

REPORT TO THE BOARD OF SUPERVISORS Syringe Exchange Program

Background

This is the fourth report since 2010 concerning the Syringe Exchange Program (SEP) activities in Lake County, California. The previous report was in 2013.

The following are relevant laws that relate to local syringe exchange programs:

Local Authorization of SEPs

[H&S Code Section 121349.1](#) allows local governments to authorize SEPs in consultation with the California Department of Public Health (CDPH), as recommended by the U.S. Secretary of Health and Human Services, subject to the availability of funding, as part of a network of comprehensive services, including treatment services, to combat the spread of HIV and blood-borne hepatitis infection among injection drug users.

[H&S Code Section 121349.2](#) requires that local government and health officials, law enforcement and the public be given an opportunity to comment on SEPs on a biennial basis in order to address and mitigate any potential negative impact of SEPs.

[H&S Code Section 121349.3](#) requires the local health officer to present information about SEPs at an open meeting of the local authorizing body. The information is to include, but is not limited to, relevant statistics on blood-borne infections associated with syringe sharing and the use of public funds to support SEPs. The report must be made on a biennial basis.

Any Positive Change is a community-based volunteer organization that centers its approaches on a harm-reduction model. Its funding is independent of the county and it operates in accordance with the Statement of Understanding approved by the Lake County Board of Supervisors on March 10, 2009. Although it is not a county program, *Any Positive Change* coordinates with Lake County Health Services Department in the shared mission of reducing the spread of communicable diseases, such as Hepatitis C and HIV. The program provides education, support and referral of clients for treatment of both substance use disorder and other health conditions. The organization maintains a Facebook page, “*Any Positive Change* of Lake County.”

The majority of clients are referred to the SEP by word-of-mouth. Matchbooks are available with information on how to contact the SEP and are encouraged to be shared. Notices of scheduled exchange times are posted for patients at the Lucerne Community Clinic.

Clients who abuse the SEP by selling syringes are counseled and may be sanctioned.

In 2016, *Any Positive Change* was able to obtain most supplies through the California Syringe Exchange Supplies Clearinghouse, which was authorized and funded by Senate Bill 75 (2015-2016). In addition, the program was awarded \$4,500 from the Wine Alliance for purchase of naloxone. Additional donations from private parties were also received.



The program works out of a distinctive truck, which clients come to recognize. This resource was funded through the *Elton John AIDS Foundation*. Scheduled syringe exchange days are Tuesday evenings at two sites, Lucerne and Lower Lake. The program does not operate on holidays or during inclement weather.

Program Activity

The previous report on this SEP was in 2013. A lapse in reports occurred as the result of disruptions resulting from a series of disasters that occurred in Lake County between 2015 (when a report would have been due) and the 2017. Despite the interruption in reporting, a number of positive developments have occurred and will be reported here.

Data included in this report were provided by *Any Positive Change* staff for the calendar year 2016.

During 2016, a total of 816 exchanges occurred, significantly increased from the annual total of 229 and 220 for the years 2011-12 and 2012-13. The incidences of exchanges include "secondary exchanges," meaning that a single individual may serve as the agent to make the exchange on behalf of others who are reluctant or unable to interact directly with the program.

In 2016, the program **received 206,829** syringes and **distributed 207,793**. These numbers are essentially double the number of syringes reported in 2013. For the first year in the history of the program, more syringes were distributed than received. This was attributed to two different factors. First, the two program volunteers took an anticipated month off and doubled the number of syringes dispensed to participants to cover that period of time. In addition, an individual donated 2,000 sealed, unused syringes from a deceased relative that did not become part of the program's inventory, but they were provided to "Project Save," which distributes donated medical supplies to 23 different countries. At the current time, in 2017, the SEP has taken in substantially more syringes (249,465 in) than it has distributed (235,252 out).

Four hundred ninety-five individuals were served during 2016, a substantial **increase over the sixty-eight individuals** served during 2011--13.

Forty-nine individuals were new to the program, suggesting steady growth in numbers between 2013 and 2016. It was noted that not all of the new clients were seeking syringe exchange services. Some came for information, education, to address concerns or to access naloxone (for emergency reversal of opioid overdoses).

The **age range** of participants during 2016 was **between 23 years and 74 years**. In the previous report, the oldest client was 64 years of age. **Thirty-eight per cent were female and 62% were male**. The program volunteers report that the recent trend has been toward more male exchangers.

Of the clients served, **fifty-one had only one encounter** with the program.

The program continues to refer clients to appropriate medical treatment and into drug treatment when they demonstrate readiness to accept it.

Although most clients served are users of multiple substances, opioid drugs are often reported as the drug of choice. A subset of SEP participants use only methamphetamine or heroin as a single drug of use. A review of 18 coroner's cases of deaths from overdose in 2016 revealed 2 deaths from heroin used in combination with other drugs, 4 deaths from methamphetamine alone and 1 additional death from methamphetamine in combination with other drugs. Nearly two-thirds of the deaths involved prescription opioid drugs.

Benefits of the SEP

Prevention of Bloodborne Infections

To understand the benefits of a harm reduction program, such as a SEP, one must understand the risks. In a 2016 analysis¹ of county-level vulnerability for rapid dissemination of HIV or Hepatitis C infection of persons who inject drugs, Lake and Plumas counties were the two California counties that ranked in the top 5% of highest vulnerability in this national analysis. While this vulnerability assessment does not mean that outbreaks are inevitable, it demonstrates that conditions exist that readily support disease transmission.

Since 2012, reported Hepatitis C cases in Lake County have shifted slightly toward younger age groups and away from the “baby boomer” generation that experienced the initial surge in cases. Since an original major risk factor for Hepatitis C infection was addressed through screening of donated blood beginning in 1992, injection drug use is now the primary risk factor associated with new infections. In 2016, the youngest reported Hepatitis C case was in a 16 year old. A review of locally reported Hepatitis C cases over the past 5 years revealed 4 cases of children under 1 year of age reported in 2015 as infected with Hepatitis C. These cases are highly suggestive of “vertical” transmission from mother to child. In such cases, the most likely risk factor for infection of the mother would be injection drug use.

Syringe exchange programs are largely intended to reduce the consequences of injection drug abuse to individuals and to society. Disease prevention, particularly of Hepatitis B, C and HIV, can potentially save millions of dollars by avoiding costly antiviral treatment, preventing liver cancer resulting from chronic hepatitis and avoiding the need for liver transplants. From a local disease surveillance standpoint, it is difficult to draw an accurate association between SEP activities and communicable disease data. A focus on increased screening of “baby boomers” for Hepatitis C combined with automatic electronic laboratory reporting to Public Health of positive Hepatitis C tests tends to inflate the number of reported cases until eventual “de-duplication” of reports across the state is completed. In the case of new HIV cases, Lake County’s numbers are small and sexual transmission is at least as common a source of infection as injection drug use. Despite these limitations of data analysis, Lake County Public Health supports the concept of using any available methods, including SEP, to educate the public and reduce the spread of disease, and remains concerned about reports of new Hepatitis C cases in infants, teens and young adults.

Prevention of Overdose Deaths

In 2013, Assembly Bill 635 was passed and amended Civil Code 1714.22 effective January 2014. The changes enabled the distribution of naloxone, a life-saving opioid reversal drug, to be provided at the community level to friends and family members of persons at risk for opioid overdose. Through “opioid overdose prevention and treatment training programs” working in partnership with a healthcare provider, SEPs and others can provide naloxone under a standing order. Naloxone is not, itself, a drug of abuse. In 2016, *Any Positive Change* documented **43 individual instances of overdose prevention training** associated with distribution of naloxone and received **18 reports of peer reversals of overdoses**. Although the statistical strength of annual overdose data in Lake County may be weak (due to small numbers), it is noteworthy that total overdoses reported by the Coroner’s Office were 29 in 2015 and fell to 18 in 2016.

1

http://download.lww.com/wolterskluwer_vitalstream_com/PermaLink/QAI/A/QAI_2016_06_29_VANHA_NDELM_QAIV16762_SDC1.pdf, <https://www.ncbi.nlm.nih.gov/pubmed/27763996>

Improving General Health

Other benefits of the SEP include education and assistance to facilitate client entry into healthcare for preventive services and treatment of conditions that would otherwise suffer through neglect. Injection drug users often face stigmatization and stereotyping in healthcare settings, serving as deterrents to participation. Assisting clients into welcoming clinic settings helps to reinforce involvement in care.

Increasing Access to Treatment of Substance Use Disorder

Clients are referred for substance abuse treatment, including medication assisted treatment (“MAT”), which has been recognized as an effective long-term approach to treatment of opioid addiction. The SEP works in coordination with Lucerne Community Clinic, where long-term treatment of opioid dependence using the drug buprenorphine is available. Referral information for other providers offering MAT in Lake County is also provided. By building rapport and trust, the SEP is able to recognize readiness for treatment and facilitate entry into treatment settings that put the client at ease.

Status of SEP Program and Related Developments

Since the previous report, several important developments have occurred that may both positively and negatively impact injection drug use patterns in the community.

In 2014, Partnership HealthPlan of California (PHC) introduced its “Managing Pain Safely” initiative http://www.partnershiphp.org/Providers/HealthServices/Documents/Managing%20Pain%20Safely/MPS_MultipleInterventionstoDramaticallyReduceOpioidOveruse.pdf. The program utilized a variety of policies to maintain better accountability of opioid prescriptions, avoid dangerously high dosing, and prevent unnecessary initiation of chronic opioid use. Over the following year, various healthcare systems dramatically curtailed opioid prescribing, both as the result of PHC policies and based on their own practice policies.

In late 2015, local stakeholders convened to address the problem of prescription drug overdoses, largely related to opioids, that has been recognized as a national epidemic. This led to formation of “Safe Rx Lake County,” (<http://saferxlakecounty.org/>) which organized under Adventist Health’s “Hope Rising.” The coalition developed local guidelines for opioid prescribing, as did the Medical Board of California, Centers for Disease Control and Prevention and others. The net effect of all of these activities was a dramatic reduction in prescriptions for opioid medications in Lake County and elsewhere.

With significant reductions in the availability of prescription opioid drugs came concern that patients, especially those who had been maintained on these medications for many years, might turn to illicit sources of opioids, such as heroin. In the long-term, fewer prescribed opioids might lessen eventual entry into heroin use. However, in the short term, rapid reductions in prescribed opioids for chronic conditions could prompt significant drug craving and withdrawal symptoms. While some authorities suggest that heroin use was already on the rise prior to recent changes in prescription opioid policies², the SEP reports observation of new syringe exchangers using heroin who appeared to be seeking solutions to changes in treatment regimens that were made without access to legitimate, effective alternatives.

Increasing access to naloxone, a life-saving drug that reverses opioid overdose but is not itself abusable, has been identified as an important approach to the epidemic of opioid overdose

² Compton, Wilson M, et al, “Relationship between Nonmedical Prescription-Opioid Use and Heroin Use,” N Engl J Med 2016;374:154-63.

deaths. In 2016, *Any Positive Change*, was able to negotiate direct purchase of naloxone from the drug manufacturer at a reduced price and make it available to syringe exchange clients. *Any Positive Change* has also successfully registered with Public Health as an “Opioid Overdose Prevention and Treatment Training Program.” With this designation, the SEP, through a grant submitted by Lake County Public Health to the California Department of Public Health, will receive and distribute 310 additional doses of naloxone over a 2-year period ending in 2019.

Any Positive Change volunteers have recently undergone training to enable them to conduct HIV and Hepatitis C screening in the field.

Conclusion

The efforts of ***Any Positive Change*** in operating a syringe exchange program in Lake County are to be commended. This volunteer program has worked tirelessly and shown remarkable dedication in serving the greater community through interventions with troubled individuals who are largely invisible to most of society and face challenges in accessing the help that they need. Growing number of clients underscore the importance of the SEP and the potential consequences to the community should it be unable to continue.

The SEP has expanded its capabilities to provide important public health interventions to the most at-risk members of our community. *Any Positive Change* is an important partner for Public Health’s communicable disease control program. In its outreach and referral role, the SEP program facilitates entry of clients into healthcare services, thereby working to improve health outcomes, save costs and reduce the spread of serious infections.

The program’s continued operation over the years has been precarious due to a lack of stable funding and reliance on the perseverance of 1-2 volunteers. Long-term sustainment of the SEP, particularly if its services continue to expand, will depend upon a stable source of funding and ability to recruit and maintain additional trained personnel. Consideration should be given to seeking funding that allows the program to utilize paid personnel, similar to other public health programs that employ community health outreach workers.

As trends are in the direction of reduced prescribing of opioid drugs, continuing attention needs to be given to local trends in heroin use.

The SEP offers not only protection against serious disease transmission, but now offers safeguards against overdose. It also facilitates entry into medication assisted therapy (MAT) for substance use disorder. Efforts to de-stigmatize entry into such treatment and increase access to physicians who offer MAT represent important steps to address serious public health issues in the community.