

Jefferson County Syringe Exchange Program (SEP)

Annual Report 2015

Jefferson County Public Health has provided a Syringe Exchange Program (SEP) since 2000 to reduce the risk of HIV and other blood-borne infections among injection drug users (IDU), their families, and communities. SEP services include access to clean syringes, disposal of used syringes, prevention materials, risk reduction education, and referral services. Education includes verbal and printed information on HIV, hepatitis, STDs, overdose prevention, encouraging one time use of needles, health alerts (for example, wound botulism and recent heroin overdoses/deaths), and immunizations. Internal referrals include STD, HIV, and Hepatitis C screening, tuberculosis screening, family planning, and immunizations. External referrals include drug and alcohol treatment, medical care, mental health care, domestic violence aid, food, clothing, and shelter.

State HIV prevention dollars helped fund the SEP from 2000 – 2011. CDC guidelines shifted in 2011, focusing HIV Prevention Program funding on high-risk populations based on local HIV prevalence. Jefferson County is a low prevalence county. No State funding has been available since 2011. The State has provided one bulk order of supplies for county SEPs each year since 2012.

Jefferson County's syringe exchange program success is not easily measured in disease prevention numbers, but the number of clients seen and syringes exchanged reflect the disease transmission prevention capacity of this program. SEP utilization decreased from 2014 to 2015, but 2015 utilization was higher than 2013 and earlier. There were 238 client visits and 35,328 syringes dispensed in 2015, compared to 350 and 42,809 in 2014 respectively. See tables and graphs on following pages for details.

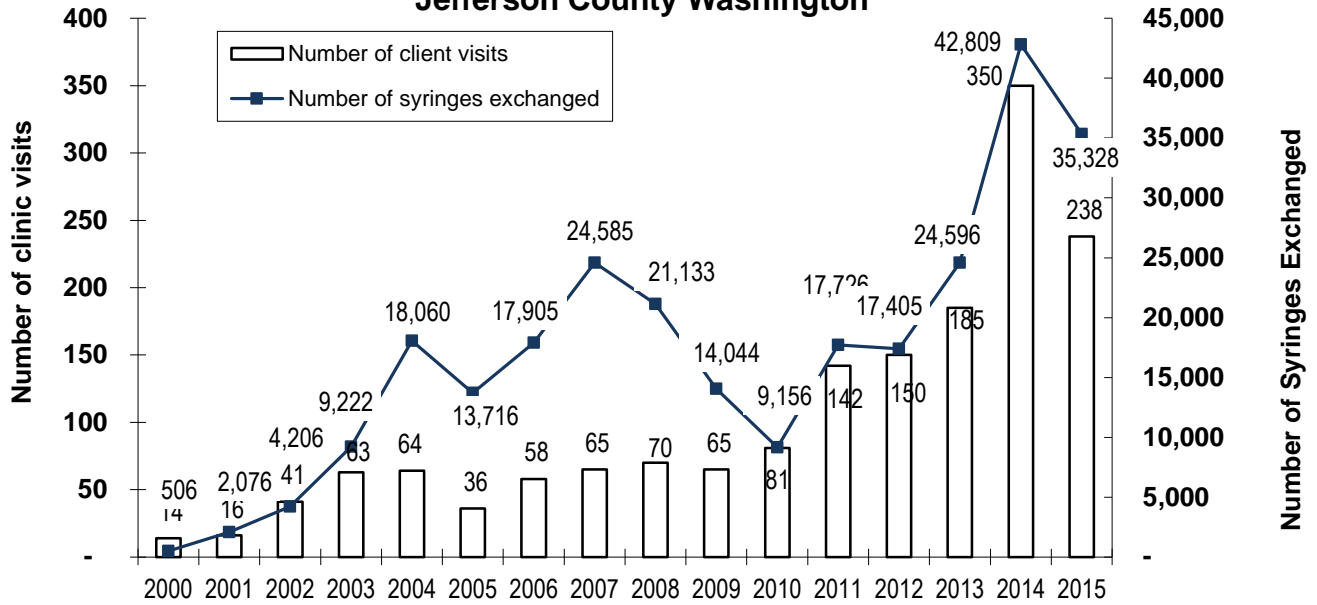
Throughout 2015 staff encouraged uninsured clients to apply for health insurance through www.wahealthplanfinder.org and offered appointments to assist clients. Many clients signed up for Apple Health in 2014.

The State Public Health Lab has provided a limited number of free OraSure oral swab HIV tests for uninsured high risk clients. Most SEP clients now have Apple Health and can be tested through Quest lab. However, this test requires a blood draw, which many clients decline during the SEP visit. Many clients do report being tested during a recent medical visit. The State lab will no longer offer the OraSure test in 2016.

State funding for free Hepatitis C testing of high-risk clients, using a finger-stick test, ended in 2012. The State piloted a new Hepatitis C testing program in a few counties in 2014-2015 and JCPH had hoped to join this program in 2015, but, because the program is designed for counties doing high-volume testing and would be difficult to implement in Jefferson County, decided to continue to explore Hepatitis C testing options for SEP clients.

Naloxone is a medication used to reverse opioid overdose and provide time for transportation to the ER for additional overdose treatment. JCPH worked with the Center for Opioid Safety Education (COSE) at the University of Washington to develop protocols and training for a naloxone distribution program. COSE thought they would have funding for naloxone in the fall, but required more time to work out the details. An initial supply of naloxone will be available from COSE in early 2016. It is unknown if funding for naloxone will continue.

Syringe Exchange Utilization, 2000-2015 Jefferson County Washington



Jefferson County SEP Clinics/Demographics

	SEP Visits ¹	New Clients	Returning Client Visits ¹	Secondary Exchange Visits ¹	Female Client Visits ¹	Male Client Visits ¹
2015	238	36	202	152	77	158
2014	350	50	300	227	199	145
2013	185	28	157	126	115	70
2012	150	18	132	96	NA	NA
2011	142	19	123	110	NA	NA
2010	81	13	68	40	NA	NA
2009	65	12	53	35	NA	NA
2008	68	6	64	67	NA	NA
2007	65	9	56	58	NA	NA
2006	54	8	50	49	NA	NA
2005	36	6	30	29	NA	NA
2004	64	12	48	45	NA	NA
2003	63	9	55	53	NA	NA
2002	41	11	29	25	NA	NA
2001	16	6	9	5	NA	NA
2000	14	3	7	3	NA	NA

Note: ¹Represents duplicate clients

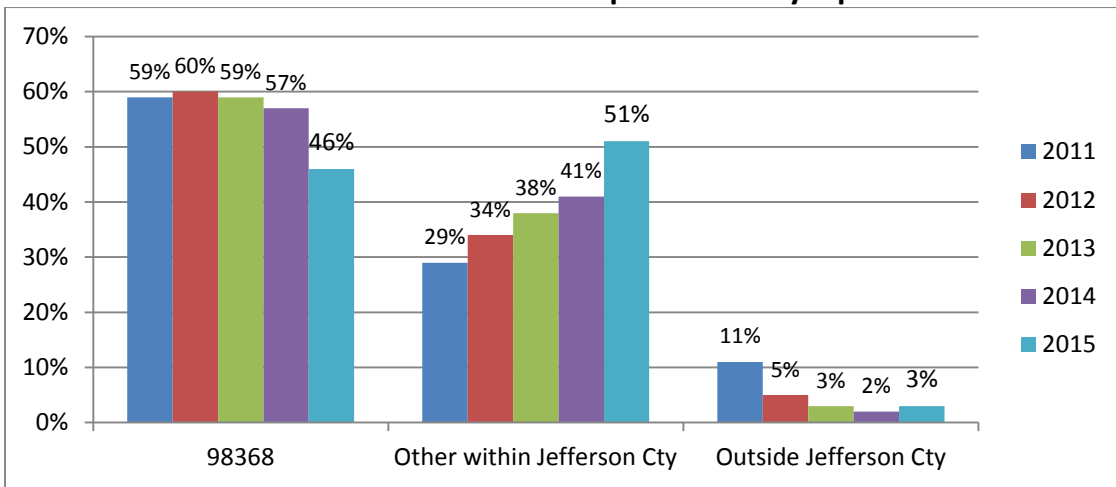
New Client Visits, by Age

	Female < 20 yr	Female 20-29 yr	Female 30+ yr	Total Female	Male < 20 yr	Male 20-29 yr	Male 30+ yr	Total Male
2015	0	4	9	13	0	11	12	23
2014	2	7	11	20	3	8	18	29
2013	6	4	3	13	2	6	7	15

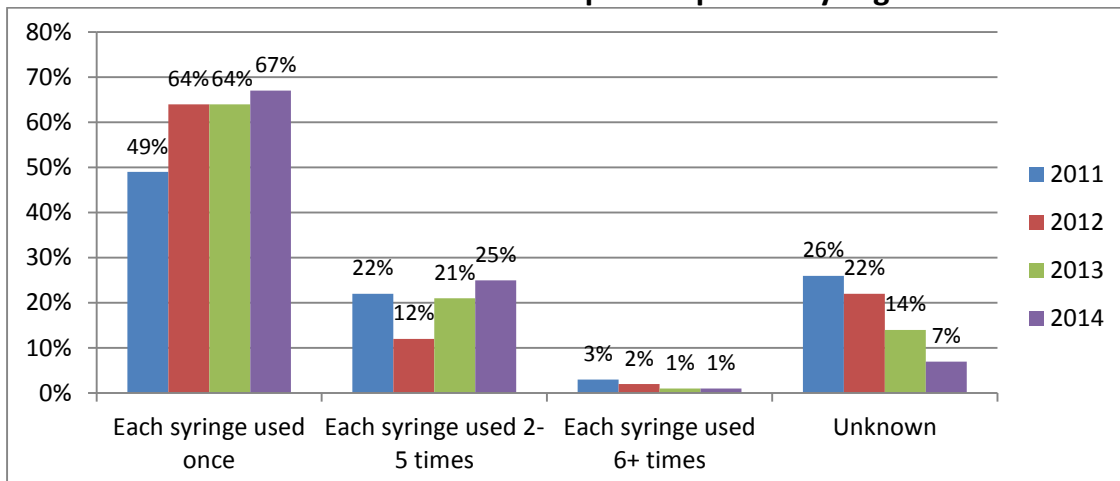
Total Client Visits by Age

	< 20 years	20 -29 years	30+ years
2015	9 (4%)	68 (29%)	158 (67%)
2014	53 (15%)	100 (29%)	191 (56%)
2013	23 (12%)	77 (42%)	84 (46%)

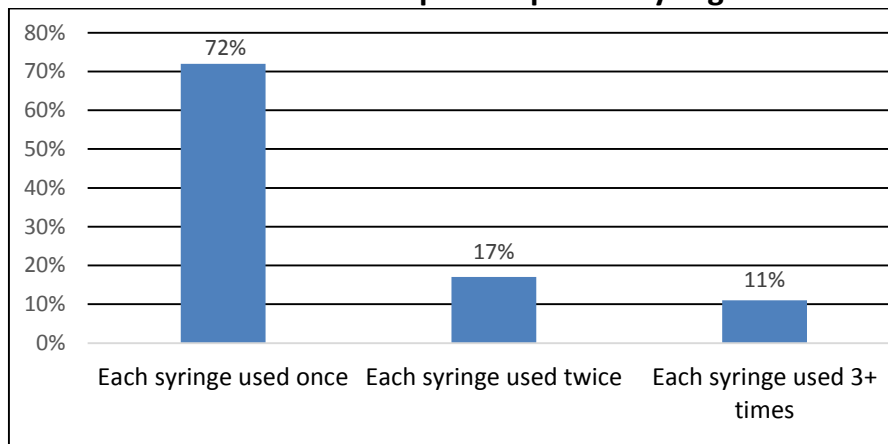
2011 – 2015 SEP Clinic Participant Visits by Zip Code



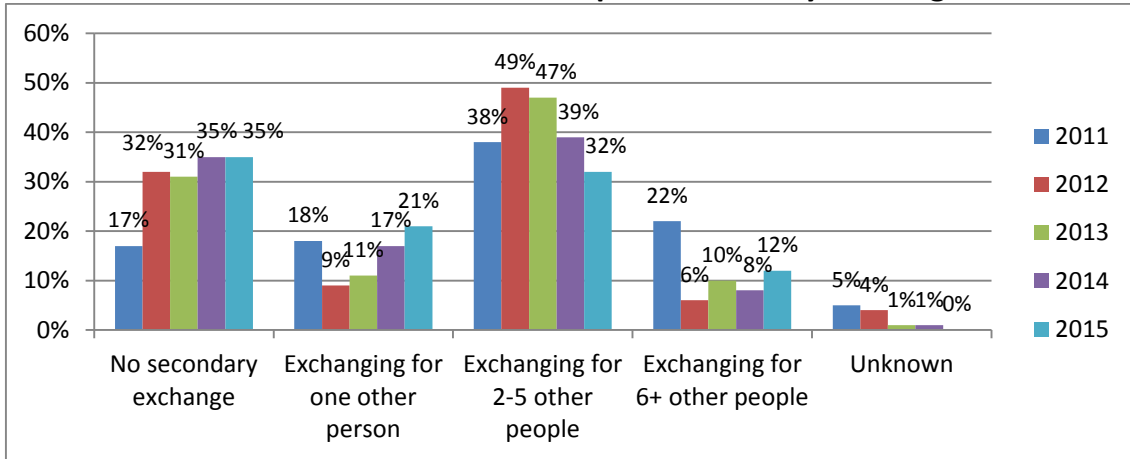
2011 – 2014 SEP Clinic Participant Reported Syringe Use



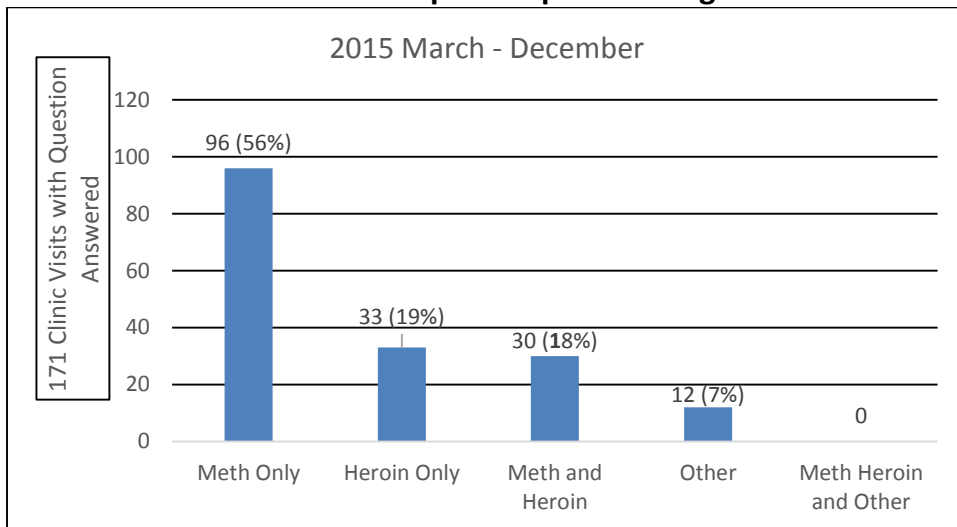
2015 SEP Clinic Participant Reported Syringe Use



2011 – 2015 SEP Clinic Participant Secondary Exchange



2015 SEP Clinic Participant Reported Drug of Choice



Most participants reporting “other” for drug of choice report they are using prescription medications, usually opioids. Some report having their own prescription, some do not.

Materials Distributed by Jefferson County SEP

	Syringes Exchanged	IDU Prevention Materials ¹	Condoms/ Latex Barriers ²	HIV Tests Offered	Educational Materials ³	Provided Referral Information ⁴	Outreach Education ⁵
2015	35,328	15,414	692	75	19	86	109
2014	42,809	18,373	625	114	52	139	177
2013	24,596	15,984	377	90	18	129	105
2012	17,405	11,535	406	49	28	128	90
2011	17,726	16,512	319	41	10	142	86
2010	9,156	11,024	102	36	7	67	29
2009	14,044	7,098	271	31	26	51	33
2008	21,330	7,941	140	27	32	35	32
2007	24,585	9,988	20	22	18	23	N/R ⁷
2006	17,905	9,000	0	2	3	2	N/R
2005	13,716	7,611	20	0	6	11	N/R
2004	18,060	7,265	228	N/O ⁶	48	11	N/R
2003	9,222	1424	800	N/O	42	18	N/R
2002	4,206	1,026	427	N/O	50	NA	N/R
2001	2,076	3	14	N/O	9	5	N/R
2000	506	11	33	N/O	10	2	N/R

Notes

¹ IDU Prevention Materials include: Tourniquets, cookers, cottons, sterile water, sharps containers, alcohol preps, antibiotic ointment, band aids and sterile pads for wounds, tape. Individual items are given on an as needed basis.

² This number is for condoms dispensed in SEP only, condoms may also be picked up in the lobby.

³ Educational Materials include information on hepatitis, HIV, STDs, health alerts (ex. wound botulism, overdose), care of abscesses, street drugs, tattoo safety, needle reuse, IDU safety, domestic violence, immunizations, Apple Health application.

⁴ Referrals: Internal referrals include STD, HIV and Hepatitis C screening and counseling, tuberculosis screening, family planning and immunizations. External referrals include drug treatment, medical care, mental health care, domestic violence, food, clothing and shelter.

⁵ Outreach education is defined as face-to-face education on blood borne pathogens, risk reduction methods, safe injecting practices, vein care, and other as needed.

⁶ N/O: Not offered

⁷ N/R: Not reported

2016 Goals

- Continue anonymous, safe services to reduce the risk of HIV infection in our communities by promoting revisits by clients and to encourage clients to tell others about SEP.
- Continue to educate clients on the importance and rationale of using each syringe one time only.
- Offer naloxone overdose prevention program to clients at risk for opioid overdose and update program procedures as needed.
- Continue to inform clients at each visit of resources available at JCPH and in the community.
- Encourage uninsured clients to sign up for health insurance through www.wahealthplanfinder.org
- Explore new approaches to HIV and Hepatitis C testing of clients.
- Prioritize supplies to be stocked, keeping only those deemed necessary to maintain safe practices among IDU clients. Inform clients of alternative safe materials, such as using soda bottles for the collection of used needles in lieu of sharps containers.
- Develop staffing plan for the last 6 months of the year, adjusting for the retirement of one SEP staff member.