RECOMMENDATIONS

1) Accept this report on needle exchange as part of a comprehensive HIV Prevention Program.
2) Direct the Health Services Department to continue supporting and monitoring needle exchange services and report annually as required by law.

SUMMARY

In 2006, state law changed to allow the local implementation of needle exchange services without a biweekly declaration of emergency provided that an annual presentation is made and community is allowed to provide public comment.

The spread of HIV and Hepatitis C through the sharing of needles has long been a concern in Contra Costa. While there is a downward trend in the number of cumulative AIDS cases attributed to injection drug use (IDU), the percentage of new AIDS infections attributed to IDU is actually higher in the last five years than in previous years. Contra Costa continues to have a higher percentage of AIDS cases attributed to IDU than California as a whole.

Reported cases of Hepatitis C and the number of infants with antibodies to HIV present at birth have dropped since the state of emergency was first formally declared in 1999. While it cannot be stated that needle exchange is totally responsible for the stabilization, the availability of needle exchange as part of a comprehensive continuum of services for injection drug users may contribute to this positive trend. Needle Exchange services remain a necessary Public Health measure to reduce transmission of blood borne diseases and should remain available in Contra Costa County.
BACKGROUND

In 1999 the Board of Supervisors unanimously endorsed needle exchange as one component of a comprehensive HIV risk reduction strategy to reduce the transmission of HIV and other blood borne diseases attributed to injection drug use. The Board then declared a state of emergency pertaining to injection drug use and HIV and renewed it on a biweekly basis as required by law.

On October 7, 2005, the Governor signed legislation (AB 547 / Berg) allowing counties to replace the declaration of a state of emergency with an annual presentation at an open meeting in which the public and other stakeholders are allowed opportunity to comment. The legislation took effect January 1, 2006. Contra Costa Health Services Department completed the necessary paperwork and received State authorization to implement AB 547.

On January 10, 2006, the Contra Costa Board of Supervisors:

- TERMINATED the local state of Emergency first declared on December 14, 1999 due to the existence of a critical local public health crises based upon the increasing and epidemic number of AIDS/HIV and Hepatitis C cases in Contra Costa County, especially among injection drug users;
- AUTHORIZED the Health Services Department to administer, in consultation with the State Department of Health Services, 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.

DATA REVIEW

All data unless otherwise cited is provided by Contra Costa Health Department. Through March 31, 2006, a total of 2,631 cases of AIDS have been reported in Contra Costa, with Injection Drug Use (IDU) accounting for somewhat more than 27% of all AIDS cases ever diagnosed. This rate remains higher than the state-wide rate of 19% of all reported AIDS cases attributed to IDU (including men who have sex with other men and also inject drugs).

The number of new cases of AIDS reported over time has decreased significantly in Contra Costa to an average of about 82 new cases per year in the last 5 years. The dramatic drop in cases is attributed to improved treatment, earlier identification of symptoms and complications, and a wider range of treatment therapies which slow the progression of HIV to AIDS. Similar analysis among individuals with HIV only (not AIDS) is not available, as HIV reporting is not considered reliable at this time. HIV non-names code was initiated in California in July 2002, and in April of this year an emergency law changed code-based HIV reporting to names-based reporting. However, implementation processes for names-based reporting are not yet fully

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1 Contra Costa Health Department Epidemiology, Surveillance and Health Data Unit. Special data runs and HIV/AIDS Epidemiology Report, July 2006. www.cchealth.org/groups/epidemiology/aids/aidslinks.php
developed and very few counties are currently reporting HIV infections. Any HIV data cited in this report refers to individuals reported by the Health Department prior to April 2006.

While there is a downward trend in the number of cumulative AIDS cases attributed to IDU in Contra Costa, the percentage of new AIDS infections attributed to IDU is actually higher in the last five years than in previous years.
Currently there are 1,002 people living with AIDS (PLWA) and 692 individuals reported with HIV in Contra Costa.

- IDUs are approximately 24% of those living with AIDS and 21% of those with HIV. Nearly a third of all IDUs living with AIDS and more than 35% with HIV are female.
- Nearly 82% of IDUs living with AIDS and 90% of IDUs with HIV identify as heterosexual.
- African Americans are 60% of all IDUs ever diagnosed with AIDS and 65% of IDUs diagnosed with AIDS recently (2001 – 2006).
- Of cities with 10 or more cases of PLWA or HIV who are also IDUs, 44% are in West County and 23% are in East County.

Other Data

The number of cases of reported Hepatitis C carriers has decreased dramatically since the state of emergency was first declared in 1999. This drop can’t be attributed exclusively to needle exchange as a host of other factors such as changes in reporting, delayed diagnosis, etc., may influence the decline.

The number of infants testing positive for HIV antibodies at birth has also decreased over time, from a peak of 42 children born between 1996-2000 to 19 children born between 2001 and 2005. Most of these children are expected to revert to negative status by two years of age. Currently, 14 Contra Costa children have a diagnosis of AIDS.

Reports of needlestick exposures to law enforcement were also reviewed. A State form used by law enforcement to report potential exposures to the State Office of AIDS is not consistently
filed. None-the-less, of the 32 reported exposures from July 2000 - June 12, 2006, 4 were needlestick injuries. A cross-check of data (n=71 incidents in FY 0506) from all sources requesting follow-up assistance from Public Health identified 5 instances in which assistance was requested for follow-up of a needlestick injury in FY 0506 - 2 of these cases were among law enforcement (the non-law enforcement incidents would not be reported to the State.)

The Health Services Department is working with law enforcement to better complete and submit these forms. Public Health staff provided an exposure reporting update to the Police Chiefs and requested a designated safety contact at their September meeting. The Sheriff’s Department now has a designated Safety Officer who works directly with Public Health on all potential exposures.

**Alcohol and Other Drug Services Data**

A review of AODS admissions data shows that injection drug users are about 21% of all enrollments in the most recent 5-year period. An individual may have more than one admission in a year. IDU enrollment in residential detox programs has increased from 13% of enrollments in FY 0102 to 17% in 0506. The percentage of women enrolled in AODS services has also increased over time, from 32% of all enrollments in FY 0102 to 39% in FY 0506.

**NEEDLE EXCHANGE**

Neither State nor Federal dollars can be used to purchase needles for exchange operations. The Health Department provides $60,000/year for needle exchange services through a contract with Community Health Empowerment (CHE). CHE’s scope of work requires exchange services twice per month in both West and East County, to 500 contacts in each area. CHE actually operates and reports activities from 4 exchanges (Richmond, North Richmond, Pittsburg, and Bay Point) on a weekly basis.

The projected annual expenses are approximately $91,000 and the total current income is $62,500. The budget supports the Director and baseline supplies, but no other staff. The fiscal agent, Greater Richmond Interfaith Program (GRIP), manages CHE funds and charges a 10% fee. Pittsburg Preschool Community Council provides staff support to the exchange operating at the Pittsburg site. The Health Department identified some additional resources to purchase templates for grant applications this fiscal year.

Needle exchange programs in the Bay Area vary widely in their total annual budgets and methods of operation. Some programs provide services through community based agencies and others provide services through the Health Department.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>About $640,000</td>
</tr>
<tr>
<td>Berkeley</td>
<td>$52,000</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>$60,000</td>
</tr>
<tr>
<td>Marin</td>
<td>Exchange uses no county funds</td>
</tr>
<tr>
<td>San Mateo</td>
<td>About $180,000</td>
</tr>
<tr>
<td>Solano</td>
<td>No exchange</td>
</tr>
</tbody>
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3 Special Data run on AODS admissions provided by Victor Kogler, August 2006
CHE Progress Report

Community Health Empowerment reports missing some exchanges during the fiscal year due to cash flow impacting their ability to order supplies in a timely fashion. Even with these interruptions, CHE met and exceeded contractual obligations. The provider reports that exchange participants value the service and the health information provided. There is an increase in awareness of the dangers of ignoring abscesses and other conditions requiring medical attention. New health education materials on abscesses are now distributed routinely with each exchange and condoms and other risk reduction materials and referrals are available.

The reporting period is FY 0506. “Contacts” refers to the number of individuals accessing the sites - the figures are not an unduplicated count. Individuals exchange one used syringe for one clean syringe and many bring in syringes to exchange for other individuals (Total N). West County participants are predominantly African American (53%) and East County participants are predominantly White (66%).

<table>
<thead>
<tr>
<th>Location</th>
<th>Contacts</th>
<th>For Total N</th>
<th># Syringes</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>East County (2 sites)</td>
<td>1608</td>
<td>4042</td>
<td>171,795</td>
<td>64% M</td>
</tr>
<tr>
<td>West County (2 sites)</td>
<td>1575</td>
<td>3251</td>
<td>151,990</td>
<td>74% M</td>
</tr>
<tr>
<td>Total</td>
<td>3183</td>
<td>7257</td>
<td>323,785</td>
<td></td>
</tr>
</tbody>
</table>

Several attempts have been made to introduce other providers to needle exchange sites in an effort to increase referrals. These attempts have been largely unsuccessful due to a variety of reasons, including the unpredictability of site participants (wariness and lack of trust of individuals unknown to them), the hours of exchange operation, interpersonal tensions, etc. HIV testing access has been established on a limited basis. The Health Department has provided limited Health on Wheels (HOW van) services at the sites in Richmond and is trying to expand similar services to the sites in East County.

In their final report for the fiscal year, CHE indicated that an increasing number of individuals were reporting difficulties with local law enforcement at the exchange sites. In some instances, participants indicated that police confiscated syringes as they exited the sites. In other cases, participants report being told by law enforcement personnel that they could not carry syringes with needles still attached. The issue was raised at the monthly Police Chief’s meeting in September 2006 and the Chiefs suggested a joint development of a resource guide for law enforcement on needle exchange. The AIDS Program will work with the Chiefs to develop and disseminate the guide this year.

Pharmacy Syringe Sale

Many individuals - citing fear of law enforcement, stigma or other barriers - do not access needle exchange services. In December 2004, the Board of Supervisors authorized a local Disease Prevention Demonstration Project (DPDP) in Contra Costa. This Project, as authorized by California Senate Bill 1159, allows pharmacists registered with the Health Department to sell or furnish up to 10 syringes to an individual 18 years of age or older without a prescription.
At this time three major pharmacy chains (Walgreen's, Longs and Rite Aid) and one Safeway store are registered in the DPDP. About 83% of the registered pharmacies have had customers and 18% of those with customers report serving 10 or more people per week. Referral information is provided and, where syringe disposal containers (Sharps) are not offered for sale, referral information to the Pittsburg and Richmond Household Waste management sites is provided. Pharmacies have requested additional health education and referral materials and training for new pharmacists. There have been no major incidents reported by pharmacies or by the Sheriff’s Department. The AIDS Program will follow up with pharmacists on their requests.

Other Prevention Activities For Injection Drug Use

One program cannot serve as a panacea to address the substance abuse problem, and needle exchange services are provided as a component of a comprehensive prevention strategy to reduce transmission of HIV and AIDS among injection drug users in Contra Costa. Other strategies include: HIV prevention providers work with non-infected substance users to develop plans to reduce risk for contracting HIV; an AIDS and Homeless collaborative has trained homeless services providers in HIV risk recognition and reduction activities; all Ryan White CARE Act contractors have been trained to provide risk reduction counseling services and partner notification support to their HIV positive clients; a Prevention with Positives program supports clients by building prevention skills and developing incremental behavior change plans; and the Health Department assists medical providers with partner notification assistance. HIV testing also supports the risk reduction process and the AIDS Program has expanded testing services in Alcohol and Other Drugs Services programs. These programs all provide support for positive behavior changes among individuals who inject drugs or who partner with IDUs.

CONCLUSIONS:

1. **Needle Exchange and Pharmacy Syringe services remain a necessary Public Health measure to reduce transmission of blood borne diseases.** While needle exchange and the availability of syringes without a prescription are not solely responsible for the downward trends noted in children born with positive antibodies to HIV or the reported rates of Hepatitis C or increasing enrollment of women in AODS services, the availability of needle exchange and pharmacy syringe sales may in part contribute to this positive trend.

2. **Generally speaking, local law enforcement exposure to potential blood borne pathogens via needle stick injury does not appear to have increased since needle exchange and pharmacy sales have been implemented.** There is a need for better documentation of injuries and Public Health and Law Enforcement staff have undertaken steps to strengthen communication.

3. **The contract for needle exchange services should remain in effect so long as the service is provided.**

4. **The Health Department is attempting to expand some form of limited health care services to exchange sites in East County.** We anticipate the availability of this service will assist with the earlier identification of individuals in need of emergency and other care, and referrals for other health and support services. A report will be provided at the next update in the coming year.