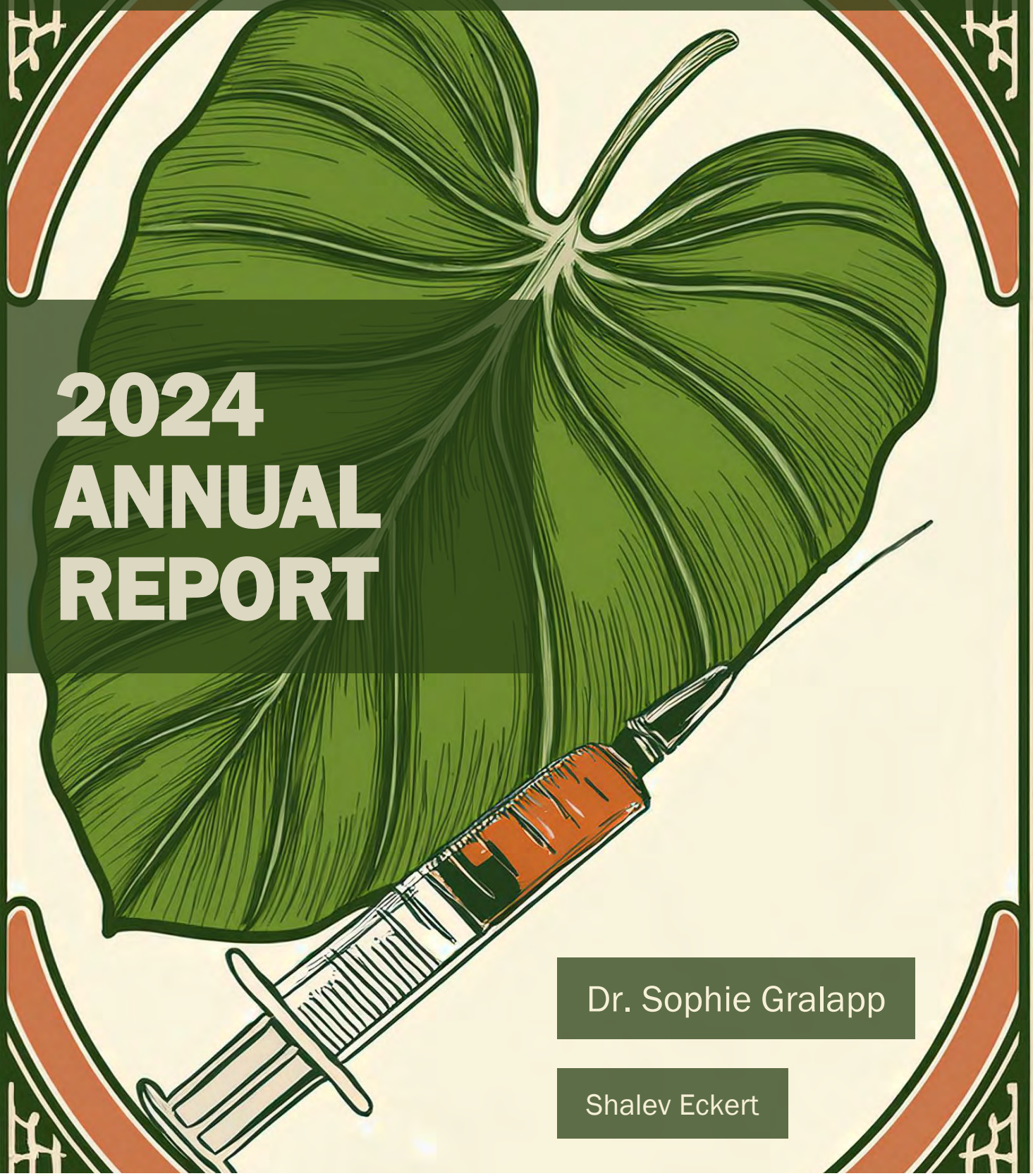
HAWAIʻI HEALTH & HARM REDUCTION CENTER

SYRINGE EXCHANGE PROGRAM

2024 ANNUAL REPORT



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EXECUTIVE SUMMARY

- In 1989, Hawai‘i pioneered state-funded syringe exchange to combat HIV/AIDS, beginning at an underground syringe exchange called the Rubber Room located in Honolulu’s Chinatown. This predicated Act 280 being signed into law, allowing the two-year pilot syringe exchange program to legally begin in 1990.
- During 2024, 42% (*n*=1,470) of 3,510 participants who exchanged with the Syringe Exchange Program (SEP) had complete demographic data available:
  - Half of participants were engaged with SEP for less than one year (50%) compared to one to five years (41%) and five or more years (10%).
  - Most participants were born in Hawai‘i (56%) and a significant number were born in California (12.6%).
  - The average age of participants was 45 years, ranging from 18 to 95.
  - Participants were predominantly male (67%).
  - About 41% of participants identified as multiracial.
  - In a select all that apply question, 48% of participants identified as Caucasian/White, 38% as Native Hawaiian, and 27% as Asian.
  - Most participants had health insurance (76%).
  - Most participants were experiencing housing instability (77%).
  - Most participants engaged in polysubstance use (61%).
  - Substance use trends among participants show rising methamphetamine (83%) and declining heroin (24%) use.
  - Mode of substance use trends among participants show rising preference for smoking (82%) and declining for injecting (48%).
- Just over half of visits to SEP involved exchanging syringes (52%) while the remainder were for other harm reduction supplies such as first aid supplies, hygiene kits, and condoms.
  - The number of syringes exchanged through SEP during 2024 (*N*=484,212) decreased 19% from 2023 (N=599,683) and the number of visits to SEP during 2024 (*N*=17,926) decreased 9% from 2023 (*N*=19,732).
  - Of all SEP sites – O‘ahu (HHHRC), Hawai‘i Island (HHHRC, Kumukahi Health + Wellness), Maui (HHHRC, Maui AIDS Foundation), Kaua‘i (HHHRC, Mālama Pono Health Services) – each experienced declines in visits between 2023 and 2024 except the Hawai‘i Island HHHRC mobile site, which saw a 6% increase.
- Overdose prevention increased during 2024, with 1,242 naloxone kits provided to participants during 7% of 17,926 visits, resulting in at least 284 overdose reversals compared to 249 during 2023 - a 14% increase.
- Testing efforts through SEP have been improving, with a 114% increase in HIV rapid tests conducted and a 96% increase in HCV rapid tests conducted at SEP sites since 2023.
- Recent trends indicate that the substance user community in Hawai‘i is decreasing injection and increasing smoking, requiring ongoing monitoring and adaptive strategies to meet the community where they are in terms of needs.

ACKNOWLEDGMENTS

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

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FOUNDATION OF SYRINGE EXCHANGE IN HAWAIʻI

An estimated one million people in the United States inject substances.[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, bacterial and fungal infections through injection substance use is primarily caused by "using and sharing contaminated injection 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* state 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 use substances (PWUD) by staffing health educators and others knowledgeable of injection substance use in the state to provide services. As of December 2025, 584 Syringe Services Programs (SSPs) were operating across 40+ states and territories, including the District of Columbia and Puerto Rico.[7]

SEP's goal is to prevent the transmission of HIV, hepatitis C virus (HCV), along with other blood-borne pathogens, and to refer persons who use drugs (PWUD) to health and social services in Hawaiʻi.

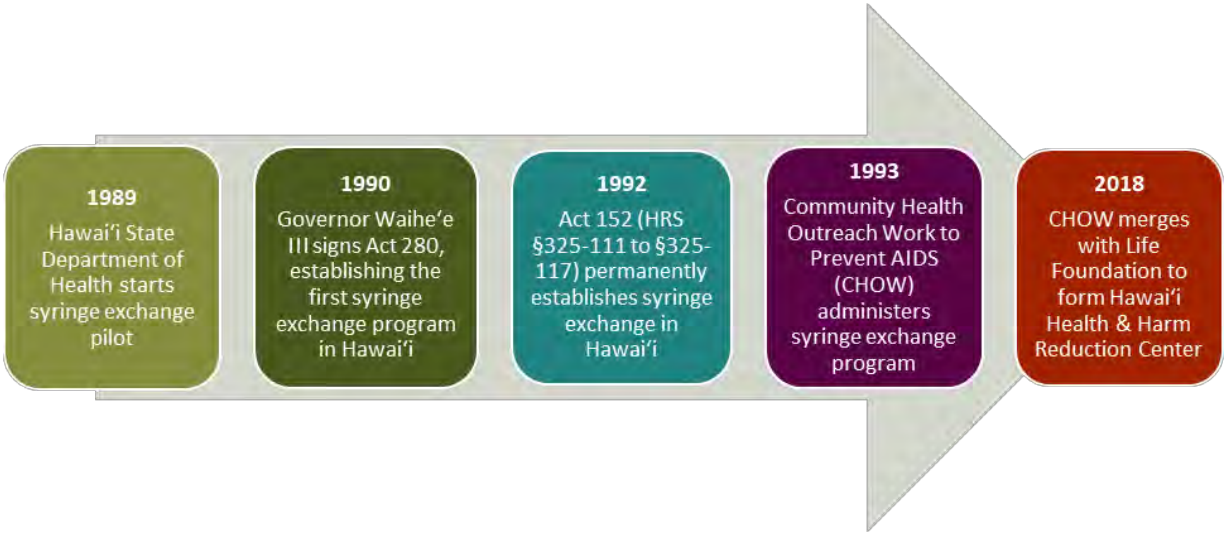
The current iteration of the SSP began in a quiet underground exchange called the Rubber Room located in Honolulu's Chinatown on Hotel Street, which was funded and operated by the Life Foundation. The Rubber Room was a space for PWUD and sex workers to exchange their used for sterile syringes as well as get information and referrals. However, due to legal

barriers and threats of arrest, the underground exchange became motivated towards establishing itself as a legal SSP. After some fits and starts, in 1990, former Governor John David Waihe'e III signed Act 280 into law, which allowed HDOH to establish a two-year pilot Syringe Exchange Program (SEP). The first version of the SEP was operated out of the Rubber Room by members of the Life Foundation, the oldest AIDS service organization (ASO) in the Pacific.

Life Foundation's early involvement with SEP came before its eventual merger twenty-eight years later with the community organization that would run the SEP in Hawai'i – Community Health Outreach Work to Prevent AIDS (CHOW) Project. In 1992, when the two-year pilot SEP ended, and its safety and effectiveness were evaluated, the Hawai'i State Legislature passed Act 152. This act, codified as Chapter 325, Part VII of Hawai'i Revised Statutes (HRS §325-111 to §325-117), authorized HDOH to implement a statewide SEP. HRS §325-115 requires HDOH to appoint a Syringe Exchange Oversight Committee (SEOC) to monitor progress and effectiveness and to review program data. HRS §325-116 mandates HDOH to report annually to the SEOC, including participant numbers and demographics, the program's impact on HIV infection rates, an evaluation of cost-effectiveness, the advisability of continuing the program, and recommendations for improvement. This evaluation fulfills SEP's obligations under these statutes.

In 1993, HDOH named CHOW Project the coordinating agency for the statewide SEP. By 1994, CHOW Project extended SEP from O'ahu to Hawai'i Island, Maui, and Kaua'i counties. In 2018, CHOW Project merged with Life Foundation under its new 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 three (*N*=3) subcontractor fixed sites on Hawai'i Island (*n*=1), Maui (*n*=1), and Kaua'i (*n*=1), providing 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.

Type of SEP Operations

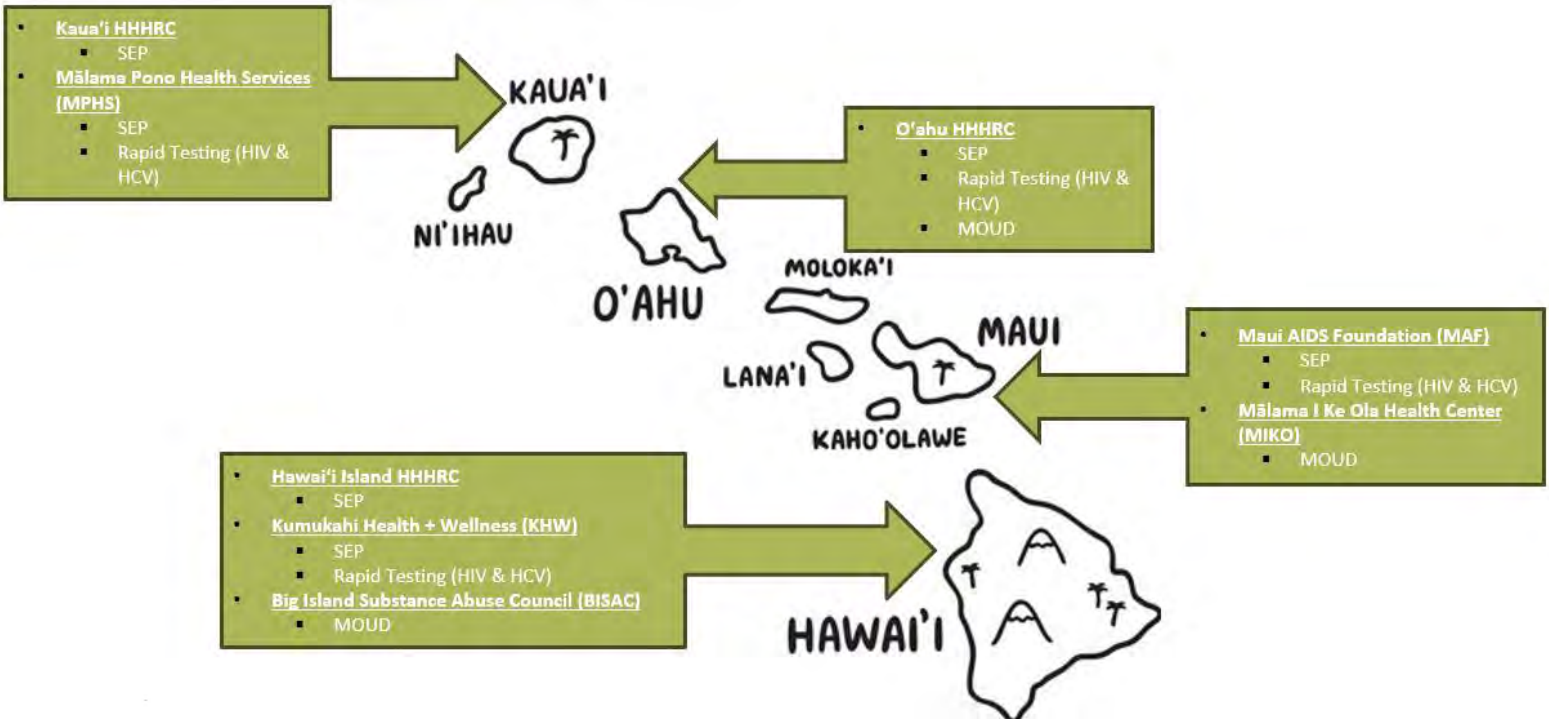
HHHRC operates SEP through "mobile syringe exchange sites" (mobile sites), "syringe exchange appointments" (SEA), and "fixed location sites" (fixed sites) via partner agencies on Hawai'i Island, Maui, and Kaua'i. At mobile sites, SEP outreach workers conduct exchanges and harm reduction activities from HHHRC vehicles. Through SEA, outreach workers meet participants at locations chosen by the participants in areas frequently visited by PWUD. At a fixed site, participants travel there 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. HHHRC's Medical Mobile Unit (MMU), also brings 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, Maui, and Kaua'i operate their respective SEPs through mobile sites, fixed sites, and SEA, while O'ahu operates only through mobile sites and syringe exchange appointments (SEA). HHHRC contracts with sister organizations on neighboring islands. Hawai'i Island SEP partners with Kumukahi Health + Wellness (KHW) to conduct syringe exchange out of their office in Kailua-Kona. SEP outreach workers provide complimentary services to KHW 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. Kaua'i SEP partners 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. Maui HHHRC began its partnership with Maui AIDS Foundation (MAF) on July 1, 2024. HHHRC continues to seek community partnerships on neighboring

islands to enable low-barrier harm reduction services for all community members needing support. Refer to Figure 2.

Figure 2. Map of Statewide HHHRC SEP Coverage & Subcontractors



"God bless. Services are amazing. Helps a lot. Saves me. If it wasn't for this, I would be using dirties and vein water. People are cool – treat me human."

-SEP Participant

2024 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 details SEP services to fulfill that requirement. The date range for the information presented is January 1 through December 31, 2024.

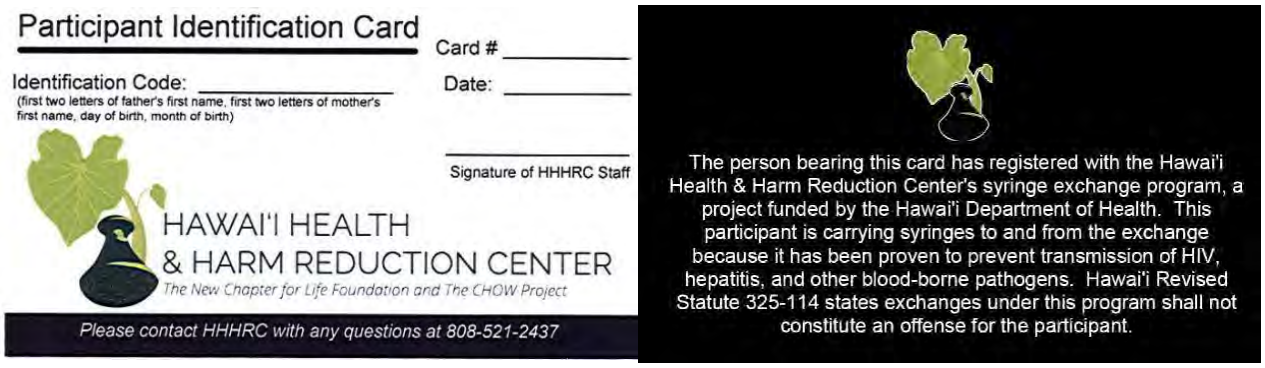
Data Sources

During 2024, 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

When registering for SEP, participants are asked to complete the "Participant Registration Form," which provides a snapshot of them at the time via self-reporting of their demographics, housing status, and substance use practices. Participants may choose whether to opt for a physical Participant Identification Card (Participant Card) with their unique alphanumeric identifier (Participant ID) to protect participant identities written on it. However, registering for a Participant Card is incentivized because the back of the card summarizes the Hawai‘i Revised Statutes (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 to Figure 3.

Figure 3. Front & Back of Participant Identification Card



Daily Log Database

A "Daily Log" is filled out by SEP outreach workers to track the usage of services during visits. The daily log records Participant IDs, where the exchange occurred, the number of syringes exchanged, and what types of supplies were given out (i.e., safer injection 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).

Naloxone Training & Refill Database

Due to Act 68, with the support of the Alcohol & Drug Abuse Division (ADAD) and Overdose Data 2 Action – States (OD2A-S), HHHRC also operates an 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 outreach. OPP includes 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, ADAD. SEP outreach workers must record all naloxone distributed for reporting purposes.

Testing Databases

HHHRC provides HIV and HCV outreach, testing, and linkage as part of its portfolio of services. These services are offered through HHHRC’s main office on O‘ahu, during Medical Mobile Unit (MMU) outreach, and at the downtown SEP mobile site. Historically, participants wishing to be tested on Hawai‘i Island, Maui, and Kaua‘i were referred to HDOH testing sites and partner agencies. Starting on July 1, 2024, an infusion of Opioid Settlement Funds (OSF) allowed SEP to expand its testing services and offer HIV and HCV testing, outreach, and linkage through its subcontractors Kumukahi Health + Wellness (KHW) on Hawai‘i Island, Maui AIDS Foundation on Maui, and Mālama Pono Health Services (MPHS) on Kaua‘i.

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 and/or Peer Navigator conducts all rapid testing at the downtown

SEP mobile site on Monday through Friday on O‘ahu from 10am to 1pm. 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. Subcontractors KHW on Hawai‘i Island, MAF on Maui, and MPHS on Kaua‘i are responsible for managing their own testing services based on their specific programs. Subcontractor SEP participant testing information is entered into a Monthly Hepatitis Reporting form that is submitted to both HDOH and HHHRC.

EvaluationWeb. After receiving test results, HHHRC staff enter 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 past evaluations has reflected testing on O‘ahu only, but this evaluation will include testing from subcontractor sites KHW, MAF, and MPHS beginning July 1, 2024, when OSF funding began.

Data Analysis

After data had been entered into Microsoft Excel, the 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, which is a statistical software suite. Preliminary analyses enable the evaluation of the relationship between SEP utilization in 2024 (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).

“Thanks for helping us addicts stay safe and protected. I really need the help, so I don’t rob and die.”

-SEP Participant

2024 Statewide Syringe Exchange Program Participants

For the purposes of this report and moving forward, HHHRC has improved the acuity of its approach to analyzing demographic and characteristic data of SEP participants. Historically, participant data was presented using available data from the Participant Registration Database, which may or may not have been reflective of the participants that engaged in services during that reporting year. To most accurately depict SEP participants during 2024, the improved process entailed (a) assembling a complete list of Participant IDs from the Daily Logs of participants who exchanged syringes during the reporting period, (b) manually "scrubbing" and consolidating that complete list for errors and typos, (c) cross-referencing the "scrubbed" Participant ID list with those in the Participant Registration Database, and (d) creating a new Participant Registration Database comprised of only participant IDs who utilized services in 2024 for this report. The above-cited process has been used to gather all aggregate and site-specific demographic and characteristic participant data for this report. For the first time, the site-specific sections will offer a brief demographic and characteristic summary, as well, to highlight any relevant differences between the populations of different SEP sites. Refer to Table 1 for a breakdown of the number of participant registrations available relative to those served by location.

Table 1. Unduplicated SEP Participants Served (*N*), Participants Served & Registered (*n*), and Participants Served & Registered (%) by Location during 2024

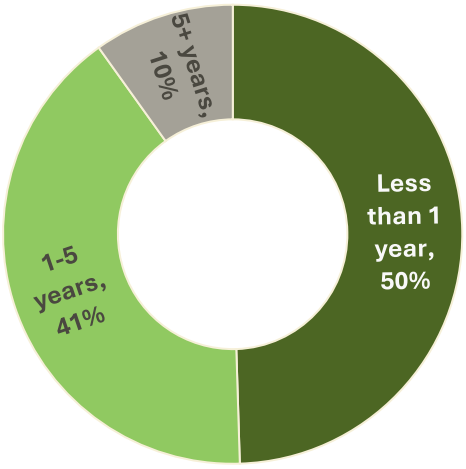
Location	Participants Served (*N*)	Participants Served & Registered (*n*)	Participants Served & Registered (%)
Statewide	**3,510**	**1,470**	**42%**
Oʻahu HHHRC	2,690	1,070	40%
Hawaiʻi Island HHHRC	207	117	57%
Hawaiʻi Island KHW	140	81	58%
Maui HHHRC	230	35	15%
Maui MAF	48	25	52%
Kauaʻi HHHRC	185	134	72%
Kauaʻi MPHS	10	8	80%

During 2024, at least partial data was available for 1,470 (42%) of the 3,510 unduplicated participants served by SEP statewide, utilizing participant-level data extracted from their Participant Registration Forms. Due to the change in data gathering practices during 2024, comparison data from 2023 will not be used in the participant-level data sections. The use of comparison data may resume next year when there is comparison data available from this year, if appropriate. To see aggregate participant demographic data, see Appendix A: Statewide SEP Participant Demographics, p. 65.

Registered Participant Demographics

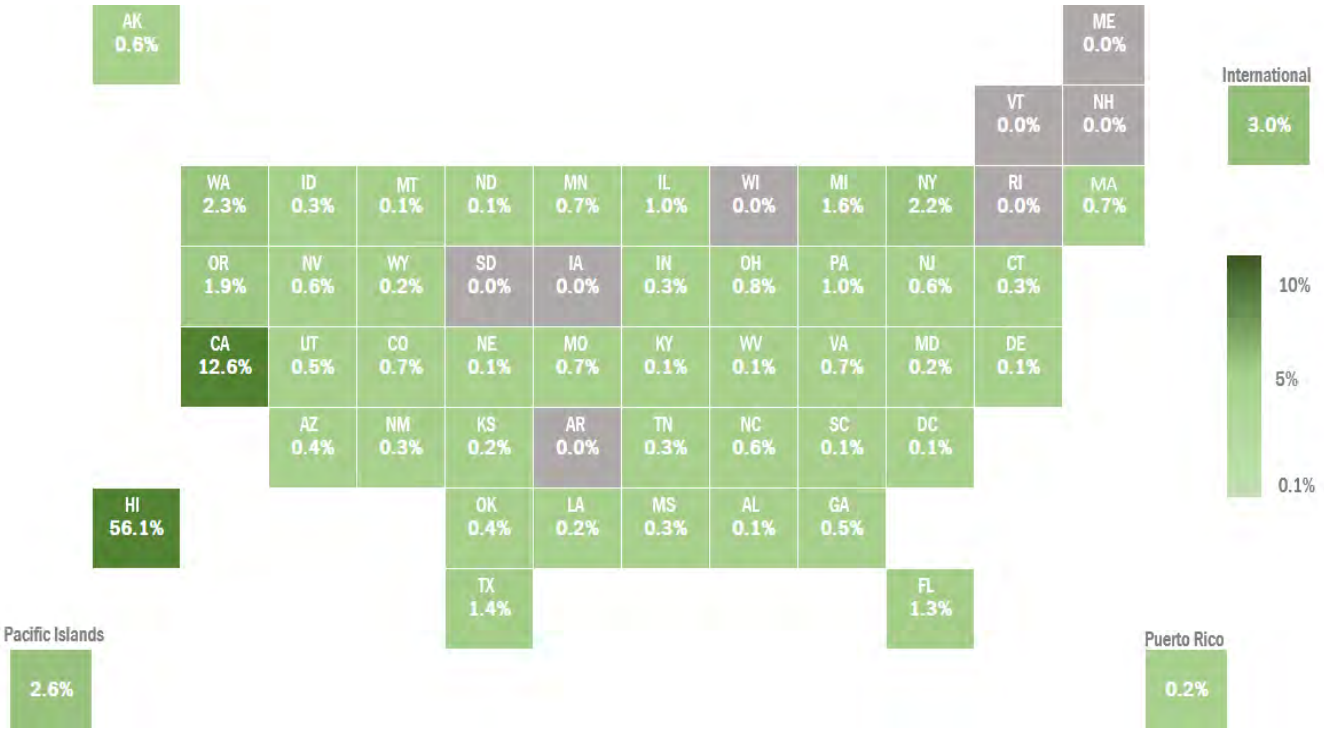
Length of engagement. Participants' length of engagement with SEP is calculated based on registration date, as well as participant notes from surveys and other participant engagement. **Half of the participants had been engaged with the program for less than 1 year (50%; *n*=728), compared to 41% (*n*=598) who had been engaged for 1-5 years, and 10% (*n*=144) who had been engaged for 5 or more years.** Refer to Figure 4 (right).

Figure 4. Frequency of Length of Engagement of Participants who Exchanged during 2024 (*N*=1,470)



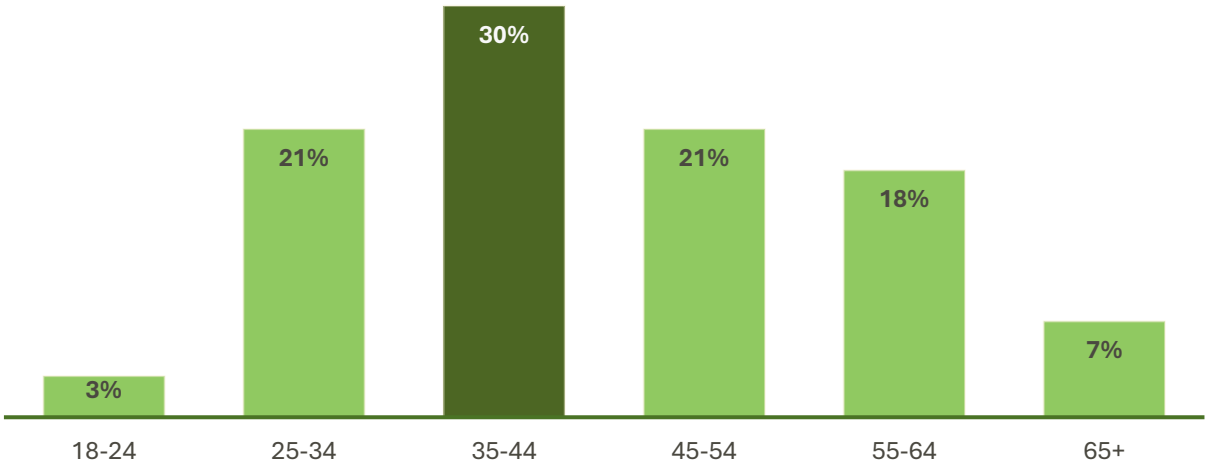
Birthplace. Most (59%; *n*=852) participants were born in Hawai'i (56%; *n*=814) and the Pacific Islands (3%; *n*=38). The second-most participants were born in the Continental United States or Puerto Rico (38%; *n*=553), and few were born outside of the United States (3%; *n*=46). Interestingly, California alone was responsible for 12.6% (*n*=183) of participants being born there. Refer to Figure 5 (below) & Appendix A (p. 65).

Figure 5. Frequency of Birthplace of Participants who Exchanged during 2024 (*n*=1,452)



Age. SEP serves diverse adult population ranging from 18 to 95 years old, with an average participant age of 45. The largest concentration of participants is between the ages of 35 and 44 (30%; *n*=441) while the lowest concentration is between the ages of 18 and 24 (3%; *n*=37). Refer to Figure 6 (below) & Appendix A (p. 65).

Figure 6. Frequency of Age Group (in years) of Participants who Exchanged during 2024 (*n*=1,446)

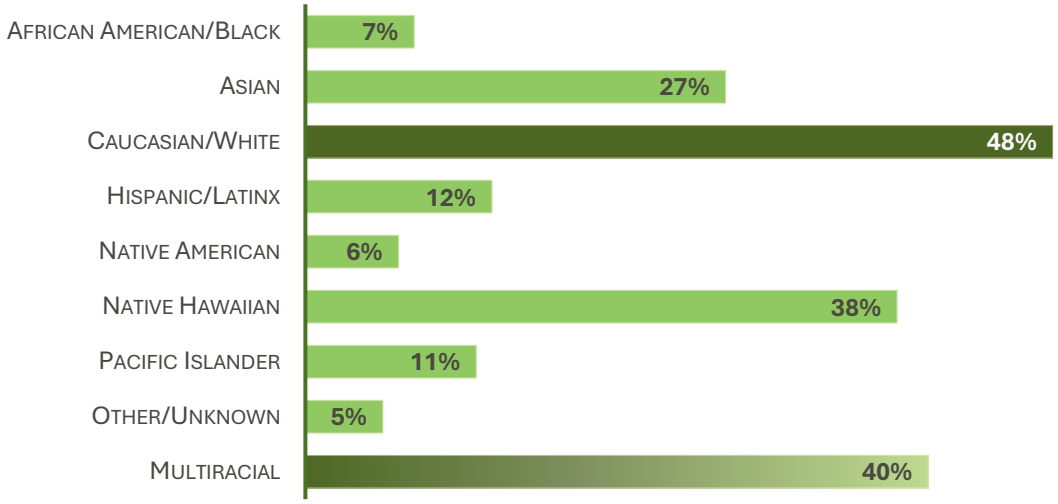


Gender. About one-third of participants identify as women (29%; *n*=370) compared to 4% who identify as transgender (3%; *n*=38) or nonbinary (1%; *n*=10). The remaining participants identify as men (67%; *n*=847). Refer to Appendix A, p. 65.

Sexual preference. About one-fifth of participants identify under the queer umbrella (21%; *n*=203) as homosexual/gay (7%; *n*=66) or bi/pansexual (14%; *n*=137). The remainder identify as heterosexual/straight (79%; *n*=773). Refer to Appendix A, p. 65.

Racial identity. Participants are asked to select all racial identities that apply to them, revealing that 40% (*n*=584) of participants identify as multiracial – with more than one racial identity. Nearly half of participants identify as Caucasian/White (48%; *n*=700). The other two racial identities that participants most identify with are Native Hawaiian (38%; *n*=550) and Asian (27%; *n*=392), which is consistent with the top three racial identities of previous years. Refer to Figure 7 (p. 11) & Appendix A (p. 65).

Figure 7. Frequency of Racial Identity of Participants who Exchanged during 2024 (*n*=1,464)



Registered Participant Characteristics

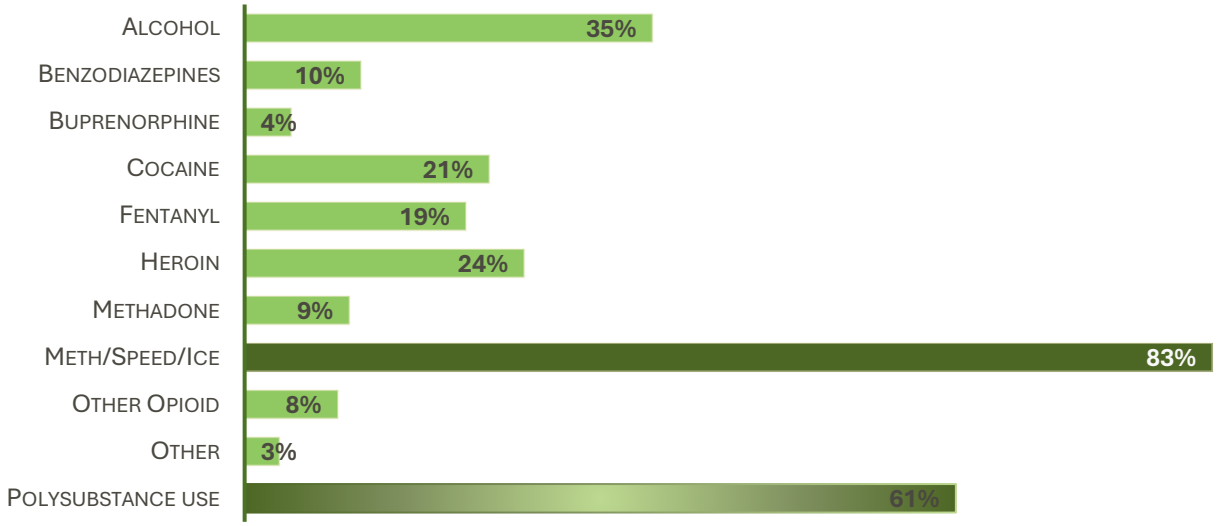
Insurance. At the time of registration, just over three-quarters of participants had some kind of health insurance (76%; *n*=1,111). On the other hand, 17% (*n*=247) of participants reported being uninsured and 8% (*n*=112) did not know if they had any insurance at the time. Refer to Appendix A, p. 65.

Housing. At the time of registration, most participants were experiencing housing instability (77%; *n*=1,126). Specifically, 60% (*n*=875) reported currently experiencing houselessness and 17% (*n*=251) were in temporary or unstable shelter or housing at the time of registration compared to those who were permanently housed (23%; *n*=335). Refer to Figure 8 (right) & Appendix A (p. 65).

Figure 8. Frequency of Housing Status of Participants who Exchanged during 2024 (*n*=1,461)

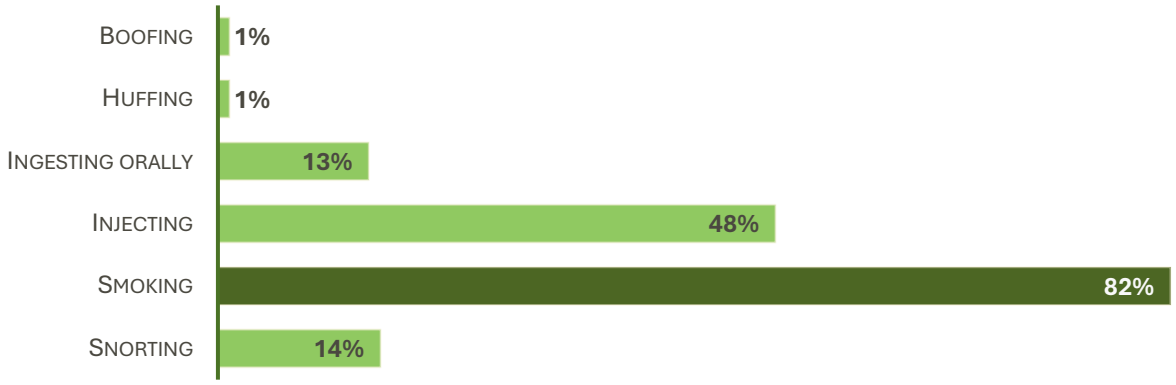
Substances used within past 30 days. At registration, participants were requested to share what substances they had used within the past 30 days, showing 61% (*n*=795) of participants engage in polysubstance use – using more than one substance, including the use of multiple substances on separate occasions or at the same time. The most popular substance was methamphetamine/speed/ice (83%; *n*=1,084). The second-most popular substance was alcohol (35%; *n*=457), and the third-most popular was heroin (24%; *n*=316), followed closely by cocaine (21%; *n*=279) and fentanyl (19%; *n*=249). The rising popularity of amphetamines and alcohol along with the declining popularity of opiates is consistent with trends identified in the HHHRC Syringe Exchange Program 2022 and 2023 Evaluation Reports (Visit www.hhhrc.org/SEP or contact sgralapp@hhhrc.org for previous evaluations). Refer to Figure 9 (below) & Appendix A (p. 65).

Figure 9. Frequency of Types of Substances Used Within the Past 30 Days by Participants at Registration who Exchanged during 2024 (*n*=1,313)



Modes of substance use within the past 30 days. At registration, participants were requested to share what modes of substance use they had utilized within the past 30 days, revealing that the most popular mode was smoking (82%; *n*=970). The second-most popular mode was injecting (48%; *n*=562), and the third-most popular was snorting (14%; *n*=169), followed closely by ingesting orally (13%; *n*=153). The rising popularity of smoking along with the declining popularity of injecting is consistent with trends identified in the HHHRC Syringe Exchange Program 2022 and 2023 Evaluation Reports (Visit www.hhhrc.org/SEP or contact sgralapp@hhhrc.org for previous evaluations). Refer to Figure 10 (p. 13) & Appendix A (p. 65).

Figure 10. Frequency of Modes of Substances Used Within the Past 30 Days by Participants at Registration who Exchanged during 2024 (*n*=1,177)



Peer-delivery. At registration, participants are if they are engaging in peer delivery (colloquially referred to as "gatekeeping") - exchanging syringes for PWUD who are not present. **Of the 1,470 SEP participants, about one-fifth (21%; *n*=304) reported gatekeeping for up to 763 individuals.** Refer to Table 2 for a breakdown of the number of gatekeepers and individuals served by location.

Table 2. Unduplicated SEP Participants during 2024 Served/Registered (*N*), Participants Served/Registered & Gatekeeping (*n*), Participants Served/Registered & Gatekeeping (%) & Individuals being Gatekept for (*N*) by Location

Location	Participants Served/Registered (*N*)	Participants Served/Registered & Gatekeeping (*n*)	Participants Served/Registered & Gatekeeping (*%*)	Individuals being Gatekept For (*N*)
Statewide	**1,470**	**304**	**21%**	**763**
O'ahu HHHRC	1,070	134	13%	328
Hawai'i Island HHHRC	117	51	44%	130
Hawai'i Island KHW	81	31	38%	66
Maui HHHRC	35	27	77%	81
Maui MAF	25	19	76%	54
Kaua'i HHHRC	134	36	27%	60
Kaua'i MPHS	8	6	75%	14

2024 Statewide Syringe Exchange Program Activity

Over three decades of research demonstrate Syringe Services Programs (SSPs) protect public health: SSPs save lives, help persons who use drugs (PWUD) get support, and reduce impact of substance use on the community.[6] 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]

Between 1993 and 2024, SEP exchanged 18.5 million syringes, or approximately 18,437,731 syringes during 318,619 visits, averaging 58 syringes exchanged per visit. Between 2021 and 2024, the number of syringes exchanged (exchanges) decreased by 61% while the number of visits to the program (visits) increased by 110%. Refer to Figures 11 & 12.

Figure 11. Statewide Annual Syringes Exchanged through SEP from 1993-2024 (*N*=18,437,731)

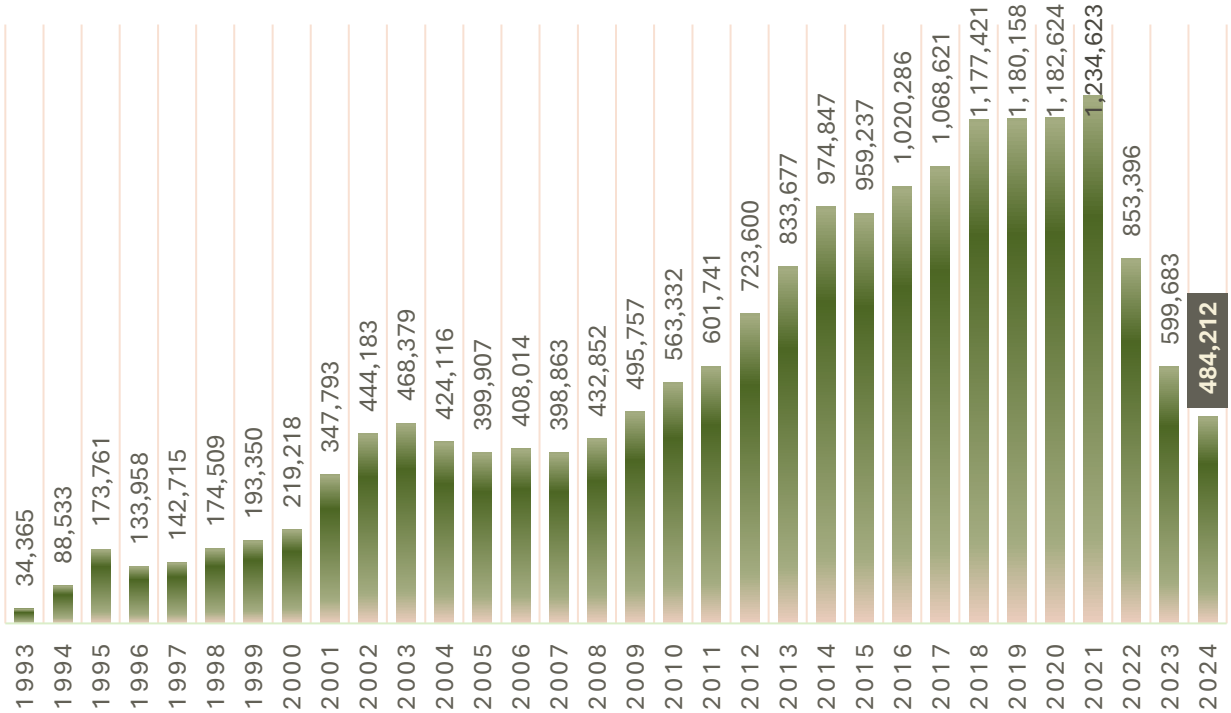
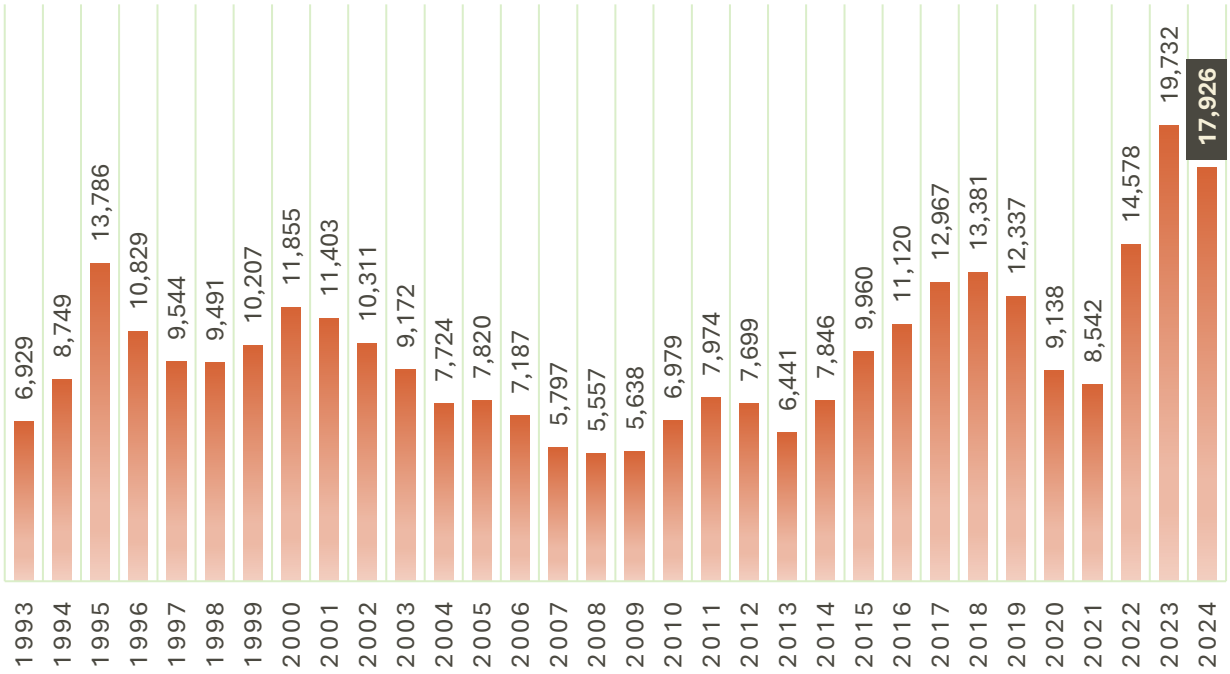
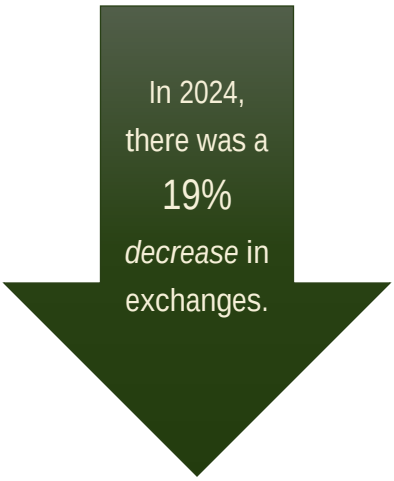


Figure 12. Statewide Annual Visits to SEP from 1993-2024 (*N*=318,619)

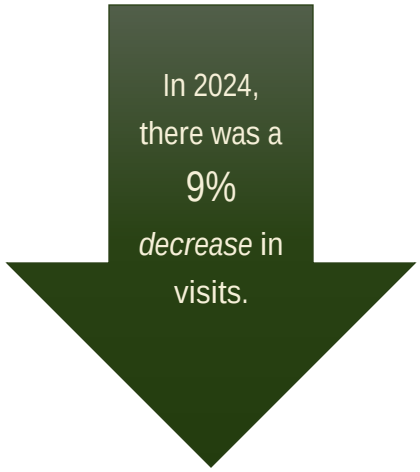


Statewide Exchanges & Visits



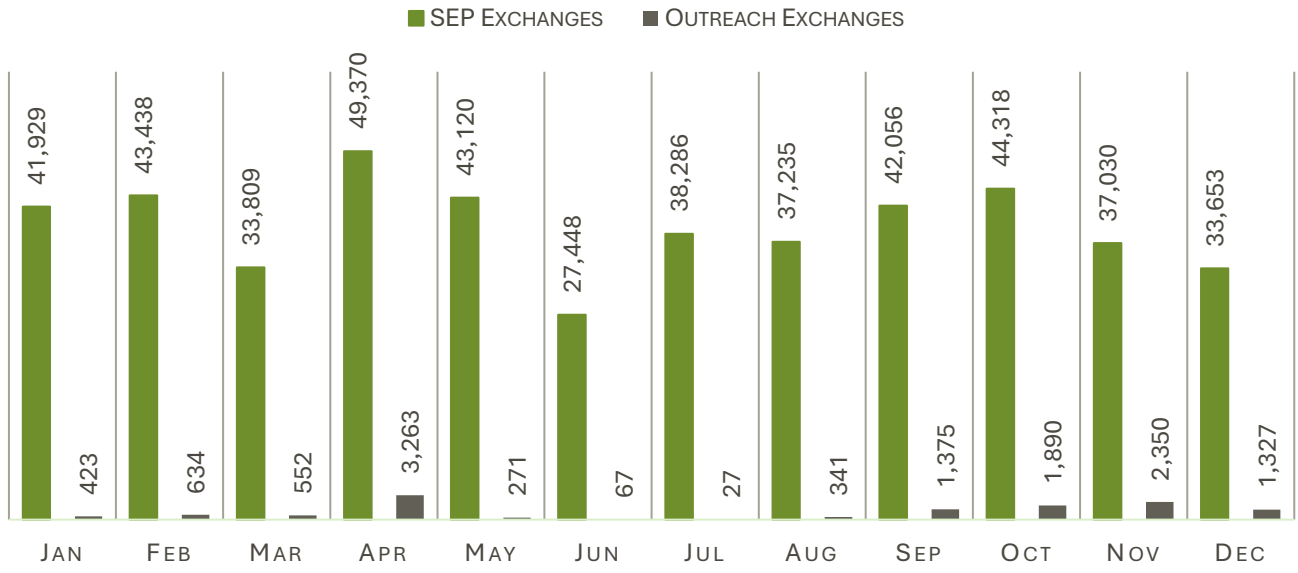
Statewide, 484,212 syringes were exchanged during 2024 compared to 599,683 syringes during 2023 – a 19% decrease. Between 2021 (*N*=1,234,623) and 2022 (*N*=853,396), there was a 31% decrease, and between 2022 (*N*=853,396) and 2023 (*N*=599,683), there was a 30% decrease, which denotes the start of a downward trend in 2021. Of those 484,212 syringes exchanged, 97% (*n*=471,692) occurred during **"visits"** – a physical visit to any SEP site by a participant for harm reduction services – and 3% (*n*=12,520) 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.

Statewide, 17,926 visits occurred in 2024 compared to 19,732 during 2023 – a 9% decrease in visits. Between 2021 (*N*=8,542) and 2022 (*N*=14,578), there was a 71% increase, and between 2022 (*N*=14,578) and 2023 (*N*=19,732), there was a 35% increase, which denoted the start of an upward trend in 2021, which has slowed or ended in 2024 with this 9% decrease. Of those 17,926 visits, 96% (*n*=17,242) were SEP visits, and 4% (*n*=684) 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 provision. Therefore, during 2023, data collection practices were updated to allow for tracking whether syringes were exchanged during a visit. **In 2024, syringes were exchanged during 52% (*n*=9,380) of all visits.**



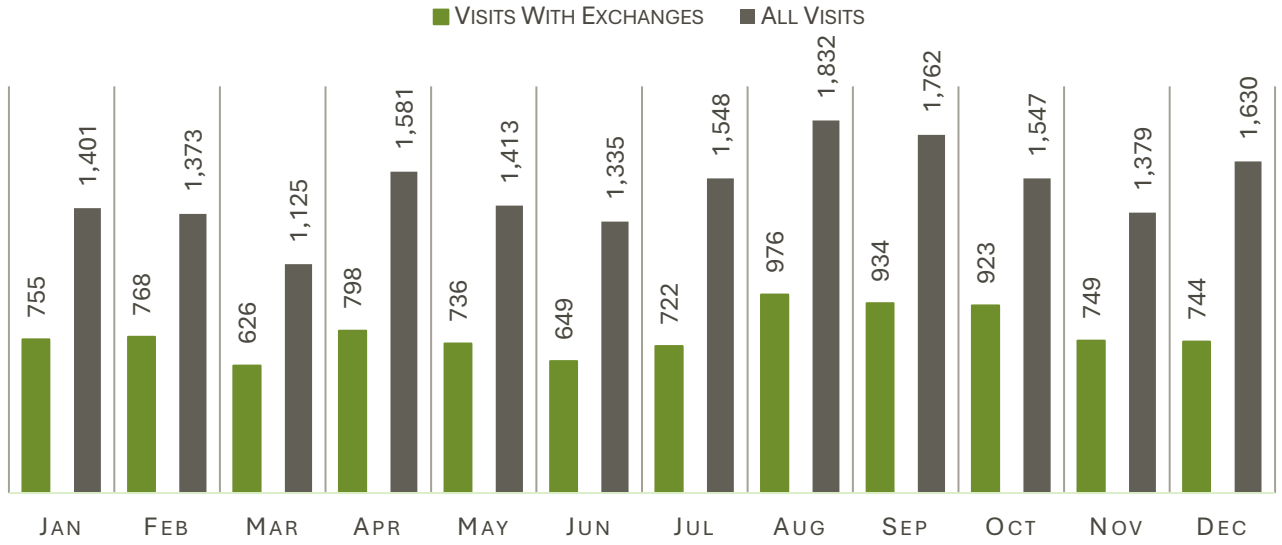
Exchanges by month. Regarding **"exchanges"** – the one-for-one trade of used for sterile syringe(s) by a participant during a SEP visit or an outreach contact, during 2024, April (*N*=52,633) was the busiest month for exchanges, and June (*N*=27,515) was the slowest month. April had the heaviest volume of SEP exchanges (*n*=49,370) and outreach exchanges (*n*=3,263). In comparison, June had the lightest volume of SEP exchanges (*n*=27,448), but July had the lightest volume of outreach exchanges (*n*=27). Refer to Figure 13, p. 16.

Figure 13. Statewide Exchanges during 2024 (*N*=484,212) through SEP (*n*=471,692) & Outreach (*n*=12,520) by Month



Visits by month. During 2023, HHHRC started documenting **"visits with exchanges"** – visits where exchanges occurred – because participants have been increasingly visiting SEP for harm reduction services other than syringe exchange. Regarding all types of visits, August (*N*=1,832) was the busiest month, while March (*N*=1,125) was the slowest. Regarding visits with exchanges, August (*n*=976) was the busiest month, while March (*n*=626) was the slowest. **Overall, 52% (*n*=9,380) of 17,926 visits were visits with exchanges compared to 48% (*n*=8,546) that did not involve exchanges.** Refer to Figure 14.

Figure 14. Visits where Exchanges Occurred (*n*=9,380) Compared to All Statewide Visits (*N*=17,926) during 2024 by Month



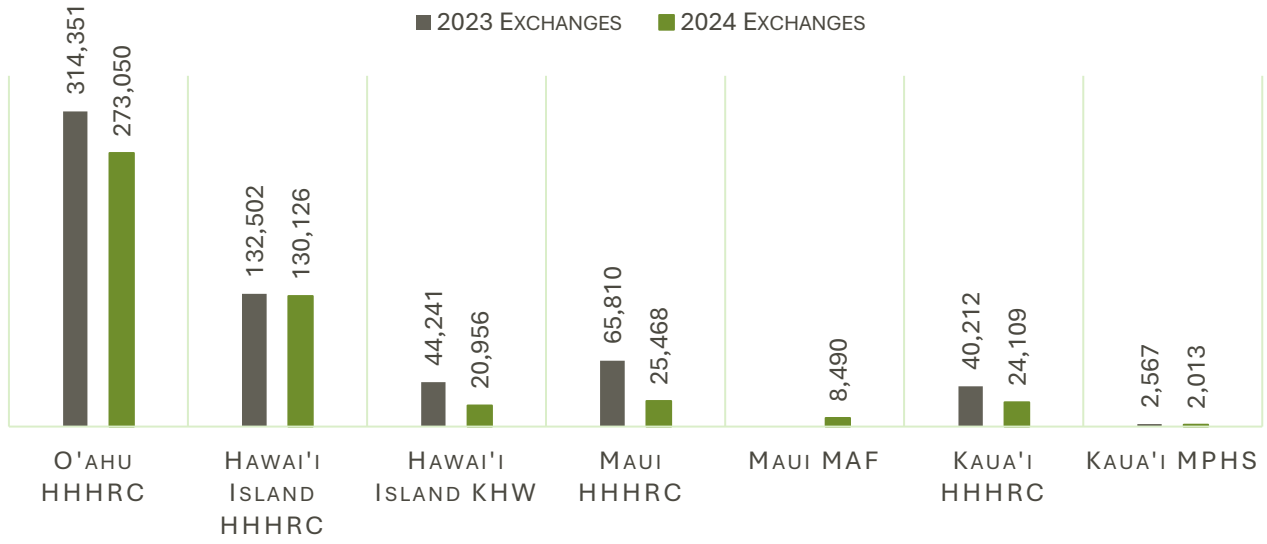
Comparison of Exchanges & Visits by Site

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 2024, when possible.

Note: Throughout this report, there is no 2023 comparison data or 2024 data (January 1-June 30) for Maui MAF because its SEP contract with HHHRC began on July 1, 2024. Also, HHHRC Maui’s sole SEP outreach worker has been on extended leave since early October 2024; therefore, Maui HHHRC was not collecting data for most of October or any of November and December 2024.

Exchanges by site. All SEP sites’ annual exchanges fluctuated negatively between 2023 and 2024. HHHRC Maui exchanges fluctuated the most drastically, being reduced by over half (-61%), along with other remarkable fluctuations experienced by Hawai‘i Island KHW (-53%), Kaua‘i HHHRC (-40%), and Kaua‘i MPHS (-22%). Comparatively, lesser fluctuations were experienced by O‘ahu HHHRC (-13%) and Hawai‘i Island HHHRC (-2%). Refer to Figure 15.

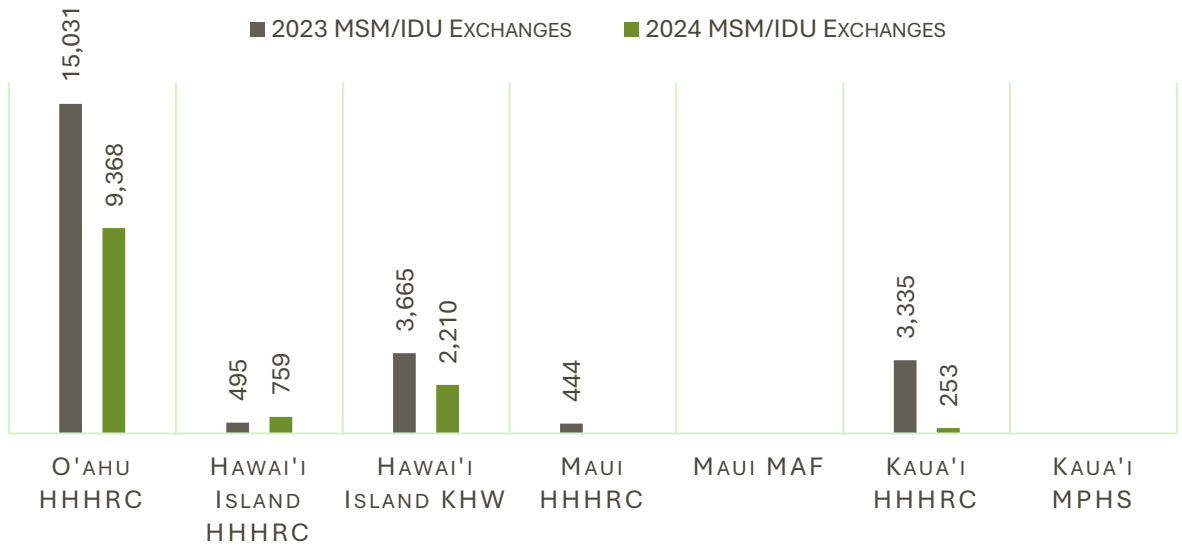
Figure 15. Annual Exchanges during 2023 (*N*=599,683) Compared to 2024 (*N*=484,212) by Site



Special interest populations who are injection drug users. Due to overlapping biosocial risk factors, men who have sex with men who are injection drug users (MSM/IDU) and transgender individuals who are injection drug users (TG/IDU) are at heightened risk for HIV and HCV transmission. Of available data from 1,070 participants who exchanged during 2024, correlated gender and sexuality data was available for 976 (91%). **Of unduplicated 976 participants who exchanged during 2024, 126 (13%) are MSM/IDU and 44 (5%) are TG/IDU.** Note: MSM/IDU and TG/IDU data are difficult to collect accurately (or at all) due to the sensitive nature of the questions.

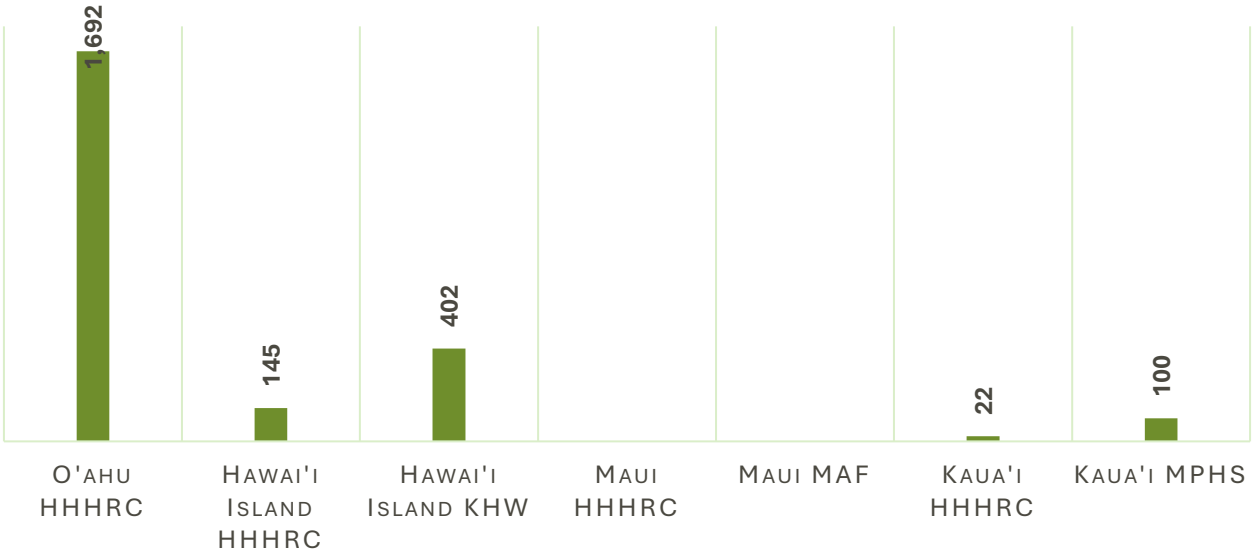
Exchanges by MSM/IDU. **Statewide, 12,590 syringes were exchanged by MSM/IDU in 2024 compared to 22,970 during 2023 – a 45% decrease. In terms of volume, MSM/IDU accounts for 13% of unduplicated participants and 3% of all exchanges that occurred during 2024.** All SEP sites' annual MSM/IDU exchanges fluctuated negatively between 2023 and 2024 except for two. Hawai'i Island HHHRC experienced an increase in exchanges by MSM/IDU (+53%) and Kaua'i MPHS remained the same (no change). The following sites experienced decreases: Maui HHHRC (-100%), Kaua'i HHHRC (-92%), Hawai'i Island KHW (-40%), and O'ahu HHHRC (-38%). Refer to Figure 16.

Figure 16. MSM/IDU Exchanges during 2023 (*N*=22,970) Compared to 2024 (*N*=12,590) by Site



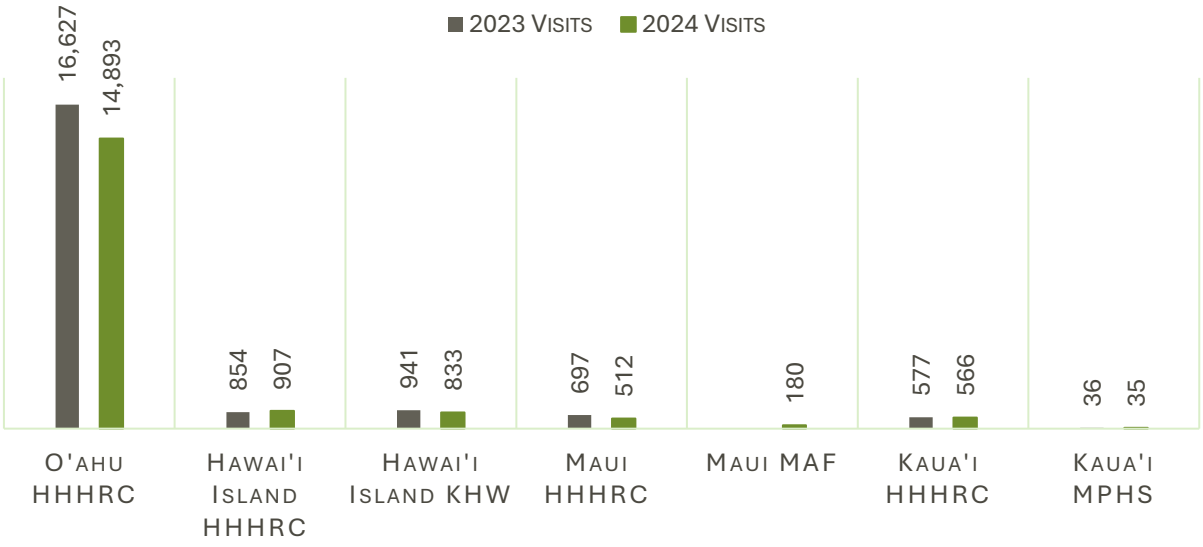
Exchanges by TG/IDU. **Statewide, 2,361 syringes were exchanged by TG/IDU in 2024.** TG/IDU is a new data point, and no comparison data is available. Exchanges will be described in terms of volume. **In terms of volume, TG/IDU accounts for 5% of unduplicated participants and 0.5% of all exchanges that occurred during 2024.** The following sites exchanged with TG/IDU from most to least: O'ahu HHHRC (72%), Hawai'i Island KHW (17%), Hawai'i Island HHHRC (6%), Kaua'i MPHS (4%), and Kaua'i HHHRC (1%). Refer to Figure 17, p. 19.

Figure 17. TG/IDU Exchanges during 2024 (*N*=2,361) by Site



Visits by site. All SEP sites' annual visits fluctuated negatively between 2023 and 2024, except for Hawai'i Island HHHRC, which experienced a 6% increase in visits. Negatively, Maui HHHRC fluctuated the most (-27%), followed by Hawai'i Island KHW (-11%), O'ahu HHHRC (-10%), Kaua'i MPHS (-3%), and Kaua'i HHHRC (-2%). Refer to Figure 18.

Figure 18. Annual Visits during 2023 (*N*=19,732) Compared to 2024 (*N*=17,926) by Site



Additional Harm Reduction Activities

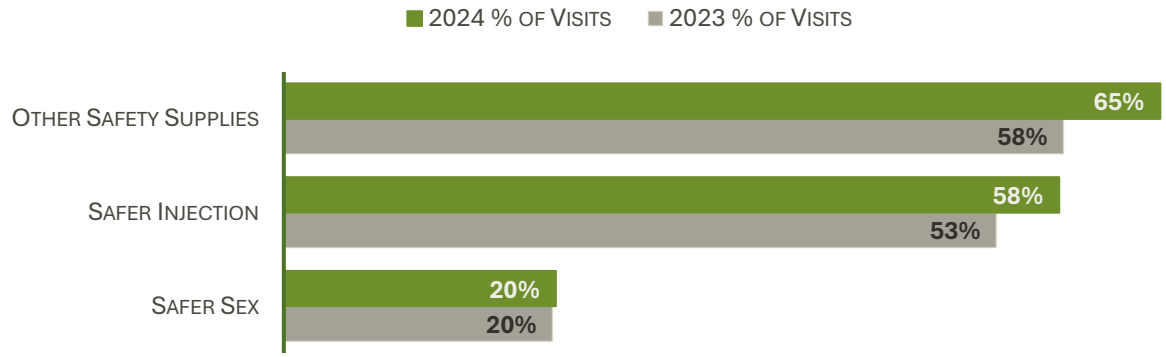
Harm reduction activities through SEP are not limited to syringe exchange. Due to structural barriers to care-seeking, many PWUDs avoid proper healthcare and resort to self-care techniques.[8] Therefore, SEP outreach workers distribute additional supplies as needed, which also facilitates further engagement and rapport-building with participants. Harm reduction supplies distributed through SEP are condensed into three main categories:

1. **Safer injection** – safer injection supplies (e.g., cookers), syringes, sharps containers, etc.
2. **Safer sex** – condoms, safer sex supplies (e.g., lube), etc.
3. **Other safety supplies** – first aid supplies, food/snacks, hygiene kits, test strips (fentanyl, xylazine), naloxone kits, etc.

The types of supplies distributed may change depending on funding availability, stock levels, shifting community needs, and evolving laws or policies related to specific supplies. Participants often request multiple types of supplies from distinct categories and may receive more than one of the same items during a single visit, but the quantity given is not recorded if it exceeds one. This section compares the popularity of types of supplies by comparing the *frequency* of visits where specific supplies were distributed between 2023 and 2024.

Visits by category. The annual number of visits for two out of three categories fluctuated positively, except for one. Most often during 2024, 65% (*n*=11,682) of 17,926 visits involved the distribution of supplies that fit into the Other Safety Supplies category compared to 58% during 2023 – a 7% increase. Second most often during 2024, 58% (*n*=10,336) of 17,926 visits involved the distribution of supplies that fit into the Safer Injection category compared to 53% during 2023 – a 5% increase. Lastly, during 2024, 20% (*n*=3,626) of 17,926 visits involved the distribution of supplies that fit into the Safer Sex category compared to 20% during 2023 – no change. Refer to Figure 19.

Figure 19. Frequency of Visits during 2024 (*N*=17,926) Compared to 2023 (*N*=19,732) by Category of Harm Reduction Supplies



Visits by type of supply distributed. This section describes the key harm reduction supplies distributed under the above three over-arching categories. This section will also compare the fluctuations in the popularity of supplies by frequency of visits between. Refer to Figure 20, p. 22.

Safer Injection: Injection supplies and syringes. **In 2024, 53% (*n*=9,442) of 17,926 visits involved distributing safer injection supplies, such as cookers, compared to 46% in 2023 – a 7% increase.** Additionally, 52% (*n*=9,380) involved distributing syringes, up from 49% in 2023 – a 3% increase. Cookers (or spoons) are used to heat powdered substances and mix them with water. Providing cookers encourages PWUDs to use sterile equipment, helping to prevent the transmission of infectious diseases and bacterial infections.[9] Refer to Figure 20, p. 22.

Other safety supplies: First aid supplies. **In 2024, 38% (*n*=6,828) of 17,926 visits involved distributing first aid supplies compared to 32% in 2023 – a 6% increase.** First aid supplies are provided to compel participants to treat wounds since PWUDs are often unwilling (due to self-reported stigma at ERs and hospitals) 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.[8] Refer to Figure 20, p. 22.

Other safety supplies: Food/snacks. **In 2024, 36% (*n*=6,469) of 17,926 visits involved distributing food/snacks compared to 28% in 2023 – an 8% increase.** Food/snacks are provided because most 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. Refer to Figure 20, p. 22.

Other safety supplies: Hygiene kits. **In 2024, 28% (*n*=4,953) of 17,926 visits involved distributing hygiene kits compared to 27% in 2023 – a 1% increase.** Hygiene kits promote general hygiene and prevent skin and soft tissue infections – a common complication experienced by PWUDs that can result in illness or even death.[8] Refer to Figure 20, p. 22.

Safer sex: Condoms & safer sex supplies. **In 2024, 17% (*n*=3,035) of 17,926 visits involved distributing condoms compared to 16% in 2023 – a 1% increase. Also, 16% (*n*=2,954) for other safer sex supplies (e.g., lube) compared to 15% in 2023 – a 1% increase.** Both reduce the likelihood of HIV transmission during unprotected receptive anal or vaginal intercourse that involves a torn mucosal lining or presence of genital ulcerations.[9] Refer to Figure 20, p. 22.

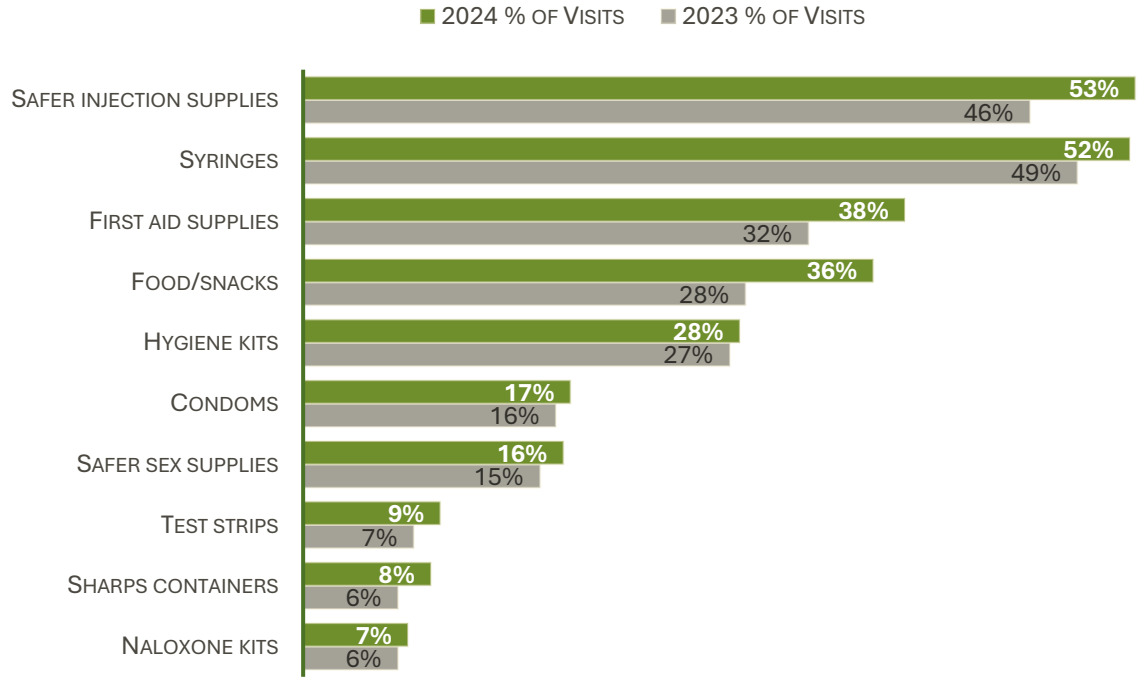
Other safety supplies: Test strips. **In 2024, 9% (*n*=1,558) of 17,926 visits involved distributing test strips compared to 7% in 2023 – a 2% increase.** Test strips are provided so that participants can evaluate for unplanned substances in their supply (e.g., fentanyl, xylazine). According to a SEP outreach worker, "They can empower people who use substances to make more educated decisions about their supply." Refer to Figure 20.

Safer injection – sharps containers. **In 2024, 8% (*n*=1,451) of 17,926 visits involved distributing sharps containers compared to 6% in 2023 – a 2% increase.** A sharps container is a durable plastic container used to securely store used syringes until they can be safely disposed. Sharps containers can significantly reduce the risk of biomedical waste discarded in public areas, which might result in accidental "needle sticks" and involuntary transmission of infectious diseases. Refer to Figure 20.

Other safety supplies: Naloxone kits. **In 2024, 7% (*n*=1,191) of 17,926 visits involved distributing naloxone kits compared to 6% in 2023 – a 1% increase.** Naloxone kits are distributed to save the lives of PWUD by providing peers and bystanders with a safe and effective way to reverse a fatal opioid overdose. Refer to Figure 20.

284 opioid overdoses were prevented with naloxone from SEP during 2024 compared to 249 during 2023 – **a 14% increase.**

Figure 20. Frequency of Visits during 2024 (*N*=17,926) Compared to 2023 (*N*=19,732) by Specific Harm Reduction Supplies Distributed During Visits



2024 INDIVIDUAL SITE SYRINGE EXCHANGE ACTIVITY

Site-level data reveals the unique needs of each island and highlights site-specific trends. Despite individual differences, developing trends for exchanges and visits began beginning in 2021. Table 3 provides a snapshot of exchanges, visits, and percentage change for all sites by island.

Table 3. Exchanges (*N*), % Change of Exchanges, All Visits (*N*) & % Change of All Visits by County between 2019 & 2024

Location	Year	Exchanges (*N*)	% Change of Exchanges	All Visits (*N*)	% Change of All Visits
Statewide	**2024**	**484,212**	**↓19%**	**17,926**	**↓9%**
	2023	599,683	↓30%	19,732	↑35%
	2022	853,396	↓31%	14,578	↑71%
	2021	1,234,623	↑4%	8,542	↓7%
	2020	1,182,624	↑0.2%	9,138	↓26%
	2019	1,180,158	↑0.2%	12,337	↓8%
O'ahu	**2024**	**273,050**	**↓13%**	**14,893**	**↓10%**
	2023	314,351	↓31%	16,627	↑42%
	2022	457,502	↓22%	11,696	↑102%
	2021	587,905	↑12%	5,796	↓11%
	2020	523,875	↓2%	6,523	↓29%
	2019	532,760	✕	9,283	✕
Hawai'i Island	**2024**	**151,082**	**↓15%**	**1,740**	**↓3%**
	2023	176,743	↓14%	1,795	↑13%
	2022	204,462	↓44%	1,589	↓3%
	2021	362,652	↑4%	1,630	↑15%
	2020	348,522	↑2%	1,423	↓20%
	2019	343,365	✕	1,777	✕
	Note: Hawai'i Island HHHRC & KHW data presented together for islandwide figures.				
Maui	**2024**	**33,958**	**↓48%**	**692**	**↓1%**
	2023	65,810	↓48%	697	↑5%
	2022	126,892	↓39%	664	↑22%
	2021	208,831	↑1%	546	↓14%
	2020	207,772	↑3%	638	↓10%
	2019	201,762	✕	710	✕
Kaua'i	**2024**	**26,122**	**↓39%**	**601**	**↓2%**
	2023	42,779	↓34%	613	↓3%
	2022	64,540	↓14%	629	↑10%
	2021	75,235	↓27%	570	↑3%
	2020	102,455	↑0.2%	554	↓2%
	2019	102,271	✕	567	✕
	Note: Kaua'i HHHRC & MPHS data presented together for islandwide figures.				

Honolulu County – O‘ahu HHHRC

Participant Demographics & Characteristics

Of 2,690 unduplicated participants served by O‘ahu HHHRC during 2024, data was available for 1,070 (40%) from Participant Registration Forms. Most (61%) were born in Hawai‘i (58%) or other Pacific Islands (3%). Their average age was 46 years, ranging from 18 to 90. About one-third (34%) identify as women (28%), transgender (3%) or (1%) nonbinary. One-fifth (20%) identify as gay (6%) or bi/pansexual (14%). Over half (53%) identify as Native Hawaiian (40%) and/or other Pacific Islander (12%). Over three quarters (76%) had health insurance. Majority (80%) were experiencing houselessness (63%) or in temporary/unstable shelter (17%). Most reported using meth/speed/ice (84%) and/or smoking substances (88%) within 30 days of registration. Refer to Figure 21.

Figure 21. Snapshot of O‘ahu HHHRC Participants who Exchanged During 2024 (*N*=1,070): Birthplace (*n*=1,059), Age (*n*=1,051), Gender (*n*=1,067), Sexuality (*n*=881), Racial Identity (*n*=1,066), Insurance (*N*=1,070), Housing (*n*=1,062), Substance Use (*n*=976) & Mode (*n*=862)

Birthplace. **58%** (*n*=612) of participants were born in **Hawai‘i.**	**3%** (*n*=32) of participants were born in **other Pacific Islands.**	**Age.** **46 years** was the **average age** of participants, ranging **from 18 to 90.**	**29%** (*n*=303) of participants were **between 35 and 44 years**.
Gender. **28%** (*n*=296) of participants identify as **women** compared to transgender (3%; *n*=34) or nonbinary (1%; *n*=9).	**Sexuality.** **20%** (*n*=179) of participants identify as **gay** (6%; *n*=52) or **bi/pansexual** (14%; *n*=127).	**Racial identity.** **44%** (*n*=466) of participants identify as **more than one race.**	**53%** (*n*=561) of participants identify as **Native Hawaiian** (40%; *n*=431) and/or **other Pacific Islander** (12%; *n*=127).
Insurance. **76%** (*n*=808) of participants **had health insurance.**	**Housing.** **80%** (*n*=851) of participants were **experiencing houselessness** (63%; *n*=667) or in **temporary/unstable shelter** (17%; *n*=184).	**Substance use.** **84%** (*n*=815) of participants reported **using meth/speed/ice in the past 30 days** compared to heroin (22%; *n*=213) and/or (17%; *n*=165) fentanyl.	**88%** (*n*=761) of participants reported **smoking substances in the past 30 days** compared to 39% (*n*=336) who injected.

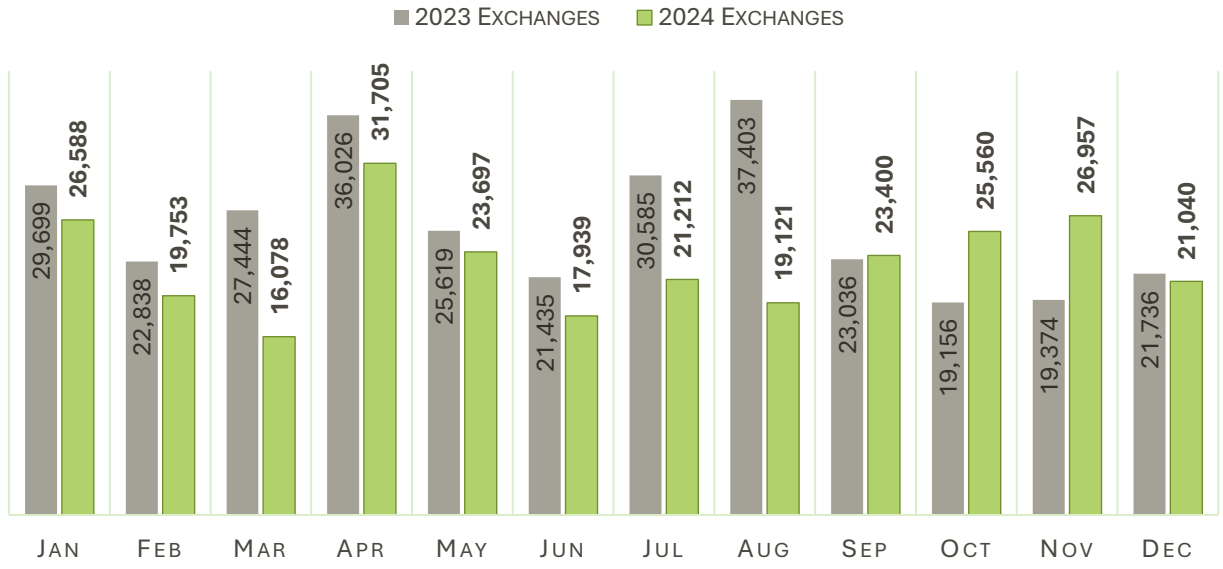
For complete demographic data, see Appendix B: O‘ahu HHHRC SEP Participant Demographics, p. 67.

Exchanges & Visits

Between 2023 and 2024, O'ahu HHHRC experienced a 13% *decrease* in exchanges and 10% *decrease* in visits. Between 2021 (*N*=587,905) and 2024 (*N*=273,050), O'ahu HHHRC experienced a cumulative 54% *decrease* in annual exchanges. On the other hand, between 2021 (*N*=5,796) and 2024 (*N*=14,893), O'ahu HHHRC experienced a cumulative 157% *increase* in annual visits. However, the upward trend of O'ahu HHHRC visits peaked in 2023 and may be beginning its downturn in 2024, as indicated by the decline in visits in 2024.

Exchanges. O'ahu HHHRC exchanged 273,050 syringes during 2024 compared to 314,351 syringes during 2023 – a 13% *decrease*. Of 273,050 exchanges, 260,530 (95%) occurred during SEP visits and 12,520 (5%) occurred during outreach contacts. Between 2023 and 2024, three months experienced increases in exchanges, from most to least: November (+39%), October (+33%), and September (+2). However, the remaining months experienced decreases: August (-49%), March (-41%), July (-31%), June (-16%), February (-14%), April (-12%), January (-10%), May (-8%), and December (-3%). Refer to Figure 22.

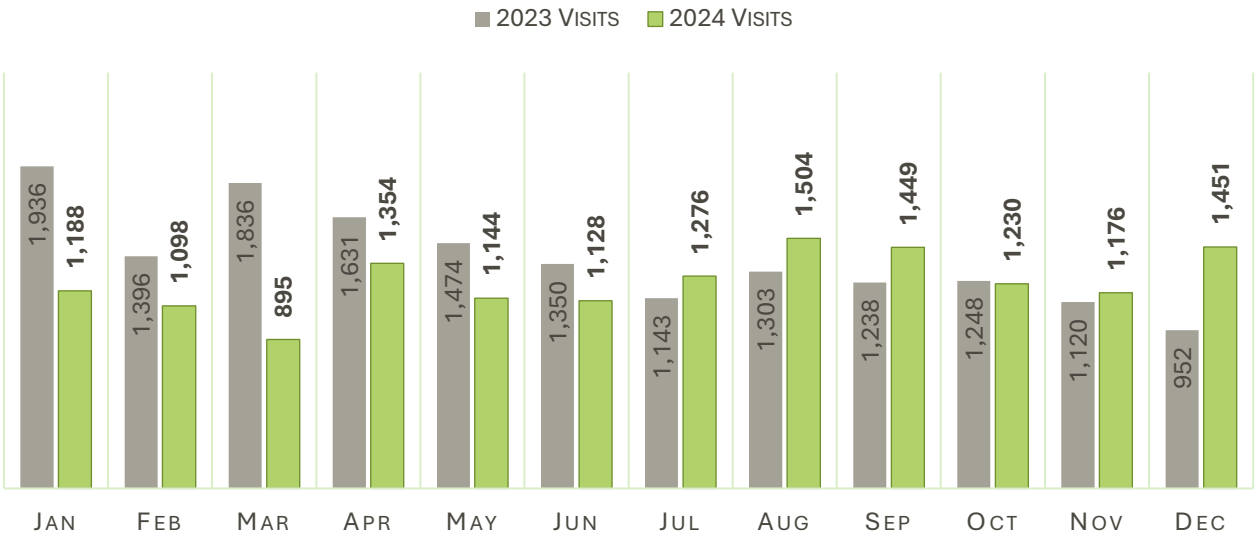
Figure 22. O'ahu HHHRC Exchanges during 2023 (*N*=314,351) Compared to 2024 (*N*=273,050) by Month



Visits. O'ahu HHHRC provided exchanges and other harm reduction services over the course of 14,893 visits during 2024 compared to 16,627 during 2023 – a 10% *decrease*. Of those 14,893 visits, 14,209 (95%) were SEP visits and 684 (5%) were outreach contacts. Between 2023 and 2024, five months experienced increases in visits, from most to least: December

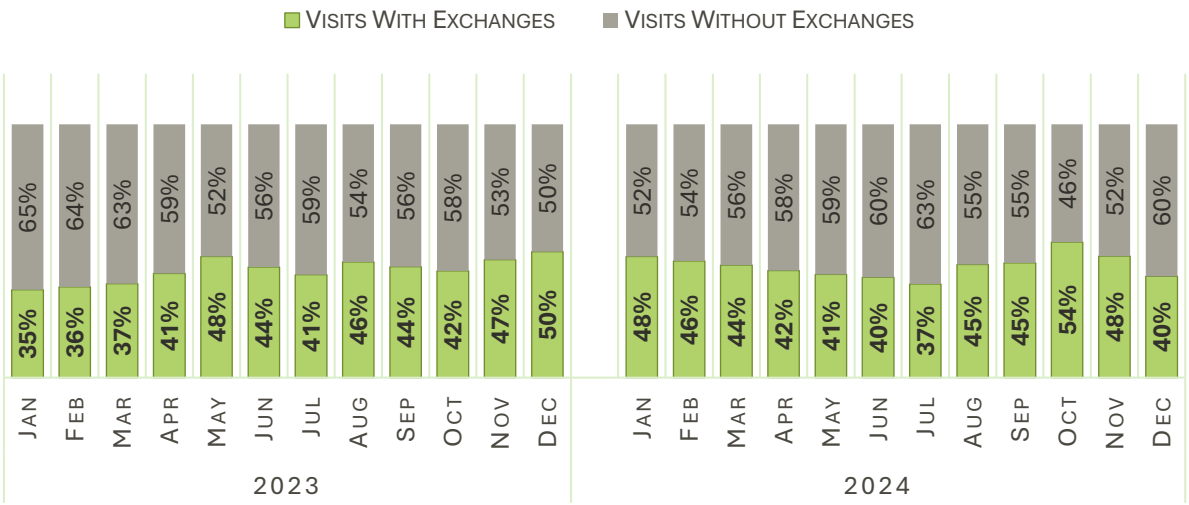
(+52%), September (+17%), August (+15%), July (+12%), and November (+5%). The remaining months experienced decreases: March (-51%), January (-39%), May (-22%), February (-21%), April (-17%), June (-16%), and October (-1%). Refer to Figure 23.

Figure 23. O'ahu HHHRC Visits during 2023 (*N*=16,627) Compared to 2024 (*N*=14,893) by Month



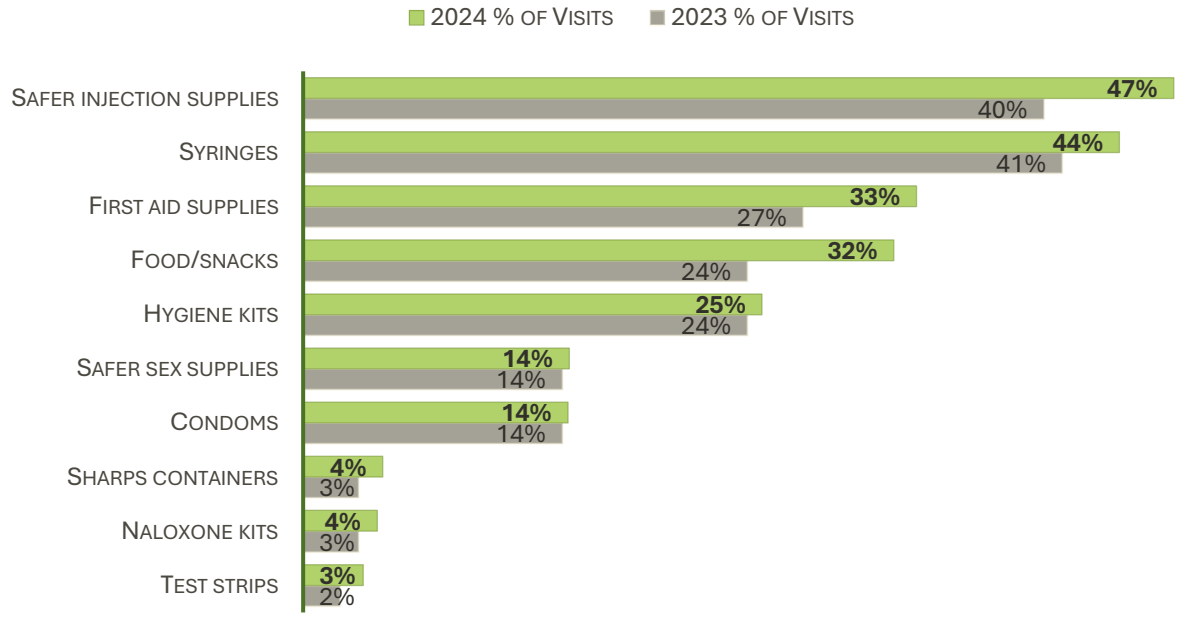
Visits with exchanges. **During 2024, 6,563 (44%) visits to O'ahu HHHRC involved exchanging syringes compared to 2023 when 6,872 (41%) visits involved an exchange – a 3% *increase*.** During 2024, Unduplicated participant data (*N*=2,690) from Daily Logs indicates participants visited O'ahu HHHRC from few as 1 to many as 130 times, averaging 6 visits each to exchange. Refer to Figure 24.

Figure 24. Frequency of O'ahu HHHRC Visits during 2023 (*N*=16,627) With Exchanges (*n*=6,872) & Without Exchanges (*n*=9,755) Compared to Visits during 2024 (*N*=14,893) With Exchanges (*n*=6,563) & Without Exchanges (*n*=8,330) by Month



Distribution of harm reduction supplies. Between 2023 and 2024, O'ahu HHHRC saw increases in the number of visits for all types of harm reduction supplies ranging from 1% to 8% except two, which remained stable. The types of supplies that remained stable were safer sex supplies (no change; *n*=2,139) and condoms (no change; *n*=2,130). The types of supplies that experienced increases were food/snacks (+8%; *n*=4,750), safer injection supplies (+7%; *n*=7,499), first aid supplies (+6%; *n*=4,931), syringes (+3%; n=6,563), hygiene kits (+1%; *n*=3,690), sharps containers (+1%; *n*=640), naloxone kits (+1%; *n*=596), and test strips (+1%; *n*=483). Refer to Figure 25.

Figure 25. Frequency of O'ahu HHHRC Visits during 2024 (*N*=14,893) Compared to 2023 (*N*=16,627) by Specific Harm Reduction Supplies Distributed



"I feel like it's the small stuff every day that gives me those fulfilling feelings. I constantly hear every day, 'Thank you so much for what you do. We're so grateful that you're out here.' It's constant."

- O'ahu HHHRC Staff

Hawai‘i County – Hawai‘i Island HHHRC

Participants Demographics & Characteristics

Of 207 unduplicated participants served by Hawai‘i Island HHHRC during 2024, data was available for 117 (57%) from Participant Registration Forms. Over half (52%) were born in Hawai‘i (49%) or other Pacific Islands (3%). Their average age was 43 years, ranging from 18 to 95. Forty-one (41%) identify as either women (38%), transgender (2%) or (1%) nonbinary. Just under one-fifth (18%) identify as gay (10%) or bi/pansexual (8%). Less than half (43%) identify as Native Hawaiian (32%) and/or other Pacific Islander (11%). Majority had health insurance (81%). Over half (58%) were experiencing houselessness (37%) or in temporary/unstable shelter (21%). Most reported using meth/speed/ice (78%) and injecting substances (88%) within 30 days of registration. Refer to Figure 26.

Figure 26. Snapshot of Hawai‘i Island HHHRC Participants who Exchanged During 2024 (*N*=117): Birthplace (*N*=117), Age (*n*=116), Gender (*N*=117), Sexuality (*n*=87), Racial Identity (*N*=117), Insurance (*N*=117), Housing (*N*=117), Substance Use (*n*=93) & Mode (*n*=88)

Birthplace. **49%** (*n*=57) of participants were born in **Hawai‘i.**	**3%** (*n*=32) of participants were born in **other Pacific Islands.**	**Age.** **43 years** was the **average age** of participants, ranging **from 18 to 95.**	**37%** (*n*=43) of participants were **between 35 and 44 years**.
Gender. **38%** (*n*=44) of participants identify as **women** compared to transgender (2%; *n*=2) or nonbinary (1%; *n*=1).	**Sexuality.** **18%** (*n*=16) of participants identify as **gay** (10%; *n*=9) or **bi/pansexual** (8%; *n*=7).	**Racial identity.** **28%** (*n*=33) of participants identify as **more than one race.**	**43%** (*n*=50) of participants identify as **Native Hawaiian** (32%; *n*=37) and/or **another Pacific Islander** (11%; *n*=13).
Insurance. **81%** (*n*=95) of participants **had health insurance.**	**Housing.** **58%** (*n*=68) of participants were **experiencing houselessness** (37%; *n*=43) or in **temporary/unstable shelter** (21%; *n*=25).	**Substance use.** **78%** (*n*=73) of participants reported **using meth/speed/ice in the past 30 days** compared to heroin (40%; *n*=37) and/or fentanyl (25%; *n*=23)	**88%** (*n*=77) of participants reported **injecting substances in the past 30 days** compared to 57% (*n*=50) who smoked.

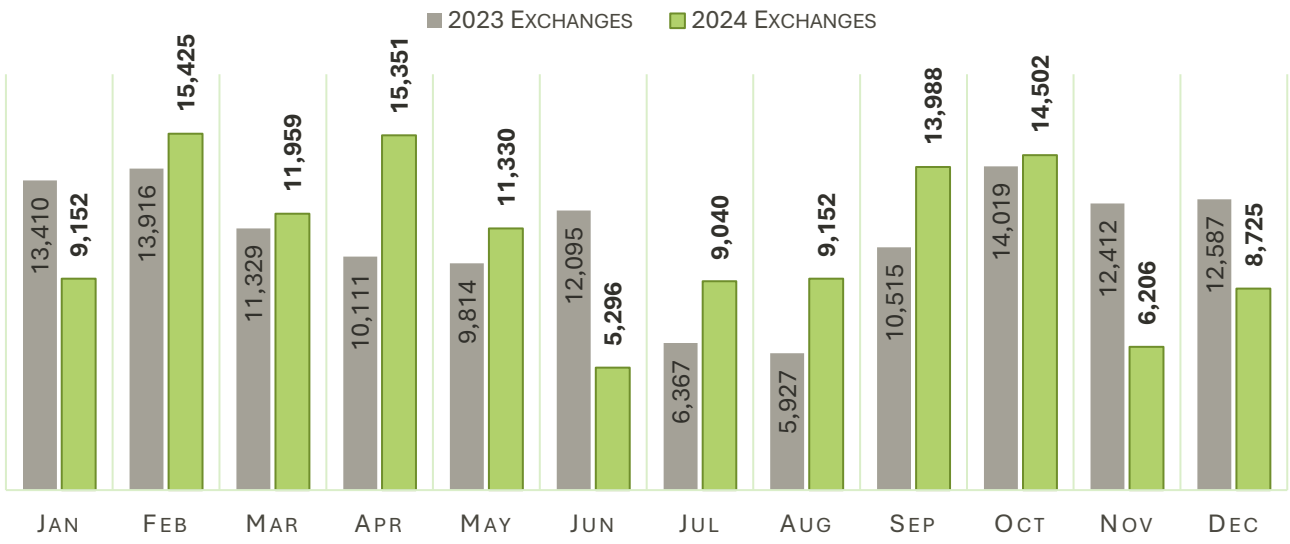
For complete demographic data, see Appendix C: Hawai‘i Island HHHRC SEP Participant Demographics, p. 69.

Exchanges & Visits

Between 2023 and 2024, Hawai'i Island HHHRC experienced a 2% *decrease* in exchanges and a 6% *increase* in visits. Between 2021 (*N*=228,376) and 2024 (*N*=130,126), Hawai'i Island HHHRC experienced a cumulative 43% *decrease* in annual exchanges. Between 2021 (*N*=748) and 2024 (*N*=907), Hawai'i Island HHHRC experienced a cumulative 21% *increase* in annual visits. Hawai'i Island HHHRC is the only site that experienced an increase in visits.

Exchanges. Hawai'i Island HHHRC exchanged 130,126 syringes during 2024 compared to 132,502 syringes during 2023 – a 2% *decrease*. Between 2023 and 2024, eight months of the year experienced increases in exchanges, from most to least: August (+54%), April (+52%), July (+42%), September (+30%), May (+15%), February (+11%), March (+6%), and October (+3%). However, the remaining months experienced decreases: June (-56%), November (-50%), January (-32%), and December (-31%). Refer to Figure 27.

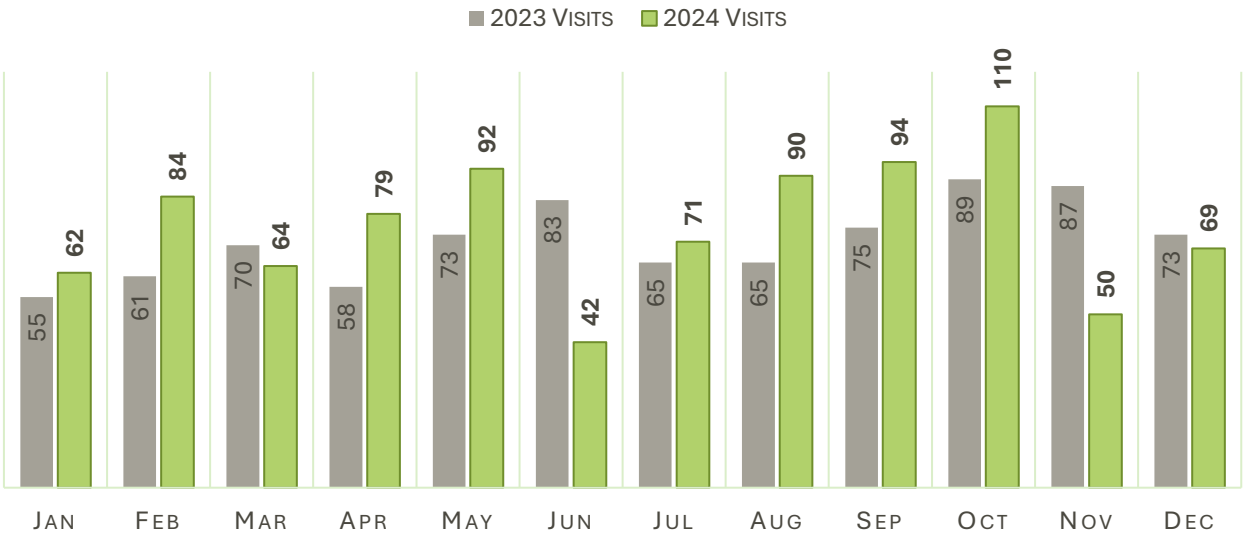
Figure 27. Hawai'i Island HHHRC Exchanges during 2023 (*N*=132,502) Compared to 2024 (*N*=130,126) by Month



Visits. Hawai'i Island HHHRC provided exchanges and other harm reduction services over the course of 907 visits during 2024 compared to 854 during 2023 – a 6% *increase*. Between 2023 and 2024, eight months experienced increases in visits: February (+38%), August (+38%), April (+36%), May (+26%), September (+25%), October (+24%), January (+13%), and July (+9%). The

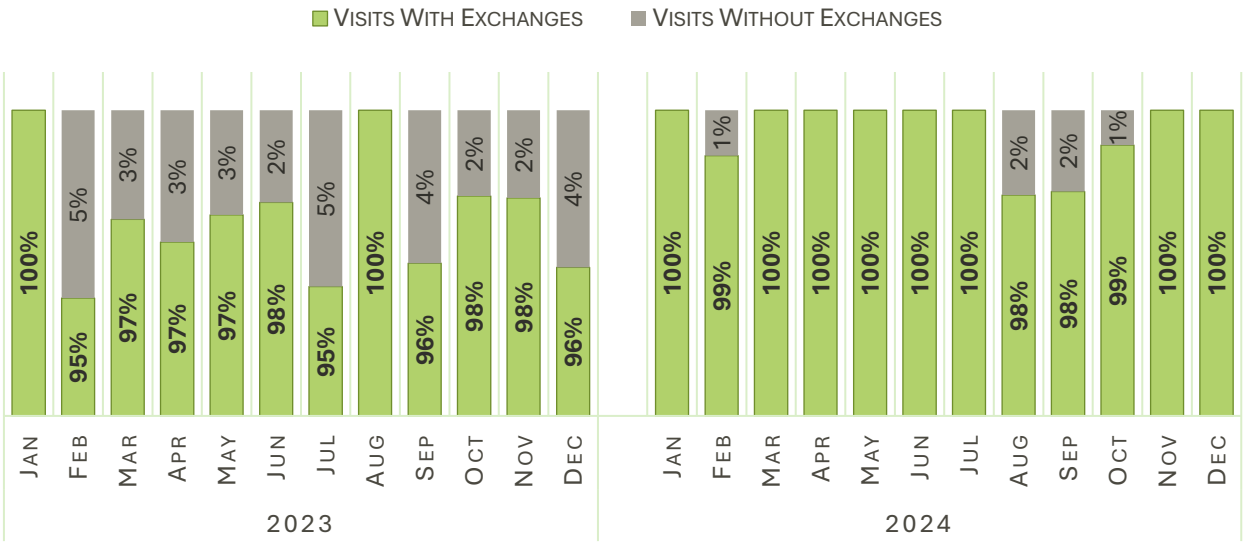
remaining months experienced decreases: June (-49%), November (-43%), March (-9%), and December (-5%). Refer to Figure 28.

Figure 28. Hawai'i Island HHHRC Visits during 2023 (*N*=854) Compared to 2024 (*N*=907) by Month



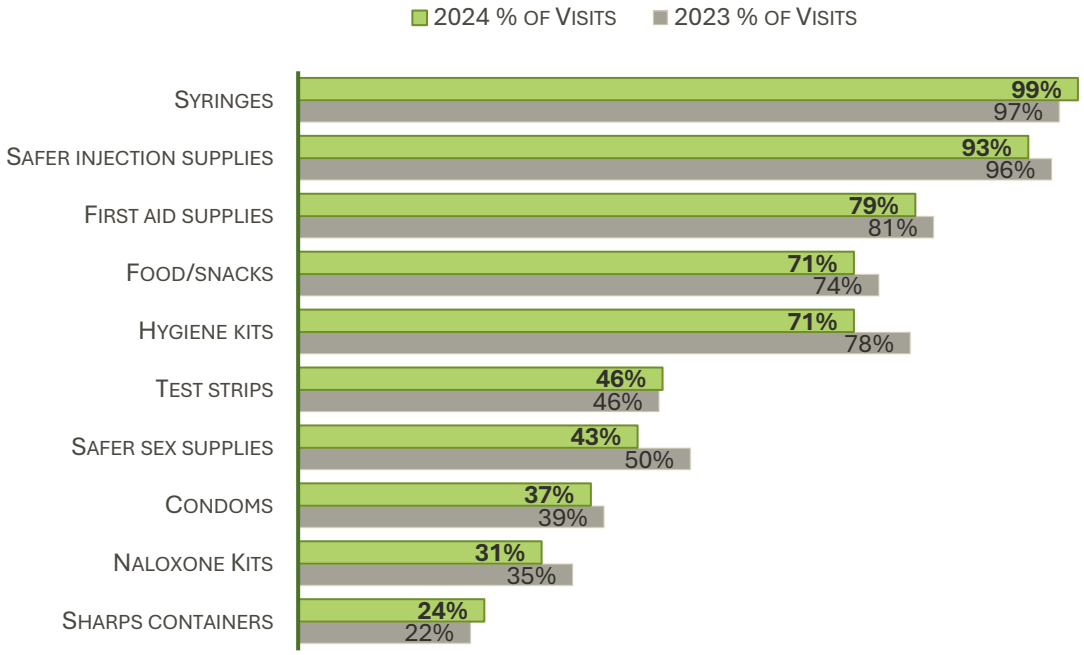
Visits with exchanges. **During 2024, 901 (99%) visits to Hawai'i Island HHHRC involved exchanging syringes compared to 2023 when 830 (97%) involved an exchange – a 2% *increase*.** During 2024, unduplicated participant data (*N*=207) from Daily Logs indicate participants visited Hawai'i Island HHHRC from few as 1 to many as 69 times, averaging 4 visits each to exchange. Refer to Figure 29.

Figure 29. Frequency of Hawai'i Island HHHRC Visits during 2023 (*N*=854) With Exchanges (*n*=830) & Without Exchanges (*n*=24) Compared to Visits during 2024 (*N*=907) With Exchanges (*n*=901) & Without Exchanges (*n*=6) by Month



Distribution of Harm Reduction Supplies. Between 2023 and 2024, Hawai'i Island HHHRC saw decreases in visits for most types of harm reduction supplies ranging from -7% to -2% except for three ranging from no change to +2%. The types of supplies that saw increases were syringes (+2%; n=901) and sharps containers (+2%; *n*=215) while test strips remained stable (no change; *n*=421). The remainder experienced that saw decreases were hygiene kits (-7%; *n*=642); safer sex supplies (-7%; *n*=392), naloxone kits (-4%; *n*=278), safer injection supplies (-3%; *n*=847), food/snacks (-3%; *n*=642), first aid supplies (-2%; *n*=713), and condoms (-2%; *n*=338). Refer to Figure 30.

Figure 30. Frequency of Hawai'i Island HHHRC Visits during 2024 (*N*=907) Compared to 2023 (*N*=854) by Specific Harm Reduction Supplies Distributed



"I saw a person that is in recovery and is totally clean now and he was really messed up for a couple of years, and, yeah, he saw me out doing the exchange and ran over and gave me a hug. He's like 'You rock, man!' and, like, just took off. Glad he's doing better. It was cool."

- Hawai'i Island HHHRC Staff

Hawai‘i County – Hawai‘i Island KHW (Subcontractor Site)

Participants Demographics & Characteristics

Of 140 unduplicated participants served by Hawai‘i Island KHW during 2024, data was available for 81 (58%) from Participant Registration Forms. Just under one-third were born in Hawai‘i (31%). Their average age was 41 years, ranging from 21 to 73. Thirty-eight percent (38%) identify as either women (36%) or transgender (2%). Over one-third (36%) identify as gay (14%) or bi/pansexual (21%). Less than one-quarter (22%) identify as Native Hawaiian (14%) and/or other Pacific Islander (9%). Just under three-quarters had health insurance (73%). Over half (58%) were experiencing houselessness (37%) or in temporary/unstable shelter (21%). Most reported using meth/speed/ice (78%) and injecting substances (90%) within 30 days of registration. Refer to Figure 31.

Figure 31. Snapshot of Hawai‘i Island KHW Participants who Exchanged During 2024 (*N*=81): Birthplace (*n*=80), Age (*n*=79), Gender (*N*=81), Sexuality (*n*=56), Racial Identity (*N*=81), Insurance (*N*=81), Housing (*N*=81), Substance Use (*n*=63) & Mode (*n*=52)

<table>
<tr>
<td>Birthplace.
31% (n=25) of participants were born in Hawai‘i.</td>
<td>0% (n=0) of participants were born in other Pacific Islands.</td>
<td>Age.
41 years was the average age of participants, ranging from 21 to 73.</td>
<td>33% (n=26) of participants were between 25 and 34 years.</td>
</tr>
<tr>
<td>Gender.
36% (n=29) of participants identify as women compared to transgender (2%; n=2) or nonbinary (0%; n=0)</td>
<td>Sexuality.
36% (n=20) of participants identify as gay (14%; n=8) or bi/pansexual (21%; n=12).</td>
<td>Racial identity.
28% (n=23) of participants identify as more than one race.</td>
<td>22% (n=18) of participants identify as Native Hawaiian (14%; n=11) and/or other Pacific Islander (9%; n=7).</td>
</tr>
<tr>
<td>Insurance.
73% (n=59) of participants had health insurance.</td>
<td>Housing.
65% (n=53) of participants were experiencing houselessness (47%; n=38) or in temporary/unstable shelter (19%; n=15).</td>
<td>Substance use.
78% (n=49) of participants reported using meth/speed/ice in the past 30 days compared to heroin (44%; n=28) and/or (22%; n=14) fentanyl.</td>
<td>90% (n=47) of participants reported injecting substances in the past 30 days compared to 62% (n=32) who smoked.</td>
</tr>
</table>

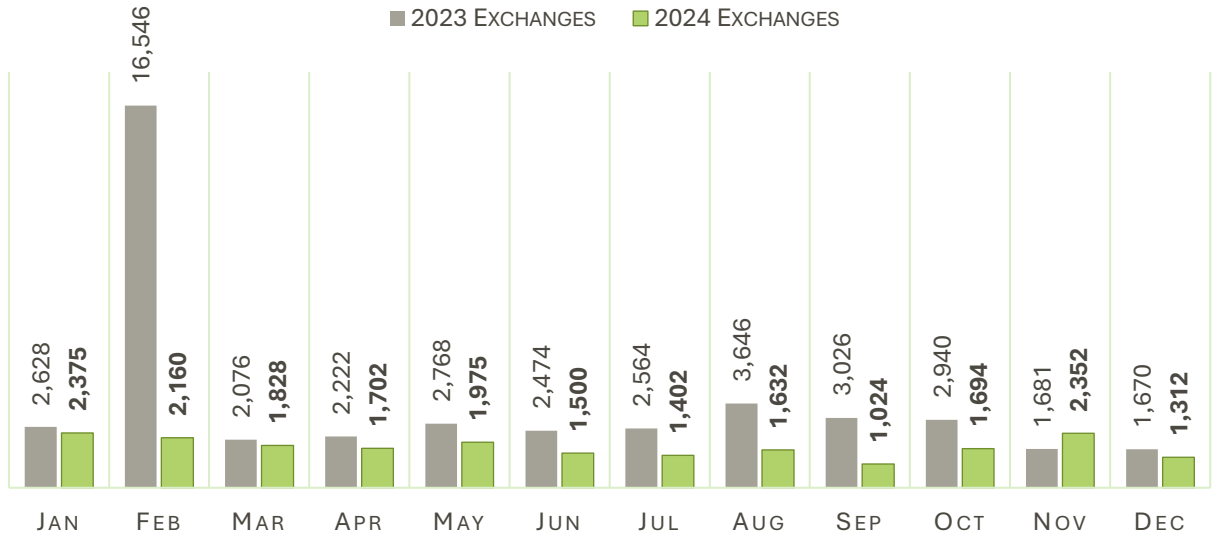
For complete demographic data, see Appendix D: Hawai‘i Island KHW SEP Participant Demographics, p. 71.

Exchanges & Visits

Between 2023 and 2024, Hawai'i Island KHW experienced a 53% *decrease* in exchanges and 11% *decrease* in visits. Between 2021 (*N*=134,276) and 2024 (*N*=20,956), Hawai'i Island KHW experienced a cumulative 84% *decrease* in annual exchanges. Between 2021 (*N*=882) and 2024 (*N*=833), Hawai'i Island KHW experienced a cumulative 6% *decrease* in annual visits. Hawai'i Island KHW had the second largest decreases in exchanges and visits between 2023 and 2024.

Exchanges. Hawai'i Island KHW exchanged 20,956 syringes during 2024 compared to 44,241 syringes during 2023 – a 53% *decrease*. Between 2023 and 2024, the only month that experienced an increase in exchanges was November (+40%). However, the remaining eleven months experienced decreases: February (-87%), September (-66%), August (-55%), July (-45%), October (-42%), May (-39%), June (-39%), April (-23%), December (-21%), March (-12%), and January (-10%). Refer to Figure 32.

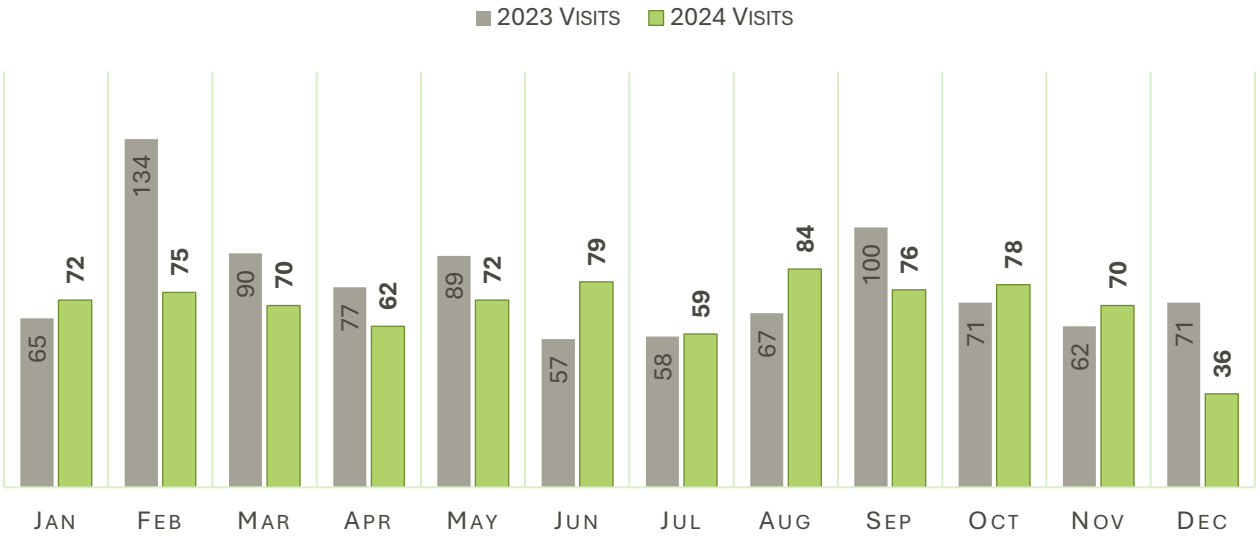
Figure 32. Hawai'i Island KHW Exchanges during 2023 (*N*=44,241) Compared to 2024 (*N*=20,956) by Month



Visits. Hawai'i Island KHW provided exchanges and other harm reduction services over the course of 833 visits during 2024 compared to 941 during 2023 – a 11% *decrease*. Between 2023 and 2024, six months experienced increases in visits: June (+39%), August (+25%), November (+13%), January (+11%), October (+10%), and July (+2%). The remaining six months

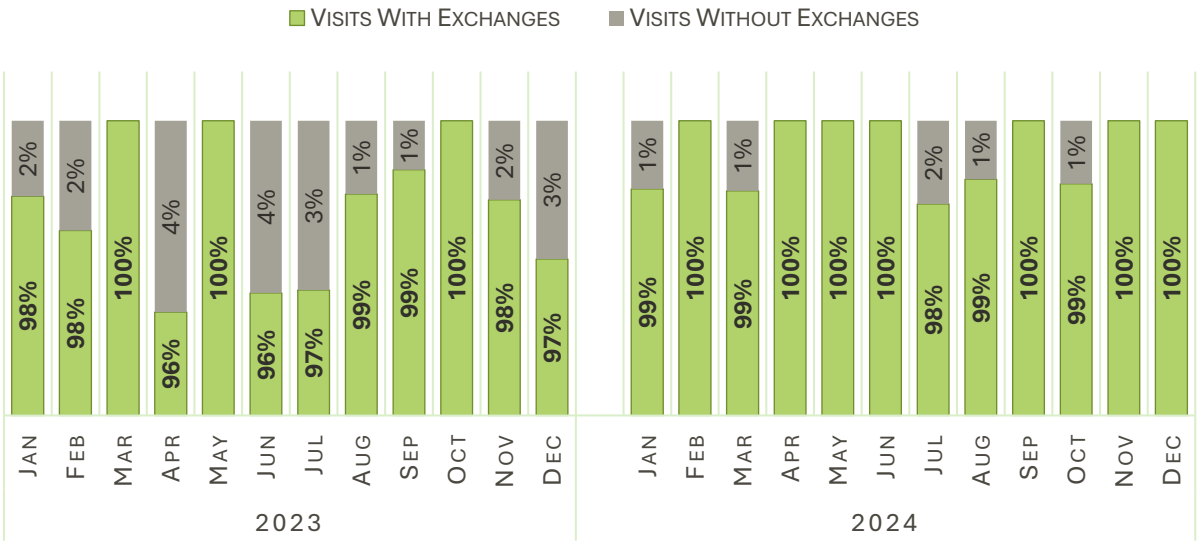
experienced decreases: December (-49%), February (-44%), September (-24%), March (-22%), April (-19%), and May (-19%). Refer to Figure 33.

Figure 33. Hawai‘i Island KHW Visits during 2023 (*N*=941) Compared to 2024 (*N*=833) by Month



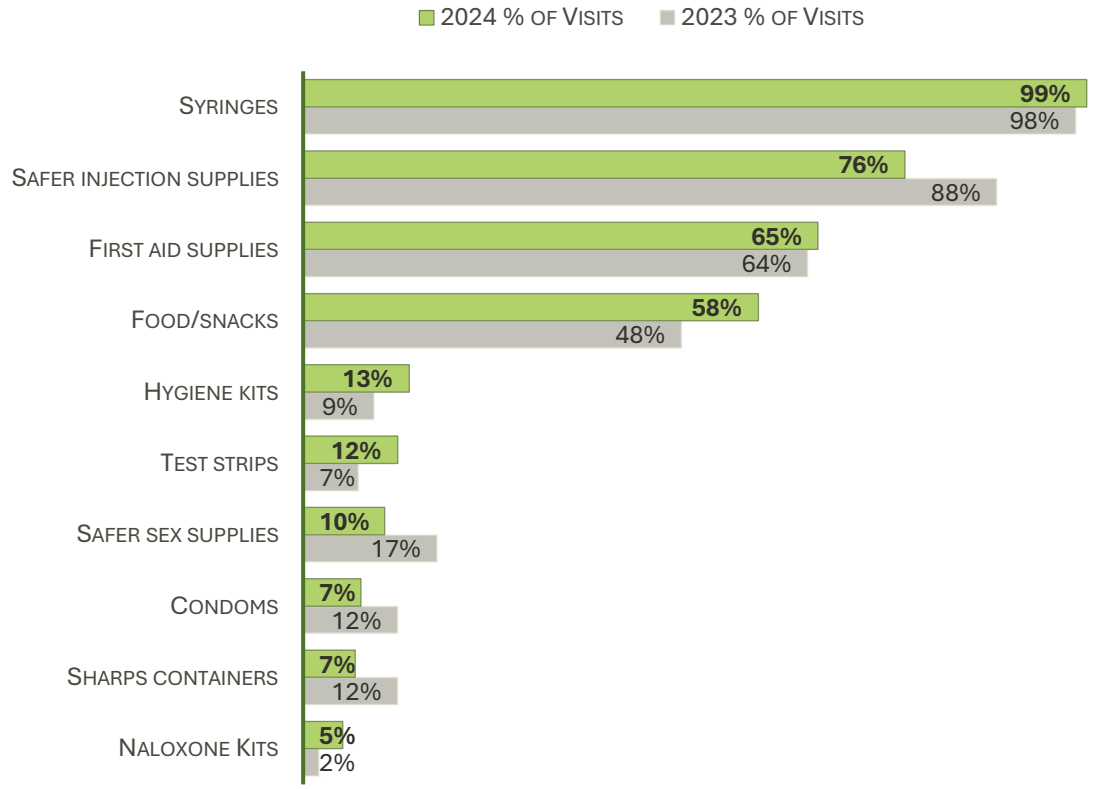
Visits with exchanges. **During 2024, 828 (99%) visits to Hawai‘i Island KHW involved exchanging syringes compared to 2023 when 925 (98%) involved an exchange – a 1% *increase*.** During 2024, unduplicated participant data (*N*=140) from Daily Logs indicates participants visited Hawai‘i Island KHW from few as 1 to many as 71 times, averaging 6 visits each to exchange. Refer to Figure 34.

Figure 34. Frequency of Hawai‘i Island KHW Visits during 2023 (*N*=941) With Exchanges (*n*=925) & Without Exchanges (*n*=16) Compared to Visits during 2024 (*N*=833) With Exchanges (*n*=828) & Without Exchanges (*n*=5) by Month



Distribution of harm reduction supplies. Between 2023 and 2024, Hawai'i Island KHW saw a range in the number of visits for most types of harm reduction supplies ranging from increases of 1% to 10% and reductions of -12% to -4%. The types of supplies that saw increases were food/snacks (+10%; *n*=481), test strips (+5%; *n*=100), hygiene kits (+4%; *n*=112), naloxone kits (+3%; *n*=42), syringes (+1%; *n*=828), and first aid supplies (+1%; *n*=544). The remainder of supplies that experienced decreases were safer injection supplies (-12%; *n*=636), safer sex supplies (-7%; *n*=86), condoms (-5%; *n*=61), and sharps containers (-5%; *n*=55). Refer to Figure 35.

Figure 35. Frequency of Hawai'i Island KHW Visits during 2024 (*N*=833) Compared to 2023 (*N*=941) by Specific Harm Reduction Supplies Distributed



"Great, courteous, helpful. You guys save lives with free Narcan. As a gatekeeper, you guys help me and my friends."

-SEP Participant

Maui County – Maui HHHRC

Participants Demographics & Characteristics

Of 230 unduplicated participants served by Maui HHHRC during 2024, data was available for 35 (15%) from Participant Registration Forms. More than two-thirds were born in Hawai'i (69%). Their average age was 38 years, ranging from 22 to 63. Forty-six percent (46%) identify as women. One-fifth (20%) identify as gay (7%) or bi/pansexual (13%). Just over one-quarter (26%) identify as Native Hawaiian (17%) and/or other Pacific Islander (9%). The vast majority had health insurance (94%). Many (69%) were experiencing houselessness (51%) or in temporary/unstable shelter (17%). Majority reported using meth/speed/ice (81%) and injecting substances (93%) within 30 days of registration. Refer to Figure 36.

Figure 36. Snapshot of Maui HHHRC Participants who Exchanged During 2024 (*N*=35): Birthplace (*n*=32), Age (*n*=33), Gender (*N*=35), Sexuality (*n*=30), Racial Identity (*N*=35), Insurance (*N*=35), Housing (*N*=35), Substance Use (*n*=31) & Mode (*n*=30)

Birthplace. **69%** (*n*=22) of participants were born in **Hawai'i.**	**0%** (*n*=0) of participants were born in the **other Pacific Islands.**	**Age.** **38 years** was the **average age** of participants, ranging **from 22 to 63.**	**36%** (*n*=12) of participants were **between 35 and 44 years**.
Gender. **46%** (*n*=16) of participants identify as **women** compared transgender (0%; *n*=0) or nonbinary (0%; *n*=0)	**Sexuality.** **20%** (*n*=6) of participants identify as **gay** (7%; *n*=2) or **bi/pansexual** (13%; *n*=4).	**Racial identity.** **26%** (*n*=9) of participants identify as **more than one race.**	**26%** (*n*=9) of participants identify as **Native Hawaiian** (17%; *n*=6) and/or **other Pacific Islander** (9%; *n*=3).
Insurance. **94%** (*n*=33) of participants **had health insurance.**	**Housing.** **69%** (*n*=24) of participants were **experiencing houselessness** (51%; *n*=18) or in **temporary/unstable shelter** (17%; *n*=6).	**Substance use.** **81%** (*n*=25) of participants reported **using meth/speed/ice in the past 30 days** compared to heroin (32%; *n*=10) and/or fentanyl (42%; *n*=14)	**93%** (*n*=28) of participants reported **injecting substances in the past 30 days** compared to 77% (*n*=23) who smoked.

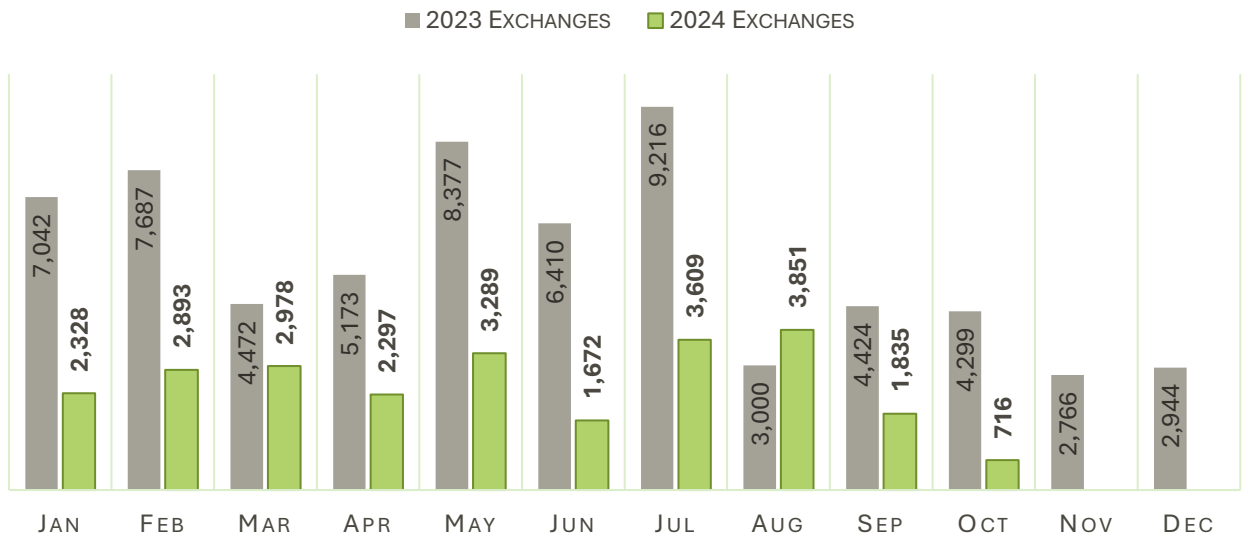
For complete demographic data, see Appendix E: Maui HHHRC SEP Participant Demographics, p. 73.

Exchanges & Visits

Between 2023 and 2024, Maui HHHRC experienced a 61% *decrease* in exchanges and 27% *decrease* in visits. Between 2021 (*N*=208,831) and 2024 (*N*=25,468), Maui HHHRC experienced a cumulative 88% *decrease* in annual exchanges. Between 2021 (*N*=546) and 2024 (*N*=512), Maui HHHRC experienced a cumulative 6% *decrease* in annual visits. Maui HHHRC experienced the most significant *decreases*, which are likely enhanced by the effects of the Lāhainā Wildfires and Maui HHHRC staff being on extended leave beginning October.

Exchanges. Maui HHHRC exchanged 25,468 syringes in 2024 compared to 65,810 syringes during 2023 – a 61% *decrease*. Between 2023 and 2024, the only month that experienced an increase in exchanges was August (+28%). The remaining months experienced decreases: October (-83%), June (-74%), January (-67%), February (-62%), May (-61%), July (-61%), September (-59%), April (-56%), and March (-33%). Note: The 83% decrease during October is related to staff working a partial month before taking extended leave for the remainder of 2024. Refer to Figure 37.

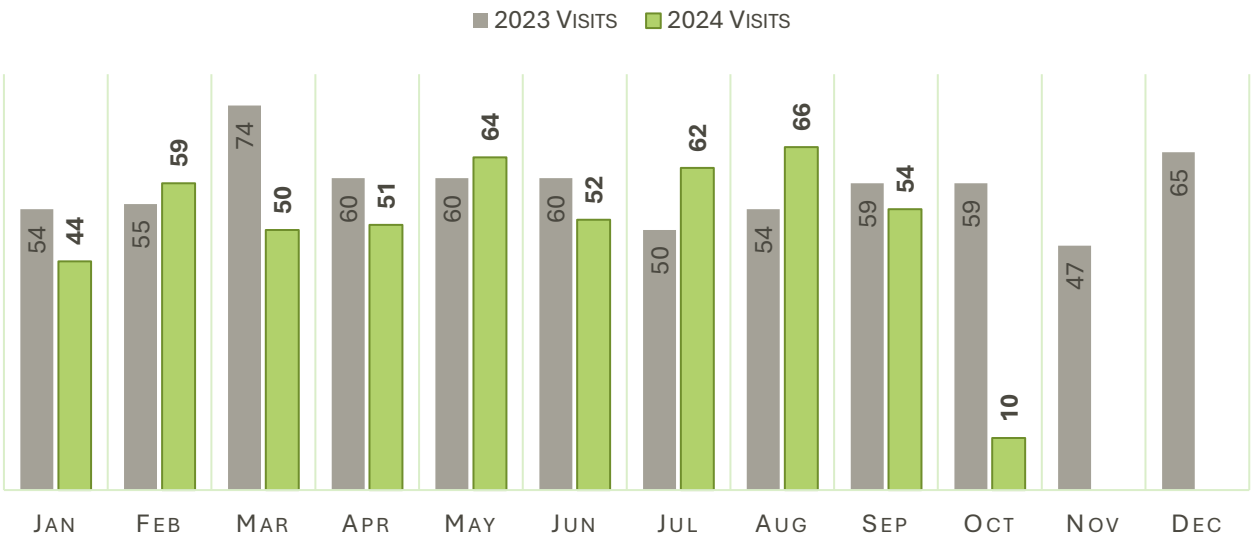
Figure 37. Maui HHHRC Exchanges during 2023 (*N*=65,810) Compared to 2024 (*N*=25,468) by Month



Visits. Maui HHHRC provided exchanges and other harm reduction services over the course of 512 visits during 2024 compared to 697 during 2023 – a 27% *decrease*. Between 2023 and 2024, four months experienced increases in visits, from most to least: July (+24%), August (+22%), February (+7%), and May (+7%). However, the remaining months experienced decreases: October (-83%), March (-32%), January (-19%), April (-15%), June (-13%), and September (-8%). Note:

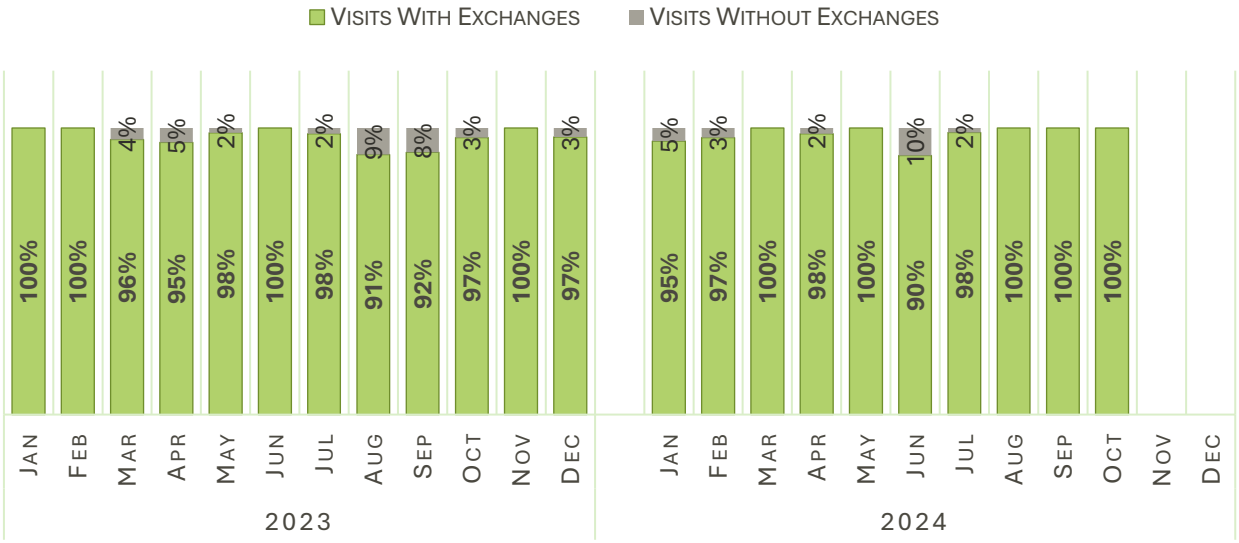
Note: The 83% decrease during October is related to staff working a partial month before taking extended leave for the remainder of 2024. Refer to Figure 38.

Figure 38. Maui HHHRC Visits during 2023 (*N*=697) Compared to 2024 (*N*=512) by Month



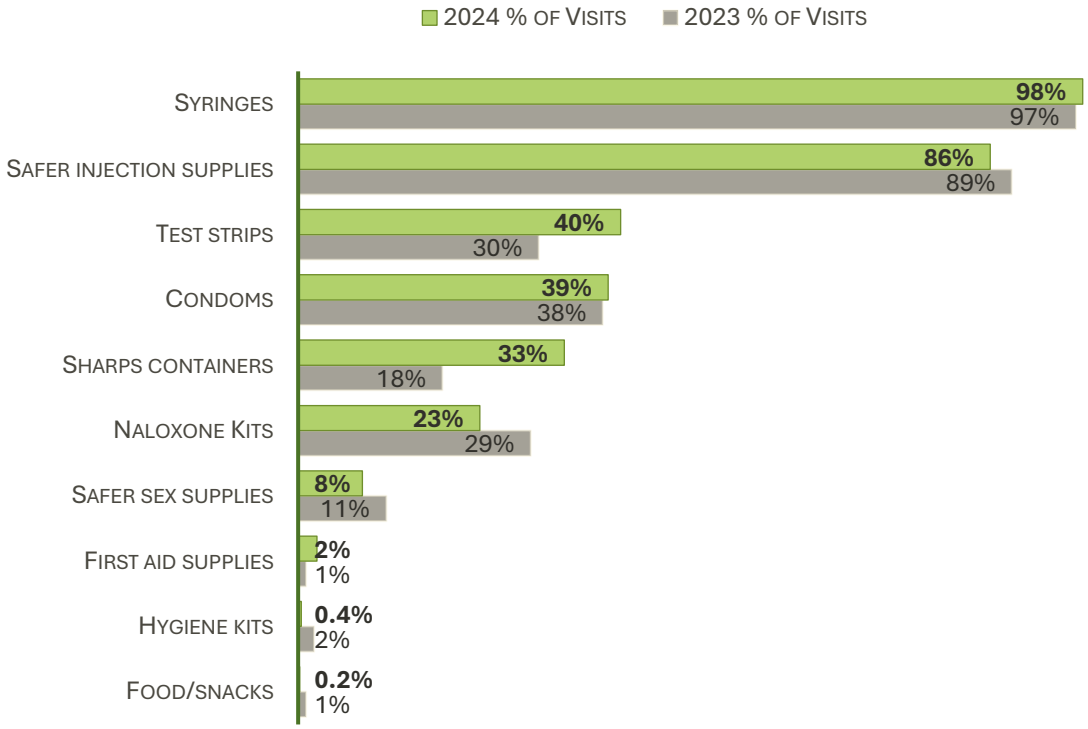
Visits with exchanges. **During 2024, 501 (98%) visits to Maui HHHRC involved exchanging syringes compared to 2023 when 675 (97%) involved an exchange – a 1% *increase*.** During 2024, unduplicated participant data (*N*=230) from Daily Logs indicates participants visited Maui HHHRC from few as 1 to many as 16 times, averaging 2 visits each to exchange. Refer to Figure 39.

Figure 39. Frequency of Maui HHHRC Visits during 2023 (*N*=697) With Exchanges (*n*=675) & Without Exchanges (*n*=22) Compared to Visits during 2024 (*N*=512) With Exchanges (*n*=501) & Without Exchanges (*n*=11) by Month



Distribution of harm reduction supplies. Between 2023 and 2024, Maui HHHRC saw a range in the number of visits for most types of harm reduction supplies ranging from increases of 1% to 15% and reductions of -6% to -0.6%. The types of supplies that saw increases were sharps containers (+15%; *n*=170), test strips (+10%; *n*=206), syringes (+1%; *n*=501), condoms (+1%; *n*=198), and first aid supplies (+1%; *n*=12). The remainder of supplies that experienced decreases were naloxone kits (-6%; *n*=116), safer injection supplies (-3%; *n*=442), safer sex supplies (-3%; *n*=41), food/snacks (-0.8%; *n*=1), and hygiene kits (-0.6%; *n*=2). Refer to figure 40.

Figure 40. Frequency of Maui HHHRC Visits during 2024 (*N*=512) Compared to 2023 (*N*=697) by Specific Harm Reduction Supplies Distributed



"It makes me feel good when I get up in the morning, and I know I'm gonna go do something positive. Some days, I have eight or nine people, sometimes I have one, but I still go out and I look and I do what I gotta do. A lot of times, people walk up to me, and I don't remember 'em, and they go, 'Thanks. You really helped me. I don't have Hep C or HIV.' I'm saying numerous times. That makes me feel good."

- Maui HHHRC Staff

Maui County – Maui MAF (Subcontractor Site)

Participants Demographics & Characteristics

HHHRC SEP began its partnership with Maui MAF on July 1, 2024. Of 48 unduplicated participants served by Maui MAF during 2024, data was available for 25 (52%) from Participant Registration Forms. Over half (58%) were born in Hawai'i (50%) or other Pacific Islands (8%). Their average age was 40 years, ranging from 25 to 57. Just under one-quarter identify as women (24%). A slight 5% identify as gay. Forty percent (40%) identify as Native Hawaiian (20%) and/or other Pacific Islander (20%). The vast majority had health insurance (88%). Many (68%) were experiencing houselessness (52%) or in temporary/unstable shelter (16%). Majority reported using meth/speed/ice (77%) and injecting substances (95%) within 30 days of registration. Refer to Figure 41.

Figure 41. Snapshot of Maui MAF Participants who Exchanged During 2024 (*N*=25): Birthplace (*n*=24), Age (*N*=25), Gender (*N*=25), Sexuality (*n*=19), Racial Identity (*N*=25), Insurance (*N*=25), Housing (*N*=25), Substance Use (*n*=22) & Mode (*n*=19)

Birthplace. **50%** (*n*=12) of participants were born in **Hawai'i.**	**8%** (*n*=2) of participants were born in **other Pacific Islands.**	**Age.** **40 years** was the **average age** of participants, ranging **from 25 to 57.**	**44%** (*n*=11) of participants were **between 35 and 44 years**.
Gender. **24%** (*n*=6) of participants identify as **women** compared to transgender (0%; *n*=0) or nonbinary 0%; *n*=0).	**Sexuality.** **5%** (*n*=1) of participants identify as **gay** or bi/pansexual (0%; *n*=0).	**Racial identity.** **16%** (*n*=4) of participants identify as **more than one race.**	**40%** (*n*=10) of participants identify as **Native Hawaiian** (20%; *n*=5) and/or **other Pacific Islander** (20%; *n*=5).
Insurance. **88%** (*n*=22) of participants **had health insurance.**	**Housing.** **68%** (*n*=17) of participants were **experiencing houselessness** (52%; *n*=13) or in **temporary/unstable shelter** (16%; *n*=4).	**Substance use.** **77%** (*n*=17) of participants reported using **meth/speed/ice in the past 30 days** compared to heroin (41%; *n*=9) and/or fentanyl (27%; *n*=6)	**95%** (*n*=18) of participants reported **injecting substances in the past 30 days** compared to 79% (*n*=15) who smoked.

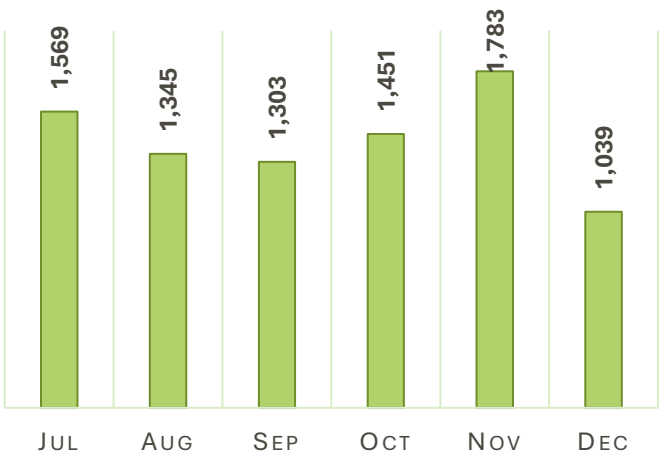
For complete demographic data, see Appendix F: Maui MAF SEP Participant Demographics, p. 75.

Exchanges & Visits

Maui MAF is a new subcontractor with HHHRC, beginning July 1, 2024, with no comparative data or available trends yet. Therefore, Maui MAF data will be described in terms of volume instead of percent change from previous years.

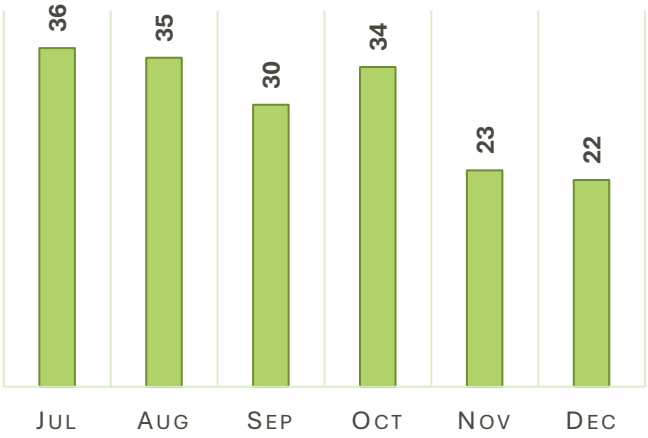
Exchanges. Maui MAF exchanged 8,490 syringes since beginning their partnership with HHHRC. In terms of volume, the following months experienced the heaviest number of exchanges from most to least: November, July (18%; *n*=1,569), October (17%; *n*=1,451), August (16%; *n*=1,345), September (15%; *n*=1,303), and December (12%; *n*=1,039). Refer to Figure 42.

Figure 42. Maui MAF Exchanges during 2024 (*N*=8,490) by Month



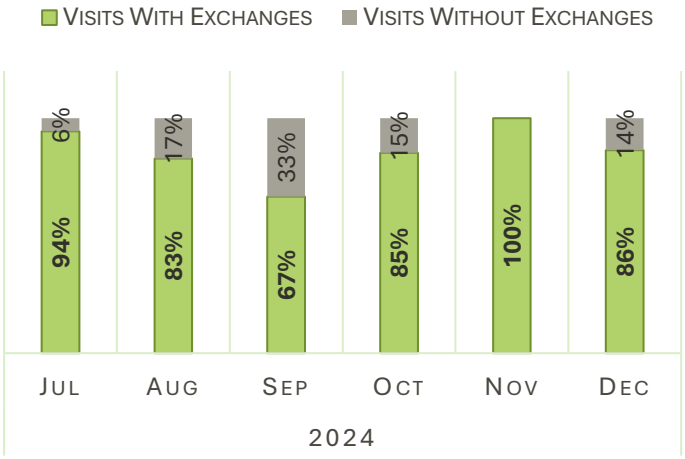
Visits. Maui MAF provided exchanges and other harm reduction services over the course of 180 visits since beginning their partnership with HHHRC. Between 2023 and 2024, four months of the year experienced increases in visits, from most to least: July (+24%), August (+22%), February (+7%), and May (+7%). However, the remaining months experienced decreases: October (-83%), March (-32%), January (-19%), April (-15%), June (-13%), and September (-8%). Refer to Figure 43.

Figure 43. Maui MAF Visits during 2024 (*N*=180) by Month



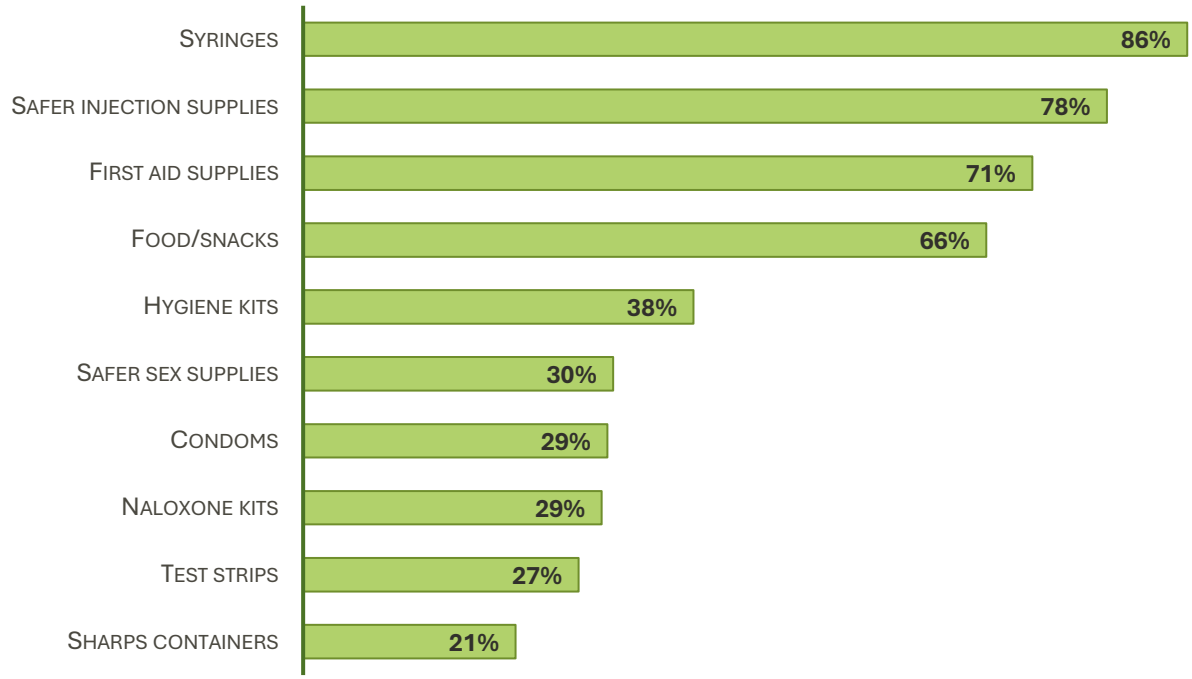
Visits with exchanges. **During 2024, 154 (86%) visits to Maui MAF involved exchanging syringes compared to 26 (14%) that did not involve an exchange.** During 2024, unduplicated participant data (*N*=48) from Daily Logs indicates participants visited Maui HHHRC from few as 1 to many as 24 times, averaging 3 visits each to exchange. Refer to Figure 44.

Figure 44. Frequency of Maui MAF Visits during 2024 (*N*=180) With Exchanges (*n*=154) & Without Exchanges (*n*=26) by Month



Distribution of harm reduction supplies. Regarding visits for safer injection and other harm reduction supplies during 2024, Maui MAF cannot report on increases, so will report on volume instead. The types of supplies that were distributed most were syringes (86%; *n*=154), safer injection supplies (78%; *n*=140), first aid supplies (71%; *n*=127), and food/snacks (66%; *n*=119). The types of supplies that were distributed during less than half of visits were hygiene kits (-38%; *n*=68), safer sex supplies (30%; *n*=54), condoms (29%; *n*=53), naloxone kits (29%; *n*=52), test strips (27%; *n*=48), and sharps containers (21%; *n*=37). Refer to Figure 45.

Figure 45. Frequency of Maui MAF Visits during 2024 (*N*=180) by Specific Harm Reduction Supplies Distributed



Kaua‘i County - Kaua‘i HHHRC

Participants Demographics & Characteristics

Of 185 unduplicated participants served by Kaua‘i HHHRC during 2024, data was available for 134 (72%) from Participant Registration Forms. Nearly two-thirds (64%) were born in Hawai‘i (62%) or other Pacific Islands (2%). Their average age was 43 years, ranging from 18 to 72. Half (50%) identify as women (48%) or transgender (2%). Less than one-fifth (17%) identify as gay (3%) or bi/pansexual (14%). Half (50%) identify as Native Hawaiian (44%) and/or other Pacific Islander (6%). Two-thirds had health insurance (66%). Most (80%) were experiencing houselessness (68%) or in temporary/unstable shelter (12%). Majority reported using meth/speed/ice (81%) and smoking substances (72%) within 30 days of registration. Refer to Figure 46.

Figure 46. Snapshot of Kaua‘i HHHRC Participants who Exchanged During 2024 (*N*=134): Birthplace (*n*=132), Age (*N*=134), Gender (*n*=133), Sexuality (*n*=124), Racial Identity (*n*=132), Insurance (*N*=134), Housing (*n*=133), Substance Use (*n*=124) & Mode (*n*=122)

Birthplace. **62%** (*n*=82) of participants were born in **Hawai‘i.**	**2%** (*n*=2) of participants were born in **other Pacific Islands.**	**Age.** **43 years** was the **average age** of participants, ranging **from 18 to 72.**	**34%** (*n*=45) of participants were **between 35 and 44 years**.
Gender. **48%** (*n*=64) of participants identify as **women** compared to transgender (2%; *n*=3) or nonbinary (0%; *n*=0)	**Sexuality.** **17%** (*n*=21) of participants identify as **gay** (3%; *n*=4) or **bi/pansexual** (14%; *n*=17).	**Racial identity.** **34%** (*n*=45) of participants identify as **more than one race.**	**50%** (*n*=66) of participants identify as **Native Hawaiian** (44%; *n*=58) **and/or other Pacific Islander** (6%; *n*=8).
Insurance. **66%** (*n*=88) of participants **had health insurance.**	**Housing.** **80%** (*n*=106) of participants were **experiencing houselessness** (68%; *n*=90) or in **temporary/unstable shelter** (12%; *n*=16).	**Substance use.** **81%** (*n*=101) of participants reported **using meth/speed/ice in the past 30 days** compared to heroin (14%; *n*=17) and/or fentanyl (21%; *n*=26)	**72%** (*n*=88) of participants reported **smoking substances in the past 30 days** compared to 43% (*n*=52) who injected.

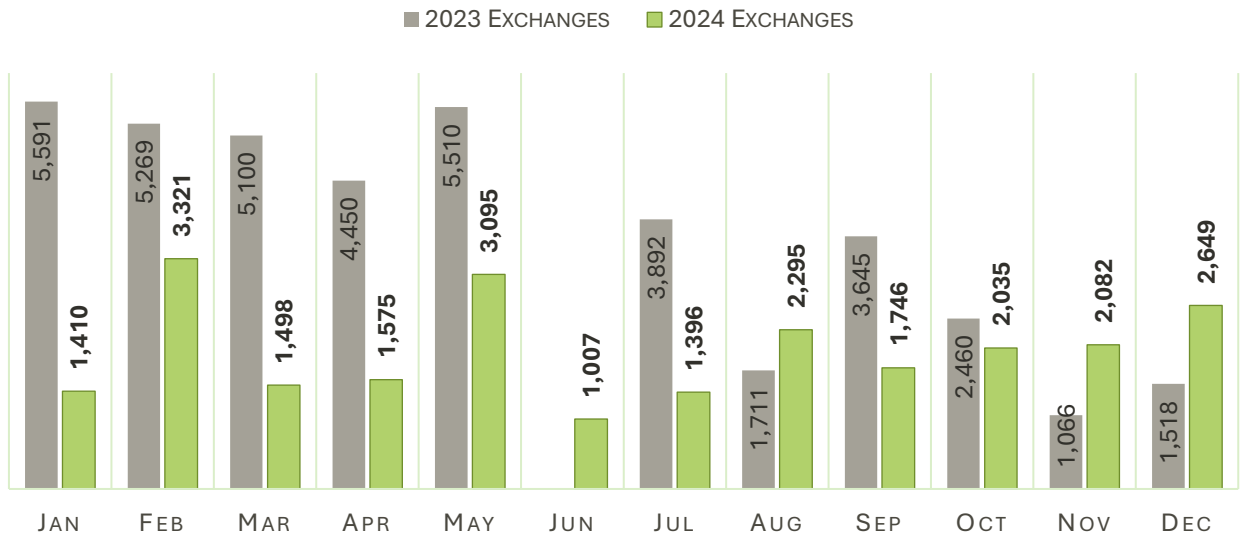
For complete demographic data, see Appendix G: Kaua‘i HHHRC SEP Participant Demographics, p. 77.

Exchanges & Visits

Between 2023 and 2024, Kaua'i HHHRC experienced a 40% decrease in exchanges and 2% decrease in visits. Between 2021 (*N*=75,235) and 2024 (*N*=24,109), Kaua'i HHHRC experienced a cumulative 68% *decrease* in annual exchanges. Between 2021 (*N*=570) and 2024 (*N*=566), Kaua'i HHHRC experienced a cumulative 1% *decrease* in annual visits. Kaua'i HHHRC had the third highest decline in exchanges but lowest decline in visits, suggesting needs are evolving.

Exchanges. Kaua'i HHHRC exchanged 24,109 syringes in 2024 compared to 40,212 syringes during 2023 – a 40% *decrease*. Between 2023 and 2024, three months experienced increases in exchanges, from most to least: November (+95%), December (+75%), and August (+34%). However, the remaining months experienced decreases: January (-75%), March (-71%), April (-65%), July (-64%), September (-52%), May (-44%), February (-37%), and October (-17%). Note: June had no comparison data due to the sole Kaua'i HHHRC outreach worker being out for all of June 2023. Refer to Figure 47.

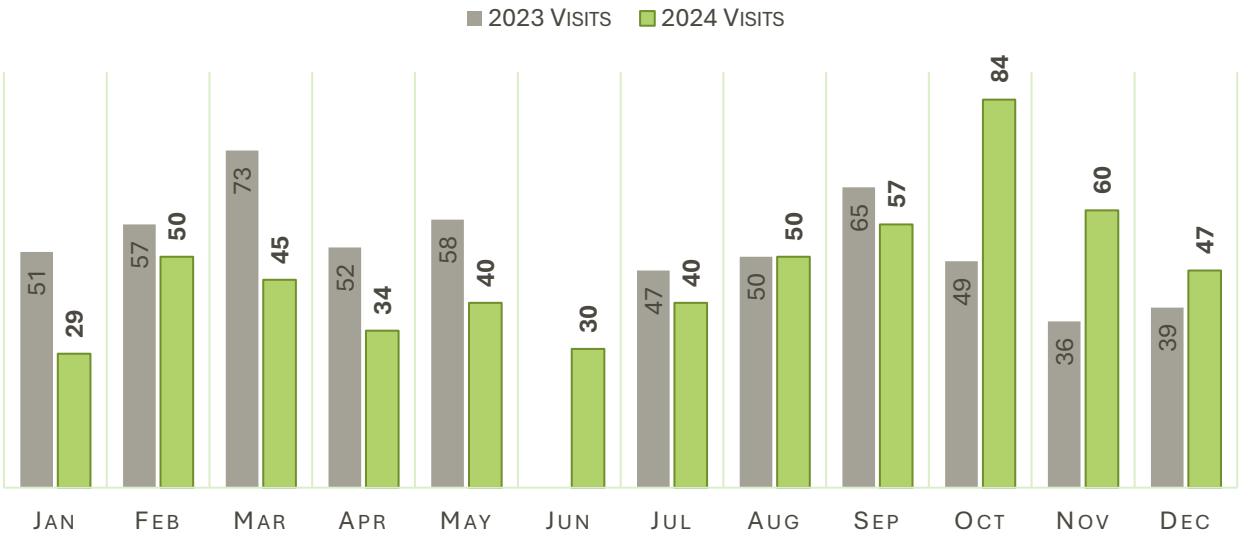
Figure 47. Kaua'i HHHRC Exchanges during 2023 (*N*=40,212) Compared to 2024 (*N*=24,109) by Month



Visits. Kaua'i HHHRC provided exchanges and other harm reduction services over the course of 566 visits during 2024 compared to 577 during 2023 – a 2% *decrease*. Between 2023 and 2024, three months experienced increases in visits, from most to least: October (+71%), November (+67%), and December (+21%). The following months experienced decreases: January (-43%), March (-38%), April (-35%), May (-31%). July (-15%), February (-12%), and September

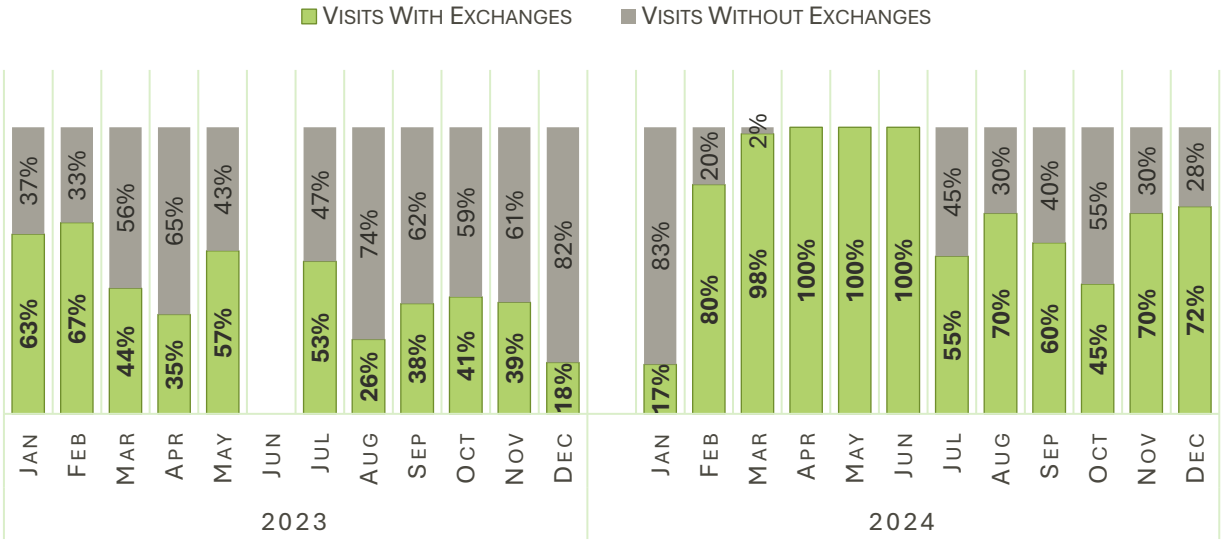
(-12%). Note: August remained the same, with no change. June had no comparison data due to the sole Kaua'i HHHRC outreach worker being out for all of June 2023. Refer to Figure 48.

Figure 48. Kaua'i HHHRC Visits during 2023 (*N*=577) Compared to 2024 (*N*=566) by Month



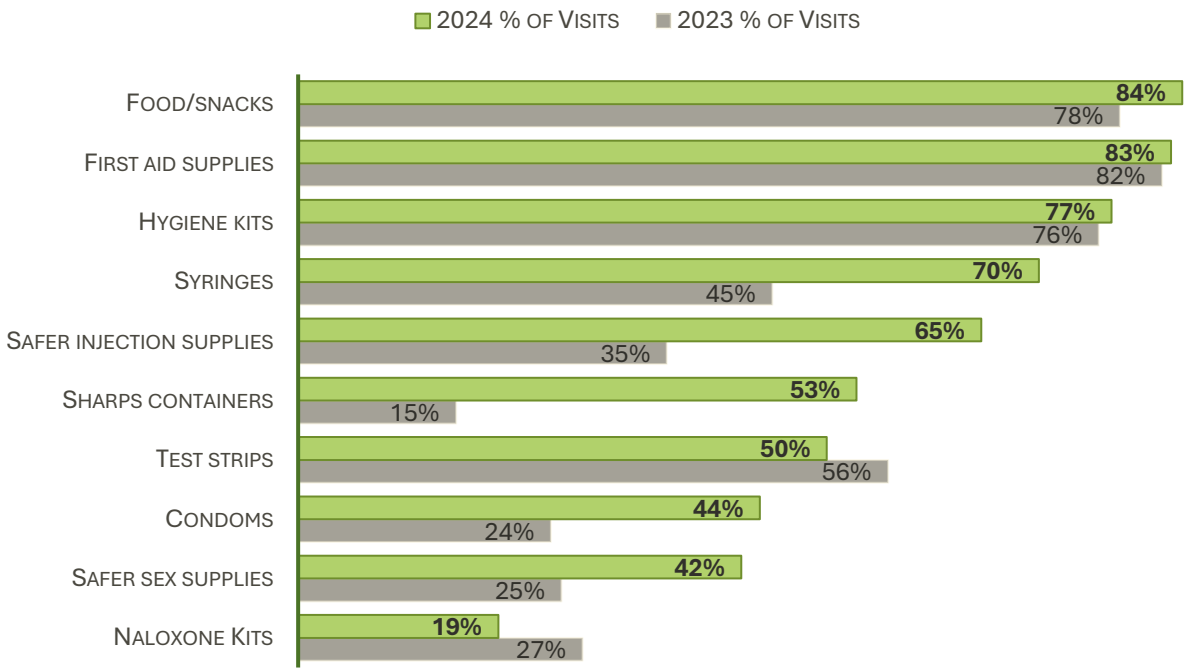
Visits with exchanges. **During 2024, 398 (70%) visits to Kaua'i HHHRC involved exchanging syringes compared to 2023 when 257 (45%) involved an exchange – a 25% *increase*.** During 2024, unduplicated participant data (*N*=130) from Daily Logs indicates participants visited Kaua'i HHHRC from few as 1 to many as 4 times, averaging 1 visit each to exchange. Refer to Figure 49.

Figure 49. Frequency of Kaua'i HHHRC Visits during 2023 (*N*=577) With Exchanges (*n*=257) & Without Exchanges (*n*=320) Compared to 2024 Visits (*N*=566) With Exchanges (*n*=398) & Without Exchanges (*n*=168) by Month



Distribution of harm reduction supplies. Between 2023 and 2024, Kaua'i HHHRC saw a range in the number of visits for most types of harm reduction supplies ranging from increases of 1% to 38% and decreases of -8% to -6%. The types of supplies that experienced increases were sharps containers (+38%; *n*=300), safer injection supplies (+30%; *n*=367), syringes (+25%; *n*=398), condoms (+20%; *n*=248), safer sex supplies (+17%; *n*=238), food/snacks (+6%; *n*=475), first aid supplies (+1%; *n*=469), and hygiene kits (+1%; *n*=437).The remaining types of supplies that saw reductions were naloxone kits (-8%; *n*=158) and test strips (-6%; *n*=284). Refer to Figure 50.

Figure 50. Frequency of Kaua'i HHHRC Visits during 2024 (*N*=566) Compared to 2023 (*N*=577) by Specific Harm Reduction Supplies Distributed



"I was taught that we are HIV and hepatitis educators, and we are here to educate them on harm reduction, how to keep clean, what to do with their [injection] sites. I don't feel our job is to just go hand out needles. First thing I do when I get a new participant is ask 'em, 'How do you use your alcohol wipe?' and they'll be like, 'Oh, you know, just rub it back and forth,' and I go, 'Nope. Do it one way. Turn it over. Do it another. Throw it away.' I go, 'Don't ever use it after you have injected because you are gonna rub that dirt right back into your [injection] site."

- Kaua'i HHHRC Staff

Kaua‘i County - Kaua‘i MPHS (Subcontractor Site)

Participants Demographics & Characteristics

Of 10 unduplicated participants served by Kaua‘i HHHRC during 2024, data was available for 8 (80%) from Participant Registration Forms. Half were born in Hawai‘i (50%). Their average age was 43 years, ranging from 29 to 61. Sixty-three percent (63%) identify as women (38%) or transgender (25%). No participants identify as gay or bi/pansexual. About one-eight identify as Native Hawaiian (13%). Three-quarters had health insurance (75%). Most (88%) were experiencing houselessness (75%) or in temporary/unstable shelter (13%). All participants reported using meth/speed/ice (100%) and injecting substances (100%) within 30 days of registration. Refer to Figure 51.

Figure 51. Snapshot of Kaua‘i MPHS Participants who Exchanged During 2024 (*N*=8): Birthplace (*N*=8), Age (*N*=8), Gender (*N*=8), Sexuality (*n*=4), Racial Identity (*N*=8), Insurance (*N*=8), Housing (*N*=8), Substance Use (*n*=4) & Mode (*n*=4)

Birthplace. **50%** (*n*=4) of participants were born in **Hawai‘i.**	**0%** (*n*=0) of participants were born in **other Pacific Islands.**	**Age.** **43 years** was the **average age** of participants, ranging **from 29 to 61.**	**38%** (*n*=3) of participants were **between 35 and 44 years**.
Gender. **38%** (*n*=3) of participants identify as **women** compared to transgender (25%; n=2) or nonbinary (0%; n=0).	**Sexuality.** **0%** (*n*=0) of participants identify as **gay** or **bi/pansexual.**	**Racial identity.** **25%** (*n*=2) of participants identify as **more than one race.**	**13%** (*n*=1) of participants identify as **Native Hawaiian** and/or other Pacific Islander (0%; *n*=0).
Insurance. **75%** (*n*=6) of participants **had health insurance.**	**Housing.** **88%** (*n*=7) of participants were **experiencing houselessness** (75%; *n*=6) or in **temporary/unstable shelter** (13%; *n*=1).	**Substance use.** **100%** (*n*=4) of participants reported **using meth/speed/ice in the past 30 days** compared to heroin (50%; *n*=2) and/or fentanyl (50%; *n*=2)	**100%** (*n*=4) of participants reported **injecting substances in the past 30 days** compared to 25% (*n*=1) who smoked.

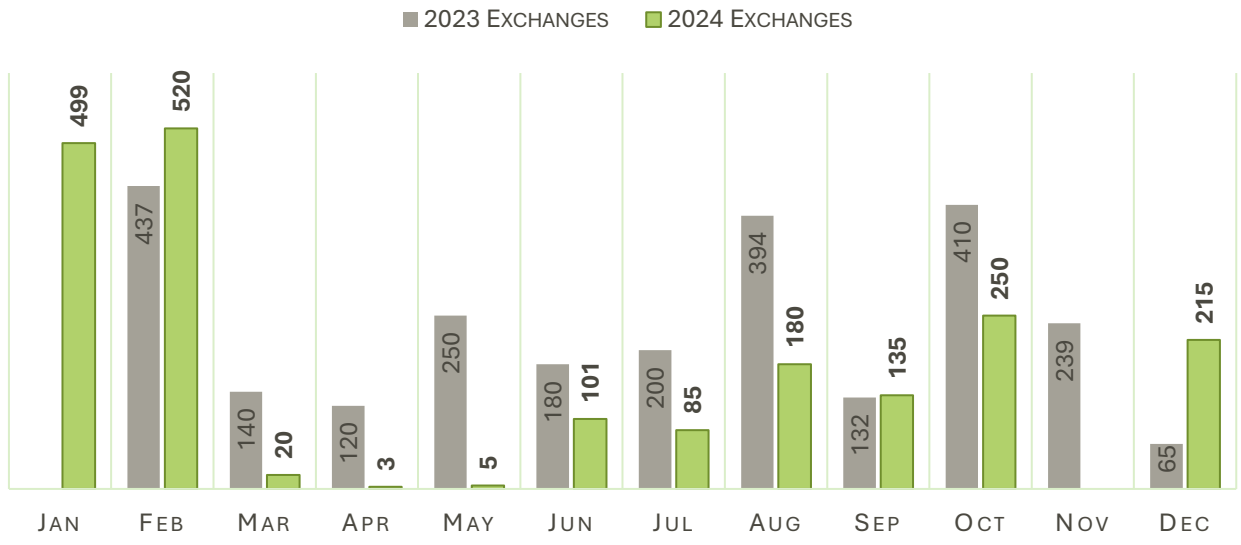
For complete demographic data, see Appendix H: Kaua‘i MPHS SEP Participant Demographics, p. 79.

Exchanges & Visits

Between 2023 and 2024, Kaua'i MPHS experienced a 22% decrease in exchanges and 3% decrease in visits. Between 2022 (*N*=2,766) and 2024 (*N*=2,013), Kaua'i MPHS experienced a cumulative 27% *decrease* in annual exchanges. Between 2022 (*N*=47) and 2024 (*N*=35), Kaua'i MPHS experienced a cumulative 26% *decrease* in annual visits. Note: Prior to 2022, Kaua'i HHHRC and MPHS sites reported in aggregate, leaving no comparison data for 2021.

Exchanges. Kaua'i MPHS exchanged 2,013 syringes in 2024 compared to 2,567 syringes during 2023 – a 22% *decrease*. Between 2023 and 2024, four months of the year experienced increases in exchanges, from most to least: January (N/A), December (+231%), February (+19%), and September (+2%). The remaining months experienced decreases: November (-100%), April (-98%), May (-98%), March (-86%), July (-58%), August (-54%), June (-44%), and October (-39%). Note: January had the most increase from 0 to 499 exchanges, but percent change is statistically impossible to calculate. Refer to Figure 52.

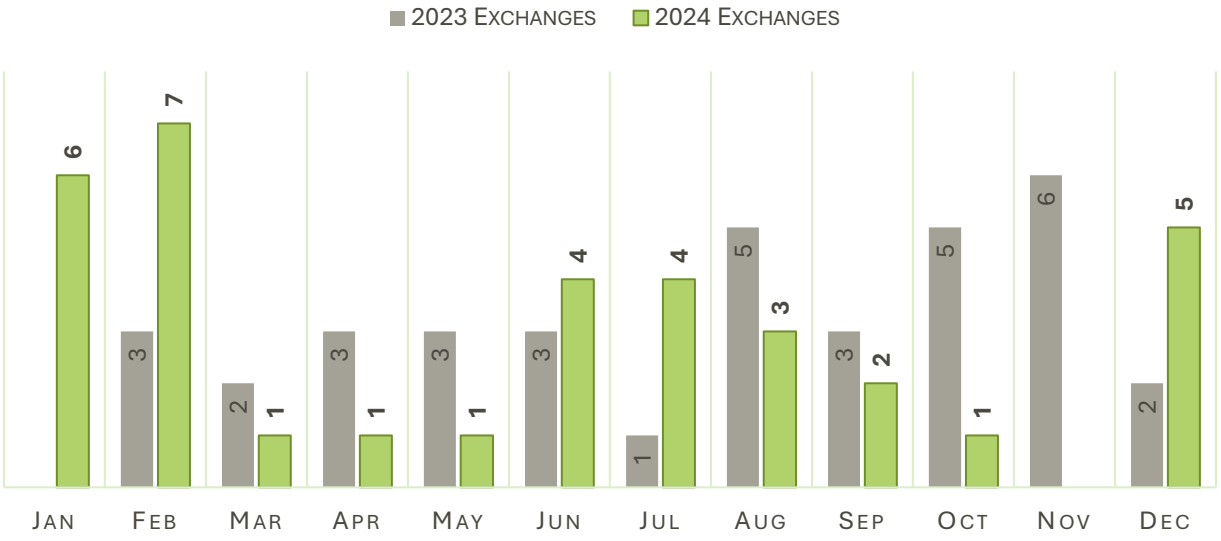
Figure 52. Kaua'i MPHS Exchanges during 2023 (*N*=2,567) Compared to 2024 (*N*=2,013) by Month



Visits. Kaua'i MPHS provided exchanges and other harm reduction services over the course of 35 visits during 2024 compared to 35 during 2023 – a 3% *decrease*. Between 2023 and 2024, five months experienced increases in visits, from most to least: January (N/A), July (+300%), December (+150%), February (+133%), and June (+33%). The following months experienced decreases: November (-100%), October (-80%), April (-67%), May (-67%), March (-50%), August (-

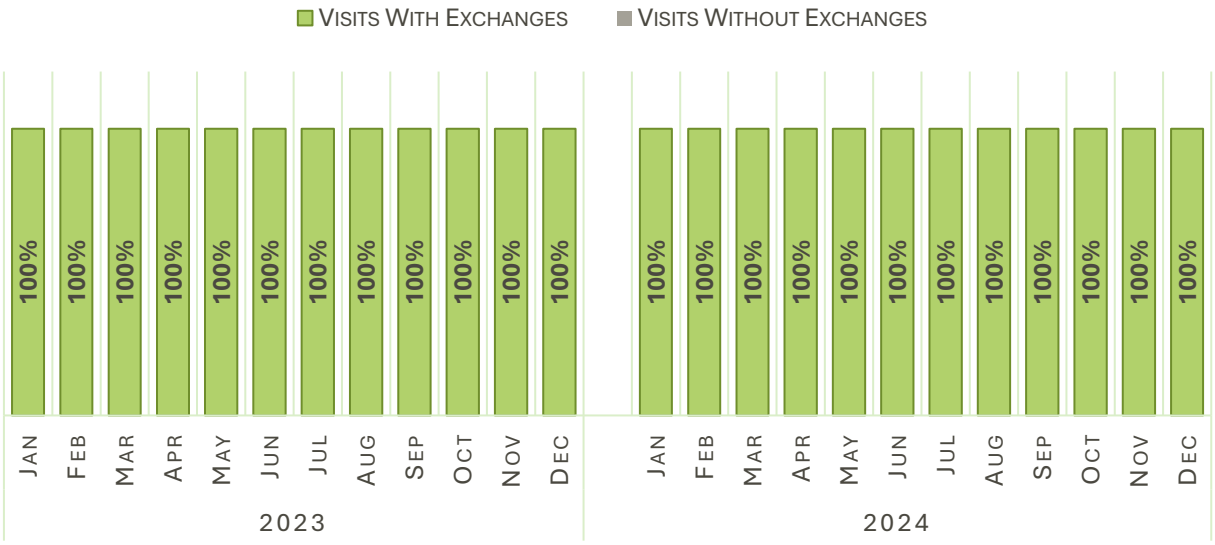
40%), and September (-33%). Note: January had the most increase from 0 to 6 visits, but percent change is statistically impossible to calculate for values beginning with 0. Refer to Figure 53.

Figure 53. Kaua'i MPHS Visits during 2023 (*N*=36) Compared to 2024 (*N*=35) by Month



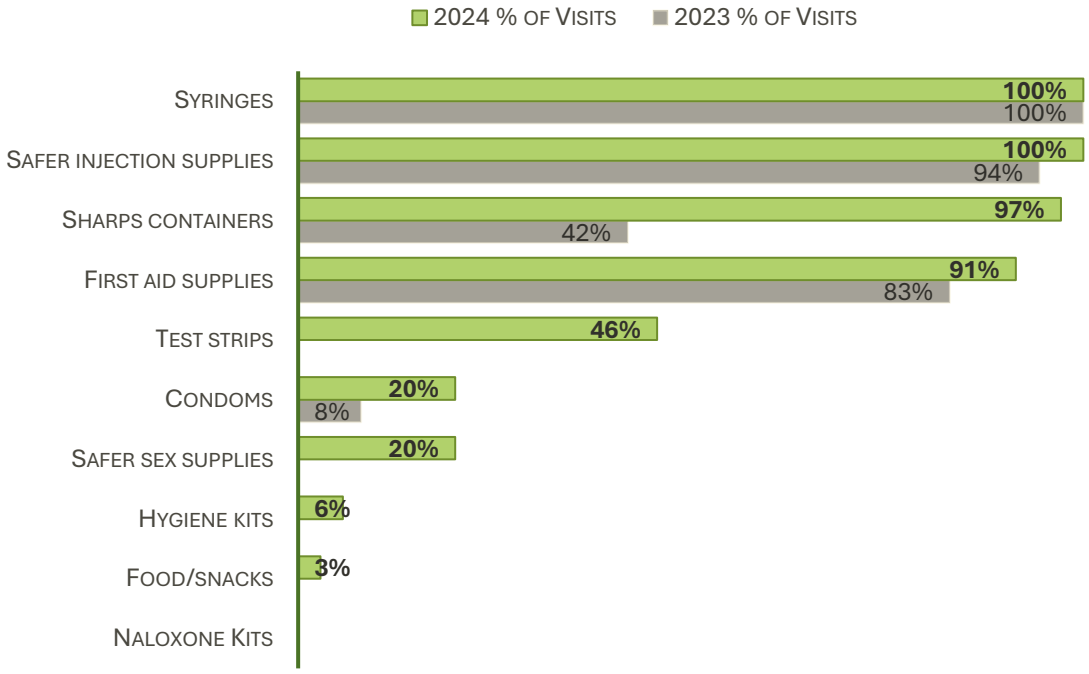
Visits with exchanges. **During 2024, 35 (100%) visits to Kaua'i MPHS involved exchanging syringes compared to 2023 when 36 (100%) involved an exchange – *no change*.** During 2024, unduplicated participant data (*N*=10) from Daily Logs indicates participants visited Maui HHHRC from few as 1 to many as 10 times, averaging 4 visits each. Refer to Figure 54.

Figure 54. Frequency of Kaua'i MPHS Visits during 2023 (*N*=36) With Exchanges (*n*=36) & Without Exchanges (*n*=0) Compared to Visits during 2024 (*N*=35) With Exchanges (*n*=35) & Without Exchanges (*n*=0) by Month



Distribution of harm reduction supplies. Between 2023 and 2024, Kaua'i MPHS saw a range in the number of visits for most types of harm reduction supplies ranging from increases of 3% to 55% except two, which remained stable. The types of supplies that remained stable were syringes (no change; *N*=35) and naloxone kits (no change; *n*=0). The remainder of supplies that experienced increases were sharps containers (+55%; n=34), test strips (+46%; *n*=16), safer sex supplies (+20%; *n*=7), condoms (+12%; *n*=7), first aid supplies (+8%; *n*=32), safer injection supplies (+6%; *n*=35), hygiene kits (+6%; *n*=2), and food/snacks (+3%; *n*=1). Refer to Figure 55.

Figure 55. Frequency of Kaua'i MPHS Visits during 2024 (*N*=35) Compared to 2023 (*N*=36) by Specific Harm Reduction Supplies Distributed



"Always wonderful, polite, helpful. You guys always support me. The company, the staff, is awesome."

-SEP Participant

TARGETED TESTING & LINKAGE SERVICES IN COMMUNITY-BASED SETTINGS

According to the CDC, **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]

HHHRC offers on-site HIV and HCV testing services Monday through Friday from 9am to 4pm via walk-ins and scheduled appointments at the main clinic. HHHRC also offers testing through the Medical Mobile Unit (MMU) outreach weekly. HHHRC's Hepatitis C Coordinator and Hepatitis Navigator conduct all rapid testing at the Oʻahu SEP mobile site Monday through Friday. Beginning July 1, 2024, subcontractors Maui AIDS Foundation (MAF) on Maui and Mālama Pono Health Services (MPHS) on Kauaʻi began conducting rapid tests in the field.

HIV in Hawaiʻi

Since the beginning of the AIDS epidemic through 2024, 5,175 Hawaiʻi residents have been diagnosed with HIV, with 3,640 (70%) developing stage 3 HIV (AIDS).[10] **Of those 5,175 diagnosed with HIV, 2,511 (49%) have died.**[10] **During 2024 alone, there were 87 new HIV diagnoses in Hawaiʻi.**[10]

During 2024, according to the "Hawaiʻi HIV/AIDS Surveillance 2024 Annual Report," the population most highly affected is males (93%; *n*=81), and specifically, males who have sex with males (MSM) are affected (64%; *n*=56).[10] Regarding males who have sex with males who inject drugs (MSM/IDU), non were affected, but there was one case from heterosexual contact (1%; *n*=1).[10] However, regarding injection drug use (IDU) regardless of sex, IDU were affected (5%; *n*=4).[10] Note: Recent HIV data may be subject to change based on real-time reporting delays.

HHHRC continues to lower the incidence of HIV infections among PWUD through syringe exchange in Hawaiʻi. HHHRC SEP's continued provision of sterile syringes, safer injection 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, "gatekeeping" reduces HIV transmission risks associated with sharing injection equipment by lowering the odds of sharing and reusing syringes among PWUD.

HIV Rapid Testing

Compared to 2023 (*N*=43), the number of rapid HIV tests conducted in 2024 (*N*=92) increased by 114%. Of the 92 participants who received rapid HIV tests, 92 (100%) received results on-site. Of the 92 participants tested, 1 (1%) was positive. However, this individual was already aware of their status and was currently receiving treatment and case management for their diagnosis.

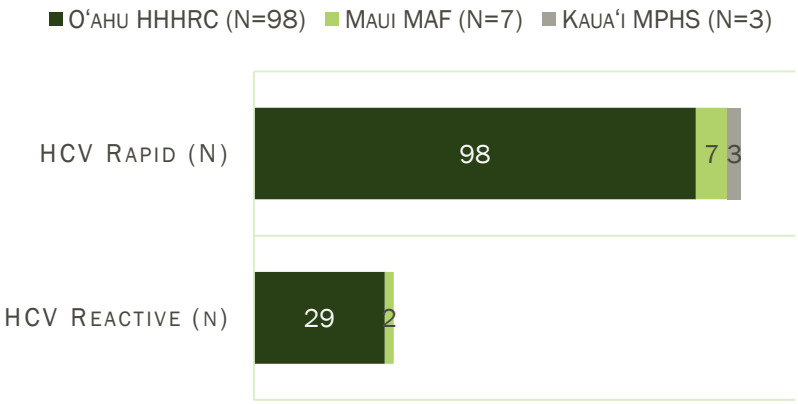
HCV in Hawai‘i

Among Hawai‘i residents, most deaths associated with HCV (88%) occurred before the average life expectancy of 76 years, and more than 40% occurred before the average retirement age of 65 years.[11] HDOH convened subject matter experts to publish “Disparities Associated with Hepatitis C: The Hawai‘i Hepatitis C Mortality Report.” One of the main findings was racial disparities, with non-Hispanic White residents having higher mortality (46%) compared to all causes of death (23%).[11] Another finding was that there is a Higher HCV-associated mortality among male residents, accounting for nearly three-quarters (73%) of deaths.[11]

HCV Rapid Testing

Compared to 2023 (*N*=55), the number of rapid HCV tests conducted during 2024 (*N*=108) increased by 96%. Of the 108 who received rapid HCV tests, 31 (29%) received reactive results on-site. Of the 31 reactive results, 29 (94%) occurred through O‘ahu HHHRC and 2 (6%) occurred through Maui MAF. Linkage to confirmatory testing and treatment occurs through individual sites and providers. Refer to Figure 56 (right).

Figure 56. HCV Rapid (*N*=108) and Reactive (*n*=31) Tests Conducted during 2024 by Site



HHHRC continues to lower the incidence of HIV and HCV infections among PWUD through syringe exchange as well as rapid testing and linkage to treatment (whenever possible). The SEP’s continued provision of sterile syringes, safer injection equipment, safer sex equipment, and other safety supplies serves to reduce HIV and HCV prevalence among PWUD and its subsequent transmission to sexual partners and children. "Gatekeeping" also reduces HIV and HCV transmission risks associated with sharing injection equipment by lowering the odds of sharing and reusing syringes among PWUD. Lastly, testing and linkage to care lowers the offs of bloodborne illness.

COST-BENEFIT ANALYSIS

A 2015 study was one of the first to calculate the medical cost saved by averting one HIV infection in the United States using a computer simulation model of HIV disease and treatment.[12] The estimated discounted lifetime cost for persons who become HIV infected at age 35 is $326,500, which includes antiretroviral medications (60%), other substances (15%), and non-substance costs (25%).[12,13] The discounted lifetime cost estimate for individuals who remain uninfected but at high risk for infection is $96,700.[12,13] **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.**[12,13]

Despite the general acceptance that syringe service programs (SSPs) reduce the incidence of HIV, they are required to justify their utility to funders and the public, making the availability of the following cost-effectiveness analysis using internal data a crucial tool for SSPs. In 2021, Dr. Don Des Jarlais and his team published an article entitled "Is your syringe services program cost-saving to society?"[14] 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 (i) an estimate of the size of the local PWUD population, (ii) program operations information, and (iii) an estimate of HIV incidence in the local PWUD population.[14] Refer to Table 4.

Table 4. Assessment of Whether HHHRC SEP is Cost-Saving to Society Using Des Jarlais et al. (2021) Model

Size of the local PWUD population
Based on the number of unduplicated IDs in the Daily Logs, there are up to 3,510 PWUD in Hawai'i.
Is HIV transmission among PWUD 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 2019 and 2024, the number of newly identified cases of HIV infection (all stages) among PWUD as their transmission risk has remained relatively low and stable, ranging from 1 to 13, averaging 6 cases per year or a total of 35 cases during the past five 5 years.[10] At the time of the most recent Hawai'i HIV/AIDS Surveillance 2024 Annual Report, the number of IDUs living with HIV was 392 (8%).[10]
Conclusion: HIV transmission among PWUD is under control in this area.

Is the SSP "functioning very well?"

The SSP distributed 484,212 syringes statewide during 2024. 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 PWUD.

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

The SSP does have staff assigned to assist PWUD 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.

Quarterly, but informally, the SSP staff survey 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 = 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 PWUD community, if HHHRC reduces the supply of sterile syringes by 484,212 per year in a PWUD population of about 3,510, would we expect to see more than 3 additional HIV infections per year in the local PWUD 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 HHHRC SEP is cost-saving and effectively reducing transmission of HIV among PWUD, there remains stigma from community, leading SSPs to have to advocate for their services to continue.[14] 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, arguing the additional benefit of 'doing the right thing for public spending' can provide another rationale to be leveraged in the face of adversity.[14] Des Jarlais et al. (2021) also suggested that positive cost-savings be utilized to counter the common arguments against SSPs, such as that they are too expensive to fund, which is objectively not true if preventing lifetime treatment costs of HIV, amounting to $229,899 per person.[12, 13, 14]

EVALUATION LIMITATIONS

Evaluation has inherent limitations in its approach. Life does not occur in a controlled lab setting; life, like data, is inherently imperfect. The following are some limitations of the data in this report.

Self-reporting

A self-report is any method that involves asking participants about their demographics, feelings, etc.[15] All data utilized in this report are 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.[15]

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 when exchanging; very rarely, Participant ID cards with the same Participant ID number may be distributed if participants have overlapping initials and birth dates.

Minimizing the Burden of Data

According to CDC, data collection is essential to informing program planning and evaluation.[16] 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).[16] SSP best practice is to minimize data collection.[16,17] 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.[16,17]

The CDC advises: **"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."** [16]

Lack of Input from Program Participants

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

CONCLUSIONS

Downward Trend in Exchanges Continues & Upward Trend in Visits Ends

Fewer Exchanges Indicate Reduction in Injection Substance Use & Opiate Use

During 2021, SEP exchanges were the highest they had ever been, but since then, exchanges have seen an unprecedented decrease. During 2024, During 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 that participants have been moving away from injection substance use. For example, of participants who exchanged during 2024, at registration, 82% reported smoking as their preferred mode of substance use during the past 30 days compared to 48% who reported injecting. The data also suggests that participants are moving away from opiate use. For example, of participants who exchanged during 2024, at registration, 83% reported methamphetamine/speed/ice as a substance use during the past 30 days compared to 24% who reported heroin and 19% who reported fentanyl. This trend is on par with trends that have been developing on the continent among PWUD. For more information, see the article published in October 2024 entitled "Decrease in injection and rise in smoking and snorting of heroin and synthetic opioids, 2000-2021" Refer, https://doi.org/10.1016/j.drugalcdep.2024.111419.

Fewer Visits Indicate Continued Change in the Substance User Community

HHHRC hit its peak exchanges in 2021, and since then the increase in visits coupled with the decrease in exchanges that has been building momentum, until now. The yearly rise in visits coupled with the yearly fall in exchanges was reason to believe that even if participants were not coming to SEP sites as often to exchange, they were still coming to SEP sites for harm reduction supplies and other services. However, 2024 is the first year since 2021 where the annual number of visits has decreased instead of increased – a 9% decrease. Since this is the first year, it is difficult to say what this sudden downward trend could be indicative of, but it certainly suggests that the substance user community in the State of Hawaii is going through another evolution in their needs, which should be monitored closely in the coming year.

Participants Prefer 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 substance. As mentioned, of participants who exchanged during 2024, at registration, 82% reported smoking and 83% reported using methamphetamine/speed/ice during the past 30 days – the highest frequency of any mode or substance use overall. To further this point, HDOH's overdose fatality showed that

during 2023, there were more methamphetamine-related deaths (n=189) than opioid-related deaths (n=121).[18] HI-HIDTA reported even more methamphetamine-related deaths (n=222), specifying methamphetamine as the most lethal substance in Hawai'i since 2016, accounting for 56% of substance-related deaths compared to fentanyl, which accounted for 29%.[19]

Naloxone Distribution Continues to Prevent Fatal Overdoses

During 2024, of 17,926 visits, at least one naloxone kit was distributed to participants during 1,242 (7%) visits. According to participants' self-reports, naloxone received from SEP sites was used to reverse at least 284 potentially fatal opioid overdoses during 2024 compared to 249 during 2023 – a 14% increase. Naloxone entered the community through nearly every SEP site, but the amount of naloxone distributed is not proportionate to the number of overdose reversals reported. For example, O'ahu HHHRC accounted for only 4% (*n*=596) of 1,242 visits where naloxone was distributed but 64% (*n*=183) of 284 overdose reversals reported. This discrepancy between frequency of distribution and reversals can be accounted for by several changing factors, such as substance(s) of choice. Also, the availability of naloxone elsewhere, such as vending machines that do not record participant data.

Table 5. SEP Visits (*N*), Visits Where Naloxone Distributed (*n*), Visits Where Naloxone Distributed (%), Overdose Reversals Using Naloxone (*N*) & Overdose Reversals Using Naloxone (%) by Location during 2024

Location	Visits (*N*)	Visits Where Naloxone Distributed (*n*)	Visits Where Naloxone Distributed (%)	Overdose Reversals Using Naloxone (*N*)	Overdose Reversals Using Naloxone (%)
Statewide	**17,926**	**1,242**	**7%**	**284**	**100%**
O'ahu HHHRC	14,893	596	4%	183	64%
Hawai'i Island HHHRC	907	278	31%	45	16%
Hawai'i Island KHW	833	42	5%	15	5%
Maui HHHRC	512	116	23%	12	4%
Maui MAF	180	52	29%	17	6%
Kaua'i HHHRC	566	158	19%	12	4%
Kaua'i MPHS	35	0	0%	0	0%

RECOMMENDATIONS

SEP Recommendations

Procure a Brick & Mortar Fixed Site on O‘ahu

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.[16] But for O‘ahu HHHRC 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.[16] 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.[16]

Treat Sites More Like Unique Programs

The site-level demographics were a new element of this year’s evaluation, which added even more depth and nuance to the population being served across the State of Hawai‘i by HHHRC SEP. For example, during 2024, participants that identify as women who exchanged accounted for over a quarter (28%) of the O‘ahu HHHRC participant population but nearly half (48%) of Kaua‘i HHHRC. If sites were being treated more like unique programs with unique participant needs, this might suggest that Kaua‘i HHHRC needs extra support for services geared toward women than O‘ahu HHHRC.

Invest in Additional Harm Reduction Supplies Based on Participant Needs

Since 2021, exchanges have been declining, but this is the first year there has been a decrease in visits – a stark contrast to the steady rise visits were experiencing for the past few years. Therefore, it is suggested that SEP explore investing funds in other harm reduction supplies that would benefit its SEP and outreach contacts beyond what is currently provided, such as substance testing kits, injection alternatives, and other utilitarian objects often requested like lighters, can openers, tents, tarps, 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 substance 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 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 reduced health problems such as burns, mouth sores, cut fingers/sores, raw throat, or coughing blood from crack smoking in this setting.[20] The study concluded that access to safe smoking equipment may reduce health problems and conserve healthcare spending associated with such problems.[20]

A 2022 research study entitled "Heroin pipe distribution to reduce high-risk substance 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).[21] Participants were recruited from a single SSP site in Seattle, Washington, operated by the People's Harm Reduction Alliance (PHRA).[21] 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.[21] The study concluded that heroin pipe distribution at SSPs may change substance consumption behaviors and reduce harms associated with heroin injection.[21]

Continued Expansion & Integration of On-site Services through SEP

Ramp up HIV/HCV testing efforts on-site. Testing through SEP increased overall. Between 2023 and 2024, the number of HIV rapid tests conducted in the field increased 114% and the number of HCV rapid tests increased by 96% since 2023. However, it is assumed that due to the lack of testing that HHHRC was able to provide in 2020 and 2021, there are still participants who remain undiagnosed or untreated for HIV and HCV. It is recommended that HHHRC continue to invest additional time and energy into ramping up HIV and HCV outreach, testing, and linkage.

Offer insurance enrollment on-site. Historically, HHHRC has been successful at enrolling SEP participants in a health insurance plan. During 2024, 76% of participants self-reported having some type of health insurance. However, site-specific demographics have shown that there some sites have more uninsured participants than others. For example, during 2024, participants that exchanged who had insurance accounted for 81% of the Hawai'i Island HHHRC participant population but only 66% of Kaua'i HHHRC. Therefore, it is recommended that HHHRC scale up the way its in-house insurance navigators spend time at SEP locations statewide, meeting with uninsured participants to get them enrolled. Health coverage is imperative for participants, many of whom have complex physical needs.

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.[22] 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 3, p. 5).

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.[22]

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.[22] 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.[23] 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.[23]

Hawai'i drug paraphernalia laws need to be reformed. 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.

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APPENDIX A: Statewide SEP Participant Demographics

Statewide SEP Participants (*N*=1,470)		
Characteristic	Frequency (*n*)	Percentage (%)
Age Group (*n*=1,146)		
18-24	37	3%
25-34	301	21%
35-44	441	30%
45-54	308	21%
55-64	263	18%
65+	96	7%
Birthplace (*n*=1,452)		
Hawaiian Islands	814	56%
Pacific Islands (not Hawai'i)	38	3%
Continental United States	554	38%
Outside United States	46	3%
Gender Identity (*n*=1,265)		
Women	370	29%
Men	847	67%
Transgender	38	3%
Nonbinary	10	1%
Sexual Orientation (*n*=976)		
Homosexual/Gay	66	7%
Bisexual/Pansexual	137	14%
Heterosexual/Straight	773	79%
Racial Identity (*n*=1,464)		
African American/Black	98	7%
Asian	392	27%
Caucasian/White	700	48%
Hispanic/Latinx	178	12%
Native American/Inuit	91	6%
Native Hawaiian	550	38%
Pacific Islander	166	11%
Other/Unknown	66	5%
Multiracial	584	40%
Health Insurance (*N*=1,470)		
Insured	1,111	76%
Uninsured	247	17%
Don't know	112	8%
Housing Status (*n*=1,461)		
Unhoused	875	60%
Temporary/Unstable	251	17%

Statewide SEP Participants (*N*=1,470)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Housing Status (*n*=1,461) continued…		
Permanent	335	23%
Substance Use within 30 Days of Registration (*n*=1,313)		
Alcohol	457	35%
Benzodiazepines	133	10%
Buprenorphine	47	4%
Cocaine	279	21%
Fentanyl	249	19%
Heroin	316	24%
Methadone	118	9%
Methamphetamine/Speed/Ice	1,084	83%
Other Opioid(s)	105	8%
Other(s)	38	3%
Polysubstance Use	795	61%
Preferred Mode of Substance Use within 30 Days of Registration (n=1,177)		
Boofing	17	1%
Huffing	16	1%
Ingesting orally	153	13%
Injecting	562	48%
Smoking	970	82%
Snorting	169	14%

APPENDIX B: Oʻahu HHHRC SEP Participant Demographics

Oʻahu HHHRC (*N*=1,070)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Birthplace (*n*=1,059)		
Hawaiian Islands	612	58%
Pacific Islands (not Hawaiʻi)	32	3%
Continental United States	377	36%
Outside United States	38	4%
Age Group (*n*=1,051)		
18-24	26	2%
25-34	194	18%
35-44	303	29%
45-54	227	22%
55-64	220	21%
65+	81	8%
Gender Identity (*n*=1,067)		
Women	296	28%
Men	728	68%
Transgender	34	3%
Nonbinary	9	1%
Sexual Orientation (*n*=881)		
Homosexual/Gay	52	6%
Bisexual/Pansexual	127	14%
Heterosexual/Straight	702	80%
Racial Identity (*n*=1,066)		
African American/Black	85	8%
Asian	341	32%
Caucasian/White	454	43%
Hispanic/Latinx	141	13%
Native American/Inuit	62	6%
Native Hawaiian	431	40%
Pacific Islander	130	12%
Other/Unknown	42	4%
Multiracial	466	44%
Health Insurance (*N*=1,070)		
Insured	808	76%
Uninsured	177	17%
Don't know	85	8%
Housing Status (*n*=1,062)		
Unhoused	667	63%
Temporary/Unstable	184	17%

Oʻahu HHHRC (*N*=1,070)		
Characteristic	Frequency (*n*)	Percentage (%)
Housing Status (*n*=1,062) continued…		
Permanent	211	20%
Substance Use within 30 Days of Registration (*n*=976)		
Alcohol	349	36%
Benzodiazepines	93	10%
Buprenorphine	29	3%
Cocaine	225	23%
Fentanyl	165	17%
Heroin	213	22%
Methadone	74	8%
Methamphetamine/Speed/Ice	815	84%
Other Opioid(s)	71	7%
Other(s)	27	3%
Polysubstance Use	596	61%
Preferred Mode of Substance Use within 30 Days of Registration (*n*=862)		
Boofing	8	1%
Huffing	8	1%
Ingesting orally	98	11%
Injecting	336	39%
Smoking	761	88%
Snorting	101	12%

APPENDIX C: Hawai‘i Island HHHRC SEP Participant Demographics

Hawai‘i Island HHHRC (*N*=117)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Birthplace (*N*=117)		
Hawaiian Islands	57	49%
Pacific Islands (not Hawai‘i)	2	2%
Continental United States	56	48%
Outside United States	2	2%
Age Group (*n*=116)		
18-24	4	3%
25-34	28	24%
35-44	43	37%
45-54	21	18%
55-64	13	11%
65+	7	6%
Gender Identity (*N*=117)		
Women	44	38%
Men	69	59%
Transgender	2	2%
Nonbinary	1	1%
Sexual Orientation (*n*=87)		
Homosexual/Gay	9	10%
Bisexual/Pansexual	7	8%
Heterosexual/Straight	71	82%
Racial Identity (*N*=117)		
African American/Black	8	7%
Asian	17	15%
Caucasian/White	67	57%
Hispanic/Latinx	11	9%
Native American/Inuit	15	13%
Native Hawaiian	37	32%
Pacific Islander	13	11%
Other/Unknown	0	0%
Multiracial	33	28%
Health Insurance (*N*=117)		
Insured	95	81%
Uninsured	18	15%
Don't know	4	3%
Housing Status (*N*=117)		
Unhoused	43	37%
Temporary/Unstable	25	21%

Hawai'i Island HHHRC (*N*=117)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Housing Status (*N*=117) continued…		
Permanent	49	42%
Substance Use within 30 Days of Registration (*n*=93)		
Alcohol	21	23%
Benzodiazepines	10	11%
Buprenorphine	4	4%
Cocaine	14	15%
Fentanyl	23	25%
Heroin	37	40%
Methadone	17	18%
Methamphetamine/Speed/Ice	73	78%
Other Opioid(s)	8	9%
Other(s)	2	2%
Polysubstance Use	56	60%
Preferred Mode of Substance Use within 30 Days of Registration (*n*=88)		
Boofing	2	2%
Huffing	3	3%
Ingesting orally	14	16%
Injecting	77	88%
Smoking	50	57%
Snorting	15	17%

APPENDIX D: Hawai'i Island KHW SEP Participant Demographics

Hawai'i Island KHW (*N*=81)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Birthplace (*n*=80)		
Hawaiian Islands	25	31%
Pacific Islands (not Hawai'i)	0	0%
Continental United States	54	68%
Outside United States	1	1%
Age Group (*n*=79)		
18-24	3	4%
25-34	26	33%
35-44	24	30%
45-54	17	22%
55-64	7	9%
65+	2	3%
Gender Identity (*N*=81)		
Female	29	36%
Male	50	62%
Transgender	2	2%
Nonbinary	0	0%
Sexual Orientation (*n*=56)		
Homosexual/Gay	8	14%
Bisexual/Pansexual	12	21%
Heterosexual/Straight	36	64%
Racial Identity (*N*=81)		
African American/Black	4	5%
Asian	8	10%
Caucasian/White	56	69%
Hispanic/Latinx	13	16%
Native American/Inuit	7	9%
Native Hawaiian	11	14%
Pacific Islander	7	9%
Other/Unknown	3	4%
Multiracial	23	28%
Health Insurance (*N*=81)		
Insured	59	73%
Uninsured	12	15%
Don't know	10	12%
Housing Status (*N*=81)		
Unhoused	38	47%
Temporary/Unstable	15	19%

Hawai'i Island KHW (*N*=81)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Housing Status (*N*=81) continued…		
Permanent	28	35%
Substance Use within 30 Days of Registration (*n*=63)		
Alcohol	28	44%
Benzodiazepines	12	19%
Buprenorphine	7	11%
Cocaine	15	24%
Fentanyl	14	22%
Heroin	28	44%
Methadone	8	13%
Methamphetamine/Speed/Ice	49	78%
Other Opioid(s)	14	22%
Other(s)	6	10%
Polysubstance Use	41	65%
Preferred Mode of Substance Use within 30 Days of Registration (*n*=52)		
Boofing	6	12%
Huffing	4	8%
Ingesting orally	13	25%
Injecting	47	90%
Smoking	32	62%
Snorting	23	44%

APPENDIX E: Maui HHHRC SEP Participant Demographics

Maui HHHRC (*N*=35)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Birthplace (*n*=32)		
Hawaiian Islands	22	69%
Pacific Islands (not Hawai'i)	0	0%
Continental United States	9	28%
Outside United States	1	3%
Age Group (*n*=33)		
18-24	3	9%
25-34	10	30%
35-44	12	36%
45-54	3	9%
55-64	5	15%
65+	0	0%
Gender Identity (*N*=35)		
Women	16	46%
Men	19	54%
Transgender	0	0%
Nonbinary	0	0%
Sexual Orientation (*n*=30)		
Homosexual/Gay	2	7%
Bisexual/Pansexual	4	13%
Heterosexual/Straight	24	80%
Racial Identity (*N*=35)		
African American/Black	0	0%
Asian	9	26%
Caucasian/White	24	69%
Hispanic/Latinx	3	9%
Native American/Inuit	0	0%
Native Hawaiian	6	17%
Pacific Islander	3	9%
Other/Unknown	0	0%
Multiracial	9	26%
Health Insurance (*N*=35)		
Insured	33	94%
Uninsured	2	6%
Don't know	0	0%
Housing Status (*N*=35)		
Unhoused	18	51%
Temporary/Unstable	6	17%

Maui HHHRC (*N*=35)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Housing Status (*N*=35) continued…		
Permanent	11	31%
Substance Use within 30 Days of Registration (*n*=31)		
Alcohol	10	32%
Benzodiazepines	2	6%
Buprenorphine	2	6%
Cocaine	3	10%
Fentanyl	13	42%
Heroin	10	32%
Methadone	3	10%
Methamphetamine/Speed/Ice	25	81%
Other Opioid(s)	2	6%
Other(s)	0	0%
Polysubstance Use	19	61%
Preferred Mode of Substance Use within 30 Days of Registration (*n*=30)		
Boofing	0	0%
Huffing	0	0%
Ingesting orally	1	3%
Injecting	28	93%
Smoking	23	77%
Snorting	12	40%

APPENDIX F: Maui MAF SEP Participant Demographics

Maui MAF (*N*=25)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Birthplace (*n*=24)		
Hawaiian Islands	12	50%
Pacific Islands (not Hawai'i)	2	8%
Continental United States	9	38%
Outside United States	1	4%
Age Group (*N*=25)		
18-24	0	0%
25-34	7	28%
35-44	11	44%
45-54	4	16%
55-64	3	12%
65+	0	0%
Gender Identity (*N*=25)		
Women	6	24%
Men	19	76%
Transgender	0	0%
Nonbinary	0	0%
Sexual Orientation (*n*=19)		
Homosexual/Gay	1	5%
Bisexual/Pansexual	0	0%
Heterosexual/Straight	18	95%
Racial Identity (*N*=25)		
African American/Black	0	0%
Asian	2	8%
Caucasian/White	15	60%
Hispanic/Latinx	3	12%
Native American/Inuit	1	4%
Native Hawaiian	5	20%
Pacific Islander	5	20%
Other/Unknown	0	0%
Multiracial	4	16%
Health Insurance (*N*=25)		
Insured	22	88%
Uninsured	3	12%
Don't know	0	0%
Housing Status (*N*=25)		
Unhoused	13	52%
Temporary/Unstable	4	16%

Maui MAF (*N*=25)		
Characteristic	Frequency (*n*)	Percentage (%)
Housing Status (*N*=25) continued…		
Permanent	8	32%
Substance Use within 30 Days of Registration (*n*=22)		
Alcohol	9	41%
Benzodiazepines	5	23%
Buprenorphine	1	5%
Cocaine	5	23%
Fentanyl	6	27%
Heroin	9	41%
Methadone	7	32%
Methamphetamine/Speed/Ice	17	77%
Other Opioid(s)	3	14%
Other(s)	0	0%
Polysubstance Use	15	68%
Preferred Mode of Substance Use within 30 Days of Registration (*n*=19)		
Boofing	1	5%
Huffing	0	0%
Ingesting orally	2	11%
Injecting	18	95%
Smoking	15	79%
Snorting	10	53%

APPENDIX G: Kauaʻi HHHRC SEP Participant Demographics

Kauaʻi HHHRC (*N*=134)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Birthplace (*n*=132)		
Hawaiian Islands	82	62%
Pacific Islands (not Hawaiʻi)	2	2%
Continental United States	45	34%
Outside United States	3	2%
Age Group (*N*=134)		
18-24	1	1%
25-34	34	25%
35-44	45	34%
45-54	35	26%
55-64	13	10%
65+	6	4%
Gender Identity (*n*=133)		
Women	64	48%
Men	66	50%
Transgender	3	2%
Nonbinary	0	0%
Sexual Orientation (*n*=124)		
Homosexual/Gay	4	3%
Bisexual/Pansexual	17	14%
Heterosexual/Straight	103	83%
Racial Identity (*n*=132)		
African American/Black	1	1%
Asian	14	11%
Caucasian/White	74	56%
Hispanic/Latinx	7	5%
Native American/Inuit	6	5%
Native Hawaiian	58	44%
Pacific Islander	8	6%
Other/Unknown	15	11%
Multiracial	45	34%
Health Insurance (*N*=134)		
Insured	88	66%
Uninsured	33	25%
Don't know	13	10%
Housing Status (*n*=133)		
Unhoused	90	68%
Temporary/Unstable	16	12%

Kaua'i HHHRC (*N*=134)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Housing Status (*n*=133) continued…		
Permanent	27	20%
Substance Use within 30 Days of Registration (*n*=124)		
Alcohol	39	31%
Benzodiazepines	11	9%
Buprenorphine	4	3%
Cocaine	17	14%
Fentanyl	26	21%
Heroin	17	14%
Methadone	7	6%
Methamphetamine/Speed/Ice	101	81%
Other Opioid(s)	7	6%
Other(s)	3	2%
Polysubstance Use	65	52%
Preferred Mode of Substance Use within 30 Days of Registration (*n*=122)		
Boofing	0	0%
Huffing	1	1%
Ingesting orally	24	20%
Injecting	52	43%
Smoking	88	72%
Snorting	8	7%

APPENDIX H: Kauaʻi MPHS SEP Participant Demographics

Kauaʻi MPHS (*N*=8)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Birthplace (*N*=8)		
Hawaiian Islands	4	50%
Pacific Islands (not Hawaiʻi)	0	0%
Continental United States	4	50%
Outside United States	0	0%
Age Group (*N*=8)		
18-24	0	0%
25-34	2	25%
35-44	3	38%
45-54	1	13%
55-64	2	25%
65+	0	0%
Gender Identity (*N*=8)		
Women	3	38%
Men	3	38%
Transgender	2	25%
Nonbinary	0	0%
Sexual Orientation (*n*=4)		
Homosexual/Gay	0	0%
Bisexual/Pansexual	0	0%
Heterosexual/Straight	4	100%
Racial Identity (*N*=8)		
African American/Black	0	0%
Asian	1	13%
Caucasian/White	8	100%
Hispanic/Latinx	0	0%
Native American/Inuit	0	0%
Native Hawaiian	1	13%
Pacific Islander	0	0%
Other/Unknown	0	0%
Multiracial	2	25%
Health Insurance (*N*=8)		
Insured	6	75%
Uninsured	2	25%
Don't know	0	0%
Housing Status (*N*=8)		
Unhoused	6	75%
Temporary/Unstable	1	13%

Kauaʻi MPHS (*N*=8)		
Characteristic	**Frequency (*n*)**	**Percentage (%)**
Housing Status (*N*=8) continued…		
Permanent	1	13%
Substance Use within 30 Days of Registration (*n*=4)		
Alcohol	1	25%
Benzodiazepines	0	0%
Buprenorphine	0	0%
Cocaine	0	0%
Fentanyl	2	50%
Heroin	2	50%
Methadone	2	50%
Methamphetamine/Speed/Ice	4	100%
Other Opioid(s)	0	0%
Other(s)	0	0%
Polysubstance Use	3	75%
Preferred Mode of Substance Use within 30 Days of Registration (*n*=4)		
Boofing	0	0%
Huffing	0	0%
Ingesting orally	4	100%
Injecting	4	100%
Smoking	1	25%
Snorting	0	0%