STATE OF COLORADO

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Colorado Department of Public Health and Environment

DATE: October 10, 2012

TO: Senate Health and Human Services Committee
House Health and Environment Committee

FROM: Karin McGowan, Community Relations, CDPHE

RE: The Results of Clean Syringe Exchange Programs 2012

Pursuant to **CRS 25-1-520 Clean syringe exchange programs – approval – reporting requirements – repeal,** the Colorado Department of Public Health and Environment submits that it received reports on syringe exchange activities from Boulder and Denver counties in late September and early October 2012. These reports are summarized in the attached document.

This is the first year that active syringe exchange programs have submitted reports. Sites in Denver only began their work in 2012 and reported outcomes through June 30, 2012. The Boulder report provided outcomes for 2011. CDPHE will work with these programs and any new programs to develop a uniform reporting template for 2013 that reflects the broad goals and outcomes of the programs in each community.

Please find attached information about each program and a brief summary of both.

2012 Colorado Syringe Exchange Activities					
Jurisdiction	# Sites	Goal	Strategies	Monitoring	Initial Outcomes
Denver	2 Colorado AIDS Project (CAP) and The Harm Reduction Action Center (HRAC)	To work in partnership with nonprofit agencies in our community to help prevent the spread of infectious diseases associated with injection drug use.	• provide testing for early identification of infectious diseases • connect injection drug users with treatment and resources in the City & County of Denver that can assist with case management, mental health, partner notification, and other services. • Education and prevention services	DEH staff from the Community Health & Decision Support Division shall conduct inspections of certified needle exchange sites to monitor compliance with state and local laws, DEH rules and regulations, and public health and safety standards at least on annual basis	**Both Sites 1st six months (1/1/2012-6/30/2012)** Syringes in: 19,471 Syringes out: 33,412 Newly enrolled: 278 Total Contacts: 890 HIV Test Referrals: 77 HIV Tested: 26 HCV Test Referrals: 66 HCV Tested: 14 Infections Self-reported or tested HIV: 15 HCV: 59 Source of funds not reported. Referrals were reported related to substance abuse/mental health, healthcare services, education, vaccinations, housing, etc.
Boulder	3 Boulder, Longmont, ARC	To increase access to HIV and hepatitis C testing, counseling, and referral and harm reduction programming.	• Maintain three fixed sites in order to provide access to harm reduction supplies, including syringe distribution and collection and educational information. • Provide needle exchange clients with harm reduction education and referrals for services, including HIV and hepatitis C testing, immunizations, and addiction recovery services. • Train staff at all three sites to assist in implementing exchanges, educations and referrals, and distribution of supplies (including proper tracking and survey implementation). • Implement annual self-reported client survey to track client demographics and harm reduction practices.	• Tracking forms for each needle exchange event will be in place at each site to determine unduplicated clients, as well as total number of needles collected and distributed. • An annual survey will be in place for all needle exchange clients, and results will be shared internally and with partners, as appropriate.	**For all of 2011** **Boulder** Syringes in: 18,000 Syringes out: 20,940 Encounters: 296 Unique individuals: 83 **Longmont** Syringes in: 1580 Syringes out: 1570 Encounters: 36 Unique individuals: 32 **ARC** Syringes in: 250 Syringes out: 340 Encounters: 40 Unique individuals: Undetermined **Source of Funds** — **Amount** — **% of Program** County Appropriation — $102,701 — 44% Health and Human Services — 82,853 — 35% AIDS Testing Contract[1] — 12,469 — 6% Per Capita Funding — 21,948 — 9% AIDS Testing Fees[2] — 14,913 — 6% **TOTAL** — **$234,884** — **100%** [1] – Total Grant with Indirect: $14,913

					[2] – Total Grant with Indirect: $14,913

2011 Boulder County Public Health (BCPH) Annual Report
Program Number 770: HIV/STI Outreach Program

Goal: To increase access to HIV and hepatitis C testing, counseling, and referral and harm reduction programming.

Needs Statement: Early identification of disease through routine HIV testing is one of the most effective HIV prevention strategies. It is estimated that up to 25% of the general population[1] and up to 44% of men who have sex with men (MSM)[2] infected with HIV do not know their serostatus. The Centers for Disease Control and Prevention (CDC) recommends that all people ages 13-64 years be tested for HIV. Injecting drug users and their sex partners, MSM, persons who exchange sex for money or drugs, sex partners of HIV-positive individuals, and anyone who has had more than one sex partner since their last HIV test should be tested annually or more frequently if there are new risks. The CDC also encourages people to get tested before starting a new sexual relationship. Behavioral Risk Factor Surveillance System Statistics (BRFSSS) for Boulder County in 2007-2008 (n=1022) determined that only 40% of persons 18-64 had ever been tested. Nationally, the number of persons who report ever being tested for HIV is increasing, and fewer persons are being diagnosed late in their infection. However, nearly one-third of diagnoses still occur late. The National Health Interview Survey (NHIS) determined that in the United States, the percentage of persons 18-64 years who have ever been tested for HIV was stable at approximately 40% between 2001 and 2006, and that number increased to 45% in 2009. Data from the NHIS is considered more reliable than the data from BRFSSS, but it is not comparable, so it is difficult to draw solid conclusions from the local level to the national level regarding HIV testing rates.

Nationally, the percentage of persons with late diagnoses of HIV infection was stable at approximately 37% from 2001 to 2004, decreasing to 32.3% by 2007 (most recent data available). In the 37 states with mature HIV reporting systems in 2007, the percentage of persons diagnosed late ranged from 25% to 47.2%. In Colorado, the percentage was exactly the same as the national average – 32.3%. In 2008, most HIV diagnoses, by race/ethnicity, were among blacks or African Americans (51.2%) and, by transmission category, were among non drug-injecting men reporting male-to-male sexual contact (55.0%). AIDS diagnosis rates were highest in the South and Northeast census regions and in the most populated states.

The rate of chronic hepatitis C in Boulder County is 49.8 per 100,000. The incidence of chronic hepatitis C in Boulder County for the last three years was 149 cases in 2007, 148 in 2008, and 126 in 2009. The rate of chronic hepatitis C in Colorado is 74.4 per 100,000. Recently, improved treatment for hepatitis C has become available so providers may begin to test more regularly, which may result in higher rates over time.

Best practice prevention strategies to address sexually transmitted infections and viral hepatitis include early identification of disease through testing and counseling services; public awareness campaigns describing the transmission of the disease and access to testing services; syringe exchange; consistent use of condoms; referrals to drug treatment and other health care services; comprehensive sexual health education, especially for youth; and culturally competent services for minority populations. Best practice prevention strategies for injection drug users include syringe access and harm reduction education.

[1] "Revised Recommendations for HIV testing of Adults, Adolescents, and Pregnant Women in Health Care Settings" MMWR September, 2006 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
[2] "Prevalence and Awareness of HIV Infection Among Men Who Have Sex With Men — 21 Cities, United States, 2008" *MMWR* September, 2010 http://www.cdc.gov/mmwr/pdf/wk/mm5937.pdf

Planning Assumptions:

1. New funding resources are needed to adequately address expanded services to injection drug users and to conduct health promotion campaigns.
2. The local AIDS Service Organization (ASO), Boulder County AIDS Project (BCAP), is a crucial community partner. The formal partnership increases testing services with targeting for MSM.
3. In order to reach high-risk groups, program planning efforts will be closely coordinated with other BCPH sexual health programs and programs that provide mental health and substance abuse services.
4. There is a need to focus more on the Latino community for both the Works Program and HIV testing and counseling services.
5. Greater efforts to incorporate HIV testing into routine primary care practices will be included in the program's message to physicians.

Number of People Tested for HIV in 2011: *1,125*

Number of High-Risk Clients Tested for Hepatitis C in 2011: *72*

*** - M = Met** **E = Exceeded** **NM = Not met** **OT = On target at mid-year** **Not = Not on target at mid-year**

Number of Community Client Contacts: *700*

OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RESULTS*	COMMENTS
Harm reduction services will be implemented to decrease the spread of bloodborne infections (Essential Services 1, 2, 3, 7, 9 and 10)					
1. Reduce harm associated with injection drug use by providing syringe exchange services to 165 unduplicated clients at 3 fixed locations including Boulder, Longmont, and the ARC.	a. Maintain three fixed sites in order to provide access to harm reduction supplies, including syringe distribution and collection and educational information. b. Provide needle exchange clients with harm reduction education and referrals for services, including HIV and hepatitis C testing, immunizations, and addiction recovery services. c. Train staff at all three sites to assist in implementing exchanges, educations and referrals, and distribution of supplies (including proper tracking and survey implementation). d. Implement annual self-reported client survey to track client demographics and harm reduction practices.	▪ Tracking forms for each needle exchange event will be in place at each site to determine unduplicated clients, as well as total number of needles collected and distributed. ▪ An annual survey will be in place for all needle exchange clients, and results will be shared internally and with partners, as appropriate.	The three fixed sites remained in operation, with the highest level of activity at the Boulder site, followed by Longmont and lastly the ARC. **Boulder** Syringes in: 18,000 Syringes out: 20,940 Encounters: 296 Unique individuals: 83 **Longmont** Syringes in: 1580 Syringes out: 1570 Encounters: 36 Unique individuals: 32 **ARC** Syringes in: 250 Syringes out: 340 Encounters: 40 Unique individuals: Undetermined (many clients marked as male or female only instead of with the unique identifier) (comments below apply to clients who participate in both objectives 1 and 2.) In 2011, 95% of Works program clients report having been tested for HIV and 90% report having been tested for hepatitis C. We feel our program has been very successful in reaching the IDU population with HIV and hepatitis C testing. Only 5% or 6 clients total reported never having and HIV test. Of the 6 clients who reported never being tested for HIV, 5 of them, or 83.3% were new to the program and only 1 of them had been with the program	M	(these comments apply to Objectives 1 and 2) 2011 marked the first year in our over 20 year history that the Works program operated as a legal syringe exchange program. Since becoming legal, we have seen an influx of new clients. Through tracking both at our fixed sites and through outreach we collected 163 clients surveys (a 61% increase from 2010 when we collected 100). We tracked a total of 242 unique clients (a 62% increase from 2010 when we tracked 149 unique clients). We have seen some of the dynamics of our client base change including a decline in the average age which was 42.6 in 2008 and is now 36.7. The greatest increase in our clients was seen in the in the age group of 18-29 years, with 21 new clients in that age group, or an increase of 19% from the previous year. The types of drugs that clients of the Works Program primarily inject have remained similar to previous years. Heroin 41.4% Amphetamines 41.4% Opiate pills 10.0% Cocaine 7.1% This year we started a new collaboration with the ARC Detox and Outpatient services to link clients from the Works Program

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Objective	Services/Activities	Evaluation	Actuals Completed	Results*	Comments
			for over one year. A total of 10%, or 11 clients reported never having a hepatitis C test. Of the 11 clients who had never been tested for hepatitis C, 100% of them had been with the program for less than one year. The majority of all clients report using only safe methods for syringe disposal (67.2%). Of the 45 clients who use unsafe methods, the majority of them have been with the program for less than a year (64.4%). Our program continues to demonstrate that participating in the Works Program leads to safer practices.		to comprehensive recovery treatment including suboxone medication, group and individual therapy. A total of 15 Works Program clients were referred and a total of 8 clients achieved at least 90 days of sobriety. This program was nominated for a Pinnacle Award and given a mention as a Promising Practice. The high interest in this type of programming from our clients highlights the need for more comprehensive treatment options for opiate users seeking recovery.
2. Provide outreach services, including syringe exchange and harm reduction education for IDU 4 days per week to 150 unduplicated clients.	a. Provide services to clients in the field, including needle exchange, distribution of works supplies and condoms, harm reduction education, and referrals for services. b. Maintain communication by cell phone, pager, and text messaging for IDU clients four days per week. c. Support existing Works volunteers though ongoing training and guidance. d. Provide HIV and hepatitis C testing at the jail and the ARC on a scheduled basis.	▪ A tracking system has been in place since 2010 and consists of encounter forms for each outreach contact. ▪ Encounter forms will be entered into a database and analyzed. ▪ Results will be shared internally and with partners, as appropriate. ▪ Mobile testing logs will be maintained for HIV and hepatitis C and will be tallied quarterly.	**Outreach** Syringes in: 61,060 Syringes out: 60,700 Encounters: 998 Unique individuals: 209 (including 70 HIV testing clients at the jail)	M	This year saw a very large increase in outreach services. A total of 998 outreach encounters were reported (up from 396 in 2010) Prior to 2010, encounters were not tracked, only syringes in and out. **Syringes distributed** 2011 60705 2010 32697 2009 16430 2008 24215 2007 20010 The comments in Objective 1 apply to this objective as well.
3. Provide up to 10 group-level harm reduction interventions to 50 unduplicated clients.	a. Host between 4-10 group-level interventions for IDU to discuss harm reduction strategies. b. Collaborate with the Immunization Program to pro-	▪ Sign-in sheets will track participation. ▪ Surveys can track demographic information and client satisfaction.	In 2011 we hosted the Harm Reduction Action Center staff who provided training on drug user stigma for staff as well as a for Works clients. It was the only group-level activity for Works clients. 37 clients participated	N M	This year due to mostly to lack of funding, we did not host group activities as in past years. We have been rethinking our approach to group activities and we are exploring opportunities to

<table>
<tr><th>Objective</th><th>Services/Activities</th><th>Evaluation</th><th>Actuals Completed</th><th>Results*</th><th>Comments</th></tr>
<tr><td></td><td>vide free vaccinations to participants during three group-level interventions.</td><td></td><td>in the training.</td><td></td><td>provide evidence-based group interventions such as Break the Cycle, and other evidence-based interventions such as overdose prevention programing using naloxone.</td></tr>
<tr><td colspan="6">Testing and counseling services will be implemented to improve the self-awareness that clients have about their hepatitis C (HCV) and hepatitis B virus (HBV) status to further reduce the spread of these conditions (Essential Services 1, 2, 3, 4, and 7)</td></tr>
<tr><td>4. Collaborate with BCAP to increase the number of people aware of their HIV status by providing HIV testing and counseling services to 1,500 people, of which 50% or more will meet at least 1 criteria for a high-risk exposure category (high-risk exposure categories are based on CDC-defined risk groups).</td><td>a. Provide HIV testing and counseling to clients.
b. Provide outreach to community-based providers and internal BCPH programs to initiate referrals for testing and counseling.
c. Provide HIV testing and counseling during the intake process for new clients at the ARC seeking mental health and substance abuse counseling services.
d. In collaboration with BCAP, provide at least two mass HIV testing events for the public.</td><td>▪ The Colorado Department of Public Health and Environment's (CDPHE) data tracking system, Program Evaluation and Management System (PEMS), will provide data on the number of HIV tests and risk exposure categories.</td><td><table><tr><td>Year</td><td>2009</td><td>2010</td><td>2011</td></tr><tr><td>Total tests</td><td>1489</td><td>1454</td><td>1126</td></tr><tr><td>Reactive</td><td>13</td><td>3</td><td>1</td></tr><tr><td>MSM</td><td>291</td><td>312</td><td>251</td></tr><tr><td>MSM/ IDU</td><td>8</td><td>1</td><td>4</td></tr><tr><td>IDU</td><td>66</td><td>84</td><td>86</td></tr><tr><td>Latino</td><td>520</td><td>454</td><td>203</td></tr><tr><td>ARC</td><td>n/a</td><td>n/a</td><td>43</td></tr><tr><td>OASOS</td><td>n/a</td><td>n/a</td><td>24</td></tr><tr><td>Jail</td><td>69</td><td>58</td><td>72</td></tr><tr><td>Anonymous</td><td>61%</td><td>62%</td><td>75%</td></tr></table></td><td>M</td><td>This year we saw a decline in the total number of HIV tests provided. Taking a close look, we can see that one of the greatest declines was in Latinos. Our community partner, BCAP had a grant to work with this target group that was not re-uped as of 2010. This is the main reason for the decline in total number of tests.

We've been working closely with BCAP to assess community readiness and determine strategies to continue to work with the Latino population and work towards increases service utilization.

In 2011 we were informed of the elimination of our funding for HIV counseling, testing and referral services for 2012 and beyond. This funding cut signifies a loss of about $10,000 direct funding and an additional $18,000 in the cost of supplies needed for testing that was provided through the contract.

We are committed to ensuring that our services and community capacity for HIV testing is sustained. We will continue our direct services and the</td></tr>
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<tr><th>Objective</th><th>Services/Activities</th><th>Evaluation</th><th>Actuals Completed</th><th>Results*</th><th>Comments</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>work that our partners achieve.</td></tr>
<tr><td>5. Increase the percentage of people aware of their HCV status by providing hepatitis C testing and counseling services to at least 75 people, of which 100% will meet at least 1 criterion for a high-risk exposure category, as defined by CDPHE.</td><td>a. Provide HCV testing and counseling.
b. Expand HCV testing through the MOU with BCAP.
c. Provide ongoing outreach to community-based providers and internal BCPH programs to initiate referrals for testing and counseling.
d. Provide HCV testing and counseling during the intake process for new clients at the ARC seeking mental health and substance abuse counseling services.</td><td>▪ Utilize BCPH-created HCV testing data tracking system to document the number of tests and risks associated with each client.</td><td>This year we provided 72 HCV tests of which 12.5% were reactive (positive). In 2011 we received a small amount of funding to print promotional materials. The majority of clients we test are at the jail and from the Works program.
<table><tr><th></th><th>Total</th><th>% Positive</th></tr><tr><td>2011</td><td>72</td><td>12.5</td></tr><tr><td>2010</td><td>63</td><td>19.0</td></tr><tr><td>2009</td><td>50</td><td>14.0</td></tr><tr><td>2008</td><td>73</td><td>19.2</td></tr><tr><td>2007</td><td>47</td><td>8.5</td></tr></table></td><td>M</td><td>At the beginning of the year we were providing HCV as well as HIV testing for clients completing the intake process at the ARC. Once the ARC adopted the new electronic record system, the intake process changed. Now we are providing HIV and HIV testing for ARC clients through our on-call sexual health educator who is also trained as an HIV and HCV test counselor.</td></tr>
<tr><td colspan="6">Communication and outreach strategies will be implemented to empower residents and medical providers to make the best choices in preventing, diagnosing, and treating infectious conditions (Essential Services 1, 2, 3, 4, and 7)</td></tr>
<tr><td>6. Provide outreach and educational services around HIV, viral hepatitis, and STI</td><td>a. Provide training regarding the latest information on HIV, viral hepatitis, and STIs.</td><td>▪ Tracking of technical assistance, collaborative efforts, trainings, and outreach will</td><td>A total of 27 group presentations about HIV, viral hepatitis and STI prevention for 162 attendees were provided in</td><td>M</td><td>We feel we had a greater impact in 2011 because we hired an on-call sexual health educa-</td></tr>
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OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RESULTS*	COMMENTS
prevention initiatives through training, technical assistance, and collaborative efforts to 15 community-based organizations, community health centers, physicians, or other county departments or for community events.	b. Provide technical assistance regarding best practices in HIV, viral hepatitis, and STI prevention activities. c. Develop promotional materials to assist with program outreach and collaboration. d. Facilitate community advisory groups for providers, as well as targeted population groups, to assist in the development of prevention initiatives. e. Maintain and update the database of collaborating partners.	indicate the number of organizations reached.	2011. The average group size was 6 people. The majority of presentations were for mental health and substance abuse service clients of ARC programs including inpatient, outpatient, youth and adult programs. We also collaborated with youth in the Alcohol Diversion Program and Genesister. Starting in August of 2011, the sexual health educator also began to offer HIV and hepatitis C testing after presentations to group participants resulting in 16 tests. Other presentations or information booths were provided for the jail, Centers for Change, Sabroso y Saludable, the Latina Women's Cumbre, and Skyline high school. The program coordinator serves on several local and State coalitions and committees: • Steering committee member for the Sexual Health Coalition in Boulder which is working with several partners to improve sexual health resources including comprehensive sexual health education in our schools. • Public Health Improvement Plan Substance Abuse Task Force to help shape a strategic plan to address substance abuse in Boulder County. • Colorado HIV/AIDS Prevention Program Advisory Committee member • HIV Prevention Coalition member		tor to provide group presentations for the ARC and other programs and agencies. The educator is also trained to provide testing, so testing is provided on the spot for clients. With the new legislation legalizing syringe exchange, in 2011 the Harm Reduction Coalition visited Colorado twice, and collaborated with our program to provide two four-hour trainings for professional staff including: • Understanding Drug User Stigma • Overdose Prevention Our program also provided training for the immunization staff on the transtheoretical model of behavior change that is used for HIV testing and counseling which can be applied to work with parents who delay or refuse vaccination. We also provided updates for the Communicable Disease Division on providing syringe exchange. In 2011 our program served as a resource for many different organizations seeking to provide syringe access services or to gain technical knowledge of syringe access in order to regulate it in Colorado including Denver Health, Denver Public Health, Northern Colorado AIDS Project, Pueblo City and County, Denver Colorado AIDS Project, and Harm Reduction Action Center. Several formal

Objective	Services/Activities	Evaluation	Actuals Completed	Results*	Comments
					and informal meetings and calls were held.
7. Develop and disseminate 12 issues of the *Epi Connections* newsletter by the 25th of each month that will contain timely information on vaccines; diagnostic and treatment options; local and regional data; and events (conferences and trainings) for local health care providers (local medical providers, school nurses, public health staff, other health and human service departments, etc.).	a. Topics of interest for the newsletter will be identified that are timely and pertinent to the local health care community. b. Articles from appropriate staff will be solicited. c. Each article will be reviewed by Administration to ensure that messages are consistent with division and agency mission. d. Staff will ensure that articles are incorporated into proper newsletter format. e. Staff will provide final review and disseminate the newsletter to medical providers, school nurses, BCPH staff, etc.	▪ All *Epi Connections* issues will be posted online and archived.	Our program contributed 3 articles to Epi Connections including: • Updated Treatment Guidelines for Sexually Transmitted Diseases, February 2011 • Syphilis Cases Increase by 300% in Colorado, July 2011 • Incidence of HIV in the United States and Colorado, October 2011	M	

STAFFING:

Key Staff Members: Nisha Alden, Communicable Disease Division Manager
Carol Helwig, HIV/STI Outreach Program Coordinator
FTE: 2.95

BUDGET:

Program Expenditures: **$234,884**
Number of Clients: 305,268 (county population)
Direct Cost per Capita: $.77

Source of Funds	Amount	% of Program
County Appropriation	$102,701	44%
Health and Human Services	82,853	35%
AIDS Testing Contract[1]	12,469	6%
Per Capita Funding	21,948	9%
AIDS Testing Fees[2]	14,913	6%
TOTAL	**$234,884**	**100%**

[1] – Total Grant with Indirect: $14,913
[2] – Total Grant with Indirect: $14,913

Service Site	Service Hours
Boulder, Sundquist (primary site)	Monday – Friday, 8:00 a.m. – 5:00 p.m.
Longmont (needle exchange site)	Monday – Friday 8:00 a.m. – 5:00 p.m.
ARC (needle exchange site)	24 hours a day, 7 days per week