

# Jefferson County Syringe Exchange Program (SEP)

## Annual Report 2014

Jefferson County Public Health has provided a Syringe Exchange Program (SEP) since 2000 as part of a State effort to reduce the risk of HIV and other blood-borne infections among injection drug users, their families, and communities. SEP services include access to clean syringes, disposal of used syringes, prevention supplies, 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 and counseling, tuberculosis screening, family planning, and immunizations. External referrals include drug and alcohol treatment, medical care, mental health care, domestic violence, food, clothing, and shelter.

JCPH funded the SEP from 2000 – 2011 with State HIV prevention dollars. The CDC guidelines shifted in 2011 to focus funding for HIV Prevention Programs on high risk populations based on local HIV prevalence. Jefferson County is classified as a low prevalence county so it does not qualify for funding. There has been no State funding available since 2011. There is some discussion at the State level about finding a way to reinstitute funding for SEPs statewide. The State has provided one bulk order of supplies for county SEPs once each year since 2012.

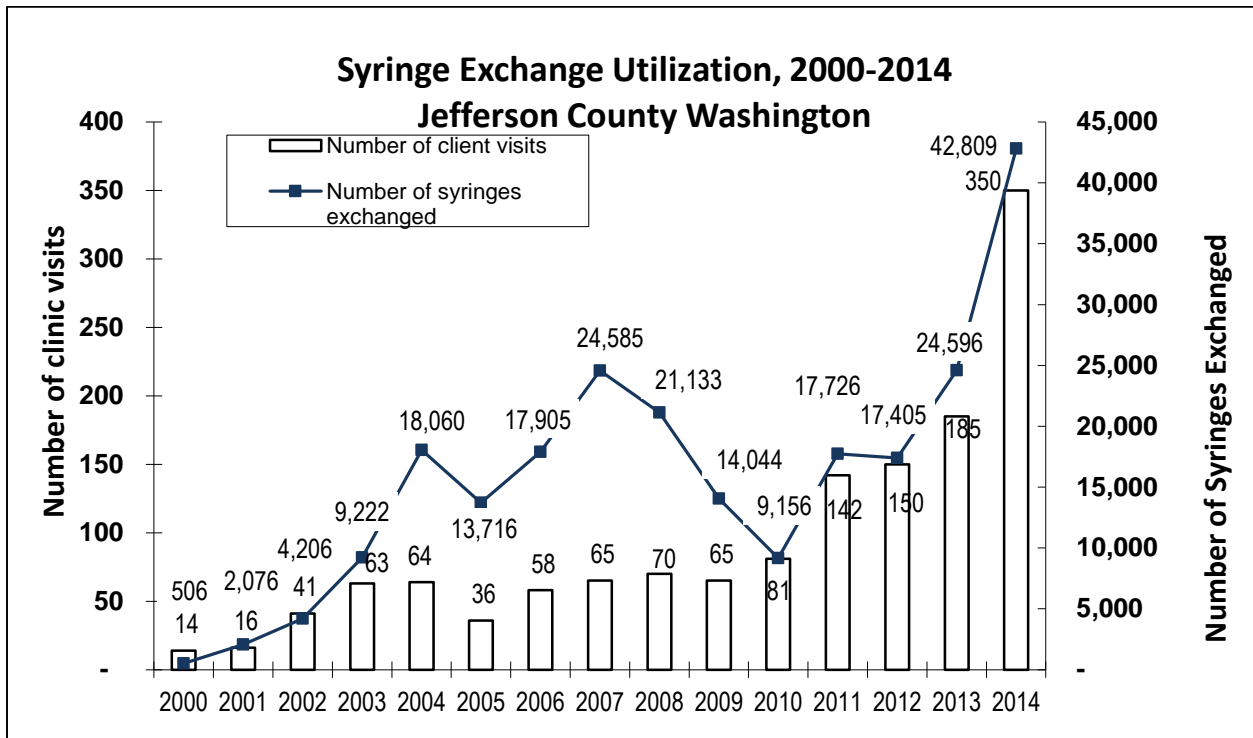
Syringe exchange program success is not easily measured in disease prevention numbers but the number of clients seen and syringes exchanged reflects the disease transmission prevention capacity of this program. SEP utilization increased significantly in 2014, with 350 visits, up from 185 visits in 2013. The number of syringes dispensed was 42,809, up from 24,596 in 2013. The number of IDU prevention materials dispensed increased from 15,984 to 18,373. See tables and graphs on following pages.

The State Public Health Lab provides a limited number of free HIV tests for high risk clients. Though there is no state funding for staff time for HIV counseling and testing services, JCPH staff continues to offer this service for low income high risk clients with no medical coverage. Others requesting testing will be tested through the Quest lab and the cost of the testing will be billed to the client/insurance. Throughout 2014 staff encouraged uninsured clients to sign up for health insurance through [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) and offered appointments to assist clients.

During the last 4 months of 2014, in response to an increase in gonorrhea cases in the community, all SEP clients were encouraged to be tested for gonorrhea/chlamydia while at SEP. The 2014 Communicable Disease Program Performance Measures Report contains a discussion of this outbreak.

Funding for State and federal programs for free Hepatitis C testing for high risk clients ended in 2012. The State piloted a new Hepatitis C testing program in a few counties in 2014. JCPH plans to offer this testing in 2015. Five doses of State supplied Hepatitis A/B vaccine were administered at no charge in 2014.

Naloxone is a medication used to reverse opioid overdose and provide time for transportation to the ER for additional overdose treatment. Naloxone is available to injection drug users, their friends, and families in eight or more Washington counties at SEPs or through partnerships with pharmacies. JCPH staff contacted local pharmacies to ask about willingness to stock naloxone. This was followed up by a letter from the Health Officer and Board of Health encouraging pharmacies to stock naloxone and the nasal atomizers for nasal spray administration. One pharmacy has expressed interest in this program. JCPH will continue to set up protocols and training needed for this program so that naloxone will be available in Jefferson County in mid-2015.



### Jefferson County SEP Clinics/Demographics

	SEP Visits <sup>1</sup>	New Clients	Returning Client Visits <sup>1</sup>	Secondary Exchange Visits <sup>1</sup>	Female Client Visits <sup>1</sup>	Male Client Visits <sup>1</sup>
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: <sup>1</sup>Represents duplicate clients

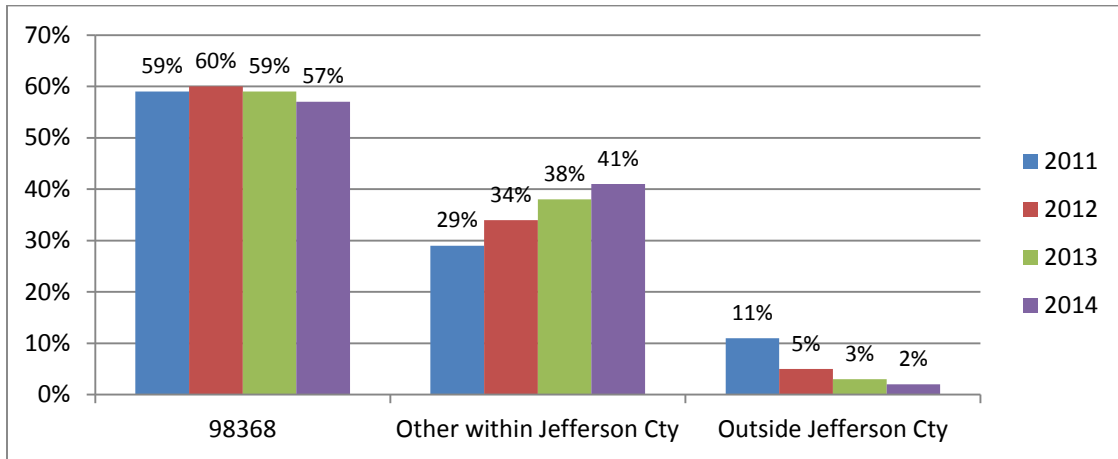
### New Client Visits by Age

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

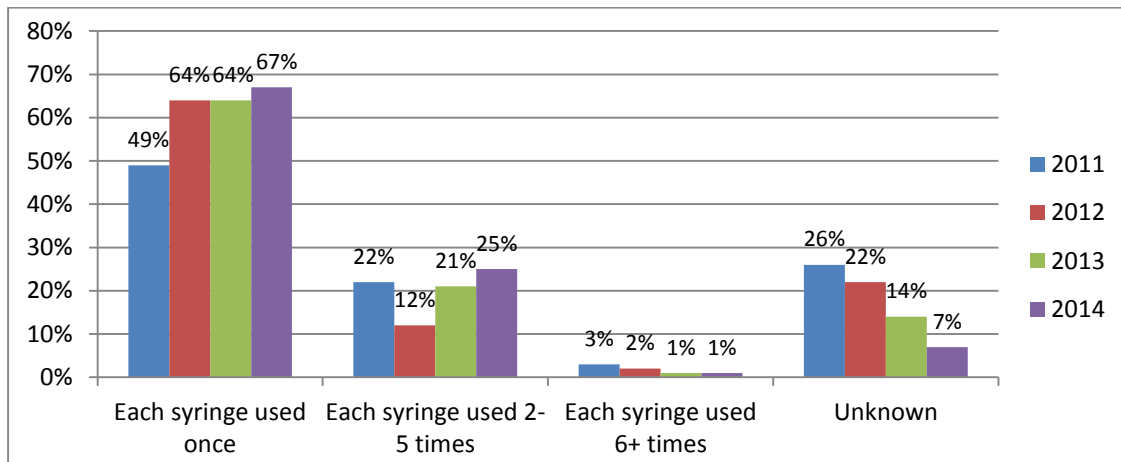
### Total Client Visits by Age

	< 20 years	20 -29 years	30+ years
2014	53 (15%)	100 (29%)	191 (56%)
2013	23 (12%)	77 (42%)	84 (46%)

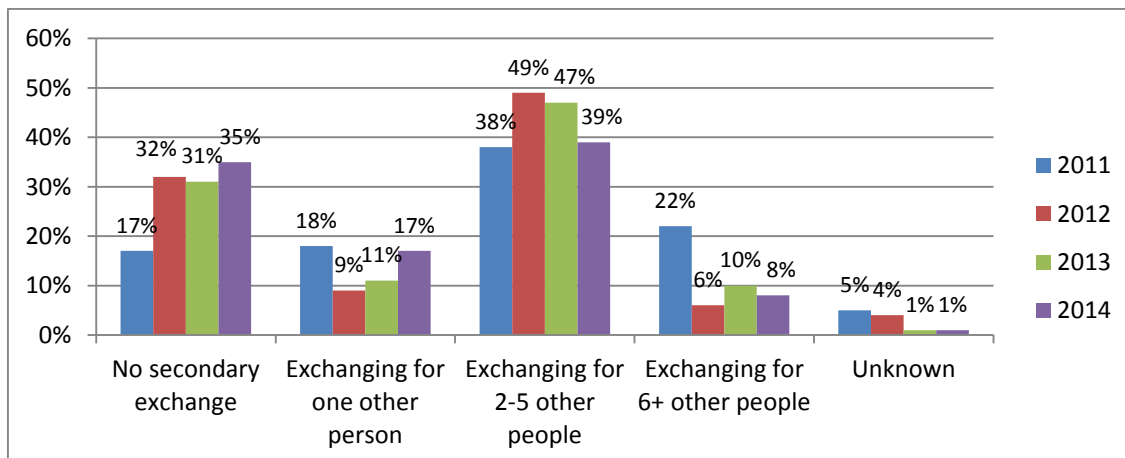
### 2011 – 2014 SEP Clinic Participant Visits by Zip Code



### 2011 – 2014 SEP Clinic Participant Reported Syringe Use



### 2011 – 2014 SEP Clinic Participant Secondary Exchange



## Materials Distributed by Jefferson County SEP

	Syringes Exchanged	IDU Prevention Materials <sup>1</sup>	Condoms/ Latex Barriers <sup>2</sup>	HIV Tests Offered	Educational Materials <sup>3</sup>	Provided Referral Information <sup>4</sup>	Outreach Education <sup>5</sup>
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 <sup>7</sup>
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 <sup>6</sup>	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

<sup>1</sup> 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.

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

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> N/O: Not offered

<sup>7</sup> N/R: Not reported

### 2015 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 rational of using each syringe one time only.
- Continue development of program for overdose prevention and naloxone availability.
- Continue to inform clients at each visit of resources available at JCPH and in the community.
- Continue to offer free HIV testing and counseling at each visit through the State laboratory for high risk clients without medical coverage.
- Encourage uninsured clients to sign up for health insurance through [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
- Resume offering free Hepatitis C testing when State has new program in place; continue offering Hepatitis A & B vaccine.
- Continue dialog with clients regarding improvement of SEP services.
- 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.