



GIANG T. NGUYEN
HEALTH SERVICES AGENCY DIRECTOR

County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95060
TELEPHONE: (831) 454-4000 FAX: (831) 454-4770

AGENDA: APRIL 15, 2014

April 7, 2014

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

**SUBJECT: ANNUAL REPORT ON THE SYRINGE SERVICES PROGRAM AND
ADVISORY GROUP RECOMMENDATIONS**

Dear Members of the Board:

The Health Services Agency (HSA) is pleased to submit the annual report of the Syringe Services Program (SSP) and provide your Board information regarding recommendations made by the SSP Advisory Group on several aspects of the SSP.

BACKGROUND

On January 1, 2006 Assembly Bill 547 became law and legalized syringe exchanges in California without the need for a declaration of a state of local emergency due to a significant risk of the spread of HIV infection by injection drug users. This new law also required the local public health officer to annually present a report detailing the status of the program including any relevant statistics on blood-borne infections associated with needle sharing activity at an open meeting of the Board of Supervisors.

Subsequently, Assembly Bill 110 and Assembly Bill 604 amended the local public health officer's annual reporting requirement to include a report on the use of public funds for syringe exchange program, reduce the reporting frequency from annual to biennial, and added the California Department of Public Health (CDPH) to the list of governmental agencies which may authorize a syringe exchange program.

Currently 37 programs provide syringe exchange services statewide (see attached list).

Locally, on April 30, 2013, in response to increasing community concern regarding discarded needles in public places, HSA began directly administering the SSP without additional funding for operations or staffing, and continued partnering with a volunteer group, Street Outreach Services (SOS). The goal of the SSP is to protect and promote the health and safety of Santa Cruz residents by preventing the spread of infectious diseases associated with injection drug use (IDU), and decreasing the number of improperly disposed needles in the community. The goal is addressed through three major program components: syringe exchange/linkage and referral, syringe disposal and community cleanup, and community awareness and education. Due to leadership change, SOS stopped its operations in December 2013.

As specifically stated in AB 547 and AB 604, syringe exchange has been scientifically proven and documented to be a public health intervention that prevents transmission of blood-borne pathogens, and also reduces the number of improperly discarded syringes in the community. HSA utilizes a harm reduction approach by providing people who inject drugs with new syringes, and a place to safely dispose of used syringes. At the same time, referrals and linkage to substance abuse treatment programs, mental health services, and medical services are provided along with information on disease prevention. Syringe access programs provide an essential link to health services for uninsured and marginalized populations that do not have access to traditional health care.

In addition to the program's core component of exchanging syringes and providing education and referrals, several other aspects of the program were developed and enhanced since its inception. The SSP provides additional services to reduce the impact of improperly discarded syringes of any kind. Two self-service kiosks for disposal of prescription and non-prescription syringes are located outside each of the HSA clinics. These kiosks have been very successful in collecting nearly 500 pounds of discarded needles in the last nine months. Furthermore, the County has expanded cleanup efforts to alleviate the problem of improperly discarded syringes. The cleanup is a combined effort between HSA Environmental Health, the County Department of Public Works, the Sheriff's Department, and the City of Santa Cruz. Lastly, the SSP public webpage continues to be updated as changes are made to the program and new resources such as recent scientific research becomes available.

Since inception of the SSP, HSA has convened the SSP Advisory Group, which is comprised of community representatives including law enforcement, County Probation, City of Santa Cruz executive management, community pharmacy representatives, CDPH, physicians, community-based organizations serving intravenous drug users, and other subject matter experts. The Advisory Group has met several times to review SSP utilization and demographics data. This Advisory Group will continue to review data and provide guidance to HSA.

SUMMARY OF STATUS OF SYRINGE SERVICES PROGRAM REPORT (APRIL 30, 2013-FEBRUARY 28, 2014)

A. Program and Client Statistics

During the period of April 30, 2013-February 28, 2014, the SSP:

- Served 876 unduplicated clients
- 2,633 client visits (duplicated number)
- Collected 170,373 used syringes
- Dispensed 165,712 sterile syringes (approximately 19 sterile syringes dispensed per unduplicated client each month over the ten month report period)
- Collected a total of 493 pounds of sharps waste from two kiosks located in front of County clinics

Demographic data is as follows:

- 64% were male; 32% were female; and 3% were identified as other (such as transgender or unknown)
- 12% of the clients were between the ages of 18-24; 61% were between the ages of 25-44; 23% were 45 years or older; and 4% of the clients declined to provide their age
- White (78%) and Latinos (15%) comprised the majority of the client population, with 1% not reporting their race/ethnicity
- The majority of the clients, 73%, identified as living in North County; 10% in mid-County; 7% in South County; 6% in San Lorenzo Valley; 2% from out of County; and 1% identified as unknown residence¹
- 6% percent of the clients accepted educational brochures on infectious disease prevention, mental health and substance use disorder treatment resources, HIV and Hepatitis B and C health education, and insurance enrollment information; 6% received HIV and Hepatitis C testing; 1% received Narcan; and 1% accepted substance use disorder treatment

B. Statistics on Blood-Borne Pathogens Associated with Injection Drug Use

HIV/AIDS

As of December 31, 2013 (the latest data available), 694 cases of HIV (478 also have AIDS) were residents of Santa Cruz County at the time of their diagnosis and have been reported into the HSA Public Health database system. Currently, 366 persons are reported to be living in Santa Cruz County with HIV and/or AIDS. Of these:

¹ For the purposes of this report, North County consists of the Bonny Doon, Davenport, Live Oak, and Santa Cruz vicinities; mid-County consists of the Aptos, Capitola, and Soquel vicinities. South County consists of the Freedom, La Selva, and Watsonville vicinities.

- 87% of cases were among men, and 13% among women
- 62% of cases were among Whites, 2% among Blacks, 28% among Latinos, 5% among Asian/Pacific Islander, and 3% were unknown
- Nearly 70% of all living cases were currently over 45 years of age
- 66% were men who have sex with men (MSM)
- 12% of cases were due to high risk heterosexual contact
- 7% of HIV/AIDS were a result of IDU only

Hepatitis B & C

In Santa Cruz County, a total of 23 chronic Hepatitis B infections (HBV) and 302 cases of chronic Hepatitis C (HCV) were reported in 2013. Of the unduplicated clients who accessed SSP between April 30, 2013 and February 28, 2014, 16% reported having an HCV diagnosis, resulting in a "medical exception" for additional clean syringes.

IDU remains the most commonly identified risk factor for HCV infection, representing nearly half of reported cases nationwide in 2007. 42% of reported cases had more than one sex partner during the incubation period, 10% of acute HCV cases were among those who had sexual contact with a known HCV patient, and another 10% were MSM. Nearly 8% of acute HCV was among those who had a percutaneous injury (needle stick injury).

C. Use of Public Funding

The SSP has had the following expenditures in the first year of operation. To date, the net County cost to operate the SSP is \$171,550. There was no new permanent staff added; and various dedicated staff from HSA clinics, laboratory and public health divisions were mobilized as a team to provide work for the SSP.

Table: SSP Budget

Line Item	April 1, 2013 - February 28, 2014
Personnel (Salary & Benefits):	\$133,681
Travel:	\$50
Disposal:	\$2,390
Supplies:	\$35,429
Total:	\$171,550

Economic studies have predicted that syringe exchange programs could prevent HIV infections among clients, their sex partners, and offspring at cost of about \$13,000 per

infection averted.² This is significantly less than the lifetime cost of treating an HIV-infected person, which is estimated to be \$385,200.³

RECOMMENDATIONS FROM THE SYRINGE SERVICES PROGRAM ADVISORY GROUP

On February 11, 2014, your Board directed staff to investigate options for relocation of services to non-residential areas, and report back to the SSP Advisory Group within 60 days.

On February 27, 2014, the SSP Advisory Group met face-to-face and via email on March 12, 2014. The following items were discussed and advised:

- SSP location
- Limit on number of syringes per exchange
- Pharmacy outreach
- Kiosk placement
- Syringe identification

The recommendations are included in the attached SSP 2014 Report (pages 12-16), issued by County Health Officer Dr. Lisa Hernandez.

SUMMARY AND CONCLUSION

HSA is committed to fulfilling its mandates and mission to protect and promote the public health and safety of the community. HSA shares the community's concern about improperly discarded syringes, and absolutely does not want syringes discarded in public places. The SSP is part of the solution to this issue, and is a part of a comprehensive public health services continuum necessary for injection drug users to reduce transmission of blood borne diseases.

It is, therefore, RECOMMENDED that your Board:

1. Accept and file this report on the County's Syringe Services Program and Advisory Group recommendations;
2. Direct the Health Services Agency to return in no later than June 2014 to report on options to partner with local/regional nonprofit agencies to reduce program cost and maximize efficiency and effectiveness of the program while protecting community public safety and maintaining existing standards of reporting, transparency, and accountability;
3. Direct the Health Services Agency to return to your Board in June 2014, with a report on ongoing work with local jurisdictions regarding installation of new kiosks in areas where syringes are found in public;

² Cohen, D.A., Wu, S-Y., Farley, T.A. Cost-effective allocation of government funds to prevent HIV infection. Health Affairs, 2005; 24:915-926

³ <http://www.cdph.ca.gov/programs/aids/Documents/SA3OverviewSEPsCA.pdf>

4. Direct the Health Services Agency to continue collaborating with the Department of Public Works and return to your Board in June 2014 with a report regarding installation of additional kiosks in unincorporated areas where syringes are found in public;
5. Direct the Health Services Agency Environmental Health, the Department of Public Works, and other agencies as necessary to continue collaboration for coordinating organized cleanup efforts in unincorporated areas.

Sincerely,



Giang T. Nguyen
Health Services Agency Director

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

Attachments: List of Syringe Exchange Services in California
Syringe Services Program 2014 Report

Syringe Exchange Services in California

Currently there are 37 programs in California which provide syringe exchange services. Many have fixed locations, but others operate at various locations and times throughout the week. In addition to the program listing provided below, the following link provides information on syringe exchange sites and times in Northern California: [San Francisco Bay Area Wide Syringe Exchange List](#).

Syringe exchange hours and locations in Los Angeles can be found by calling the toll-free needle exchange line, at **888-LANEX85**. For information for other areas, and for the most up-to-date information on programs in the Los Angeles and San Francisco Bay Area, contact the programs listed below.

California Syringe Exchange Programs			
County	Program	City	Phone
Alameda	<u>Needle Exchange Emergency Distribution (NEED)</u>	Berkeley	510-463-1843
Alameda	<u>HIV Education & Prevention Project of Alameda County (HEPPAC)</u>	Oakland	510-434-0307
Alameda	<u>Points of Distribution</u>	Oakland	888-868-5148
Alameda	<u>Tri-City Health Center</u>	Fremont	510-713-6690 x 2
Contra Costa	HEPPAC – see Alameda		
Fresno	<u>Fresno Needle Exchange</u>	Fresno	559-445-0425
Humboldt	<u>Redwoods Rural Health Center</u>	Redway	707-923-2783
Humboldt	<u>United Indian Health Services</u>	Arcata	707-825-5070
Humboldt	<u>North Coast AIDS Project (NorCAP)</u>	Eureka	707-268-2132
Humboldt	<u>Mobile Medical Office</u>	Eureka	707-443-4666
Lake	<u>Any Positive Change</u>	Lower Lake	707-993-2932
Los Angeles	<u>Common Ground</u>	Santa Monica	310-314-5480
Los Angeles	<u>Clean Needles Now</u>	Los Angeles	213-483-5846
Los Angeles	<u>Bienestar Human Services Program</u>	Los Angeles	323-752-3100
Los Angeles	<u>Asian American Drug Abuse Program</u>	Los Angeles	323-294-4932
Los Angeles	<u>Tarzana Treatment Center, Inc.</u>	Reseda	818-343-5897
Los Angeles	<u>Homeless Health Care Los Angeles</u>	Los Angeles	213-617-8408
Marin	<u>Marin AIDS Project</u>	San Rafael	415-457-2487
Mendocino	<u>Mendocino County AIDS Volunteer Network (MCAVN)</u>	Ukiah	707-463-8577
Monterey	<u>Central Coast HIV/AIDS Services (CCHAS)</u>	Monterey	831-394-4747
Sacramento/ Yolo County	<u>Harm Reduction Services</u>	Sacramento	916-456-4849
Sacramento/ Yolo County	<u>Safer Alternatives Through Networking and Education (SANE)</u>	Sacramento	916-734-7233
San Diego	<u>Family Health Centers of San Diego, HIV Prevention Center</u>	San Diego	619-515-2586

San Francisco	<u>San Francisco Needle Exchange (SFNE)</u>	San Francisco	415-630-0744
San Francisco	<u>San Francisco AIDS Foundation SAS</u>	San Francisco	415-241-5100
San Francisco	<u>St. James Infirmary</u>	San Francisco	415-902-7532
San Francisco	<u>TRANS: THRIVE</u>	San Francisco	415-292-3400
San Francisco	<u>Glide Harm Reduction Services</u>	San Francisco	415-674-6000
San Luis Obispo	<u>San Luis Obispo Syringe Exchange Program/SLO Bangers</u>	San Luis Obispo	805-235-8044
San Mateo	<u>Be Safe! Syringe Access for Empowerment</u>	San Mateo	650-619-9125 on demand
San Mateo	<u>AIDS Prevention Action Network (APAN) /</u>	Redwood City	650-369-0330
Santa Barbara	<u>San Andreas Needle Exchange</u>	Santa Barbara	805-963-3636
Santa Clara	<u>Pacific Pride Foundation / The Right Outfit</u>	San Jose	408-494-7893
Santa Cruz	<u>HIV/AIDS Prevention and Control Program</u>		
Shasta	<u>County of Santa Cruz Health Services Agency (HSA) Syringe Services Program (SSP)</u>	Santa Cruz	831 454-2437
Sonoma	<u>Shasta County Needle Exchange Program</u>	Redding	530-225-5298
Ventura	<u>Drug Abuse Alternative Center (DAAC)</u>	Santa Rosa	707-544-3295
Yolo	<u>Ventura County Syringe Replacement Program</u>	Ventura	805-339-6340
	See Sacramento		

Pharmacy Syringe Access

Effective January 1, 2012, any pharmacy in the state may provide nonprescription sale of syringe (NPSS), and may sell up to 30 syringes at a time to adults ages 18 and older. Many pharmacies are still learning about this change in law, and have not yet started providing NPSS, which is optional. However, many chain pharmacies, and many pharmacies that participate in California's AIDS Drug Assistance Program (ADAP) have begun to provide NPSS.

To find an ADAP pharmacy near you, use the pharmacy locator at <http://www.ramsellcorp.com/individuals/ca.aspx>.

Enter your zip code and call the pharmacy listed to ask if they offer nonprescription syringe sales.

Another way to find participating pharmacies is to contact one of the over 600 pharmacies that participated in the pilot program, the Disease Prevention Demonstration Project. Information on participating pharmacies is available through health department websites, or by phone through the list below.



GIANG T. NGUYEN
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County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95060
TELEPHONE: (831) 454-4000 FAX: (831) 454-4770

DATE: APRIL 15, 2014
TO: SANTA CRUZ COUNTY BOARD OF SUPERVISORS
FROM: LISA B. HERNANDEZ, MD, MPH HEALTH OFFICER/MEDICAL SERVICES
DIRECTOR
SUBJECT: SYRINGE SERVICES PROGRAM ANNUAL REPORT 2014

INTRODUCTION

This report provides an update of the Health Services Agency (HSA) Syringe Services Program (SSP) as mandated by Assembly Bills 547, 110 and 604. The SSP is a program providing syringe exchange services in the County of Santa Cruz. This report outlines all aspects of the program including the distribution and receipt of syringes. This report does not account for other sources of syringes (prescription or nonprescription) available in the County.

The data in this report also serves as an HSA quality improvement tool for program and service enhancement for the SSP. Changes made in data collected reflect the program's quality assessment and improvement measures to address needs of the program.

BACKGROUND

Program Implementation and Components

On April 30, 2013, HSA began administering the SSP. The goal of the SSP is to protect and promote the County of Santa Cruz resident's health and safety by preventing the spread of infectious diseases associated with injection drug use, and by decreasing the number of improperly disposed syringes in the community. The goal is addressed through three major components of the program: 1) Syringe exchange/linkage and referral; 2) Syringe disposal, and community cleanup; and 3) Community awareness and education.

Syringe exchange has been documented to be a public health intervention that reduces transmission of blood-borne pathogens, and also reduces the number of improperly discarded syringes in the community. HSA utilizes a harm reduction approach by providing injection drug users with new syringes, and a place to safely dispose of used syringes. At the same time, referrals and linkage to substance abuse treatment programs, mental health services, and medical services are provided along with information on disease prevention. Syringe access programs provide an essential link to health services for uninsured and marginalized populations that do not have access to traditional health care.

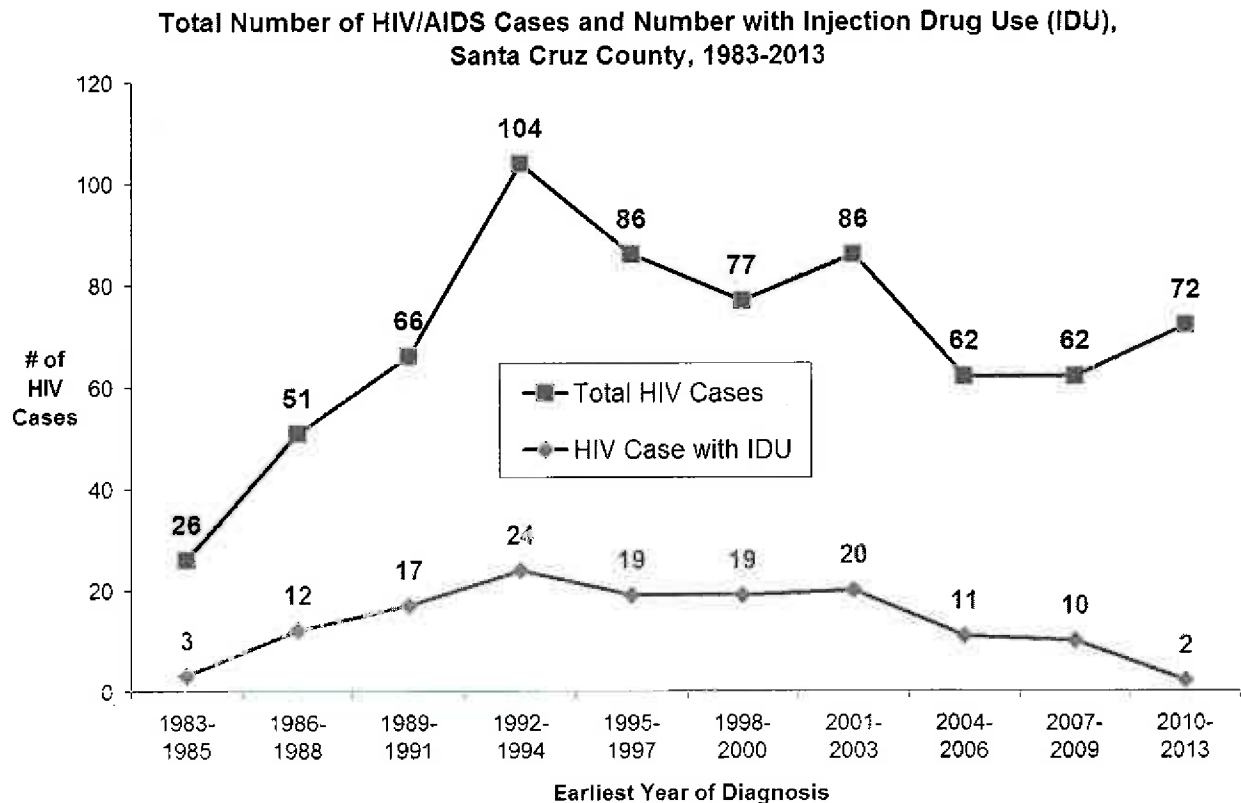
In addition to the program's core component of exchanging syringes and providing education and referrals, several other aspects of the program were developed and enhanced since its inception. The

SSP program continues to provide additional services to lessen the impact of improperly discarded syringes of any kind. Self-service kiosks for disposal of prescription and non-prescription syringes are located outside each of the two HSA clinics, located in Santa Cruz, and in Watsonville. The County has expanded cleanup efforts to alleviate the problem of improperly discarded syringes. The cleanup is a combined effort between HSA Environmental Health, the Department of Public Works, the Sheriff's Department and the City of Santa Cruz. Lastly, the SSP public webpage continues to be updated as changes are made to the program and new resources such as recent scientific research become available.

In an effort to continuously improve the SSP, staff has consulted regularly with the California Department of Public Health as well as other county operated syringe exchange programs. The SSP Advisory Group consisting of local stakeholders, law enforcement, city administrators, the California State Department of Public Health, and other content experts concerning syringe exchange, disease control and drug treatment meets on a quarterly basis. This advisory group has served to provide insight and guidance to the SSP while mitigating potential negative impacts of the program. HSA executive staff works collaboratively with law enforcement in an effort to maintain an open dialogue regarding syringe exchange and other substance abuse issues.

REDUCING TRANSMISSION OF DISEASE

HIV/AIDS Data



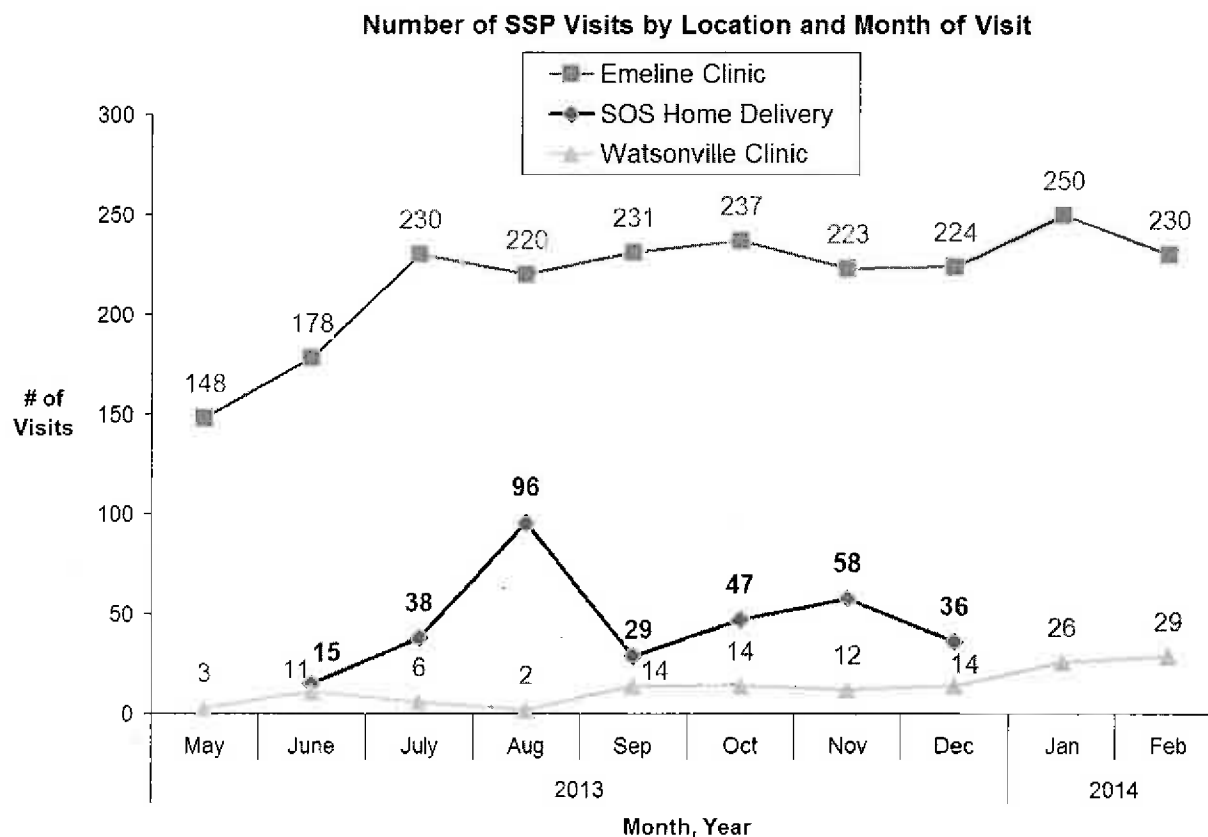
HIV/AIDS infection due to injection drug use (IDU) has continued a downward trend since the late 1990's as seen in the chart above.

The table below summarizes newly reported cases of chronic Hepatitis C and HIV/AIDS among Santa Cruz County residents from 2009 through 2013. HIV/AIDS case reporting generally takes at least 6 months to be considered complete, and all case data is subject to change as more information is collected.

**Conditions by Year of Diagnosis
(Santa Cruz County Residents, 2009-2013)**

	2009	2010	2011	2012	2013
Hepatitis C, Chronic	393	377	351	318	302
HIV/AIDS	19	12	29	23	8
HIV/AIDS with IDU as a risk factor	1	0	2	0	0

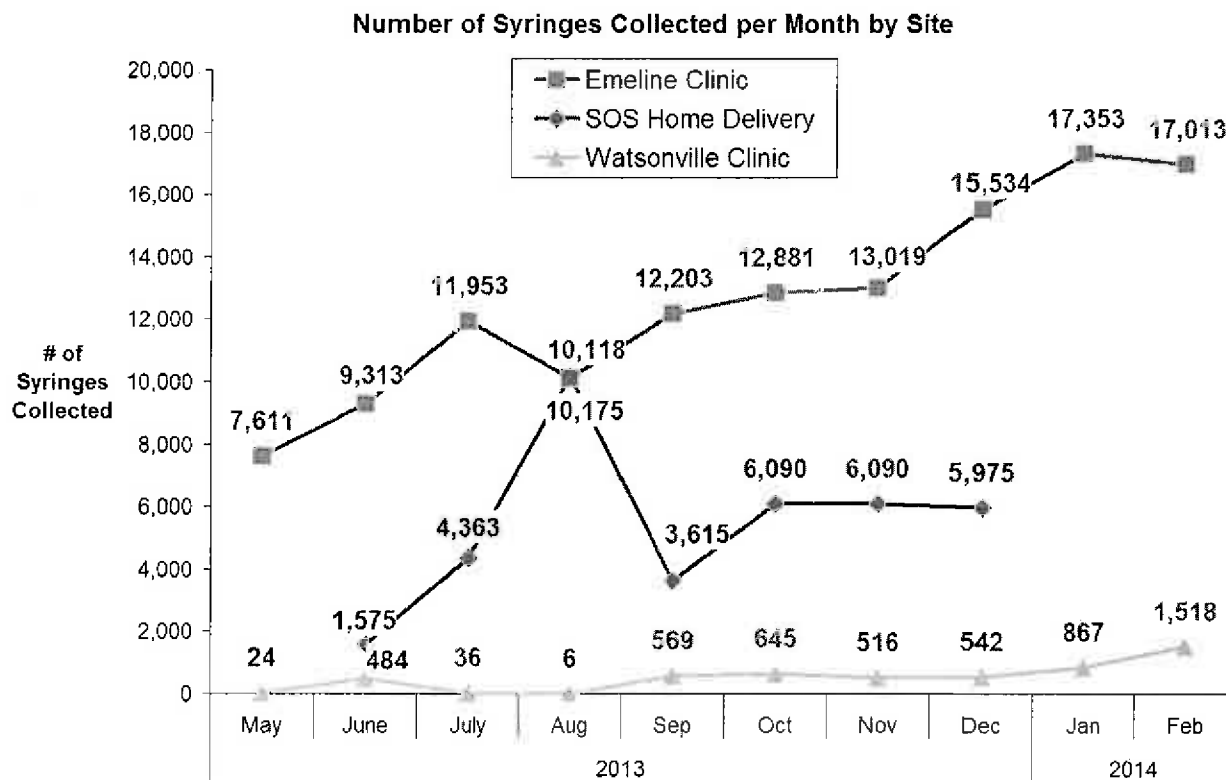
SYRINGE SERVICES PROGRAM



Of note, this chart does not show the 11 visits that were made at the Emeline Clinic on April 30, 2013.
SOS closure 12/31/13.

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During the period from April 30, 2013 to February 28, 2014, there were 2,314 visits to the HSA fixed sites. 876 unduplicated clients are currently being served by the program. Utilization at the Emeline site was greater than utilization at the Watsonville site respectively at 2,183 visits and 131 visits.

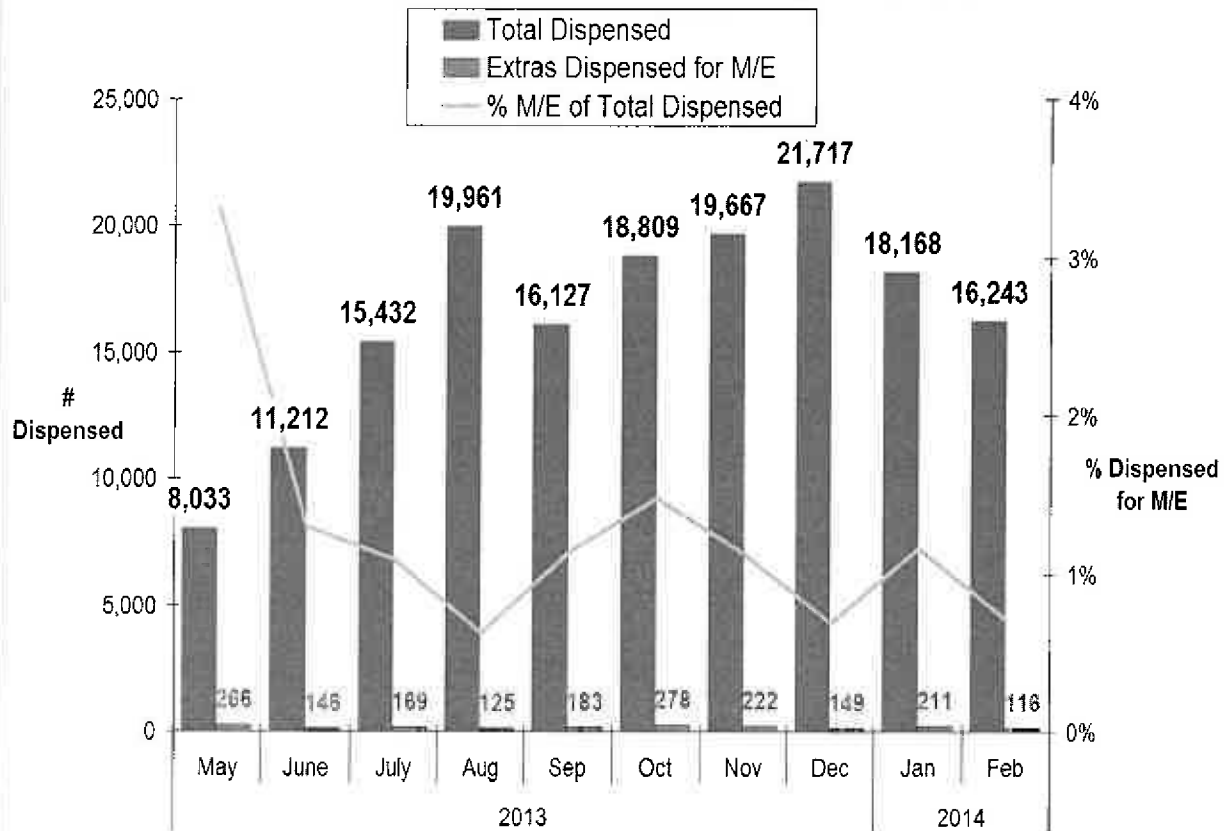


Of note, this chart does not show the 285 syringes that were collected on April 30, 2013. SOS closure 12/31/13.

Combined (fixed site and home delivery) exchange data indicated that during the period from April 30, 2013 to February 28, 2014 the SSP collected 170,373 used syringes and distributed 165,712 new syringes. In total, the **SSP collected 4,661 more syringes than were distributed**. It is important to note that there are other legal sources of syringes in the community. California Senate Bill SB-41 authorizes physicians and pharmacies to sell up to thirty syringes per transaction without a prescription.

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**Total Number of Needles Dispensed and
Number and Percent Dispensed for Medical Exceptions (M/E) by Month**



Of note, this chart does not show the 343 (69 given for medical exception) syringes that were distributed on April 30, 2013, SOS closure 12/31/13.

During the period from April 30, 2013 to February 28, 2014, 165,712 new syringes were distributed. Of those syringes distributed 1,934 (1.2%) were given to the clients on a greater than 1:1 basis due to a medical exception.

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The two tables below reflect the utilization data and basic demographics for both County fixed-site exchange services and SOS (thru 12/26/2013) over the period of April 30, 2013 - February 28, 2014.

Syringe Services Program Report

April 30, 2013 - February 28, 2014, Santa Cruz County

	HSA Emeline Clinic		HSA Watsonville Clinic		SOS Home Delivery 6/20/2013 - 12/26/2013		TOTAL	
	COUNT	% of VISITS	COUNT	% of VISITS	COUNT	% of VISITS	COUNT	% of VISITS
Visits	2,183	100%	131	100%	319	100%	2,633	100%
Unique IDs¹	692	32%	59	45%	125	39%	876	33%
Single Visits (% of Unique IDs)	411	59%	34	58%	87	70%	532	61%
Multiple Visits (% of Unique IDs)	281	41%	25	42%	38	30%	344	39%
Gender								
Male	1,478	68%	83	63%	136	43%	1,697	64%
Female	686	31%	45	34%	122	38%	853	32%
Transgendered / Unknown	19	1%	3	2%	61	19%	83	3%
Age Group								
Under 25	273	13%	22	17%	21	7%	316	12%
25 to 44	1,387	64%	68	52%	154	48%	1,609	61%
45 and Over	485	22%	41	31%	82	26%	608	23%
Unknown	38	2%	0	0%	62	19%	100	4%
Ethnicity								
White	1,736	80%	64	49%	246	77%	2,046	78%
Latino	288	13%	60	46%	52	16%	400	15%
Other / Multi-Ethnic	136	6%	1	1%	13	4%	150	6%
Unknown	23	1%	6	5%	8	3%	37	1%
Area of Residence								
North County	1,678	77%	5	4%	221	69%	1,904	72%
Mid County	217	10%	11	8%	19	6%	247	9%
South County	68	3%	105	80%	37	12%	210	8%
San Lorenzo Valley	145	7%	0	0%	26	8%	171	6%
Out of County	47	2%	9	7%	6	2%	62	2%
Unknown	28	1%	1	1%	10	3%	39	1%
Homeless / Transient	1,170	54%	45	34%	51	16%	1,266	48%

1: The same individual is likely counted more than once due to the method of tracking individuals. Also, some clients visited more than one site, therefore the total unique id count is may be slightly overestimated.

2: Due to rounding percentages may not always add up to 100%

3: North County: Bonny Doon, Davenport, Live Oak, and Santa Cruz; Mid County: Aptos, Capitola, Soquel; South County: Freedom, La Selva, Watsonville

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Syringe Services Program Report

April 30, 2013 - February 28, 2014, Santa Cruz County

	HSA Emeline Clinic		HSA Watsonville Clinic		SOS Home Delivery 5/20/2013 - 12/25/2013		TOTAL ¹	
	COUNT	AVG # PER VISIT	COUNT	AVG # PER VISIT	COUNT	AVG # PER VISIT	COUNT	AVG # PER VISIT
Syringes Collected	127,283	58	5,207	40	37,883	119	170,373	133
Syringes Dispensed	126,028	58	5,119	39	34,565	108	165,712	129
Dispensed for Medical Exceptions	1,733	1	23	<1	178	1	1,934	1
#Dispensed - #Collected	-1,255	-1	-88	-1	-3,318	-10	-4,661	-2
#Syringes Dispensed per Visit	COUNT	% of VISITS	COUNT	% of VISITS	COUNT	% of VISITS	COUNT	% of VISITS
< 25	1,120	51%	92	70%	19	8%	1,231	47%
25 - 49	415	19%	12	9%	64	20%	492	19%
50 - 99	280	13%	8	6%	74	23%	362	14%
100-199	205	9%	14	11%	116	36%	335	13%
200+	162	7%	5	4%	46	14%	213	8%
Visits w/ 1:1 or less	1,847	84%	129	98%	306	96%	2,282	87%
Visits w/ Medical Exceptions	160	8%	2	2%	13	4%	195	7%
Visits w/ First Encounters	156	7%	0	0%	0	0%	156	6%
Education/Referral								
Drug Treatment	22	1%	3	2%	8	3%	33	1%
SOS	21	1%	1	1%	2	1%	24	1%
Narcotics	9	<1%	0	0%	7	2%	16	1%
HIV/Hep C Testing	146	7%	0	0%	14	4%	160	6%
Pharmacy	15	1%	0	0%	2	1%	17	1%
Educational Brochures	145	7%	10	8%	13	4%	168	6%

¹ Due to rounding, percentages may not always add up to 100%.

SOS Home Visit Exchange

Street Outreach Supporters (SOS), a community-based organization whose volunteers have been vetted through the County Volunteer Initiative Program (VIP), operated the home visit component of the SSP. Emily Ager, long time harm reduction advocate and provider of needle exchange services, passed away suddenly in September 2013. Effective December 31, 2013, SOS stopped providing home visit syringe exchange services in the County. The County Public Health Officer discontinued authorization of syringe exchange services by SOS on December 31, 2013. Therefore, home deliver services will no longer be an authorized service provided in the County of Santa Cruz.

Syringe Services Program Advisory Group

In an effort to enhance syringe exchange services in the County while mitigating any negative impacts of the program, an advisory body was formed of law enforcement, local stakeholder agencies and content experts. The membership includes representatives from the City of Santa Cruz Police Department, City of Santa Cruz Administration, City of Watsonville Administration, California Department of Public Health, Janus, Santa Cruz AIDS Project, the Harm Reduction Coalition, Westside Pharmacy, University of

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Syringe Services Program Advisory Group

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PHARMACY SYRINGE SALES

Adults in California may now purchase and possess up to 30 syringes for personal use when acquired from an authorized source. CA Senate Bill (SB) 41, effective January 1, 2012 to January 15, 2015, allows licensed pharmacies to sell up to 30 syringes without requiring the pharmacy to register with local government. Syringes must be stored in a manner that ensures they are not accessible to unauthorized persons and providers must offer consumers options for disposal. The law governing the Disease Prevention Demonstration Project, CA SB-1159, allowing registered pharmacies to distribute lesser number of syringes without a prescription is rendered inoperative until SB-41 sunsets in 2015.

Due to changes in this law, the Health Department does not currently provide the registration oversight for pharmacies that was previously required under SB-1159.

Currently there are seven pharmacies in Santa Cruz County that sell non-prescription syringes. SSP staff work closely with these pharmacies, supplying them with sharps containers and educational brochures to give to customers who purchase non-prescription syringes in order to promote proper disposal.

DISPOSAL

Self-serve kiosks for disposal of used syringes are located outside of HSA's Santa Cruz (1080 Emeline Avenue) and Watsonville (9 Crestview Drive) clinics. The County has obtained two more kiosks and is in the process of identifying additional placement locations. The tables below summarize monthly utilization of self-serve kiosks during the period of April 30, 2013 to February 28, 2014. Utilization is measured in pounds of sharps waste.

Table: Monthly Weight of Sharps Waste Collected, in Pounds (lbs.)

Date (Month/Year):	04/13	05/13	06/13	07/13	08/13	09/13	10/13	11/13	12/13	01/14	02/14	TOTAL
Kiosk: Santa Cruz	0	20	10	0	35	42	42	31	43	41	0	264
Kiosk: Watsonville	0	15	6	32	30	0	43	31	0	36	36	229
Total Weight (lbs.)	0	35	16	32	65	42	85	62	43	77	36	493

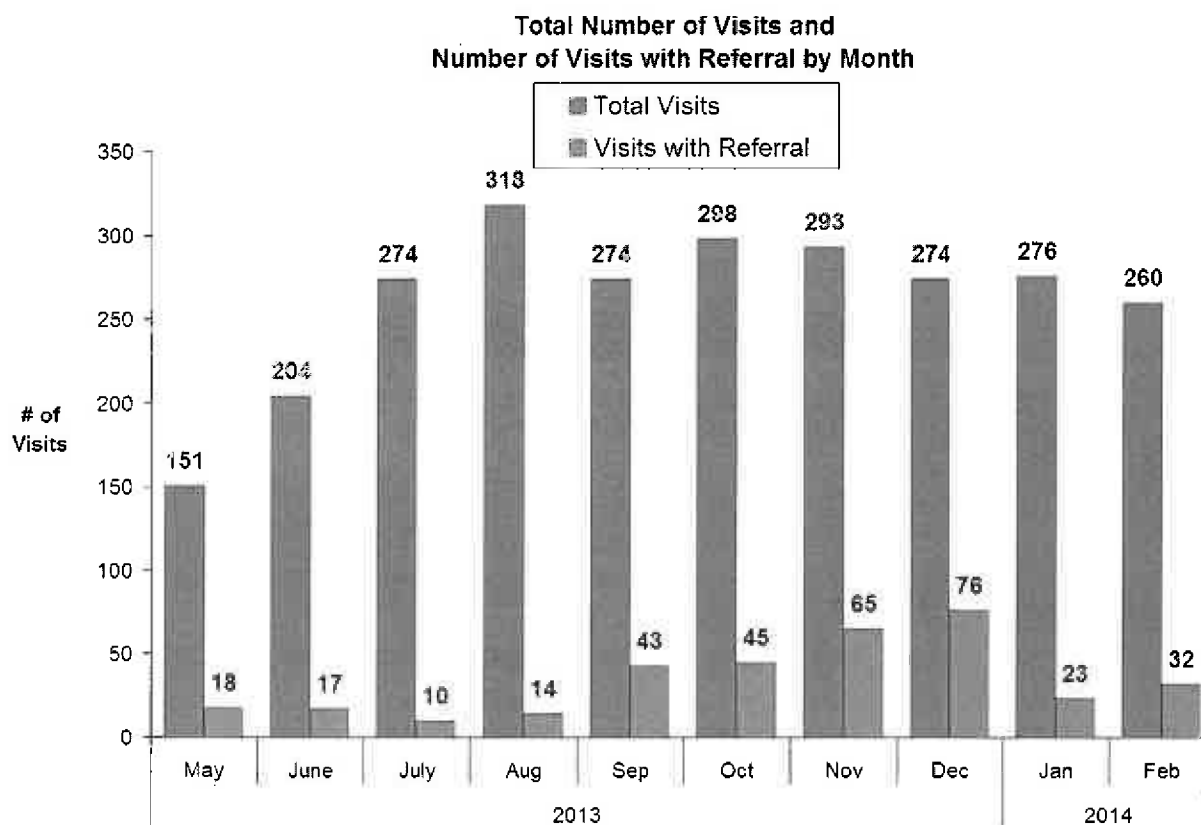
OTHER HSA PREVENTION ACTIVITIES FOR INJECTION DRUG USE

- HIV testing services at community sites and in alcohol and drug services treatment centers.
- Clinical high-risk reduction services targeting high-risk men through incremental behavior change plans.
- Partner counseling services providing support for notification to partners of potential exposure and testing available to HIV positive individuals and their partners.
- Linkages for making follow up medical appointments for new HIV-positive people to reduce the number of individuals falling out of care and adherence to HIV medications.
- Annual training to increase community capacity to provide HIV prevention services in Santa Cruz County is provided.
- Hepatitis C and HIV testing for injection drug users.
- Cross training between HIV testing staff and SSP staff to increase the pool of individuals available to meet community demand for education services and referrals.

IDENTIFIED AREAS FOR PROGRAM IMPROVEMENT

1. Referrals/Linkages

HSA will continue to improve the referral and linkages aspect of the program. HSA has continued to develop relationships with community partners in order to improve the quantity and quality of referrals and linkages to treatment and other services made to SSP clients.



2. Hours of Operation

Currently SSP operates out of the HSA clinics. The day and time of operation could be adjusted to match peak and low utilization times of the HSA fixed SSP sites. The hours of operations should efficiently serve the population while reducing the impact that SSP has on the clinic and clinic staff.

3. Overdose Prevention

Overdose prevention, a much-needed service, was historically provided by SOS. Now that SOS is no longer in operation, HSA has been looking for the best option to continue providing clients with Narcan for the purpose of overdose prevention. Janus of Santa Cruz has accepted the undertaking of providing Narcan to SSP clients. They have received approval from their Board of Directors and are in the early phases of setting up the overdose prevention program.

4. Law Enforcement Outreach and Education

HSA executive staff has completed initial outreach to law enforcement in an effort to maintain an open dialogue regarding syringe exchange and other substance abuse issues. Law enforcement is an active participant on the SSP Advisory Group but additional department specific outreach is needed. We hope to expand our efforts in this area in the upcoming year.

FISCAL IMPLICATIONS

To date, the cost to operate the SSP is \$171,550, all of which is a net county cost. It is anticipated that program costs will increase as we continue to feel the effects of SOS no longer providing services.

Economic studies have predicted that syringe exchange programs could prevent Human Immunodeficiency Virus (HIV) infections among clients, their sex partners and offspring at a cost of about \$13,000 per infection averted.¹ This is significantly less than the lifetime cost of treating an HIV-infected person, which was estimated to be \$253,196 per person in 2005.²

Table: SSP Budget

Line Item	April 1, 2013 - February 28, 2014
Personnel (Salary & Benefits):	\$133,681.00
Travel:	\$50.00
Disposal:	\$2,390.00
Supplies:	\$35,429.00
Total:	\$171,550.00

¹ Cohen, D.A., Wu, S-Y., Farley, T.A. Cost-effective allocation of government funds to prevent HIV infection. Health Affairs 2005; 24:915-926.

² Molitor, F., Aguirre, A., Crump, C., Caldwell, R. Estimated HIV infections prevented and related cost savings as a result of the California Prevention for HIV Positives Persons (PHIPP) Project. National HIV Prevention Conference. June 12-15, 2005 (abstract no. M1-E0102)

CONCLUSIONS

1. Access to clean needles is making a positive difference in Santa Cruz County and remains an important component of the overall strategy to reduce transmission of blood borne disease.
2. The number of infections attributed to injection drug use has declined over time and the availability of needle exchange and pharmacy sales has played a role in this trend.
3. Needle exchange services in Santa Cruz County plays a significant role in the strategy to reduce the number of improperly discarded syringes.

SSP ADVISORY GROUP RECOMMENDATIONS TO THE BOARD OF SUPERVISORS REGARDING SSP

On February 11, 2014 the Board charged the HSA's SSP Advisory Group to provide recommendations on several aspects of the SSP. The SSP Advisory Group recently convened to accomplish the task. This report provides a comprehensive response to matters pertaining to the SSP raised during the County Administrative Officer's response to the City of Santa Cruz Public Safety Taskforce Report. The SSP Advisory Group has advised HSA on the following:

- SSP location
- Limit on number of syringes per exchange
- Pharmacy outreach
- Disposal Kiosk placement
- Syringe identification

The Advisory Group defined guiding principles that were considered before decisions were made:

1. Keep services accessible to SSP participants; and
2. Reduce impact to neighborhoods and children.

SSP Location

The County of Santa Cruz Board of Supervisors (Board) recognized the importance of locating services where the needs exist but directed staff to investigate options for relocating services to non-residential areas.

Discussion: Certain Advisory Group members stated that neighbors of the Emeline campus feel that crime has increased since the SSP program moved there. The group was reminded that the SSP program had been at the Emeline campus since the Front Street Drop-in Center closed in the 90's. SSP and other clients access the Emeline Clinic for a number of services including, methadone, mental health, Medi-Cal, food stamps and medical care.

Recommendations:

1. The majority of the group supported continuation of SSP services on the Emeline Campus as well as mobile SSP services.

The Advisory Group were to consider mobile exchange locations and hours of operation throughout the County:

Recommended hours of operation were early evenings Monday-Friday; evenings/ late afternoons; weekends; and no later than 7 PM.

2. Secure and review crime statistics over time for the Emeline neighborhood.
3. Look for other non-residential locations accessible to SSP clients.
4. Consider using van in a roving fashion.
5. Consider 701 Ocean Street and/or the Blue House at 265 Water Street by the County Jail.

One for One/Limit On Syringes per Exchange

The Board directed staff to clarify why there is not a limit on the total number of new syringes an individual can receive from the SSP, irrespective regardless of the number of dirty syringes offered for exchange.

Discussion: There has been a change in the nature of the fixed site syringe exchange due to the end of SOS home delivery. There are more clients bringing in large quantities of syringes to exchange for self and others (secondary exchange). Large exchanges tend to be burdensome for SSP staff.

Recommendations:

1. Identify a way to reduce burden on staff while not discouraging clients from conducting secondary exchange.
2. Research what other successful programs do with respect to limiting the numbers of syringes that are distributed.
3. Consider asking clients to call ahead if they will be exchanging large amounts. Or ask them to make an appointment.
4. Pilot limiting the maximum amount of syringes distributed per exchange for an established amount of time to measure for success.

Note: From surveying other syringe exchange programs, it was found that some programs have established a limit on the number of syringes that can be exchanged per visit while other programs have no limit. HSA recommends minimizing the fixed site exchange on the Emeline campus.

Pharmacy Outreach

Improvements are needed for pharmacy access and knowledge regarding providing sharps containers, and taking back used syringes.

Discussion: Not all seven pharmacies that sell non-prescription syringes participate in the Sharps Solutions program or have a used syringe take back program:

Recommendations:

1. Continue to provide participating 6 pharmacies with sharps containers and educational materials.
2. HSA will implement an aggressive campaign to encourage pharmacies to participate in a take back program. The focus will first be on the seven pharmacies that currently sell non-prescription syringes; the focus will then shift to the remaining pharmacies in the county.
3. Review legislature regarding product stewardship.
4. Consider a county and/or city ordinance requiring used needle take back by pharmacies.

Additional research was performed regarding County and City ordinances. The following information was gathered:

- Alameda County passed a local ordinance to require a Drug Product Stewardship Program that mandates that the person who produces the product be responsible for operational fees associated with transporting and disposing of home generated pharmaceutical waste and the recycling and disposing of associated packaging. Neither the Alameda Ordinance or SB-1014 includes disposal of sharps, but both address prevention efforts to limit access to pharmaceuticals.
- County of Contra Costa has been actively working on passing an ordinance similar to Alameda County's. It does not include disposal of sharps.
- City of Tulare passed an ordinance that requires drug stores to operate take-back programs for sharps at no cost to the consumer. The County of Tulare is working on passing a similar ordinance.
- County of Los Angeles is interested in passing a take-back similar to Alameda County's. They are in the beginning planning stages.
- County of Mendocino is interested in an ordinance for the disposal of sharps; however they are in the planning phase.
- County of San Francisco has worked on passing a pharmaceutical take-back ordinance. It was almost passed it but it failed due to the big pharmaceutical companies and financial influence.
- County of San Luis Obispo passed an ordinance that requires retailers that sell sharps to accept home-generated sharps waste for proper disposal. They currently have 40 retail locations that accept sharps from the public.
- City of Sacramento passed an ordinance that requires all retailers, medical offices, hospitals and veterinarian clinics, and other providers that dispense sharps to the general public in the City of Sacramento to provide a sharps collection and disposal program at their locations at no additional cost to the general public. There are currently 35 retail locations that accept sharps from the public.

Note: The County HSA Chief Pharmacist is reviewing the list of local pharmacies to update their participation in selling syringes and collecting used syringes as well as discussing any barriers to providing these services. HSA intends to convene a meeting with local pharmacists to discuss this important matter.

Syringe Disposal Kiosk Placement

Currently there are two syringe disposal kiosks placed in the County. One is located at 1080 Emeline Avenue, and the other at 9 Crestview Drive in Watsonville. These kiosks have been in place for approximately ten months with no issues, tampering, etc. The County has two additional kiosks ready for installation.

Discussion: The County has two additional kiosks ready for installation. City of Santa Cruz Staff reported that the City installed a sharps disposal receptacle behind the port-a-potty on Front and Laurel Street. Soon after installation, the wall mounted (non-bear proof) receptacle was vandalized and destroyed.

The group suggested the following sites for kiosks as pilots:

- Harvey West Area/Homeless Services Center (115 Coral Street)
- Live Oak
- City of Santa Cruz (Front Street)
- Westside Circle Church (111 Errett Circle)

- Westside Recycle Center (Re-Planet, 1201 Fair Avenue)
- San Lorenzo Valley
- City of Santa Cruz Salvation Army (721 Laurel Street)

Recommendations:

The Advisory Group suggests that, based on community reports on improperly discarded syringes, and lack of choices for syringe disposal, the two remaining kiosks should be placed at Harvey West Area/Homeless Services Center (115 Coral Street), and in Live Oak.

Additional kiosks could be purchased with an average cost of \$1,521.69 for start-up and \$48-\$96 per month for ongoing operation (based on costs generated by the County's installation and maintenance of the kiosks).

It was also suggested that the County maintain a syringe pick-up service for the community to address the concern of improperly discarded syringes. This service should also collect and analyze data on site locations and quantity collected to aid in characterizing the issue of improperly discarded syringes.

Note: HSA has reached out to the County Administrative Office and the City of Santa Cruz management regarding the Advisory Group's recommendation.

Syringe Identification

The Board directed the County's representative on the SSP Advisory Group to hold a discussion regarding creative options for identifying syringes distributed by the SSP and report back to the Board within 60 days.

Discussion: It was suggested that we look at the problem of inappropriately disposed needles in a different manner, instead of asking what is the source of the needles, or who is discarding the needles, take the time to study the question why, when, and where residents are discarding them inappropriately.

Recommendations:

1. Continue to research options for no cost way to create syringes unique to the HSA SSP.
2. Organize County and City-led community cleanups.
3. Galvanize drug users to be accountable and responsible
 - a. Plan/develop IDU focus groups/survey
 - b. Increase education to IDU's regarding proper disposal
4. Plan/develop IDU focus groups and/or surveys.

Note: HSA provided a detailed report on this topic on the February 11, 2014 County of Santa Cruz Board of Supervisors Meeting.

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End.

46

Patsy McPartland

From: Zach Friend
Sent: Monday, April 14, 2014 8:31 AM
To: Patsy McPartland
Subject: FW: SSP program

Item #46

From: Ronald Jr Perrigo [<mailto:rperrigojr@gmail.com>]
Sent: Monday, April 14, 2014 8:30 AM
To: Bruce McPherson; Greg Caput; Neal Coonerty; John Leopold; Zach Friend
Subject: SSP program

Board of Supervisors, Good morning. Please continue to do every thing in your power to reduce the number of used syringes found exactly where they don't belong. Help restore our faith in the Health Services Agency, where it appears they don't count the number of used syringes that they receive. Evidently, there are tools to help, that they are failing to consider, but must be considered that have been put forward. They have been short on answers, and clearly make far too many assumptions of what addicts do, or don't do. Addicts do share needles, unfortunately, and sending addicts out with a sharps container, will not work unless a transparent 1 for 1 program is implemented.

Next, let's continue to put forward an additional amount of energy into programs, such as one that uses vivitrol to help addicts that want to transition over into sobriety. You owe that to the hard working people of this county.

Thank you for your careful consideration.

Sincerely, Ron Perrigo Jr
314 Cayuga
Santa Cruz, CA 95062-3622

Patsy McPartland

From: Zach Friend
Sent: Monday, April 14, 2014 8:14 AM
To: Patsy McPartland
Subject: FW: Needle Exchange

Item #46

From: leonie sherman [<mailto:compostitos@hotmail.com>]
Sent: Monday, April 14, 2014 5:31 AM
To: Zach Friend
Subject: Needle Exchange

Dear Supervisors,

Please do not eviscerate our Needle Exchange program in Santa Cruz or move it to a less convenient accessible location. Needle Exchanges are scary because they acknowledge and make public issues of addiction in our community which make many of us uncomfortable. However, if we are ever going to deal with these issues we need to face them.

Needle Exchanges reduce the litter of used needles. In Miami, FL, where there is no functioning needle exchange, dirty syringes are almost never disposed of properly and become a major health hazard. In San Francisco, which has a robust needle exchange, over 90% of needles are disposed of in a safe and hygienic manner.

You might hear that providing services only encourages drug use. San Francisco provides many more services than Santa Cruz and they are successfully reducing their drug related crimes as well as getting addicts off the street and into treatment facilities. Cutting successful services will not solve this problem.

I, like many people who will speak out in favor of reducing or eliminating needle exchange, am fed up with meth use and heroin use in our town. But unlike many who demand an elimination or reduction in needle exchange, I favor using empirical research and fact-based methods for reducing drug use and its harmful consequences. A robust needle exchange reduces the harmful consequences of drug use and has no negative consequences.

Please share this message with the other supervisors.

Thank you
Leonie Sherman

Alicia Murillo

From: cbdbosmail@co.santa-cruz.ca.us
Sent: Monday, April 14, 2014 8:40 AM
To: CBD BOSMAIL
Subject: Agenda Comments

Meeting Date : 4/15/2014

Item Number : 46

Name : Ray Gwyn Smith

Email : ray@raygwyn.com

Address : 997 Smith Grade
Santa Cruz, CA 95060

Phone : 8314251146

Comments :

I respectfully urge the Board of Supervisors to do whatever is necessary to protect the people of Santa Cruz from the proliferation of discarded syringes littering our walking paths, parks, playgrounds, and along our waterways. Because it is probable the County Health Services program supplying free needles to drug addicts is contributing to this problem, I ask that no needles be distributed except on a one for one basis and then only after attending a drug rehab counselling session.

Thank you for your consideration.

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