise since 2007. The greatest increase in heroin use has been seen in young adults 18- 25.¹⁰

Chart 10: Past Heroin Use among People Aged 12 or Older (2017—2020)



* Estimate not shown due to low precision.

† Estimates on the 2020 bars are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definitions for details.

¹⁰ <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.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.

The California Department of Health reported 5,502 opioid-related overdose deaths in 2020 and 6,843 in 2021, this marks a steady rise since 2018 when 2,428 were reported.¹² In Contra Costa County, there were 144 opioid deaths in 2020 and 180 in 2021,¹³ which is a marked increase from the 84 opioid overdose deaths reported in 2018.¹⁴ 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).¹⁵ 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.

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, as well as links to state and other resources. Additional information can be found at <https://cchealth.org/eh/medical-waste/faq.php> and <https://safeneedledisposal.org/search-results/>.

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

¹² <https://skylab.cdph.ca.gov/ODdash/?tab=Home>

¹³ 2021 data is preliminary and may increase slightly.

¹⁴ https://pdop.shinyapps.io/ODdash_v1/

¹⁵ <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx>

The Public Health HIV/AIDS and STD program has received one complaint from a community member regarding discarded syringes on the ground this year as reported earlier.

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

CONCLUSIONS:

1. **Access to new, sterile syringes/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. **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.