

# APPENDIX D

## Jefferson County Syringe Exchange Program Annual Report 2018

Participants:  
Jefferson County SEP participants

Reported by:  
Jefferson County Public Health  
Timing:  
2018



## Jefferson County Syringe Exchange Program (SEP) Annual Report 2018

Jefferson County Public Health (JCPH) has provided a Syringe Exchange Program (SEP) since 2000 to reduce the risk of HIV and hepatitis C among injection drug users (IDU), their families, and communities. Additional goals include overdose prevention, linkage to care such as medication assisted treatment (MAT) for opioid addiction, substance abuse treatment, and medical care. The SEP is scheduled for two hours, three days per week.

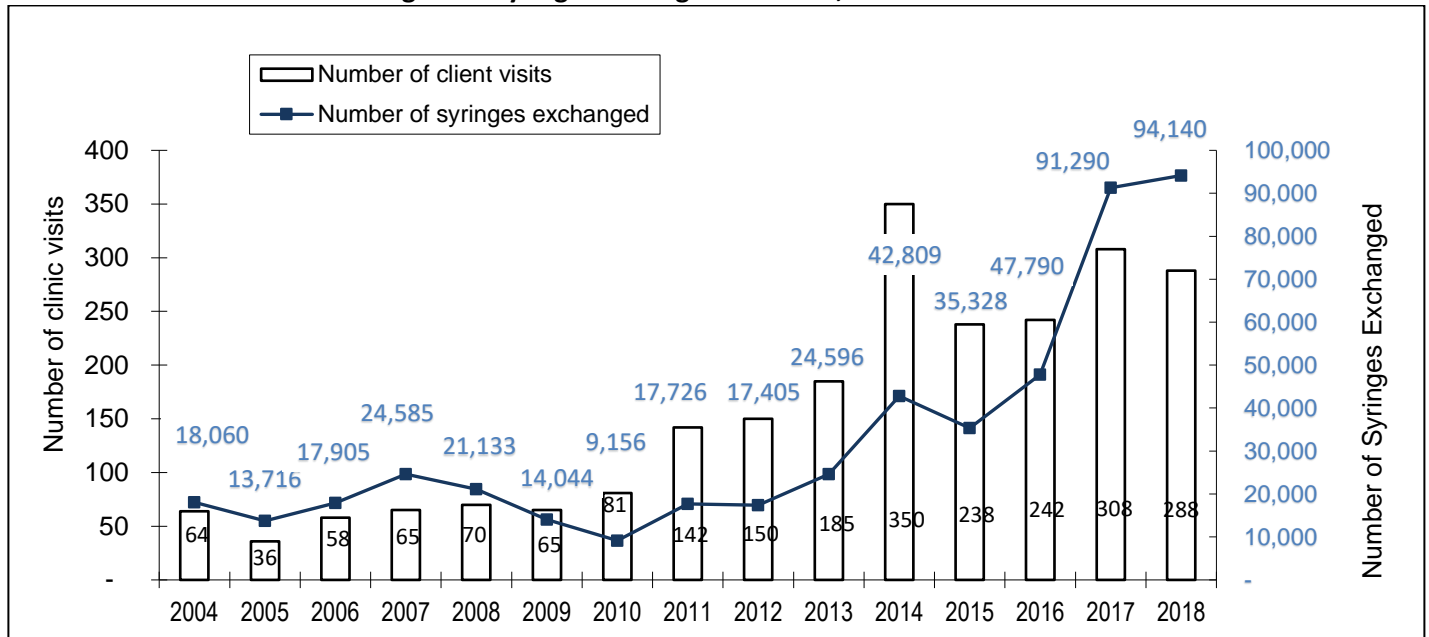
Disease prevention success is not easily measured but the disease transmission prevention capacity of this program is reflected in the number of clients seen and syringes exchanged. The number of syringes exchanged increased slightly in 2018, to 94,140, after a substantial increase in 2017. The number of client visits decreased slightly in 2018, to 288. 123 naloxone kits were dispensed, with 31 reported as being used to reverse an opioid overdose. See tables and graphs on the following pages for details.

### Syringe Exchange Program Goals

- Reduce risk of HIV and hepatitis C infection in our communities by providing access to anonymous, safe, syringe exchange services. This includes providing clean syringes, other supplies, and risk reduction education. Educating clients on the importance of using each syringe only once and avoiding sharing any type of equipment is a key disease prevention strategy. Another key strategy is promoting revisits by clients and encouraging clients to tell others about SEP so that staff have more face-to-face opportunities with clients. Continued funding for the staffing of this program is essential for every goal listed.
- Prevent disease transmission by referring clients internally for HIV, hepatitis, and STD screening, immunizations, and TB screening.
- Screen all clients for opioid use. Educate these clients about MAT and refer to a MAT provider as well as substance abuse treatment agencies. A MAT provider clinic that bills Medicaid and will take referrals from JCPH SEP opened in the spring of 2018.
- Prevent opioid overdoses by continuing to provide access to the overdose reversal medication naloxone for clients that use opioids and friends or family of those at risk.
- Work with local providers to develop a referral system for clients needing medical care, including prenatal care and hepatitis C evaluation and treatment, as well as MAT. Advocate for increased MAT options.
- Prevent unplanned pregnancies by referring SEP clients to JCPH Family Planning services.
- Assist all clients to move toward stability by referring for substance abuse treatment, medical and dental care, mental health care, domestic violence services, shelter and housing assistance.
- Encourage uninsured clients to sign up for health insurance through [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).
- If SAMHSA funding for naloxone through the Center for Opioid Safety Education (COSE) at the University of Washington is discontinued, explore other funding possibilities.
- If WA State DOH support for purchasing supplies is discontinued, explore other possible funding options and prioritize supplies as those deemed most necessary to maintain safer practices among IDU clients. Inform clients of alternative safe materials, such as plastic bottles for the collection of used syringes in lieu of sharps containers.

State DOH HIV prevention dollars partially funded the SEP from 2000 – 2011. Since 2012, funding for SEP staff time has come from the County general fund. DOH provides funds to purchase syringes and other supplies. We expect this to continue for 2019.

**Figure 1: Syringe Exchange Utilization, 2004 – 2018**



**Table 1: Naloxone Distribution and Training Provided**

	First Naloxone Kit	Naloxone Refill <sup>1</sup>	Refills with known OD treatment reported <sup>1</sup>	Total Kits distributed
2018	55	68	31 (46%)	123
2017	59	76	41 (54%)	135
2016, March-December	44	17	6 (35%)	61

Note: <sup>1</sup> Clients frequently reported the first kit was given away.

**Table 2: Jefferson County SEP Clinic Visits/Demographics**

	Total SEP Visits	New Clients	Returning Client Visits	Secondary Exchange Visits	Female Client Visits	Male Client Visits
2018	288	42	246	184	107 (39%)	169 (61%)
2017	308	58	250	236	113 (37%)	195 (63%)
2016	242	28	214	159	66 (28%)	173 (72%)
2015	238	36	202	152	77 (33%)	158 (67%)
2014	350	50	300	227	199 (58%)	145 (42%)
2013	185	28	157	126	115 (62%)	70 (38%)
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

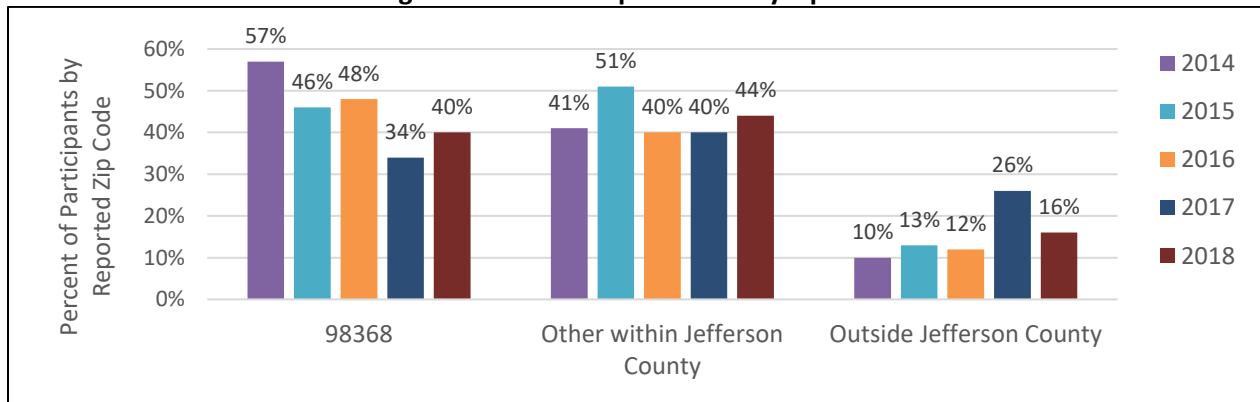
**Table 3: New Client Visits by Age and Gender**

	Female < 20 yr	Female 20-29 yr	Female 30+ yr	Total Female	Male < 20 yr	Male 20-29 yr	Male 30+ yr	Total Male	Grand Total
2018	0	9	9	18 (43%)	0	5	19	24 (57%)	42
2017	0	15	11	26 (45%)	0	13	19	32 (55%)	58
2016	2	5	2	9 (32%)	1	5	13	19 (68%)	28
2015	0	4	9	13 (36%)	0	11	12	23 (64%)	36
2014	2	7	11	20 (41%)	3	8	18	29 (59%)	49
2013	6	4	3	13 (46%)	2	6	7	15 (54%)	28

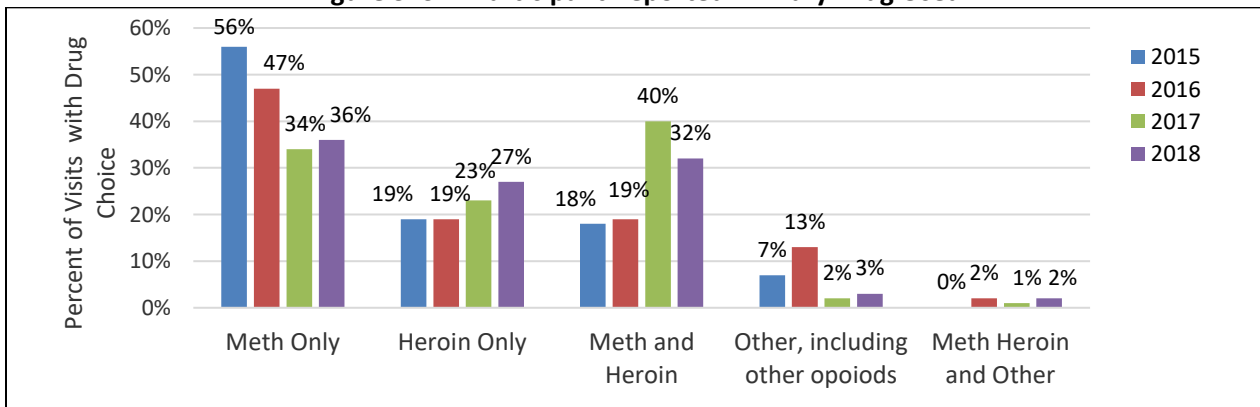
**Table 4: Total Client Visits by Age**

	< 20 years	20 -29 years	30+ years
2018	4 (2%)	92 (33%)	180 (65%)
2017	11 (4%)	142 (46%)	155 (50%)
2016	9 (4%)	71 (30%)	159 (66%)
2015	9 (4%)	68 (29%)	158 (67%)
2014	53 (15%)	100 (29%)	191 (56%)
2013	23 (12%)	77 (42%)	84 (46%)

**Figure 2: SEP Participant Visits by Zip Code**

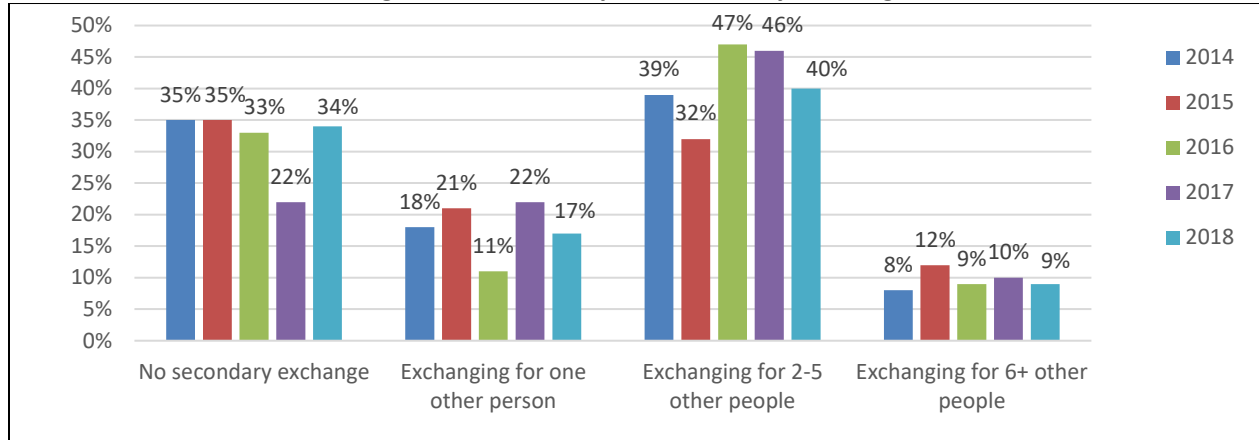


**Figure 3: SEP Participant Reported Primary Drug Used**

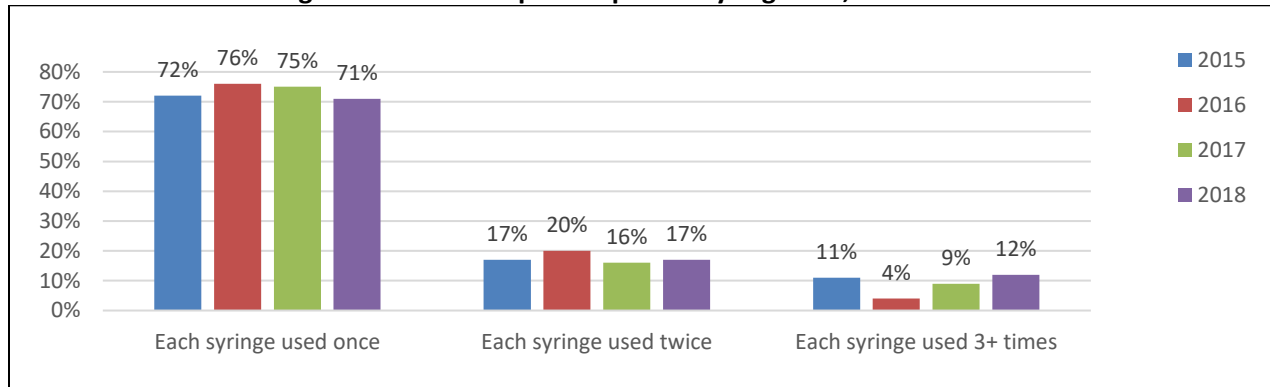


Most participants reporting “other” for primary drug used report they are using prescription medications, usually opioids.

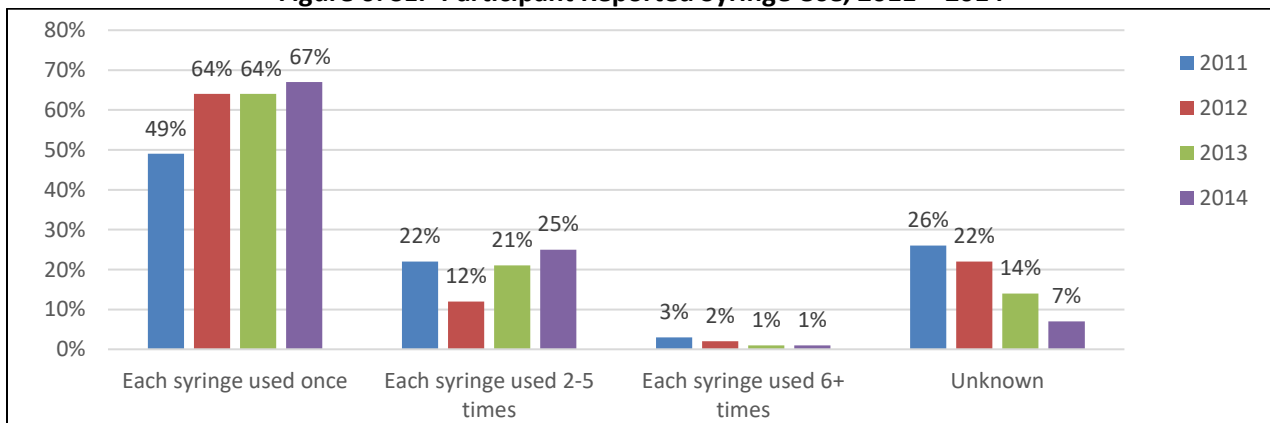
**Figure 4: SEP Participant Secondary Exchange**



**Figure 5: SEP Participant Reported Syringe Use, 2015 – 2018**



**Figure 6: SEP Participant Reported Syringe Use, 2011 – 2014**



**Table 5: Materials, Education, and Referrals Provided**

	Syringes Exchanged	IDU Prevention Materials <sup>1</sup>	Condoms/ Latex Barriers <sup>2</sup>	Educational Materials <sup>3</sup>	Provided Referral Information <sup>4</sup>	Outreach Education <sup>5</sup>
2018	94,140	32,984	296	13	262	162
2017	91,290	39,347	305	17	179	237
2016	47,790	17,293	464	14	71	132
2015	35,328	15,414	692	19	86	109
2014	42,809	18,373	625	52	139	177
2013	24,596	15,984	377	18	129	105
2012	17,405	11,535	406	28	128	90
2011	17,726	16,512	319	10	142	86
2010	9,156	11,024	102	7	67	29
2009	14,044	7,098	271	26	51	33
2008	21,330	7,941	140	32	35	32

**Notes**

<sup>1</sup> IDU Prevention Materials include: Sharps containers, tourniquets, cookers, cottons, sterile water, 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, Apple Health application.

<sup>4</sup> Referrals: Internal referrals include STD, HIV, and Hepatitis C testing, tuberculosis testing, family planning and immunizations. External referrals include medication assisted treatment (Suboxone, Vivitrol), drug treatment counseling, medical care, mental health care, domestic violence, food, clothing, and shelter. A client may get more than one referral during a visit.

<sup>5</sup> Outreach education is defined as education on blood borne pathogens, overdose prevention, medication assisted treatment, risk reduction methods, safe injecting practices, vein care, and other as needed.

<sup>6</sup> N/R: Not reported

4/26/2019

Lisa McKenzie

[lmckenzie@co.jefferson.wa.us](mailto:lmckenzie@co.jefferson.wa.us)