GRANT COUNTY
SYRINGE EXCHANGE

Clients Served

111 Total Visits
2+ Repeat Clients
5 Clients Returned 6 Times
** Numbers don't include secondary exchange clients

Syringes Exchanged

4,090
3,431 Primary Exchange
659 Secondary Exchange

Wound care kits distributed
233

*Safe injection kits distributed
234

Condom Distribution

496

Narcan Education & Distribution

43 Boxes of Narcan Nasal Spray distributed followed by an educational session on how and when to use!
9 reported saves!

Contact Grant County Health District for questions 509-766-7960
GRANT COUNTY SYRINGE EXCHANGE
ANONYMOUS & CONFIDENTIAL

WEDNESDAYS 1:30-3:30 PM
NEW LOCATION: MOSES LAKE FOOD BANK
1075 W. MARINA DRIVE

Look for the Grant County Mobile Outreach Team

SERVICES PROVIDED
• Safe disposal of used needles
• Exchange for new needles
• Narcan training & distribution
• Education on wound care & safe injection
• Treatment referral (optional)
• Referral for Hepatitis C & HIV testing
• Referral for sexually transmitted infection testing
• Free condoms

Bring used needles to receive new needles

Contact Grant County Health District for questions 509-766-7960
PREFERRED INJECTED DRUG

- **ALL**
- **OTHER**
- **HEROIN/METH**
- **METH**
- **OTHER OPIOIDS**
- **HEROIN**

HOW MANY TIMES PER DAY DO YOU INJECT DRUGS?

- 5+
- 3-4 TIMES
- 2-3 TIMES
- 1-2 TIMES

HOW MANY DAYS PER WEEK DO YOU INJECT DRUGS?

- 7 DAYS
- 6 DAYS
- 5 DAYS
- 4 DAYS
- 3 DAYS
- 2 DAYS
- 1 DAY
NALOXONE DISTRIBUTION-BASELINE

County: Grant
Date: MM/DD/YYYY

Naloxone agency type
- Syringe exchange
- Social service
- Health department (not SEP)
- Drug treatment
- Criminal justice
- Other: 

Specific agency or site name: Food Bank

ID CODE (REQUIRED)
First 2 letters of last name:
First letter of first name:
First letter of mother's first name:
2-digit day of birth:

Age:
Gender:
- Male
- Female
- Transgender

Hispanic/Latino:
- No
- Yes

Race:
- American Indian/Alaskan Native
- Black/African American
- Native Hawaiian/Pacific Islander
- Other

Housing status:
- Permanent
- Temporary/unstable
- Homeless

Zip code slept in last night:

Do you currently use opioids?
- Yes
- No

Drugs used in last 3 months:
- Powder cocaine by itself
- Crack cocaine by itself
- Cocaine & heroin together
- Meth by itself
- Meth & heroin together
- Oxy, Vicodin
- Methadone/buprenorphine
- Rx pain medication
- Benzos/downers (Valium, Xanax)
- Alcohol

MAIN DRUG: (enter # from list above, one answer ONLY)

In the last 12 months, how many times have you overdosed on opioids?
- 0
- 1
- 2
- 3+

In the last 12 months, how many times have you seen someone else overdose on opioids?
- 0
- 1
- 2
- 3+

Before today, have you received any training on overdose response?
- Yes
- No
- Not sure

How many times have you gotten a naloxone kit? (from any source)
- 0
- 1
- 2
- 3+

What did you learn today that was new?
- Good Samaritan Overdose law
- Risks for an opioid overdose
- Signs of an opioid overdose
- What is naloxone
- Steps to help in an overdose
- How to do a sternum rub
- How to do rescue breathing
- How to administer naloxone
- What to do after waking up from naloxone
- Community resources
- Website: www.stopoverdose.org

Main reason for getting naloxone:
- Personal (friend, family member at risk)
- Work

Type of workplace:
- Social service
- Criminal justice
- Drug treatment
- School, campus
- Health care
- Other public space (business, library)

COMPLETE ON BACK →

Updated: 10/20/17
How confident are you that you can recognize an opioid overdose?
☐ not confident at all ☐ somewhat confident ☐ confident ☐ very confident

How confident are you that you can correctly administer naloxone?
☐ not confident at all ☐ somewhat confident ☐ confident ☐ very confident

Naloxone type given
☐ Injectable vial+syringe ☐ Injectable Evzio™ ☐ Nasal w/ atomizer ☐ Nasal Narcan™

Total # of kits given _______ (Do not need to specify #kits/type).

Naloxone Kit #s 171395

Entered into database ________ (staff initials)

Notes:

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For the required 30 day follow up (internal use only):

How does the participant want to complete the follow-up survey?

☐ In person. No reminder—will just come in.
☐ In person. Get a reminder by:
  ☐ Text ☐ Phone call ☐ Email
☐ Online. Send link by: ☐ Text ☐ Email
☐ Over the phone.

Gift card eligible? YES NO

Phone number ( ) __________________________

Ok to leave voicemail? YES NO

Email: __________________________

Reminder sent: Date ___________ Staff initials____

Circle one: Sent email Left voice message Sent text

Updated: 10/20/17
Unique Identifier: ______ - ______ - ______ - ______

Year of Birth: _________

City_________________ Homeless: Yes No

Sexual Orientation: Straight/Heterosexual Gay/Lesbian Bisexual Questioning Decline

Employed: Yes No

Preferred Injected Drug: Heroin Other Opioids Methamphetamine Other________

How many times per day do you inject drugs when you use? 1-2 3-4 5 or more

How many days per week do you inject drugs? 1 2 3 4 5 6 7

When you inject drugs, how often do you use a needle that has been used by someone else?

Every time often sometimes not often never

Do you have health insurance? Yes No

Have you ever overdosed on a drug? Yes No

Have you ever tried to quit using drugs? Yes No

If yes, how many times have you tried to quit using drugs? ______

Would you like help quitting drugs? Yes No

When you have sex, do you use protection (male or female condom)?

Always Sometimes Never

Have you ever traded sex for drugs? Yes No

Have you ever been tested for HIV? Yes No

If yes, when were you last tested (mm/yy) ______

Do you know your current HIV status? Yes No

Have you ever been tested for hepatitis C? Yes No

If yes, when were you last tested (mm/yy) ______

Do you know your current hepatitis C status? Yes No

Follow Up Form
NALOXONE 30-DAY FOLLOW UP

County ___________ Date MM/DD/YYYY __ / __ / 20___

Since you received your naloxone kit about 30 days ago, have you...

- Told someone what can cause an overdose... □ Yes □ No □ Not sure
- Told someone how to get naloxone... □ Yes □ No □ Not sure
- Told someone about the Good Samaritan Overdose law... □ Yes □ No □ Not sure
- Told someone you had naloxone... □ Yes □ No □ Not sure
- Told someone where you keep your naloxone... □ Yes □ No □ Not sure
- Taught someone what to do in an overdose... □ Yes □ No □ Not sure
- Taught someone how to use naloxone... □ Yes □ No □ Not sure
- Witnessed an opioid overdose... □ Yes □ No □ Not sure

What has happened with the two doses of naloxone you received from us?

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<thead>
<tr>
<th></th>
<th>Dose 1</th>
<th>Dose 2</th>
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<tbody>
<tr>
<td>Still have it</td>
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<td>Gave to someone else</td>
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<td>Used in an overdose</td>
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<td>Lost</td>
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<td>Stolen</td>
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<td>Taken by police</td>
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<td>Broke</td>
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<td>Other: (specify)</td>
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Why did you get this naloxone kit? check all that apply

□ Work (END OF SURVEY)
□ Personal (friend or family member at risk)
□ Personal (I use opioids)

If Personal (any reason)

→ When you (or someone you know) is using opioids, how often is a naloxone kit nearby?
  □ Never □ Sometimes □ Usually □ Always □ Don’t know

→ If you use opioids, have you overdosed on opioids in the last 30 days?
  □ N/A I don’t use □ Yes □ No □ Not sure

Notes:

Gift card given?
Yes Card #__________________________
No Explain:____________________________
Not eligible (Only syringe exchange clients who use opioids are eligible for gift cards.)

Entered into database:

(staff initials)

Updated: 10/20/17
<table>
<thead>
<tr>
<th>Staff Members:</th>
<th>Locations: (1)</th>
<th>Locations: (2)</th>
<th>Locations: (3)</th>
<th>Locations: (4)</th>
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<td>Date:</td>
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Unique ID: First 2 letters of last name, first letter of first name, first letter of mother's first name, 2 digit day of birth

<table>
<thead>
<tr>
<th>Identifier (use unique ID)</th>
<th>Location #</th>
<th>Condoms Distributed</th>
<th>Lubricant Distributed</th>
<th>Education Materials Distributed</th>
<th># Syringes Provided (put # by if provided as secondary exchange)</th>
<th>Wound Care Kits Provided</th>
<th># Clean Cooker Kits Provided</th>
<th># Sharps Containers Provided</th>
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