



Sharper Solutions

A Sticky Situation That Won't Go Away

Summary

The increase of illegal injection drug use and the notable rise in discarded syringes has many in Santa Cruz County uneasy. In 2013, Santa Cruz County started a syringe exchange program to address this issue. However, questions still remain about the mission of the Syringe Services Program (SSP), as public perception is often misguided and misunderstood. In an effort to understand these issues, the Grand Jury investigated the policies and procedures of the SSP and the effects of their implementation.

A lack of transparency between the SSP and the public has created an atmosphere of distrust. Even more important, inadequate funding for drug rehabilitation and services is responsible for the unfulfilled promises of the SSP.

Background

The earliest record of opium drug use dates as far back as 5000 BC in the Sumerian community located in present day Iran and Iraq. Societies worldwide continue to fight substance abuse in various punitive ways including the death penalty. Sadly, drug abuse continues in spite of these often disturbing consequences.

In 1989, Santa Cruz Syringe Access Program,^[1] a community volunteer group, set out to curb the spread of HIV, AIDs, and Hepatitis C. They offered free needle exchange in a building on Pacific Avenue where they also provided counseling, drug treatment information, outreach resources, HIV testing, and free condoms. The program also sponsored Sharps containers in public bathrooms. After losing their building they acquired a van as a means to continue their needle exchange services.

In 2011, the California State Assembly passed AB604 authorizing cities and counties to conduct a clean needle and syringe exchange project.^[2] On April 30, 2013, the Santa Cruz County Health Services Agency (HSA) implemented the Syringe Services Program (SSP). The purpose of the SSP is to reduce the damage associated with using unsterile injection equipment, to offer counseling and rehabilitation services, and to address the community's concern about improperly discarded syringes. Policies and procedures were established along with the creation of an advisory board made up of stakeholders including health staff, law enforcement, mental health workers, rehabilitation personnel, and city and county staff.

Since the inception of the program, there have been numerous media reports and citizen complaints about found needles and accidental needle sticks in Santa Cruz County. In addition, the public has expressed concerns about a lack of communication and transparency by county agencies.

Scope

The Grand Jury examined the SSP by reviewing its policies and procedures.^[3] In addition, numerous interviews were conducted with the County Health Services Agency, law enforcement, a community organization, and individuals struggling with the challenges of illegal injection drug use. An on-site tour was conducted of the needle exchange clinic on Emeline Street during off-hours.

Investigation

SSP Policy and Procedures require an advisory group to assist with the program's implementation, to review reports, and to meet regularly to monitor the program.^[4] The current advisory group is composed of city and county employees as well as those working in the drug and rehabilitation community. They hold meetings that are not open to the public. The SSP provides several statistical reports on its website and has a link to a comment form, but without public meetings there is no avenue for dialog. We found distrust and confusion by the general public due to the lack of information provided by the SSP. The advisory group should also include members of the general public, including at least one rehabilitated injection drug user, which would provide both greater

transparency of the program and insight into the day-to-day challenges of the injection drug user community.

The SSP uses a three-pronged approach to prevent the spread of deadly and costly communicable diseases. The first is to operate the county needle exchange sites and explore future expansion for more sites, either fixed or mobile. The second is to work with the community's concerns regarding used syringes and drug paraphernalia found on streets, beaches, public parks, residential neighborhoods, and encampments. The third is to provide clients with a variety of medical treatments, services and rehabilitation programs.

The SSP, run by dedicated professionals from the HSA, operates without a budget or permanent staff. Staff are pulled from HSA Clinic Services and other public health divisions, providing temporary personnel. Frequent rotation of staff makes it difficult to develop rapport and trust with clients. This creates yet another challenge to transitioning clients into rehabilitation, and as a consequence the SSP is unable to meet their goals.

The SSP offers two walk-in sites, one in Santa Cruz and the other in Watsonville, with different hours and days of operation. The Santa Cruz exchange site is available on Monday, Tuesday, and Friday for a total of 10 hours per week, while the Watsonville site is open Monday through Thursday for a total of 5 hours per week. During a Emeline clinic visit we found the closet-sized exchange room to be a cramped, windowless, confined space of approximately 50 square feet. During use, this office must accommodate the client and medical staff, as well as various supplies and equipment that is shared with other departments. There are additional challenges of dealing with clients' personal belongings and Sharps containers in this limited space.

There is controversy about whether the policy of a one-to-one needle exchange is currently being enforced. Our investigation revealed that this policy is inherently difficult, if not impossible, to enforce. To increase the safety of staff and clients, staff are instructed to never touch used injection equipment or the containers they arrive in. As a result, they are unable to ascertain the exact number of syringes returned by a participant and must rely on a visual estimate.

The Policy and Procedures provide that a client on their initial visit may receive up to fifteen syringes regardless if they have any to exchange. Subsequent syringe exchanges by the same participant could fall under a *predefined medical exception* which allows up to fifteen extra syringes per exchange.^[5] These exceptions, verified by a needs assessment by staff, are:

- A known or self-disclosed HIV or Hepatitis C client
- A client with a partner known to have HIV or Hepatitis C
- A client with evidence or history of skin abscesses
- A sex worker
- A person with a known mental illness

Further exceptions may be authorized by the County Health Officer.

Because some clients are unable to travel to either site, the Policy and Procedures allows for needle exchanges on behalf of others. These exchanges are limited to 100

syringes per visit, unless approved by the County Health Officer. Documentation is required by SSP staff when an exchange exceeds the number of syringes the agency is authorized to distribute per their policy.

Community members continue to voice their concern regarding illegally disposed syringes and the county's apparent inability to implement an effective collection program. According to those who track this data, there have been over 13,000 syringes^[6] reported found since April 30, 2013. It should be noted that not all syringes are from the SSP. During interviews with five admitted illegal injection drug users, four were unaware of the needle exchange program. When asked how they disposed of their needles, some said they deposited them in the garbage or flushed them down toilets.

What to do if a syringe is found? The county and cities do not post signage with a contact number for those that find hazardous waste including syringes. The SSP has a section on its webpage for directing the public to agencies that will retrieve and properly dispose of syringes; however, this information is very confusing as it lists nine different contacts, and which to use depends on where a syringe is found.

There are currently only three kiosks throughout the county for the collection of used syringes: 701 Ocean St., Santa Cruz, 1080 Emeline St., Santa Cruz, and 9 Crestview Dr., Watsonville. Syringes may be from both the legal use of injected medication for both humans and animals as well as illegal injection drug use. All pharmacies within the county will collect used syringes. For some, it is not worth exchanging at the SSP sites as some pharmacies and online providers will sell syringes without a prescription.

The Santa Cruz County HSA Syringe Services Program (SSP) is part of the three-pronged approach framework to prevent the spread of costly and deadly communicable diseases and address the community's concern regarding used syringes and trash being found on streets, beaches and encampments as well as illegal drug activities. SSP Policy and Procedures^[7]

HSA staff and some community members substantially disagree on how concerns about improperly discarded syringes are being addressed. A citizens' organization has been formed in recent years to assist with communicating public concerns regarding the increasing amount of found syringes and associated paraphernalia they believe are a direct result of the SSP. Complaints have been received by both the HSA and the Board of Supervisors regarding these concerns. However, other than an annually scheduled community clean-up day and three kiosks placed throughout the county, we can find no other HSA or county initiated clean-up effort instituted since the inception of the program. Further, we were unable to locate information in any progress reports, or annual or biennial report with regard to specific HSA initiated clean-up efforts.

The SSP 2013 90-Day Progress Report^[8] and 2014 Annual Report of the SSP,^[9] state:

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.

There are no specifics listed as to what exactly these departments are doing. A dedicated section in the SSP's annual and biennial reports, detailing their specific cleanup efforts, would help alleviate public concern and add transparency to county and cities' actions.

Findings

- F1.** The current SSP Advisory Group is composed of city and county employees as well as those working in the drug and rehabilitation community, with no members from the general public who can add a community perspective.
- F2.** The SSP leadership creates an atmosphere of poor communication and a lack of transparency by not holding public meetings or forums for community input.
- F3.** The SSP provides an abundance of information on its webpage but does not have an avenue for public dialog.
- F4.** The SSP currently operates without a budget or permanent staff, which hinders the success of program goals.
- F5.** The SSP needle exchange site on Emeline Street is a confined shared space, making it difficult to provide all services to those in need.
- F6.** Limited hours, space, and staff hamper referrals to counseling, treatment, and support programs, reducing the number of people receiving assistance.
- F7.** The strict one-to-one needle exchange policy can't be followed as the SSP policy prohibits the actual physical counting of syringes.
- F8.** Some injection drug users don't travel to SSP exchange sites, thus preventing them from receiving assistance from other health programs.
- F9.** The community is at risk with syringes found in public and private spaces throughout the county.
- F10.** Without posted signage explaining how to report hazardous waste, the public is confused as to whom to notify or what action to take about found, discarded syringes.
- F11.** There are only three county syringe disposal kiosks, limiting access to proper disposal.
- F12.** There is no combined syringe clean-up effort between local agencies to protect the public.

Recommendations

- R1.** The SSP Advisory Group should include members of the general public, including at least one rehabilitated injection drug user. (F1)
- R2.** The SSP should hold public meetings or forums to encourage dialog and address community concerns. (F2, F3)

- R3.** The SSP should stop using the “one-to-one” terminology to describe their needle exchange policy. (F7)
- R4.** The Board of Supervisors should allocate funds for a permanent budget for the SSP to function as mandated per SSP Policy and Procedures. (F4)
- R5.** The HSA should devote more time and resources to community outreach to promote rehabilitation and counselling of SSP clients. (F5, F6)
- R6.** The HSA should implement a mobile needle exchange unit to increase access to SSP services. (F8, F9)
- R7.** The HSA should post hazardous waste signs with a single contact number for advice or reporting, available 24/7, in areas where syringes are commonly found. (F9, F10)
- R8.** The HSA should install and maintain Sharps containers in bathrooms in high needle-use public areas. (F9, F11)
- R9.** The SSP should coordinate specific clean-up events throughout the county on a regular basis and report such efforts in their biennial and annual reports. (F9, F12)

Commendations

- C1.** The Grand Jury commends the SSP staff for their commitment and resolve to this program under the most challenging of circumstances.

Required Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Board of Supervisors	F4	R4–R9	90 Days September 25, 2017
Santa Cruz County Health Services Agency Director	F1–F3, F5–F12	R1–R3, R5–R9	60 Days August 28, 2017

Definitions

AIDS: Acquired Immune Deficiency Syndrome

Hepatitis C: An infectious disease caused by the hepatitis virus that primarily affects the liver.

HIV: Human Immunodeficiency Virus

Sharps Container: A trademarked hard plastic container that is used to safely dispose of hypodermic needles and other sharp medical instruments.

Syringe Services Program (SSP): A program of the Santa Cruz County Health Services Agency established to provide public health intervention with the goal of reducing the transmission of bloodborne pathogens.

Sources

References

1. The Santa Cruz Patch. "The Santa Cruz Needle Exchange Hopes to Exchange Wasted Lives for Productive Ones". January 24, 2013. Accessed May 30, 2017 <https://patch.com/california/santacruz/xxx-e8444f7a>
2. Assembly Bill No. 604. Chaptered October 9, 2011. "Needle exchange programs." Accessed May 30, 2017 http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB604
3. Santa Cruz County Health Services Agency. Updated August 2014. "Syringe Services Program Policy and Procedures". Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSP%20Policy%20and%20Procedure%20092014.pdf>
4. Santa Cruz County Health Services Agency. Updated August 2014. "Syringe Services Program Policy and Procedures". Page 2 & 13. Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSP%20Policy%20and%20Procedure%20092014.pdf>
5. Santa Cruz County Health Services Agency. Updated August 2014. "Syringe Services Program Policy and Procedures". Page 11. Accessed June 1, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSP%20Policy%20and%20Procedure%20092014.pdf#page=11>
6. Take Back Santa Cruz Website. "Needles in Public Spaces Report - March 2017". Accessed May 30, 2017. <http://takebacksantacruz.org/needles-public-spaces-report-march-2017/>
7. Santa Cruz County Health Services Agency. Updated August 2014. "Syringe Services Program Policy and Procedures". Page 2. Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSP%20Policy%20and%20Procedure%20092014.pdf>
8. Santa Cruz County Health Services Agency. "Syringe Services Program 90-Day Report April 30-July 31, 2013". August 9, 2013. Page 2. Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP90Day.pdf>
9. Santa Cruz County Health Services Agency. "Syringe Services Program Annual Report 2014". April 14, 2014. Page 2. Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP%20Annual%20Report%202014.pdf>

Site Visits

Emeline Street Needle Exchange Clinic
Downtown Santa Cruz area

Websites

Santa Cruz County Health Services Agency www.santacruzhealth.org/HSAHome.aspx
Take Back Santa Cruz <http://takebacksantacruz.org/>
California Legislative Information <http://leginfo.legislature.ca.gov>