



HAWAII HEALTH & HARM REDUCTION CENTER
SYRINGE EXCHANGE PROGRAM

20 ANNUAL 22 REPORT

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& HARM REDUCTION CENTER

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Reducing harm, promoting health, creating wellness,
and fighting stigma in Hawaii'i and the Pacific.

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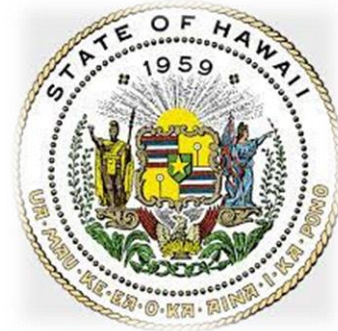
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The Hawai'i Health & Harm Reduction Center (HHRC) would like to extend a heartfelt *MAHALO NUI* to the Hawai'i Department of Health (HDOH), Harm Reduction Services Branch (HRSB) for their decades of supporting syringe exchange in Hawai'i. HHRC's Syringe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



HAWAII STATE
DEPARTMENT
OF HEALTH



HAWAII HEALTH
& HARM REDUCTION CENTER

I. EXECUTIVE SUMMARY

- **Decrease in the number of syringes exchanged.** Statewide, 853,396 syringes were exchanged compared to 1,234,623 in 2021 – a 31% decrease.
- **Decrease in average number of syringes exchanged per visit.** Statewide, the average number of syringes exchanged per visit was 59 compared to 145 in 2021 – a 59% decrease.
- **Unprecedented increase in visits despite a decrease in syringe exchange activity.** Statewide, 14,578 visits occurred compared to 8,542 in 2021 – a 71% increase.
- **Number of syringes exchanged decreased significantly in each county.** The number of exchanges fell on O‘ahu (-22%), Hawai‘i Island (-44%), Maui (-39%), and Kaua‘i (-14%).
- **Number of visits increased in all counties but Hawai‘i Island.** The number of visits rose on O‘ahu (+102%), Maui (+22%), and Kaua‘i (+10%) but fell moderately on Hawai‘i Island (-3%).
- **Continued demand for supplies.** Out of 14,578 visits, by volume: First aid supplies (46%), food (32%), smoking supplies (32%), injection supplies (29%), hygiene kits (25%), condoms (19%), sharps containers (10%), safer sex supplies (9%), and fentanyl test strips (7%).
- **Increase in registered participants despite a decrease in syringes exchanged.** Statewide, the number of registered participants was 1,124 compared to 170 in 2021 – a 561% increase.
- **Decrease in gatekeeping activity.** Statewide, 673 participants engaged in gatekeeping compared to 710 in 2021. By volume, 27% of 2,481 participants reported gatekeeping compared to 52% of 1,357 participants in 2021 – a 25% decrease.
- **The average age of participants continues to rise.** The average age of registered participants is 44 years (age range 19-83) compared to 2021 when it was 38 years (age range 19-74).
- **Most participants were born in Hawai‘i or the Pacific Islands.** The majority (60%) of registered participants were born either in Hawai‘i (56%) or the Pacific Islands (4%).
- **Most participants identified as male.** Most registered participants identified as male (68%) compared to female (30%) and transgender or nonbinary/genderqueer (2%).
- **Most cited racial identities were Caucasian, Native Hawaiian & Asian.** Registered participants identified mostly as Caucasian (47%), Native Hawaiian (33%), and Asian (27%).
- **Most participants were insured.** Most (79%) of the participants had health insurance.
- **Most participants experienced housing instability.** At registration, most participants (72%) were actively experiencing houselessness (57%) or in temporary/unstable housing (15%).
- **Most participants reported using methamphetamine.** At registration, most participants reported using meth/speed/ice (74%) compared to heroin (35%) in the past 30 days.
- **More participants are smoking than injecting substances.** At registration, more participants reported smoking (79%) compared to injecting (61%) substances in the past 30 days.
- **Increase in naloxone distribution.** Statewide, 2,029 naloxone kits were distributed compared to 1,388 in 2021 – a 46% increase.
- **Overdose reversals increased.** Statewide, 308 overdose reversals were reported by participants using naloxone supplied through SEP compared to 99 in 2021 – a 211% increase.
- **Reduced risk of HIV infection for men who have sex with men.** Statewide, during 725 visits, men who have sex with men and inject drugs exchanged 29,016 syringes through SEP.

II. FOUNDATION OF SYRINGE EXCHANGE IN HAWAI'I



Hawai'i was the first in the nation to create a state-funded syringe exchange program offering coordinated services statewide. In 1989, the Hawai'i

Department of Health (HDOH) piloted a syringe exchange program in response to the growing human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) crisis in the state. The project goal was to reduce the acquisition and transmission of HIV among persons who inject drugs (PWID) by staffing health educators and others knowledgeable of injection drug use in the state to provide services. As of November 2022, 475 Syringe Services Programs (SSPs) were operating across 46 states and territories, including the District of Columbia and Puerto Rico.¹ As of November 2022, there are no SSPs in Kansas, Mississippi, Nebraska, South Dakota, and Wyoming.¹

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

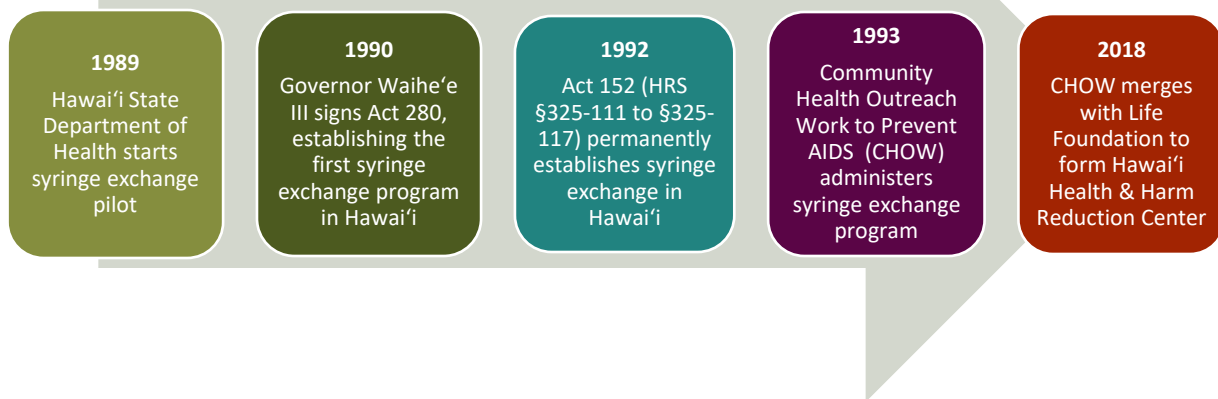
In 1992, when the two-year pilot SEP concluded, and its safety and efficacy were assessed, the Hawai'i State Legislature passed Act 152. Act 152, codified as Chapter 325, Part VII of Hawai'i Revised Statutes (HRS §325-111 through §325-117), enabled HDOH to implement a statewide SEP. HRS §325-115 requires HDOH to appoint a Syringe Exchange Oversight Committee (SEOC) to monitor the progress and effectiveness of SEP and to examine data compiled by the program. HRS §325-116 requires HDOH to report annually to the SEOC, including the number and demographics of participants, the program's impact on HIV infection rates, an assessment of the program's cost-effectiveness, the prudence of its continuation, and ways to improve SEP. This evaluation fulfills SEP's obligations under these two statutes.

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



In 1993, HDOH named CHOW the coordinating agency for statewide SEP. By 1994, CHOW extended SEP from O'ahu to Hawai'i Island, Maui, and Kaua'i counties. In 2018, CHOW merged with Life Foundation, under its new organization name – Hawai'i Health & Harm Reduction Center (HHHRC) – continuing the legacy of both organizations to expand services to meet the growing needs of PWUD and other vulnerable populations in Hawai'i. Refer to Figure 1 (p. 3).

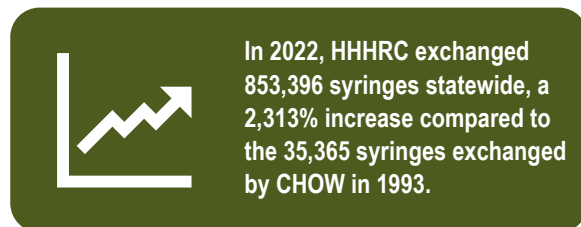
Figure 1. Historical Moments for Syringe Exchange in Hawai'i



HHHRC operates five mobile vehicles covering the counties of O'ahu, Hawai'i Island, Maui, and Kaua'i, as well as two fixed sites on Hawai'i Island and Kaua'i, providing various services in addition to syringe access. At the mobile vehicle and fixed sites, SEP outreach workers (SEP staff) and fixed site staff establish contact and rapport with persons who use drugs (PWUD) and other vulnerable populations using a harm reduction approach to encourage safer behaviors.

About Syringe Exchange Program Operations

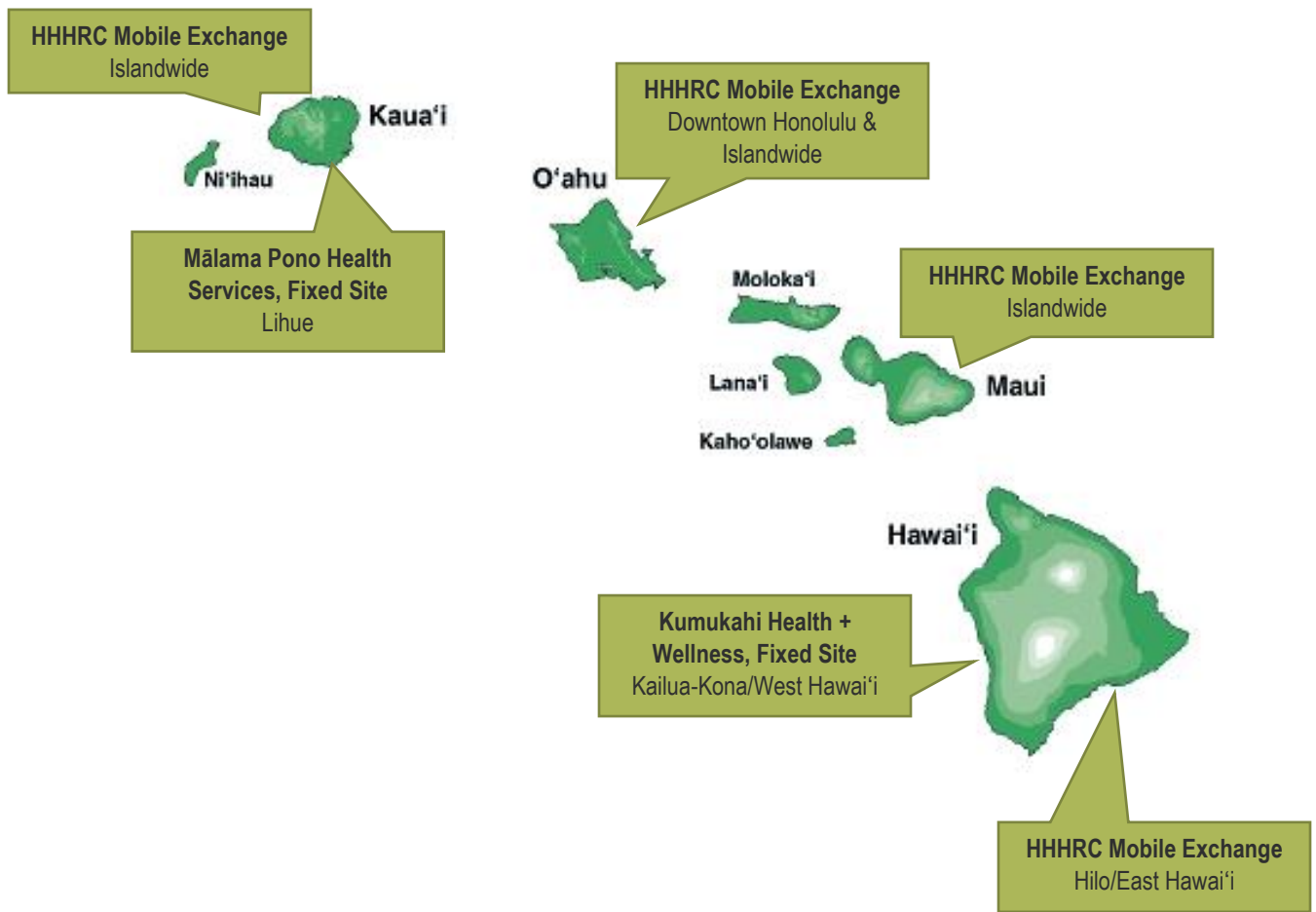
Presently, HHHRC operates SEP through mobile syringe exchange sites (mobile sites), syringe exchange appointments (SEA), and fixed location sites (fixed sites) through partner agencies on Hawai'i Island and Kaua'i. When SEP occurs at mobile sites, SEP staff conduct exchanges and other harm reduction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



On O'ahu, SEP occurs through mobile sites and SEA. 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. However, SEP continues to find innovative ways to provide needed services in the field. As an example of this innovation, in August 2021, HHHRC launched its Medical Mobile Unit (MMU), bringing quality on-the-spot medical care and social services directly to underserved communities throughout O'ahu, such as HIV and HCV testing, wound care, naloxone training, and syringe exchange. For more information: <https://www.hhhrc.org/mmu>.

Hawai'i Island and Kaua'i operate their respective SEPs through mobile sites, fixed sites, and SEA while O'ahu Maui operates through mobile sites. In 2016, Hawai'i Island SEP formalized collaboration with Kumukahi Health + Wellness (KHW) to conduct fixed site syringe exchange out of their office in Kailua-Kona. Since KHW outreach workers do not exchange outside their office, SEP outreach workers provide services via a mobile site and SEA for Hawaiian Ocean View Estates (HOVE) and across the Eastern side of Hawai'i Island, including Hilo, Pahoa, Mountain View, and Kea'au. In 2017, Kaua'i SEP formally partnered with Mālama Pono Health Services (MPHS) to provide services in Lihue. MPHS conducts fixed site syringe exchange out of their office on Kukui Grove Street. SEP staff perform most syringe exchange services on Kaua'i via a mobile site and SEA. Maui SEP currently has no fixed site collaborations, utilizing only SEA to serve the residents of Maui in need of SEP services. 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 SEP Coverage & Community Partners



III. INJECTION DRUG USE, RISK BEHAVIORS & OVERDOSE

Youth

In 2021, data from the Youth Risk Behavior Survey (YRBS) showed that, **nationally, 1.4% of youth in high school had ever injected illegal drugs.**² Within that 1.4%, there were differences between cisgender (i.e., gender corresponds with the sex assigned at birth) male and female youth who had ever injected illegal drugs – 1.7% for males compared to 0.9% for females.² **In Hawai'i, 1.6% of youth in high school had ever injected illegal drugs.**² Within that 1.6%, there were even more significant differences between cisgender male and female youth who had ever injected illegal drugs – 2.4% for males compared to 0.9% for females.²

In 2021, data from the YRBS also showed that, **nationally, youth in high school identifying as gay or lesbian were more than five times (5.4%) more likely to have ever injected illegal drugs than their bisexual (0.9%) and heterosexual (1%) counterparts.**² Within that 5.4%, further differences were found between cisgender gay and lesbian youth who had ever injected illegal drugs (i.e., 6.4% for males compared to 1.7% for females).² **In Hawai'i, youth in high school identifying as gay or lesbian were nearly six times (5.8%) more likely to have ever injected illegal drugs than their bisexual (1.5%) and heterosexual counterparts (1.6%).**² Within that 5.8%, differences were also found between cisgender gay and lesbian youth who had ever injected illegal drugs (i.e., 13% for males compared to 1.6% for females).²

In Hawai'i, gay or lesbian high school students were about six times more likely to have injected illegal drugs than their bisexual and heterosexual peers.



YRBS national and local data showed that youth in high school identifying as gay or lesbian are more at risk of injecting illegal drugs than their bisexual and heterosexual counterparts. It is relevant to highlight statistics specific to youth identifying as gay and lesbian who have ever injected drugs because their risk is heightened compared to their bisexual and heterosexual counterparts due to additional stressors they face daily, such as sexuality-based discrimination and stigma at local and national levels. Clarifying the risks for different sub-populations also allows for tailored, culturally appropriate interventions to reduce harm in these communities.

Adults

Data related to injection drug use among adults is less available than among youth. However, the Substance Abuse and Mental Health Services Administration (SAMHSA) conducts the National Survey on Drug Use and Health (NSDUH) annually, providing national- and state-level estimates of drug use. While the data provides a snapshot of drug use among adults 18 years and older over the past year, it does not give the mode of drug use (e.g., inject, smoke, etc.).

In 2021, nationally, heroin use in the past year among adults increased (0.43%) compared to 2018-2019 (0.31%).³ **Methamphetamine use in the past year among adults also increased (0.99%)** compared to 2018-2019 (0.76%).³ On the other hand, **opioid misuse in the past year**

among adults **decreased (3.44%)** compared to 2018-2019 (3.69%).³ Note: In 2018-2019, the category was labeled “pain reliever” misuse and in 2021 it was changed to “opioid” misuse.³

In 2021, in Hawai‘i, heroin use in the past year among adults **increased (0.39%)** compared to 2018-2019 (0.28%).³ **Methamphetamine use in the past year among adults decreased (0.77%)** compared to 2018-2019 (1.42%).³ **Opioid misuse in the past year among adults decreased (3.04%)** compared to 2018-2019 (3.55%).³ In response to national and local data on substance use and overdose in youth and adults, HHHRC continues monitoring and data collection to help fill gaps in understanding PWUD within the state, their needs, and how best to develop and implement harm reduction and prevention interventions.

Overdose

The National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention (CDC) collects information on deaths involving drugs, showing that fatal overdoses have been rising for the past two decades in the United States.⁴ **Nationally, in 2021, 106,699 fatal overdoses occurred (32.4 deaths per 100,000 people) compared to 2020 when 91,799 occurred (28.3 deaths per 100,000 people) – a 14% increase.**⁴ These recent figures are in stark contrast to past figures, showing the severity of the growing fatal overdose epidemic. For example, in 1999, fatal overdose accounted for 2.9 deaths per 100,000 people – a 1,017% increase between 1999 and 2021.⁴

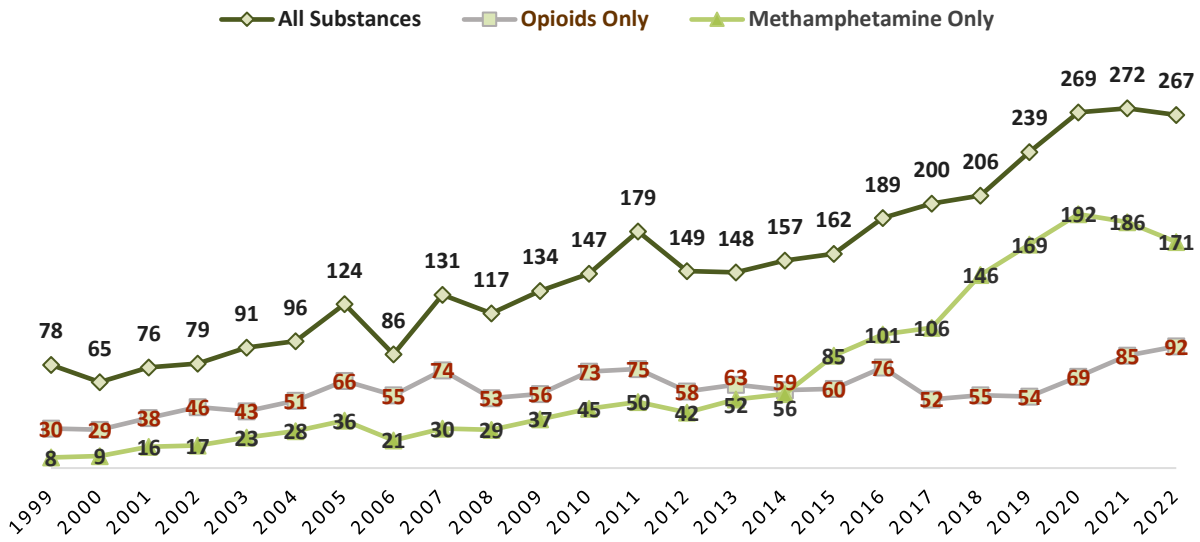
Nationally, NCHS found some other notable findings between 2020 and 2021. For example, fatal overdoses increased for all age groups 25 years and older but the largest increase occurred in adults aged 65 and older (+28%).⁴ **Most notably, the rate of fatal overdoses involving heroin decreased (-32%) while the rate involving stimulants increased.**⁴ **Specifically, the rate of fatal overdoses involving cocaine (+22%) and psychostimulants with abuse potential like methamphetamine and amphetamine (+33%) increased.**⁴

In Hawai‘i, various local entities are reviewing and analyzing available fatal overdose data. Please note that those entities have published differing fatal overdose numbers by a small margin. For this report, local fatal overdose data is cited from two local entities: Hawai‘i Department of Health (HDOH), which reported 267 fatal overdoses in 2022, and Hawai‘i High Intensity Drug Trafficking Areas (HI-HIDTA), which reported 320 fatal overdoses in 2022.

HDOH used death certificate data for the years 1999 through 2022 to identify deaths from drug poisonings (fatal overdoses).⁵ HDOH’s results **showed an overall continued increase in the annual number of fatal overdoses among Hawai‘i residents through 2021, followed by a slight decrease in 2022 when 267 fatal overdoses occurred.**⁵ Specifically, opioid-related deaths peaked in 2011, then decreased until 2019, and increased from 2020 to 2022.⁵

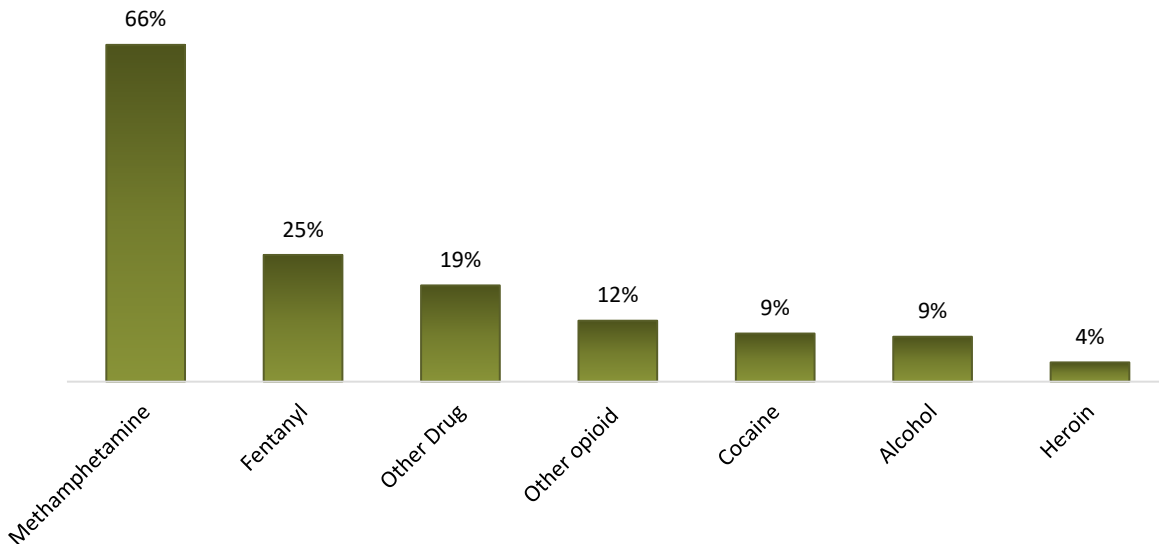
Methamphetamine-related deaths increased from 2012 through 2020, then decreased in 2021 and 2022.⁵ In summary, **fatal overdose is an ongoing issue in Hawai‘i, with most of the increase being due to methamphetamine-related fatal overdoses although opioid-related fatal overdoses have also increased over the past four years.**⁵ Refer to Figure 3 (p. 7).

Figure 3. HDOH Annual No. of Fatal Overdoses among Hawai'i Residents, by Substance from 1999-2022



HI-HIDTA used regional autopsy data to identify and measure drug threats for their Annual Threat Assessment. Using regional autopsy data to identify drug-related deaths, HI-HIDTA identified **320 drug-related deaths in 2022 compared to 305 in 2021 – a 5% increase.**⁶ Specifically, **most deaths were methamphetamine-related (66%; 210) compared to fentanyl-related (25%; 79), other drug-related (19%; 60), other opioid-related (12%; 38), cocaine-related (9%; 30), alcohol-related (9%; 28), and heroin-related (4%; 12).**⁶ Of those 320 drug-related deaths, 34% (108) were polydrug deaths, which HI-HIDTA defines as using more than one type of drug. Refer to Figure 4.

Figure 4. HI-HIDTA Percentage of Drug-Related Deaths among Hawai'i Residents, by Substance in 2022



IV. NATIONAL & STATEWIDE HIV/HCV OVERVIEW

HIV

The transmission of HIV can be decreased through access to sterile injection and other equipment as part of SEP. To estimate the effectiveness of the Hawai'i Health & Harm Reduction Center (HHHRC) Syringe Exchange Program (SEP), HIV cases among injection drug users (IDU) have been compared to national surveillance data. During the first twenty years of the epidemic, only Stage 3 HIV data was available because HIV was not yet a reportable condition. Consequently, the comparison of historical data is limited as some cases of HIV may never progress to Stage 3 HIV, thanks to advances in pharmaceutical therapy. Therefore, examining Stage 3 HIV cases likely does not reflect current trends.

Due to medical advances in HIV testing and treatment, the term AIDS is not used colloquially anymore. AIDS is now mostly referred to as Stage 3 HIV.



In the United States, at year-end 2019, an estimated 1.2 million people aged 13 and older were living with HIV.⁷ Of that 1.2 million people, an estimated 13% (156,000) don't know they have HIV and need testing.⁷ Nationally, 36,136 people were diagnosed with HIV in 2021 compared to 30,585 in 2020 – a 18% increase.⁸ This increase in HIV diagnoses *may* be due to the identification and reporting of HIV diagnoses missed in 2020 due to the impact of the COVID-19 pandemic on HIV prevention, testing, and care-related services.⁸ In 2021, in terms of new HIV diagnoses, men continued to be the population most affected, accounting for 79% (28,620).⁸ Of those 28,620 newly diagnosed men, 84% (24,107) reported transmission by male-to-male sexual contact, and 4% (1,375) reported transmission by male-to-male sexual contact and injection drug use.⁸ Comparatively, in terms of new HIV diagnoses, women (18%; 6,604), transgender women (2%; 812), transgender men (<1%; 56), and additional gender identity (<1%; 44) were the least affected.⁸ It should be noted, however, that in terms of new HIV diagnoses, transgender and additional gender identity individuals makeup smaller populations than men and women. Although data for these smaller populations is not readily available, it is likely that they are more significantly impacted by new HIV diagnoses than available data suggests.

Cumulatively, at the end of 2021 in Hawai'i, 4,941 people have been diagnosed with HIV since the first cases in 1983, including 3,581 whose HIV had ever progressed to Stage 3 HIV and 2,374 who have died.⁹ Cumulatively, 7% (345) of HIV infections are related to MSM/IDU, and 8% (371) to IDU, meaning 15% (716) of cases are associated with IDU.⁹ In 2021, 64 people were diagnosed with HIV (all stages), including 19 with Stage 3 HIV.⁹ Please note that recent HIV data may be subject to change based on real-time reporting delays. Comparing national and statewide HIV data highlights the possible impacts that SEP has on lowering the rate of new HIV infections in Hawai'i as expressed by the noticeably lower rates of infection locally compared to nationwide.

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

HCV

In the United States, tens of thousands of people are newly infected with viral hepatitis every year.¹⁰ Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is a bloodborne virus.¹⁰ HCV can be a short-term illness, but for more than half of persons who become infected with HCV, it becomes a long-term, chronic infection that can result in cirrhosis, liver cancer, and death.¹⁰ HCV-associated deaths during 2021 decreased by 8% (3.18 deaths per 100,000 people), compared to 2020 (3.45 deaths per 100,000 people).¹⁰

According to the CDC's Viral Hepatitis Surveillance Report (2021), **the number of acute HCV cases doubled between 2014 and 2020 and increased by 5% between 2020 and 2021.**¹⁰ In 2021, **42 states reported a total of 5,023 new cases of acute HCV corresponding to 69,800 estimated acute HCV infections.**¹⁰ The highest incidence of acute HCV cases was among males and persons aged 20-39 years old.¹⁰ In 2021, **43 states reported a total of 107,300 newly reported chronic HCV cases (39.8 cases per 100,000 people).**¹⁰ The highest incidence of chronic HCV infections was among males, persons 20-39 years old, and persons 55-70 years old.¹⁰

It is common for someone to have HCV and not know it; therefore, HCV in Hawai'i is likely underreported. From what is reported, **Hawai'i has one of the highest rates of liver cancer cases and deaths, primarily due to viral hepatitis.**¹¹ Furthermore, **in Hawai'i, deaths associated with HCV occur 20 years earlier compared to deaths from other causes.**¹² Since HCV is a blood-borne pathogen spread by blood-to-blood exposure, it is especially likely to be transmitted when PWUD share syringes.¹¹ For example, **in 2021, 57% of acute HCV cases reported injection drug use.**¹⁰ However, HCV transmission can be decreased by providing PWUD with low-barrier access to syringe exchange. For more information on HCV among PWUD in Hawai'i, refer to "I wanna live a full life": Perceptions of Hepatitis C Treatment Access Among People Who Use Drugs in Honolulu, Hawai'i – <https://health.hawaii.gov/harmreduction/files/2023/06/Report-HCV-Among-PWUD-in-HI-FINAL-6-23-2023.pdf>

Efficacy of Syringe Service Programming in Reducing HIV & HCV

The lack of syringe service programs (SSPs) in other parts of the nation can be used to demonstrate the efficacy of having access to SSPs. A 2016 article entitled "HIV Transmission and Injection Drug Use: Lessons from the Indiana Outbreak" speculated on the lessons learned by the outbreak of HIV centered in the rural town of Austin in Scott County, Indiana, which was

associated with widespread injection drug use.¹³ To summarize, an HIV outbreak was identified in December 2014 when a physician in a town near Austin confirmed that two individuals were HIV positive within a short time. A third individual was diagnosed as HIV positive shortly after, and a specialist was able to connect the three cases with an additional eight cases by January 2015. The CDC was alerted in February 2015 and declared a public health emergency in March 2015. By March 2015, there were 55 confirmed cases and 13 preliminary cases (all subsequently confirmed) of HIV infection. By the end of June 2015, 170 individuals had been diagnosed with HIV infection; by April 2016, the number had risen to 188 cases of confirmed HIV infection. In addition, HIV-infected individuals had a 92% rate of HCV co-infection.

As of 2015, it was estimated that more than 500 syringe-sharing partners were involved in the HIV outbreak wherein injection practices were multigenerational, and injection equipment was commonly shared. Furthermore, individuals diagnosed with HIV infection during the outbreak had an average of nine high-risk syringe-sharing sex or social partners who needed to be tested for HIV infection. The multi-pronged approach to containing this outbreak required state, federal, local, and academic institutions to coordinate efforts to implement and maintain on-site programs and services, including a syringe exchange program.

The construction of what became known as the "One-Stop-Shop" was a significant component of containing the outbreak. The services offered included HIV and HCV testing and a syringe exchange program. Participants in the syringe exchange program were issued unique identification cards and could complete exchanges weekly. They received sterile syringes, a wound care kit, and referrals to health services as well. The syringe exchange program also featured a mobile site to drive through neighborhoods and offer clean syringes. In a study of the first 100 participants in the syringe exchange program, the proportion who shared syringes decreased from 34% to 5% over three months, the proportion of those who shared syringes to divide drugs decreased from 38% to 10%, and lastly, the proportion of those who shared injection equipment dropped from 44% to 11%. HHHRC's SEP model, which has been utilized for over thirty years, is akin to Indiana's "One-Stop-Shop" model, showing the model's efficacy.

A report published in 2020 titled "Needling Policy Makers and Sharpening the Debate: Do syringe exchange programs improve public health at the population level?" explored whether states with laws supporting SSPs had reductions in transmission rates of HBV and HCV compared to states without such laws.¹⁴ Utilizing a longitudinal panel design, they determined the legal status of SSPs in each state from 1983 through 2016, estimating disease transmission rates for this period. It was found that HBV and HCV transmission rates per 100,000 declined in states with local ordinances/decriminalized statutes and legalized SSPs.

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

V. 2022 SYRINGE EXCHANGE PROGRAM EVALUATION



The Hawai'i Health & Harm Reduction Center (HHHC) Syringe Exchange Program (SEP) provides an annual evaluation report, including syringe exchange activities described in part VII of Chapter 325, HRS. This section describes SEP services during 2022 to fulfill that requirement. The date range for the information presented is January 1 through December 31, 2022.

Data Sources

During 2022, SEP staff collected program data, which was later entered into the databases described below for analysis. Refer to Figure 6 (p. 13).

Participant Registration Database

Starting in 2012, the CHOW Project (now HHHRC) began to distribute Participant Identification Cards (Participant Cards) with a unique alphanumeric identifier (Participant ID) to protect the participant's identity. All participants who register for a Participant Card complete the "Participant Registration Form." The Participant Registration form provides a snapshot of the participant at the time of registration via self-reporting of their demographics, housing status, and drug use practices.

In 2021, SEP internally evaluated its data practices, showing that the Participant Registration Database was an underrepresentation of the participants actively engaged in SEP services. Therefore, to build a complete picture, SEP staff began registering all SEP participants, even if they did not opt for a Participant Card. However, registering for a Participant Card is incentivized because the back summarizes the Hawai'i Revised Statute (HRS) that allows participants to carry syringes to and from SEP, providing participants with limited amnesty if stopped by the police while carrying syringes to and from the exchange site. Refer to Figure 5.

Figure 5. Front & Back of Participant Identification Card

Participant Identification Card

Card # _____


Identification Code: _____
(first two letters of father's first name, first two letters of mother's first name, day of birth, month of birth)

Date: _____

 Signature of HHHRC Staff

 **HAWAI'I HEALTH & HARM REDUCTION CENTER**
The New Chapter for Life Foundation and The CHOW Project

Please contact HHHRC with any questions at 808-521-2437



The person bearing this card has registered with the Hawai'i Health & Harm Reduction Center's syringe exchange program, a project funded by the Hawai'i Department of Health. This participant is carrying syringes to and from the exchange because it has been proven to prevent transmission of HIV, hepatitis, and other blood-borne pathogens. Hawai'i Revised Statute 325-114 states exchanges under this program shall not constitute an offense for the participant.

Daily Logs Database

"Daily Logs" are filled out by SEP staff for every encounter with participants to track participant usage of SEP services during visits. Daily logs record Participant ID, where the exchange occurred, the number of syringes exchanged, and what types of supplies were given out (i.e., safer injection supplies, safer smoking supplies, safer sex supplies, harm reduction supplies), as well as if the participant is engaging in secondary exchange or "gatekeeping" (i.e., exchanging syringes for others who are not physically present). The Hawai'i Department of Health (HDOH) requires SEP staff to record all encounters on Daily Logs for reporting purposes.

Naloxone Registration & Refill Database

In September 2016, due to Act 68, CHOW (now HHHRC) launched its Overdose Prevention Program (OPP) by providing group and individual training to PWUD on administering naloxone during SEP engagement at the vehicle(s) and on-site or during outreach. OPP eventually expanded to include training friends and family of PWUD, social service providers, law enforcement, and other interested community members on administering naloxone. When naloxone is distributed for the first time through SEP or outreach, trainees must complete selected questions from the "Overdose Prevention Program" form, which captures demographics, overdose risk factors, 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). It is required that SEP staff record all naloxone distributed for reporting purposes.

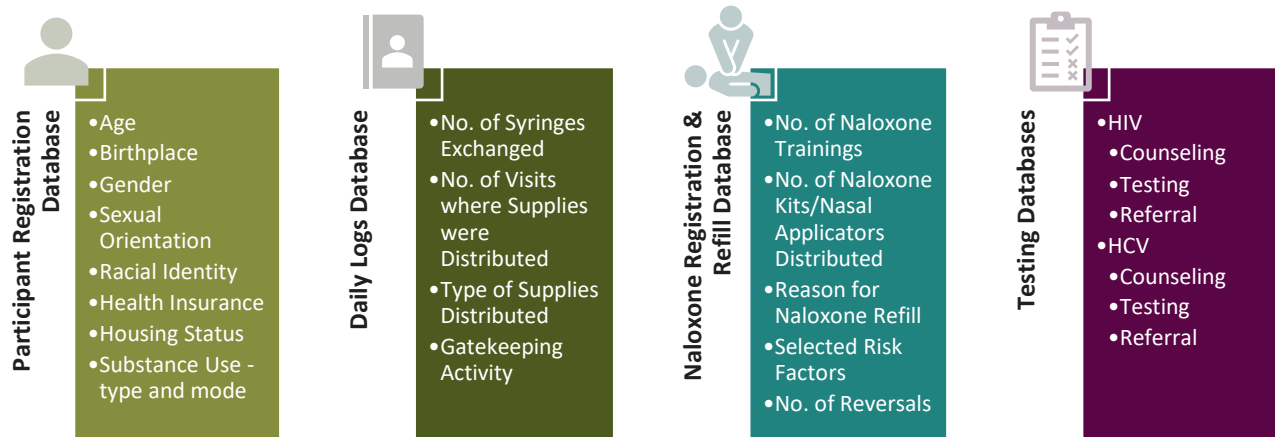
Testing Databases

HHHRC provides HIV and HCV outreach, testing, and linkage as part of its portfolio of services. These services are offered through the main office on O'ahu, during Medical Mobile Unit (MMU) outreach, and sometimes at the downtown SEP mobile site. Historically, HHHRC has also hosted health fairs around Honolulu, where HIV and HCV screening is provided along with other services. Unfortunately, HHHRC was unable to host any health fairs in 2022. This is mainly due to (a) HHHRC losing access to its long-time venue space and subsequent difficulty finding a suitable replacement venue, and (b) public discomfort related to re-launching in-person events despite the removal of mandates related to the COVID-19 pandemic. Participants wishing to be tested on neighboring islands are referred to HDOH testing sites and partner agencies.

Outreach, testing & linkage. HHHRC offers on-site HIV and HCV testing through the agency's clinic services. Monday through Friday from 9am to 4pm via walk-ins and scheduled appointments. HHHRC also offers testing through MMU outreach. Therefore, SEP only conducts rapid tests in the field. HHHRC's Hepatitis C Coordinator conducts all rapid testing at the downtown SEP mobile site. SEP participant testing information is entered into the "SEP HIV/HCV Outreach, Testing & Linkage (OTL) Log," which documents counseling provided, the type of test (HIV or HCV) administered, test results, and if the participant was counseled and referred to other services.

APHIRM. After receiving test results, HHHRC staff enters testing data (risk factors, screening results) into HDOH's APHIRM database. As APHIRM does not collect referral information, there is no system presently to report neighbor island testing activity driven by SEP staff. Thus, the information provided in this evaluation reflects OTL on O'ahu only.

Figure 6. Data Used from SEP Databases for Annual Report



Data Analysis

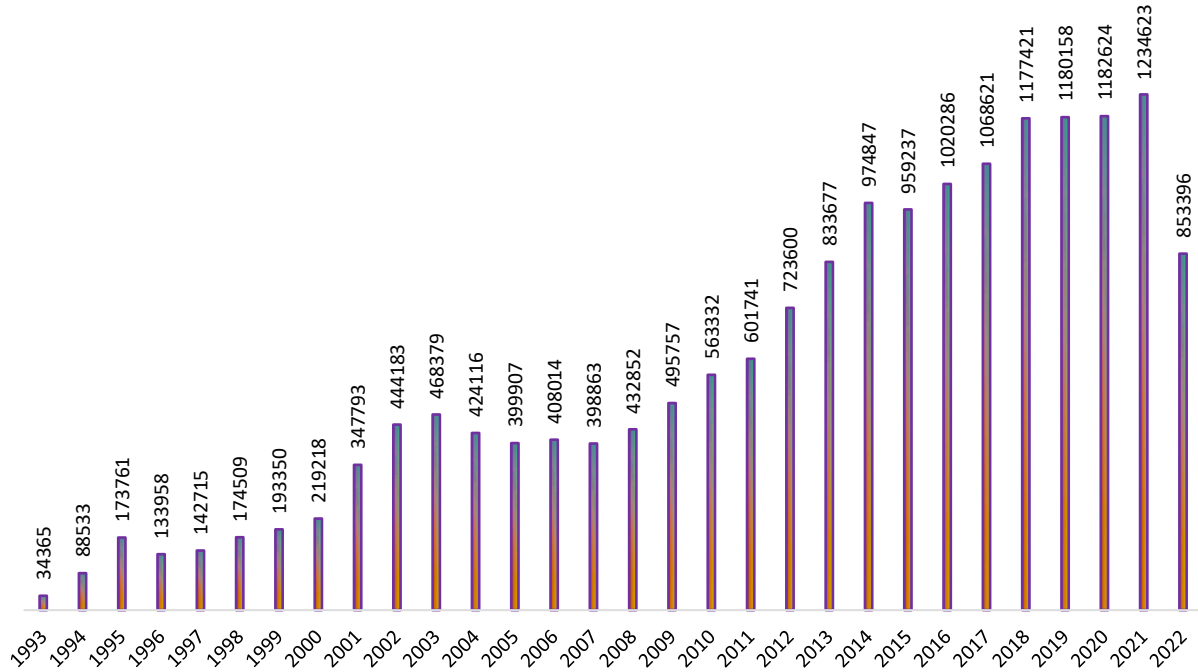
Data from the above-referenced databases was used to understand better the utilization and efficacy of SEP in 2022. After data was entered into Microsoft Excel, that raw data was coded, cleaned, and transferred to PSPP – a version of SPSS statistics, which is a statistical software suite developed by IBM for data management – and used to conduct preliminary analyses. Those preliminary analyses enable the evaluation of the relationship between SEP utilization in 2022 (i.e., the number of syringes exchanged), relevant variables (e.g., gatekeeping activity, harm reduction supplies distributed, naloxone training and refills, testing), and other covariates (e.g., exchange site, gender, racial identity, housing status, substance use history).

Statewide Syringe Exchange Activity in 2022

More than 30 years of research demonstrates that Syringe Services Programs (SSPs) protect the public's health: They save lives, help those experiencing substance use disorder (SUD) get the support needed, and reduce the impact of drug use on the community.¹⁵ According to the United States Department of Health and Human Services Centers for Disease Control and Prevention, SSPs protect the public's health by adapting to local needs to lower the likelihood of fatal overdoses and preventing the spread of blood-borne infections by providing testing, counseling, and sterile injection supplies.¹⁵ Furthermore, SSPs may serve as a bridge to other health services, including HIV and HCV testing, treatment, and medications for opioid use disorder (MOUD).¹⁵ The remainder of this section will describe HHHRC's SEP activity in 2022.

Between 1993 and 2022 SEP has exchanged over 17.3 million syringes, or precisely 17,353,836 syringes! (Refer to Figure 7.)

Figure 7. Statewide Annual No. of Syringes Exchanged through SEP from 1993-2022 (N=17,353,836)



Exchanges & Visits



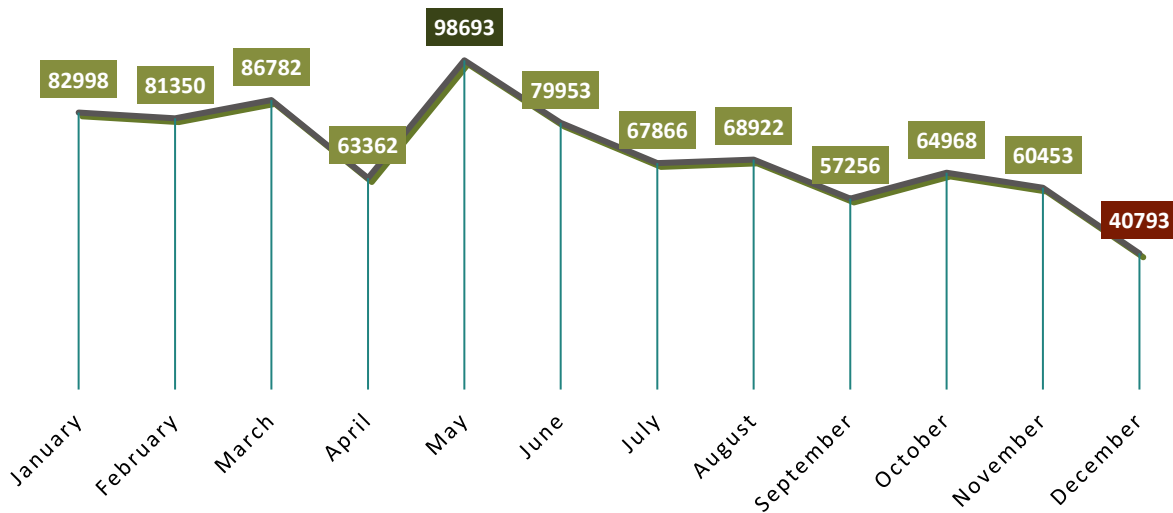
Statewide, 853,396 syringes were exchanged in 2022 compared to a record 1,234,623 syringes in 2021 – a 31% decrease in exchange volume. Compared to the 4% increase in syringes exchanged between 2020 (N=1,182,624) and 2021 (N=1,234,623), the 31% decrease between 2021 and 2022 is notable as it is the steepest drop in exchanges in SEP history to date. Of those 853,396 syringes exchanged, 99% (n=841,979) occurred during “SEP visits” – a physical visit to any SEP site by a participant for harm reduction services – and 1% (n=11,417) occurred during “outreach” – SEP staff venture out into the community to reach individuals who, for whatever reason, are not accessing SEP sites for harm reduction services. Refer to Table 4 for a full breakdown (p.49).



Statewide, a record 14,578 visits occurred in 2022 compared to 8,542 in 2021 – a 71% increase in visit volume. Of those 14,578 visits, 92% (n=13,365) were SEP visits and 8% (n=1,213) were outreach contacts. Compared to the 7% decrease in visits between 2020 (N=9,138) and 2021 (N=8,542), the 71% increase between 2021 and 2022 is unprecedented as it is the steepest increase in visits in SEP history to date. A SEP visit and contacts made during outreach may or may not involve exchanging syringes, but always involve some sort of harm reduction service. Refer to Table 5 for a full breakdown (p.50).

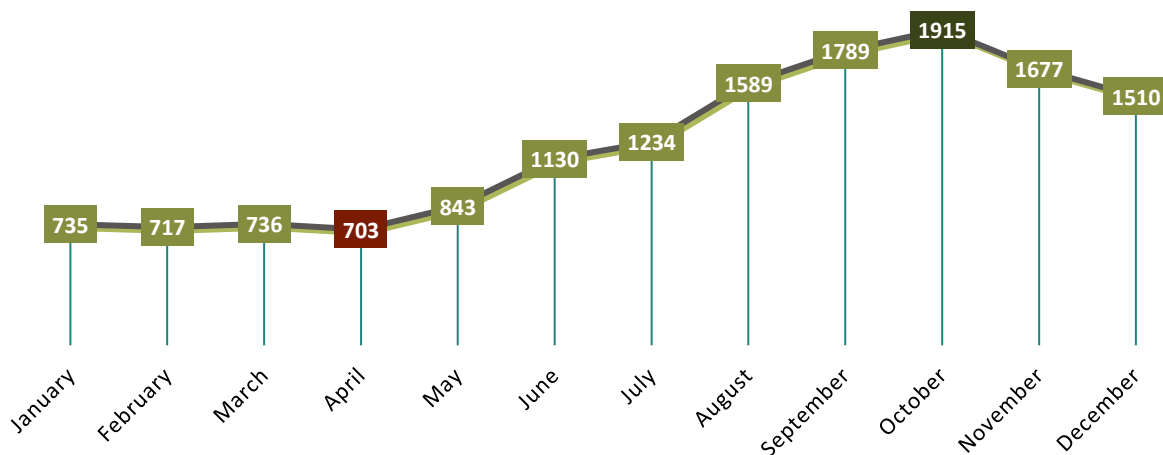
Exchanges by month. An “exchange” is the one-for-one trade of used for sterile syringe(s) at a SEP site or during outreach by a participant or outreach contact. Regarding exchanges, May had the heaviest volume of syringes exchanged at 98,693 syringes, while December had the lightest volume of syringes exchanged at 40,793 syringes. Refer to Figure 8.

Figure 8. Statewide Annual No. of Monthly Syringes Exchanged in 2022 (N=853,396)



Visits by month. A “visit,” for the data presented in this section, includes SEP visits and contacts made during outreach. Regarding visits, October was the busiest month, with 1,915 visits, while April was the slowest month, with 703 visits. Refer to Figure 9.

Figure 9. Statewide Annual No. of Monthly Visits in 2022 (N=14,578)

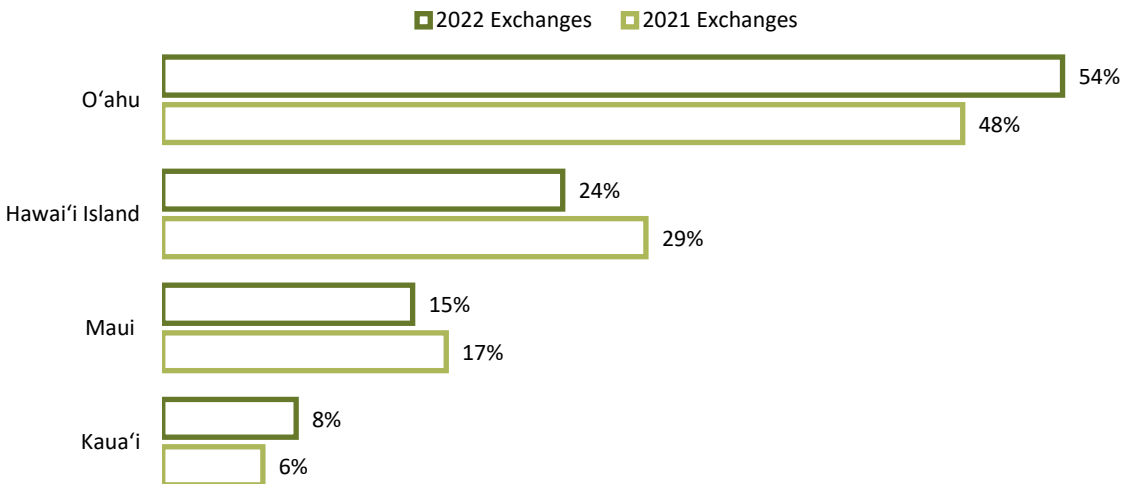


Fewer Exchanges & More Visits

SEP saw unprecedented fluctuations in the annual number of exchanges and visits than in previous years. In 2022, the statewide number of exchanges (N=853,396) fell compared to 2021 (N=1,234,623) – a 31% decrease. In 2022, the statewide number of visits (N=14,578) rose compared to 2021 (N=8,542) – a 71% increase. However, the average number of syringes exchanged per visit (N=59) fell compared to 2021 (N=145) – a 59% decrease. The significant 71% rise in visits between 2021 and 2022 concurrent with the 31% fall in exchanges and 59% fall in the average number of syringes exchanged per visit suggests that there is an increasing need for harm reduction services provided through SEP beyond syringe exchange.

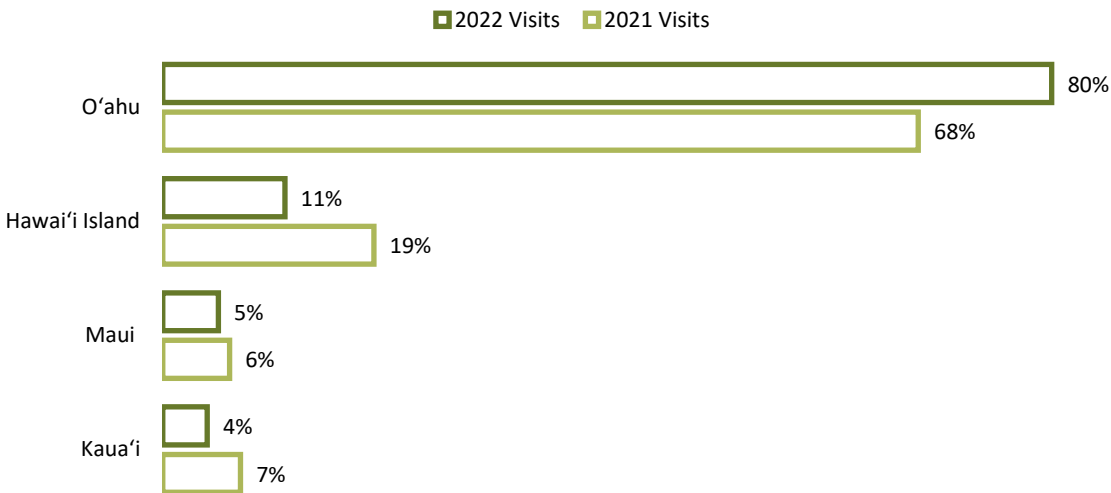
Volume of exchanges by island. “Volume of exchanges by island,” for data presented in this section, consolidates data from all SEP sites on each island (i.e., Kumukahi Health + Wellness is absorbed by Hawai‘i Island, and Mālama Pono Health Services is absorbed by Kaua‘i). From the highest to lowest volume of exchanges by island: O‘ahu (54%; n=457,502); Hawai‘i Island (24%; n=204,462); Maui (15%; n=126,892); and Kaua‘i (8%; n=64,540). Refer to Figure 10 and Table 4 for a full breakdown (p.49).

Figure 10. Volume of Exchanges in 2022 (N=853,396) Compared to 2021 (N=1,234,623) by Island



Volume of visits by island. “Volume of visits by island,” for data presented in this section, consolidates data from all SEP sites on each island (i.e., Kumukahi Health + Wellness is absorbed by Hawai‘i Island, and Mālama Pono Health Services is absorbed by Kaua‘i). From the highest to lowest volume of visits by island: O‘ahu (80%; n=11,696); Hawai‘i Island (11%; n=1,589); Maui (5%; n=664); and Kaua‘i (4%; n=629). Refer to Figure 11 (p. 17) and Table 5 for a full breakdown (p. 50).

Figure 11. Volume of Visits in 2022 (N=14,578) Compared to 2021 (N=8,542) by Island



Volume of Exchanges & Visits Fluctuated Across Sites

The variability in exchanges and visits fluctuated across all sites. Regarding the statewide number of exchanges in 2022 (N=853,396) compared to 2021 (N=1,234,623), the volume of exchanges rose on O'ahu (+6%) and Kaua'i (+2%) but fell on Hawai'i Island (-5%) and Maui (-2%). Over half of all exchanges handled in 2022 occurred on O'ahu (54%; n=457,502) compared to Hawai'i Island (24%; n=204,462), Maui (15%; n=126,892), and Kaua'i (8%; n=64,540).

Regarding the statewide number of visits in 2022 (N=14,578) compared to 2021 (N=8,542), the volume of visits rose on O'ahu (+12%) but fell on Hawai'i Island (-8%), Maui (-1%), and Kaua'i (-3%). Over three-quarters of all visits handled in 2022 occurred on O'ahu (80%; n=11,696), with the slight remainder occurring on Hawai'i Island (11%; n=1,589), Maui (5%; n=664), and Kaua'i (4%; n=629).

The most significant fluctuations in volume occurred on O'ahu, with a 6% rise in the volume of exchanges and 12% rise in the volume of visits. With the exception of the small 2% rise in Kaua'i's volume of exchanges, the volume of exchanges fell 2-5% and visits fell 1-8% for all other non-O'ahu sites. The fluctuations in volume trending upward for O'ahu might be related to an influx of new participants.

Gatekeeping

Secondary exchange or "gatekeeping" is when participants exchange syringes for others who are not present. Out of 2,481 registered participants, 27% (N=673) reported gatekeeping for up to 3,101 individuals. Based on the gatekeeping percentage that occurred by island from the most to least: Maui (80%; n=209); Hawai'i Island (40%; n=179); Kaua'i (24%; n=47); and O'ahu (15%; n=238). In 2022, if the 3,101 individuals being gatekept for were added to the total number of participants (N=2,481), the number would rise 125% to 5,582. See Table 1 (p. 18).

Table 1. Total No. of Unique SEP Participants, SEP Participants Gatekeeping, Individuals Being Gatekept For & Average No. of Individuals Being Gatekept for in 2022

Location	Unique SEP Participants	SEP Participants Gatekeeping	Individuals Being Gatekept For	Average No. of Individuals Being Gatekept For
Statewide	2,481	673	3,101	5
O'ahu	1,576	238	1,434	6
Hawai'i Island	448	179	850	5
Maui	261	209	636	3
Kaua'i	196	47	181	4

Decrease in Gatekeeping Despite Increase in SEP Participants

Statewide, there was an 83% increase in the total number of participants registered for SEP by year-end 2022 (N=2,481) compared to year-end 2021 (N=1,357). Despite this increase, there was a decrease in the proportion of participants engaged in gatekeeping. In terms of volume, in 2022, 27% (n=673) out of 2,481 participants were engaged in gatekeeping compared to 2021 when 52% (n=710) out of 1,357 participants were engaged in gatekeeping. In 2022, 27% of participants reported gatekeeping for up to 3,101 individuals, averaging five (5) individuals being gatekept for per gatekeeper whereas, in 2021, 52% of participants reported gatekeeping for up to 4,318 individuals, averaging six (6) individuals being gatekept for per gatekeeper – a 25% decrease in volume of gatekeeping activity. The 25% decrease in gatekeeping despite the 83% increase in the total number of registered SEP participants is likely related to the 31% decrease in syringe exchange activity.

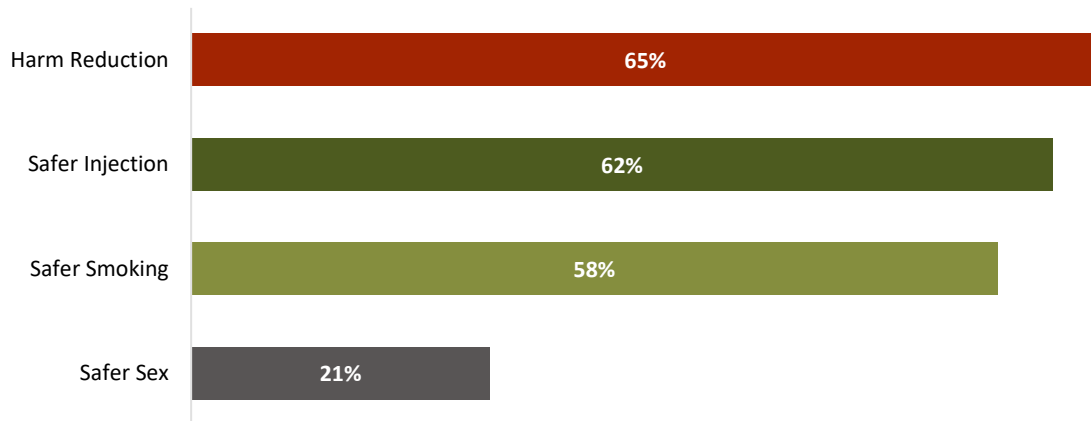
Additional Harm Reduction Activities; More than a Syringe Exchange Program

Harm reduction activities through SEP are not limited to syringe exchange. Due to structural barriers to care-seeking, many PWUDs avoid proper healthcare and resort to self-care techniques.¹⁶ Therefore, SEP outreach workers distribute additional supplies as needed. Harm reduction supplies distributed through SEP are condensed into four main categories:

- **safer injection – syringes, injection supplies, sharps containers, etc.**
- **safer smoking – pipe covers**
- **safer sex – condoms, lube, etc.**
- **harm reduction – hygiene kits, first aid supplies, fentanyl test strips, food/snacks, etc.**

Most visits were for **harm reduction supplies (65%; n=9,491)**, **safer injection supplies (62%; n=9,003)**, and **safer smoking supplies (58%; n=8,424)** while the least were for **safer sex supplies (21%; n=3,122)**. Refer to Figure 12 (p. 19) and Table 6 for a full breakdown of supplies distributed by site and type of encounter (i.e., SEP and outreach) (p. 51).

Figure 12. Statewide Frequency of Visits based on Category of Supplies Distributed in 2022 (N=14,578)



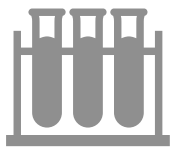
The four categories described above encompass a variety of harm reduction supplies. The next portion of this section will describe the function and frequency of distribution of some key harm reduction supplies distributed through SEP. Refer to Figure 13 (p. 20).



Harm reduction – hygiene kits. Hygiene kits were distributed during 25% (n=3,692) of visits. Hygiene kits are provided to promote general hygiene, especially since skin and soft tissue infections (SSTI) are a common complication experienced by PWUDs, which can result in illness or death.¹⁶



Harm reduction – first aid supplies. First aid supplies were distributed during 46% (n=6,775) of visits. First aid supplies are provided to compel participants to treat wounds since PWUDs are often unwilling or unable to get treatment for wounds, such as abscesses, which can rapidly become painful and dangerous, sometimes resulting in gangrene and amputation or death.¹⁶



Harm reduction – fentanyl test strips. Fentanyl test strips were distributed during 7% (n=1,027) of visits. Fentanyl test strips are provided so that participants can test for fentanyl in their drug supply. According to a SEP staff member, while test strips may or may not deter drug use, "They can empower people who use drugs to make more educated decisions about their drug supply."



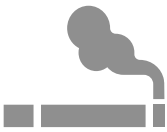
Harm reduction – food/snacks. Food/snacks were distributed during 32% (n=4,650) of visits. Food and snacks are provided because many participants are actively experiencing houselessness or mental health issues, causing them to struggle to meet their basic needs. Food and snacks are provided to HHHRC by Food Bank Hawai'i.



Safer injection – cookers. Injection supplies, such as cotton and cookers, were distributed during 29% (n=4,223) of visits. Cookers (or spoons) are used to heat powdered drugs and mix them with water.¹⁷ Providing cookers encourages PWUDs to use their sterile equipment to avoid the transmission of infectious diseases and bacterial infections.¹⁷



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



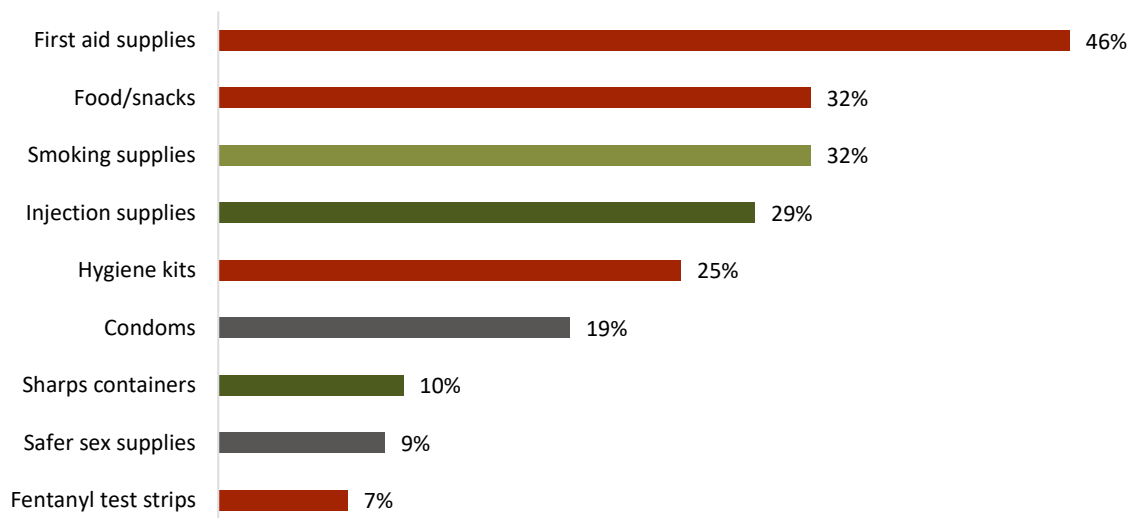
Safer smoking – pipe covers. Pipe covers were distributed during 32% (n=4,599) of visits. Pipe covers are provided to prevent cuts and burns caused by smoking with a glass pipe, reducing the spread of blood-borne pathogens like HIV and HCV between participants sharing smoking devices.



Safer sex – condoms & other safer sex supplies. Condoms were distributed during 19% (n=2,828) and other safer sex supplies, such as lube, were distributed during 9% (n=1,367) of visits. Safer sex supplies are provided to reduce the likelihood of HIV transmission during unprotected receptive anal or vaginal intercourse that involves torn mucosal lining or the presence of genital ulcerations (which are commonly caused by some sexually transmitted infections).¹⁷

To summarize, in order from supplies distributed most to least often: **First aid supplies (46%; n=6,775); food/snacks (32%; n=4,650); smoking supplies (32%; n=4,599); injection supplies (29%; n=4,223); hygiene kits (25%; n=3,692); condoms (19%; n=2,828); sharps containers (10%; n=1,451); safer sex supplies (9%; n=1,367); and fentanyl test strips (7%; n=1,027).** Refer to Figure 13.

Figure 13. Statewide Annual No. of Visits where Specific Supplies were Distributed in 2022 (N=14,578)



Individual Site Syringe Exchange Program Activity in 2022

Individual site data can communicate the unique needs specific to each SEP site or highlight site-specific trends. Therefore, along with presenting the statewide syringe activity in 2022, this evaluation will summarize each island and site's activities, as well. Refer to Table 2.

Table 2. Annual No. of Visits, Exchanges & Average No. of Exchanges Per Visit between 2016 & 2022

Location	Year	Visits	Syringes Exchanged	Average No. of Syringes Exchanged Per Visit
Statewide	2022	14,578	853,396	59
	2021	8,542	1,234,623	145
	2020	9,138	1,182,624	129
	2019	12,337	1,180,158	96
	2018	13,366	1,177,421	88
	2017	12,967	1,068,621	82
	2016	11,120	1,020,286	92
O'ahu	2022	11,696	457,502	39
	2021	5,796	587,905	101
	2020	6,523	523,875	80
	2019	9,283	532,760	57
	2018	10,367	522,870	50
	2017	10,401	487,041	47
	2016	8,591	455,022	53
Hawai'i Island	2022	1,589	204,462	129
	2021	1,630	362,652	222
	2020	1,423	348,522	245
	2019	1,777	343,365	193
	2018	1,643	359,018	219
	2017	1,550	327,963	212
	2016	1,472	333,486	227
Maui	2022	664	126,892	191
	2021	546	208,831	382
	2020	638	207,772	326
	2019	710	201,762	284
	2018	765	176,685	231
	2017	505	170,669	338
	2016	690	159,114	231
Kaua'i	2022	629	64,540	103
	2021	570	75,235	132
	2020	554	102,455	185
	2019	567	102,271	180
	2018	591	118,548	201
	2017	511	83,908	164
	2016	367	72,264	197

Honolulu County

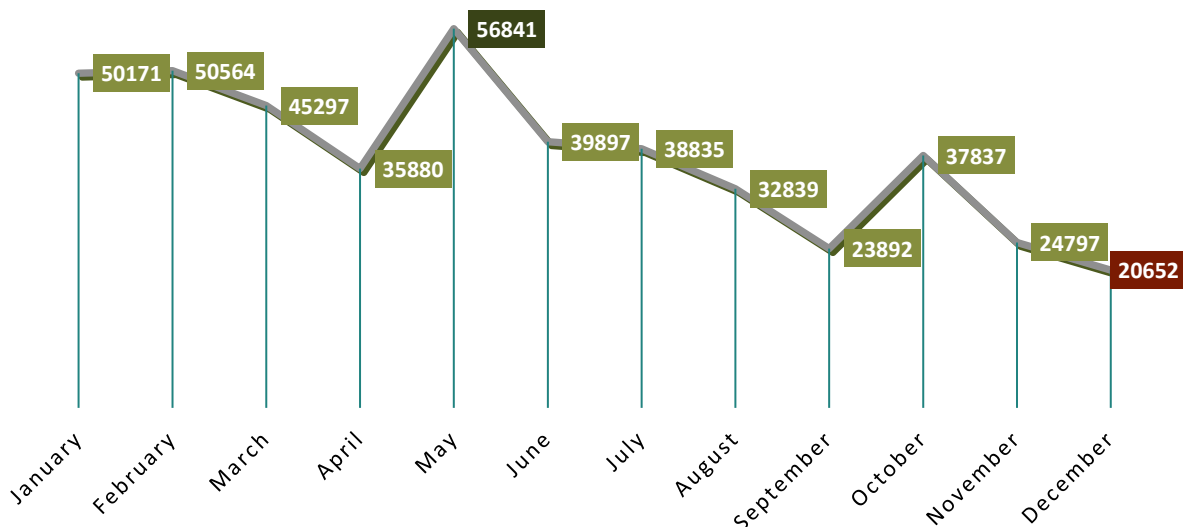


Local context. Honolulu County (O'ahu), also known as "The Gathering Place," is the third-largest Hawaiian island. According to the 2022 Census, O'ahu covers 601 square miles of land area, containing 995,638 people and 330,393 households, with a population density of 1,692 people per square mile.¹⁸ There were 373,875 housing units, with an average median gross monthly rent of \$1,870 and an average of three (3) persons per household.¹⁸ The per capita income was \$40,339, and the median annual household income was \$92,600.¹⁸ However, only 31% out of 995,638 people were employed – a 14% decrease from 2020-2021.¹⁸ Also, 10% of the population lived in poverty, 4% of persons under 65 were without health insurance, and 6% of persons under 65 lived with a disability.¹⁸

In 2022, HHHRC's SEP mobile site on O'ahu (O'ahu SEP) served 1,576 unique participants who exchanged 457,502 syringes across 11,696 visits, averaging 39 syringes exchanged per visit. Of those 457,502 exchanges, 98% (n=447,140) were exchanged during SEP visits and 2% (n=10,362) were exchanged during outreach. For a full breakdown organized by site, month, and type of encounter (i.e., SEP and outreach), refer to Table 4 for exchanges (p. 49) and Table 5 for visits (p. 50).

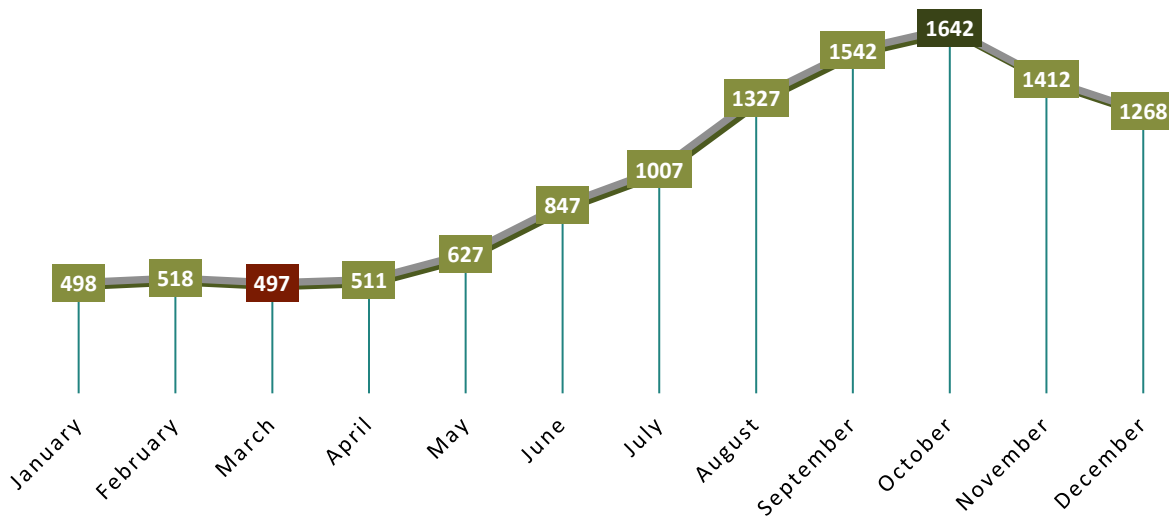
Exchanges. O'ahu SEP exchanges fluctuated between the most syringes exchanged in May (n=56,841) and the least in December (n=20,652). The average number of syringes exchanged per month was 38,125. Refer to Figure 14.

Figure 14. O'ahu SEP Annual No. of Monthly Exchanges in 2022 (N=457,502)



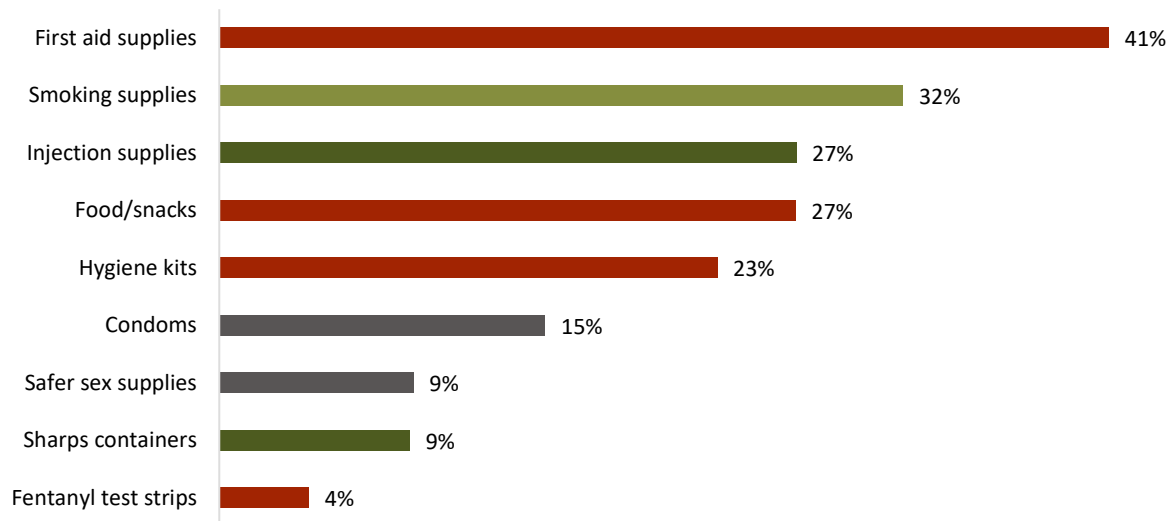
Visits. O'ahu SEP visits fluctuated between the most visits occurring in October (n=1,642) and the least in March (n=497). The average number of visits per month was 975. Refer to Figure 15 (p. 23).

Figure 15. O’ahu SEP Annual No. of Monthly Visits in 2022 (N=11,696)



Harm reduction supplies. Throughout 11,696 O’ahu SEP visits, harm reduction supplies were distributed to participants upon request (refer, p. 18-20). To summarize, in order from supplies distributed most to least often: **First aid supplies (41%; n=4,830)**; **smoking supplies (32%; n=3,713)**; **injection supplies (27%; n=3,133)**; **food/snacks (27%; n=3,129)**; **hygiene kits (23%; n=2,704)**; **condoms (15%; n=1,770)**; **safer sex supplies (9%; n=1,056)**; **sharps containers (9%; n=1,035)**; and **fentanyl test strips (4%; n=487)**. Refer to Figure 16 and Table 6 for a full breakdown of supplies distributed by site and type of encounter (i.e., SEP and outreach) (p. 51).

Figure 16. O’ahu SEP Annual No. of Visits where Supplies were Distributed in 2022 (N=11,696)



Gatekeeping. Of the 1,576 unique O’ahu SEP participants, 15% (n=238) reported engaging in gatekeeping for at least 1,434 individuals. Per gatekeeper, the number of individuals being gatekept for ranged from as few as one (1) to as many as 200. If those 1,434 individuals being gatekept for were added to the total number of unique O’ahu SEP participants (N=1,576), the total number of unique O’ahu SEP participants would rise 91% to 3,010.

Hawai'i County – Hilo & Kona

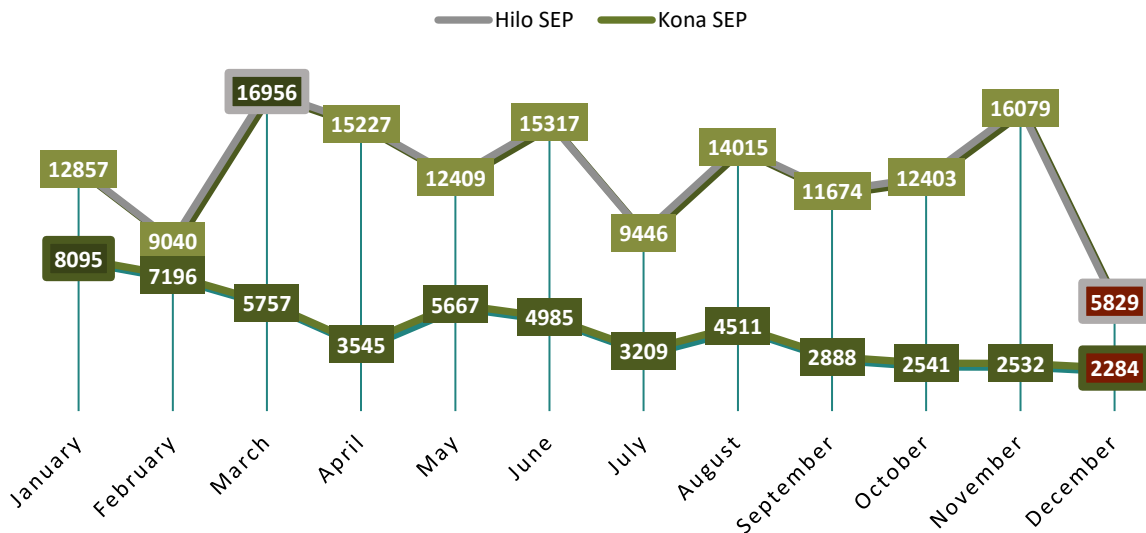


Local context. Hawai'i County (Hawai'i Island), also known as "The Big Island," is the largest Hawaiian island. According to the 2022 Census, Hawai'i Island covers 4,028 square miles of land area, containing 206,315 people and 71,402 households, with a population density of 50 people per square mile.¹⁹ There were 90,672 housing units, with an average median gross monthly rent of \$1,250 and an average of three (3) persons per household.¹⁹ The per capita income was \$33,913, and the median annual household income was \$68,399.¹⁹ However, only 59% out of 206,315 in the civilian labor force over the age of 16 were employed.¹⁹ Also, 15% of the population lived in poverty, 5% of persons under 65 were without health insurance, and 9% of persons under 65 lived with a disability.¹⁹

In 2022, HHHRC's SEP mobile site (Hilo SEP) and Kumukahi Health + Wellness's SEP fixed site (Kona SEP) served 448 unique participants who exchanged 204,462 syringes (Hilo SEP=151,252; Kona SEP=53,210) across 1,589 visits (Hilo SEP=636; Kona SEP=953), averaging 129 syringes exchanged per visit (Hilo SEP=238; Kona SEP=56). Of those 204,462 exchanges, 99% (Hilo SEP=151,252; Kona SEP=52,155) were exchanged during SEP visits and 1% (Hilo SEP=0; Kona SEP=1,055) were exchanged during outreach. For a full breakdown organized by site, month, and type of encounter (i.e., SEP and outreach), refer to Table 4 for exchanges (p. 49) and Table 5 for visits (p. 50).

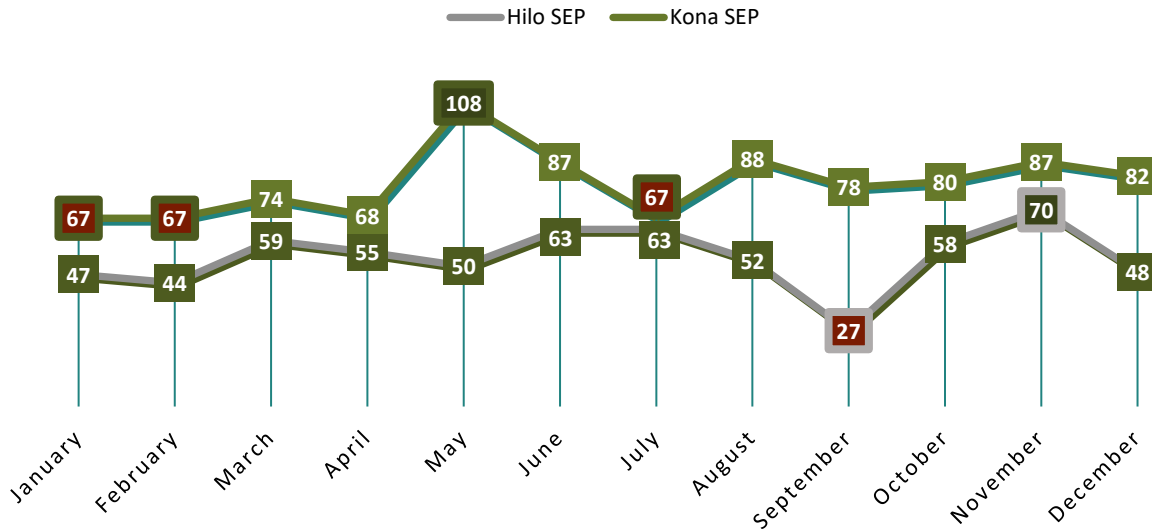
Exchanges. Hilo SEP exchanges fluctuated between the most syringes exchanged in March (n=16,956) and the least in December (n=5,829), averaging 12,604 exchanges per month. Kona SEP exchanges fluctuated between the most syringes exchanged in January (n=8,095) and the least in December (n=2,284), averaging 4,434 exchanges per month. Refer to Figure 17.

Figure 17. Hilo SEP (n=151,252) & Kona SEP (n=53,210) Annual No. of Monthly Exchanges in 2022 (N=204,462)



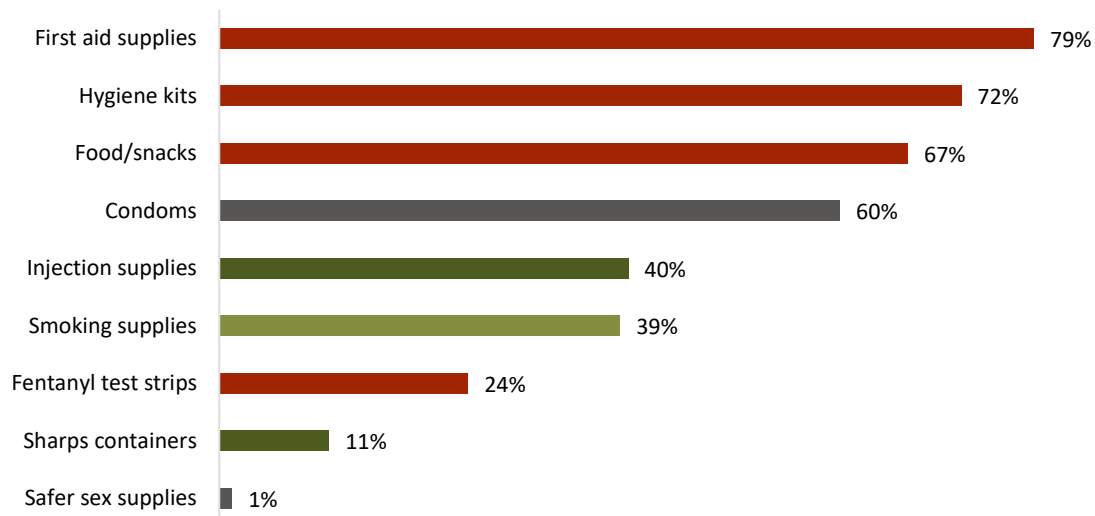
Visits. Hilo SEP visits fluctuated between the most visits occurring in November (n=70) and the least in September (n=27), averaging 53 visits per month. Kona SEP visits fluctuated between the most visits occurring in May (n=108) and the least in January (n=67), February (n=67), and July (n=67), averaging 79 visits per month. Refer to Figure 18.

Figure 18. Hilo SEP (n=636) & Kona SEP (n=953) Annual No. of Monthly Visits in 2022 (N=1,589)



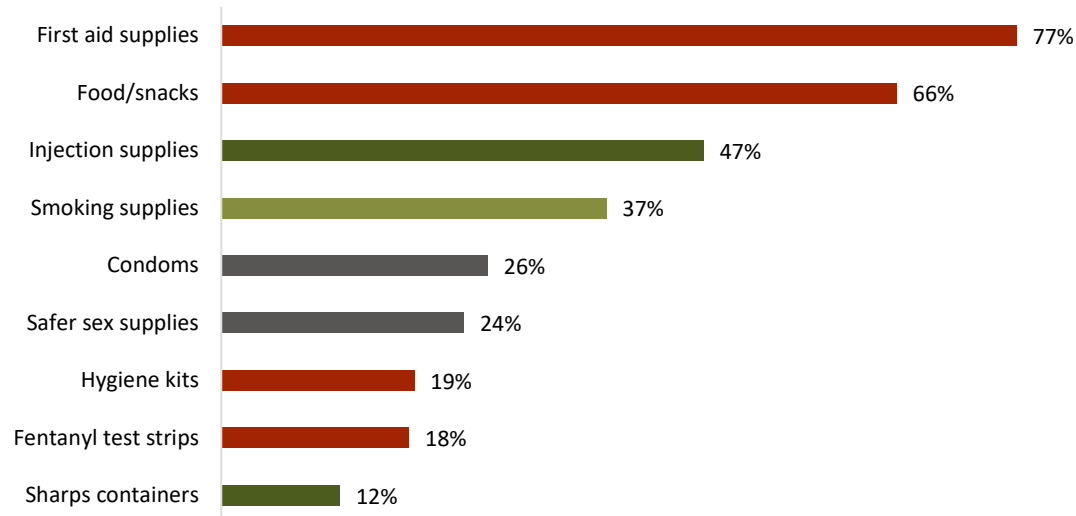
Harm reduction supplies – Hilo SEP. Throughout 636 Hilo SEP visits, supplies distributed most to least often were: **First aid supplies (79%; n=504); hygiene kits (72%; n=459); food/snacks (67%; n=426); condoms (60%; n=384); injection supplies (40%; n=253); smoking supplies (39%; n=248); fentanyl test strips (24%; n=154); sharps containers (11%; n=68); and safer sex supplies (1%; n=8).** Refer to Figure 19.

Figure 19. Hilo SEP (n=636) Annual No. of Visits where Supplies were Distributed in 2022 (N=1,589)



Harm reduction supplies – Kona SEP. Throughout 953 Kona SEP visits, supplies distributed most to least often were: **First aid supplies (77%; n=737)**; **food/snacks (66%; n=626)**; **injection supplies (47%; n=447)**; **smoking supplies (37%; n=357)**; condoms (26%; n=247); safer sex supplies (24%; n=225); **hygiene kits (19%; n=179)**; **fentanyl test strips (18%; n=174)**; and **sharps containers (12%; n=110)**. Refer to Figure 20.

Figure 20. Kona SEP (n=953) Annual No. of Visits where Supplies were Distributed in 2022 (N=1,589)



Harm reduction supplies – Hilo SEP & Kona SEP. To summarize, throughout 1,589 Hawai'i Island SEP visits (i.e., both Hilo SEP and Kona SEP), harm reduction supplies were distributed to participants upon request (refer, p. 18-20). When Hilo SEP and Kona SEP supplies distributed were consolidated, supplies distributed most to least often across Hawai'i Island were: **First aid supplies (78%; n=1,241)**; **food/snacks (66%; n=1,052)**; **injection supplies (44%; n=700)**; **hygiene kits (40%; n=638)**; condoms (40%; n=631); **smoking supplies (38%; n=605)**; **fentanyl test strips (21%; n=328)**; safer sex supplies (15%; n=233); and **sharps containers (11%; n=178)**. Refer to Table 6 for a full breakdown of supplies distributed by site and type of encounter (i.e., SEP and outreach) (p. 51).

Gatekeeping. Of the 448 unique Hawai'i Island SEP participants, 40% (n=179) reported engaging in secondary exchange (gatekeeping) for at least 850 individuals. More specifically, 26% (n=115) of unique Hilo SEP participants reported gatekeeping for an estimated 612 individuals and 14% (n=64) of unique Kona SEP participants reported gatekeeping for an estimated 238 individuals. Per gatekeeper, the number of individuals being gatekept for by Hawai'i Island SEP participants ranged from as few as one (1) to as many as 100. If those 850 individuals being gatekept for were added to the total number of unique Hawai'i Island SEP participants (N=448), the total number of unique Hawai'i Island SEP participants would rise 190% to 1,298.

Maui County



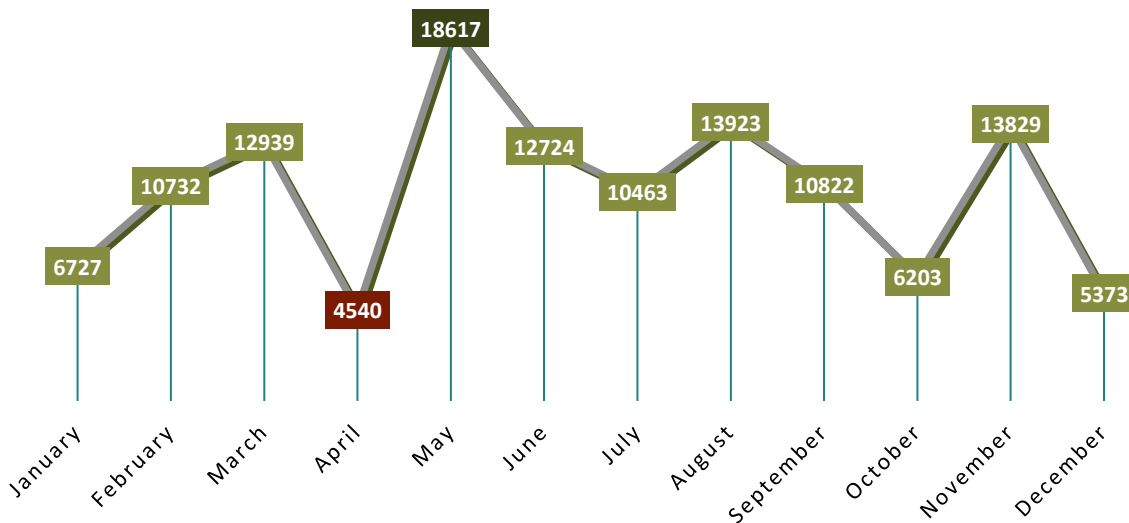
Local context. Maui County (Maui), also known as "The Valley Isle," consists of the islands of Maui, Moloka'i (except the Kalaupapa Peninsula), Lāna'i, and unpopulated Kaho'olawe and Molokini. The island of Maui is the second-largest Hawaiian island. According to the 2022 Census, Maui covers 1,162 square miles of land area, containing 164,351

people and 53,919 households, with a population density of 142 people per square mile.²⁰ There were 72,927 housing units, with an average median gross monthly rent of \$1,667 and an average of three (3) persons per household.²⁰ The per capita income was \$38,956, and the median annual household income was \$88,249.²⁰ However, only 33% out of 164,351 people were employed. Also, 11% of the population lived in poverty, 5% of persons under 65 were without health insurance, and 6% of persons under 65 lived with a disability.²⁰

In 2022, HHHRC's SEP mobile site on Maui (Maui SEP) served 261 unique participants who exchanged 126,892 syringes across 664 visits, averaging 191 syringes exchanged per visit. Of those 126,892 exchanges, 97% (n=645) were exchanged during SEP visits and 3% (n=19) were exchanged during outreach. For a full breakdown organized by site, month, and type of encounter (i.e., SEP and outreach), refer to Table 4 for exchanges (p. 49) and Table 5 for visits (p. 50).

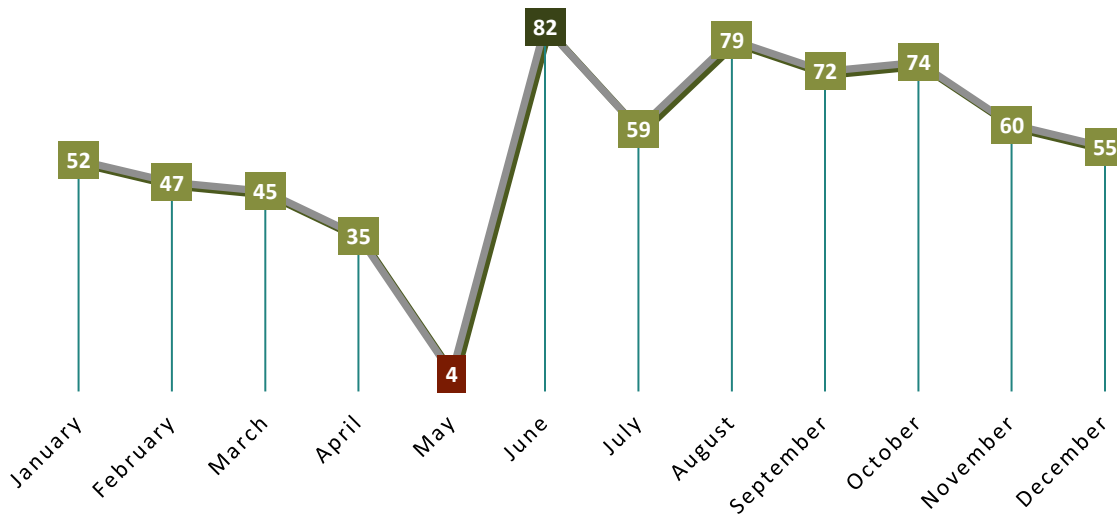
Exchanges. Maui SEP exchanges fluctuated between the most syringes exchanged in May (n=18,617) and the least in April (n=4,540). The average number of syringes exchanged per month was 10,574. Refer to Figure 21.

Figure 21. Maui SEP Annual No. of Monthly Exchanges in 2022 (N=126,892)



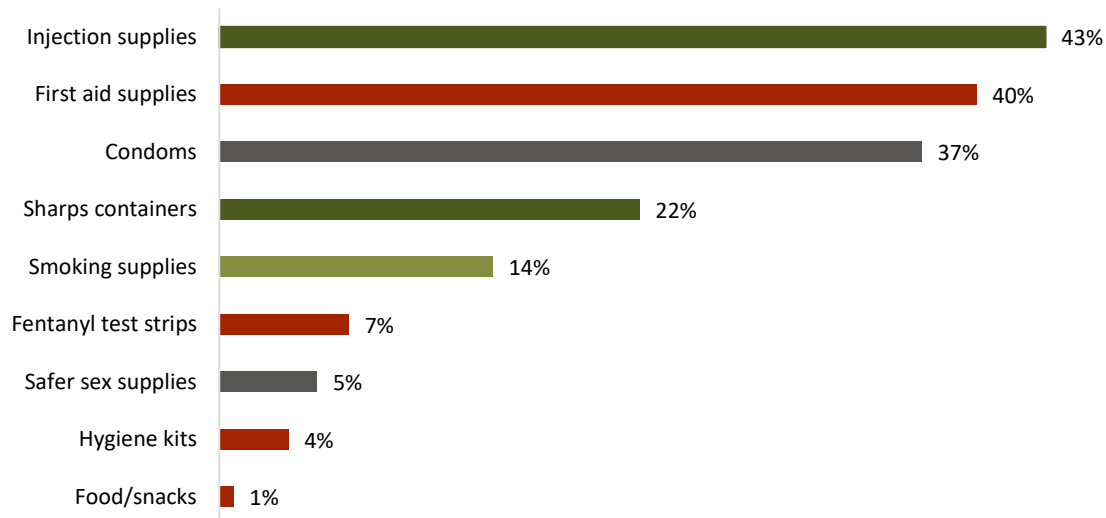
Visits. Maui SEP visits fluctuated between the most visits occurring in June (n=82) and the least in May (n=4). The average number of visits per month was 55. Refer to Figure 22 (p. 28).

Figure 22. Maui SEP Annual No. of Monthly Visits in 2022 (N=664)



Harm reduction supplies. Throughout 664 Maui SEP visits, harm reduction supplies were distributed to participants upon request (refer, p. 18-20). To summarize, in order from supplies distributed most to least often: **Injection supplies (43%; n=287)**; **first aid supplies (40%; n=263)**; condoms (37%; n=244); **sharps containers (22%; n=146)**; **smoking supplies (14%; n=95)**; **fentanyl test strips (7%; n=45)**; **safer sex supplies (5%; n=34)**; **hygiene kits (4%; n=24)**; and **food/snacks (1%; n=5)**. Refer to Figure 23 and Table 6 for a full breakdown of supplies distributed by site and type of encounter (i.e., SEP and outreach) (p. 51).

Figure 23. Maui SEP Annual No. of Visits where Supplies were Distributed in 2022 (N=664)



Gatekeeping. Of the 261 unique Maui SEP participants, 80% (n=209) reported engaging in gatekeeping for at least 636 individuals. Per gatekeeper, the number of individuals being gatekept for ranged from as few as one (1) to as many as 11. If those 636 individuals being gatekept for were added to the total number of unique Maui SEP participants (N=261), the total number of unique Maui SEP participants would rise 244% to 897.

Kaua'i County

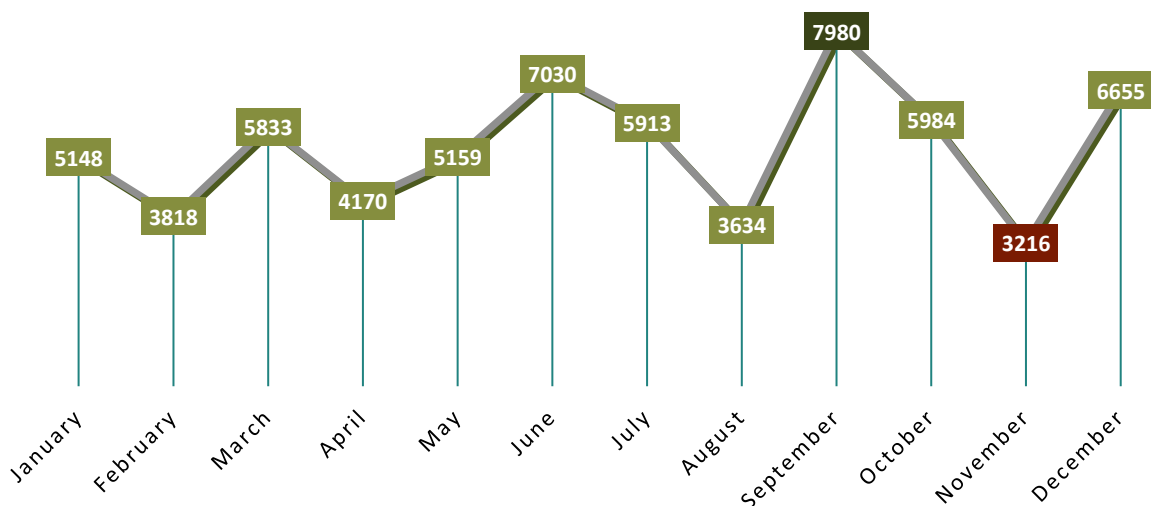


Local context. Kaua'i County (Kaua'i), also known as "The Garden Isle," is the fourth-largest Hawaiian island. According to the 2022 Census, Kaua'i covers 620 square miles of land area, containing 73,810 people and 22,668 households, with a population density of 118 people per square mile.²¹ There were 30,487 housing units, with an average median gross monthly rent of \$1,525 and an average of three (3) persons per household.²¹ The per capita income was \$35,351, and the median annual household income was \$86,287.²¹ However, only 30% out of 73,810 people were employed.²¹ Also, 11% of the population lived in poverty, 5% of persons under 65 were without health insurance, and 6% of persons under 65 lived with a disability.²¹

In 2022, HHHRC's SEP mobile site (HHHRC SEP) along with Mālama Pono Health Services' SEP fixed site (MPHS SEP) served 196 unique participants who exchanged 64,540 syringes (HHHRC SEP=61,774; MPHS SEP=2,766) during 629 visits (HHHRC SEP=582; MPHS SEP=47), averaging 103 syringes exchanged per visit. Of those 64,540 exchanges, 68% (HHHRC SEP=383; MP SEP=47) were exchanged during SEP visits and 32% (HHHRC SEP=199; MPHS SEP=0) were exchanged during outreach. Note: Since MPHS SEP only accounted for 4% (MPHS SEP=2,766) out of 64,540 exchanges and 0.1% (MPHS SEP=47) out of 629 visits, the remainder of this section will merge Kaua'i SEP and MPHS SEP data and present it in the aggregate referred to as "Kaua'i SEP." For a full breakdown organized by site, month, and type of encounter (i.e., SEP and outreach), refer to Table 4 for exchanges (p. 49) and Table 5 for visits (p. 50).

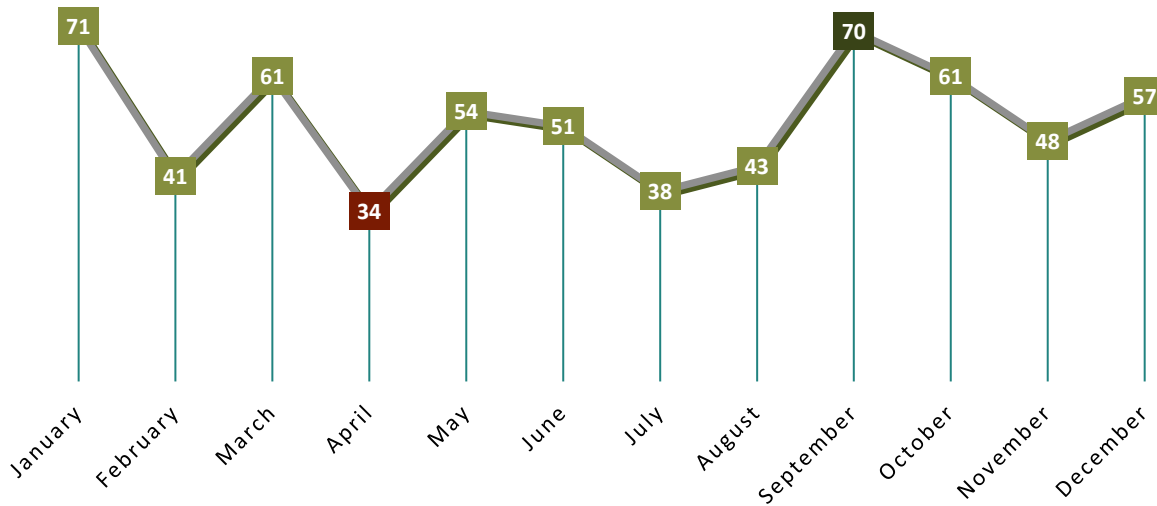
Exchanges. Kaua'i SEP exchanges fluctuated between the most syringes exchanged in September (n=7,980) and the least in November (n=3,216). The average number of exchanges per month was 5,378. Refer to Figure 24.

Figure 24. Kaua'i SEP Annual No. of Monthly Exchanges in 2022 (N=64,540)



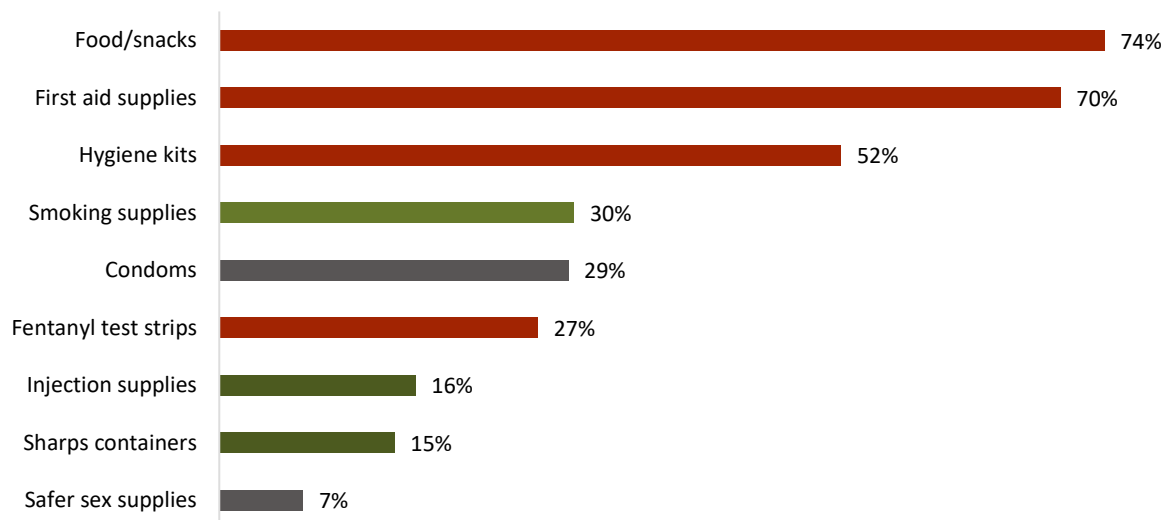
Visits. Kaua'i SEP visits fluctuated between the most visits occurring in January (n=71) and the least in April (n=34). The average number of visits per month was 52. Refer to Figure 25 (p. 30).

Figure 25. Kaua'i SEP Annual No. of Monthly Visits in 2022 (N=629)



Harm reduction supplies. Throughout 629 Kaua'i SEP, harm reduction supplies were distributed to participants upon request (refer, p. 18-20). To summarize, in order from supplies distributed most to least often: **Food/snacks (74%; n=464); first aid supplies (70%; n=441); hygiene kits (52%; n=326); smoking supplies (30%; n=186); condoms (29%; n=183); fentanyl test strips (27%; n=167); injection supplies (16%; n=103); sharps containers (15%; n=92); safer sex supplies (7%; n=44).** Refer to Figure 26 and Table 6 for a full breakdown of supplies distributed by site and type of encounter (i.e., SEP and outreach) (p. 51).

Figure 26. Kaua'i SEP Annual No. of Visits where Supplies were Distributed in 2022 (N=629)



Gatekeeping. Of the 196 unique Kaua'i SEP participants, 24% (n=47) reported engaging in gatekeeping for at least 181 individuals. Per gatekeeper, the number of individuals being gatekept for ranged from as few as one (1) to as many as 15. If those 181 individuals being gatekept for were added to the total number of unique Kaua'i SEP participants (N=196), the total number of unique Kaua'i SEP participants would rise 92% to 377.

Participant Demographics & Selected Risk Factors

The data presented below was collected by SEP staff using the Participant Registration Form, which was later entered into the Participant Registration Database. Participant Registration Forms are designed to capture demographic and selected risk factor data at the time of participant registration into SEP. Due to significant amounts of active participants not being registered with SEP, SEP staff were instructed to re-register participants in 2021. Data for re-registered participants was unduplicated if they had been registered before 2021. By year-end 2022, the Participant Registration Database was comprised of 2,481 unduplicated participants registered during the years: 2017 (3%; n=64); 2018 (17%; n=433); 2019 (19%; n=469); 2020 (9%; n=221); 2021 (7%; n=170); and 2022 (45%; n=1,124).

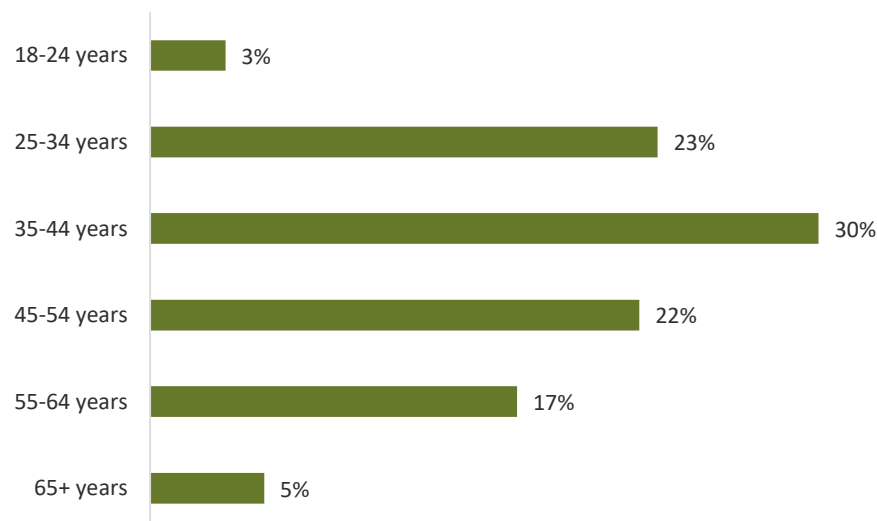
Out of 2,481 participants, 1,124 were registered in 2022 alone compared to 170 registered in 2021 alone – a 561% increase in participant registration. The data presented in this section was retrieved from the Participant Registration Database, with at least partial data available for the 1,124 SEP participants registered in 2022. Data available for the 170 SEP participants registered in 2021 will be used as comparison data, when appropriate.

Demographics



Age. Age data was available for 97% (n=1,090) of registered SEP participants. Participant age for this evaluation was calculated by subtracting the year of birth provided at the time of registration from the year 2022. **In 2022, the average age was 44 years, ranging from 19 to 83 years.** When broken into age groups: 18-24 years (3%; n=37); 25-34 years (23%; n=249); 35-44 years (30%; n=328); 45-54 years (22%; n=240); 55-64 years (17%; n=180); 65+ years (5%; n=56). The average age of registered SEP participants has increased by six years compared to 2021 when the average age was 38, ranging from 19 to 74. See Figure 27.

Figure 27. Age of Registered SEP Participants in 2022 (N=1,090)





Birthplace. Birthplace data was available for 98% (n=1,100) of registered SEP participants. **Most (60%; n=662) were born in Hawai'i (56%; n=619) and the Pacific Islands (4%; n=43).** The remainder were born in the Continental United States (35%; n=390), and a small percentage were born outside of the Continental United States (4%; n=48). The percentage of participants born in Hawai'i has risen by 11% compared to 2021 (45%) and the percentage born in the Pacific Islands has risen by 1% compared to 2021 (3%).



Gender. Gender data was available for 99.6% (n=1,120) of registered SEP participants. **The majority identified as male (68%; n=764) compared to 30% who identified as female (n=333) and 2% who identified as transgender (n=20) or non-binary/genderqueer (n=3).** The percentage of participants who identify as male increased by 7% compared to 2021 (61%), female fell by 7% compared to 2021 (37%), and transgender and non-binary/genderqueer remained stable at 2% compared to 2021 (2%).

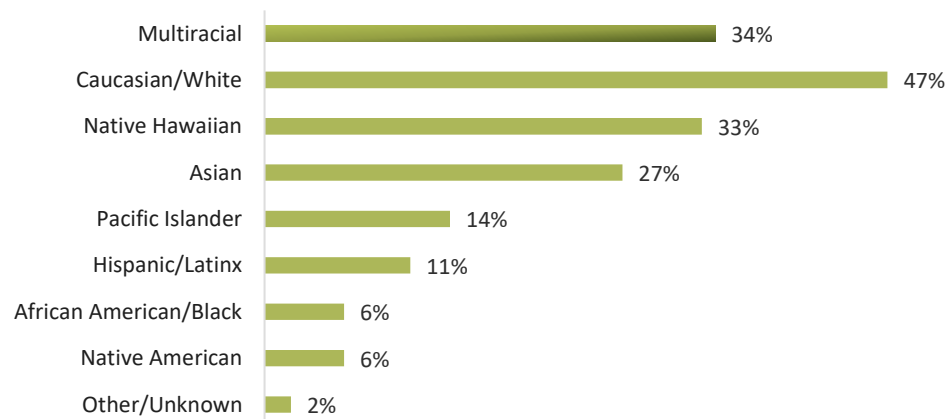


Sexual Orientation. Sexual orientation data was available for 69% (n=776) of registered SEP participants. **The majority identified as heterosexual (81%; n=628) compared to bisexual (9%; n=73), homosexual (7%; n=54), and other (3%; n=21).** A comparison to 2021 sexual orientation data is not available as sexual orientation data was not being collected by SEP at that time.



Racial identity. Racial identity data was available for 99.8% of registered SEP participants (n=1,122). This report uses HDOH's methodology for reporting Native Hawaiians, wherein any person who reports Native Hawaiian ancestry is registered as Native Hawaiian. Participants were instructed to select all racial identities that apply to them. **Over one-third of participants (34%) identified as multiracial/two or more races (n=380). From most to least, participants identified as Caucasian/White (47%; n=525); Native Hawaiian (33%; n=370); Asian (27%; n=305); Pacific Islander (14%; n=152); Hispanic (11%; n=121); African American/Black (6%; n=66); Native American (6%; n=62); and Other/Unknown (2%; n=28).** Refer to Figure 28.

Figure 28. Racial Identity of Registered SEP Participants in 2022 (N=1,122)



According to the United States Census Bureau (2022), Native Hawaiians and Other Pacific Islanders alone or in any combination accounted for 28% (n=404,442) of the Hawai'i population (N=1,440,196). In a 'select all that apply' question of racial identity, a total of 47% of SEP participants identified as at least partially Native Hawaiian (33%) and Pacific Islander (14%) – 19% higher than the overall Hawai'i population. (Source: data.census.gov)

Selected Risk Factors



Health insurance. Insurance data was available for 100% (N=1,124) of registered SEP participants. **Most had health insurance (79%; n=884), whereas 16% (n=181) did not, and 5% (n=59) were unsure.** The percentage of registered SEP participants who were insured (79%) fell by 2% compared to 2021 (81%).

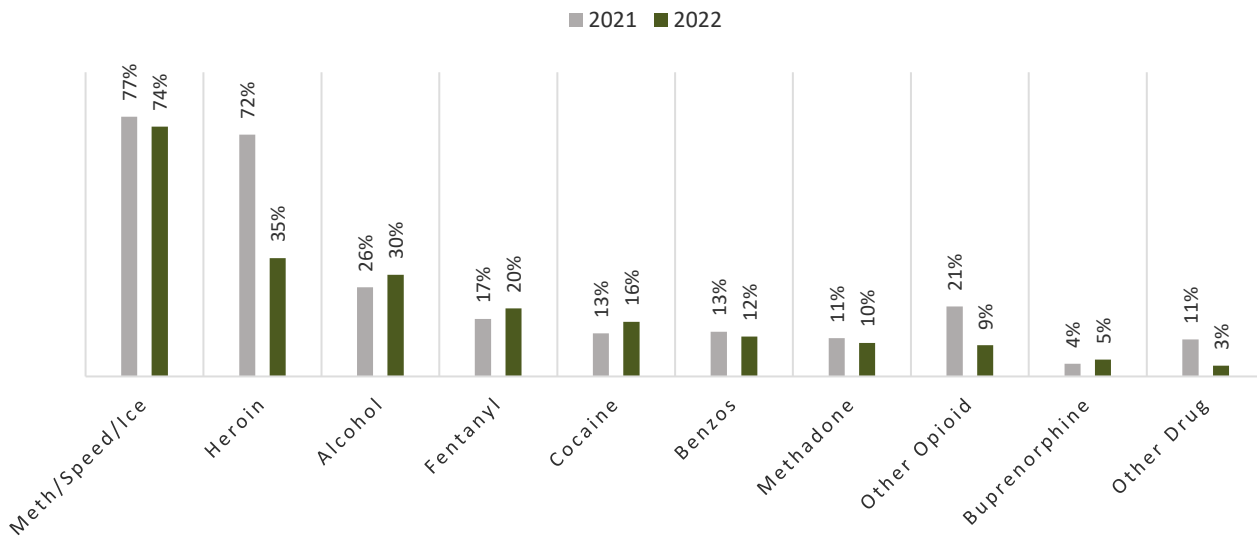


Housing status. Housing status data was available for 99.7% (n=1,121) of registered SEP participants. **The majority (72%; n=805) were currently experiencing houselessness (57%; n=635) or sheltering in temporary/unstable housing (15%; n=170).** The percentage of registered SEP participants currently experiencing houselessness or sheltering in temporary/unstable housing (72%) rose 5% compared to 2021 (67%).



Substance use in the past 30 days. Substance use data was available for 99.3% (n=1,116) of registered SEP participants. **To summarize, in order from the substance used most often to least: meth/speed/ice (74%; n=826); heroin (35%; n=391); alcohol (30%; n=336); fentanyl (20%; n=225); cocaine (16%; n=180); benzos (12%; n=132); methadone (10%; n=111); other opioid (9%; n=103); buprenorphine (5%; n=56); and other drug (3%; n=36).** For side by side comparison of substance use within 30 days of registration in 2021 and 2022, refer to Figure 29

Figure 29. Substance Use in the Past 30 Days of Participants at Registration in 2021 & 2022



In 2022, the two substances used most often were meth/speed/ice and heroin, which is consistent with 2021. However, it should be noted that the percentage of use of those two substances both fell compared to 2021. **The percentage of registered SEP participants who reported using meth/speed/ice (74%) fell somewhat by 3% compared to 2021 (77%). The percentage of registered SEP participants who reported using heroin (35%) fell significantly by 37% compared to 2021 (72%), indicating a significant downward trend in heroin use.**

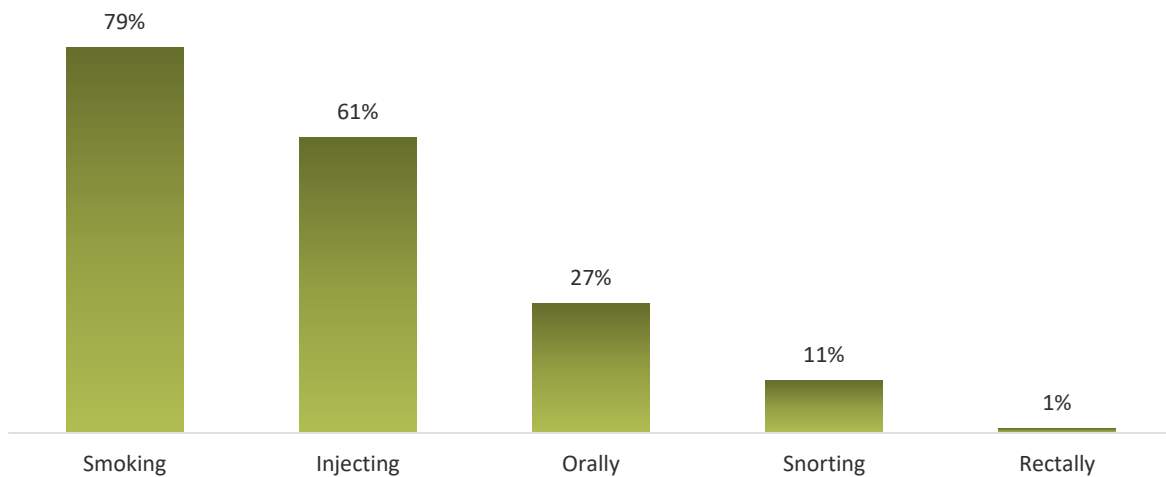
Note: Some substance use being reported may be utilized for substance use treatment (e.g., methadone, benzos, and suboxone). However, there is no way of knowing if those substances were prescribed for treatment purposes due to the anonymous nature of the program.



Mode of substance use in the past 30 days. As part of a continued effort to improve data collection efforts, in July 2022, Participant Registration Forms were updated, and questions related to the preferred mode of substance use in the past 30 days were added. Prior, data collection was mostly focused on injection substance use, but SEP decided to collect this data to get a better perspective of participant needs in the changing landscape of substance use.

Due to the sensitivity of self-reporting substance use, which participants sometimes decline to answer, and the introduction of the new substance use data collection methodology, some substance use data is partial. The following reflects available data by mode: Smoking (N=803), injecting (N=1,117), orally (N=785), snorting (N=780), and rectally (N=780). **To summarize, in order from the mode of substance use most often in the past 30 days to least: Smoking (79%; n=638); injecting (61%; n=680); orally (27%; n=209); snorting (11%; n=84); and rectally (1%; n=8). Notably, the preferred mode of substance use is smoking as opposed to injecting.** Due to data collection improvements made in 2022, this data can not be compared to 2021 data but anecdotally, this is likely a recent change in the mode of substance use preference related to fears surrounding fentanyl, overdose, and injecting. Refer to Figure 30.

Figure 30. Mode of Substance Use in the Past 30 Days of Participants at Registration in 2022



Polysubstance use in the past 30 days. Polysubstance use data was available for 99.3% (n=1,116) of registered SEP participants. **Over half (61%; n=685) reported polysubstance use.** The percentage of registered SEP participants engaged in polysubstance use (61%) fell by 3% compared to 2021 (64%).

Polysubstance use has been associated with an increased risk of overdose.²² Polysubstance use has also been associated with an increased risk of contracting HIV and HCV.²³ Therefore, it can be inferred that over half of registered SEP participants are at increased risk for overdose and contracting HIV and HCV.

“Polysubstance use” is using more than one substance, including the use of multiple drugs on separate occasions or at the same time.



Overdose Prevention Program



The Overdose Prevention Program (OPP) was born in 2016. OPP is a program that is independent of SEP and is not funded by the Hawai'i Department of Health (HDOH), Harm Reduction Services Branch (HRSB). However, OPP overlaps with SEP in that overdose prevention training and naloxone are provided to SEP participants who are at an increased risk for overdose as well as upon request. The remainder of this section will describe OPP's overdose prevention training and naloxone distribution efforts.

Statewide, 2,029 naloxone kits/4,058 nasal naloxone applicators were provided during 1,074 visits in 2022 compared to 1,388 kits/2,776 nasal naloxone applicators during 658 visits in 2021 – a 46% increase in naloxone kits/nasal naloxone applicators and a 63% increase in visits compared to 2021. According to self-reported data collected when refilling naloxone, at least 308 reversals occurred because of the distribution of naloxone compared to 99 reversals in 2022 – a 211% increase in reversals compared to 2021.

Naloxone Training

From the start of the Overdose Prevention Program (OPP) in 2016 through 2022, HHHRC has trained 1,528 individuals (trainees) through SEP on overdose prevention, including rescue breathing and naloxone administration. The Hawai'i Department of Health (HDOH), Alcohol & Drug Abuse Division (ADAD) funded most of HHHRC's naloxone training and provided all nasal naloxone to OPP. **In 2022, 217 individuals were trained on overdose prevention and provided 370 naloxone kits/740 nasal naloxone applicators.** The number of individuals trained in 2022 (N=217) rose 103% compared to 2021 (N=107) and the amount of naloxone distributed to those individuals in 2022 (N=370 kits; 740 nasal naloxone applicators) rose 49% compared to 2021 (N=249 kits; 498 nasal naloxone applicators). These increases in the number of individuals trained and the amount of



naloxone distributed suggest OPP is gaining momentum in the wake of the unprecedented fentanyl crisis. Refer to Table 3 (p. 40) for a breakdown by island.



Trainee housing status. During training and registration into OPP, trainees were asked about their housing status. Housing status data was available for 100% (N=217) of trainees. **Most participants (68%; n=147) were currently experiencing houselessness (47%; n=102) or sheltering in temporary/unstable housing (21%; n=45).** The cumulative percentage of trainees currently experiencing houselessness and sheltering in temporary/unstable housing (68%) fell 12% from 2021 (80%). However, when parsed out, the percentage currently experiencing houselessness (47%) rose 12% compared to 2021 (35%) and the percentage sheltering in temporary/unstable housing (21%) fell 23% compared to 2021 (44%). The rise in those experiencing houselessness and fall in those in temporary/unstable housing might be related to the State of Hawaii's increasingly limited temporary/unstable housing options.



Trainee witnessing overdose history. During training and registration into OPP, trainees were asked if they had ever witnessed an overdose and, if yes, how many overdoses. Due to the sensitivity of this question, some participants declined to answer. Trainees witnessing overdose history data was available for 91% (N=198) of 217 trainees. **In 2022, 57% (n=113) of trainees for whom data was available reported having witnessed at least one (1) overdose. The 113 trainees who witnessed an overdose cumulatively reported witnessing at least 408 overdoses, ranging from as few as one (1) to as many as 21, averaging witnessing four (4) overdoses per trainee.** In 2022, the percentage of trainees who witnessed an overdose (57%) fell by 1% compared to 2021 (58%), and the number of overdoses cumulatively witnessed (N=408) rose 16% compared to 2021 (N=352). The rise in the number of overdoses witnessed is likely related to the unprecedented fentanyl crisis.



Trainee administering naloxone history. During training and registration into OPP, trainees were also asked if they had ever administered naloxone and if they had ever witnessed naloxone being administered to someone overdosing. Trainees administering naloxone history data were available for 92% (N=200) and trainees witnessing naloxone being administered history data were available for 92% (N=199) of 217 trainees. **In 2022, 20% (n=39) of trainees reported having administered naloxone to someone overdosing and 36% (n=72) of trainees reported having witnessed naloxone being administered to someone overdosing.** A comparison to 2021 naloxone administration data is not available due to updated data collection practices.

Naloxone Refills

After training, each trainee is provided with at least one naloxone kit containing two nasal applicators. **A single dose of Narcan® (naloxone) is one 4mg spray. A naloxone kit contains two nasal applicators each containing one 4mg dose via a 0.1 mL spray.** However, depending on the recipient, more than one single dose may be required to reverse the effects of an opioid

overdose. It is advised that an additional dose be given every 2-3 minutes until the recipient responds or until emergency medical assistance arrives. OPP provides two (2) nasal applicators in every kit to ensure effectiveness due to the variability of dosing based on the recipient.

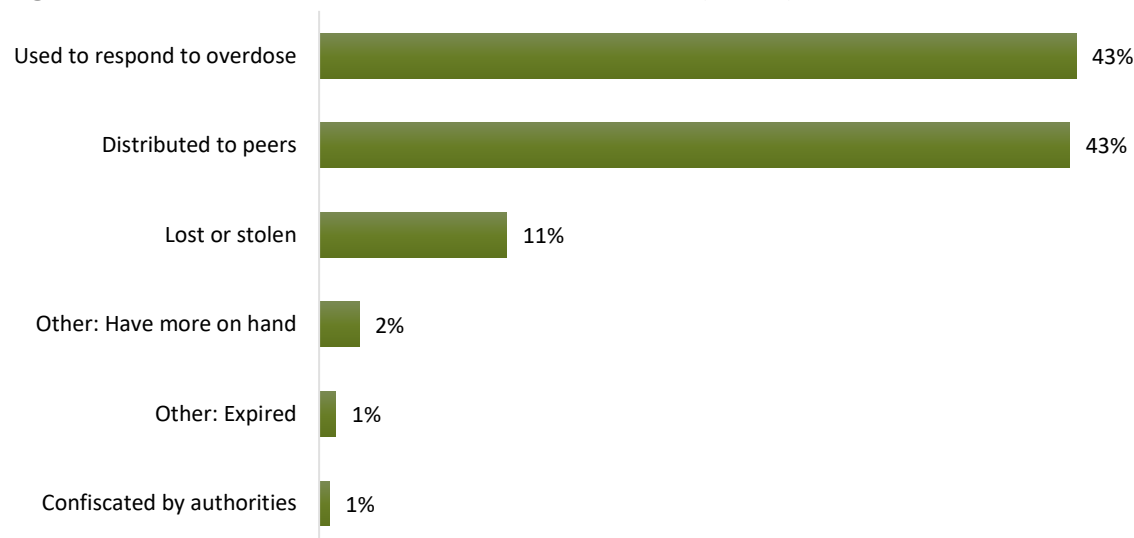
All trainees are encouraged to access naloxone refills through HHHRC's Syringe Exchange Program (SEP) regardless of whether their refills are due to the naloxone being used to reverse an overdose, distributed, lost/stolen, confiscated by authorities, or other reasons. **In 2022, during 857 visits, trainees refilled 1,659 naloxone kits/3,318 nasal naloxone applicators through SEP.** The number of naloxone refills distributed in 2022 (N=1,659 kits; 3,318 nasal naloxone applicators) increased by 46% compared to 2021 (N=1,139 kits; 2,278 nasal naloxone applicators). This increase is likely attributable to OPP's success in training community members to take the initiative to protect themselves and their peers by carrying and distributing naloxone due to the increase in overdose fatalities in Hawai'i. Refer to Table 3 (p. 40) for a breakdown by island.



Reason for naloxone refill. During the naloxone refill process, trainees were asked why they were refilling their naloxone. Data for refill reasons was available for 98% (n=836) of the total visits where refills were distributed (N=857). **To summarize, in order from the reason most cited for refill to least: Used to respond to overdose (43%; n=359); distributed to peers (43%; n=356); lost or stolen (11%; n=89); other – to have more on hand (2%; n=19); other – expired (1%; n=8); and confiscated by authorities (1%; n=5).**

The percentage of naloxone used to respond to an overdose in 2022 (43%) rose 22% compared to 2021 (21%) while the percentage distributed to peers in 2022 (43%) fell 13% compared to 2021 (56%). The percentage of naloxone lost or stolen in 2022 (11%) fell 5% compared to 2021 (16%) while the percentage of other reasons in 2022 (3%) fell 3% compared to 2021 (6%) and the percentage confiscated in 2022 (1%) was same compared to 2021 (1%). The 22% rise in naloxone being used to respond to overdose and the 13% fall in being distributed to peers suggests that OPP is reaching more trainees who are carrying naloxone. Refer to Figure 31.

Figure 31. Annual OPP Reason for Naloxone Refill in 2022 (N=836)





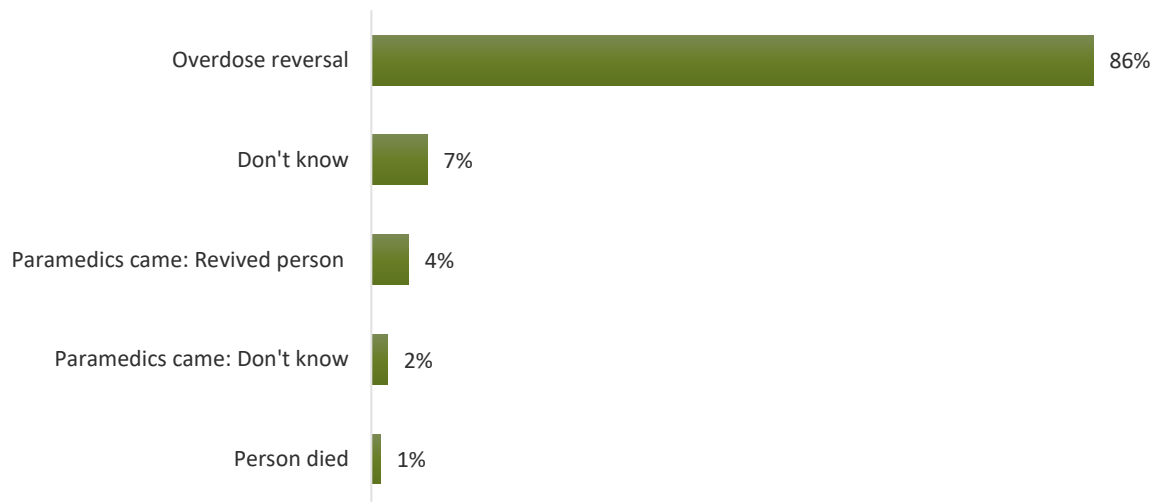
Action taken at the time of naloxone utilization. If trainees cite the reason for refilling their naloxone as that they used it, they were asked if they utilized any of the revival techniques, they learned during OPP training. Data for action taken at the time of naloxone utilization was available for 100% of the total visits where naloxone was being refilled due to use (N=359). **To summarize, of trainees who administered naloxone (N=359), 15% (n=55) also utilized revival techniques learned during OPP training, and 11% (n=39) called 911.** These responses suggest that trainees relied most heavily on naloxone utilization with a small amount also resorting to revival techniques and calling 911.

“Smoking fentanyl with a friend. Noticed he was unresponsive...Tried sternum rub and reviving verbally. Grabbed his [Narcan] kit and he was responsive in under 30 seconds. Grateful.”
 -SEP Participant (11/18/22)



Result of naloxone utilization. If trainees cited the reason why they used their naloxone, they were asked what the result of that use was. Data for the result of use was available for 100% of the total visits where naloxone was being refilled due to use (N=359). **To summarize, in order from the reason most cited for the result of use to least: Overdose reversal (86%; n=308); don’t know what happened (7%; n=24); paramedics came and revived the person (4%; n=16); paramedics came and don’t know what happened next (2%; n=7); and the person died (1%; n=4).** A comparison to 2021 naloxone administration data is not available due to updated data collection practices. Refer to Figure 32.

Figure 32. Annual OPP Result of Naloxone Refill Due to Use in 2022 (N=359)





Opioid overdose reversals. In 2022, OPP naloxone training and refill services were directly responsible for at least 308 reported overdose reversals, which is a 211% increase compared to 2021 (N=99). It should be noted that while 308 opioid overdose reversals are priceless in that it means 308 possible opioid overdose deaths were prevented, this number is still likely grossly

underreported. It can require one or multiple doses of naloxone to reverse an overdose depending on many factors, such as the amount and strength of substances used leading to the overdose, the individual's substance use tolerance level at the time of the overdose, and many more since participants are provided at least two nasal applicators of naloxone per kit and often request more than one kit per refill. It is difficult to gauge how many actual overdose incidents occurred and how many overdoses were reversed using naloxone refilled through HHHRC's OPP. For example, participants refilling their naloxone due to use could have used one or both doses from a single naloxone applicator to reverse one opioid overdose or reversed two opioid overdoses using both naloxone applicators provided in the kit. Refer to Table 3 (p.40).

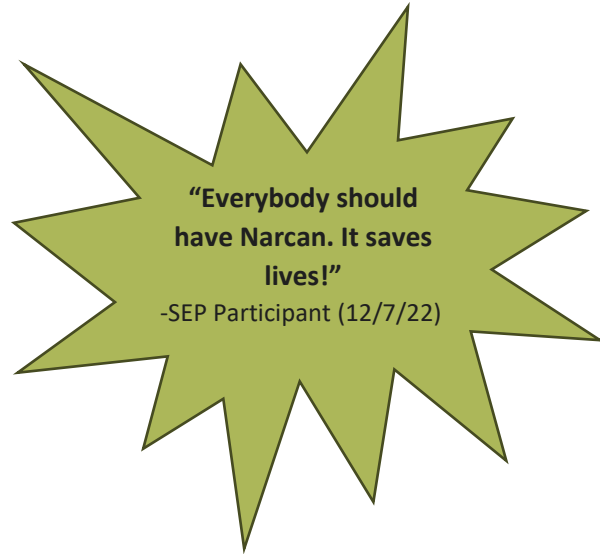


Table 3. Annual No. of Visits, Naloxone Kits, Nasal Applicators & Reversals through OPP Training & Refills in 2022

Location	Visits	Naloxone Kits	Nasal Applicators	Reversals
Statewide – Training + Refill	1,074	2,029	4,058	308
Training	217	370	740	-
Refill	857	1,659	3,318	308
O'ahu – Training + Refill	571	1,142	2,284	213
Training	95	155	310	-
Refill	476	987	1,974	213
Hawai'i Island – Training + Refill	299	446	892	59
Training	56	68	136	-
Refill	243	378	756	59
Maui – Training + Refill	110	175	350	22
Training	22	28	56	-
Refill	88	147	294	22
Kaua'i – Training + Refill	94	266	532	14
Training	44	119	238	-
Refill	50	147	294	14

HIV/HCV Counseling, Testing & Referral

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

In 2022, 131 tests were conducted through SEP – 64 HIV tests and 67 HCV tests. HIV test results were received by 100% (N=64), and HCV test results were received by 97% (n=65) of the tested individuals. **Thanks to efforts to increase testing at the O'ahu SEP mobile site, the number of HIV and HCV tests conducted in 2022 (N=131) rose 337% compared to 2021 (N=30).**

VI. COST-BENEFIT ANALYSIS

In 2009, nationally, the CDC Division of HIV Prevention estimated that the life treatment cost of HIV was \$367,134 per person.²⁴ By state, the estimated annual cost of HIV was calculated based on the number of new HIV diagnoses in each state, multiplied by the lifetime treatment cost discounted to the time of the infection for each unique case.²⁴ Using the CDC's estimated life treatment cost of HIV, based on 64 new HIV diagnoses in Hawai'i in 2021, the lifetime treatment cost was estimated to be about \$23.5 million.^{9,24} The CDC Division of HIV Prevention has not conducted any updated studies at the federal level to update the lifetime cost of HIV.

In 2015, a publication entitled "The lifetime medical cost savings from preventing HIV in the United States" sought to estimate the medical cost saved by averting one HIV infection in the United States using a computer simulation model of HIV disease and treatment.²⁵ They found that the estimated discounted lifetime cost for persons who become HIV infected at age 35 is \$326,500, which includes antiretroviral medications (60%), other drugs (15%), and nondrug costs (25%).²⁵ For individuals who remain uninfected but at high risk for infection, the discounted lifetime cost estimate is \$96,700.²⁴ Therefore, the medical cost saved by avoiding one HIV infection is \$229,800, or the price would reach \$338,400 if all HIV-infected individuals presented early and remained in care.²⁴

VII. CONCLUSIONS

Decrease in Exchanges & Increase in Visits Indicates Shift in Needs

In 2022, SEP experienced a 31% reduction in the number of syringes exchanged compared to 2021. Based on this information alone, it could be inferred that the need for SEP services is dwindling. Before 2022, there was a continuous rise in the number of syringes exchanged from 2015 to 2021 (refer, Figure 7, p. 14). The abrupt and significant break in this trend suggests that the syringe exchange needs of the participants changed rapidly between 2021 and 2022.

Despite the sharp decrease in syringes exchanged, SEP also experienced a 71% increase in visits compared to 2021. Based on this information alone, it could be inferred that the need for SEP

services is rapidly increasing. Before 2022, there was a continuous fall in the number of visits from 2018 to 2021 (refer, Table 2, p. 21). The unprecedented spike in visits suggests that the need for harm reduction services provided through SEP other than syringe exchange became much more urgent between 2021 and 2022. Given the decrease in syringes exchanged, SEP aspires to explore how the needs of participants are changing and move in that direction with its harm reduction and injection alternative-oriented services.

Growing Prevalence of Smoking Opioids

A 2021 research study entitled “Examining prevalence and correlates of smoking opioids in British Columbia: opioids are more often smoked than injected” examined factors underlying PWUDs’ choice of drug administration.²⁶ A total of 369 PWUD who used opioids within the past three days completed the Harm Reduction Client Survey (HRCS).²⁶ The majority reported smoking opioids (68%; n=251), with 40% (n=147) exclusively smoking opioids compared to 18% (n=68) exclusively injecting opioids. The opioids most used were fentanyl (77%; n=283) and heroin (74%; n=272).²⁶ Notably, the substance most used overall was methamphetamine (78%; n=287).²⁶ The research study found that smoking was the preferred mode of opioid administration, and concluded that in order to optimize harm reduction strategies, concrete actions to better respond to the overdose crisis such as targeted harm reduction approaches, education specific to smoking opioids, and aiding in the provision of safer opioid supply that can be smoked.²⁶

Decrease in Gatekeeping Indicates a Reduced Need for Syringe Exchange

Although there was a 44% increase in the amount of registered SEP participants in 2022 compared to 2021, there was a 10% reduction in the amount of participants gatekeeping in 2022 compared to 2021 (refer, p. 17-18). The reduction in gatekeeping activity despite the influx of new participants is likely related to the 31% decline in syringes exchanged and the needs of participants shifting away from syringe exchange.

Despite the reduction in gatekeeping, it is a powerful tool and should continue to be cultivated and encouraged. HHHRC has been mindful and encouraging of gatekeeping activity in the past due to the opportunity gatekeeping creates to connect other PWUDs to services that might not otherwise be reached. HHHRC aspires to engage in more formalized gatekeeping training and education to continue this trend.

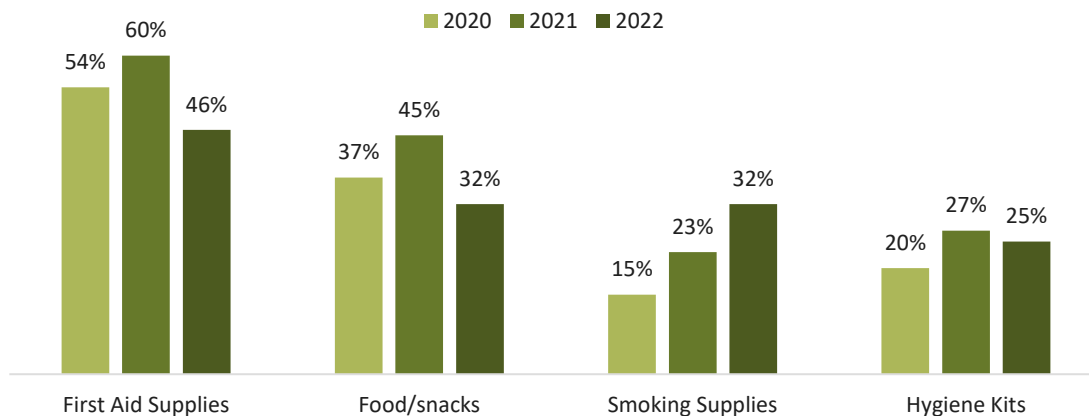
Rising Demand for Specific Harm Reduction Supplies Beyond Syringes

The 31% reduction in exchanges and 71% increase in visits is a strong indicator that there is a reduced need for syringe exchange among participants but a significantly increased need for

other harm reduction services provided through SEP. The aggregate data collected on the frequency of visits based on the type of supplies requested by participants in 2022 showed that most participants requested harm reduction supplies (65%), safer injection supplies (62%), and safer smoking supplies (58%) compared to safer sex supplies (21%) (refer, Figure 12, p. 19).

The fluctuation in the frequency of the distribution of some of the most requested non-injection supplies to participants between 2020 and 2022 was examined. In 2022, statewide, the four most frequently distributed supplies other than safer injection supplies were first aid supplies, food/snacks, smoking supplies, and hygiene kits. First aid supplies were distributed during 46% of visits in 2022 compared to 60% of visits in 2021, and 54% in 2020 – a 8% decrease. Food/snacks were distributed during 32% of visits in 2022 compared to 45% of visits in 2021, and 37% in 2020 – a 5% decrease. Smoking supplies were distributed during 32% of visits in 2022 compared to 23% in 2021, and 15% in 2020 – a 17% increase. Hygiene kits were distributed during 25% of visits in 2022 compared to 27% in 2021, and 20% in 2020 – a 5% increase. Smoking supplies appear to have risen the most in need (+17%) and hygiene kits have risen second-most in need (+5%) since 2020. On the other hand, first aid supplies have declined in need (-8%) along with food/snacks (-5%) since 2020. Despite the decline in exchanges, the rise in visits for non-safer injection-related supplies suggests that participants are still looking to SEP to help them make ends meet. Refer to Figure 33.

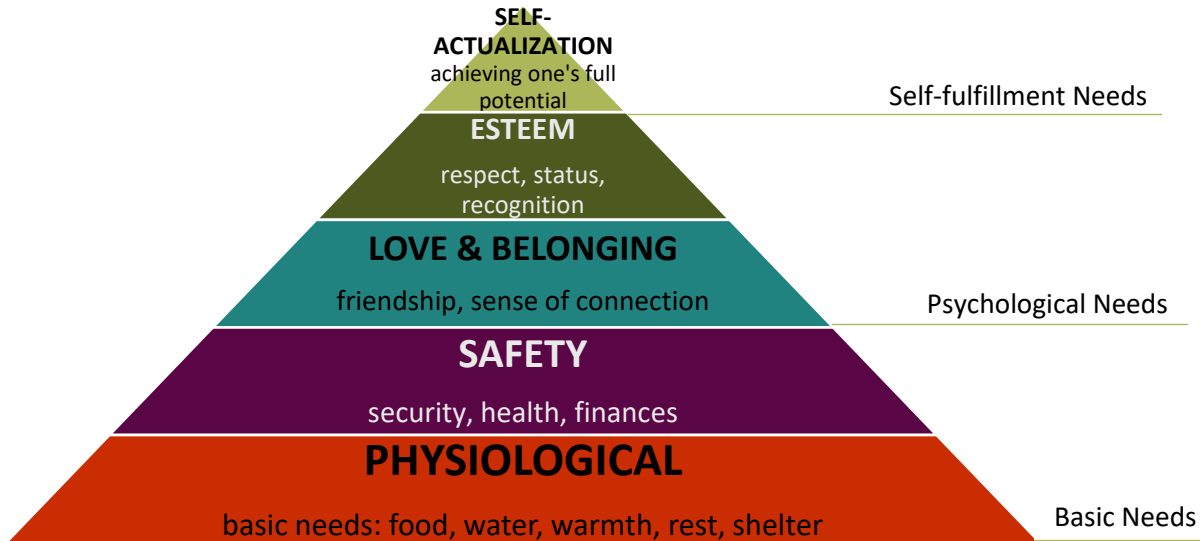
Figure 33. Frequency of Distribution of Most Popular Non-Injection Supplies from 2020-2022



Maslow's (1943) hierarchy of needs theory addresses the motivational drive of human behavior.²⁷ It is based on the belief that the five basic needs – physiological, safety, belongingness, esteem, and self-actualization – are critical to motivating humans to accomplish desired results.²⁷ Maslow's hierarchy of needs theory is often displayed as a pyramid where the lowest levels comprise the most basic needs, such as physiological and safety, while the most complex needs are at the top, such as esteem and self-actualization.²⁷ According to Maslow's Hierarchy, individuals cannot move on to the next level of needs until the most basic physiological needs, including food, water, sleep, and warmth, are met.²⁷ The consistent need for harm reduction supplies suggests that participants are especially vulnerable and require

assistance in meeting their most basic physiological and safety needs before they can even begin to address their psychological and self-fulfillment needs. Refer to Figure 34.

Figure 34. Maslow's Hierarchy of Needs (1943)



Overdose Prevention Program Prevents Fatal Overdoses

OPP experienced a 211% increase in the number of overdose reversals reported to SEP staff while refilling their naloxone in 2022 (N=308) compared to 2021 (N=99). This 211% increase is likely related to several factors. First, OPP experienced a 103% increase in the number of individuals who were trained on overdose prevention and naloxone administration in 2022 (N=217) compared to 2021 (N=107). Second, OPP experienced a 46% increase in naloxone kits/nasal naloxone applicators distributed in 2022 (N=2,029 naloxone kits/4,058 nasal naloxone applicators) compared to 2021 (N=1,388 naloxone kits/2,776 nasal naloxone applicators). Third, OPP experienced a 63% increase in visits in 2022 (N=1,074) compared to 2021 (N=658). All of the above-cited information strongly suggests that OPP is successfully reducing the instances of fatal overdoses among PWUD in Hawai'i and should continue its efforts and increase its access to naloxone to provide more to the community that needs it.

Remain Vigilant of Need for HIV/HCV Outreach, Testing & Linkage

In 2020 and 2021, due to the safety precautions taken by HHHRC in response to the COVID-19 pandemic, SEP was unable to conduct its usual HIV and HCV outreach, testing, and linkage (OTL), resulting in only 30 tests conducted in 2021 and 22 in 2020. In the 2021 Annual SEP Evaluation, SEP committed to ramping up its HIV and HCV OTL services. Thanks to efforts to increase OTL at the O'ahu SEP mobile site, the number of HIV (n=64) and HCV (n=67) tests conducted in 2022 (N=131) rose 337% compared to 2021 (N=30). However, the O'ahu SEP mobile site conducted more HIV (n=149) and HCV (n=142) tests in 2019 (N=291). While 2022 was a vast improvement from 2020 and 2021, SEP will continue to ramp up its efforts.

Evaluation Limitations

This evaluation presents the information HHHRC has on SEP activity in 2022 based on the available data. As with previous evaluations, there are limitations inherent to the approach taken in this evaluation. Simply stated, real life does not occur in a clean and controlled lab setting; life, like data, is inherently imperfect, but we always do the best with what we have. The following describes some of the limitations of the data used in this report:

Self-reporting. A self-report is any method that involves asking participants about their demographics, feelings, attitudes, beliefs, etc.²⁸ All data utilized in this report is self-reported data from SEP, outreach, and overdose prevention training participants. Some disadvantages of self-report data include honesty – participants may not answer honestly; introspective ability – participants may not be assessing themselves accurately; interpretation of questions – different words may have different meanings to various participants.²⁸

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

Minimizing the burden of data. According to the CDC, data collection is essential to informing program planning and evaluation.³⁰ However, reporting requirements necessary for the maintenance of SEP funding necessitate collecting more data than is advisable by best practices for syringe service programs (SSPs). The best practices of SSPs indicate that it is best to minimize data collection.^{29,30} 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.^{29,30}

In 2020, the CDC advised:
 “Data collection should be minimal and always serve a purpose. Participation in research activities should never be a requirement for participation in SSP. SSPs should strive to provide low-threshold services.”
 (Reference 30, p. 18)

VIII. RECOMMENDATIONS

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

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.³⁰ But on O’ahu specifically, SEP’s most utilized mobile site is its parked location in Chinatown – an area central

to most Honolulu-based participants. Unfortunately, there has been increased pressure for SEP to move from Chinatown to Iwilei, where many of the services related to houselessness have been relocated.

To avoid a disruption in services, 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.³⁰ 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.³⁰

Increase Capacity on Hawai'i Island, Maui, and Kaua'i

Compared to O'ahu, which exchanged an average of 39 syringes per visit, the higher average number of syringes exchanged per visit on Hawai'i Island (N=129), Maui (N=191), and Kaua'i (N=103) suggests that SEP participants in those locations exchange larger quantities of syringes. This is likely due to the scarcity of SEP availability due to inadequate staffing. It is encouraged that HHHRC continues to seek community partnerships and increase its internal SEP staffing on Hawai'i Island, Maui, and Kaua'i.

Invest in Additional Harm Reduction Supplies

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

Injection alternatives. There is data to suggest that investing in injection alternatives such as safer smoking supplies would be a logical move for SEP given that both state- and SEP participant-level drug use data indicate a growing preference for smoking over injecting. Here are some of the data points from this report that imply methamphetamine use and smoking are trending upward in Hawai'i:

- In terms of state-level overdose data, HI-HIDTA reported that of the 320 drug-related deaths, 66% (n=210) of deaths were methamphetamine-related.⁶
- The percentage of participants who reported using meth/speed/ice (74%) most often in the past 30 days was 39% higher than participants who reported using heroin (35%) (refer, p. 33).
- The percentage of participants who reported smoking (79%) most often in the past 30 days was 18% higher than participants who reported injecting (61%) (refer, p. 34).
- In terms of supplies, safer smoking supplies like pipe covers were distributed during 32% of visits compared to safer injection supplies (excluding syringes exchanged) during 29% of visits (refer, p. 20).

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.

Benefits of Injection Alternatives to Harm Reduction

A 2017 research study entitled “Declining rates of health problems associated with crack smoking during the expansion of crack pipe distribution in Vancouver, Canada” examined the relationship between acquiring pipes through health service points (e.g., syringe service programs) versus other sources (e.g., street or homemade) and self-reported health problems associated with smoking.³¹ In total, 1,718 participants contributed to the study and it was found that the expansion of crack pipe distribution services reduced health problems such as burns, mouth sores, cut fingers/sores, raw throat, or coughing blood from crack smoking in this setting.³¹ The study concluded that access to safe smoking equipment may reduce health problems and conserve healthcare spending associated with those health problems.³¹

A 2022 research study entitled “Heroin pipe distribution to reduce high-risk drug consumption behaviors among people who use heroin: a pilot quasi-experimental study” conducted a pretest-posttest study to evaluate the impact of heroin pipe distribution on substance use behaviors among people who use heroin (PWUH).³² Participants were recruited from a single SSP site in Seattle, Washington operated by the People’s Harm Reduction Alliance (PHRA).³² 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.³² The study concluded that heroin pipe distribution at SSPs may change drug consumption behaviors and reduce harms associated with heroin injection.³²

Ramp Up HIV/HCV Outreach, Testing, Linkage & Insurance Enrollment

Although testing through SEP increased in 2022, the lack of testing that HHHRC provided in 2020 and 2021 likely implies that many SEP participants remain undiagnosed or untreated for HIV and HCV. This is a public health issue, and it is highly recommended that HHHRC invest additional time and energy into ramping up HIV and HCV outreach, testing, and linkage. This will require additional funding for more staff. In the interim, SEP can continue to integrate OTL-trained staff into SEP operations to increase access to OTL.

Historically, HHHRC has been very successful at enrolling SEP participants in a health insurance plan. However, the amount of registered SEP participants who were insured in 2022 (79%) declined 2% compared to 2021 (81%). It is recommended that HHHRC consider having some of

its in-house insurance navigators spend some time at SEP locations meeting with uninsured participants to get them enrolled. Health coverage is imperative for SEP participants many of whom have complex physical needs.

State-Level Policy Recommendations

Leverage Opioid Settlement Money to Fill Funding Gaps

Through nationwide settlements reached with pharmaceutical companies, more than \$50 billion will be paid out over the next 18 years to state and local governments across the nation, with the State of Hawai'i receiving \$78 million.³³ In August 2022, Governor David Ige stated that 85% of that money would go toward treatment, prevention, and education related to opioid addiction and the remaining 15% would go toward addressing issues related to other substances.³³ Honolulu Mayor Rick Blangiardi and Maui Mayor Mike Victorino emphasized the importance of funding prevention and education efforts, saying they would work with their city/county councils to determine how the money will be spent.³³ Victorino said: *"We stand together united to fight opioid addiction and ensure that our families, children and spouses and coworkers don't become victims of drug addiction and misuse...We will expend every dollar and make sure it is used in a proper way."*³³

It is highly recommended that a portion of Hawai'i's \$78 million dollar settlement funds be leveraged for:

- i. Medications for opioid use disorder (MOUD) on-demand; and
- ii. Increasing SEP funding from its current operating budget of \$668,800 to its true operating cost of \$1,052,067.
- iii. Providing naloxone statewide in vending machines and in areas where overdoses may occur.
- iv. Providing funding for HCV testing and treatment given the syndemic nature of opioid use and HCV.
- v. Increasing access to interdisciplinary and culturally sensitive pain management modalities such as massage therapy, physical therapy, and acupuncture.

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.³⁴ For example, SEP has a small exemption from Hawai'i's current drug paraphernalia law (i.e., HRS §329-43.5 Prohibited Acts Related to Drug Paraphernalia), allowing SEP participants to carry syringes to and from SEP for exchange. This exemption is written on the back of SEP participant cards to be shown in case of law enforcement engagement (refer to Figure 5, p. 11).

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.³⁴

A 2022 publication entitled “Drug Paraphernalia Laws Undermine Harm Reduction: To Reduce Overdoses and Diseases, States Should Emulate Alaska,” state-level drug paraphernalia laws prevent PWUDs from protecting themselves against risks associated with illicit substance use.³⁴ Drug paraphernalia laws also threaten to punish individuals providing harm reduction services, such as service providers and SSP staff.³⁴ 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.³⁴ 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.³⁴ **Thus, Hawai’i drug paraphernalia laws need to be reformed, so actions taken to prevent fatal overdoses and reduce the transmission of infectious diseases like HIV and HCV are not criminalized.**

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

Hawai’i is one of only four out of fifty states in the nation – the other three being Delaware, Florida, and Maine – that follows the one-for-one syringe exchange model.^{34,35} In the 2009 report entitled "Recommended Best Practices for Effective Syringe Exchange Programs in the United States," it is recommended not to impose limits on the number of syringes allowed to be exchanged.²⁹ The report explicitly states that the following are SEP practices to avoid:

- Supplying single-use syringes;
- Limiting the frequency of visits and number of syringes;
- Requiring one-for-one exchange;
- Imposing geographic limits;
- Restricting syringe volume with unnecessary maximums;
- Requiring identifying documents; and
- Requiring unnecessary data collection.²⁹

Therefore, Hawai’i ought to change the one-for-one SEP model to a needs-based distribution SEP model, which is currently considered the best practice.

Table 4. Annual No. of Monthly Exchanges by Island & Site in 2022

Location	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Statewide	82,998	81,350	86,782	63,362	98,693	79,953	67,866	68,922	57,256	64,968	60,453	40,793
SEP	82,676	81,302	86,720	63,199	97,941	79,953	66,085	64,271	57,059	64,279	57,828	40,666
Outreach	322	48	62	163	752	0	1,781	4,651	197	689	2,625	127
O'ahu	50,171	50,564	45,297	35,880	56,841	39,897	38,835	32,839	23,892	37,837	24,797	20,652
SEP	49,849	50,516	45,235	35,717	56,151	39,897	37,054	28,188	23,695	37,427	22,854	20,557
Outreach	322	48	62	163	690	0	1,781	4,651	197	410	1,943	95
Hawai'i Island	12,857	9,040	16,956	15,227	12,409	15,317	9,446	14,015	11,674	12,403	16,079	5,829
SEP	12,857	9,040	16,956	15,227	12,409	15,317	9,446	14,015	11,674	12,403	16,079	5,829
Outreach	0	0	0	0	0	0	0	0	0	0	0	0
Hawai'i Island – KHW*	8,095	7,196	5,757	3,545	5,667	4,985	3,209	4,511	2,888	2,541	2,532	2,284
SEP	8,095	7,196	5,757	3,545	5,605	4,985	3,209	4,511	2,888	2,262	1,850	2,252
Outreach	0	0	0	0	62	0	0	0	0	279	682	32
Maui	6,727	10,732	12,939	4,540	18,617	12,724	10,463	13,923	10,822	6,203	13,829	5,373
SEP	6,727	10,732	12,939	4,540	18,617	12,724	10,463	13,923	10,822	6,203	13,829	5,373
Outreach	0	0	0	0	0	0	0	0	0	0	0	0
Kaua'i	5,108	3,508	5,613	3,770	5,056	7,030	5,775	3,344	7,590	5,599	2,766	6,615
SEP	5,108	3,508	5,613	3,770	5,056	7,030	5,775	3,344	7,590	5,599	2,766	6,615
Outreach	0	0	0	0	0	0	0	0	0	0	0	0
Kaua'i – MPHS**	40	310	220	400	103	0	138	290	390	385	450	40
SEP	40	310	220	400	103	0	138	290	390	385	450	40
Outreach	0	0	0	0	0	0	0	0	0	0	0	0

* KHW = Kumukahi Health + Wellness (partner agency)

** MPHS = Mālama Pono Health Services (partner agency)

Table 5. Annual No. of Monthly Visits by Island & Site in 2022

Location	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Statewide	735	717	736	703	843	1,130	1,234	1,589	1,789	1,915	1,677	1,510
SEP	574	596	580	566	635	984	1,145	1,530	1,732	1,894	1,640	1,489
Outreach	161	121	156	137	208	146	89	59	57	21	37	21
O'ahu	498	518	497	511	627	847	1,007	1,327	1,542	1,642	1,412	1,268
SEP	387	414	369	383	452	726	940	1,283	1,518	1,634	1,387	1,254
Outreach	111	104	128	128	175	121	67	44	24	8	25	14
Hawai'i Island	47	44	59	55	50	63	63	52	27	58	70	48
SEP	44	40	53	55	48	61	55	52	27	58	70	48
Outreach	3	4	6	0	2	2	8	0	0	0	0	0
Hawai'i Island – KHW*	67	67	74	68	108	87	67	88	78	80	87	82
SEP	67	67	74	68	105	85	67	88	78	74	79	80
Outreach	0	0	0	0	3	2	0	0	0	6	8	2
Maui	52	47	45	35	4	82	59	79	72	74	60	55
SEP	51	47	45	35	4	78	59	78	69	70	57	52
Outreach	1	0	0	0	0	4	0	1	3	4	3	3
Kaua'i	70	35	53	26	52	51	36	39	65	57	42	56
SEP	24	22	31	17	24	34	22	25	35	54	41	54
Outreach	46	13	22	9	28	17	14	14	30	3	1	2
Kaua'i – MPHS**	1	6	8	8	2	0	2	4	5	4	6	1
SEP	1	6	8	8	2	0	2	4	5	4	6	1
Outreach	0	0	0	0	0	0	0	0	0	0	0	0

* KHW = Kumukahi Health + Wellness (partner agency)

** MPHS = Mālama Pono Health Services (partner agency)

Table 6. Annual No. of Visits where Harm Reduction Supplies were Distributed by Category, Island & Site in 2022

Location	Safer Injection		Safer Smoking	Safer Sex		Harm Reduction			
	Injection Supplies	Sharps Containers	Smoking Supplies	Condoms	Safer Sex Supplies	Hygiene Kits	First Aid Supplies	Fentanyl Test Strips	Food/ Snacks
Statewide	4,223	1,451	4,599	2,828	1,367	3,692	6,775	1,027	4,650
SEP	4,113	1,358	4,388	2,331	1,320	3,136	6,192	917	4,117
Outreach	110	93	211	497	47	556	583	110	533
O'ahu	3,133	1,035	3,713	1,770	1,056	2,704	4,830	487	3,129
SEP	3,044	958	3,565	1,384	1,023	2,253	4,393	422	2,779
Outreach	89	77	148	386	33	451	437	65	350
Hawai'i Island	253	68	248	384	8	459	504	154	426
SEP	253	67	241	362	8	436	481	153	403
Outreach	0	1	7	22	0	23	23	1	23
Hawai'i Island – KHW*	447	110	357	247	225	179	737	174	626
SEP	431	105	346	238	217	171	719	169	610
Outreach	16	5	11	9	8	8	18	5	16
Maui	287	146	95	244	34	24	263	45	5
SEP	284	146	95	237	34	23	259	45	5
Outreach	3	0	0	7	0	1	4	0	0
Kaua'i	102	86	177	180	44	325	412	163	464
SEP	100	76	132	107	38	252	311	124	320
Outreach	2	10	45	73	6	73	101	39	144
Kaua'i – MPHS**	1	6	9	3	0	1	29	4	0
SEP	1	6	9	3	0	1	29	4	0
Outreach	0	0	0	0	0	0	0	0	0

* KHW = Kumukahi Health + Wellness (partner agency)

** MPHS = Mālama Pono Health Services (partner agency)

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