

Syringe Services

SUMMARY

In 2017, Public Health – Seattle & King County (PHSKC) syringe services program (SSP) sites exchanged over 7 million syringes.

In response to a 2018 cluster of HIV cases among people who inject drugs (PWID), the PHSKC SSP has expanded outreach to areas of North Seattle.

Naloxone distribution at PHSKC SSP sites has nearly tripled in the past year.

Bupe Pathways, an onsite low-barrier buprenorphine (opioid) treatment program, launched in January 2017 and has provided treatment to over 200 clients.

Background

Syringe service programs (SSPs) are public health programs for people who inject drugs (PWID). An important component of the Public Health – Seattle & King County (PHSKC) SSP is needle exchange, which is designed to reduce the spread of HIV and other blood-borne infections among PWID and their communities. The PHSKC SSP provides new, sterile syringes and clean injection equipment in exchange for used, contaminated syringes. SSPs also provide other harm reduction services to PWID including helping interested drug users find drug treatment and health care. Other services provided at the PHSKC SSP include testing for HIV, hepatitis, tuberculosis, and other infections to which drug users are prone; vein care and medical care for skin and soft tissue infections; education and training on overdose prevention, including Naloxone distribution; treatment readiness counseling, case management services and referral for medication assisted treatment; education about harms associated with drug use and how to minimize them; and safe disposal of contaminated equipment. PHSKC's program began operating in 1989. Currently, PHSKC operates three exchange programs: fixed sites in downtown Seattle and Capitol Hill, and a mobile site in South Seattle/South King County. The People's Harm Reduction Alliance provides exchange services in other parts of the county.

The following sections primarily use 2017 data, with the exception of a brief description of the SSP's involvement in the response to a 2018 cluster of HIV cases identified among PWID in King County.

Number of Syringes Exchanged and Encounters

In 2017, across all needle exchange sites within Seattle and King County, the program exchanged 7,112,962 syringes, a 0.7% decline from 2016. This included 3,238,544 syringes at one of three PHSKC SSP sites and 3,874,418 syringes through a community partner, People's Harm Reduction Alliance (PHRA). These syringes were distributed during 36,277 exchange encounters: 24,012 at a PHSKC SSP site and 12,265 at PHRA. As shown in **Figure 9-1**, syringe exchange volume has increased substantially over the past 10 years, but plateaued over the past three years.

The PHSKC South Seattle/South King County SSP – known as SCORE (South County Outreach Referral and Exchange) – operates three days a week using a mobile unit. Clients can call the SSP to arrange exchange services, including same-day appointments. SCORE exchanged 1,192,790 syringes during 2,236 encounters in 2017. Although SCORE services only operate three days a week (vs. six days a week at the other two fixed sites), it has the second highest volume of syringe exchange across the three SSP sites.

Naloxone Distribution

Naloxone is an opioid-antagonist medication used to reverse the effects of an opioid overdose. PHSKC SSP sites have been offering naloxone kits and training to clients since February 29, 2012. In 2017, 2,254 naloxone kits were distributed at PHSKC SSP sites (vs. 811 in 2016), and 405 clients self-reported using a kit to reverse an opioid overdose. Data from the 2017 SSP survey of 427 clients found that 62% of clients reported having a naloxone kit in the past 3 months, an increase from 47% in 2015. In 2017, 30% of surveyed clients reported using naloxone in the past 3 months to reverse an overdose.

Social Work Services

Social workers at the Downtown and Capitol Hill needle exchange sites provide referrals to treatment for substance use disorder (medication assisted treatment, intensive outpatient, and detox), as well as primary and mental health care. They also help people sign up for health insurance, provide resource information, and talk with people who are in crisis and offer support and encouragement. In 2017, social workers provided

services to 532 unique clients, averaging 1.9 contacts per client (range=1-26 contacts).

On-site Buprenorphine Treatment and Referrals to Medication Assisted Treatment

Bupe Pathways was launched in January 2017 and provides low barrier access to buprenorphine, a type of medication-assisted treatment, for persons with opioid use disorder. PHSKC staff at the downtown SSP approach clients to gauge interest in the program, or clients can seek buprenorphine without staff referrals. Interested clients meet with a social worker followed by a nurse at the Downtown Public Health Clinic (co-located with the needle exchange). In consultation with a prescribing physician, the nurse conducts a clinical assessment to develop a buprenorphine induction and care plan tailored to each client. The initial buprenorphine prescription is dispensed at the on-site pharmacy. Follow-up visits are scheduled with the Bupe Pathways nurse according to the clients' care plans. When appropriate for the client, the Pathways Team coordinates to develop a plan to transition the client to a community provider for ongoing buprenorphine management.

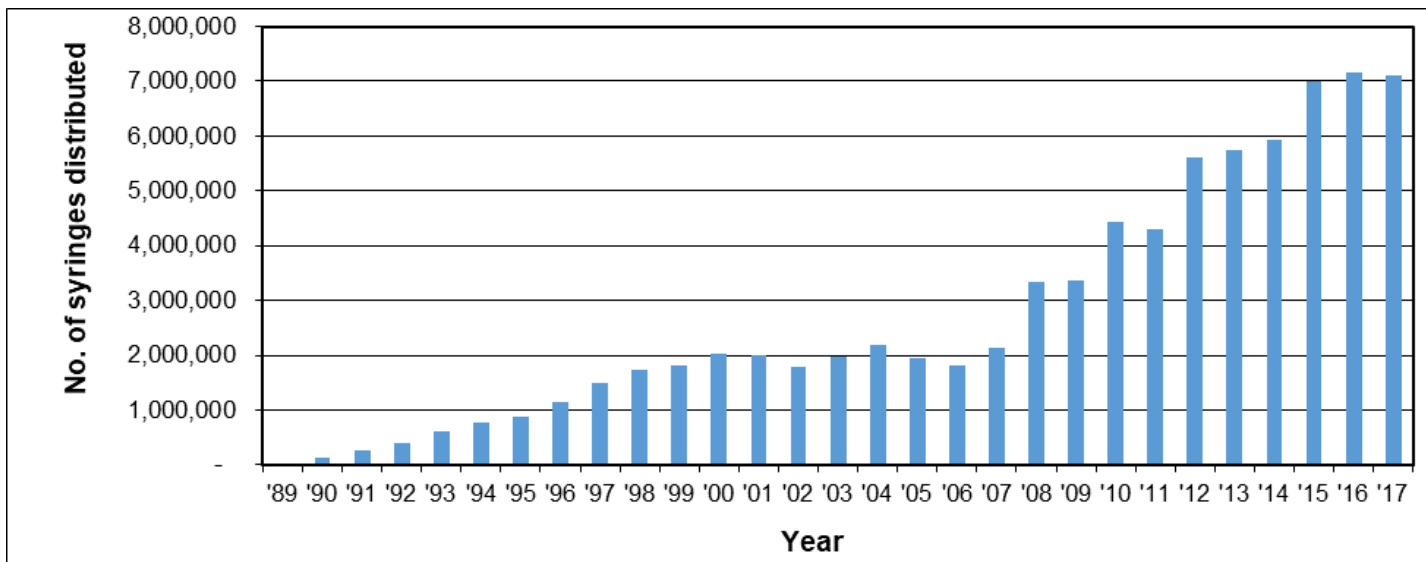
Through September 2018, 213 people have enrolled in Bupe Pathways. Among Bupe Pathways clients, the median age is 40 years, 65% are male, 73% are non-Hispanic White, and 85% are homeless. Nearly half (44%) of enrolled patients have completed 10 or more visits, while 21% of patients only completed a single visit.

In addition to Bupe Pathways, social workers provided referrals to 351 clients for other medication assisted treatment for opioid use disorder including methadone, buprenorphine, and naltrexone.

Other Medical Services, including HIV and HCV Testing

The downtown SSP partners with the Pioneer Square Medical Clinic to provide additional medical services to clients. In 2017, 664 clients at the downtown needle exchange were seen for wound care services. During the year, female reproductive health services were introduced, including gynecological exams and birth control options.

FIGURE 9-1. PUBLIC HEALTH – SEATTLE & KING COUNTY (PHSKC) SYRINGE DISTRIBUTION VOLUMES, 1989-2017



In 2017, PHSKC provided weekly HIV and hepatitis C virus (HCV) testing at the downtown SSP site. Testing includes educational interactions, linkage to care, and referral to other services. Testing services were provided to 78 SSP clients; all received rapid HIV testing and 51 received rapid HCV antibody testing. An additional 52 clients received non-testing services only. There were no new HIV positive tests. Twenty-nine clients received a positive antibody test for HCV (56% positivity) and 22 of those had a confirmed positive HCV results through RNA testing. Among the 22 with confirmed HCV infection, 10 patients were subsequently linked to care or were already in care, 3 were offered linkage to care but declined, and 9 were lost to follow-up (usually due to lack of contact information).

In response to the 2018 HIV cluster among PWID, the SSP now offers HIV testing five days a week.

Data from other local surveys have shown that the prevalence of hepatitis C virus (HCV) remains very high (approximately 70%) among PWID in King County,¹ and relatively few local PWID have benefitted from current, highly effective HCV treatments.²

Summary of Results from the 2017 Needle Exchange Client Survey

PHSKC conducts a biannual survey of needle exchange clients to monitor demographics, health, and behavior

trends among PWID. The results from the June 2017 survey were included in last year’s report, and the most notable trends are repeated below.

Since the 2015 survey³:

- Increasing methamphetamine use (58% in 2015 vs. 75% in 2017)
- Increasing homelessness/unstable housing (58% in 2015 vs. 69% in 2017)
- Stable reporting of opioid overdoses (23% in 2015 vs. 20% in 2017)

New questions revealed high levels of other risky injection-related behaviors:

- 36% of PWID reported any injection into the neck (36%), including 50% of PWID age <30
- 79% of PWID ‘sometimes’ or ‘always’ inject alone
- 62% of PWID ‘sometimes’ or ‘always’ inject in public
- 80% of PWID expressed interest in using a Community Health Engagement Location (i.e., safe injection facility), and 39% would use it on a daily basis.

Response to the 2018 Cluster of HIV Cases among PWID

During the first 10.5 months of 2018, the number of new HIV cases among PWID who were not men who have sex with men (non-MSM) was higher than in previous years. As of November 2018, 27 non-MSM PWID have been newly diagnosed with HIV in 2018, compared with an average of 10 diagnoses per year over the past decade. PHSKC has identified, through partner services and other investigations, that 14 of these new cases – all among people living homeless – were connected (an additional two persons not known to be PWID are also part of the cluster due to sex with PWIDs and other factors). In response, the PHSKC HIV/STD Program – including the SSP – has expanded HIV testing, treatment, and prevention services. Specifically, staff have been mobilized to provide additional HIV testing in affected areas, the downtown SSP site, and at the King County jail. The SSP has also expanded its syringe exchange services into North Seattle. As of October 29, 2018, since expanding these efforts, SSP staff have had 243 exchange encounters, with 3,670 syringes exchanged and 179 naloxone kits distributed.

Successes

In an era of a national opioid crisis and local shifts in drug use patterns, the PHSKC SSP continues to expand and innovate in order to meet the unique needs of local PWID. In 2017, the program continued to report very high levels of syringe exchange and naloxone distribution. Other elements of the program – e.g., social work services, wound care, and treatment referral – also continue to serve high volumes of clients. This includes high levels of syringe exchange through a mobile program in South King County. Given the clear demand for expanded treatment services, in 2017 the PHSKC SSP launched a low-barrier buprenorphine program co-located within the downtown exchange site and it has remained at its maximum capacity for almost a year and a half.

Challenges

However, the newly recognized cluster of HIV cases among PWID in King County is of tremendous concern. Although new HIV diagnoses among non-MSM PWID had been relatively rare over the past decade, this cluster demonstrates the continued vulnerability of this

population. The increase in HIV cases has occurred in the context of overall high levels of viral suppression among people living with HIV in King County and a large SSP, but the cluster is situated in an area with significantly fewer services (including no regular SSP access). In response, the PHSKC SSP has expanded its services to North Seattle and is currently involved in a rapid assessment to understand the longer-term medical and social needs of this population. HIV testing and case finding at the SSP have been low over the past few years and should be a priority for expanded efforts.

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References

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2. Tsui, T., Miller, C., Scott, J., Corcoran, M., Dombrowski, J., Glick, S. Hepatitis C continuum of care and utilization of healthcare and harm reduction services among persons who inject drugs in Seattle (under review)
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