# Grays Harbor County
# Board of Health

PEARSALL BUILDING
2109 SUMNER AVENUE, ABERDEEN, WA 98520

**March 15, 2019**
**Board of Health Workshop**

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Commissioner Randy Ross called the Board of Health workshop to order at 8:33.

Attendance: Board of Health members Cormier, Ross and Raines; Dr. Bausher, Health Officer; Beth Mizushima, PHSS Deputy Director (speaking on behalf of Karolyn Holden, Director); and Tracey Munger, Deputy Prosecuting Attorney.

**Syringe Services Discussion**

**Dr. John Bausher, Grays Harbor County Health Officer**, shared the following information:

I'd like to thank the Commissioners for convening as the Board of Health for this special workshop on the topic of syringe exchange.

By statute, the responsibility and authority to ensure that appropriate measures are put in place to protect the public from disease lies with the County Board of Health and the Health Officer, and I appreciate the opportunity to have a full discussion about the County's program and the potential impacts of the December resolution to discontinue services in the context of a Board of Health meeting.

There is a great deal of misinformation about the effects of syringe exchange programs that can lead to controversy and I believe that we need to provide communication and education to the community in order to address that.

As the health officer, however, my primary focus is the potential public health impact of discontinuing or transitioning syringe exchange away from the Public Health Department.

The reported rate of new HIV infections in Grays Harbor County is very low. I can understand how it might seem like we don't need syringe exchange.

Hepatitis C rates are increasing, as they are across the state and nation. Most of the cases now being identified and reported are chronic, with infection occurring years or decades before the diagnosis was actually made. I can understand, though, that it might appear that our syringe exchange is not preventing the transmission of hepatitis C.

But as a physician, I can guarantee you that if we had not had a syringe exchange program in place since 2004 we would have higher rates of HIV and hepatitis C than we do now. Although there's no way to know what the numbers would look like, there is no doubt in my mind that we have prevented transmission of disease and loss of life.

I believe that the elimination of syringe exchange presents the possibility of catastrophic results. One case of HIV in a community where there is not easy access to clean needles could result in an explosive outbreak.

If services end, we will find many, many more syringes inappropriately discarded around the community. Emergency response personnel will be at increased risk of being stuck by a used syringe.

I also believe that there will be an immediate and serious impact to our local health care delivery system, which is already struggling to keep up with demand. Emergency departments will see more serious wound infections. Some of these will require hospitalization.

We have one of the highest rates of overdose death in the state. We distribute naloxone at the syringe exchange, which can be used to temporarily reverse and overdose until medical help arrives. Without a syringe exchange we will lose our connection to the very people who are at highest risk of experiencing or witnessing an overdose.

I know that we can prevent the spread of disease and loss of life by providing education, a clean syringe, and access to naloxone. Syringe exchange produces an enormous public benefit at minimal cost and I believe losing it presents a significant risk to the public's health.

**Beth Mizushima, on behalf of Karolyn Holden, Grays Harbor County Department of Public Health and Social Services Director**, shared the following information:

I'd also like to thank the Board for setting aside time to discuss this important issue.

At the January Board of Health meeting, I reported on what my staff and I had been doing to address community concerns about the syringe services program and in response to the December 18 resolution directing me to discontinue our program. A brief summary of my remarks is in your packet today and a more complete record is reflected in the meeting minutes, which will be coming to you in draft before the April 25 Board of Health meeting.

At the end of the January meeting you asked me to schedule a workshop for the Board so that a full discussion of the program and the health policy implications of its discontinuation could occur. And so here we are.

I'd like to begin my remarks with a few comments about drug use viewed through the public health lens of harm reduction.

We recognize that it would be ideal for people to abstain completely from drug use, but that is not the reality of our society.

Harm reduction is a set of public health principles that seeks to minimize the harmful effects of drug use on both people who use drugs and the larger community rather than simply ignore or condemn it. Syringe exchange is an inexpensive, effective, and well-researched method of harm reduction.

Specifically, there is research to demonstrate that syringe exchange programs

- decrease the transmission of diseases such as HIV and viral hepatitis
- decrease wound infections
- increase the likelihood that people who inject drugs will engage health and social services, including substance use disorder treatment

There are is also research that specifically **fails** to demonstrate that the presence of syringe exchange increases drug use or the number of inappropriately discarded syringes in communities where it is present.

I share Dr. Bausher's concerns about discontinuing syringe services. Rather than repeat his specific apprehensions, I will simply say that I believe that if syringe services are no longer available in Grays Harbor County, there will be negative public health consequences.

I also believe that unintentional harm could result from trying to transition services to another agency and I'd like to talk a little bit about why.

Over the past several months we've sought the counsel of harm reduction experts at both the Washington State Department of Health and the Alcohol and Drug Abuse Institute at the University of Washington. We've learned several things from them that I believe are worth considering.

The transition may be risky in and of itself.

- Transitioning services from an agency where trust has been established to a new agency will likely result in reduced willingness to access services, even if the agency is (to our eyes) trustworthy and implements the program effectively.
- SSP clients are often marginalized and lack trusting relationships with health and social services systems.

There are some specific concerns related to embedding syringe services within other health care service delivery.

- Clients who use SSP are often not engaged in health care delivery systems due to fear.
- Getting syringe services at a location where other health services are delivered means forgoing anonymity. Fear of being outed may discourage people from accessing services.
- Clients who relapse in treatment may not access syringe services if they are provided at their treatment facility
- The current best practice is for syringe services to be offered in non-clinical settings;

Syringe services are related to public health and safety, and as such, require government involvement.

- County government has the legal mandate to ensure the effective implementation of health protection measures.
- Transitioning services and leadership to a private entity may not reduce the County's level of responsibility but would reduce its control over how services were delivered.
- A private entity cannot be expected to assure the same level of sustainability as government can.

Given all this, in order to minimize the transmission of disease and prevent overdose deaths, I believe the ideal health policy direction would support the continued operation of syringe services, with leadership provided by the County's public health professionals.

That concludes my prepared remarks.

**Key Board Questions and Comments that Beth answered:**

- **Other options - who this could be transitioned to? (Ross):**
  - We have looked at the other non-profit and medical treatment provider options and have engaged conversations with local entities, but to date, no one has stepped in to do this. Their focus is on their own expansions of services and big transitional changes like Medicaid transformation

- **Naloxone Program – please describe (Ross):**
  - The model that the UW promotes, and why they offered to partner to us, is because Syringe services targets the population most likely to either experience an overdose or witness someone experiencing and overdose. Our top priority has been to provide Naloxone training (on the RV) to those two groups. We have additionally trained emergency responders on how to administer Naloxone and how to set up their policies and procedures to do so. The purpose of this was to expand availability through the county. Police and volunteer firefighters are two of those groups not otherwise getting access to this and the corresponding training.

- **Naloxone funding? (Cormier):**
  - Commissioner Cormier clarified this is federal money distributed at the state level (yes). Is it the state ties the Naloxone availability to the existence of the syringe services program?
    - They identify the communities to collaborate with based on those communities' access to the populations most likely to need Naloxone.
  - Commissioner Cormier asked if they would cut off the Naloxone if we discontinued our syringe services program:
    - If our syringe services were discontinued, it would be a conversation we would have to continue to have with our Naloxone funders since they are keenly focused on getting the Naloxone out to those most likely to need it and through our syringe exchange program, we have access to those clients.

- **Alternatives to syringe exchange (Cormier):**
  - Commissioner Cormier asked about using the chemical dependency fund to fund a FTE to go out and talk to these clients and get them into recovery.
  - Beth: we have operated the services for 14 years. About 18 mos. ago, some staffing changes were made. Dan (Homchick) is well-trusted by the community members. Beth would be concerned if we changed the model, we may not have the same volume of reach.

- **What Happens at the Exchange Site? (Ross)**
  - 1x week/Staffing is 2 people: one who does the Naloxone training; and one person who does the exchange and also a lot of harm reduction education and motivation interviewing.
  - For the exchange, we use the term '1 for 1' because our policies and procedures do not allow staff to provide syringes unless the clients brings syringes to turn in.
  - Other things that may be distributed – naloxone and/or other harm reduction materials or products, such as:
    - Condoms
    - Ointment and Band-Aids
    - Small aluminum tin (aka 'cookers')

- Cottons
  - Beth explained the purpose the cookers and the cottons and why it is important that these items to not be reused by the IV drug users.

- **Tracking? (Ross)**
  - At PHSS: Over past 14 years, different volumes of data collected: some for the state and some for our own tracking. Currently, we collect data on the number of people that people exchange for (we allow one person to exchange for others). This past summer and fall, we collected the first few pieces that will be the basis for an evaluation of the program. Due to last fall's discussion and the December Commissioners' vote, this work has been put on hold while we determine what pieces of data we should continue to collect.
  - Medical Community: Dr. Bauscher explained that MRSA infections have gone down; HEP C treatment is about 95 – 98 percent effective. Were we to allow infected needles to come about, that 2% will light up. HEP B is down. We track things through epidemiological data. We also look at trends in the hospital – what comes into the lab, the ER.
- **Discussion about Population Affected by Syringe Exchange – who is most affected? (Cormier)**
  - Dr. Bausher explained it is not just homeless people – there are people working full time jobs that experience these addictions. (Commissioner Cormier posited that it would be safe to say they would be capable of buying their syringes online, like via Amazon, rather than relying on our system)
  - In comparing the full time worker to the homeless person, Dr. Bausher agreed that the homeless would be the most impacted by the elimination of this program because they may not have resources to purchase syringes. He went on to explain that although people who inject drugs are the population that is most directly impacted by the availability of syringe exchange, loss of an appropriate place for people who inject drugs to dispose of their used syringes negatively impacts the broader community through accidental needlesticks, which can present and infection risk and can be expensive to treat.

- **Background of their December vote (Raines)**
  - Commissioner Raines doesn't regret voting in support of the December resolution, however she feels that, at least from her perspective, she did not have all of the information she needed to vote on this. In their jobs as commissioners, they are responsible for a great deal of information: roads, planning, environment to name a few, and they also sit on over 40 boards
  - Dr. Bausher impressed upon her that we have to put aside the behavior, and focus on what our job is – to address health issues and avoid spread of disease to <u>all</u> citizens in Grays Harbor County
  - Wants to see at April meeting that we either rescind the December resolution (at least to postpone the elimination of it) and look at the following:
    1. PHSS director to go a step further in providing the data they have secured and look at how the program should evolve;
    2. Increase Public education of the program
    3. Identify how the program can exist going forward and give commissioners a chance to look at these models

- **Background on the December vote (Cormier)**
    - Board of Health member Cormier described his belief that the County should not provide syringes to the community using tax payer's money, and stated that his future decisions will continue to reflect his philosophical beliefs. He has been consistent on this since 2013.

Board of Health members Ross and Raines spoke in favor of rescinding the December 18th Resolution to end syringe services at the next regular Board of Health meeting (April 25, 2019). No action can be taken during Board of Health workshops; however, Raines and Ross described potential next steps: direct Karolyn Holden (Public Health Director) to assess how the program could evolve to reflect current best practices, include more public outreach and opportunities for public input, address community concerns, and enrich data collection and evaluation activities and provide the results to BOH members.

**Public Comment:**

**Andrea Vekich (Medical Case Manager, CCAP's Ryan White Program)** spoke about her work supporting people living with HIV, and her belief that syringe exchange is a primary approach to preventing new HIV infections, and that, in the context of the high cost of treating people living with HIV with drugs to reduce their ability to transmit the disease over the course of their lifetime, the cost of syringe exchange is wise money well spent.

**Becky Walsh (speaking as private citizen)** shared that she has observed, over her nursing career, that intravenous drug use can be associated with severe abscesses and other infections that are very costly to treat. She related her opinion that syringe services are important to prevent such infections. She described proper management of sewage and water treatment as a public health measure that clearly prevents diseases like typhoid fever and shared her view that stopping syringe services is like considering ending those other essential governmental services that protect public health.

**Brian Shay (Co-Chair, Health and Human Services Advisory Board)** related that the Board sent a letter to the Board of Health expressing their support for the (syringe services) program. He has seen the experts work on these (social services) programs and over time he has learned the value of the syringe services program, and agrees that it is money well spent. He pointed out that it is not currently paid for with general fund money, but instead is supported by sources that are intended for this type of service. Mr. Shay shared his belief that sometimes government is the best provider of the service (like police and fire) and he does not believe there is a better provider than the County for syringe services.

Hearing no additional public comment, the workshop adjourned at 9:43 AM.

***Approved on this*** 25 ***day of*** April, 2019

Randy Ross, Chair

Wes Cormier, Commissioner First District

Vickie Raines, Commissioner Third District

ATTEST:

Julie Myers, Board Secretary