

# Santa Cruz County Syringe Services Program Biennial Report 2019-2020

Health Services Agency, Public Health Division

Dr. Gail Newel, County Health Officer

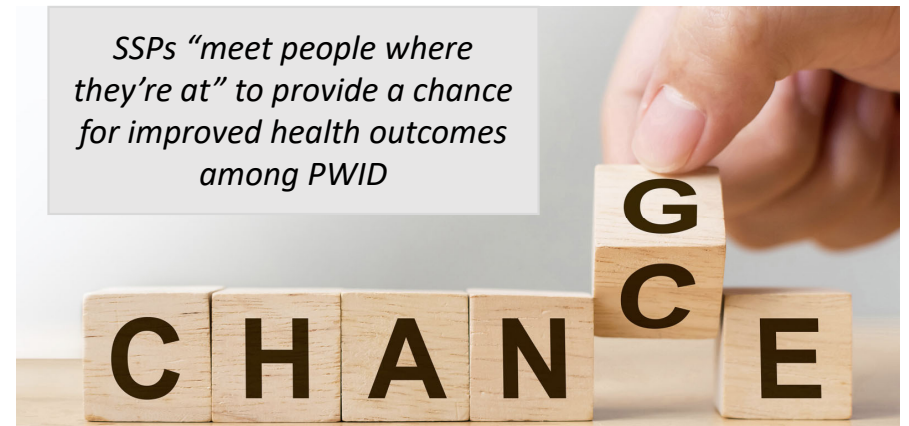
Jennifer Herrera, Chief of Public Health

# Agenda

- Overview of Local Syringe Services Programs
- Program Highlights
- County Biennial Report 2019-2020
- Recommendations for Syringe Litter Reporting

# What is a Syringe Service Program?

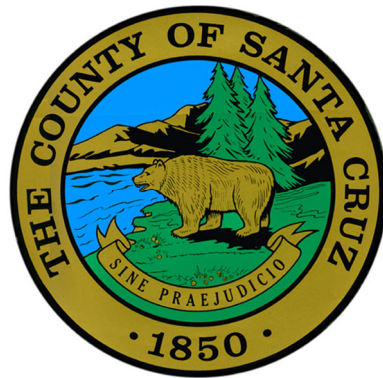
- Syringe services programs (SSPs) are community-based prevention programs that utilize a harm-reduction approach
- Evidence-based
  - 30+ years of research show that SSPs are safe, effective and cost-saving
- Reduce Disease and Death
  - Reduce the transmission of viral hepatitis, HIV and other infections
  - Reduce deaths related to infection, disease and/or overdose
  - SSPs can be a bridge to substance use treatment, medical care and social services



*SSPs “meet people where they’re at” to provide a chance for improved health outcomes among PWID*

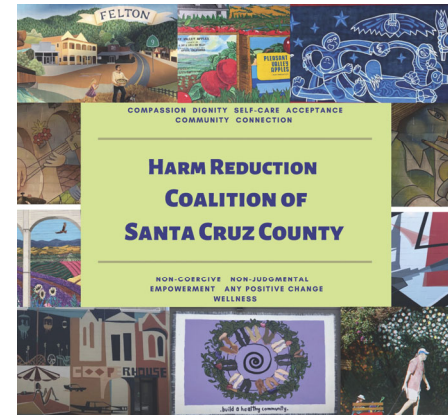
# Authorized SSPs in Santa Cruz County

County SSP  
operated by  
HSA, Public  
Health Division



- County-authorized in 2013
- Funded by grants, County General Fund, and in-kind allocations from CDPH and HSA
- Adheres to CDPH and Local requirements

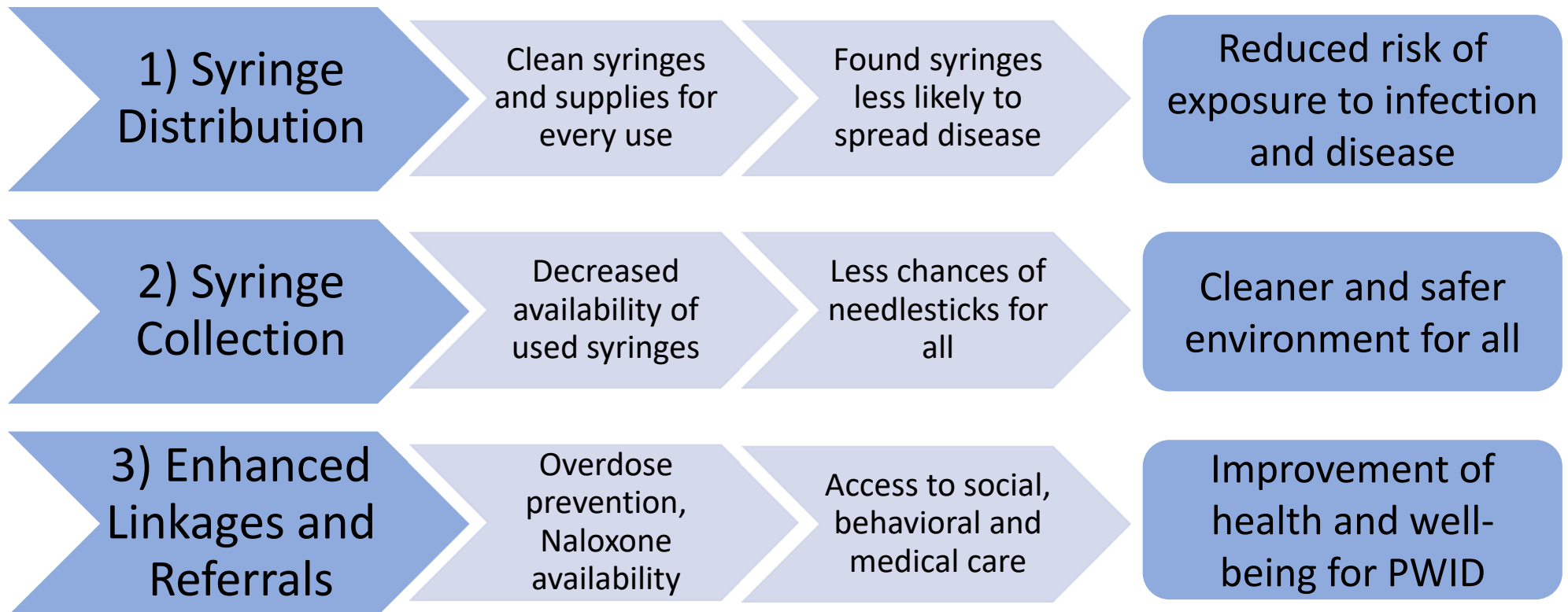
Harm Reduction  
Coalition of  
Santa Cruz  
County



- State-authorized in 2020
- Funded by donations, grants and in-kind allocation from CDPH
- Adheres to CDPH requirements

# County SSP – 3-pronged approach

Actions → Outcomes → Goals



# County SSP Biennial Report Jan 2019 through Dec 2020

Status of Board Directives

Program Review

Related Data

# Highlights from 2019 and 2020

- ✓ **Maintained core services during the pandemic**
- ✓ **No significant outbreak of diseases associated with injection drug use**
- ✓ **Greater Intelligence**
  - ✓ Community listening sessions
  - ✓ Syringe Access and Disposal assessment
- ✓ **Increased partnerships**
  - ✓ SSP Advisory Commission
  - ✓ State-authorized exchange (HRCSCC)
  - ✓ Strengthened partnership with County MAT and peer mentors
  - ✓ Collaboration with Santa Cruz City for additional syringe kiosks
- ✓ **More capacity for County SSP**
  - ✓ Hired a full-time Program Coordinator
  - ✓ Awarded funding to improve program
  - ✓ Installed 3 additional syringe kiosks
  - ✓ Contracted with organizations for additional syringe litter cleanup

County Board of Supervisor Directives to the County SSP 2019-2020	Outcomes
Develop a plan to manage secondary exchange; only allow up to 2 secondary exchanges per visit	Met
Collaborate with CDPH to complete a study of syringe litter in Santa Cruz County, and report back to the Board	Met
Develop ordinance to develop the seven-member SSP Advisory Commission	Met
Coordinate outreach to syringe litter organizations and SSP listening sessions	Met
Implement SSP Advisory Commission	Met
Develop recommendations to improve syringe litter reporting and response	Met
Return with a contract or contract amendment with providers to collect syringes in “hot spots” throughout the community	Met
Coordinate and present a multi-disciplinary injection drug use study session for the Board	Met
Add two additional hours to Santa Cruz and Watsonville exchange sites	In Process
Coordinate installation and payment of syringe kiosks in other jurisdictions, per letter from the Board Chair to the local jurisdictions	Ongoing
Improve system to monitor referrals from SSP to Medication-Assisted Treatment (MAT) services	Ongoing
Regular community outreach, including Grant Park neighbors	Ongoing
When applying for funding, HSA directed to operationalize in a manner consistent with the previous action and policy by the Board	Ongoing



# County SSP Operational Directives

## Fixed Locations:

Emeline campus in Santa Cruz  
Freedom campus in Watsonville

## Fixed Hours:

Emeline: 12hrs/week  
Freedom: 5hrs/week

## Distribution:

One-for-One exchange  
Max 100 syringes for primary  
exchange  
Allowed to exchange on behalf of 2  
people (secondary exchange)

## Collection:

Coordinate with other jurisdictions  
to install public syringe kiosks and  
pay for ongoing servicing  
Contract for enhanced syringe  
collection in “hot spot” areas

## Oversight:

Santa Cruz County  
SSP Advisory Commission

# Comparison to Best Practices

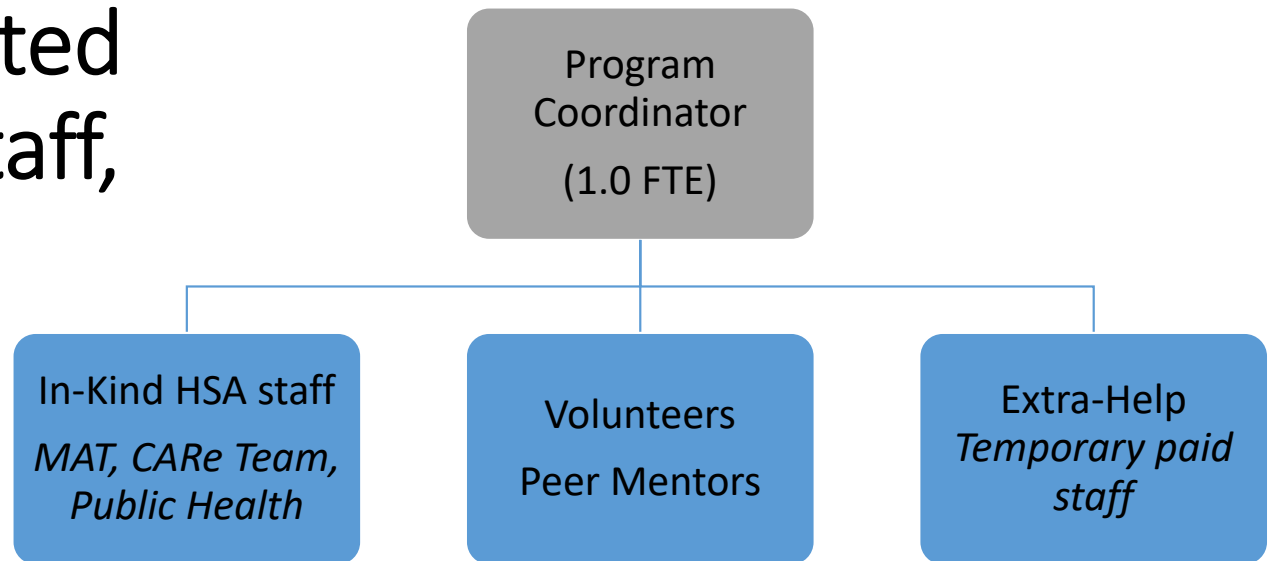
Strategy	Description	County SSP Status
<b>Involve people with lived experience</b>	Involve PWID in all phases of program planning and development; meaningful engagement	<b>Partially met</b>
<b>SSP planning, design and implementation</b>	Needs-based distribution Data-driven approach Partnerships to enhance linkages for participants	<b>Partially met</b>
<b>Providing core and expanded services</b>	Core: syringe distribution and disposal Expanded: social, behavioral, and medical care	<b>Met</b>
<b>Collect data to inform planning, implementation and evaluation</b>	Collect baseline data Ensure data collection is not a barrier for services	<b>Met</b>
<b>Ensure program sustainability</b>	Foster relationships with variety of stakeholders Conduct street outreach Diversify funding	<b>Partially met</b>

Reference: <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf>

## The County SSP accounts for over 20% of the Public Health Division's General Fund allocation

County SSP Budget	Actual FY 19/20	Actual FY 20/21	Proposed FY 21/22
<b>Revenue</b>	\$223,916	\$268,918	\$265,840
<b>Expenses</b>			
Program Related	\$160,916	\$185,918	\$149,020
Litter Related	\$63,000 (28%)	\$83,000 (31%)	\$116,820 (44%)
<b>In-Kind Expenses</b>	<b>\$383,258</b>	<b>\$291,274</b>	<b>\$231,666</b>

The County SSP is primarily supported by in-kind HSA staff, volunteers, and extra-help



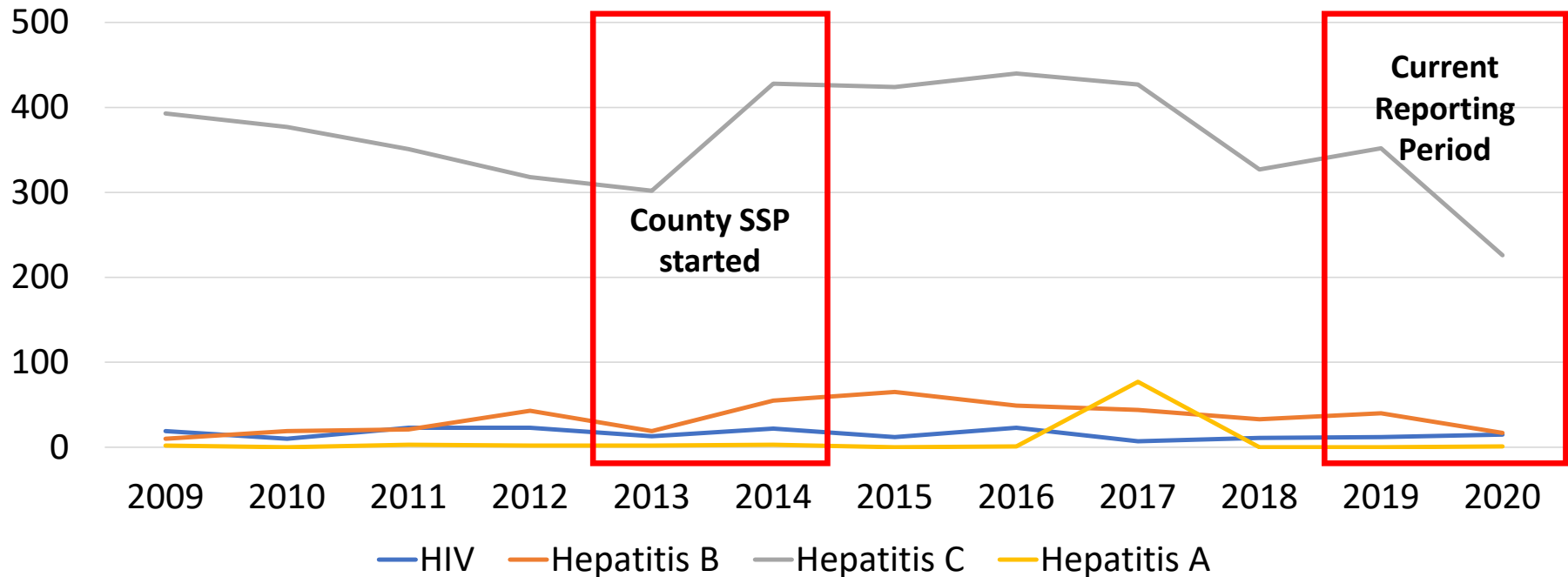
# County SSP Data

**Current Reporting  
Period**

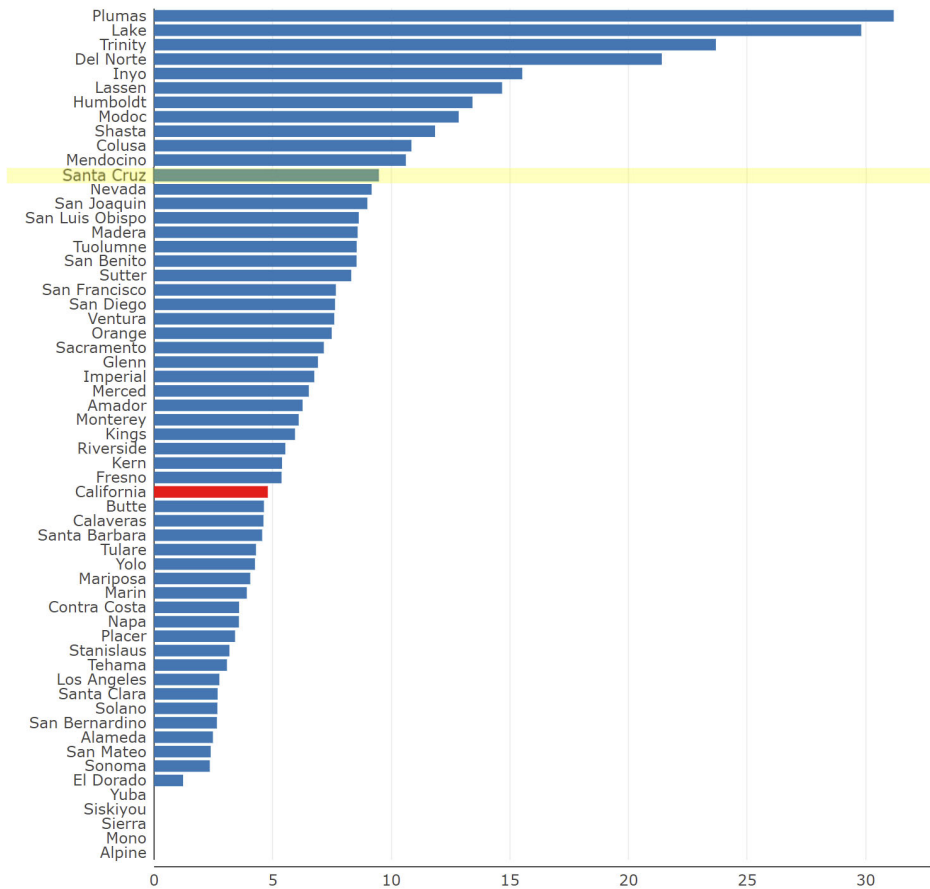
	<b>MAY 2013 - FEB 2014</b>	<b>MAR 2014 - FEB 2015</b>	<b>MAR 2015 - FEB 2016</b>	<b>MAR 2016 - FEB 2017</b>	<b>MAR 2017 - FEB 2018</b>	<b>MAR 2018 - FEB 2019</b>	<b>JAN 2019 - DEC 2019</b>	<b>JAN 2020 - DEC 2020</b>
<b>Visits:</b>	<b>2,627</b>	<b>3,641</b>	<b>3,781</b>	<b>4,318</b>	<b>4,173</b>	<b>3,258</b>	<b>2,235</b>	<b>2,119</b>
<b>Unique ID Participants:</b>	<b>775</b>	<b>963</b>	<b>778</b>	<b>789</b>	<b>631</b>	<b>578</b>	<b>468</b>	<b>482</b>
<b>TOTAL Syringes Dispensed:</b>	<b>165,704</b>	<b>201,336</b>	<b>258,512</b>	<b>339,070</b>	<b>460,205</b>	<b>593,174</b>	<b>633,143</b>	<b>361,738</b>
<i>Syringes Collected by Onsite Exchange:</i>	169,854	205,144	256,817	331,818	457,079	597,987	651,444	423,812
<i>Syringes Collected by Kiosks:</i>	46,396 (493 lbs)	84,134 (894 lbs)	83,570 (888 lbs)	151,705 (1,612 lbs)	213,724 (2,271 lbs)	320,445 (3,405 lbs)	409,849 (4,355 lbs)	426,883 (4,536 lbs)
<b>TOTAL Syringes Collected:</b>	<b>216,250</b>	<b>289,278</b>	<b>340,387</b>	<b>483,523</b>	<b>670,803</b>	<b>918,432</b>	<b>1,061,293</b>	<b>850,695</b>

# Bloodborne Pathogens Associated with Injection Drug Use (IDU)

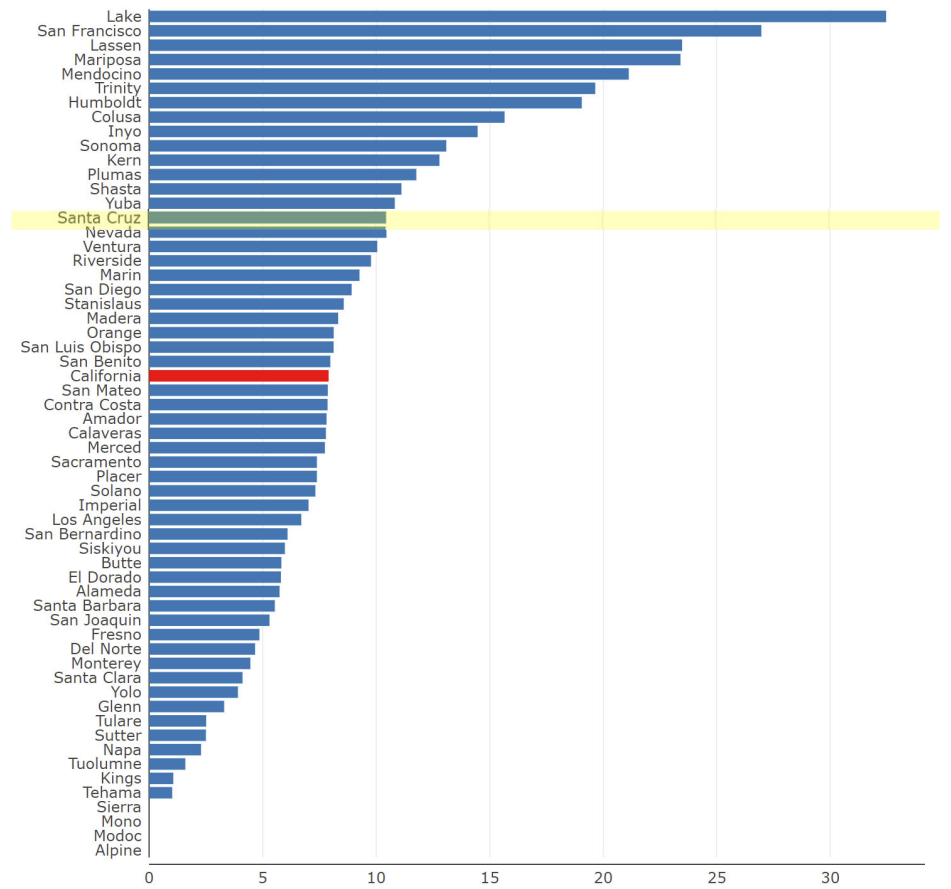
Newly Reported Annual Cases



**Any Opioid-Related Overdose Deaths - Total Population, 2013**  
Age-Adjusted Rate per 100,000 Residents



**Any Opioid-Related Overdose Deaths - Total Population, 2019**  
Age-Adjusted Rate per 100,000 Residents



**From 2013 to 2019, Santa Cruz County continues to be among the top counties for opioid-related deaths**

Reference: <https://skylab.cdph.ca.gov/ODdash/>

# Comparison to other California counties

County	Monterey	Santa Clara	Santa Cruz
Operated by	Access Support Network	County Public Health	County Public Health
Reporting Year	2020	2020	2020
Operating Hours	Mondays 2-4pm <i>(ended early 2020)</i> Fridays 2-4pm	10hrs/wk, with 2hrs per location; No Weds or Thurs	12 hrs/wk in Santa Cruz; 5 hrs/wk in Watsonville
Locations	One fixed location in Salinas	5-7 locations throughout the county	Two fixed sites, one each in Watsonville and Santa Cruz
Exchange Policy	<ul style="list-style-type: none"> <li>- One for One</li> <li>- No cap on # of syringes dispensed</li> </ul>	<ul style="list-style-type: none"> <li>- Needs-based</li> <li>- May provide 40 syringes without exchange</li> <li>- Prepare “syringe kits” and partner with other health agencies for further reach.</li> </ul>	<ul style="list-style-type: none"> <li>- One for One</li> <li>- Max 100 syringes per primary exchange encounter</li> <li>- Limited secondary exchange</li> </ul>
Participants Served	168	687	482
Syringes Distributed	313,220	355,324	361,738



# Recommendations for Syringe Litter Reporting

On December 10, 2019, the Board directed HSA to return with recommendations to improve syringe litter reporting and response through a centralized system across all partners.

How do we manage  
syringe litter?

# Assumptions

Assumptions on where syringes come from:

*Syringes can be purchased, prescribed or obtained through an authorized syringe exchange program*

*People who inject drugs are encouraged to use a new, clean syringe for every injection*

# Upstream vs. Downstream

Assumptions on where syringes come from:

*Syringes can be purchased, prescribed or obtained through an authorized syringe exchange program*

*People who inject drugs are encouraged to use a new, clean syringe for every injection*



**UPSTREAM**

Prevent it from happening in the first place  
*Structural Determinants*

**DOWNSTREAM**

Address it as it's happening; lessen the impact  
*Immediate Needs*

# Downstream Strategies

**Reporting syringe litter:**  
centralized system to report litter, notification of syringe litter for proper response

**Responding to syringe litter:**  
having public kiosks available, education on safe disposal, cleanup contracts, organized/routine cleanups



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# Midstream Strategies

**Access to disposal:** syringe disposal containers/kiosks, partnerships to provide containers, increase opportunity for disposal

**“Nudging” Individual Behavior:**  
Capability (knowledge, skills, ability) & Motivations (attitude, beliefs, confidence, intentions, risk assessment)

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# Upstream Strategies

## Social Determinants of Health:

Prevent Poverty

Reduce Adverse Childhood Experiences

Increase access to health/resources

Increase healthy relationships/connections

**Access to disposal:** syringe disposal containers/kiosks, partnerships to provide containers, increase opportunity for disposal

**“Nudging” Individual Behavior:** Capability (knowledge, skills, ability) & Motivations (attitude, beliefs, confidence, intentions, risk assessment)

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# Syringe Litter Abatement

## **Social Determinants of Health:**

Prevent Poverty  
Reduce Adverse Childhood Experiences  
Increase access to health/resources  
Increase healthy relationships/connections

**Access to disposal:** syringe disposal containers/kiosks, partnerships to provide containers, increase opportunity for disposal

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**Reporting syringe litter:** centralized system to report litter, notification of syringe litter for proper response

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# Findings

- A consolidated syringe reporting system will not prevent syringe litter, but it will help mitigate the issue
- There is no centralized, countywide system to track syringe collection
- It is most practical and cost-effective to leverage existing systems for litter control
- Existing local efforts to address syringe litter should be sustained
  - Public kiosks, in partnership with other jurisdictions
  - Syringe cleanup with organizations conducting other litter cleanup
  - Distribution of personal sharps containers

## Recommendations to improve syringe litter reporting and response through a centralized system

1. Relevant County departments, such as HSA and DPW should continue to collaborate on countywide strategies to reduce syringe litter.
2. Maintain existing disposal strategies, such as the kiosk program across all jurisdictions.
3. Leverage existing litter-cleanup infrastructure for syringe litter response, including expansion of contracts with litter-cleanup organizations to support syringe cleanup efforts.
4. Utilize the My Santa Cruz county mobile application (app) for easier reporting and response in the unincorporated county regions.