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Syringe Service Program (SSP)
December 1, 2015



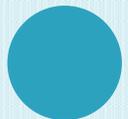
BRIEF HISTORY SYRINGE SERVICE PROGRAM (SSP)

- Informal SSP originated in northern California in 1970s, designed to decrease jaundice and abscesses
- First recognized SSP in New York in 1980s (illegal but tolerated, underground)
- Since inception SSP have been demonstrated to reduce the transmission of HIV and do not promote increase in drug use.
- As HIV Epidemic grew demand for clean needles increased so dramatically underground markets began repackaging used needles
- First legal SSP in Oregon 1986 (AmFAR)
- First SSP in WA State 1988 (NASEN)



SYRINGE EXCHANGE PROGRAMS (SEP)

- Recognized by the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) as best practice models for working with injection drug users.
- CDC estimates that HIV cases have been reduced 80% among injection drug users as a result of SEPs.
- Cost to treat 1 HIV case can exceed \$250,000 per person.
- Cost of current HCV Treatment can be in excess of \$100,000.
- According to DSHS, 85% of DSHS clients are on Medicaid.



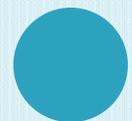
CLALLAM COUNTY HISTORY

- Clallam County began receiving AIDS Omnibus funds for HIV Prevention in 1990 administered by WA Department of Health (DOH) (Testing and Counseling)
- Clallam County SSP began in September 2000 by Board of Health (BOH) Resolution funded by State Omnibus Act of 1988
- Clallam County defunded by DOH 12/31/2011 (average \$70,000 per year)
- 2015 County Budget approved \$25,000 per year for operations
- Receive DOH in-kind donations (syringes)

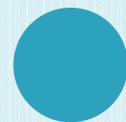


CLALLAM COUNTY SSP GOALS

- Decrease the transmission of bloodborne infections (HIV, Hep B, and Hep C)
- Increase public safety by decreasing the risk of needle stick injuries from discarded needles
- **Increase public health interventions and interaction opportunities with injection drug users**

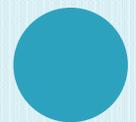


SAMPLE OF CLALLAM COUNTY DISPOSAL DURING AN
EXCHANGE 2014=2,600 LBS. OF SYRINGES



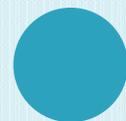


In-Kind
donations
from DOH



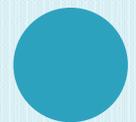
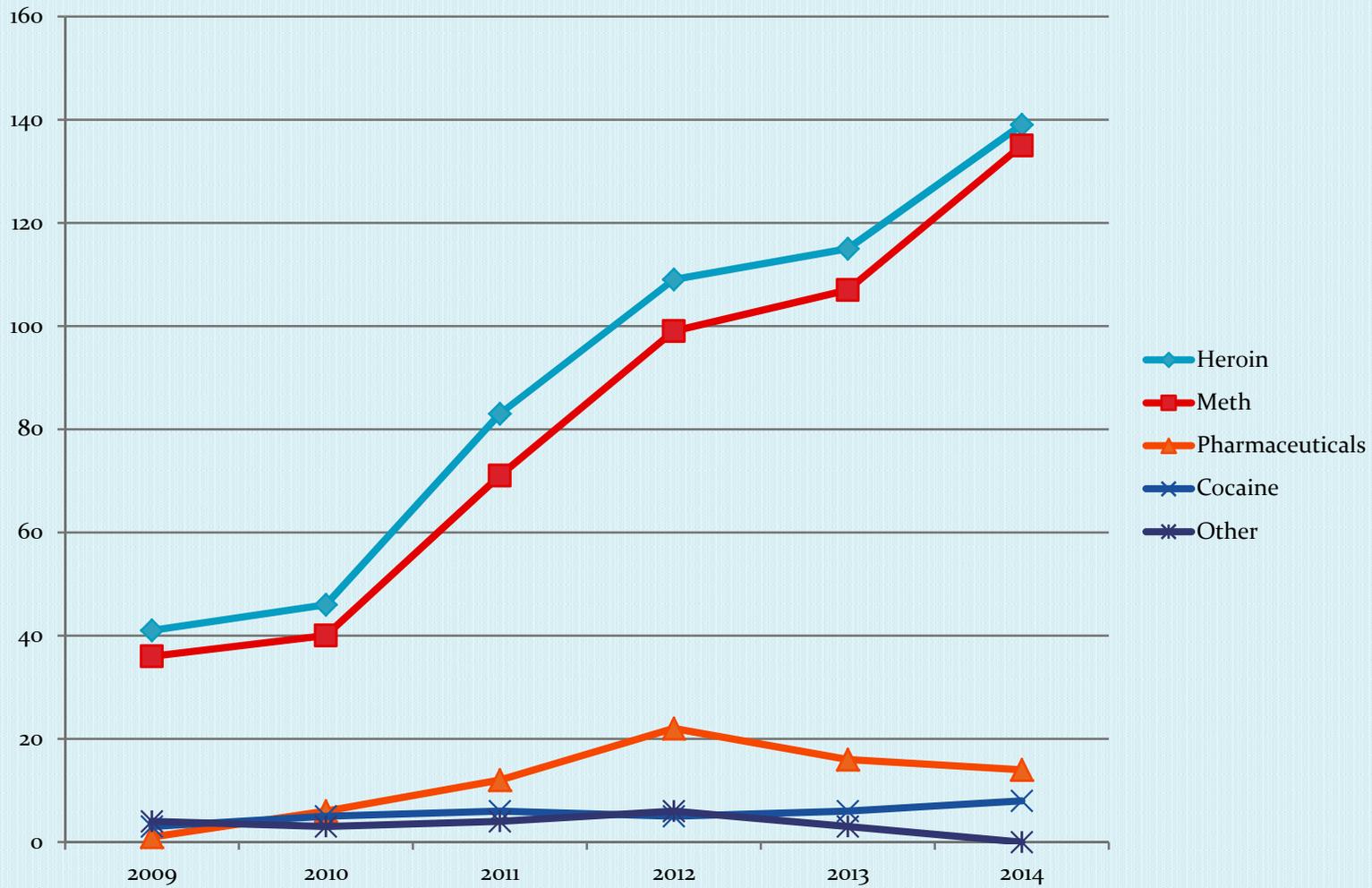
WHAT WE DO DURING A SYRINGE EXCHANGE

- Take in used syringes from IDU and replace with sterile syringes
- Educate on safer injection practices
- Education about Overdose Prevention
- Educate about Good Samaritan Law(RCW 69.50.315)
- Vaccinations (Hepatitis A and Hepatitis B)
- Refer for HIV/HCV testing
- Access to Healthcare
- Limited supplies (cookers, cottons, antibiotic ointment, sterile water)
- On site Chemical Dependency Professional (CDP)
May 2015 (started in 2011 with NA volunteers)
- Naloxone



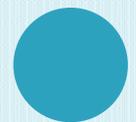
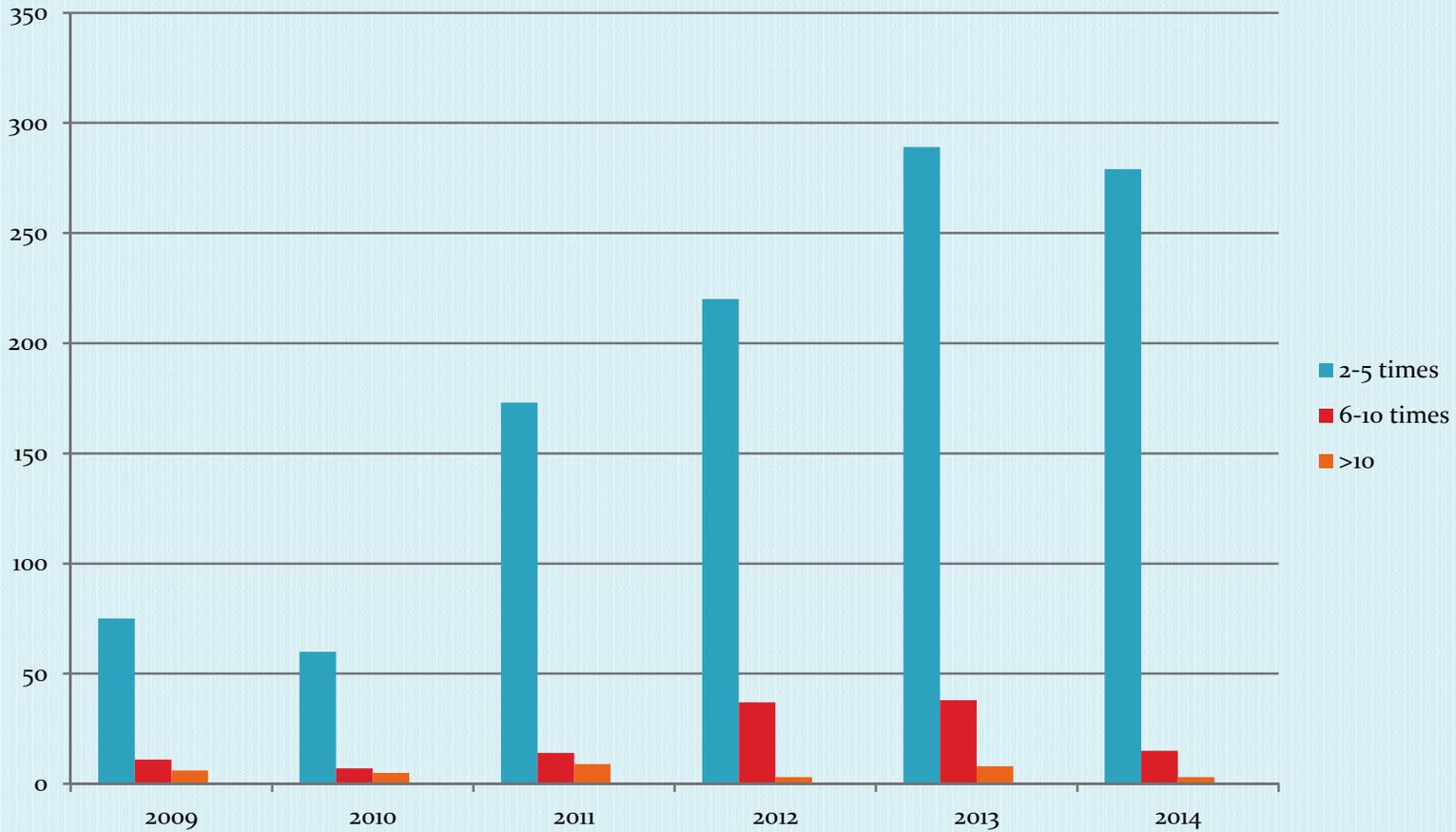
CLALLAM COUNTY SSP STATISTICS 2009-2014

Drug of Choice



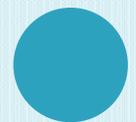
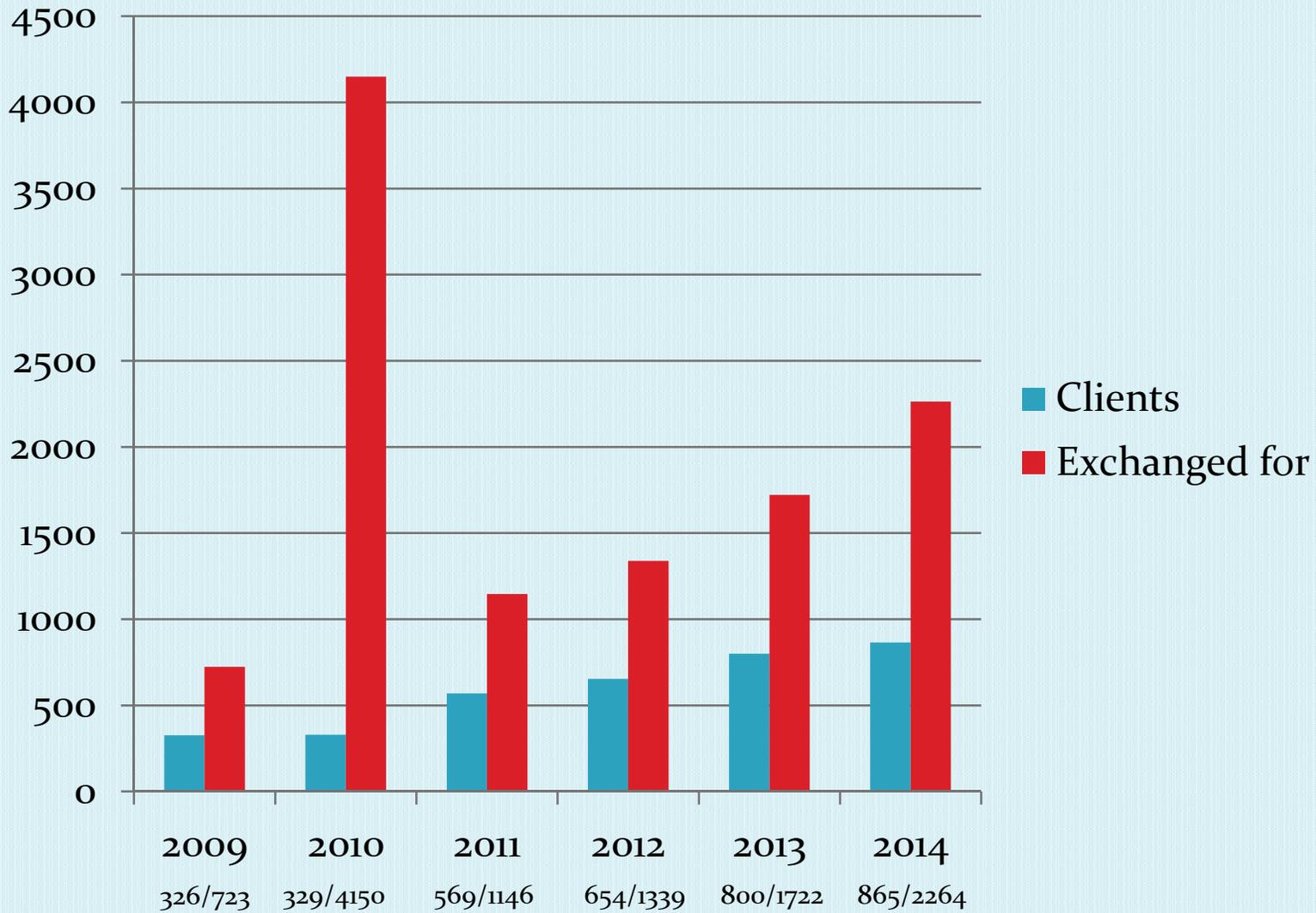
CLALLAM COUNTY SSP STATISTICS 2009-2014

NUMBER OF TIMES NEEDLE REUSED



Clallam County SSP Statistics 2009-2014

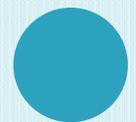
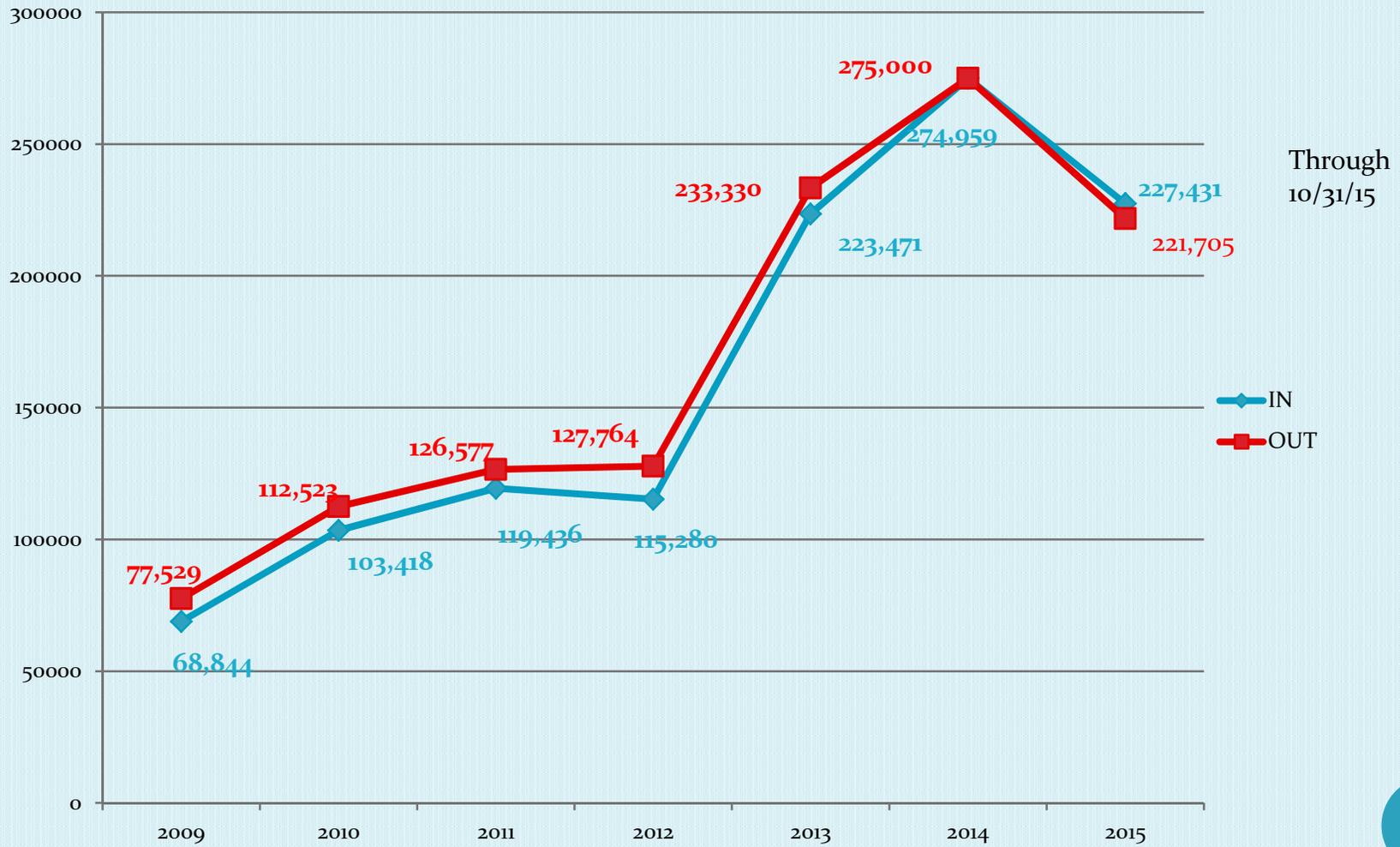
NUMBER CLIENT VISITS/# EXCHANGED FOR



CLALLAM COUNTY SSP STATISTICS 2009-2014

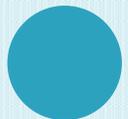
SYRINGES EXCHANGED

Nationally 90%
return rate



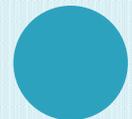
NALOXONE

- Prescription Medication that temporary reverses an opioid overdose.
- Non-addictive / non-harmful
- Helps restore persons breathing after opioid slows vital functions.
- Naloxone can be legally be carried under RCW 69.50.315. Given by prescription.
- Administered intranasal or intramuscular
- Takes effect in 2-5 minutes
- Wears off in 30-90 minutes
- Seek medical attention



CLALLAM COUNTY HHS NALOXONE

- Evzio Grant 7-25-2015 (100 cartons)
- Second Evzio Grant 11-10-2015 (100 cartons)
- 7-25-15 through 11-30-15 - 14 lives saved (overdose reversals using Evzio), 120 cartons distributed)



CHALLENGES

- Funding
- Access to medical care
- Access to drug treatment
- Medication Assisted Treatment
- Unauthorized Syringe Exchange Programs
- Public Perception





QUESTIONS

