HAWAIʻI HEALTH & HARM REDUCTION CENTER

SYRINGE EXCHANGE PROGRAM

2023 ANNUAL REPORT

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ACKNOWLEDGMENTS

The Hawai‘i Health & Harm Reduction Center (HHHRC) would like to extend a heartfelt *MAHALO NUI* to the Hawai‘i Department of Health (HDOH), Harm Reduction Services Branch (HRSB) for their decades of supporting syringe exchange in Hawai‘i. HHHRC’s Syringe Exchange Program (SEP) is invaluable to HHHRC’s mission: “Reducing harm, promoting health, creating wellness, and fighting stigma in Hawai‘i and the Pacific.”

Fujii, Kevin. *Mim Shukrun, an outreach worker with the Hawai‘i Health & Harm Reduction Center, gives supplies to a community member out of the organization’s syringe exchange van in Chinatown*. Civil Beat. Retrieved from https://www.civilbeat.org/2024/08/overdoses-are-killing-more-people-than-ever-advocates-want-to-be-there-for-those-who-survive/

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FOUNDATION OF SYRINGE EXCHANGE IN HAWAIʻI

An estimated one million people in the United States inject illicit drugs.[1] Per the Centers for Disease Control and Prevention (CDC), "Hospitalization in the United States due to substance use-related infections alone costs over $700 million annually."[2] **The transmission of bloodborne diseases such as HIV, hepatitis C, viral hepatitis, and bacterial and fungal infections through injection drug use is primarily caused by "using and sharing contaminated injection drug equipment, unsanitary conditions, and low vaccination rates among at-risk populations."**[3]

A 2018 special report published by the CDC found that syringe service programs (SSPs) are effective at reducing syringe sharing.[4] Unfortunately, communities often struggle to establish effective SSPs because of legal and regulatory issues, insufficient funding, and misunderstandings about the effectiveness and safety of SSPs.[5] **As a matter of fact: (1) SSPs do not increase crime or illegal drug use in areas where they are based; (2) individuals who regularly utilize an SSP are three times more likely to report a reduction in injection frequency than those who have never accessed an SSP; (3) individuals who utilize an SSP are five times more likely to enter substance use treatment and three times more likely to stop using substances than those who don't habit an SSP.**[6]

Hawaiʻi was the first in the nation to create a state-funded syringe exchange program offering coordinated services statewide. In 1989, the Hawaiʻi Department of Health (HDOH) piloted a syringe exchange program in response to the growing human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) crisis in the state. The project goal was to reduce the acquisition and transmission of HIV among persons who inject drugs (PWID) by staffing health educators and others knowledgeable of injection drug use in the state to provide services. As of December 2024, 518 Syringe Services Programs (SSPs) were operating across 40+ states and territories, including the District of Columbia and Puerto Rico.[7]

In 2023, HHHRC exchanged 599,683 syringes statewide, a 1,596% increase compared to the 35,365 syringes exchanged by CHOW in 1993.

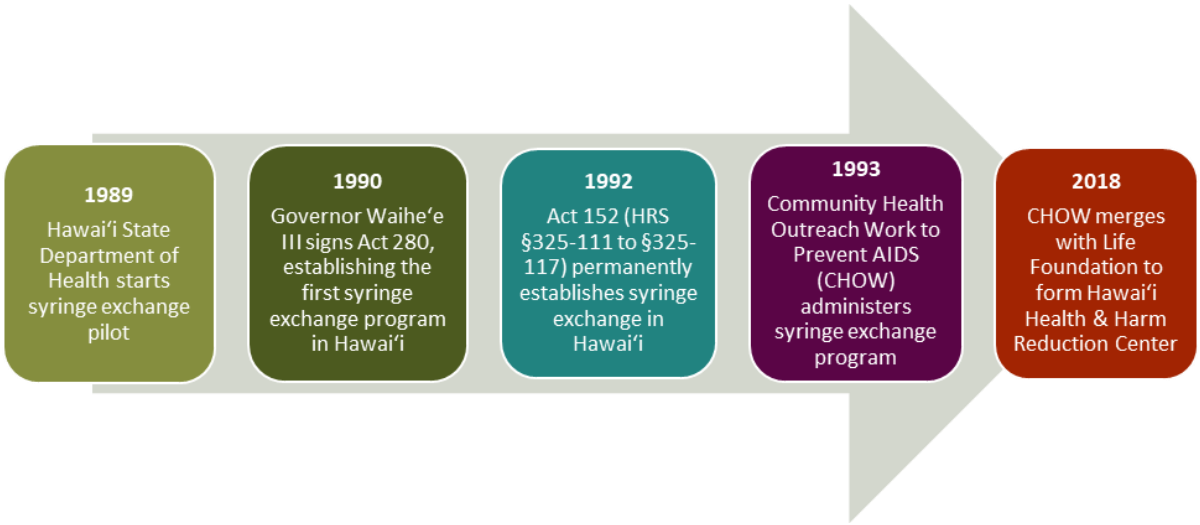
The goal of SEP is to prevent the transmission of human immunodeficiency virus (HIV), hepatitis C virus (HCV), and other blood-borne pathogens and to refer persons who inject drugs (PWID) to needed health and social services in Hawaiʻi.

In 1990, former Governor John David Waiheʻe III signed Act 280 into law, which enabled HDOH to establish a two-year pilot Syringe Exchange Program (SEP). The first Hawaiʻi-based SEP site was operated out of the Rubber Room on Hotel Street in Honolulu by members of Life Foundation – the oldest AIDS service organization (ASO) in the Pacific. Life Foundation's early involvement with SEP preceded its eventual merger twenty-eight years later with the community organization that would run the SEP in Hawaiʻi – Community Health Outreach Work to Prevent AIDS (CHOW). In 1992, when the two-year pilot SEP concluded and its safety and efficacy were assessed, the Hawaiʻi State Legislature passed Act 152.

Act 152, codified as Chapter 325, Part VII of Hawai‘i Revised Statutes (HRS §325-111 through §325-117), enabled HDOH to implement a statewide SEP. HRS §325-115 requires HDOH to appoint a Syringe Exchange Oversight Committee (SEOC) to monitor the progress and its effectiveness and to examine data compiled by the program. HRS §325-116 requires HDOH to report annually to the SEOC, including the number and demographics of participants, the program's impact on HIV infection rates, an assessment of the program's cost-effectiveness, the prudence of its continuation, and ways to improve SEP. This evaluation fulfills SEP's obligations under these two statutes.

In 1993, HDOH named CHOW the coordinating agency for the statewide SEP. By 1994, CHOW extended SEP from O‘ahu to Hawai‘i Island, Maui, and Kaua‘i counties. In 2018, CHOW merged with Life Foundation, under its new organization name – Hawai‘i Health & Harm Reduction Center (HHHRC) – continuing the legacy of both organizations to expand services to meet the growing needs of persons who use drugs (PWUD) and other vulnerable populations in Hawai‘i. Refer to Figure 1.

Figure 1. Historical Moments for Syringe Exchange in Hawai‘i



About Syringe Exchange Program Operations

HHHRC operates five (N=5) mobile vehicles covering the counties of O‘ahu (n=2), Hawai‘i Island (n=1), Maui (n=1), and Kaua‘i (n=1), along with two (N=2) subcontractor fixed sites on Hawai‘i Island (n=1) and Kaua‘i (n=1), providing various services in addition to syringe access. At the mobile vehicle and fixed sites, SEP outreach workers establish contact and rapport with persons who use drugs (PWUD) and vulnerable populations using a harm reduction approach to promote safer behaviors.

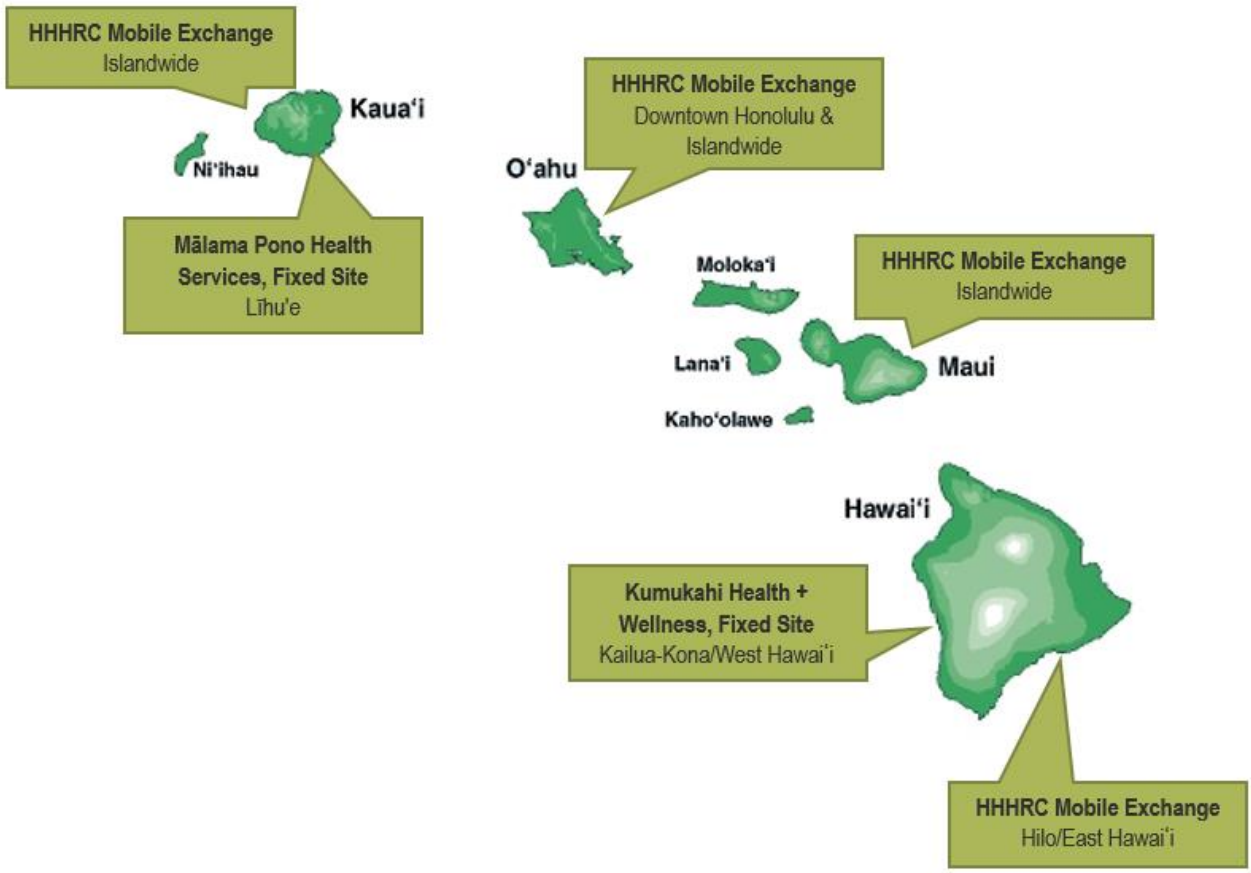
Types of SEP Operations

HHHRC operates SEP through **“mobile syringe exchange sites”** (mobile sites), **“syringe exchange appointments”** (SEA), and **“fixed location sites”** (fixed sites) through partner agencies on Hawai‘i Island and Kaua‘i. At mobile sites, SEP outreach workers conduct exchanges and other harm reduction activities out of HHHRC vehicles. Through SEA, SEP outreach workers meet participants at locations determined by the participants in areas frequented by PWUD. At a fixed site, participants go to the fixed site for their SEP needs.

O‘ahu operations. On O‘ahu, SEP occurs primarily through mobile sites, SEA, and outreach as staffing and schedule allow. SEP occurring at mobile sites keeps a regular schedule where an HHHRC vehicle parks five days per week in downtown Honolulu. A second HHHRC vehicle visits other parts of O‘ahu to offer services to SEP participants who cannot make it to the downtown Honolulu location. SEP outreach workers also conduct SEA as needed. While running SEP through mobile sites provides flexibility, it can limit services such as HIV and HCV outreach, testing, linkage activities, and wound care. In August 2021, HHHRC launched its Medical Mobile Unit (MMU), bringing quality on-the-spot medical care and social services directly to underserved communities throughout O‘ahu, such as HIV and HCV testing, wound care, naloxone training, and syringe exchange.

Hawai‘i Island, Maui & Kaua‘i operations. Hawai‘i Island and Kaua‘i operate their respective SEPs through mobile sites, fixed sites, and SEA, while O‘ahu and Maui operate only through mobile sites. HHHRC contracts with sister organizations on neighboring islands. In 2016, Hawai‘i Island SEP formalized collaboration with Kumukahi Health + Wellness (KHW) to conduct fixed site syringe exchange out of their office in Kailua-Kona. Since KHW outreach workers do not exchange outside their office, SEP outreach workers provide services via a mobile site and SEA for Hawaiian Ocean View Estates (HOVE) and across the Eastern side of Hawai‘i Island, including Hilo, Pāhoa, Mountain View, and Kea‘au. In 2017, Kaua‘i SEP formally partnered with Mālama Pono Health Services (MPHS) to provide services in Līhu'e. MPHS conducts fixed site syringe exchange out of their office on Kukui Grove Street. HHHRC continues to seek community partnerships on neighboring islands to enable low-barrier harm reduction services for all community members needing support. HHHRC actively plans to seek a partnership with the site Maui AIDS Foundation on Maui in 2024. Refer, Figure 2.

Figure 2. Map of Statewide HHHRC SEP Coverage & Subcontractors



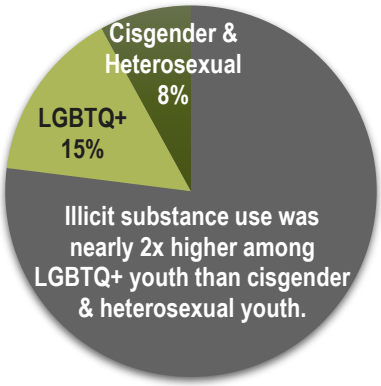
OVERVIEW: SUBSTANCE USE, RISK BEHAVIORS & OVERDOSE

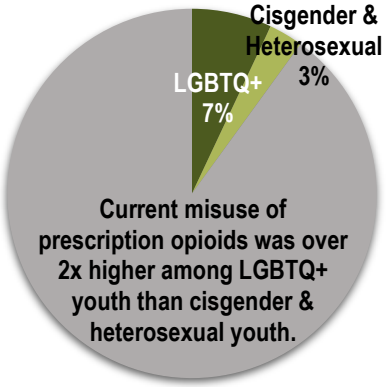
Youths

In 2023, national data from the Youth Risk Behavior Survey (YRBS) showed that female and LGBTQ+ high school students were more likely than their peers to engage in most substance use behaviors.[8] Also, LGBTQ+ students were about twice as likely as cisgender and heterosexual students to have ever used select illicit substances and prescription opioids.[8] However, from 2021 to 2023, the percentage of female, Black, Hispanic, and White students currently misusing prescription opioids decreased.[8] Also, from 2021 to 2023, the percentage of Black, Hispanic, and White students who had ever used illicit substances also decreased.[8]

Illicit Substance Use

According to the YRBS, in 2023, 10% of high school students had ever used illicit substances (i.e., cocaine, inhalants, heroin, methamphetamines, hallucinogens, and/or ecstasy).[8] Within that 10%, LGBTQ+ students were more likely than cisgender students to have ever used illicit substances.[8] Of those surveyed, 15% of LGBTQ+ students reported using illicit substances compared to 8% of cisgender and heterosexual students.[8] **Regarding Native Hawaiian or Pacific Islander youth, 6% had ever used illicit substances.[8]**





In Hawai'i, 7.6% of high school students had ever used illicit substances (i.e., any form of cocaine, ecstasy, heroin, and/or methamphetamines).[8] Regarding heroin use, 1.7% of high school students had ever used heroin, but LGBTQ+ students were more likely to, with 3.2% ever having used heroin.[8] Regarding injection drug use, 1.5% of high school students had ever injected illegal substances, but LGBTQ+ students were more likely to, with 2.7% ever having injected illegal substances.[8]

Prescription Opioid Use

According to the YRBS, in 2023, 4% of high school students misused prescription opioids (i.e., taking prescription pain medicine such as codeine, Vicodin, OxyContin, Hydrocodone, or Percocet during the past 30 days).[8] Within that 4%, female students were more likely than male students to currently misuse prescription opioids, and LGBTQ+ students were more likely than cisgender and

heterosexual students to currently misuse prescription opioids.[8] Of those surveyed, 6% of female students and 7% of LGBTQ+ students reported misusing prescription opioids compared to 3% of male and 3% of both cisgender and heterosexual students.[8] **Regarding Native Hawaiian or Pacific Islander youth, 9% had ever misused prescription opioids.**[8]

In Hawai'i, regarding prescription pain medication, 11.5% of high school students had ever taken prescription pain medication (e.g., codeine, Vicodin, OxyContin, Hydrocodone, Percocet) without a doctor's prescription or differently than prescribed.[8] **LGBTQ+ students were even more likely, with 20% ever having taken prescription pain medication without a doctor's prescription**.[8] Within the past 30 days, 7.4% of high school students had taken prescription pain medication without a doctor's prescription or differently than prescribed, but LGBTQ+ students were more likely to, with 12.7% ever having taken prescription pain medication without a doctor's prescription in the past 30 days.[8]

YRBS national and local data consistently show that youth in high school identifying as LGBTQ+ are more at risk of illicit substance use and currently using prescription opioids than their heterosexual and cisgender counterparts. It is relevant to highlight statistics specific to LGBTQ+ youth because their risk is heightened due to additional stressors they face daily, such as sexuality-based discrimination and stigma. Clarifying the risks for different sub-populations also allows for tailored, culturally appropriate interventions to reduce harm to themselves and their communities.

Adults

According to the results of the 2023 NSDUH, heroin use was trending downward, with 0.2% (or 660,000 people) using heroin in the past year – a marked *decrease* from 2021 (0.43%).[9] Still yet, heroin use was highest amongst adults aged 26 or older (0.3% or 629,000 people).[9]

Nationally, in 2023, heroin use was trending downward, with 0.2% (660,000 people) using heroin versus methamphetamine, which remained steady with 0.9% (2.6 million people) using methamphetamine. [9]

Methamphetamine use remained relatively steady, with 0.9% (or 2.6 million people) using methamphetamine in the past year – a *slight decrease* from 2021 (0.99%).[9] Methamphetamine use was also highest amongst adults aged 26 or older (1.1% or 2.5 million people).[9] **Prescription pain reliever misuse *slightly decreased* with 3% (or 8.6 million people) misusing prescription pain relievers in the past year – a slight decrease from 2021 (3.44%)**.[9] Prescription pain reliever misuse was also highest amongst adults aged 26 or older (3.2% or 7.2 million people).[9]

Note: In 2018-2019, the category was labeled "pain reliever" misuse, and in 2021, it was changed to "opioid misuse," and then again changed to "prescription pain reliever misuse" in 2023.[9]

According to the 2023 NSDUH, there was not enough available substance use data to merit Native Hawaiians or Other Pacific Islanders (NHOPI) being included in the report. **The data that *was* included in the report is that NHOPI are among the "racial and ethnic groups" who had serious thoughts of suicide in the past year – 2.6% or 27,000 NHOPI 18 years or older had serious thoughts of killing themselves in 2023.**[9] In response to the lack of local data on substance use and overdose, HHHRC continues monitoring and data collection to help fill gaps in understanding PWUD within the state, their needs, and how best to develop and implement harm reduction and prevention interventions.

Overdose

The National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention (CDC) collects information showing that fatal overdoses have been rising for two decades in the United States but remained somewhat stable between 2021 and 2022.[10] **Nationally, in 2022, 107,941 fatal overdoses occurred (32.6 deaths per 100,000 people) compared to 2021 when 106,699 occurred (32.4 deaths per 100,000 people) – a 1% increase.**[10] However, these recent figures are in stark contrast to past figures. For example, in 1999, fatal overdose accounted for 2.9 deaths per 100,000 people – a 1,024% increase between 1999 and 2022 (32.6 deaths per 100,000 people).[10]

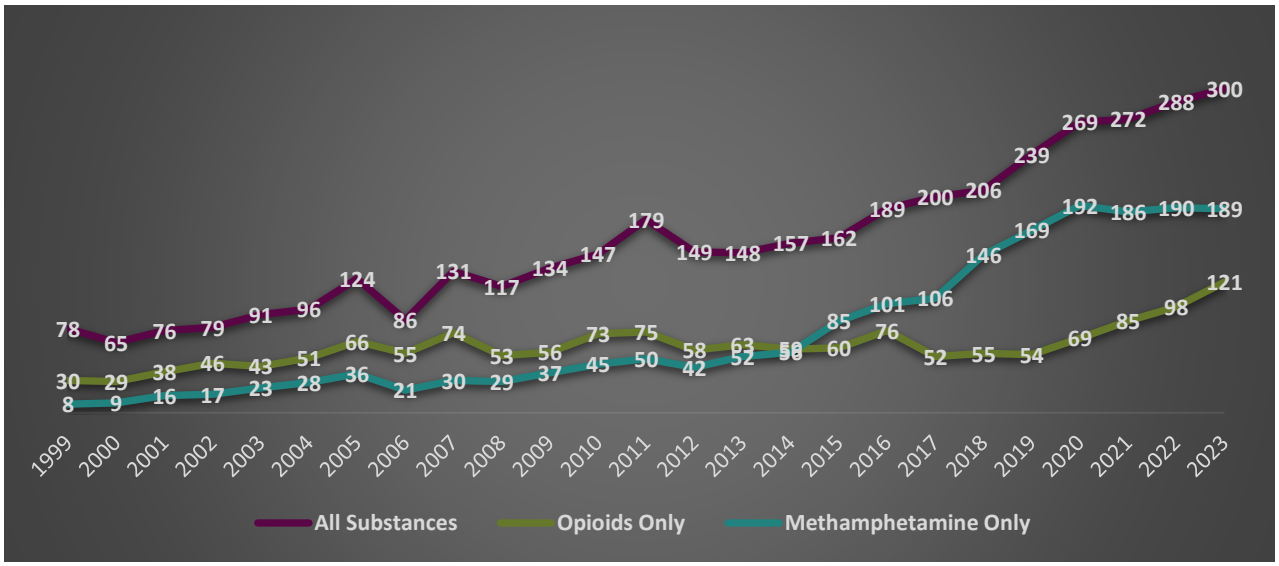
In the United States, fatal overdoses involving heroin decreased by 35.7% from 2.8 per 100,000 in 2021 to 1.8 in 2022.[10]

NCHS found other significant findings. For example, fatal overdoses decreased for people ages 15-34 and increased for those 35 and older.[10] **Also, the rate of fatal overdoses involving heroin, natural and semisynthetic opioids, and methadone *decreased* while the rate involving synthetic opioids other than methadone, psychostimulants, and cocaine *increased*.**[10]

In Hawai'i, various local entities are reviewing and analyzing available fatal overdose data. Please note that those entities have published differing fatal overdose numbers due to gathering information from different sources. For this report, local fatal overdose data is cited from two local entities: Hawai'i Department of Health (HDOH) (e.g., published 121 opioid-related deaths) and Hawai'i High Intensity Drug Trafficking Areas (HI-HIDTA) (e.g., published 107 fentanyl-, 14 heroin-, and 32 opioid-related deaths).[11,12]

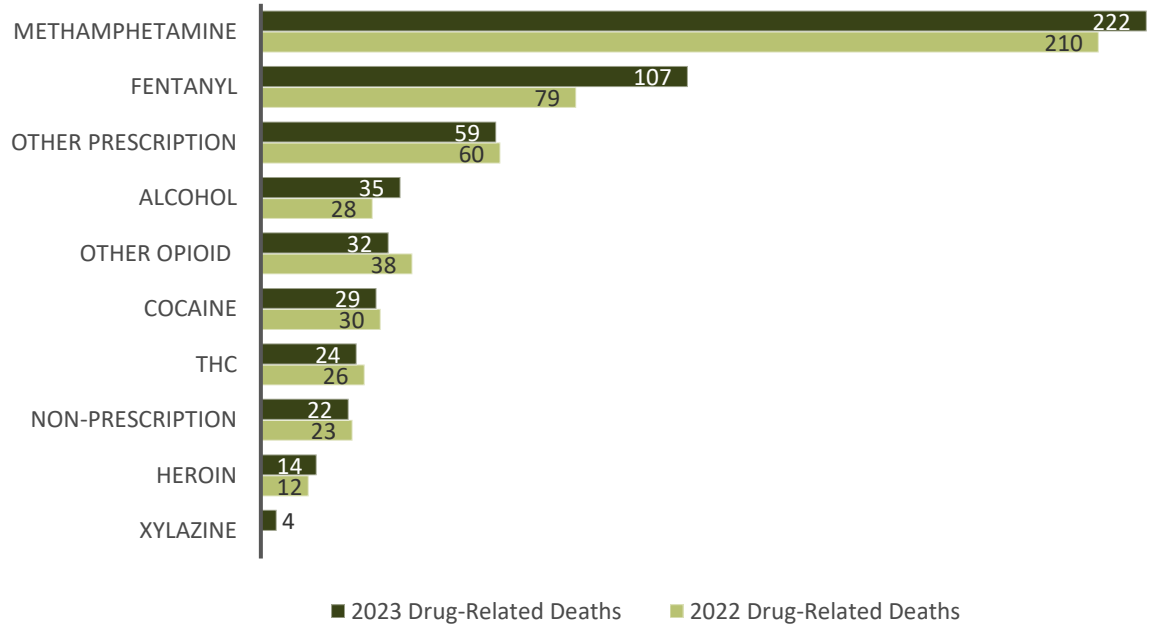
HDOH used death certificate data for the years 1999 through 2023 to identify deaths from drug poisonings (fatal overdoses).[11] **HDOH's results showed an increase in the annual number of fatal overdoses among Hawai'i residents through 2023.**[11] However, there were two different trends present: (i) Opioid-related deaths peaked in 2011, then decreased until 2019, and increased from 2020 to 2023, and (ii) methamphetamine-related deaths increased from 2012 through 2020 and have been relatively constant since then.[11] **HDOH summarizes that fatal overdose is an ongoing issue in Hawai'i, with most of the increase being due to methamphetamine-related fatal overdoses, although opioid-related fatal overdoses have also been increasing.**[11] Refer, Figure 3 (p. 7).

Figure 3. HDOH Annual No. of Fatal Overdoses among Hawai‘i Residents by Substance from 1999-2023



HI-HIDTA used regional autopsy data to identify and measure drug threats for their Annual Threat Assessment. **Using regional autopsy data to identify drug-related deaths, HI-HIDTA identified 346 drug-related deaths in 2023 compared to 320 in 2022 – an 8% increase.**[12] **Specifically, from most to least: methamphetamine-related (64%; n=222); fentanyl-related (31%; n=107); other prescription-related (17%; n=59); alcohol-related (10%; n=35); other opioid-related (9%; n=32); cocaine-related (8%; n=29); THC-related (7%; n=24); non-prescription-related (6%; n=22); heroin-related (4%; n=14); and xylazine-related (1%; n=4).**[12] Refer, Figure 4.

Figure 4. HI-HIDTA No. of Drug-Related Deaths among Hawai‘i Residents in 2023 (N=346) Compared to 2022 (N=320) by Substance



Of those 346 drug-related deaths, there was an increase in polydrug deaths, which HI-HIDTA defines as using more than one type of drug.[12] Of note, the combination of methamphetamine and fentanyl appears to be on the rise, and fatalities rose from 35 in 2022 to 44 in 2023 – a 26% increase.[12] **Although fentanyl-related deaths have been increasing since 2019 (29% of drug-related deaths in Hawai'i were fentanyl-related in 2023), methamphetamine has been the most lethal drug in Hawai'i since 2016 (56% of drug-related deaths were methamphetamine-related in 2023)**.[12]

OVERVIEW: HIV & HCV TRANSMISSION

According to the CDC publication "Infectious diseases in persons who inject drugs," **The transmission of bloodborne diseases such as HIV and hepatitis C through injection drug use is primarily caused by "using and sharing contaminated injection drug equipment" among at-risk populations."**[3]

HIV

To estimate the success of the Hawai'i Health & Harm Reduction Center (HHHRC) Syringe Exchange Program (SEP), HIV cases among injection drug users (IDU) have been compared to national surveillance data. During the first 20 years of the epidemic, only Stage 3 HIV data was available because HIV was not a reportable condition. Consequently, the comparison of historical data is limited since some cases of HIV never progress to Stage 3 HIV due to advances in pharmaceutical therapy. Therefore, examining Stage 3 HIV cases likely does not reflect current trends.

In the United States, at year-end 2022, an estimated 1.2 million people aged 13 and older were living with HIV.[13] Of those 1.2 million people, an estimated 13% (n=158,249) don't know they have HIV and need testing.[13] However, progress in HIV prevention continues with a 12% decrease in HIV infections between 2018 (n=36,200) and 2022 (n=31,800).[13]

In 2022, in terms of new HIV diagnoses, men continued to be the population most affected, accounting for 79% (n=30,041).[14] Between 2018 and 2022, HIV diagnoses in men attributed to injection drug use (IDU) increased by 7% whereas HIV diagnoses in men attributed to men who have sex with men and inject drugs (MSM/IDU) decreased by 16% along with HIV diagnoses associated with heterosexual contact, which decreased by 8%.[14] Comparatively, in terms of new HIV diagnoses, the following genders were less affected than men: Women (18%; n=7,008), transgender women/girls (2%; n=869), transgender men/boys (<1%; n=59), and additional gender identity persons (<1%; n=66).[14]

Since 2018, HIV diagnoses have increased for transwomen (+25%), transmen (+23%), and additional gender identity persons (+154%).[14]

That being said, since 2018, the numbers of HIV diagnoses among men and women have remained relatively stable whereas they have increased significantly for gender minorities: Transgender women/girls (+25%); transgender men/boys (+23%); and additional gender identity persons (+154%).[14]

In 2022, even on a national scale, Native Hawaiians and Other Pacific Islanders (NHOPI) were among three racial identities whose changes in HIV diagnosis numbers were notable. **The following groups experienced increases in their rates of HIV diagnoses between 2018 and 2022: Hispanic/Latinx (+17%); American Indian/Alaska Native (+30%); and NHOPI (+51%).**[14] Furthermore, in 2022, the highest percentages of HIV diagnoses among females aged 13 and older were Native Hawaiians and Other Pacific Islanders who are injection drug users (NHOPI/IDU) (47%).[14]

Since the beginning of the AIDS epidemic until the end of 2022, 5,040 Hawai'i residents have been diagnosed with HIV, with 71% (n=3,602) developing stage 3 HIV (AIDS).[15] **Of those 5,040 diagnosed with HIV, just under half (48%; n=2,425) have died.**[15] **In 2022 alone, there were 76 new HIV diagnoses in Hawai'i.**[15]

Local data aligns with national data in some regards. Cumulatively, men are the population most affected (90%; n=4,515), with men who have sex with men (MSM) also being highly affected (70%; n=3,534).[15] **Cumulatively, regarding injection drug use, 8% (n=384) of HIV infections are related to IDU, and 7% (n=356) are related to MSM/IDU.**[15] In 2022 alone, of the new HIV diagnoses, 86% (n=65) were men, 41% (n=31) were MSM, 12% (n=9) were IDU, and 7% (n=5) were MSM/IDU.[15] Note: Recent HIV data may be subject to change based on real-time reporting delays. Comparing national and statewide HIV data highlights the possible impacts that SEP has on lowering the rate of new HIV infections in Hawai'i as expressed by the noticeably lower rates of infection locally compared to nationwide.

HHHRC continues to do its part for Hawai'i to lower the incidence of HIV infections among PWUD through syringe exchange. Numerous studies have shown that access to syringe exchange can reduce the transmission of HIV. HHHRC SEP's continued provision of sterile syringes, safer injection equipment, safer smoking equipment, safer sex equipment, and other safety supplies serves to reduce HIV prevalence among PWUD and its subsequent transmission to sexual partners and children. Also, secondary exchange or "gatekeeping" reduces HIV transmission risks associated with sharing injection equipment by lowering the odds of syringe sharing and reuse among PWUD.

HCV

In the United States, tens of thousands of people are newly infected with viral hepatitis every year.[16] Hepatitis C is a curable liver disease caused by the hepatitis C virus (HCV) – a bloodborne virus.[16] HCV can be a short-term illness, but for more than half of persons who become infected with HCV, it becomes a long-term, chronic infection that can result in cirrhosis, liver cancer, and death.[16] **Unfortunately, despite the availability of highly effective, well-tolerated curative treatments for HCV that have been available since 2013, there were 12,717 HCV-related deaths reported in 2022.**[16]

Regarding acute HCV, in 2022, there were 4,848 new cases reported and 67,400 estimated acute HCV infections.[16] **According to the CDC's 2022 Viral Hepatitis Surveillance Report, after increases during 2015-2021, the rate of acute HCV decreased for the first time by 6.3% between 2021 and 2022.**[16] In 2022, the highest incidence of acute HCV cases was among persons aged 30-39 years old, and among cases with risk information reported, the most common was IDU.[16]

Regarding chronic HCV, in 2022, 43 states and the District of Columbia reported 93,805 cases of newly reported chronic HCV.[16] It was found that chronic HCV affects multiple generations, with infections highest among ages 25-45 and 55-70.[16] Also, 65% of chronic HCV cases occurred among men.[16] Lastly, **the age-adjusted death rate for HCV during 2022 (2.89 deaths per 100,000 population) decreased 9% from 2021 (3.18 deaths per 100,000 population) and 22% from 2018 (3.72 deaths per 100,000 population).**[16]

It is common for someone to have HCV and not know it; therefore, HCV in Hawai'i is likely underreported. From what is reported, Hawai'i has one of the highest rates of liver cancer cases and deaths, primarily due to viral hepatitis.[17] **Furthermore, in Hawai'i, most deaths associated with HCV (88%) occur before the average life expectancy for the state.**[18] Since HCV is a blood-borne pathogen spread by blood-to-blood exposure, it is especially likely to be transmitted when PWUD shares syringes.[17] However, HCV transmission can be decreased by providing PWUD with low-barrier access to syringe exchange. For more information on HCV among PWUD in Hawai'i, refer to Thaddeus Pham's "I wanna live a full life": Perceptions of Hepatitis C Treatment Access Among People Who Use Drugs in Honolulu, Hawai'i – https://health.hawaii.gov/harmreduction/files/2023/06/Report-HCV-Among-PWUD-in-HI-FINAL-6-23-2023.pdf

Efficacy of Syringe Service Programming in Reducing HIV & HCV

The lack of syringe service programs (SSPs) in other parts of the nation can be used to demonstrate the efficacy of having access to SSPs. A 2016 article entitled "HIV Transmission and Injection Drug Use: Lessons from the Indiana Outbreak" speculated on the lessons learned by the outbreak of HIV centered in the rural town of Austin in Scott County, Indiana, which was associated with widespread injection drug use.[19] To summarize, an HIV outbreak was identified in December 2014 when a physician in a town near Austin confirmed that two individuals were HIV positive within a short time. A third individual was diagnosed as HIV positive shortly after, and a specialist was able to connect the three cases with an additional eight cases by January 2015. The CDC was alerted in February 2015 and declared a public health emergency in March 2015. By March 2015, there were 55 confirmed cases and 13 preliminary cases (all subsequently confirmed) of HIV infection. By the end of June 2015, 170 individuals had been diagnosed with HIV infection; by April 2016, the number had risen to 188 cases of confirmed HIV infection. In addition, HIV-infected individuals had a 92% rate of HCV co-infection.

As of 2015, it was estimated that more than 500 syringe-sharing partners were involved in the HIV outbreak, wherein injection practices were multigenerational, and injection equipment was

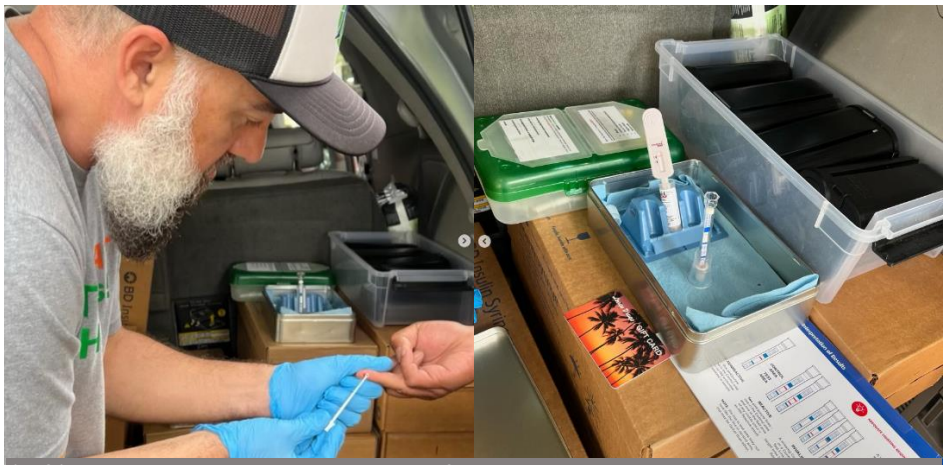
commonly shared. Furthermore, individuals diagnosed with HIV infection during the outbreak had an average of nine high-risk syringe-sharing sex or social partners who needed to be tested for HIV infection. The multi-pronged approach to containing this outbreak required state, federal, local, and academic institutions to coordinate efforts to implement and maintain on-site programs and services, including a syringe exchange program.

The construction of what became known as the "One-Stop-Shop" was a significant component of containing the outbreak. The services offered included HIV and HCV testing and a syringe exchange program. Participants in the syringe exchange program were issued unique identification cards and could complete exchanges weekly. They received sterile syringes, a wound care kit, and referrals to health services as well. The syringe exchange program also featured a mobile site to drive through neighborhoods and offer clean syringes.

In a study of the first 100 participants in the syringe exchange program, the proportion who shared syringes decreased from 34% to 5% over three months, the proportion of those who shared syringes to divide drugs decreased from 38% to 10%, and lastly, the proportion of those who shared injection equipment dropped from 44% to 11%. HHHRC's SEP model, which has been utilized for over thirty years, is akin to Indiana's "One-Stop-Shop" model, showing the model's efficacy. SSP programs have continued to make efforts to document their successes to show their public health efficacy to the leery general public and some policymakers.

A report published in 2020 titled "Needling Policy Makers and Sharpening the Debate: Do syringe exchange programs improve public health at the population level?" explored whether states with laws supporting SSPs had reductions in transmission rates of HBV and HCV compared to states without such laws.[20] They determined the legal status of SSPs in states from 1983 through 2016, estimating disease transmission rates. **It was found that HBV and HCV transmission rates per 100,000 declined in states with local ordinances/decriminalized statutes and legalized SSPs.**

HHHRC is committed to continuing its efforts to do its part to reduce the amount of harm done through injection drug use. While the battles against HIV and HCV are ongoing, SEP is a crucial weapon. Also, community and practitioner awareness of the realities of injection drug use and HIV and HCV infections is essential.



(Left) *A tester with the HHHRC provides free rapid HIV and HCV testing to a community member out of the SEP van in Chinatown;* (Right) *Waiting for results.*

2023 SYRINGE EXCHANGE PROGRAM EVALUATION

The Hawai‘i Health & Harm Reduction Center (HHHRC) Syringe Exchange Program (SEP) provides an annual evaluation report, including program activities described in part VII of Chapter 325, HRS. This section describes SEP services during 2023 to fulfill that requirement. The date range for the information presented is January 1 through December 31, 2023.

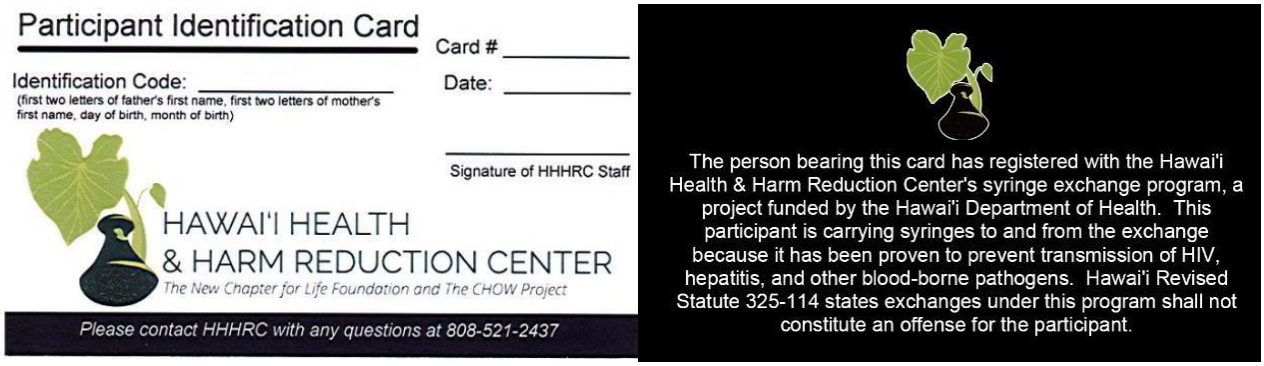
Data Sources

In 2023, SEP outreach workers collected program data. Collected data is later entered into internal databases for analysis. Those databases will be described in the sections below.

Participant Registration Database

Starting in 2012, the CHOW Project (now HHHRC) began to distribute Participant Identification Cards (Participant Cards) with a unique alphanumeric identifier (Participant ID) to protect participant identities. All participants registered in 2023 complete the **"Participant Registration Form,"** which provides a snapshot of the participant at the time of registration via self-reporting of their demographics, housing status, and substance use practices. At the time of registration, participants may choose whether to opt for a physical Participant Card. However, registering for a Participant Card is incentivized because the back of the card summarizes the Hawai‘i Revised Statute (HRS) that allows participants to carry syringes to and from SEP, providing participants with limited amnesty if stopped by the police while carrying syringes to and from the exchange site. Refer, Figure 5.

Figure 5. Front & Back of Participant Identification Card



Daily Log Database

A **"Daily Log"** is filled out by SEP outreach workers for every encounter with participants to track the usage of services during visits. The Daily Log records Participant ID, where the exchange occurred, the number of syringes exchanged, and what types of supplies were given out (i.e., safer injection supplies, safer smoking supplies, safer sex supplies, and other safety supplies), as well as if the participant is engaging in secondary exchange or “gatekeeping” (i.e., exchanging syringes for others

who are not physically present). The Hawai‘i Department of Health (HDOH) requires SEP outreach workers to record all encounters for reporting purposes, which is the function of the Daily Log.

Naloxone Training & Refill Database

In September 2016, due to Act 68, CHOW (now HHHRC) launched its Overdose Prevention Program (OPP) by providing group and individual training to PWUD on administering naloxone during SEP engagement at the vehicle(s) and on-site or during outreach. OPP eventually expanded to include training friends and family of PWUD, social service providers, law enforcement, and other interested community members on administering naloxone. When naloxone is distributed for the first time through SEP or outreach, trainees must complete selected questions from the **"Overdose Prevention Program" form**, which describes the demographics and history of overdose. Subsequently, every time a naloxone refill is dispensed, recipients fill out selected questions from the "Overdose Prevention Program," which documents the reason for the refill (e.g., due to use or loss) and information surrounding the experience of using naloxone (e.g., the result of using the naloxone). All naloxone is provided to HHHRC by HDOH, Alcohol & Drug Abuse Division (ADAD). SEP outreach workers must record all naloxone distributed for reporting purposes.

Unknown. *An HHHRC outreach worker distributing naloxone and other supplies from the SEP van to participants*

Testing Databases

HHHRC provides HIV and HCV outreach, testing, and linkage as part of its portfolio of services. These services are offered through the main office on O‘ahu, during Medical Mobile Unit (MMU) outreach, and sometimes at the downtown SEP mobile site. Participants wishing to be tested on neighboring islands are referred to HDOH testing sites and partner agencies.

Outreach, testing & linkage**.** HHHRC offers on-site HIV and HCV testing through in-house clinic services Monday through Friday from 9am to 4pm via walk-ins and scheduled appointments. HHHRC also offers testing through MMU outreach. Therefore, SEP only conducts rapid tests in the field. HHHRC's Hepatitis C Coordinator conducts all rapid testing at the downtown SEP mobile site on Thursdays and second Tuesdays on O‘ahu. SEP participant testing information is entered into the **"HIV/HCV Counseling, Testing, and Referral Log,"** which documents the type of test administered (HIV or HCV), test results (+/-), whether the participant received their test results, whether the participant was counseled and referred to other services, and some demographics of interest.

EvaluationWeb. After receiving test results, HHHRC staff enters testing data (risk factors, screening results) into HDOH's EvaluationWeb database. EvaluationWeb does not collect referral information, but a tester can still enter testing data on EvaluationWeb. The information provided in this evaluation reflects testing on O‘ahu only.

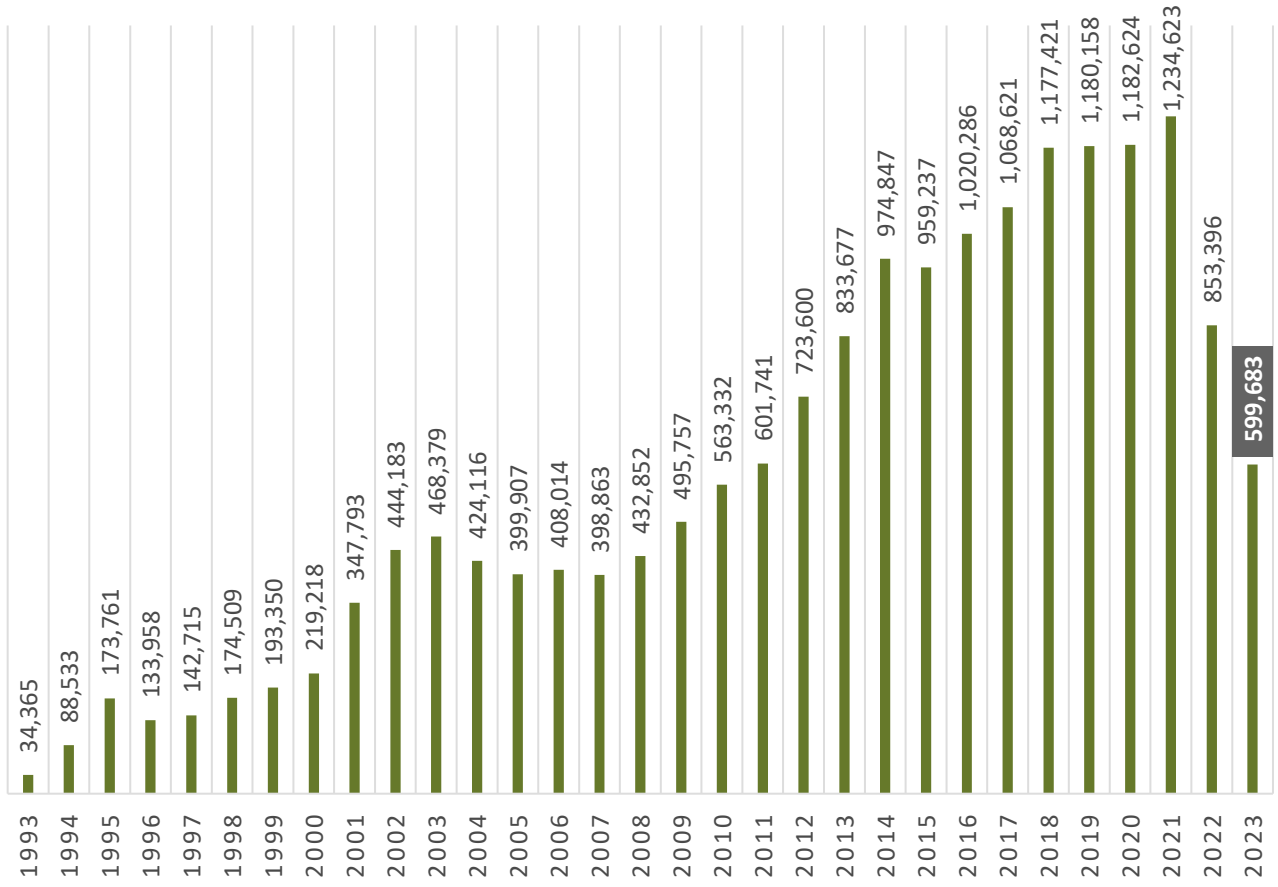
Data Analysis

After data had been entered into Microsoft Excel, raw data was coded, cleaned, and transferred to PSPP to conduct preliminary analyses. PSPP is a version of SPSS statistics developed by IBM for data management that is a statistical software suite. Preliminary analyses enable the evaluation of the relationship between SEP utilization in 2023 (i.e., the number of syringes exchanged), relevant variables (e.g., gatekeeping activity, safety supplies distributed, testing), and other covariates (e.g., exchange site, gender, racial identity, housing status, substance use history).

2023 Statewide Syringe Exchange Program Activity

Between 1993 and 2023, the Hawai'i Health & Harm Reduction Center (HHHRC) Syringe Exchange Program (SEP) exchanged nearly 18 million syringes, or approximately 17,953,519 (refer, Figure 6). **More than 30 years of research demonstrates that Syringe Services Programs (SSPs) protect the public's health: They save lives, help those experiencing substance use disorder (SUD) get the support needed, and reduce the impact of drug use on the community**.[6] According to the United States Department of Health and Human Services Centers for Disease Control and Prevention, SSPs protect the public's health by adapting to local needs to lower the likelihood of fatal overdoses and prevent the spread of blood-borne infections by providing testing, counseling, and sterile injection supplies.[6] Furthermore, SSPs may serve as a bridge to other health services, including HIV and HCV testing, treatment, and medications for opioid use disorder (MOUD).[6]

Figure 6. Statewide Annual No. of Syringes Exchanged through SEP from 1993-2023 (N=17,953,519)



Statewide Exchanges & Visits

In 2023, there was a **30%** *decrease* in exchanges.

Statewide, 599,683 syringes were exchanged in 2023 compared to 853,396 syringes in 2022 – a 30% decrease. Between 2021 (N=1,234,623) and 2022 (N=853,396), there was a notable 31% decrease, as well, which denotes the start of a downward trend in 2021. Of those 599,683 syringes exchanged, 98% (n=590,237) occurred during **"visits"** – a physical visit to any SEP site by a participant for harm reduction services – and 2% (n=9,446) occurred during **"outreach contacts"** – when SEP outreach workers venture out into the community to reach individuals who are not accessing SEP sites for harm reduction services.

In 2023, there was a **35%** *increase* in visits.

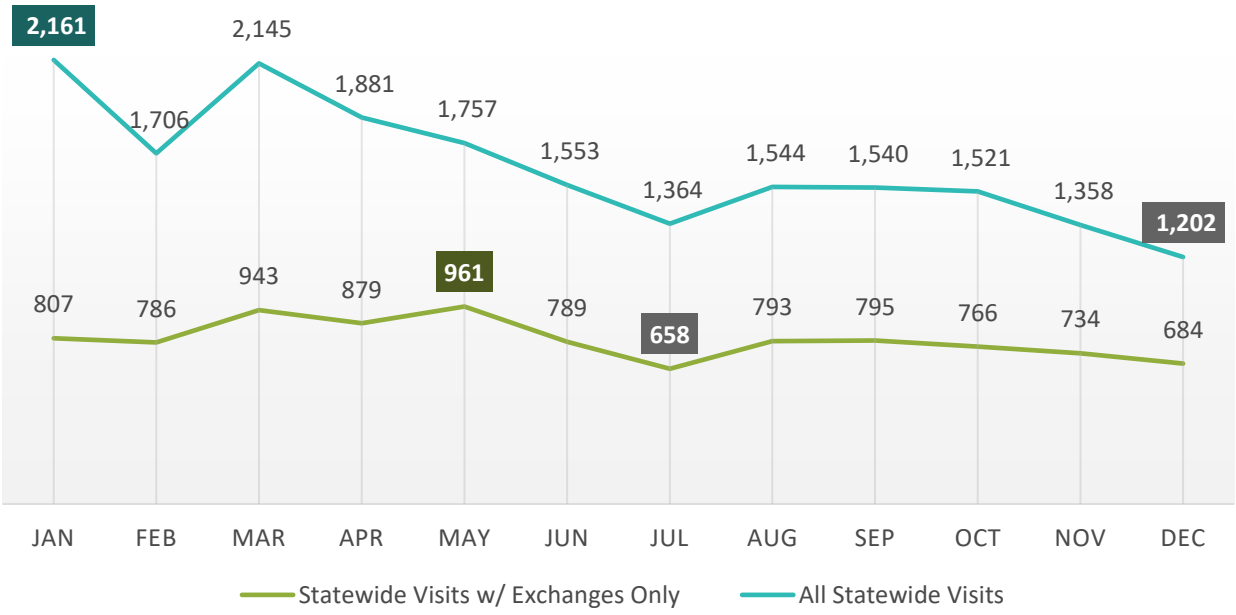
Statewide, a record 19,732 visits occurred in 2023 compared to 14,578 in 2022 – a 35% increase in visits. Of those 19,732 visits, 97% (n=19,225) were SEP visits, and 3% (n=507) were outreach contacts. Both SEP visits and outreach contacts may or may not involve exchanging syringes but always involve some sort of harm reduction service transaction. Therefore, in 2023, data collection practices were updated to allow for tracking whether syringes were exchanged during a visit. **In 2023, syringes were exchanged during 49% (n=9,595) of all visits.**

Exchanges by month. Regarding **"exchanges"** – the one-for-one trade of used for sterile syringe(s) by a participant or outreach contact, February had the heaviest volume at 66,693 syringes, while November had the lightest volume at 37,538 syringes. Refer, Figure 7.

Figure 7. No. of Statewide Exchanges (N=599,683) by Month in 2023

Visits by month. In 2023, HHHRC started notating visits where exchanges occurred and visits where they did not because it is not uncommon for a participant to visit SEP for services other than syringe exchange (e.g., safer smoking supplies, safer sex supplies, other safety supplies, and/or rapid HIV/HCV testing). Regarding all types of visits, January was the busiest month, with 2,161 visits, while December was the slowest month, with 1,202 visits. However, regarding visits specifically where exchanges occurred, May was the busiest month, having 961 visits with exchanges compared to July, which was the slowest month, with 658 visits. It is valuable to view the visit data in this way to further understand how participants utilize SEP. Refer, Figure 8.

Figure 8. No. of Statewide Visits (N=19,732) Compared to Visits with Exchanges Only (n=9,595) by Month in 2023

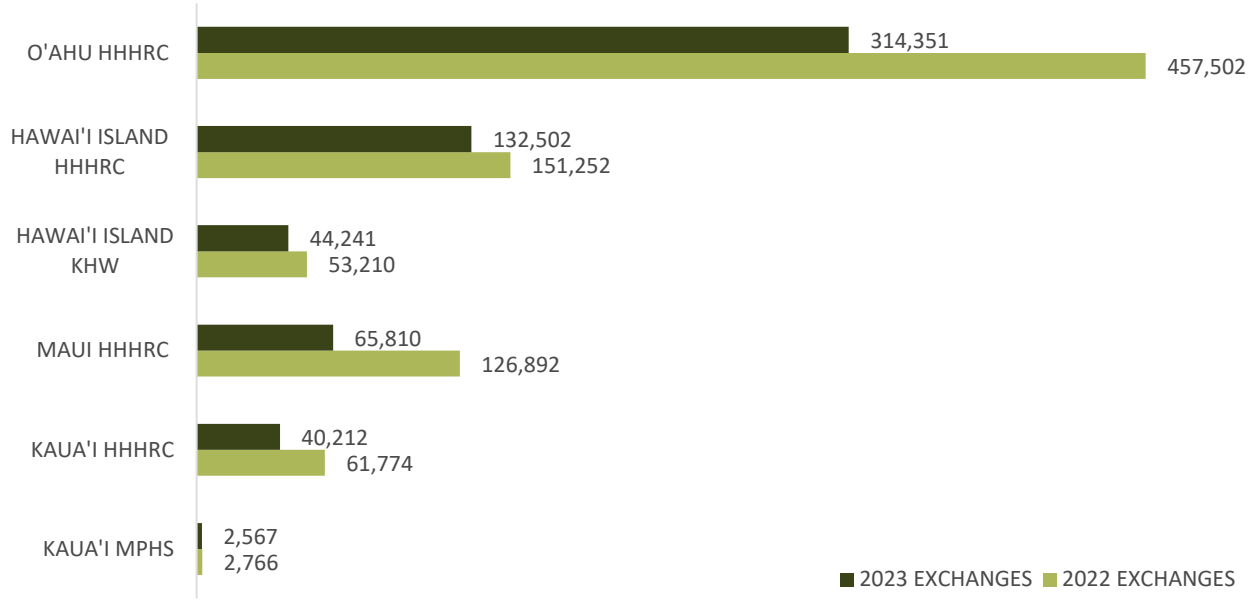


Comparison of Exchanges & Visits by Island

The number of exchanges and visits per SEP site varies widely due to a multitude of factors, such as community needs, local policies, funding, staffing, and evolving participant preferences, to name a few. For example, due to having the most participants and needs, the O‘ahu site consistently has the most exchanges and visits compared to the Kaua‘i sites combined. However, those needs can fluctuate from year to year. This section will compare the fluctuations in exchanges and visits by site between 2023 and 2022, when possible.

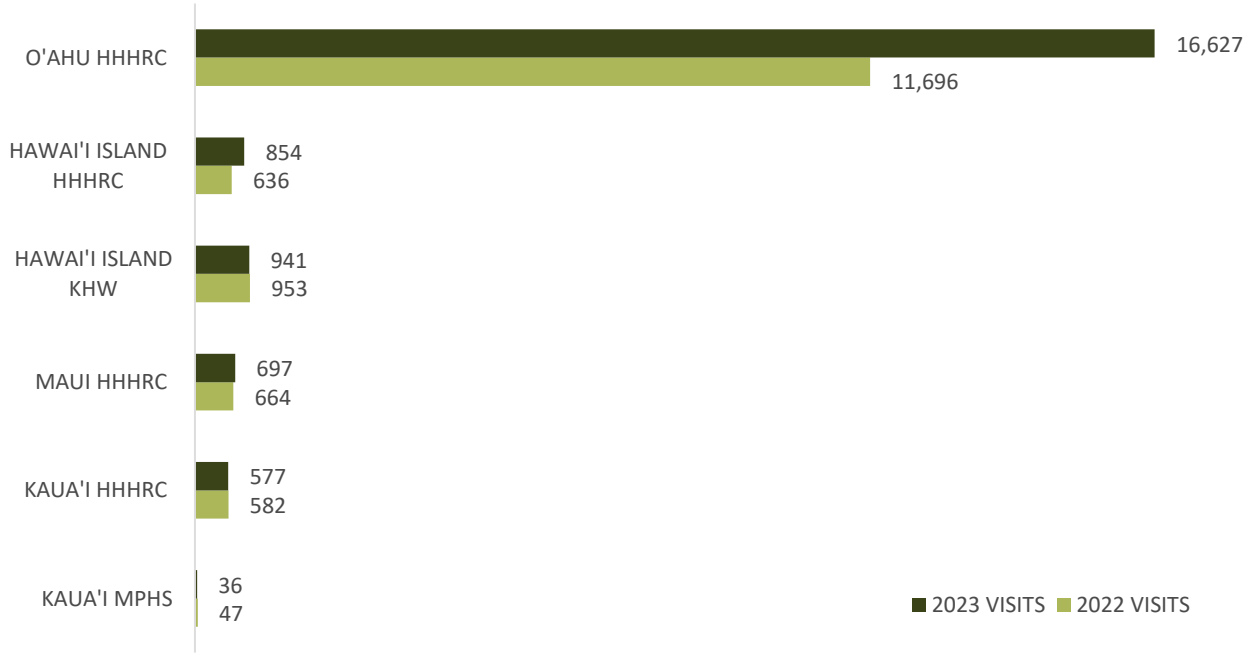
Exchanges by site. All SEP sites’ annual number of exchanges fluctuated negatively between 2023 and 2022. HHHRC Maui exchanges fluctuated the most drastically, being reduced by nearly half (-48%), along with other remarkable fluctuations experienced by Kaua‘i HHHRC (-35%) and O‘ahu HHHRC (-31%). Comparatively, lesser fluctuations were experienced by Hawai‘i Island KHW (-17%), Hawai‘i Island HHHRC (-12%), and Kaua‘i MPHS (-7%). Refer, Figure 9 (p. 17).

Figure 9. No. of Annual Exchanges in 2023 (N=599,683) Compared to 2022 (N=853,396) by Site



Visits by site. Half of the annual visits fluctuated positively between 2022 and 2023, and half fluctuated negatively. Positively, O‘ahu HHHRC visits fluctuated the most drastically (+42%) compared to Hawai‘i Island HHHRC (+34%) and HHHRC Maui (+5%). Negatively, Kaua‘i MPHS visits fluctuated most (-23%) compared to Hawai‘i Island KHW (-1%) and Kaua‘i HHHRC (-1%). Refer, Figure 10.

Figure 10. No. of Annual Visits in 2023 (N=14,578) Compared to 2022 (N=19,732) by Site



Exchanges & Visits by Men Who Have Sex with Men

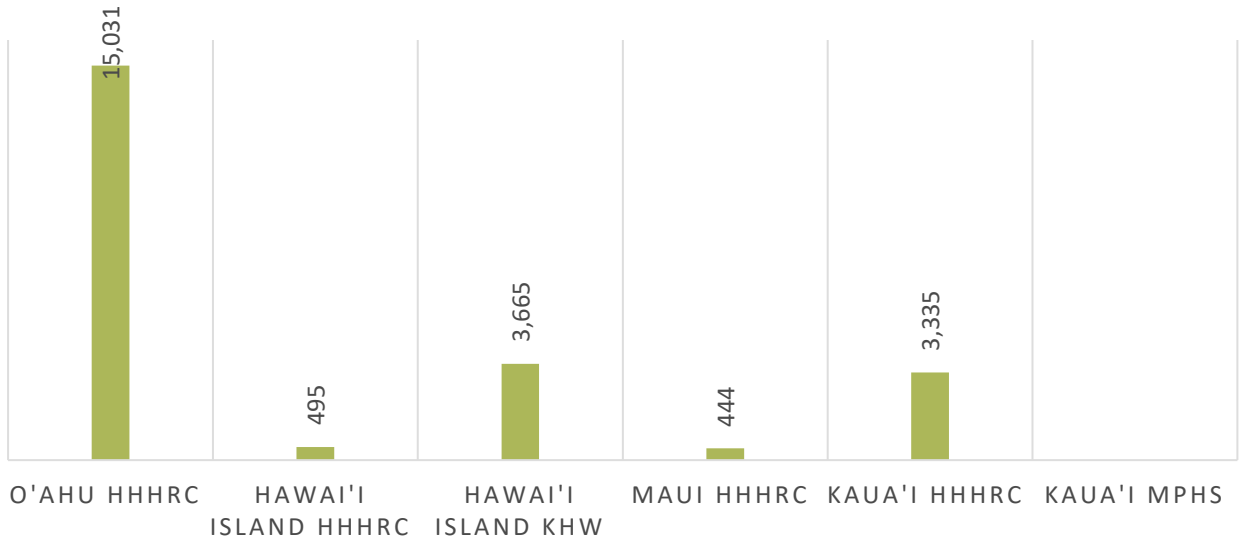
Men who have sex with men and are injection drug users (MSM/IDU) are at heightened risk for contracting HIV and HCV. However, it should be noted that MSM/IDU data is difficult to collect due to the sensitive nature of the questions asked. Sometimes, during registration, participants don't report sexual preference accurately due to discomfort. **As of year-end 2023, based solely on information gathered by SEP outreach staff during Participant Registration, there were 215 unduplicated MSM/IDUs in the Participant Registration Database.** Refer, Table 1 (right).

Table 1. No. of Registered MSM/IDU by Location in 2023 (N=215)

Location	No. of MSM/IDU
Statewide	**215**
O'ahu	158
Hawai'i Island	37
Maui	4
Kaua'i	16

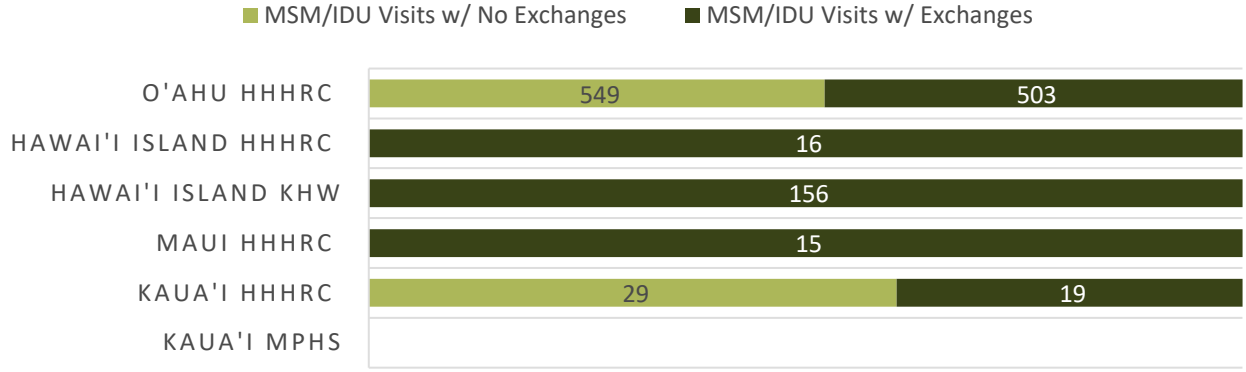
Exchanges by men who have sex with men. **In 2023, MSM/IDU exchanges accounted for 4% (n=22,970) of all exchanges (N=599,683).** The following sites exchanged with MSM/IDU from most to least: O'ahu HHHRC (65%; n=15,031); Hawai'i Island KHW (16%; n=3,665); Kaua'i HHHRC (15%; n=3,335); Hawai'i Island HHHRC (2%; n=495); Maui HHHRC (2%; n=444); and Kaua'i MPHS (no exchanges). Refer, Figure 11.

Figure 11. No. of MSM/IDU Exchanges (N=22,970) by Site in 2023



Visits by men who have sex with men. **In 2023, MSM/IDU visits (n=1,287) accounted for 9% of visits (N=14,578) and 13% of visits where exchanges occurred (n=9,595).** Referring to all types of visits, the following sites had visits with MSM/IDU from most to least: O'ahu HHHRC (82%; n=1,052); Hawai'i Island KHW (12%; n=156); Kaua'i HHHRC (4%; n=48); Hawai'i Island HHHRC (1%; n=16); Maui HHHRC (1%; n=15); and Kaua'i MPHS (no visits). Referring to only visits where exchanges took place, the following sites had visits with MSM/IDU from most to least: O'ahu HHHRC (71%; n=503); Hawai'i Island KHW (22%; n=156); Kaua'i HHHRC (3%; n=19); Hawai'i Island HHHRC (2%; n=16); Maui HHHRC (2%; n=15); and Kaua'i MPHS (no visits). Refer, Figure 12 (p. 19).

Figure 12. No. of MSM/IDU Visits (N=1,287) with No Exchanges (n=578) & with Exchanges (n=709) by Site in 2023



No. of Unduplicated Participants & Secondary Exchange Activity

Historically, tracking the number of unduplicated participants in SEP has been challenging. In 2022, numerous extant participants had not registered, and SEP outreach workers were instructed to re-register them. Data for re-registered participants was unduplicated if they had been registered before 2022.

By the end of 2023, when filtered for the year 2023 only, the Participant Registration Database was comprised of 3,493 unduplicated participant IDs. However, the Daily Logs Database was comprised of 6,374 unduplicated participant IDs, which indicates that 45% of participants engaging in services documented in the Daily Logs were unregistered. It is important to note that there is likely some margin of error related to incorrect participant IDs being entered in the Daily Logs due to participants misremembering their participant IDs, illegible handwriting, and other types of human error that may occur. Therefore, in this section, the total number of participant IDs from the Daily Logs Database (N=6,374) is utilized for maximal accuracy since the Daily Logs reflect participant engagement in services. Refer to Table 2 (below) for a comparison of Registered IDs and IDs in Daily Logs.

Table 2. No. of Registered IDs Compared to IDs in Daily Logs and Percentage of Registered IDs by Location in 2023

Location	Registered IDs	IDs in Daily Logs	% Registered IDs
Statewide	**3,493**	**6,374**	**55%**
O'ahu	2,343	5,156	45%
Hawai'i Island	517	482	100%
Maui	308	418	74%
Kaua'i	325	318	100%

Secondary exchange or "gatekeeping" is when participants exchange syringes for others who are not present. Of the 6,374 unduplicated participants recorded in the Daily Logs, 12% (N=774) reported gatekeeping for up to 2,809 persons. Based on the gatekeeping percentage that occurred by island from the most to least: Maui (89%; n=275); Hawai'i Island (34%; n=177); O'ahu (12%; n=283); and Kaua'i (12%; n=39). In 2023, if the 2,809 individuals being gatekept for were added to the total number of participants (N=3,493), the number would rise 80% to 6,302. Refer, Table 3 (p. 20).

Table 3. No. of Registered Participants, Participants Gatekeeping, Persons Being Gatekept For, Ave. No. Being Gatekept For & Percentage Gatekeeping by Location in 2023

Location	Unduplicated Participants	Participants Gatekeeping	Persons Being Gatekept For	Ave. No. Being Gatekept For	% Gatekeeping
Statewide	**3,493**	**774**	**2,809**	**4**	**22%**
O'ahu	2,343	283	1,219	4	12%
Hawai'i Island	517	177	606	3	34%
Maui	308	275	684	2	89%
Kaua'i	325	39	300	8	12%

Additional Harm Reduction Activities; More than a Syringe Exchange Program

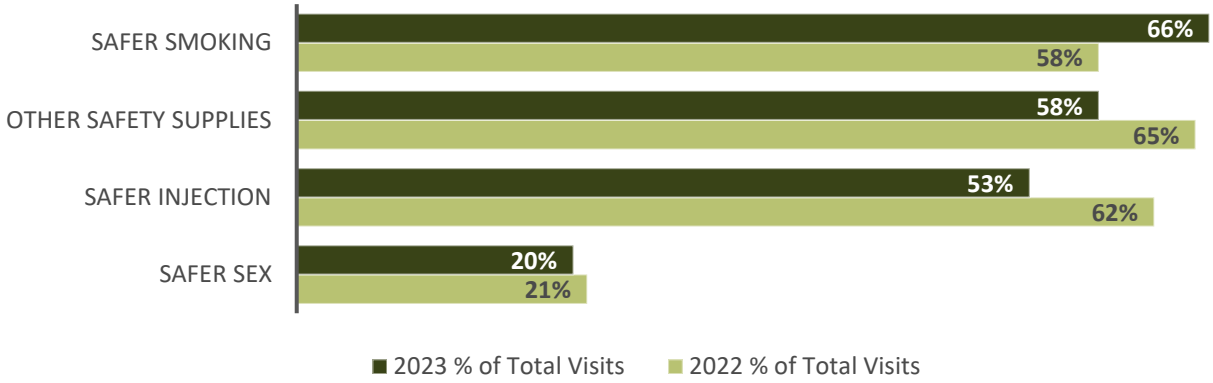
Harm reduction activities through SEP are not limited to syringe exchange. Due to structural barriers to care-seeking, many PWUDs avoid proper healthcare and resort to self-care techniques.[21] Therefore, SEP outreach workers distribute additional supplies as needed. Harm reduction supplies distributed through SEP are condensed into four main categories:

1. **Safer injection** – syringes, injection supplies, sharps containers, etc.
2. **Safer smoking** – pipe covers, etc.
3. **Safer sex** – condoms, lube, etc.
4. **Other safety supplies** – hygiene kits, first aid supplies, test strips (fentanyl and/or xylazine), food/snacks, etc.

The types of supplies given out per category are subject to change based on the availability of funding, availability of supplies, shifting community needs, and changing laws or policies surrounding certain supplies. Participants often request more than one type of supply from more than one category during a single visit and often receive more than one of the same types of supply, but the number distributed is not documented if there is more than one. Therefore, it makes the most sense to talk about the distribution of harm reduction supplies in terms of the frequency of distribution. This section will compare the fluctuations in the popularity of categories of supplies by the frequency of visits in which certain supplies were distributed between 2023 and 2022.

Visits by category. **The annual number of visits for three out of four categories of harm reduction supplies fluctuated negatively between 2023 (N=19,732) and 2022 (N=14,578) except for safer smoking.** The only category that saw a positive increase was safer smoking, whose visits increased by 8% between 2023 (n=12,962) and 2022 (n=8,424). On the other hand, the number of visits for safer injection decreased by 9% between 2023 (n=10,427) and 2022 (n=9,003); other safety supplies decreased by 7% between 2023 (n=11,540) and 2022 (n=9,491); and safer sex decreased by 1% between 2023 (n=3,950) and 2022 (n=3,122). Refer, Figure 13 (p. 21).

Figure 13. Frequency of Visits in 2023 (N=19,732) Compared to 2022 (N=14,578) by Category of Harm Reduction Supplied Distributed During Visits



Visits by type of supply distributed. The previous section described the overarching categories of harm reduction supplies distributed by SEP. This section will describe the function and frequency of some key harm reduction supplies distributed under the umbrella of those four categories. This section will also compare the fluctuations in the popularity of supplies by frequency of visits between 2023 and 2022.

Safer Injection: Injection supplies. **Injection supplies, such as cottons and cookers, were distributed during 46% (n=9,109) of visits in 2023 compared to 29% (n=4,223) in 2022 – a 17% increase.** Cookers (or spoons) are used to heat powdered drugs and mix them with water.[22] Providing cookers encourages PWUDs to use their sterile equipment to avoid the transmission of infectious diseases and bacterial infections.[22]

Other safety supplies: First aid supplies. **First aid supplies were distributed during 32% (n=6,356) of visits in 2023 compared to 46% (n=6,775) of visits in 2022 – a 14% decrease.** First aid supplies are provided to compel participants to treat wounds since PWUDs are often unwilling or unable to get treatment for wounds, such as abscesses, which can rapidly become painful and dangerous, sometimes resulting in gangrene and amputation or death.[21]

Safer smoking: Smoking supplies. **Safer smoking supplies were distributed during 28% (n=5,515) of visits in 2023 compared to 32% (n=4,599) in 2022 – a 4% decrease.** Pipe covers prevent cuts/burns caused by smoking with glass pipes, reducing the spread of blood-borne pathogens between participants sharing smoking devices.

Other safety supplies: Food/snacks. **Food/snacks were distributed during 28% (n=5,464) of visits in 2023 compared to 32% (n=4,650) in 2022 – a 4% decrease.** Food and snacks are provided because many participants are actively experiencing houselessness or mental health issues, causing them to struggle to meet their basic needs. Food and snacks are provided to HHHRC by Food Bank Hawai‘i.

Other safety supplies: Hygiene kits. **Hygiene kits were distributed during 27% (n=5,223) of visits in 2023 compared to 25% (n=3,692) in 2022 – a 2% increase.** Hygiene kits are provided to promote general hygiene, especially since skin and soft tissue infections (SSTI) are a common complication experienced by PWUDs, which can result in illness or death.[21]

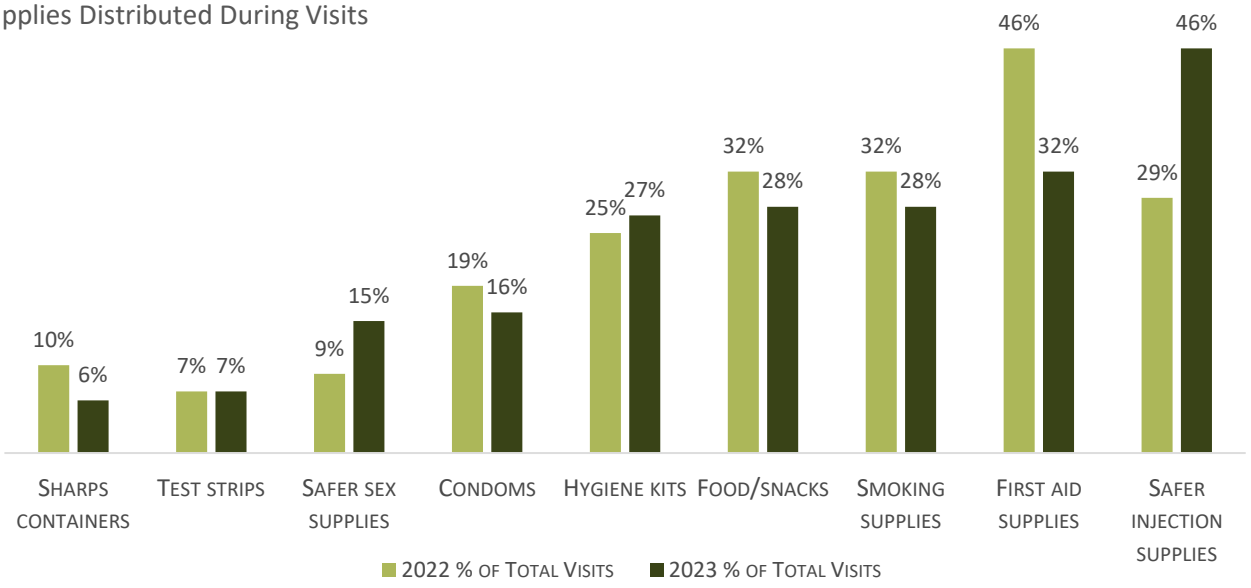
Safer sex: Condoms & safer sex supplies. **Condoms were distributed during 16% (n=3,236) and safer sex supplies during 15% (n=3,050) of visits in 2023 compared to condoms during 19% (n=2,828) and safer sex supplies during 9% (n=1,367) in 2022 – a 1% decrease for condoms and 10% increase for safer sex supplies.** Both reduce the likelihood of HIV transmission during unprotected receptive anal or vaginal intercourse that involves torn mucosal lining or the presence of genital ulcerations.[22]

Other safety supplies: Test strips. **Test strips were distributed during 7% (n=1,339) of visits in 2023 compared to 7% (n=1,027) in 2022 – no change.** Test strips are provided so that participants can test for unplanned substances in their supply, such as fentanyl and xylazine. According to a SEP outreach worker, while test strips may or may not deter drug use, "They can empower people who use drugs to make more educated decisions about their drug supply."

Safer injection – sharps containers. **Sharps containers were distributed during 6% (n=1,086) of visits in 2023 compared to 10% (n=1,451) in 2022 – a 4% decrease.** A sharps container is a hard plastic container that is used to safely dispose of syringes. Utilizing sharps containers can significantly reduce the risk of biomedical waste being discarded in public areas, which might result in accidental “needle sticks” and involuntary transmission of infectious diseases.

To summarize, in order from supplies distributed most to least often: Injection supplies (46%; n=9,109); First aid supplies (32%; n=6,356); smoking supplies (28%; n=5,515); food/snacks (28%; n=5,464); hygiene kits (27%; n=5,229); condoms (16%; n=3,236); safer sex supplies (15%; n=3,050); test strips (7%; n=1,339); and sharps containers (6%; n=1,086). Refer, Figure 14.

Figure 14. Frequency of Visits in 2023 (N=19,732) Compared to 2022 (N=14,578) by Specific Harm Reduction Supplies Distributed During Visits



Lastly, when participants do not have syringes to exchange, they often leave with only harm reduction supplies like this instance that was documented in a field note by a SEP outreach worker:

Describe	Assessment	SEP Actions/Response	Participant Actions/Response	Successes/ Challenges
Participant came to the van saying "All my stuff got stolen, I have nothing. Can I get everything?"	*He looked like he got all his stuff stolen & didn't have anything left on him.*	*Gave everything we could, except syringes, because he didn't have any to exchange.*	*He was thankful for everything but still trying get syringes asking "how to get them?"*	*Came to the van with nothing but able to help get harm reduction & safer smoking.*

2023 Individual Site Syringe Exchange Activity

Individual site data can communicate the unique needs specific to each SEP site or highlight site-specific trends. Despite the variance in the number of exchanges and visits by island, the average number of syringes exchanged per visit has declined significantly statewide over the past two years. Every island shows its average number of exchanges per visit trending downward for the past two to three years. Table 4 presents a snapshot of the annual number of exchanges, visits, and average number of exchanges per visit for all islands in the past five years along with the percent change of the average number of syringes exchanged from year to year to give perspective on the shifting needs of the communities served by SEP sites. Refer, Table 4 (p. 23-24).

Table 4. Annual No. of Exchanges, Visits, Ave. No. Exchanges per Visit & % Change from Past Year Ave. Exchanges per Visit between 2019 & 2023

Location	Year	Exchanges	Total Visits	Ave. Exchanges per Visit	% Change from Past Year Ave. Exchanges per Visit
Statewide	**2023**	**599,683**	**19,732**	**30**	**↓49%**
	2022	853,396	14,578	59	↓59%
	2021	1,234,623	8,542	145	↑12%
	2020	1,182,624	9,138	129	↑34%
	2019	1,180,158	12,337	96	↑9%
Oʻahu	**2023**	**314,351**	**16,627**	**19**	**↓51%**
	2022	457,502	11,696	39	↓61%
	2021	587,905	5,796	101	↑26%
	2020	523,875	6,523	80	↑40%
	2019	532,760	9,283	57	↑14%
Hawaiʻi Island	**2023**	**176,743**	**1,795**	**98**	**↓24%**
	2022	204,462	1,589	129	↓42%
	2021	362,652	1,630	222	↓9%
	2020	348,522	1,423	245	↑27%
	2019	343,365	1,777	193	↓12%

Location	Year	Exchanges	Total Visits	Ave. Exchanges per Visit	% Change from Past Year Ave. Exchanges per Visit
Maui	**2023**	**65,810**	**697**	**94**	**↓51%**
	2022	126,892	664	191	↓50%
	2021	208,831	546	382	↑17%
	2020	207,772	638	326	↑15%
	2019	201,762	710	284	↑23%
Kaua'i	**2023**	**42,779**	**613**	**70**	**↓32%**
	2022	64,540	629	103	↓22%
	2021	75,235	570	132	↓29%
	2020	102,455	554	185	↑3%
	2019	102,271	567	180	↓10%

The remainder of this section will describe SEP activities in each county served by HHHRC. In counties where there is more than one SEP site, the sites will be described separately.

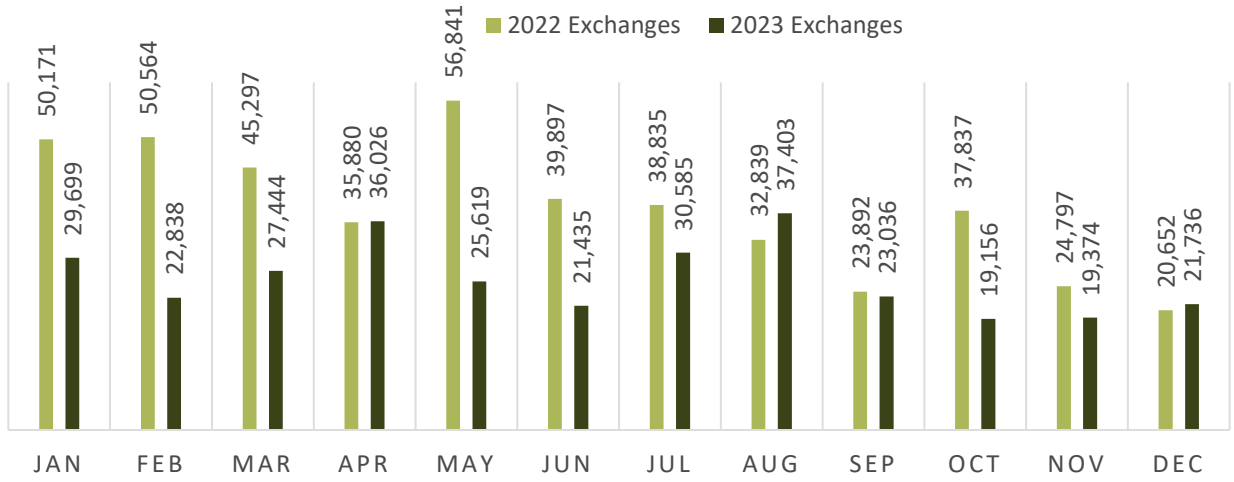
Honolulu County – O'ahu HHHRC

Local context. Honolulu County (O'ahu), also known as "The Gathering Place," is the third-largest Hawaiian island. According to the 2023 Census, O'ahu covers 601 square miles of land area, containing 989,408 people and 333,700 households, with a population density of 1,646 people per square mile.[23] There were 373,875 housing units, with an average median gross monthly rent of $1,870 and an average of three (3) persons per household.[23] The per capita income was $40,339, and the median annual household income was $92,600.[23] However, only 31% out of 995,638 people were employed – a 14% decrease from 2020-2021.[23] Also, 10% of the population lived in poverty, 4% of persons under 65 were without health insurance, and 6% of persons under 65 lived with a disability.[23]

In 2023, O'ahu HHHRC registered 786 new participants. Annually, O'ahu HHHRC served 5,156 unique participants who exchanged 314,351 syringes during 41% (n=6,872) out of 16,627 visits, averaging 46 syringes exchanged per visit if you were to only count visits where exchanges occurred. Of those 314,351 exchanges, 3% (n=8,626) were exchanged during outreach contacts (n=505).

Exchanges. **O'ahu HHHRC exchanges between 2022 (N=457,502) and 2023 (N=314,351) decreased by 31%.** In order from most to least, the following months experienced the steepest declines in exchanges between 2022 and 2023: February (-55%); May (-55%); October (-49%); June (-46%); January (-41%); March (-39%); November (-22%); July (-21%); and September (-4%). The only months that experienced minor increases between 2022 and 2023, from most to least: August (+14%), December (+5), and April (+0.4%). During 2022, May (n=56,841) had the most exchanges, and December (n=20,652) had the least, versus 2023, when August (n=37,403) had the most exchanges compared to October (n=19,156). Refer, Figure 15 (p. 25).

Figure 15. No. of O'ahu HHHRC Exchanges in 2022 (N=457,502) Compared to 2023 (N=314,351) by Month

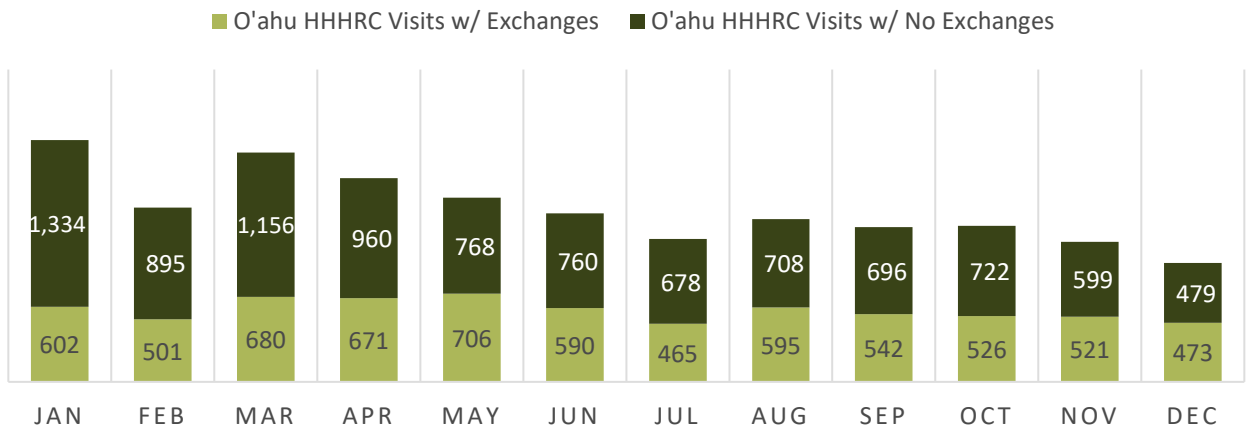


Visits. **O'ahu HHHRC visits between 2022 (N=11,696) and 2023 (N=16,627) increased by 42%.** In order from most to least, the following months experienced the biggest increases: January (+289%); March (+269%); April (+219%); February (+169%); May (+135%); June (+59%); and July (+14%). Months that experienced decreases were: December (-25%); October (-24%); November (-21%); September (-20%); and August (-2%). During 2022, October (n=1,642) had the most visits and March (n=497) had the least versus 2023 when January (n=1,936) had the most compared to December (n=952). Refer, Figure 16.

Figure 16. No. of O'ahu HHHRC Visits in 2022 (N=11,696) Compared to 2023 (N=16,627) by Month

Visits where exchanges occurred. **O'ahu HHHRC exchanged syringes during 41% (n=6,872) of 16,627 visits.** Regarding visits where exchanges occurred, participants visited from most to least often: May (n=706); March (n=680); April (n=671); January (n=602); August (n=595); June (n=590); September (n=542); October (n=526); November (n=521); February (n=501); December (n=473); and July (n=465). Refer, Figure 17 (p. 26).

Figure 17. No. of O‘ahu HHHRC Visits (N=16,627) with Exchanges (n=6,872) & with No Exchanges (n=9,755) by Month in 2023



Visits by zone. In 2023, HHHRC updated data collection practices to allow for more accurate tracking of zones where exchanges and other services occurred, giving an impression of where participant needs are concentrated on O‘ahu, which is why there is no 2022 comparison data available. **The vast majority of visits occurred downtown (94%; n=15,542) while the remaining 6% are dispersed in small increments throughout the island.** Refer, Table 5.

Table 5. No. & Frequency of O‘ahu HHHRC Visits (N=16,627) by Zone in 2023

O'ahu HHHRC Zones	No. of Visits	% of Total Visits
Downtown Honolulu	15,542	94%
Makiki-Hawai‘i Kai	256	2%
‘Ewa Beach-Waianae	251	2%
Waipahu-Wahiawā	242	2%
Waikīkī-Diamond Head	100	1%
Pālama-Kă-li'hi	85	1%
Lā‘ie-Waimānalo	93	1%
Moanalua-Pearl City	36	0.2%
Mokulē‘ia-Kahuku	22	0.1%

Visits by venue. O‘ahu HHHRC had several avenues through which exchanges could occur other than the River Street mobile exchange site located in Downtown Honolulu. However, O‘ahu HHHRC also offered mobile exchange Punawai Rest Stop once a week, allowed in-office exchange on a case-by-case basis to participants, and provided exchanges through some other agency outreach programs, such as the State Homeless Outreach Program (SHOP) and the Youth Homelessness Demonstration Program (YHDP), and scheduled Syringe Exchange Appointments (SEA), which is when outreach staff make an appointment with participants to meet them somewhere other than the downtown mobile sites during regular hours. **The vast majority of visits occurred through the downtown River Street mobile exchange (92%; n=15,332) with the second-most occuring through SEA mobile exchange (6%; n=976), and the third-most occuring through the Punawai Rest Stop mobile exchange (n=264). The remaining exchanges accounted for less than 1%.** Refer, Table 6 (p. 27).

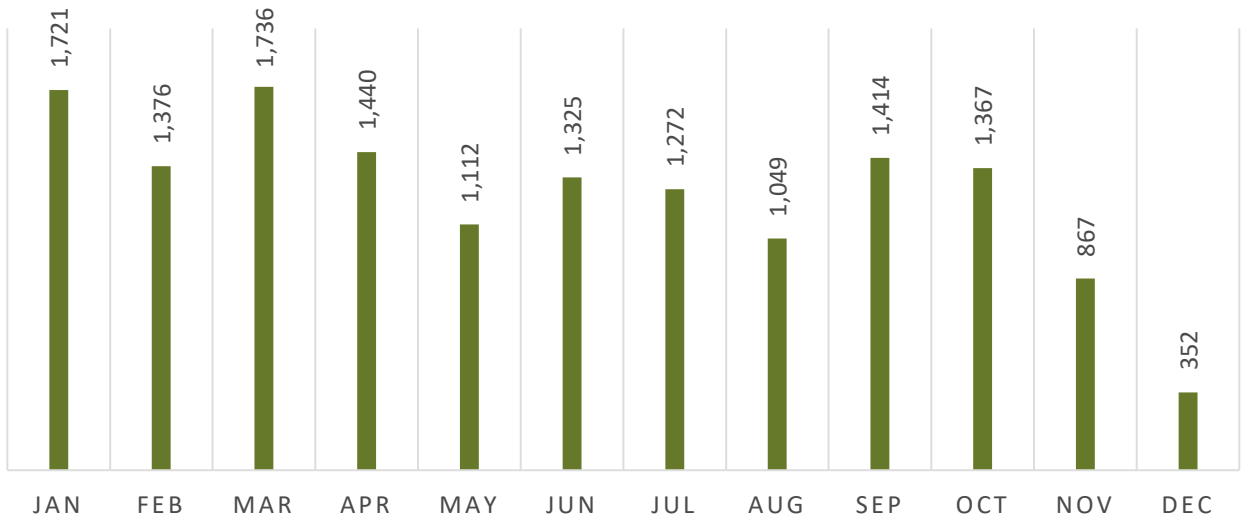
Table 6. No. & Frequency of O'ahu HHHRC Visits (N=16,627) by Venue in 2023

O'ahu HHHRC Exchange Venues	No. of Visits	% of Total Visits
River Street	15,332	92%
Syringe Exchange Appointments	976	6%
Punawai Rest Stop	264	2%
In-office	31	0.2%
SHOP - Housing Program	20	0.1%
YHDP - Youth Outreach Program	4	0.02%

Men who have sex with men. **O'ahu HHHRC registered 158 MSM/IDU into SEP who visited 1,052 times and exchanged 15,031 syringes.** Note: Due to data collection improvements, there is no 2022 comparison data for MSM/IDU for the "2023 Individual Site Syringe Exchange Activity" section.

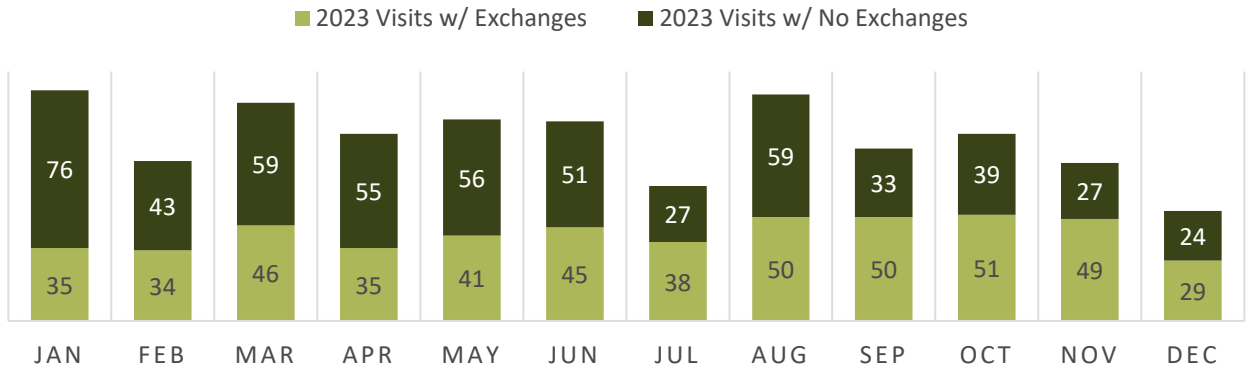
Exchanges by men who have sex with men. **Exchanges by MSM/IDU accounted for 5% (n=15,031) of all exchanges (N=314,351).** Overall, MSM/IDU exchanged from most to least often: March (n=1,736); January (n=1,721); April (1,440); September (n=1,414); February (n=1,376); October (n=1,367); June (n=1,325); July (n=1,272); May (n=1,112); August (n=1,049); November (n=867); and December (n=352). Refer, Figure 18.

Figure 18. No. of O'ahu HHHRC MSM/IDU Exchanges (N=15,031) by Month in 2023



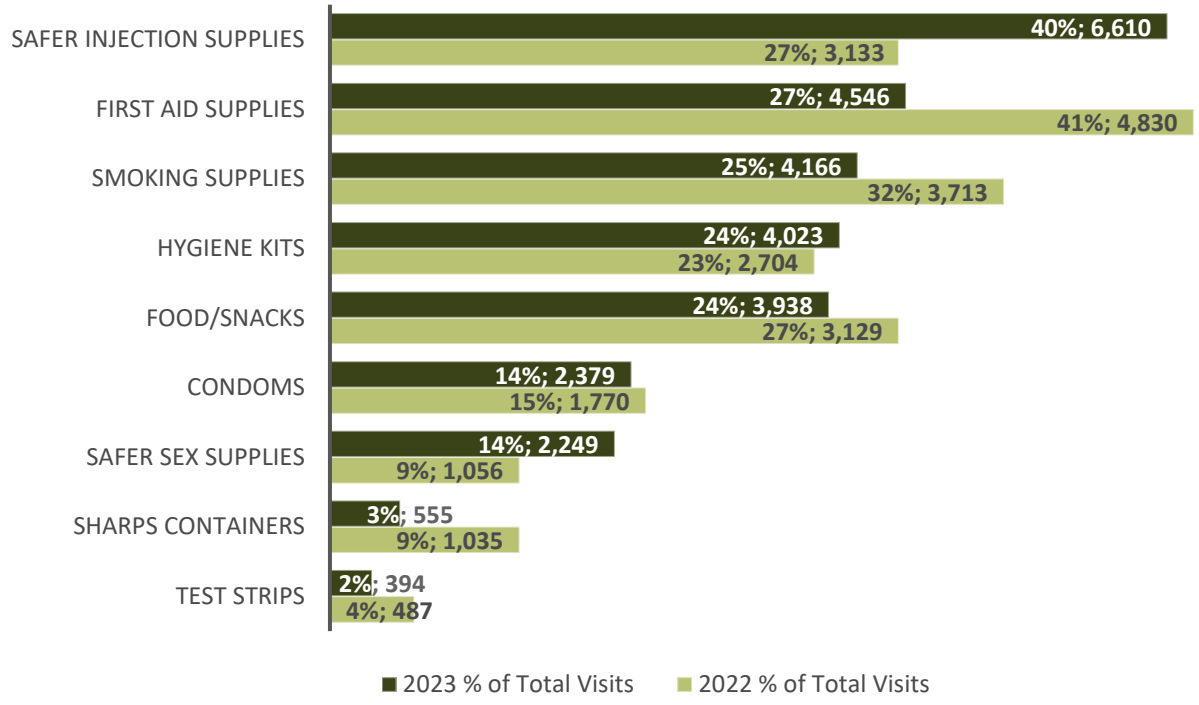
Visits by men who have sex with men. **O'ahu HHHRC MSM/IDU accounted for 6% (n=1,052) of all visits (N=16,627). However, just under half (48%; n=503) of visits were for exchanges and the remaining visits were for harm reduction supplies.** Overall, MSM/IDU visited from most to least often: January (n=111); August (n=109); March (n=105); May (n=97); June (n=96); April (n=90); October (n=90); September (n=83); February (n=77); November (n=76); July (n=65); and December (n=53). In terms of visits where exchanges occurred, the most visits occurred in October (n=51) and the least in December (n=29) compared to visits where no exchanges occurred when the most occurred in January (n=76) and the least in December (n=24). Refer, Figure 19 (p. 28).

Figure 19. No. of O'ahu HHHRC MSM/IDU Visits (N=1,052) with Exchanges (n=503) & with No Exchanges (n=549) by Month in 2023



Harm reduction supplies. **O'ahu HHHRC distributed the following supplies across 16,627 visits from most to least often: Safer injection supplies (40%; n=6,610); first aid supplies (27%; n=4,546); smoking supplies (25%; n=4,166); hygiene kits (24%; n=4,023); food/snacks (24%; n=3,938); condoms (14%; n=2,379); safer sex supplies (14%; n=2,249); sharps containers (3%; n=555); and test strips (2%; n=394).** However, community desire and program access to supplies can fluctuate yearly. Here is the percentage change of the frequency of distribution of supplies between 2022 and 2023 from most to least: First aid supplies (-14%); safer injection supplies (+13%); smoking supplies (-7%); sharps containers (-6%); safer sex supplies (+5%); food/snacks (-3%); test strips (-2%); hygiene kits (+1%); and condoms (-1%). Refer, Figure 20.

Figure 20. Frequency of O'ahu HHHRC Visits in 2023 (N=16,627) Compared to 2022 (N=11,696) by Specific Harm Reduction Supplies Distributed During Visits



Gatekeeping. **Of the 5,156 unduplicated participants recorded in the Daily Logs, 5% (n=283) reported gatekeeping for at least 1,219 individuals.** Per gatekeeper, the number of individuals being gatekept for ranged from as few as one (1) to as many as 75. If those 1,219 individuals being gatekept for were added to the unduplicated participants recorded in the Daily Logs (N=5,156), the total number of unique Oʻahu HHHRC participants served in 2023 would rise 24% to 6,375.

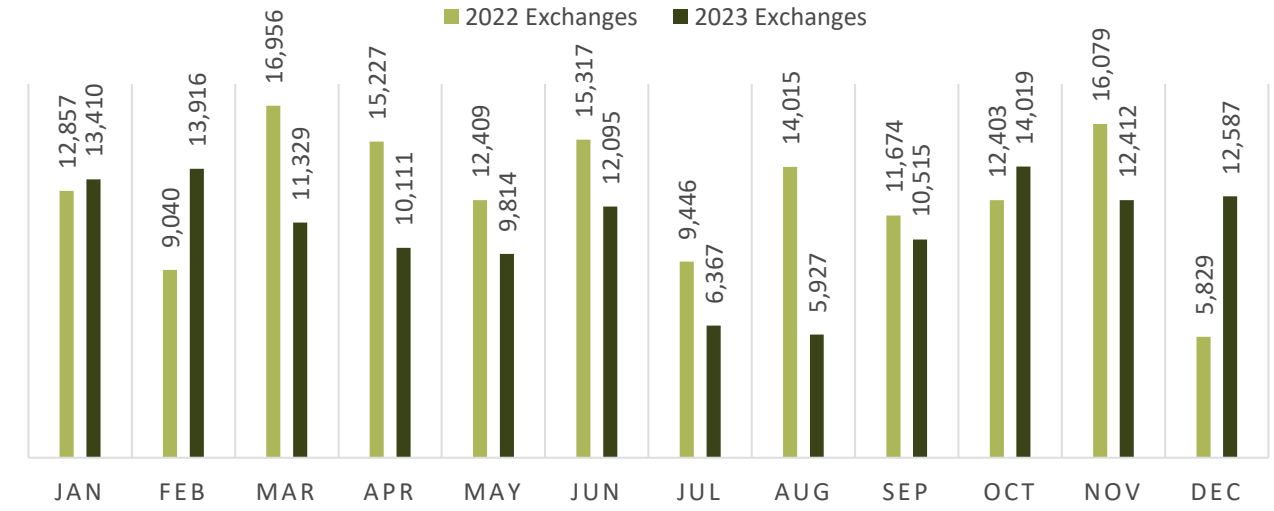
Hawaiʻi County – Hawaiʻi Island HHHRC & KHW

Local context. Hawaiʻi County (Hawaiʻi Island), also known as "The Big Island," is the largest Hawaiian island. According to the 2022 Census, Hawaiʻi Island covers 4,028 square miles of land area, containing 206,315 people and 71,402 households, with a population density of 50 people per square mile.[24] There were 90,672 housing units, with an average median gross monthly rent of $1,250 and an average of three (3) persons per household.[24] The per capita income was $33,913, and the median annual household income was $68,399.[24] However, only 59% out of 206,315 in the civilian labor force over the age of 16 were employed.[24] Also, 15% of the population lived in poverty, 5% of persons under 65 were without health insurance, and 9% of persons under 65 lived with a disability.[24] Hawaiʻi Island HHHRC and KHW will be described distinctly.

Hawaiʻi Island HHHRC. **During 2023, Hawaiʻi Island HHHRC registered 42 new participants. Annually, Hawaiʻi Island HHHRC served 482 unique participants who exchanged 132,502 syringes during 97% (n=830) out of 854 visits, averaging 160 syringes exchanged per visit if you were to only count visits where exchanges occurred. Hawaiʻi Island HHHRC did not make any outreach contacts.**

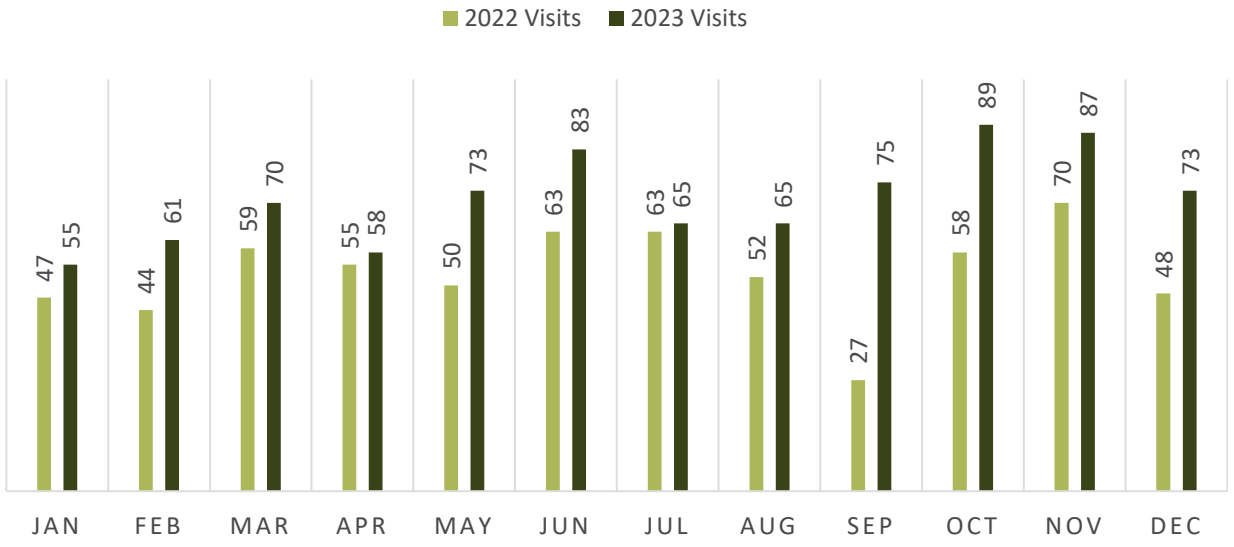
Exchanges. **Hawaiʻi Island HHHRC exchanges between 2022 (N=151,252) and 2023 (N=132,502) decreased by 12%.** The following months experienced the steepest declines from most to least: August (-58%); April (-34%); March (-33%); July (-33%); November (-23%); May (-21%); June (-21%); and September (-10%). Increases from most to least were: December (+116%); February (+54%); October (+13%); and January (+4%). During 2022, March (n=16,956) had the most exchanges, and December (n=5,829) had the least, versus 2023, when October (n=14,019) had the most compared to August (n=5,927). Refer, Figure 21.

Figure 21. No. of Hawaiʻi Island HHHRC Exchanges in 2022 (N=457,502) Compared to 2023 (N=314,351) by Month



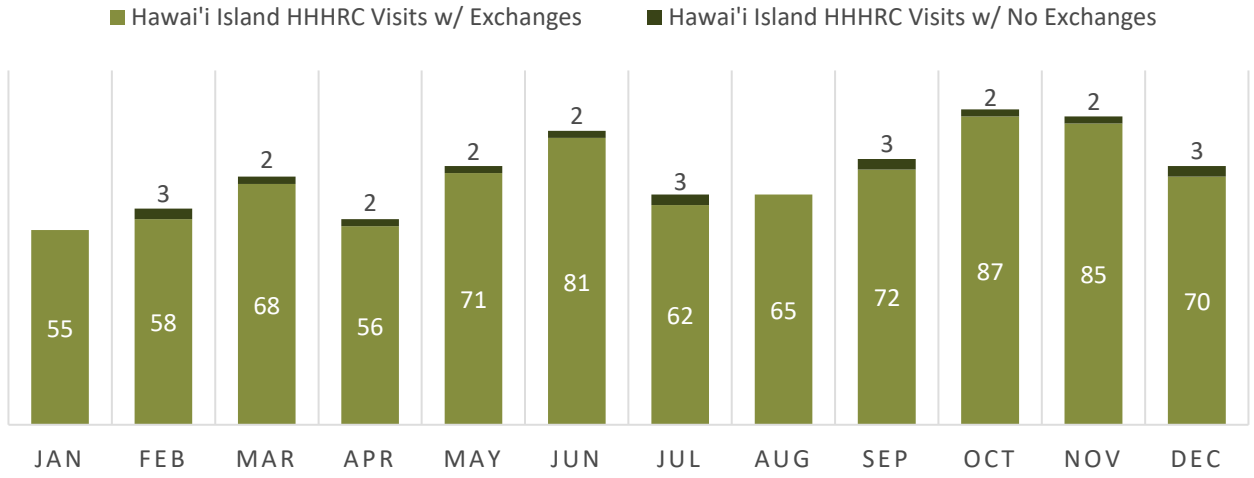
Visits. **Hawai'i Island HHHRC visits between 2022 (N=636) and 2023 (N=854) increased by 34%.** In order from most to least, the following months experienced the biggest increases in visits: September (+178%); October (+53%); December (+52%); May (+46%); February (+39%); June (+32%); August (+25%); November (+24%); March (+19%); January (+17%); April (+5%); and July (+3%). During 2022, November (n=70) had the most visits, and September (n=27) had the least, versus 2023, when October (n=89) had the most compared to January (n=55). Refer, Figure 22.

Figure 22. No. of Hawai'i Island HHHRC Visits in 2022 (N=636) Compared to 2023 (N=854) by Month



Visits where exchanges occurred. **Hawai'i Island HHHRC exchanged syringes during 97% (n=830) of 854 visits.** In terms of visits where exchanges occurred, participants visited from most to least: October (n=87); November (n=85); June (n=81); September (n=72); May (n=71); December (n=70); March (n=68); August (n=65); July (n=62); February (n=58); April (n=56); and January (n=55). Refer, Figure 23.

Figure 23. No. of Hawai'i Island HHHRC Visits (N=854) with Exchanges (n=830) & with No Exchanges (n=24) by Month in 2023



Visits by zone. In 2023, HHHRC updated data collection practices to allow for more accurate tracking of zones where exchanges and other services occurred, giving an impression of where participant needs are concentrated on Hawai'i Island, which is why there is no 2022 comparison data available. **The majority of Hawai'i Island HHHRC visits occurred in the Greater Hilo area (79%; n=675).** The remaining 21% are dispersed in smaller increments throughout the island. Refer, Table 7.

Table 7. No. & Frequency of Hawai'i Island HHHRC Visits (N=854) by Zone in 2023

Hawai'i Island HHHRC Zones	No. of Visits	% of Total Visits
Greater Hilo	675	79%
Hawaiian Ocean View Estates	77	9%
Kea'au	61	7%
Pāhoa District	36	4%
Glenwood/Fernwood/Hawaiian Acres/Volcano	5	1%

Men who have sex with men – exchanges and visits. **Hawai'i Island registered 37 unduplicated MSM/IDU into SEP who visited Hawai'i Island HHHRC 16 times and exchanged 495 syringes.**

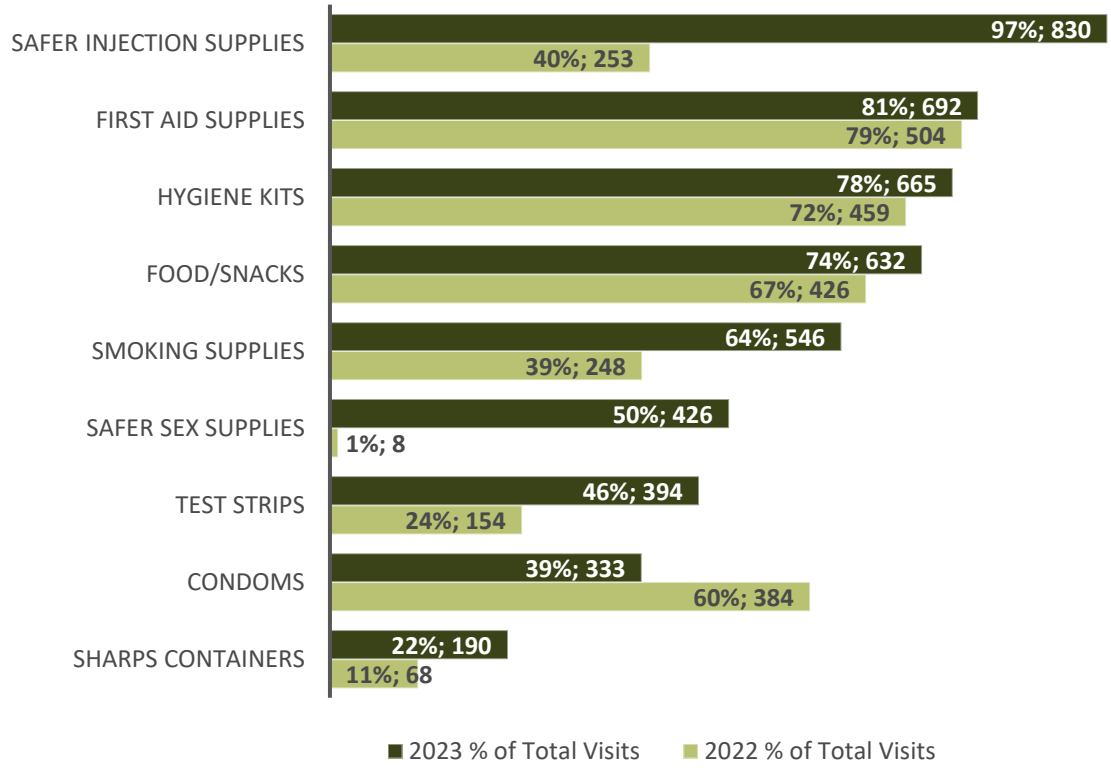
Exchanges by MSM/IDU accounted for less than .004% (n=495) of all exchanges (N=132,502). MSM/IDU exchanged from most to least often: October (n=158); March (n=108); June (n=104); December (n=77); November (n=21); February (n=14); April (n=13); and remaining had no exchanges. Refer, Figure 24.

Visits by MSM/IDU accounted for 2% (n=16) of all visits (N=854). MSM/IDU visited the following months from most to least often: December (n=4); October (n=3); November (n=3); March (n=2); June (n=2); February (n=1); April (n=1); and all remaining months had no visits. Refer, Figure 24.

Figure 24. No. of Hawai'i Island HHHRC MSM/IDU Visits (N=16) with Exchanges (N=495) by Month in 2023

Harm reduction supplies. **Hawai'i Island HHHRC distributed the following supplies across 854 visits from most to least often: Safer injection supplies (97%; n=830); first aid supplies (81%; n=692); hygiene kits (78%; n=665); food/snacks (74%; n=632); smoking supplies (64%; n=546); safer sex supplies (50%; n=426); test strips (46%; n=394); condoms (39%; n=333); and sharps containers (22%; n=190).** Notably, the distribution of all supplies increased except for condoms (-21%). Here is the percentage increase of frequency of distribution of supplies distributed between 2022 and 2023 from most to least: Safer injection supplies (+57%); safer sex supplies (+49%); smoking supplies (+25%); test strips (+22%); sharps containers (+11%); food/snacks (+7%); hygiene kits (+6%); and first aid supplies (+2%). Refer, Figure 25.

Figure 25. Frequency of Hawai'i Island HHHRC Visits in 2023 (N=854) Compared to 2022 (N=636) by Specific Harm Reduction Supplies Distributed During Visits

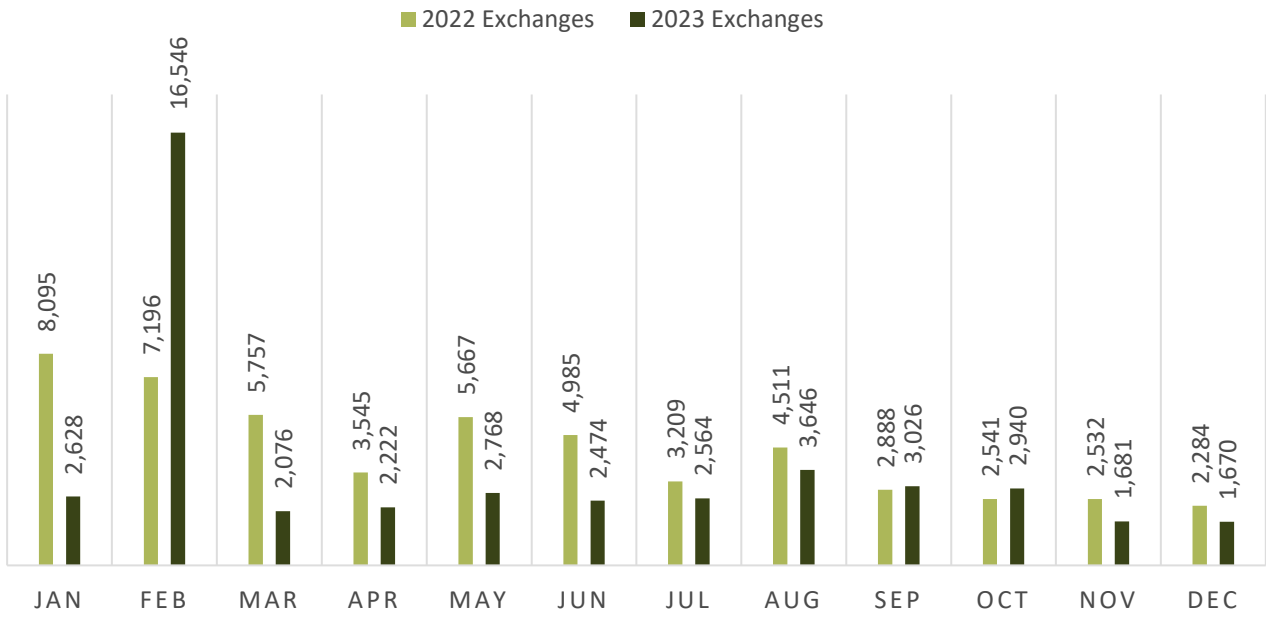


Gatekeeping. **Of the 482 unduplicated participants recorded in the Daily Logs, 37% (n=177) reported gatekeeping for at least 418 individuals.** Per gatekeeper, the number of individuals being gatekept for ranged from as few as one (1) to as many as 20. If those 418 individuals being gatekept for were added to the unduplicated participants recorded in the Daily Logs (N=482), the total number of unique Hawai'i Island HHHRC participants served in 2023 would rise 87% to 900.

Hawai‘i Island KHW. **During 2023, HHHRC subcontractor Hawai‘i Island KHW registered 30 new participants. Annually, Hawai‘i Island KHW served 309 unique participants who exchanged 44,241 syringes during 98% (n=925) out of 941 visits, averaging 48 syringes exchanged per visit if you were to only count visits where exchanges occurred. Of those 44,241 exchanges, 2% (n=820) were exchanged during outreach contacts (n=2).**

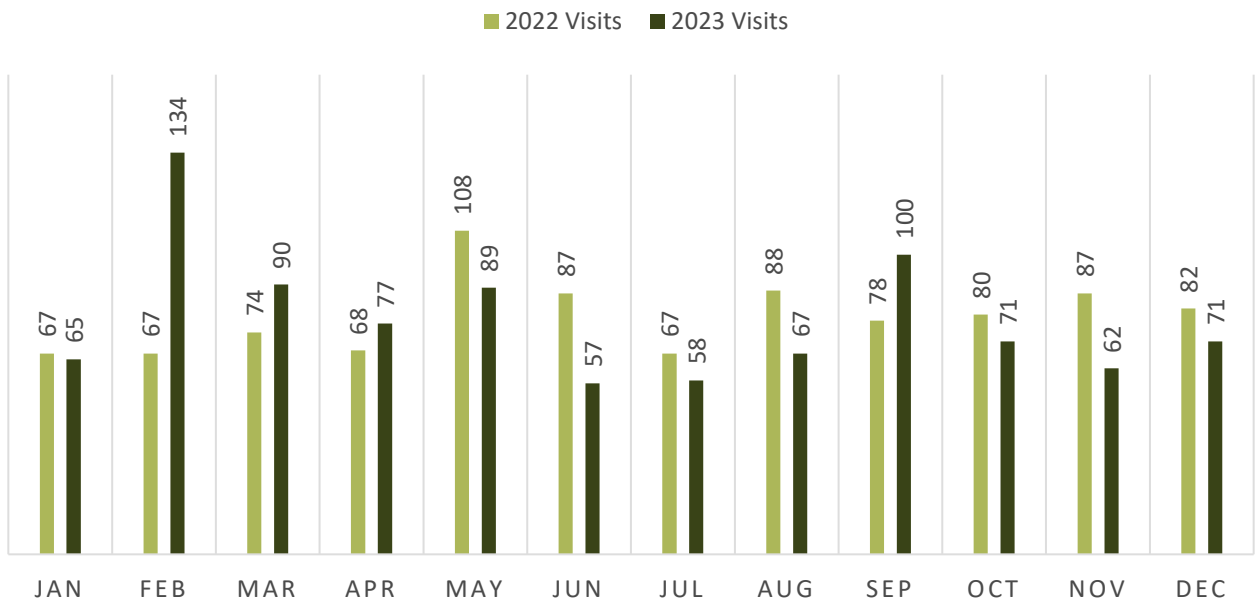
Exchanges. **Hawai‘i Island KHW exchanges between 2022 (N=53,210) and 2023 (N=44,241) decreased by 17%, with the number of monthly exchanges declining most months.** In order from most to least, the following months experienced the steepest declines in exchanges between 2022 and 2023: January (-68%); March (-64%); May (-51%); June (-50%); April (-37%); November (-34%); December (-27%), July (-20%); and August (-19%). The only months that experienced increases between 2022 and 2023 from most to least were: February (+130%); October (+16%); and September (+5%). During 2022, January (n=8,095) had the most exchanges, and December (n=2,284) had the least, versus 2023, when February (n=16,546) had the most compared to December (n=1,670). Refer, Figure 26.

Figure 26. No. of Hawai‘i Island KHW Exchanges in 2022 (N=53,210) Compared to 2023 (N=44,241) by Month



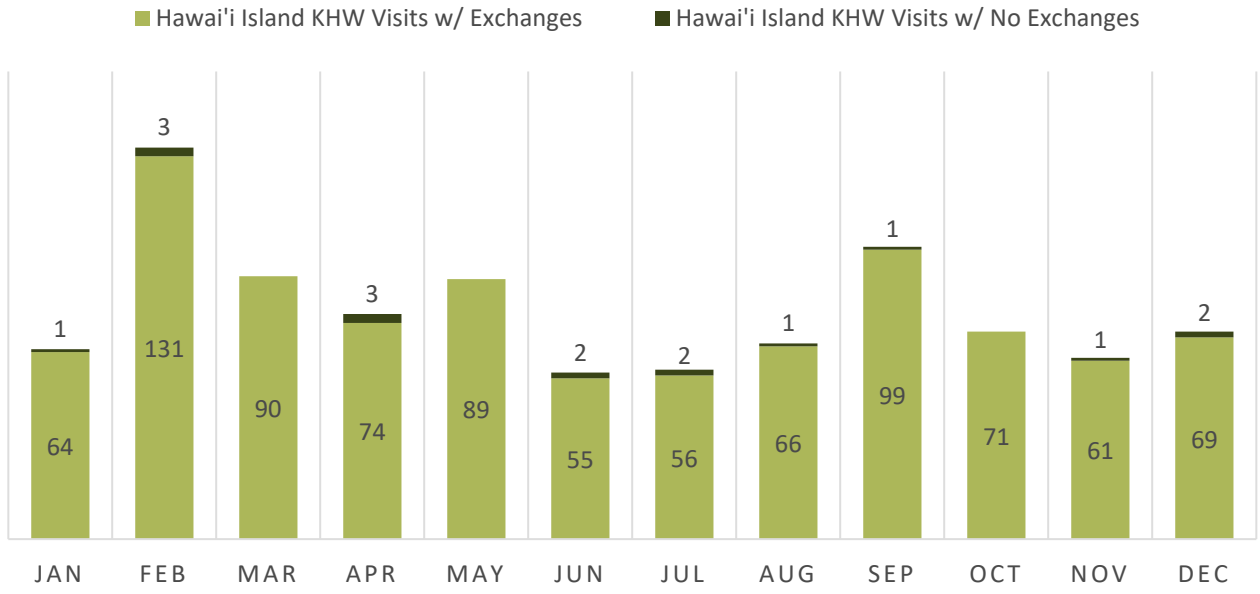
Visits. **Hawai‘i Island KHW visits between 2022 (N=953) and 2023 (N=941) decreased by 1%, with two-thirds of months experiencing decreases and one-third experiencing increases.** In order from most to least, the following months experienced decreases in visits between 2022 and 2023: June (-34%); November (-29%); August (-24%); May (-18%); December (-13%); July (-13%); and October (-11%). In order from most to least, the following months experienced the biggest increases in visits between 2022 and 2023: February (+100%); September (+28%); March (+22%); and April (+13%). During 2022, May (n=108) had the most visits compared to January (n=67), February (n=67), and July (n=67), versus 2023, when February (n=134) had the most visits compared to June (n=57). Refer, Figure 27 (p. 34).

Figure 27. No. of Hawai‘i Island KHW Visits in 2022 (N=953) Compared to 2023 (N=941) by Month



Visits where exchanges occurred. **Hawai‘i Island KHW exchanged syringes during 98% (n=925) of 941 visits.** In terms of visits where exchanges occurred, participants visited from most to least often: February (n=131); September (n=99); March (n=90); May (n=89); April (n=74); October (n=71); December (n=69); August (n=66); January (n=64); November (n=61); July (n=56); and June (n=55). Refer, Figure 28.

Figure 28. No. of Hawai‘i Island KHW Visits (N=941) with Exchanges (n=925) & with No Exchanges (n=16) by Month in 2023



Visits by zone. **The majority of Hawai'i Island KHW visits occurred in the greater Kailua-Kona area (94%; n=883) while the remaining 6% are dispersed throughout the island.** Refer, Table 8.

Table 8. No. & Frequency of Hawai'i Island KHW Visits (N=941) by Zone in 2023

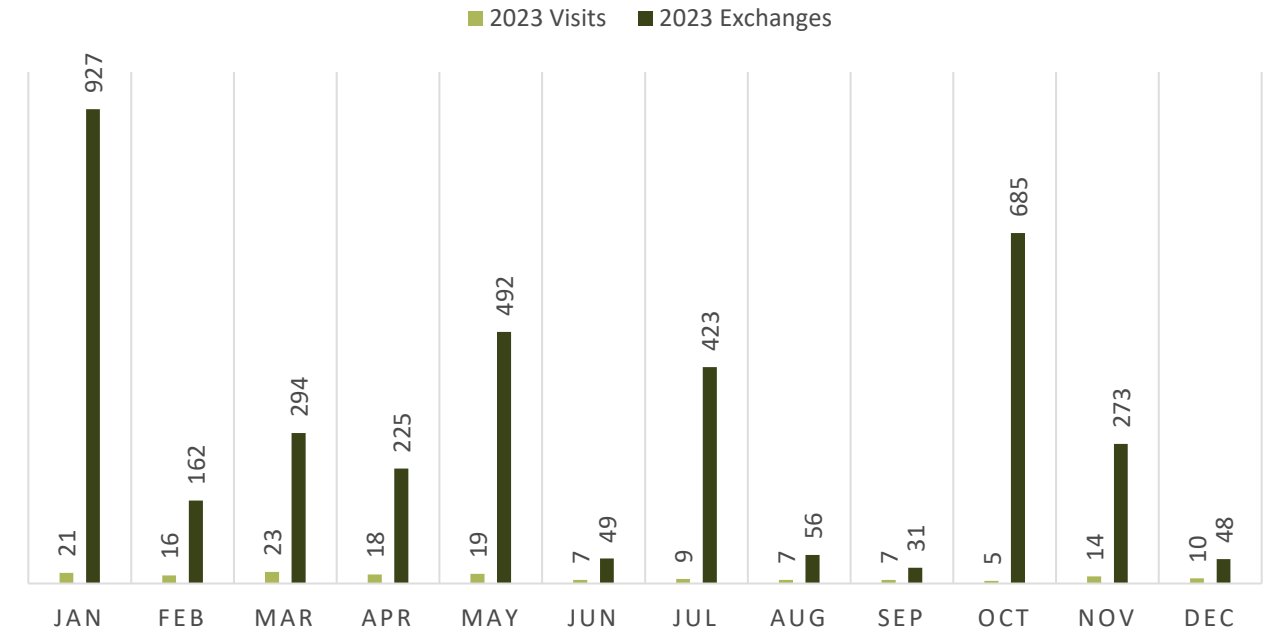
Hawai'i Island KHW Zones	No. of Visits	% of Total Visits
Greater Kailua-Kona	883	94%
Greater Hilo	37	4%
Hawaiian Ocean View Estates	7	1%
Kea'au	6	1%
Pāhoa District	6	1%
South Zone	2	0.2%

Men who have sex with men – exchanges and visits. **Hawai'i Island registered 37 unduplicated MSM/IDU into SEP who visited Hawai'i Island KHW 156 times and exchanged 3,665 syringes.**

Exchanges by MSM/IDU accounted for 8% (n=3,665) of all exchanges (N=44,241). MSM/IDU exchanged from most to least often: January (n=927); October (n=685); May (n=492); July (n=423); March (n=294); November (n=273); April (n=225); February (n=162); August (n=56); June (n=49); December (n=48); and September (n=31). Refer, Figure 29.

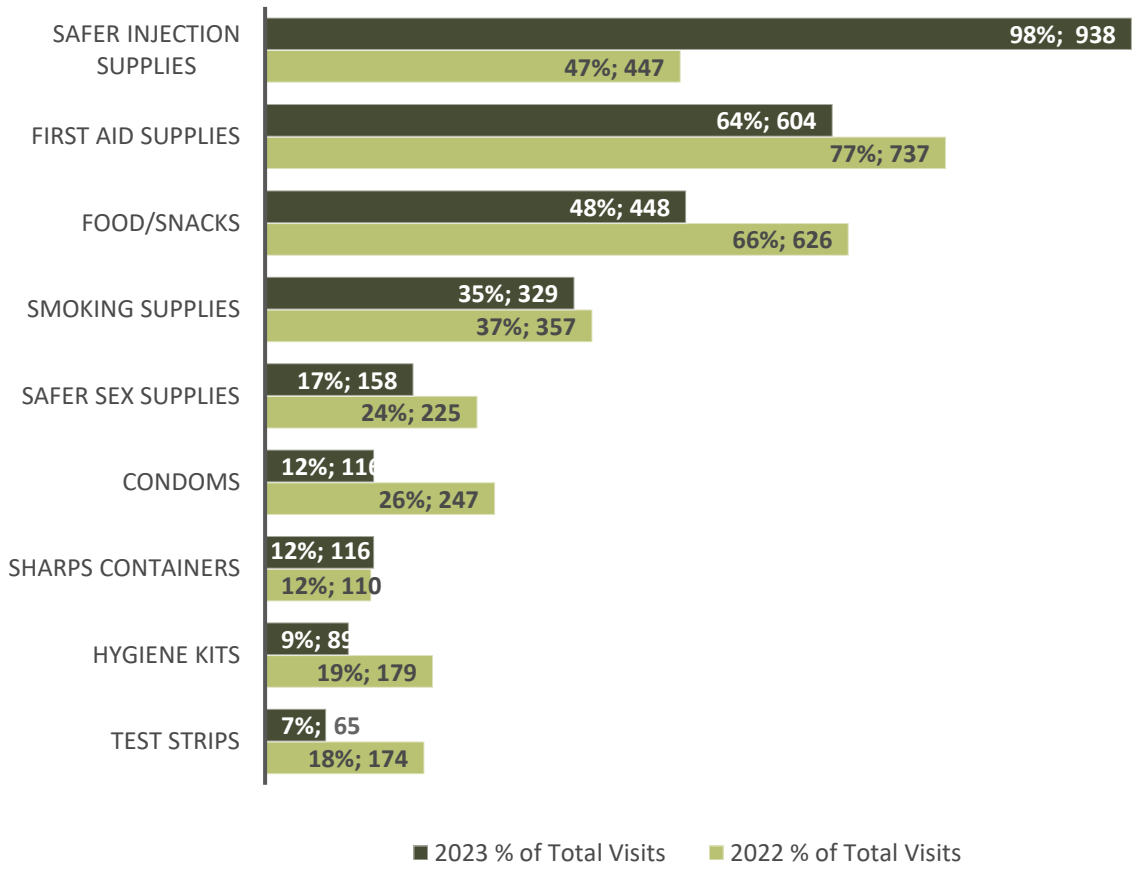
Visits by MSM/IDU accounted for 17% (n=156) of all visits (N=941). MSM/IDU visited from most to least often: March (n=23); January (n=21); May (n=19); April (n=18); February (n=16); November (n=14); December (n=10); July (n=9); June (n=7); August (n=7); September (n=7); and October (n=5). Refer, Figure 29.

Figure 29. No. of Hawai'i Island KHW MSM/IDU Visits (N=156) with Exchanges (N=3,665) by Month in 2023



Harm reduction supplies. **Hawai'i Island KHW distributed the following supplies across 941 visits from most to least often: Safer injection supplies (98%; n=938); first aid supplies (64%; n=604); food/snacks (48%; n=448); smoking supplies (35%; n=329); safer sex supplies (17%; n=158); condoms (12%; n=116); sharps containers (12%; n=116); hygiene kits (9%; n=89); and test strips (7%; n=65).** However, both community desire and program access to supplies can fluctuate from year to year. All supplies reduced in distribution frequency between 2022 and 2023 except for safer injection supplies (+51%) and sharps containers (no change). Here is the percentage decrease of the frequency of distribution of the remaining supplies between 2022 and 2023 from most to least: Food/snacks (-18%); condoms (-14%); first aid supplies (-13%); test strips (-11%); hygiene kits (-10%); safer sex supplies (-7%); and smoking supplies (-2%). Refer, Figure 30.

Figure 30. Frequency of Hawai'i Island KHW Visits in 2023 (N=941) Compared to 2022 (N=953) by Specific Harm Reduction Supplies Distributed During Visits



Gatekeeping. **Of the 309 unduplicated participants recorded in the Daily Logs, 19% (n=60) reported gatekeeping for at least 188 individuals.** Per gatekeeper, the number of individuals being gatekept for ranged from as few as one (1) to as many as 15. If those 188 individuals being gatekept for were added to the unduplicated participants recorded in the Daily Logs (N=309), the total number of unique Hawai'i Island KHW participants served in 2023 would rise 61% to 497.

Maui County – Maui HHHRC

Local context. Maui County (Maui), also known as "The Valley Isle," consists of the islands of Maui, Molokaʻi (except the Kalaupapa Peninsula), Lānaʻi, and unpopulated Kahoʻolawe and Molokini. The island of Maui is the second-largest Hawaiian island. According to the 2022 Census, Maui covers 1,162 square miles of land area, containing 164,351 people and 53,919 households, with a population density of 142 people per square mile.[25] There were 72,927 housing units, with an average median gross monthly rent of $1,667 and an average of three (3) persons per household.[25] The per capita income was $38,956, and the median annual household income was $88,249.[25] However, only 33% out of 164,351 people were employed. Also, 11% of the population lived in poverty, 5% of persons under 65 were without health insurance, and 6% of persons under 65 lived with a disability.[25] Note: The previous census data was collected before the Lahaina Wildfire.

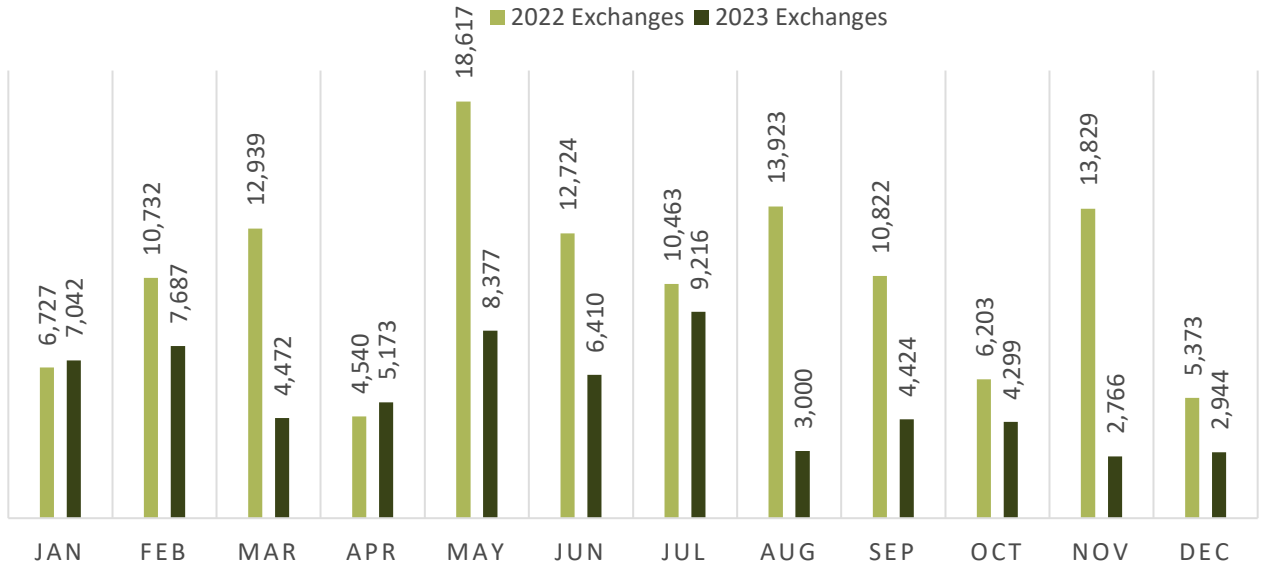
The Lahaina Wildfire. On August 8, 2023, sparks from broken power lines re-energized and started a fire in unmaintained vegetation. While the fire was contained before 9am, high winds, dry weather, and low humidity caused the fire to spread quickly. The Lahaina fire that began at 2:55pm in Maui was the deadliest wildfire on record in the world, destroying thousands of structures, including many historic landmarks, causing damage of an estimated 6 billion dollars, and killing at least 101 people. Maui is still undergoing a long process of recovery, with its preexisting affordable housing crisis and low wages being exacerbated by the aftermath of the fire and many residents continuing to need help with basic needs like housing while the island simultaneously attempts to re-erect its tourism industry. A large-scale disaster such as this will undoubtedly impact participants of social service programs such as SEP. For more detailed information, the Lahaina Fire Incident Analysis Report released by the Attorney General of Hawaiʻi and prepared by the Fire Safety Research Institute (FSRI) is available here: https://fsri.org/research/maui-wildfires-analysis

In 2023, Maui HHHRC registered 49 new participants. Annually, Maui HHHRC served 418 unique participants who exchanged 65,810 syringes during 97% (n=675) out of 697 visits, averaging 97 syringes exchanged per visit if you were to only count visits where exchanges occurred. Maui HHHRC did not make outreach contacts during 2023.

Exchanges. **Altogether, Maui HHHRC exchanges between 2022 (N=126,892) and 2023 (N=65,810) decreased by 48%.** To gauge the impact of the Lahaina wildfire on exchanges, a comparison was made between pre-wildfire months (January through July) and post-wildfire months (August through December) during 2022 and 2023. **Pre-wildfire, Maui HHHRC exchanges between 2022 (n=76,742) and 2023 (n=48,377) decreased by 37% compared to post-wildfire, when exchanges between 2022 (n=50,150) and 2023 (n=17,433) decreased by 65%.**

The number of monthly exchanges declined in most months except for January (+5%) and April (+14%). From most to least, the following months experienced the steepest declines in exchanges between 2022 and 2023: November (-80%); August (-78%); March (-65%); September (-59%); May (-55%); June (-50%); December (-45%); October (-31%); February (-28%); and July (-12%). During 2022, May (n=18,617) had the most exchanges, and April (n=4,540) had the least, versus 2023 when July (n=9,216) had the most compared to November (n=2,766). Refer, Figure 31 (p. 38).

Figure 31. No. of Maui HHHRC Exchanges in 2022 (N=126,892) Compared to 2023 (N=65,810) by Month



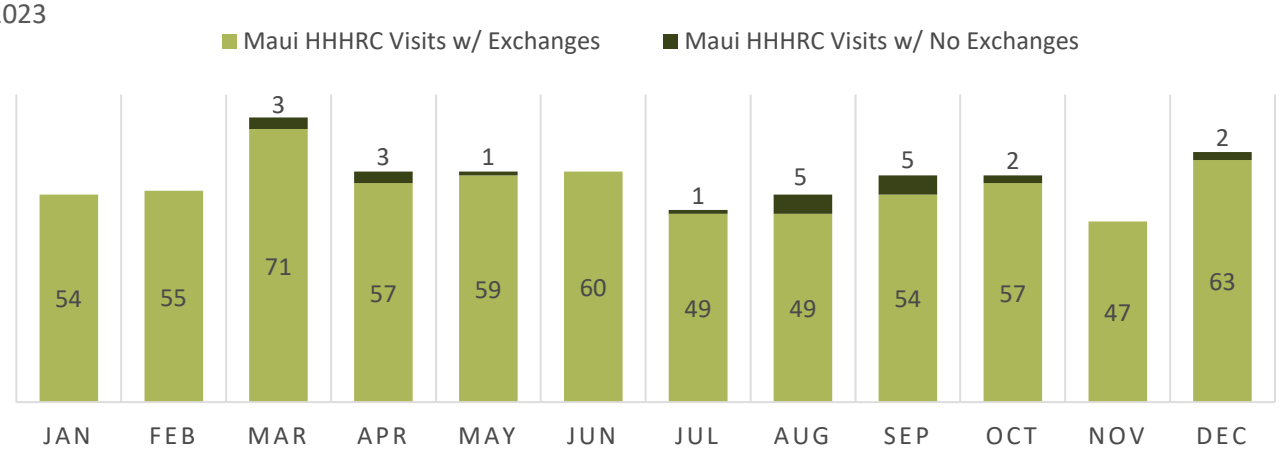
Visits. **Maui HHHRC visits between 2022 (N=664) and 2023 (N=697) increased by 5%.** To gauge the impact of the Lahaina wildfire on visits, a comparison was made between pre-wildfire months (January through July) and post-wildfire months (August through December) during 2022 and 2023. **Pre-wildfire, Maui HHHRC visits between 2022 (n=324) and 2023 (n=413) increased by 27% compared to post-wildfire when visits between 2022 (n=340) and 2023 (n=284) decreased by 16%.**

The number of monthly visits fluctuated evenly between increase and decline, with half increasing and half declining. In order from most to least, the following months experienced the steepest declines in exchanges between 2022 and 2023: August (-32%); June (-27%); November (-22%); October (-20%); September (-18%); and July (-15%). During 2022, June (n=82) had the most visits, and May (n=4) had the least, versus 2023, when March (n=74) had the most visits compared to November (n=47). Refer, Figure 32.

Figure 32. No. of Maui HHHRC Visits in 2022 (N=664) Compared to 2023 (N=697) by Month

Visits where exchanges occurred. **Maui HHHRC exchanged syringes during 97% (n=675) of 697 visits.** During visits where exchanges occurred, participants visited from most to least often: March (n=71); December (n=63); June (n=60); May (n=59); April (n=57); October (n=57); February (n=55); January (n=54); September (n=54); July (n=49); August (n=49); and November (n=47). Refer, Figure 33.

Figure 33. No. of Maui HHHRC Visits (N=697) with Exchanges (n=675) & with No Exchanges (n=22) by Month in 2023



Visits by zone. **Most Maui HHHRC visits occurred in the greater Kahului-Wailuku area (86%; n=596), with smaller amounts occuring in Kīhei (8%; n=54), Greater Lahaina (4%; n=28), and Pā'ia-Ha'iku (2%; n=14).** The remaining less than 1% is dispersed throughout the island. Refer, Table 9.

Table 9. No. & Frequency of Maui HHHRC Visits (N=697) by Zone in 2023

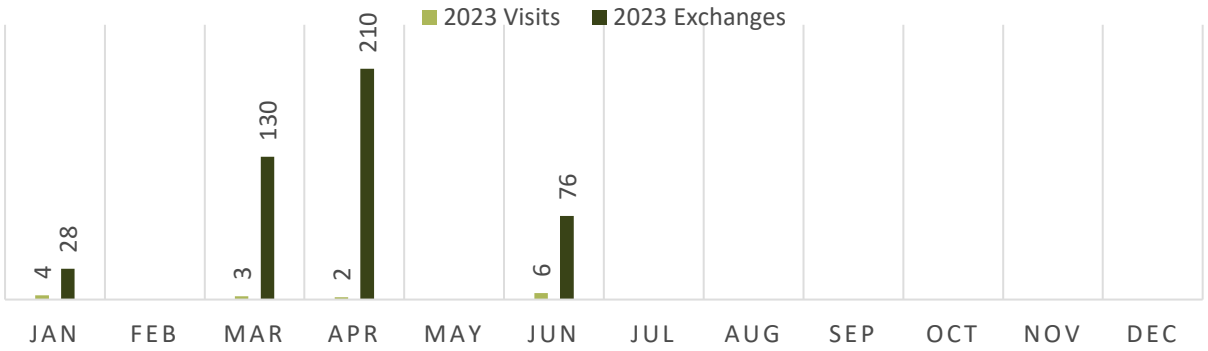
Maui HHHRC Zones	No. of Visits	% of Total Visits
Kahului-Wailuku	596	86%
Kīhei	54	8%
Greater Lahaina	28	4%
Pā'ia-Ha'iku	14	2%
West Maui - Other	3	0.4%
Makawao-Upcountry	2	0.3%

Men who have sex with men. **Maui HHHRC registered 4 unduplicated MSM/IDUs into SEP who visited 15 times and exchanged 444 syringes.** Of note, there were no exchanges during the month of the Lahaina Wildfire or any of the months thereafter during 2023 (i.e., July through December).

Exchanges by men who have sex with men. **Exchanges by MSM/IDU accounted for .007% (n=444) of all exchanges (N=65,810).** MSM/IDU exchanged from most to least often: April (n=210); March (n=130); June (n=76); January (n=28); and all remaining months had no exchanges. Refer, Figure 34 (p 40).

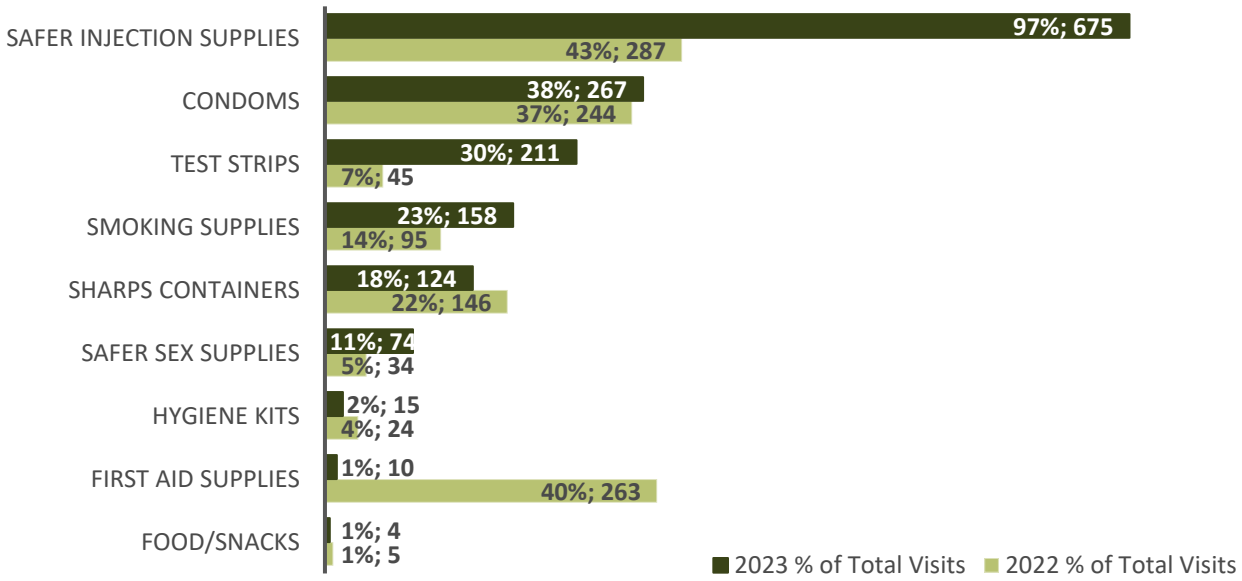
Visits by men who have sex with men. **Visits by MSM/IDU accounted for 2% (n=16) of all visits (N=697).** MSM/IDU visited from most to least often: June (n=6); January (n=4); March (n=3); April (n=2); and all remaining months had no visits. Refer, Figure 34 (p. 40).

Figure 34. No. of Maui HHHRC MSM/IDU Visits (N=15) with Exchanges (N=444) by Month in 2023



Harm reduction supplies. **Maui HHHRC distributed the following supplies across 697 visits from most to least often: Safer injection supplies (97%; n=675); condoms (38%; n=267); test strips (30%; n=211); smoking supplies (23%; n=158); sharps containers (18%; n=124); safer sex supplies (11%; n=74); hygiene kits (2%; n=15); first aid supplies (1%; n=10); and food/snacks (1%; n=4).** Here is the percentage decrease in frequency of distribution of supplies between 2022 and 2023 from most to least: First aid supplies (-39%); sharps containers (-4%); and hygiene kits (-2%) compared to increase of frequency of distribution between 2022 and 2023: Safer injection supplies (+54%); test strips (+23%); smoking supplies (+9%); safer sex supplies (+6%); and condoms (+1%). Refer, Figure 35.

Figure 35. Frequency of Maui HHHRC Visits in 2023 (N=697) Compared to 2022 (N=664) by Specific Harm Reduction Supplies Distributed During Visits



Gatekeeping. **Of the 418 unduplicated participants recorded in the Daily Logs, 66% (n=275) reported gatekeeping for at least 684 individuals.** Per gatekeeper, the number of individuals being gatekept for ranged from as few as one (1) to as many as 23. If those 684 individuals being gatekept for were added to the unduplicated participants recorded in the Daily Logs (N=418), the number of unique Maui HHHRC participants served in 2023 would rise 164% to 1,102.

Kaua‘i County - Kaua‘i HHHRC & MPHS

Local context. Kaua‘i County (Kaua‘i), also known as "The Garden Isle," is the fourth-largest Hawaiian island. According to the 2022 Census, Kaua‘i covers 620 square miles of land area, containing 73,810 people and 22,668 households, with a population density of 118 people per square mile.[26] There were 30,487 housing units, with an average median gross monthly rent of $1,525 and an average of three (3) persons per household.[26] The per capita income was $35,351, and the median annual household income was $86,287.[26] However, only 30% out of 73,810 people were employed.[26] Also, 11% of the population lived in poverty, 5% of persons under 65 were without health insurance, and 6% of persons under 65 lived with a disability.[26] Kaua‘i HHHRC and MPHS will be described discretely.

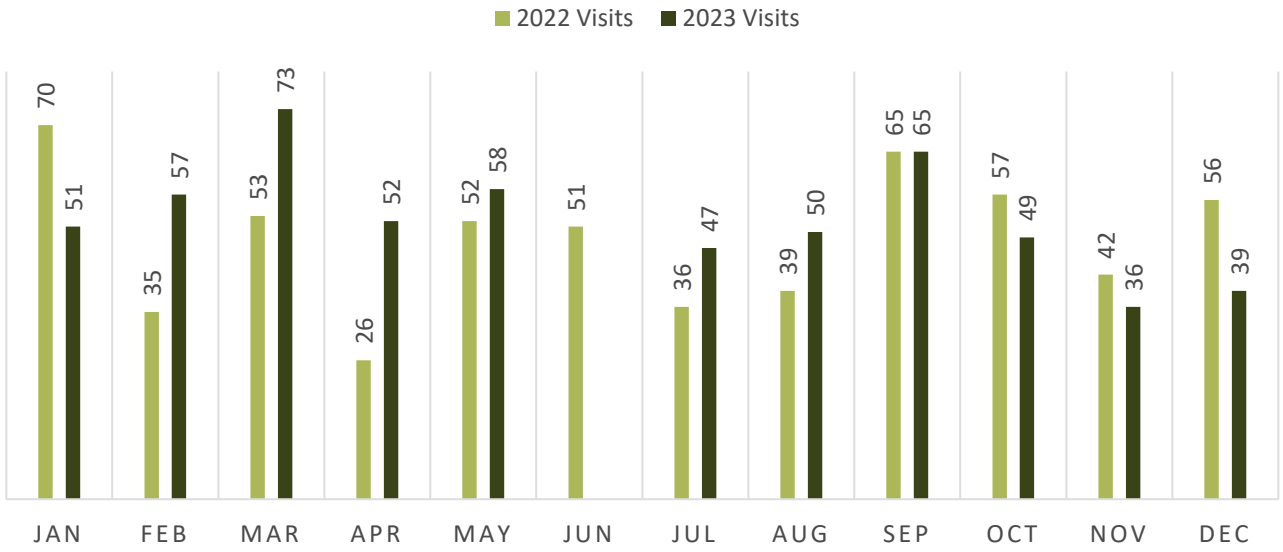
Kaua‘i HHHRC. **In 2023, Kaua‘i HHHRC registered 138 new participants. Annually, Kaua‘i HHHRC served 318 unique participants who exchanged 40,212 syringes during 45% (n=257) out of 577 visits, averaging 156 syringes exchanged per visit if you were to only count visits where exchanges occurred. Kaua‘i HHHRC did not make any outreach contacts during 2023.** Note: There is no data for June 2023 because the Kaua‘i HHHRC outreach worker was on sabbatical during June.

Exchanges. **Kaua‘i HHHRC exchanges between 2022 (N=61,774) and 2023 (N=40,212) decreased by 35%.** In order from most to least, the following months experienced declines between 2022 and 2023: June (-100%); December (-77%); November (-61%); October (-56%); September (-52%); August (-49%); July (-33%); and March (-9%). From most to least, the months that experienced increases were: February (+50%); April (+18%); January (+9%); and May (+9%). During 2022, September (n=7,590) had the most exchanges, and November (n=2,766) had the least, versus 2023, when January (n=5,591) had the most compared to November (n=1,066). Refer, Figure 36.

Figure 36. No. of Kaua‘i HHHRC Exchanges in 2022 (N=61,774) Compared to 2023 (N=40,212) by Month

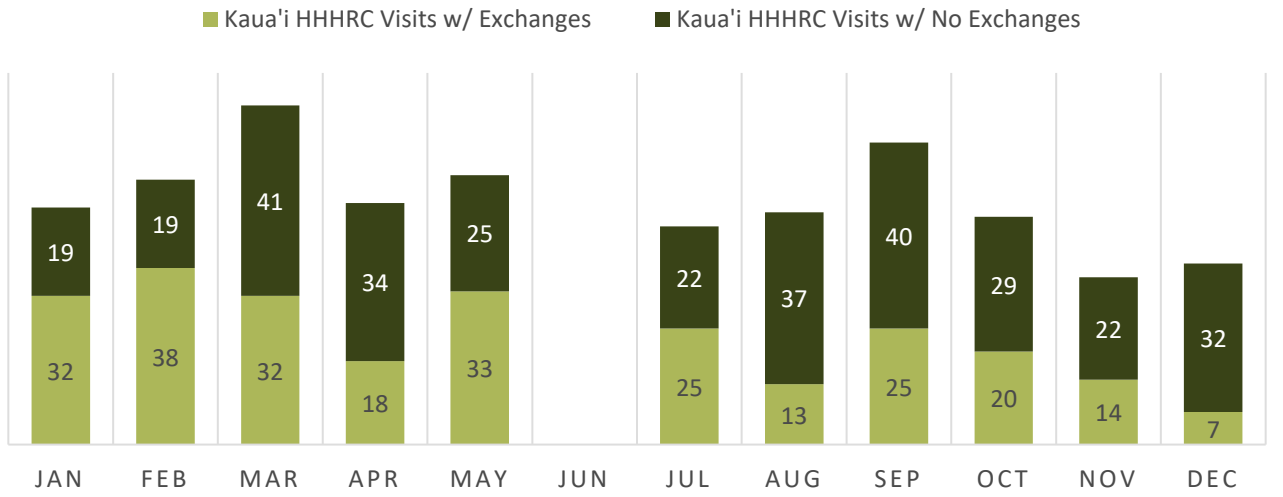
Visits. **Kaua'i HHHRC visits between 2022 (N=582) and 2023 (N=577) decreased by 1%.** In order from most to least, the following months experienced the biggest decreases: December (-30%); January (-27%); October (-14%); November (-14%); and September (no change). The following months experienced the biggest increases in visits: April (+100%); February (+63%); March (+38%); July (+31%); August (+28%); and May (+12%). During 2022, January (n=70) had the most visits, and April (n=26) had the least, versus 2023, when March (n=73) had the most compared to November (n=36). Refer, Figure 37.

Figure 37. No. of Kaua'i HHHRC Visits in 2022 (N=582) Compared to 2023 (N=577) by Month



Visits where exchanges occurred. **Kaua'i HHHRC exchanged syringes during 45% (n=257) out of 577 visits.** In terms of visits where exchanges occurred, participants visited from most to least often: February (n=38); May (n=33); January (n=32); March (n=32); July (n=25); September (n=25); October (n=20); April (n=18); November (n=14); August (n=13); and December (n=7). Refer, Figure 38.

Figure 38. No. of Kaua'i HHHRC Visits (N=577) with Exchanges (n=257) & with No Exchanges (n=320) by Month in 2023



Visits by zone. **Just under one-half of Kaua'i HHHRC visits occurred in Līhu'e (47%; n=270), with about one-third occurring in Kapa'a-Wailua (34%; n=198), and just under one-fifth occurring in Kīlauea-Princeville/Pu'u Poa (17%; n=98).** Less than 2% of visits were dispersed throughout the island. Refer, Table 10.

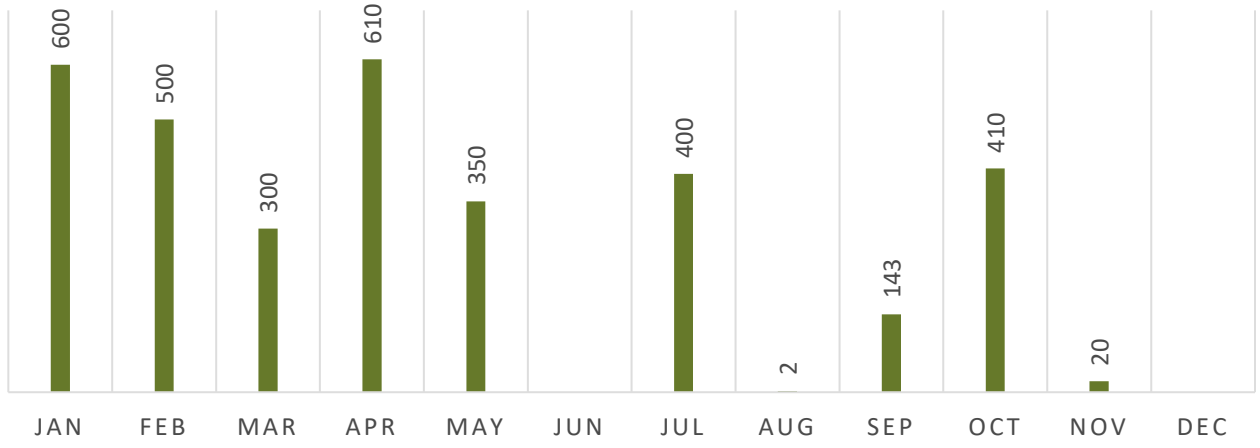
Table 10. No. & Frequency of Kaua'i HHHRC Visits (N=577) by Zone in 2023

Kaua'i HHHRC Zones	No. of Visits	% of Total Visits
Līhu'e	270	47%
Kapa'a-Wailua	198	34%
Kīlauea-Princeville/Pu'u Poa	98	17%
Hanapēpē	7	1%
Hanalei	3	0.5%
Kekaha	1	0.2%

Men who have sex with men – exchanges and visits. **Kaua'i registered 16 unduplicated MSM/IDU into SEP who visited Kaua'i HHHRC 48 times and exchanged 3,335 syringes.**

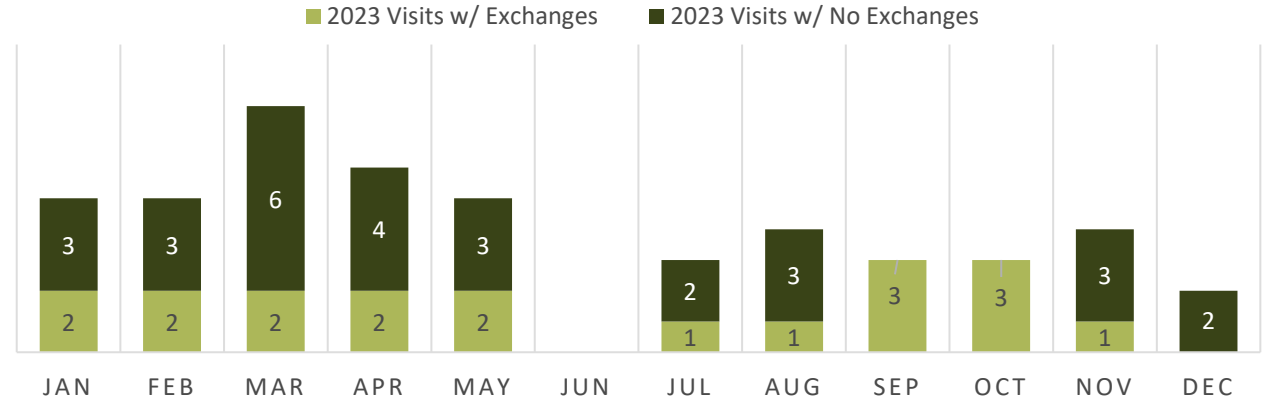
Exchanges by MSM/IDU accounted for 8% (n=3,335) of all exchanges (N=40,212). MSM/IDU exchanged from most to least often: April (n=610); January (n=600); February (n=500); October (n=410); July (n=400); May (n=350); March (n=300); September (n=143); November (n=20); August (n=2); and December (n=0). Refer, Figure 39.

Figure 39. No. of Kaua'i HHHRC MSM/IDU Exchanges (N=3,335) by Month in 2023



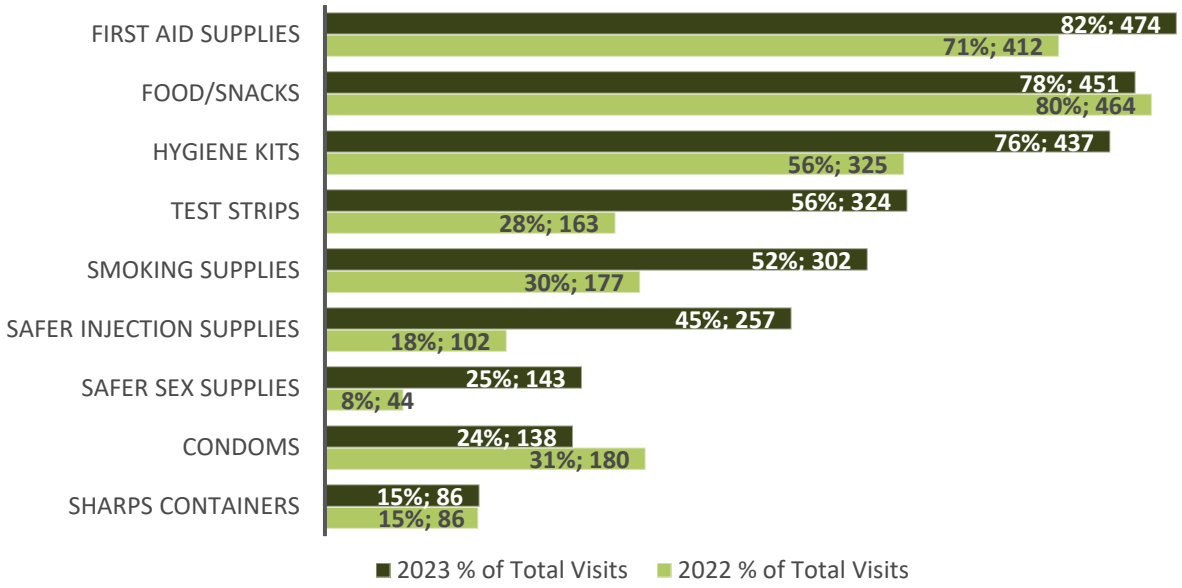
Visits by MSM/IDU accounted for 8% (n=48) of all visits (N=577). However, only 40% (n=19) of MSM/IDU visits were for exchanges compared to the remaining visits, which were for harm reduction supplies only. Overall, MSM/IDU visited the following months from most to least often: March (n=8); April (n=6); January (n=5); February (n=5); May (n=5); August (n=4); November (n=4); July (n=3); September (n=3); October (n=3); and December (n=2). In terms of visits where exchanges occurred, the most occurred in September (n=3) and October (n=3) while the least occurred in July (n=1), August (n=1), and November (n=1). Refer, Figure 40 (p. 44).

Figure 40. No. of Kaua'i HHHRC MSM/IDU Visits (N=577) with Exchanges (n=19) & with No Exchanges (n=29) by Month in 2023



Harm reduction supplies. **Kaua'i HHHRC distributed these supplies across 577 visits from most to least often: First aid supplies (82%; n=474); food/snacks (78%; n=451); hygiene kits (76%; n=437); test strips (56%; n=324); smoking supplies (52%; n=302); safer injection supplies (45%; n=257); safer sex supplies (25%; n=143); condoms (24%; n=138); and sharps containers (15%; n=86).** Here is the percentage increase of the frequency of distribution of the remaining supplies between 2022 and 2023 from most to least: Test strips (+28%); safer injection supplies (+27%); smoking supplies (+22%); hygiene kits (+20%); safer sex supplies (+17%); and first aid supplies (+11%). Refer, Figure 41.

Figure 41. Frequency of Kaua'i HHHRC Visits in 2023 (N=577) Compared to 2022 (N=582) by Specific Harm Reduction Supplies Distributed During Visits

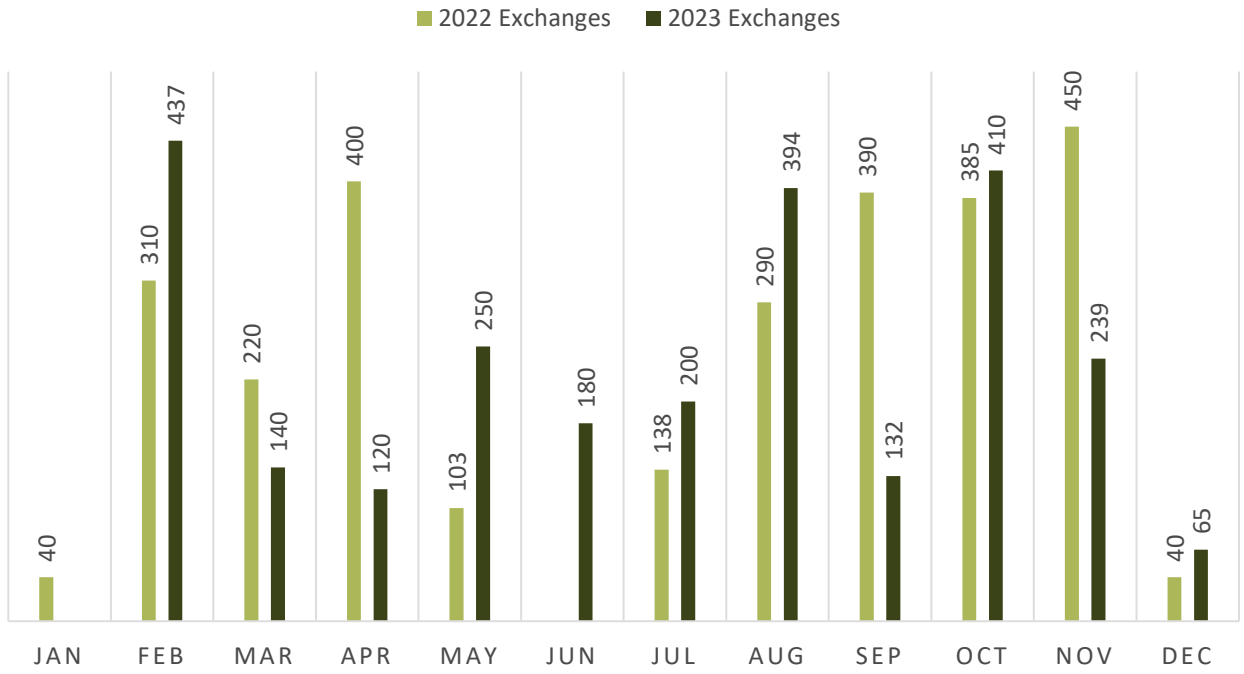


Gatekeeping. **Of the 318 unduplicated participants recorded in the Daily Logs, 12% (n=39) reported gatekeeping for at least 300 individuals.** Per gatekeeper, the number of individuals being gatekept for ranged from as few as one (1) to as many as 30. If those 300 individuals being gatekept for were added to the unduplicated participants recorded in the Daily Logs (N=318), the total number of unique Kaua'i HHHRC participants served in 2023 would rise 94% to 618.

Kauaiʻi MPHS. **Also in 2023, HHHRC subcontractor Kauaʻi MPHS registered 0 new participants. Annually, Kauaʻi MPHS served 13 unique participants who exchanged 2,567 syringes during 100% (N=36) out of 36 visits, averaging 71 syringes exchanged per visit where syringes were actually exchanged. Kauaʻi MPHS did not make any outreach contacts during 2023.**

Exchanges. **Kauaʻi MPHS exchanges between 2022 (N=2,766) and 2023 (N=2,567) decreased by 7%.** In order from most to least, the steepest declines were: January (-100%); April (-70%); September (-66%); November (-47%); and March (-36%). From most to least, the months that experienced increases were: May (+143%); June (+100%); December (+63%); July (+45%); February (+41%); August (+36%); and October (+6%). During 2022, November (n=450) had the most exchanges, and June (n=0) had the least, versus 2023, when February (n=437) had the most exchanges compared to January (n=0). Refer, Figure 42.

Figure 42. No. of Kauaʻi MPHS Exchanges in 2022 (N=2,766) Compared to 2023 (N=2,567) by Month



Visits. **Kauaʻi MPHS visits between 2022 (N=47) and 2023 (N=36) decreased by 23%, with the number of monthly visits decreasing during half of the months between 2022 and 2023.** In order from most to least, the following months experienced the biggest decreases in visits: January (-100%); March (-75%); April (-63%); February (-50%); July (-50%); and September (-40%). In order from most to least, the following months experienced the biggest increases in visits between 2022 and 2023: June (+100%); December (+100%); May (+50%); August (+25%); October (+25%); and November (no change). During 2022, March (n=8) and April (n=8) had the most visits, whereas June (n=0) had the least, versus 2023, when November (n=6) had the most visits compared to January (n=0). Refer, Figure 43 (p. 46).

Figure 43. No. of Kaua‘i MPHS Visits in 2022 (N=47) Compared to 2023 (N=36) by Month

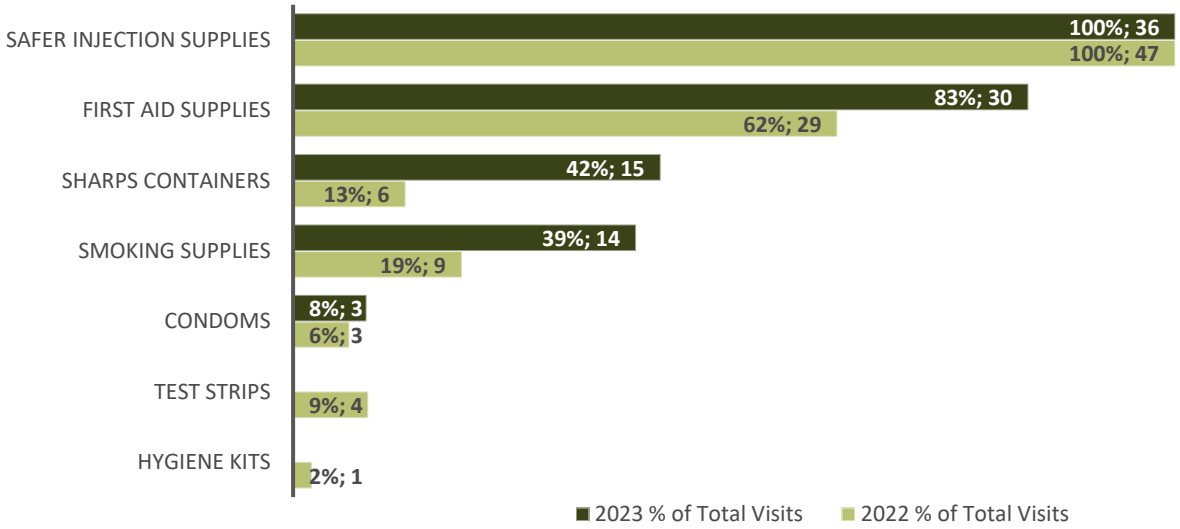
Visits by zone. **All Kaua‘i MPHS visits occurred in Līhu‘e (100%; N=36) at MPHS fixed site location.**

Visits where exchanges occurred. **Kaua‘i HHHRC exchanged syringes during 100% (N=36) of 36 visits.**

Men who have sex with men – exchanges and visits. **Kaua‘i registered 16 unduplicated MSM/IDUs into SEP who visited Kaua‘i MPHS 0 times and exchanged 0 syringes.**

Harm reduction supplies. **Kaua‘i MPHS distributed the following supplies across 36 visits from most to least often: Safer injection supplies (100%; n=36); first aid supplies (83%; n=30); sharps containers (42%; n=15); smoking supplies (39%; n=14); and condoms (8%; n=3).** Here is the percentage increase of the frequency of distribution of the remaining harm reduction supplies between 2022 and 2023 from most to least: Sharps containers (+29%); first aid supplies (+22%); smoking supplies (+20%); and condoms (+2%). Refer, Figure 44.

Figure 44. Frequency of Kaua‘i MPHS Visits in 2023 (N=36) Compared to 2022 (N=47) by Specific Harm Reduction Supplies Distributed During Visits



Gatekeeping. **Of the 13 unduplicated participants recorded in the Daily Logs, 0% (n=0) gatekept.**

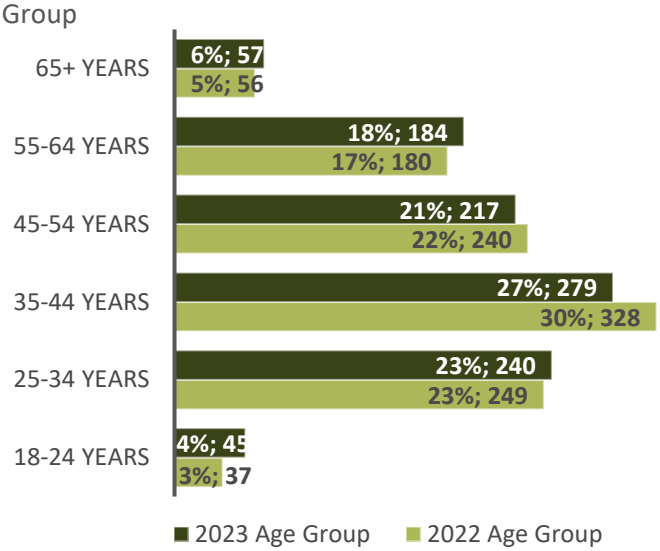
Participant Demographics & Selected Risk Factors

Out of 3,489 participants in the Participant Registration Database, 1,046 were registered in 2023 alone compared to 1,124 registered in 2022 alone – a 7% decrease in participant registration. The data presented in this section was retrieved from the Participant Registration Database, with at least partial data available for the 1,046 SEP participants registered in 2023. Data available for the 1,124 SEP participants registered in 2022 will be used as comparison data when appropriate.

Demographics

Age. Participant age is calculated by subtracting the participant's year of birth from their year of registration into SEP. Age data was available for 98% (n=1,022) of registered SEP participants. **In 2023, the average age was 44, ranging from 18 to 82. When broken into age groups: 18-24 years (4%; n=45); 25-34 years (23%; n=240); 35-44 years (27%; n=279); 45-54 years (21%; n=217); 55-64 years (18%; n=184); 65+ years (6%; n=57).** The average age of registered SEP participants has remained consistent since 2022, when the average age was 44, ranging from 19 to 83. Between 2022 and 2023, the most notable change is a slight decline in registration of 35–44-year-olds (-3%) and 45-54-year-olds (-1%). Refer, Figure 45 (right).

Figure 45. Frequency of Registered SEP Participants in 2023 (n=1,022) Compared to 2022 (n=1,090) by Age Group



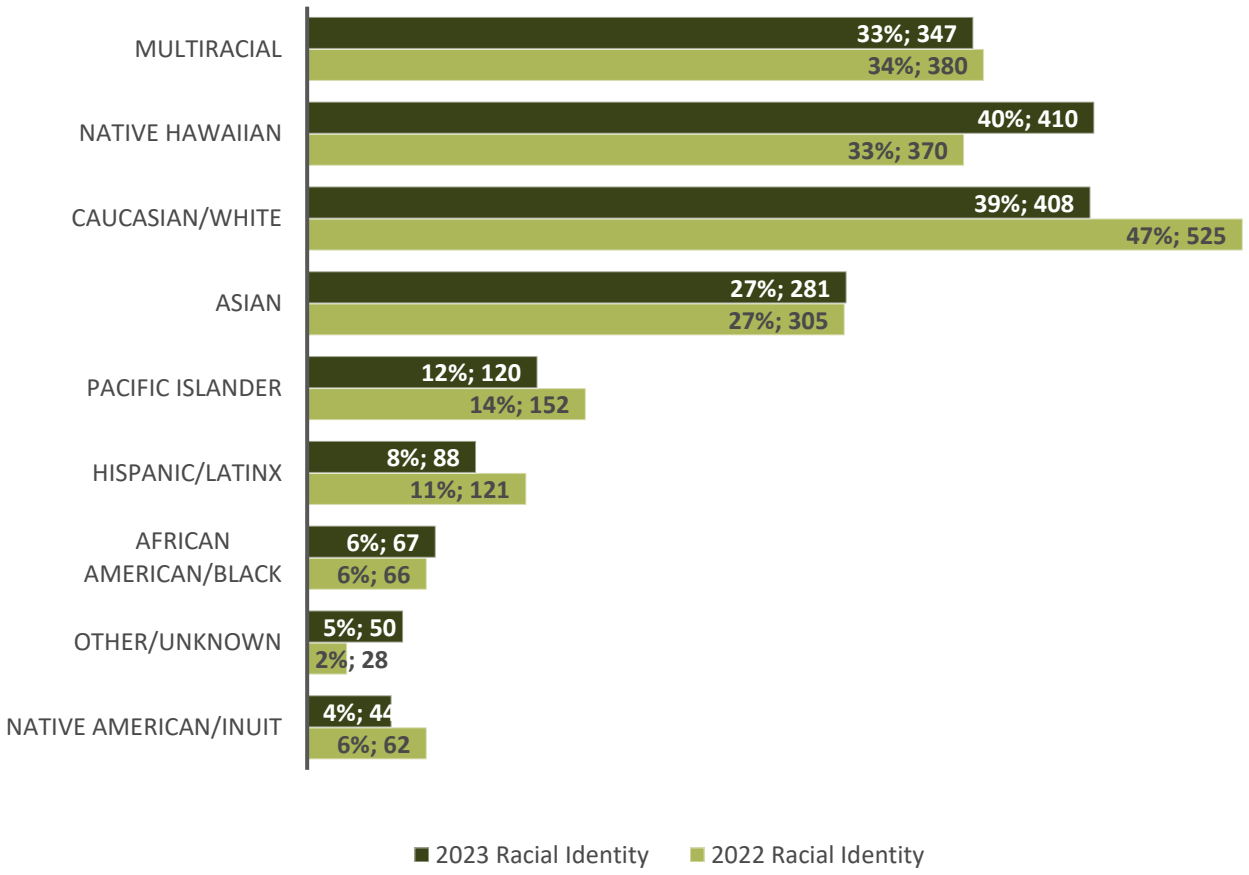
Birthplace. Birthplace data was available for 97% (n=1,020) of registered SEP participants. **Most (65%; n=659) were born in Hawai'i (60%; n=612) and the Pacific Islands (5%; n=47).** The remainder were born in the Continental United States (30%; n=305) and internationally (5%; n=56). Participants born in Hawai'i rose 4%, and those born in the Pacific Islands rose 1% compared to the Continental United States, which fell 5%, and internationally fell 1%.

Gender. Gender data was available for 99% (n=1,045) of registered SEP participants. **The majority identified as men (65%; n=677) compared to 33% who identified as women (n=342) and 2% as transgender (n=19) or non-binary/genderqueer (n=7).** Compared to 2022 (n=1,120), the percentage of participants who identify as men (68%; n=764) fell by 3% while the percentage who identified as women (30%; n=333) rose by 3%, and transgender (n=20) or non-binary/genderqueer (n=3) remained the same (2%).

Sexual orientation. Sexual orientation data was available for 96% (n=1,008) of registered SEP participants. **The majority identified as heterosexual (82%; n=852) compared to bisexual/pansexual (9%; n=92), homosexual (5%; n=50), and other (1%; n=14).** Compared to 2022 (n=776), participants identifying as homosexual (7%; n=54) fell by 2%, other (3%; n=12) fell by 2%, and heterosexual (81%; n=628) rose by 1%, and bisexual/pansexual remained the same (9%; n=73).

Racial identity. Racial identity data was available for 99% of registered SEP participants (n=1,037). This report uses HDOH's methodology for reporting Native Hawaiians, wherein any person who reports Native Hawaiian ancestry is registered as Native Hawaiian. Participants were instructed to select all racial identities that apply to them. **One-third of participants (33%) identified as multiracial/two or more races (n=347). From most to least, participants identified as Native Hawaiian (40%; n=410); Caucasian/White (39%; n=408); Asian (27%; n=281); Pacific Islander (12%; n=120); Hispanic/Latinx (8%; n=88); African American/Black (6%; n=67); Other/Unknown (5%; n=54); and Native American/Inuit (4%; n=44). The most notable change between 2022 and 2023 was an 8% decrease in Caucasian/White participants and a 7% increase in Native Hawaiian participants.** Refer, Figure 46.

Figure 46. Frequency of Registered SEP Participants in 2023 (n=1,037) Compared to 2022 (n=1,122) by Racial Identity



For the first time, the most selected racial identity by SEP participants was Native Hawaiian (40%) – a 7% increase since 2022. Furthermore, Native Hawaiian participants are just barely outranking the previously most selected racial identity White/Caucasian participants (39%) whose participation saw an 8% decrease since 2022. This is a significant racial identity fluctuation compared to previous years. Preliminary exploration suggests it may be related to the declining popularity of opiates.

Selected Risk Factors

Health insurance. Insurance data was available for 100% (N=1,046) of registered SEP participants. **Most were insured (68%; n=708), whereas 22% (n=226) weren't, and 11% (n=112) were unsure**. Compared to 2022 (n=1,124), the percentage who were insured (79%; n=884) fell 11%, while those who were uninsured (16%; n=181) rose 6%, and those who were unsure (5%; n=59) rose 6%.

Housing status. Housing status data was available for 99% (n=1,038) of registered SEP participants. **The majority (81%; n=835) were currently experiencing houselessness (66%; n=680) or sheltering in temporary/unstable housing (15%; n=155).** Compared to 2022 (n=1,121), the percentage of registered SEP participants (72%; n=805) currently experiencing houselessness (57%; n=635) or sheltering in temporary/unstable housing (15%; n=170) rose 9%.

Substance use in the past 30 days. Substance use data was available for 97% (n=1,018) of registered SEP participants. **To summarize, in order from the substance used most often to least: meth/speed/ice (68%; n=689); alcohol (37%; n=379); heroin (14%; n=139); cocaine (11%; n=116); fentanyl (10%; n=101); methadone (8%; n=85); benzodiazepines (4%; n=45); other opioid (4%; n=41); buprenorphine (2%; n=16); and other drug (1%; n=14).** However, substance use practices can fluctuate based on factors such as availability, preference, and market. All substances used in the past 30 days decreased in frequency between 2022 and 2023, except for alcohol (+7%). Here is the percentage decrease of the remaining substances from most to least: Heroin (-21%); fentanyl (-10%); benzodiazepine (-8%); meth/speed/ice (-6%); other opioid (-5%); cocaine (-5%); buprenorphine (-3%); methadone (-2%); and other drug (-2%). Refer, Figure 47 (below) and Table 11 (p. 50).

Figure 47. Frequency of Substances Used in 2022 (n=1,122) Compared to 2023 (n=1,018) within 30 Days of Participant Registration

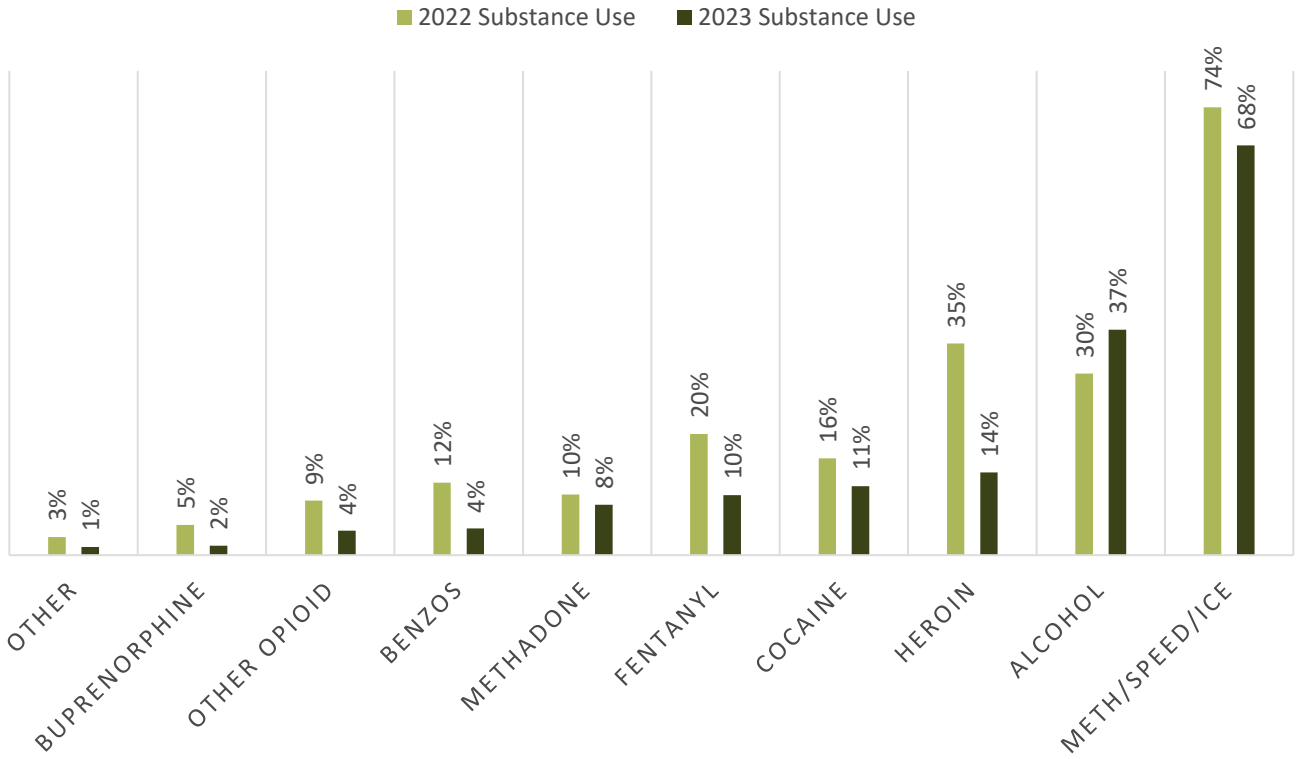


Table 11. Frequency of Substances Used in 2022 (n=1,122) Compared to 2023 (n=1,018) within 30 Days of Participant Registration

Substances Used Within 30 Days of Registration	2022 No. of Participants	2022 % of Participants	2023 No. of Participants	2023 % of Participants	2022 to 2023 % Change
Meth/Speed/Ice	826	74%	689	68%	↓ 6%
Alcohol	336	30%	379	37%	↑ 7%
Heroin	391	35%	139	14%	↓21%
Cocaine	180	16%	116	11%	↓ 5%
Fentanyl	225	20%	101	10%	↓10%
Methadone	111	10%	85	8%	↓ 2%
Benzodiazepine	132	12%	45	4%	↓ 8%
Other Opioid	103	9%	41	4%	↓ 5%
Buprenorphine	56	5%	16	2%	↓ 3%
Other	36	3%	14	1%	↓ 2%

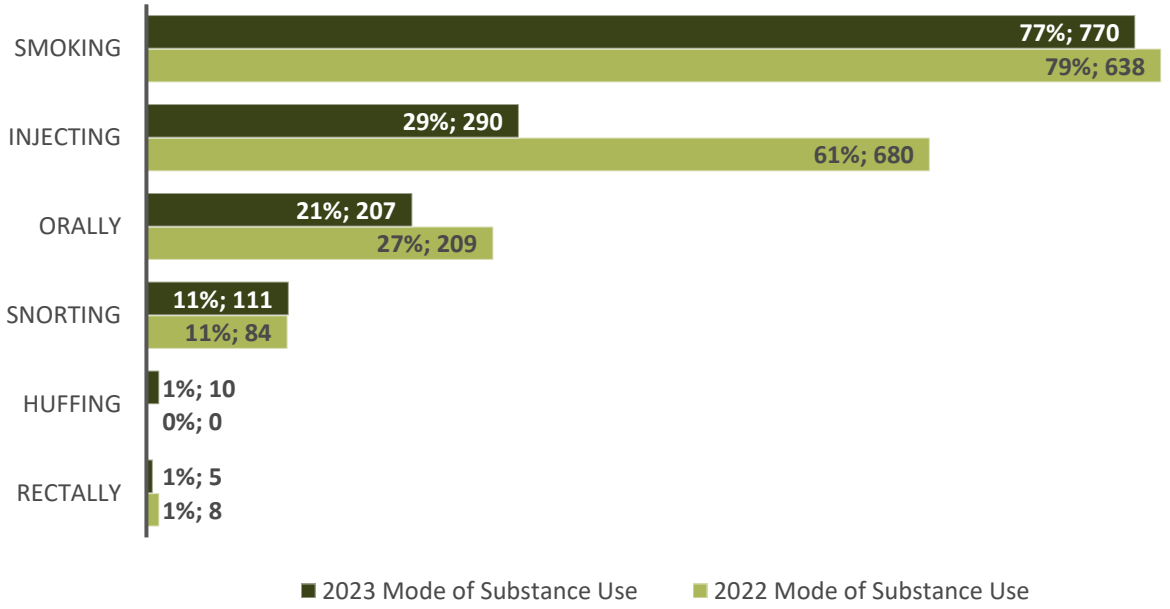
Note: Some substances may be utilized for substance use treatment (e.g., methadone, benzodiazepines, and suboxone). However, there is no way of knowing if those substances were prescribed for treatment purposes due to the anonymous nature of the program.

Polysubstance use in the past 30 days. Polysubstance use data was available for 97% (n=1,018) of registered SEP participants. **Less than half (42%; n=430) reported "polysubstance use" – using more than one substance, including the use of multiple substances on separate occasions or at the same time.** Compared to 2022 (n=1,122), the percentage of registered SEP participants engaged in polysubstance use (61%; n=685) fell by 19%.

Mode of substance use in the past 30 days. Mode of substance use data was available for 96% (n=1,000) of registered SEP participants. **To summarize, in order from most often to least: Smoking (77%; n=770); injecting (29%; n=290); orally (21%; n=207); snorting (11%; n=111); huffing (1%; n=10); and rectally (1%; n=5).** However, community-preferred modes of substance use practices can fluctuate year-to-year, such as switching from mostly injecting to mostly smoking due to the possibility that users might be less susceptible to complications associated with injecting, such as skin and soft tissue infections. All modes of substance use in the past 30 days decreased in frequency between 2022 and 2023 except for huffing (+1%), snorting (no change), and rectally (no change). Here is the percentage decrease of the remaining modes of substance use between 2022 and 2023 from most to least: Injecting (-32%); orally (-6%); and smoking (-2%). Refer, Figure 48 (p. 51) and Table 12 (p. 51).

Historically, heroin and meth/speed/ice were relatively close in usage for SEP participants, but COVID and the opioid overdose epidemics may have impacted the substance use landscape and the substance users. **In 2021, 67% of participants reported using heroin in the past 30 days, which declined to 35% in 2022 and finally 14% in 2023 – a 53% reduction. On the other hand, in 2021, 84% reported using meth/speed/ice, which declined to 74% in 2022 and 68% in 2023 – a 16% reduction. Comparatively, heroin usage is declining rapidly while meth/speed/ice usage has only slightly declined between 2021 and 2023.**

Figure 48. Frequency of Mode of Substances Used in 2023 (n=1,000) Compared to 2022 (n=*Note) within 30 Days of Participant Registration



*Note: In July 2022, "Mode of Substance Use" was added to Participant Registration Forms to improve data collection. Therefore, only partial data was available for various modes of substance use when the data was analyzed for the HHHRC SEP 2022 Annual Report: Smoking (n=803); injecting (n=1,117); orally (n=785); snorting (n=780); and rectally (n=780).

Table 12. Frequency of Mode of Substances Used in 2022 (n=*Note) Compared to 2023 (n=1,000) within 30 Days of Participant Registration

Modes of Preferred Substance Use Within 30 Days of Registration	2022 No. of Participants	2022 % of Participants	2023 No. of Participants	2023 % of Participants	2022 to 2023 % Change
Smoking	638	79%	770	77%	↓ 2%
Injecting	680	61%	290	29%	↓32%
Orally	209	27%	207	21%	↓ 6%
Snorting	84	11%	111	11%	0%
Huffing	0	0%	10	1%	↑ 1%
Rectally	8	1%	5	1%	0%

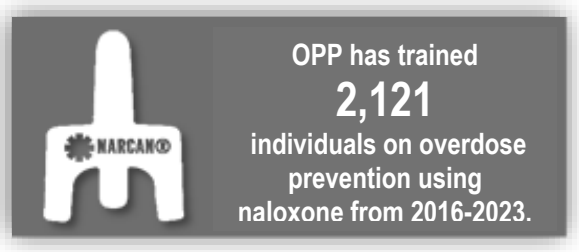
For a full breakdown of the number of statewide SEP exchanges and visits by location, type of encounter, and month in 2023, see the comprehensive tables in Appendices A and B (p. 69-70).

Overdose Prevention Program

In September 2016, due to Act 68, the Community Health Outreach Work to Prevent AIDS (CHOW), which is now HHHRC, launched the Overdose Prevention Program (OPP) by providing group and individual training to PWUD on administering naloxone during SEP engagement at the mobile site(s), fixed site(s) or during outreach. OPP eventually expanded to include training friends and family of PWUD, social service providers, law enforcement, and other interested community members on administering naloxone. The Hawai'i Department of Health (HDOH), Alcohol & Drug Abuse Division (ADAD) funds most of HHHRC's naloxone training and provides all nasal naloxone to the OPP. Although they are technically separate programs, many of the OPP activities overlap with SEP in that overdose prevention training and naloxone are provided to SEP participants who are at an increased risk for overdose as well as upon request. The remainder of this section will describe OPP's overdose prevention training and naloxone distribution efforts.

Statewide, 2,247 naloxone kits/4,494 nasal applicators were provided during 1,268 visits in 2023 compared to 2,029 kits/4,058 nasal applicators during 1,074 visits in 2022 – an 11% increase in naloxone kits/nasal applicators and an 18% increase in visits compared to 2022. According to self–reported data collected when refilling naloxone, at least 249 reversals occurred because of the distribution of naloxone compared to 308 reversals in 2022 – a 19% decrease in reversals compared to 2022.

Naloxone Training/Registration



In 2023 alone, the Overdose Prevention Program (OPP) trained 301 individuals on overdose prevention through SEP, including rescue breathing and naloxone administration, and provided 525 naloxone kits/1,050 nasal applicators. The number of individuals trained in 2023 (N=301) rose 39% compared to 2022 (N=217) and the amount of naloxone distributed to those individuals in 2023 (N=525 kits; 1,050 nasal applicators) rose 42% compared to 2022 (N=370 kits; 740 nasal applicators). Refer, Table 13.

When naloxone is distributed for the first time through SEP or outreach, trainees must complete the training portion of the "Overdose Prevention Program" form. The form asks trainees about demographics, selected risk factors, and history of overdose. The remainder of this section will describe some of the aggregate information gathered by the OPP trainees in 2023.

Housing status. Housing status data was available for 91% (n=275) of trainees. **At the time of registration, most trainees (62%; n=170) were currently experiencing houselessness (51%; n=140) or sheltering in temporary/unstable housing (11%; n=30).** Compared to 2022 (n=217), the cumulative percentage of trainees currently experiencing houselessness and sheltering in temporary/unstable housing (68%; n=147) fell 6%. However, when parsed out, the percentage

currently experiencing houselessness (47%; n=102) rose 4%, and the percentage sheltering in temporary/unstable housing (21%; n=45) fell 11% compared to 2022.

Overdose history. Trainee overdose history was available for 91% (n=274) of trainees. **About one quarter (24%; n=66) of trainees reported personally experiencing an overdose. Cumulatively, the 66 trainees reported experiencing at least 259 overdoses, ranging from as few as one (1) to as many as 30, averaging four (4) overdoses each.** Compared to 2022 (n=265), the number of trainees who reported personally experiencing an overdose (27%; n=72) fell by 3%. The cumulative amount of overdoses reported (n=227) ranged from as few as one (1) to as many as 11, averaging three (3) overdoses per trainee compared to 2022 – a 17% increase in the cumulative amount of overdoses.

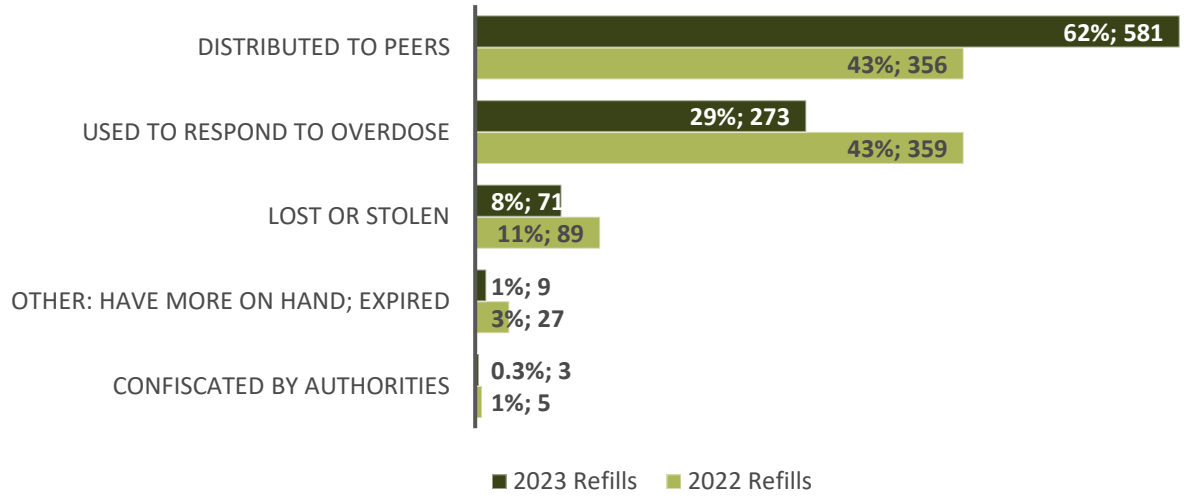
Naloxone Refills

Throughout 2023, during 967 visits, trainees refilled 1,722 kits/3,444 nasal applicators through SEP. The number of visits for refills in 2023 (N=967) rose 13% compared to 2022 (N=857). The amount of naloxone distributed to those individuals in 2023 (N=1,722 kits/3,444 nasal applicators) rose 4% compared to 2022 (N=1,659 kits/3,318 nasal applicators). Refer, Table 13 (p. 55).

After being registered and trained, all trainees are encouraged to access naloxone refills through SEP. When naloxone is distributed through SEP or outreach, trainees must complete the refill portion of the "Overdose Prevention Program" form, which asks why they are refilling their naloxone. The remainder of this section will describe some aggregate information gathered by the OPP trainees in 2023.

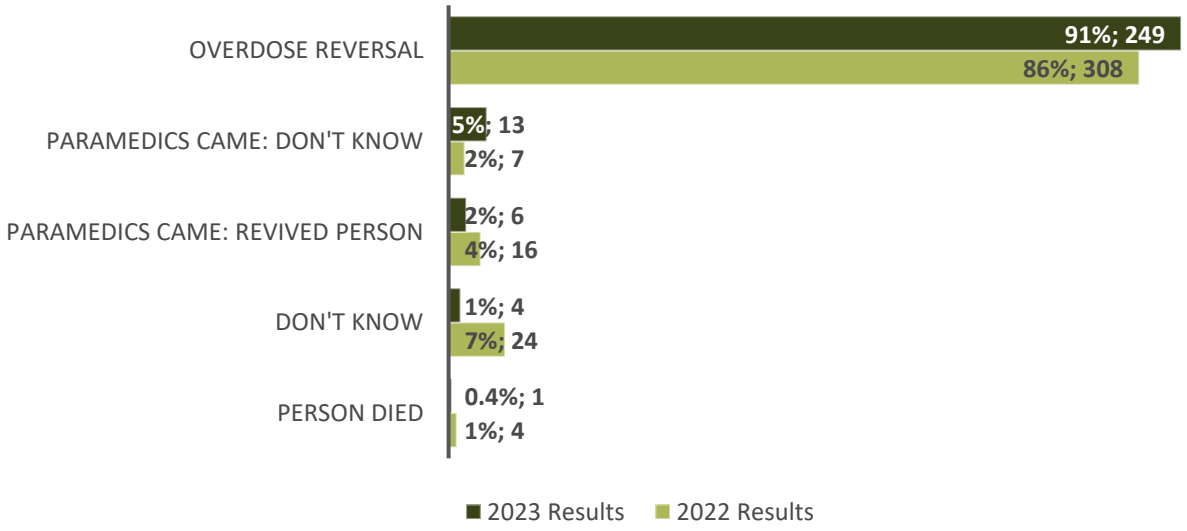
Reason for naloxone refill. Data for refill reasons was available for 97% (n=937) of refill visits. **To summarize, in order from the reason most cited for refill to least: Distributed to peers (62%; n=581); used to respond to overdose (29%; n=273); lost or stolen (8%; n=71); other – to have more on hand; expired (1%; n=9); and confiscated by authorities (0.3%; n=3).** All reasons for naloxone refills decreased in frequency between 2022 and 2023 except for distribution to peers (+19%). Here is the percentage decrease of the remaining reasons for refill between 2022 and 2023 from most to least: Used to respond to overdose (-14%); lost or stolen (-3%); other – to have more on hand; expired (-2%); and confiscated by authorities (-0.3%). Refer, Figure 49.

Figure 49. Frequency of Naloxone Refill in 2023 (n=937) Compared to 2022 (n=836) by Reason



Result of using naloxone to respond to overdose. Data presented here is only from trainees who responded that they were refilling their naloxone because they "used it to respond to an overdose." Data for the result of that use was available for 100% (n=273) of refill visits. **To summarize, in order from the reason most cited to least: Overdose reversal (91%; n=249); paramedics came and then didn't know what happened to the person (5%; n=13); paramedics came and then revived the person (2%; n=6); they didn't know what happened to the person (1%; n=4); and the person experiencing the overdose died (0.4%; n=1).** Results of the use of naloxone to respond to an overdose increased in frequency between 2022 and 2023 in terms of overdose reversals (+5%) and paramedics coming and then the trainee not knowing what happened (+3%) and decreased in terms of trainees not knowing what happened (-6%); paramedics coming and reviving the person (-2%); and the person experiencing an overdose dying (-0.6%). Refer, Figure 50.

Figure 50. Frequency of Naloxone Refill due to "Used to Respond to Overdose" in 2023 (n=273) Compared to 2022 (n=359) by Result of Naloxone Administration



Opioid overdose reversals. **In 2023, OPP naloxone training and refill services were directly responsible for at least 249 reported overdose reversals – a 19% reduction in reversals compared to 2022 (n=308). The 19% reduction in overdose reversals, coupled with the 19% increase in the distribution of naloxone to peers, may be related and suggest that prevention efforts are beginning to have a notable effect.** Also, it should be noted that while 249 opioid overdose reversals mean 249 possible opioid overdose deaths were prevented, this number is still likely grossly underreported. It can require one or multiple doses of naloxone to reverse an overdose depending on many factors, such as the amount and strength of substances used leading to the overdose, the individual's substance use tolerance level at the time of the overdose, and many more since participants are provided at least two nasal applicators of naloxone per kit and often request more than one kit per refill. It is difficult to gauge how many actual overdose incidents occurred and how many overdoses were reversed using naloxone refilled through HHHRC's OPP. For example, participants refilling their naloxone due to use could have used one or both doses from a single naloxone applicator to reverse one opioid overdose or reversed two opioid overdoses using both naloxone applicators provided in the kit. Refer, Table 13 (p. 55).

Table 13. No. Naloxone Training and Refill Visits, No. Naloxone Kits, No. Nasal Applicators, & No. Overdose Reversals by Location in 2023

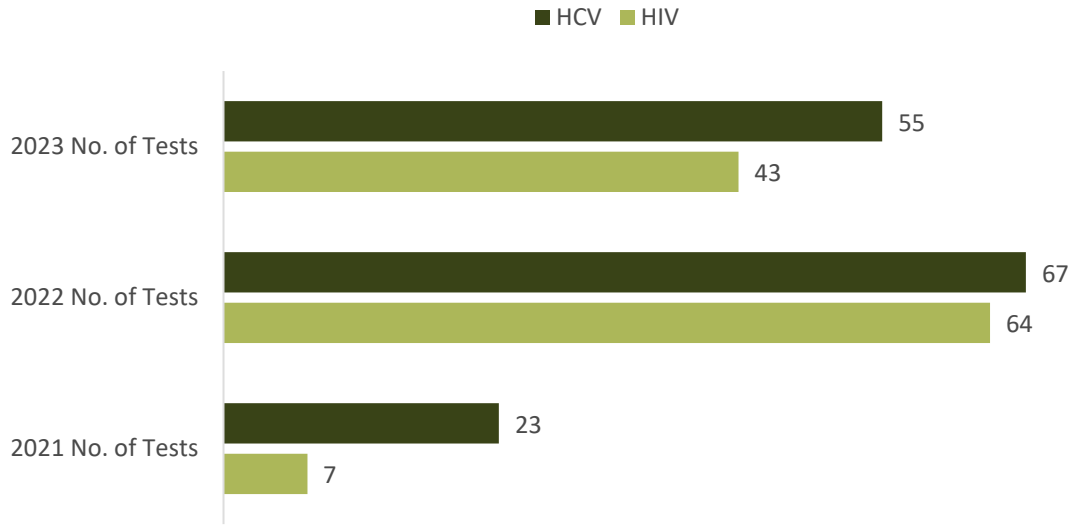
Location	No. of Visits	No. of Naloxone Kits	No. of Nasal Applicators	No. of Overdose Reversals
Statewide	**1,268**	**2,247**	**4,494**	**249**
Training	301	525	1,050	-
Refill	967	1,722	3,444	-
O'ahu	**589**	**1,180**	**2,360**	**166**
Training	152	261	522	-
Refill	437	919	1,838	-
Hawai'i Island	**320**	**450**	**900**	**51**
Training	29	33	66	-
Refill	291	417	834	-
Maui	**201**	**279**	**558**	**10**
Training	13	14	28	-
Refill	188	265	530	-
Kaua'i	**158**	**338**	**676**	**22**
Training	107	217	434	-
Refill	51	121	242	-

HIV/HCV Counseling, Testing & Referral

HHHRC offers on-site HIV and HCV testing services Monday through Friday from 9am to 4pm via walk-ins and scheduled appointments. HHHRC also offers testing through the Medical Mobile Unit (MMU) outreach weekly. HHHRC's Hepatitis C Coordinator conducts all rapid testing at the O'ahu SEP mobile site. Therefore, SEP only conducts rapid tests in the field.

In 2023, 98 tests were conducted through SEP – 43 HIV tests and 55 HCV tests. HIV and HCV test results were received by 100% (N=98) of the tested individuals. **Compared to 2022 (N=131), the number of HIV and HCV tests conducted in 2023 (N=98) decreased by 25%.** Refer, Figure 51.

Figure 51. No. of HCV & HIV Tests in 2023 (N=98) Compared to 2022 (N=131) & 2021 (N=30)



COST-BENEFIT ANALYSIS

In 2009, the CDC Division of HIV Prevention estimated that the life treatment cost of HIV was $367,134 per person.[27] By state, the estimated annual cost of HIV was calculated based on the number of new HIV diagnoses in each state, multiplied by the lifetime treatment cost discounted to the time of the infection for each unique case.[27] Using the CDC's estimated life treatment cost of HIV, based on 76 new HIV diagnoses in Hawai'i in 2022, the lifetime treatment cost was estimated to be about $27.9 million.[15, 27]

In 2015, a publication entitled "The lifetime medical cost savings from preventing HIV in the United States" sought to estimate the medical cost saved by averting one HIV infection in the United States using a computer simulation model of HIV disease and treatment.[28] The estimated discounted lifetime cost for persons who become HIV infected at age 35 is $326,500, which includes antiretroviral medications (60%), other drugs (15%), and nondrug costs (25%).[28] The discounted lifetime cost estimate for individuals who remain uninfected but at high risk for infection is $96,700.[27] **Therefore, the medical cost saved by avoiding one HIV infection is $229,899, or the price would reach $338,400 if all HIV-infected individuals presented early and remained in care.**[27]

Despite the general acceptance that syringe service programs (SSPs) reduce the incidence of HIV, they are asked to justify their utility to the general public. In 2021, Dr. Don Des Jarlais and his team published an article entitled "Is your syringe services program cost-saving to society?[29] A methodological case study." Des Jarlais et al. (2021) present a method of determining whether the costs of a program save money for society compared to the cost of treating people with HIV so that local SSPs have the tools to say, "We have done a cost-effectiveness study, and estimate that we are preventing X number of new HIV infections at the cost of Y dollars per infections prevented." To run the analysis, the SSP needs (1) an estimate of the size of the local PWID population, (2) program operations information, and (3) an estimate of HIV incidence in the local PWID population.[29] **HHHRC ran a cost-effectiveness analysis using internal data.** Refer, Table 14 (p. 56-57).

Table 14. Assessment of Whether HHHRC SEP is Cost-Saving to Society Using Des Jarlais et al. (2021) Model

Size of the local PWID population
Based on the number of unduplicated IDs in the Daily Logs, there are up to 6,374 PWID in Hawai'i.
Is HIV transmission among PWID under control in the local area?
HIV testing is readily available in the area. The SSP, some substance use programs, STI clinics, and the local health department all offer no-cost HIV testing. The health department conducts HIV surveillance based on the widespread availability of testing. Between 2018 and 2022, the number of newly identified cases of HIV infection among PWID as their transmission risk has remained relatively low and stable, ranging from 1 to 12, averaging 6 cases per year or a total of 32 cases during the past five 5 years.[15] The number of IDUs living with HIV is 128 (5.7%).[15] Note: This number excludes 105 persons out of care for over 10 years (i.e., initial diagnosis date, last known address, and last documented CD4/viral load test date were before July 1, 2013).[15]

Conclusion: HIV transmission among PWID is under control in this area.

Is the SSP "functioning very well?"

The SSP distributed 599,683 syringes statewide in 2023. It operates on a one-for-one model and encourages secondary exchange in which people exchange large numbers of items on a one-for-one basis for others who cannot attend the exchange to exchange for themselves for whatever reason.

Some pharmacies and stores in the area also sell syringes to PWID.

Informal interviews and surveys with PWID who access the SSP indicate that PWID believe they have good access to sterile syringes through the SSP.

The SSP does have staff assigned to assist PWID in accessing referrals to treatment for HCV, HIV, and substance use treatment, if desired, but cannot track participants if they fail to show up for their appointments.

SSP staff quarterly but informally interview program participants about whether the SSP is meeting their needs for sterile syringes and changes in the community's substance use patterns.

Conclusion: The SSP is functioning very well.

Cost-saving calculation

If the FY2023- 2024 SSP budget is $668,800 per year, the minimum number of new HIV infections that would need to be prevented is $668,800 ÷ $229,899 = 2.9, which rounds up to 3.

Conclusion: The minimum cost-savings threshold would be averting 4 additional new infections per year.

Is the SSP cost-saving to society?

Given that there is still some ongoing transmission of HIV in the PWID community, if we reduce the supply of sterile syringes by 599,683 per year in a PWID population of about 6,374, would we expect to see more than 3 additional HIV infections per year in the local PWID population?

All epidemiologic models as well as anecdotal experience would suggest that reducing the supply of sterile syringes by such a large amount would lead to more than 3 new HIV infections per year.

Conclusion: The SSP is cost-saving to society by averting at least 4 new HIV infections per year.

Although a vast body of scientific literature and the above results indicate that HHHRC SEP is cost-saving and effectively reduces the transmission of HIV among PWID, there is still stigma from community members and other groups associated with substance use leading SSPS to have to advocate for their services to continue.[29] Des Jarlais et al. (2021) suggested that positive cost-savings be utilized more often to provide additional arguments for supporters of SSPs since most supporters are already on board with saving lives and reducing HIV transmission, but the additional benefit of doing the right thing for public spending can provide another rationale to be leveraged in the face of adversity.[29] Des Jarlais et al. (2021) also suggested that positive cost-savings be utilized to counter the common arguments against SSPs, such as the argument that they are too expensive to fund, which is not true if they are preventing lifetime treatment costs of HIV possibly amounting $229,899 per person.[29]

EVALUATION LIMITATIONS

This evaluation presents the information HHHRC has on SEP activity in 2023 based on the available data. As with previous evaluations, there are limitations inherent to the approach taken in this evaluation. Simply stated, real life does not occur in a clean and controlled lab setting; life, like data, is inherently imperfect, but we always do the best with what we have. The following describes some of the limitations of the data used in this report.

Self-reporting

A self-report is any method that involves asking participants about their demographics, feelings, attitudes, beliefs, etc.[30] All data utilized in this report is self-reported data from SEP, outreach, and overdose prevention training participants. Some disadvantages of self-report data include honesty – participants may not answer honestly; introspective ability – participants may not be assessing themselves accurately; interpretation of questions – different words may have different meanings to various participants.[30]

Data Gaps

Participant ID Card Registration data can limit what data is reported and determine how many individuals utilize SEP. For example, participants may lose their Participant ID Cards; they might register more than once; they may provide the wrong card number while exchanging; cards with the same Participant ID number may be distributed if participants have overlapping initials and birth dates.

In 2020, the CDC advised: **"Data collection should be minimal and always serve a purpose. Participation in research activities should never be a requirement for participation in SSP. SSPs should strive to provide low-threshold services."** (Reference 32, p. 18)

Minimizing the Burden of Data

According to the CDC, data collection is essential to informing program planning and evaluation. [32] However, reporting requirements necessary for the maintenance of SEP funding necessitate collecting more data than is advisable by best practices for syringe service programs (SSPs). The best practices of SSPs indicate that it is best to minimize data collection.[31,32] SEP's data collection from participants should be minimal and not detract from the primary mission of providing sterile syringes, harm reduction supplies, overdose prevention training, and naloxone.[31,32]

Lack of Input from Program Participants

Due to the burdensome and triggering nature of lengthy, in-depth surveys and interviews, they are considered high-barrier data collection for program participants from vulnerable populations. However, the input of these participants is crucial to the success of the program, as well. Finding low-barrier ways to incorporate participant feedback is a goal in the upcoming year.

CONCLUSIONS

Downward Trend in Exchanges and Upward Trend in Visits Indicates Shift in Needs

Fewer Exchanges Indicate Reduction in Injection Drug Use & Opiate Use

In 2021, SEP exchanges were the highest they had ever been at the agency, but since then, exchanges have seen an unprecedented decrease. In 2023, SEP experienced a 30% decrease in exchange activity compared to 2022, and in 2022, SEP experienced a 31% decrease compared to 2021. The data suggests in several places in this report that our participants are moving away from injection drug use:

- Between 2022 and 2023, participants registered in 2023 who reported injection drug use as their preferred mode of substance use in the past 30 days declined from 61% to 29% – a 32% decrease.
- Between 2022 and 2023, the average number of syringes exchanged per visit declined: Statewide (-49%); Oʻahu (-51%); Hawaiʻi Island (-24%); Maui (-51%); and Kauaʻi (-32%).
- Between 2022 and 2023, visits where participants requested items from the broader category of safer injection supplies declined from 62% of visits to 53% – a 9% decrease.
- Between 2022 and 2023, visits where participants requested sharps containers, which are used to store used syringes until they can be exchanged or disposed of, declined from 10% of visits to 6% – a 4% decrease.

The data also suggests that our participants are moving away from opiate use:

- Between 2022 and 2023, participants registered in 2023 who reported using heroin in the past 30 days declined from 35% to 14% – a 21% decrease.
- Between 2022 and 2023, participants registered in 2023 who reported using fentanyl in the past 30 days declined from 20% to 10% – a 10% decrease.
- Between 2022 and 2023, participants registered in 2023 who reported using other opioids in the past 30 days declined from 9% to 4% – a 5% decrease.

Coupled with this unprecedented decrease in exchanges is an equally unprecedented shift in visits.

More Visits Indicate Participants Still Need Access to Harm Reduction Services

Generally, while participants appear to be moving away from injecting and opiates, they are not moving away from other harm reduction services, as evidenced by their continuing and increasing attendance to SEP. In 2023, SEP experienced a 35% increase in visits compared to 2022, and in 2022, SEP experienced a 71% increase compared to 2021. There are also marked differences in participant preferences by island and site, which should be considered. Although exchange activity and opiate use are declining, participant behavior around exchanges varies by site. In 2023, only a minor amount of the following location visits involved no exchanges at all: Hawaiʻi Island HHHRC (3%); Hawaiʻi Island KHW (2%); Maui HHHRC (3%); and Kaui MPHS (0%),

indicating that these sites are still being frequented by participants who are injecting. On the other hand, in 2023, the majority of Oʻahu HHHRC (59%) and Kauaʻi HHHRC (55%) visits did not involve any exchanges at all, indicating that most visits to both sites were only for other harm reduction supplies and services/support.

These disparities suggest that more exploration is needed into individual site activities and participant needs. It would be very beneficial to bring direct service workers, such as outreach workers, into program-level conversations regularly to have a more consistent understanding of these types of shifts. It would be especially beneficial to bring participants into the conversation as well.

Participants Preferring Smoking & Methamphetamine

There is evidence in the report to suggest that participants are moving towards inhalation (smoking) as their preferred mode of substance use and methamphetamine as their preferred drug of choice (DOC):

- Between 2022 and 2023, the annual number of visits for three out of four categories of harm reduction supplies decreased except for safer smoking supplies, which increased from 58% in 2022 to 66% in 2023 – an 8% increase.
- Between 2022 and 2023, participants registered in 2023 who reported smoking in the past 30 days remained somewhat stable from 61% to 29% (32%) compared to injecting, which fell from 35% to 14% (-21%).
- Between 2022 and 2023, participants registered in 2023 who reported using methamphetamine in the past 30 days remained somewhat stable from 74% to 68% (-6%) compared to heroin use, which fell from 35% to 14% (-21%).

To further this point, HDOH's overdose fatality showed that in 2023, there were more methamphetamine-related deaths (n=189) than opioid-related deaths (n=121).[11] HI-HIDTA reported even more methamphetamine-related deaths (n=222), specifying methamphetamine as the most legal drug in Hawaiʻi since 2016, accounting for 56% of drug-related deaths compared to fentanyl, which accounted for 29%.[12]

Overdose Prevention Program Continues to Prevent Fatal Overdoses

The Overdose Prevention Program (OPP), which operates alongside SEP, has continued to develop and grow over the past few years, especially with the salient fear that the overdose epidemic brought on by the presence of fentanyl. Since OPP began in 2016, at least 2,121 individuals have been trained in overdose prevention using naloxone. In 2023 alone, 301 individuals were trained on overdose prevention – a 39% increase from 2022 – and 525 naloxone kits/1,050 nasal applicators were provided to those trainees – a 42% increase from 2022. In 2023, there were 967 visits for refills – a 13% increase from 2022 – and 1,722 naloxone kits/3,444 nasal applicators were provided to those trainees – a 4% increase compared to 2022. When asked why participants were refilling their naloxone, the majority were refilling to distribute it to their peers (62%) – a 19% increase from 2022,

which suggests that OPP training and prevention efforts are ingratiating themselves in the PWUD community. On the other hand, the number of participants who were refilling their naloxone because they used it to respond to an overdose (29%) declined by 14% compared to 2022. However, the decline in refills due to responding to overdoses, coupled with the decline in overdose reversals (n=249), could suggest that prevention efforts are working due to the longevity of the program and recent increases in OPP training and distribution to peers.

RECOMMENDATIONS

Based on the findings of this report, the evaluator recommends the following:

SEP Recommendations

Procure a Brick & Mortar Fixed Site on Oʻahu

HHHRC SEP operates mostly through mobile sites, which have benefits, such as reaching target groups who might face transportation issues or fear stigma at fixed sites.[32] But on Oʻahu specifically, SEP's most utilized mobile site is its parked location in Chinatown – an area central to most Honolulu-based participants. It is highly recommended that SEP explore the possibility of procuring a fixed site location in or near Chinatown. According to a 2020 technical package for SSPs published by the CDC, fixed-site models work best in locations where people who use drugs (PWUDs) are gathered.[32] Fixed site locations also allow for easier integration of or referral to other support services and provide a set location with predictable hours for easier access to PWUD.[32]

Increase Capacity on Hawaiʻi Island, Maui, and Kauaʻi

Although exchanges are declining, visits continue to rise. The rising number of visits suggests that SEP participants continue to seek harm reduction services in all SEP locations. This is likely due to the scarcity of harm reduction service availability in the State of Hawaiʻi. It is encouraged that HHHRC continues to seek community partnerships and increase its internal SEP staffing on Hawaiʻi Island, Maui, and Kauaʻi.

Invest in Additional Harm Reduction Supplies

As evidenced by the increase in visits despite the decrease in exchanges, it is suggested that SEP invest funds into existing harm reduction supplies (e.g., pipe covers, hygiene kits, first aid kits, food, and test strips). In addition, it is suggested that SEP explore investing funds in other harm reduction supplies that would benefit its SEP and outreach contacts, such as drug testing kits, injection alternatives such as safer smoking supplies beyond pipe covers, etc.

Injection alternatives. There is data to suggest that investing in injection alternatives such as safer smoking supplies would be a logical move for SEP, given that both state- and SEP participant-level drug use data indicate a growing preference for smoking over injecting. In particular, the provision of safer smoking supplies, such as pipes, for PWUD using stimulants and/or opiates would be beneficial, given the rising popularity of stimulants during the opioid overdose epidemic and the rising

popularity of smoking in general. Providing these as an alternative to injection also decreases the risk of transmission or acquisition of HIV and HCV.

A 2017 research study entitled "Declining rates of health problems associated with crack smoking during the expansion of crack pipe distribution in Vancouver, Canada" examined the relationship between acquiring pipes through health service points (e.g., syringe service programs) versus other sources (e.g., street or homemade) and self-reported health problems associated with smoking.[33] In total, 1,718 participants contributed to the study, and it was found that the expansion of crack pipe distribution services reduced health problems such as burns, mouth sores, cut fingers/sores, raw throat, or coughing blood from crack smoking in this setting.[33] The study concluded that access to safe smoking equipment may reduce health problems and conserve healthcare spending associated with those health problems.[33]

A 2022 research study entitled "Heroin pipe distribution to reduce high-risk drug consumption behaviors among people who use heroin: a pilot quasi-experimental study" conducted a pretest-posttest study to evaluate the impact of heroin pipe distribution on substance use behaviors among people who use heroin (PWUH).[34] Participants were recruited from a single SSP site in Seattle, Washington, operated by the People's Harm Reduction Alliance (PHRA).[34] Across seven observation time points, 694 participants completed 957 surveys, and it was found that a lower proportion of participants exclusively injected heroin compared to a higher proportion who used heroin through both injection and smoking.[34] The study concluded that heroin pipe distribution at SSPs may change drug consumption behaviors and reduce harms associated with heroin injection.[34]

Expansion & Integration of On-site Services through SEP

Ramp up HIV/HCV testing efforts on-site. Testing through SEP declined by 25% in 2023 despite an increase in 2022. The lack of testing that HHHRC provided in 2020 and 2021 implies that many SEP participants remain undiagnosed or untreated for HIV and HCV. This is a public health issue, and it is highly recommended that HHHRC invest additional time and energy into ramping up HIV and HCV outreach, testing, and linkage. This will require additional funding for more staff. In the interim, SEP can continue to integrate outreach, testing, and linkage (OTL)-trained staff into SEP operations to increase access to OTL.

Offer insurance enrollment on-site. Historically, HHHRC has been very successful at enrolling SEP participants in a health insurance plan. However, the number of registered SEP participants who were insured in 2023 (68%) declined by 11% compared to 2022. It is recommended that HHHRC consider having some of its in-house insurance navigators spend some time at SEP locations, meeting with uninsured participants to get them enrolled. Health coverage is imperative for SEP participants, many of whom have complex physical needs.

Substance use treatment by request. HHHRC follows a harm reduction model and does not force treatment on participants, but treatment referrals should be available when (and if) participants are ready. The benefit of the harm reduction model and the relationships that the SEP outreach staff have with the participants is the trust and relationship-building that has taken place. It would be beneficial for HHHRC to hire a Certified Substance Use Counselor (CSAC) and partner with treatment

providers so that if participants are interested in treatment, SEP outreach staff can provide a warm handoff to the CSAC and/or necessary community partners.

State-Level Policy Recommendations

Modify Drug Paraphernalia Laws

Some states that explicitly authorize SSPs make exceptions to the definition of drug paraphernalia to include syringes and other items if SSPs provide them.[35] For example, SEP has a small exemption from Hawai'i's current drug paraphernalia law (i.e., HRS §329-43.5 Prohibited Acts Related to Drug Paraphernalia), allowing SEP participants to carry syringes to and from SEP for exchange. This exemption is written on the back of SEP participant cards to be shown in case of law enforcement engagement (refer to Figure 5, p. 12).

However, these exceptions can be confusing. While helpful in encouraging participants to bring their used syringes to the exchange for safe disposal, some participants still report being arrested for trace amounts of residue in used syringes or having syringes confiscated due to selective enforcement of this law despite SEP's exemption. Additionally, testing equipment is also considered drug paraphernalia under Hawai'i Revised Statute §329-43.5, and therefore illegal. Drug paraphernalia laws were meant to discourage illicit substance use, but instead, they frequently yield disease and fatality that might otherwise be avoided.[35]

> Vague paraphernalia laws lead to interactions with law enforcement like the following interaction documented in a SEP outreach worker field note:
>
> ***"Participant came to van and told us he almost got arrested in Waikiki while carrying safer injection supplies and naloxone but since he had no drugs, he wasn't arrested."***

A 2022 publication entitled "Drug Paraphernalia Laws Undermine Harm Reduction" states-level drug paraphernalia laws prevent PWUDs from protecting themselves against risks associated with illicit substance use.[35] Drug paraphernalia laws also threaten to punish individuals providing harm reduction services, such as service providers and SSP staff.[36] Instead of criminalizing PWUD, service providers, and SSP staff, the goal of all drug paraphernalia policies should be to save lives by reducing the risks of overdose and disease, which means removing barriers to obtaining and distributing sterile syringes and drug testing equipment.[36] Currently, Alaska is the only state that has no laws restricting drug paraphernalia, leaving residents free to access the tools they need to reduce the harm associated with substance use.[36]

Thus, Hawai'i drug paraphernalia laws need to be reformed. As it stands now, the current statute allows SEP to provide syringes but no other items that could be considered drug paraphernalia when it is known that bloodborne pathogens can be transmitted through other items like cookers, cotton, or ties. Adding a statute allowing immunity to SEP participants and SEP outreach staff so that they can continue to take action to prevent fatal overdoses and reduce the transmission of infectious diseases like HIV and HCV is imperative.

Change from a One-for-One Model to a Distribution Model

Multiple research studies, the CDC, and the Substance Abuse and Mental Health Services Administration (SAMHSA) support that the best model for SSPs is *needs-based syringe distribution* in which participants are provided with the number of syringes they need to use safely.[36] Of the states that offer syringe exchange, only Hawai'i and Florida continue to enforce a strict one-for-one syringe exchange model wherein participants are only provided with the number of syringes they have on hand to exchange.[35,36] In a 2009 report entitled "Recommended Best Practices for Effective Syringe Exchange Programs in the United States," the report explicitly states that the following are SSP practices to avoid, emphasizing not to impose limits on the number of syringes allowed to be exchanged:

- Limiting the frequency of visits and number of syringes;
- Requiring one-for-one exchange;
- Restricting syringe volume with unnecessary maximums.[31]

There are several issues with the one-for-one exchange. A one-for-one exchange model requires SSP participants to collect and keep syringes until they can return them to the SSP rather than safely dispose of them as soon as possible.[36] Another issue specific to HHHRC SEP participants is that due to the high incidence of houselessness among SEP participants, it is challenging for them to keep their belongings for any extended period with the frequency of law enforcement "sweeps" wherein they abruptly lose their belongings, have to leave their belongings quickly for fear of legal penalty or have their items stolen. SEP participants not having syringes to exchange has led to countless situations like the following exchange, which was documented in a field note by an outreach worker:

Describe	Assessment	SEP Actions/Response	Participant Actions/Response	Successes/ Challenges
Participant came to van saying, "I just need a starter kit, please."	*Participant seemed flustered and seemed like they were upset because Longs only had a box only for $58 of syringes.*	*Provided the participant with words of advice to find one on the ground.*	*Participant came to us asking for help with finding a syringe and we told him where he could find one.*	*Participant was not able to get a syringe.*

There are many more instances like this. For example, "A participant came to the van for an exchange but notified us they had their belongings stolen so they had no syringes to exchange." In response, the outreach staff "Provided the participant with no syringes. Told him he could 'ask someone or find some on the ground around the area.' But there were no syringes in the park or playground areas." Needs-based distribution is the best model for SSPs to be able to continue to provide their crucial public health intervention, which is essential to reducing the risk of HIV, hepatitis, and other communicable diseases among PWID and their communities.[36] ***Hawai'i needs to change the one-for-one model to a needs-based distribution model, which is currently considered best practice.***

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APPENDIX A:

No. of Exchanges (N=599,683) by SEP Location, Type of Encounter & Month in 2023

Location	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL (Left to Right)
Statewide	**58,370**	**66,693**	**50,561**	**58,102**	**52,338**	**42,594**	**52,824**	**52,081**	**44,778**	**43,284**	**37,538**	**40,520**	**599,683**
SEP	57,452	66,022	50,561	57,177	49,021	42,586	52,780	51,774	44,778	41,220	36,745	40,121	590,237
Outreach	918	671	-	925	3,317	8	44	307	-	2,064	793	399	9,446
O'ahu HHHRC	**29,699**	**22,838**	**27,444**	**36,026**	**25,619**	**21,435**	**30,585**	**37,403**	**23,036**	**19,156**	**19,374**	**21,736**	**314,351**
SEP	29,601	22,167	27,444	35,101	22,302	21,427	30,541	37,096	23,036	17,092	18,581	21,337	305,725
Outreach	98	671	-	925	3,317	8	44	307	-	2,064	793	399	8,626
Hawai'i Island HHHRC	**13,410**	**13,916**	**11,329**	**10,111**	**9,814**	**12,095**	**6,367**	**5,927**	**10,515**	**14,019**	**12,412**	**12,587**	**132,502**
SEP	13,410	13,916	11,329	10,111	9,814	12,095	6,367	5,927	10,515	14,019	12,412	12,587	132,502
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-
Hawai'i Island KHW	**2,628**	**16,546**	**2,076**	**2,222**	**2,768**	**2,474**	**2,564**	**3,646**	**3,026**	**2,940**	**1,681**	**1,670**	**44,241**
SEP	1,808	16,546	2,076	2,222	2,768	2,474	2,564	3,646	3,026	2,940	1,681	1,670	43,421
Outreach	820	-	-	-	-	-	-	-	-	-	-	-	820
Maui HHHRC	**7,042**	**7,687**	**4,472**	**5,173**	**8,377**	**6,410**	**9,216**	**3,000**	**4,424**	**4,299**	**2,766**	**2,944**	**65,810**
SEP	7,042	7,687	4,472	5,173	8,377	6,410	9,216	3,000	4,424	4,299	2,766	2,944	65,810
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-
Kaua'i HHHRC	**5,591**	**5,269**	**5,100**	**4,450**	**5,510**	**-**	**3,892**	**1,711**	**3,645**	**2,460**	**1,066**	**1,518**	**40,212**
SEP	5,591	5,269	5,100	4,450	5,510	-	3,892	1,711	3,645	2,460	1,066	1,518	40,212
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-
Kaua'i MPHS	**-**	**437**	**140**	**120**	**250**	**180**	**200**	**394**	**132**	**410**	**239**	**65**	**2,567**
SEP	-	437	140	120	250	180	200	394	132	410	239	65	2,567
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-

APPENDIX B:

No. of Visits (N=19,732) by SEP Location, Type of Encounter & Month in 2023

Location	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL (Left to Right)
Statewide	**2,161**	**1,706**	**2,145**	**1,881**	**1,757**	**1,553**	**1,364**	**1,544**	**1,540**	**1,521**	**1,358**	**1,202**	**19,732**
SEP	2,123	1,666	2,121	1,871	1,682	1,527	1,319	1,464	1,517	1,455	1,294	1,186	19,225
Outreach	38	40	24	10	75	26	45	80	23	66	64	16	507
Oʻahu HHHRC	**1,936**	**1,396**	**1,836**	**1,631**	**1,474**	**1,350**	**1,143**	**1,303**	**1,238**	**1,248**	**1,120**	**952**	**16,627**
SEP	1,900	1,356	1,812	1,621	1,399	1,324	1,098	1,223	1,215	1,182	1,056	936	16,122
Outreach	36	40	24	10	75	26	45	80	23	66	64	16	505
Hawaiʻi Island HHHRC	**55**	**61**	**70**	**58**	**73**	**83**	**65**	**65**	**75**	**89**	**87**	**73**	**854**
SEP	55	61	70	58	73	83	65	65	75	89	87	73	854
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-
Hawaiʻi Island KHW	**65**	**134**	**90**	**77**	**89**	**57**	**58**	**67**	**100**	**71**	**62**	**71**	**941**
SEP	63	134	90	77	89	57	58	67	100	71	62	71	939
Outreach	2	-	-	-	-	-	-	-	-	-	-	-	2
Maui HHHRC	**54**	**55**	**74**	**60**	**60**	**60**	**50**	**54**	**59**	**59**	**47**	**65**	**697**
SEP	54	55	74	60	60	60	50	54	59	59	47	65	697
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-
Kauaʻi HHHRC	**51**	**57**	**73**	**52**	**58**	**-**	**47**	**50**	**65**	**49**	**36**	**39**	**577**
SEP	51	57	73	52	58	-	47	50	65	49	36	39	577
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-
Kauaʻi MPHS	**-**	**3**	**2**	**3**	**3**	**3**	**1**	**5**	**3**	**5**	**6**	**2**	**36**
SEP	-	3	2	3	3	3	1	5	3	5	6	2	36
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-