

QUESTIONED SUBMITTED BY TAKE BACK SANTA CRUZ NEEDLE SOLUTION ON 07/28/2014

	QUESTION	RESPONSE
1	How are used needles counted in order to be exchanged for new ones?	Question was answered at the Board of Supervisors meeting on April 15, 2014 and via email to Needles Solutions Team on July 30, 2014 at 3:30pm. The email stated: "In terms of counting syringes, quantities are determined by visual inspection. Syringes that are collected by SSP during an exchange are visually examined. With each exchange SSP staff visually examine the syringes, count them, and check for non-syringe waste. No weights are taken at the time that the exchange is performed. Weights are taken at the end of each shift as large sharps containers become full. Handling of sharps is not supported by the SSP Policy and Procedures (see http://www.santacruzhealth.org/phealth/2ssp.htm)". Moreover, not only is the handling of sharps "not supported by SSP policy" but virtually all medical and public health and safety protocols clearly and unequivocally recommend that staff NOT handle the contents of sharps containers.
2	Are clients ever asked how many needles they are turning in or are counts based solely on workers visualizations?	Yes, clients are first asked how many dirty syringes they have. Staff then ask the client to open their container so that staff can visually examine the syringes in the container.
3	Do SSP workers actually open each container being brought to them and count each needle? At the April 15, 2014 Board of Supervisors meeting, approximately 91:41 , Lisa Hernandez says that Cal-Osha regs say workers can't open sharps containers. In Laurie Lang's email to the Needles Solutions Team she says workers do open containers to count needles. Why this discrepancy in information?	<p>We apologize for any discrepancies you have encountered. The correct method for handling of sharps containers is in the Policy and Procedures document on the SSP website. It states on page 5 that "Staff conducting syringe services must never handle or touch used injection equipment or the containers they arrive in." http://www.santacruzhealth.org/pdf/SSP%20Policy%20and%20Procedure%20Santa%20Cruz.pdf</p> <p>At the April 15, 2014 Board of Supervisors meeting, Dr. Hernandez referenced the Cal-OSHA recommendation regarding employees handling used syringes.</p>

4	Are all needle counts done with 2 workers present and verifying their counts?	Medical industry standard does not require two workers to be present to count syringes. At any given time during daily SSP operation, there is one staff member performing exchanges. The Health Services Agency does not have resources at this time to staff additional positions in the SSP.
5	Are containers ever weighed and are the contents ever base on calculated weight estimates?	Kiosk weights: See 90 day report 4/30/13 to 7/31/13 page 4 at http://santacruzhealth.org/pdf/SSP90Day.pdf Syringe Exchange Weights: Larger containers used to collect participants' smaller sharps containers and loose syringes are weighed once they are filled, before they leave the building for disposal. Counts are not based on weight estimates. These weights are utilized for determining medical waste hauler charges.
6	If the needles are too dangerous for workers to handle, why are you letting citizens handle them?	The Health Services Agency has never asked that their staff nor citizens handle dirty syringes based on Cal-OSHA standards. In addition, we have repeatedly provided information regarding disposal of improperly discarded syringes found in public places. Please see SSP Webpage: http://www.santacruzhealth.org/phealth/2ssp.htm . Instructions can also be found on FAQ #4, page 3 http://www.santacruzhealth.org/pdf/SSPFAQ.pdf . What to do if you find needles in the community? If you have found syringes in the unincorporated areas of the community, first determine if they are located in a place where they present a threat to public safety . If so, call 911 , and the Sheriff's office will be dispatched. If no threat to public safety, please call the Department of Public Works at 454-2160 to report the finding and request removal.
7	Why not use clear or translucent sharps containers so it's clear that there are just needles inside?	The Public Health goal is that people bring in used syringes in any container that is available. We agree that there may be other items inside the containers. That is why it is SSP's practice to visually inspect and confirm the syringes in the containers. Again, our goal is to reduce the amount of discarded syringes in public places.
8	What type of training are workers given? Are all SSP workers paid employees, or are volunteers used?	Only paid employees conduct exchange services. Please see the SSP policy and Procedures (08/02/13) page 4: http://www.santacruzhealth.org/pdf/SSP%20Policy%20and%20Procedure%20Santa%20Cruz.pdf#page=10 Trainings on the following topics are offered by the HSA to SSP staff conducting syringe exchange. The topics covered include: i) Orientation to the SSP array of services ii) Overview of harm reduction policies and practices and the harm reduction model used by the syringe exchange program iii) California State syringe exchange regulations (AB547 Statues of 2005 and AB 110 Statutes of 2007)

		<ul style="list-style-type: none"> iv) The Agency's approved policies and procedures that cover syringe exchange transactions, handling disposal of infectious waste, and needle stick prevention management v) Procedures that ensure secure storage, handling and disposal of syringes in accordance with State law and regulations vi) Procedures for making referrals, including primary care, detoxification and drug treatment, HIV counseling and testing, prenatal care, tuberculosis and Hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services vii) Methods of outreach to reach target populations viii) Hierarchy of risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors ix) Education and demonstration of safer injection practices, including techniques for disinfecting injection equipment, rotation of injection sites and the use of alcohol pads to disinfect injection sites x) Cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status, homelessness and employment status xi) Trainings on personal safety offered by the Santa Cruz County HSA including Blood Borne Pathogens, Exposure Control, and Standard Universal Precautions <ul style="list-style-type: none"> i) Information about hepatitis A and B screening, vaccination, treatment ii) Information about hepatitis C screening and treatment iii) Basic overview of HIV disease, including modes of transmission, prevention, spectrum of illness, opportunistic infections, medications/treatment and treatment adherence iv) Specific training on tuberculosis transmission, prevention, spectrum of illness v) Addiction and recovery processes, including relapse and relapse prevention
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9	Why does the SSP give out so many more needles than Santa Clara?	<p>Each county is unique due to its population, diversity, public health needs, health and human services as well as public safety approach. We have learned from the State's Statewide Needs Assessment report that 6.2% of the Santa Clara population is estimated to need substance use disorder treatment, compared to 8% of the Santa Cruz County. Similar to our experience in Santa Cruz, it was reported that Santa Clara is also seeing an increase in heroin use from people who initially started on prescription opiates. Santa Clara County's needle exchange program has been in operation for more than eight years.</p> <p>HSA has learned through further communication with Santa Clara that they have averted an estimated 123 HIV infections at a lifetime savings of \$47,379,600. That is nearly \$12 saved for every \$1 spent on their program. This amount does not include the averted cost related to Hepatitis C which could be even more than the cost of HIV.</p> <p>The Behavioral Health Division of the Health Services Agency is preparing a report regarding substance abuse in our county and will be presenting it to the Board of Supervisors in October. We anticipate that this report will help answer some questions about substance abuse in our county.</p>
10	Why don't you follow the "best practices" that Santa Clara County uses?	<p>The Santa Cruz Program was developed using Santa Clara as a model, but Santa Cruz County's "best practices" are more conservative in at least one respect. It was noted in our communication with Santa Clara that one of their Best Practices is one for one exchanges with no cap/limit on the total number of syringes exchanged. This means that if someone came in with 2,000 syringes that they could exchange 2,000 syringes. Santa Cruz SSP did not follow this Best Practice. HSA went to the Board of Supervisors to institute a cap on the number of syringes exchanged. This change was approved by the Board of Supervisors and will go into effect September 15, 2014.</p>
11	Ms. Nguyen said she surveyed all 37 needle exchanges in CA – can we get a copy of this information?	<p>Attached is the link to the list of 37 syringe exchange programs in California that were surveyed. http://www.cdph.ca.gov/programs/aids/Documents/List%20-%20SEPs%20-%204-14.pdf</p>
12	Why doesn't the SSP check ID's?	<p>As has been answered in the past and noted in FAQ #13 page 6 at the link provided http://www.santacruzhealth.org/pdf/SSPFAQ.pdf:</p> <p>Recommended best practices indicate ID card system is not best practice for syringe exchange program. The HSA SSP does not use an identification card. Currently the program issues a unique identifier (identification number) to each participant who utilizes the program. At each visit the unique identifier is used to monitor the utilization of the program and ensure that the clients are being served the best they can within the confines of the program. Asking for identification would deter some of the people SSP is trying to reach and thus would increase the risk of disease.</p>
13	Is it possible that you are providing needles to minors?	<p>SSP is clear about not serving minors in the program. Staff is trained on the importance of this matter. Each client is asked their year of birth, if the year stated implies that they under 18 or their age appears questionable the Health Officer is called for evaluation.</p>

14	Would the SSP be willing to request a Sheriff Office (Civilian employee acceptable) on site to check ID and for warrants? Are we handing out needles to felons?	<p>The Needles Solution Team was sent an email on May 1, 2014 at 11:30am explaining why third parties could not be present at a syringe exchange. We cannot jeopardize patient confidentiality and trust in a medical setting.</p> <p>Further, it would not be a good use of law enforcement resource for them to be part of the SSP team to be on site to check ID and for warrants.</p>
15	How is giving somebody a "unique identification number" accomplished, w/o the use of photo identification? Is there something that prevents getting more than one "unique identification number"?	<p>See FAQ #13 at http://www.santacruzhealth.org/pdf/sspfaq.pdf</p> <p>Unique identifier reporting: In public health, a system that uses information such as the person's birth date and part of their identification number (in the U.S., the social security number) to create a unique code that is reported instead of a name. It is an alternative to named reporting that provides some of the surveillance benefits of reporting by name, such as the elimination of duplicate reports, while reducing privacy concerns by avoiding use of a person's name. Please see: http://www.medterms.com/script/main/art.asp?articlekey=5901</p>
16	What kind of unique identifier is given to each new client and what checks are in place to ensure that each time a user goes in for service he or she doesn't just give a fake name and claim to be a new client each time?	<p>The unique identifier is a combination of the client's parent's initials, day of birth, year of birth and gender. Quarterly, the data is reviewed and evaluated by an epidemiologist.</p> <p>Only a few people staff the SSP program, by now most clients are well known by staff and have developed a relationship with the staff. Establishing this trust and rapport is essential for linking the client to treatment and other services.</p> <p>The Public Health's goal is to ensure that used syringes are disposed of properly and safely.</p>
17	Can clients exchange needles for "friends"?	<p>Yes, this is called "Secondary Exchange" and is recognized as a Best Practice.</p> <p>Go to "Information Resources" on the SSP web page and click on "Recommended Best Practices for Effective Syringe Exchange Programs" page 7.</p> <p>Whether the exchange is primary or secondary, the point is to reduce the risk of spreading disease, so we will exchange syringes based on our Policy and Procedures.</p>

18	How does the SSP encourage their clients to get into recovery?	<p>At each visit, staff engages with the clients regarding recovery. We utilize a harm reduction approach to engage our clients regarding healthy behaviors including recovery. We provide information about the various forms of treatment available. Please see SSP Policy and Procedures pages 9-10.</p> <p>http://www.santacruzhealth.org/pdf/SSP%20Policy%20and%20Procedure%20Santa%20Cruz.pdf#page=10</p>
19	How many SSP clients have gone into recovery as a result of the SSP's efforts?	<p>The recovery journey for any drug user is individual and private. SSP will always ask and refer participants for needed rehabilitation services. However, it is known that there are inadequate rehabilitation services throughout the nation and state for those that need them. HSA does not have the resources to conduct the complex follow-up surveys of SSP participants that would be required to determine how many go into recovery. Moreover, as is well known and documented in the public health and drug treatment literatures, there are many roads to recovery; timing varies; referrals can be acted upon immediately or months later; treatment is often not available when needed; typically several recovery and treatment attempts are required prior to success.</p>
20	Every recovered addict that is a member of this group (TBSC), who has spoken up about the needle handouts, says that the worst possible thing you could do for an addict is give them more needles. Why not listen to the people who have miraculously made it out of addiction and stop the handouts to make it harder to do IV drugs?	<p>As the Public Health Department, our academic learning and professional training has taught us that we must rely on peer-reviewed research findings, best practices, and other Public Health standards to guide our practice as well as following national and state public health policies and recommendations.</p> <p>We appreciate hearing the reports of people successfully recovering from addiction. This is a great accomplishment. However, substance use is a disease and not everyone can recover successfully the first time they want to. This is the precise reason why SSP continues to engage and encourage our participants to begin their recovery journey.</p> <p>HSA has explained many times that there is no evidence that making syringes harder to obtain reduces drug use, and there is overwhelming and irrefutable evidence that syringe exchanges reduce the spread of deadly diseases.</p> <p>Here the most recent example of how the State is applying Harm-Reduction approach in its policy work: Assembly Bill 1535 would increase the availability of Naloxone -- a medication that commonly is used to reverse respiratory depression caused by overdosing on drugs-- is awaiting approval by Gov. Jerry Brown. Laura Thomas, deputy state director of the Drug Policy Alliance, said the medication works to counteract any opiate substance and has no effect when given to individuals who have not taken opiates. This legislative bill, would make the drug available without a prescription at pharmacies across the state. If the measure is approved by Brown, California would be the fifth state to make naloxone available over-the-counter.</p> <p>By providing Naloxone to drug users, the State legislature does not intent to promote drug use, but to apply the harm-reduction approach. Same harm-reduction approach the SSP is using, not to promote drug use, but to provide sterile needles to addicts to prevent them from sharing used needles to prevent the spread of deadly communicable diseases, and to engage them into testing and drug rehab treatment.</p>

21	Do you continue to hand out needles to clients indefinitely, or do you cut clients off, or insist they attend rehab at a certain point?	Clients who present with dirty syringes will receive clean syringes and they receive firm and ongoing education and encouragement to seek treatment.
22	How available is rehab to SSP clients who request it?	Availability of services is dependent on payer source of the person seeking rehabilitation services. There is a waiting list for those low-income individuals who are on Medi-Cal or lack funds to pay for the services. The County has a designated amount of funding set aside for both outpatient and inpatient rehabilitation services and contract with both Janus and Encompass to treat clients. However, the demand of these services exceeds the supply of available services. We conduct outreach to and enroll all interested SSP clients into Affordable Care Act insurance plans. For information on Substance Abuse Recovery Services please see attached documents: Resource Referral Directory & Spanish Resource Directory.
23	Rates of HIV and Hep are the same as cities without needle handouts. Why continue when it's putting the public and environment at risk?	<p>Please see FAQ #2 page 2 http://www.santacruzhealth.org/pdf/SSPFAQ.pdf</p> <p>The US Government has funded several reports on clean syringe programs for persons who inject drugs. The reports are unanimous in their conclusions that syringe exchange programs reduce HIV transmission, and none found that syringe exchange programs caused rates of drug use to increase. The Federal Department of Health and Human Services currently maintains a webpage on the effectiveness of syringe exchange programs at http://www.samhsa.gov/ssp/.</p> <p>See more at: http://www.drugwarfacts.org/cms/syringe_exchange#sthash.zLyzTr4L.IJm6Y126.dpuf</p> <p>The National Drug Control Strategy 2014, (http://www.whitehouse.gov/sites/default/files/ndcs_2014.pdf), report notes that "Addressing the connection between substance use disorders and infectious diseases such as HIV and viral hepatitis remains a priority for both ONDCP and the Office of National AIDS Policy. The reported increase in injection drug use among young people in some parts of the country – particularly in rural and suburban settings– means that state and local governments need to develop a collaborative approach to address substance use disorders as well as the public health issues that result from increased use of syringes. The Administration is committed to informing public health systems on the implementation of needle exchange programs that protect the public, reduce infections, and encourage involvement in substance use disorder treatment."</p> <p>In communication with Santa Clara we have learned that they have averted an estimated 123 HIV infections at a lifetime savings of \$47,379,600. That is nearly \$12 saved for every \$1 spent on their program. This amount does</p>

		not include the averted cost related to Hepatitis C which could be even more that the cost of HIV. Nor does it include the human and social costs avoided.
24	How do you know that the SSP is reducing the rate of HIV and Hepatitis C in Santa Cruz County? How do you prove that?	See response above for question #23. See bibliography in FAQs on page 2, the graph on page 2 of the Annual Report and the table on page 3. http://www.santacruzhealth.org/phealth/2ssp.htm http://sccounty01.co.santa-cruz.ca.us/BDS/Govstream2/Bdsvdata/non_legacy_2.0/agendas/2014/20140415-620/PDF/046.pdf
25	How many SSP clients have contracted HIV/HCV, etc. while being a client? Is there a baseline to even compare against, as in, do we know what their virus status before they become clients? Are any records of this kind kept?	Public Health collects data on communicable diseases from health care providers throughout the County. The SSP does not survey the clients regarding their confidential medical information. The SSP will not require patients to disclose this information because it would risk excluding the very clients the program most tries to attract and thus defeat the purpose of outreach.
26	Does the HSA keep statistics as to how many people overdose from i.v. injected drugs every year in Santa Cruz County? Could you post those numbers on your FAQs list?	No, this is not a subject that's monitored by the Health Services Agency. While this information would prove useful, HSA does not currently have the resources with which to analyze this data.
27	How many new cases of AIDS and HIV are recorded each year in Santa Cruz County and how many are attributed solely to shared needles? Same with Hep C.	See "Reducing Transmission of Disease" in the SSP Annual Report, pages 2 and 3 and "HIV/AIDS and Hepatitis C Surveillance" page 7, in SSP Progress Report December 2013. Both are posted at: http://www.santacruzhealth.org/phealth/2ssp.htm http://sccounty01.co.santa-cruz.ca.us/BDS/Govstream2/Bdsvdata/non_legacy_2.0/agendas/2014/20140415-620/PDF/046.pdf

28	Do all the needles given out look the same or are different types given out?	<p>This has been reported and responded to at several Board of Supervisor meetings, and in the CAO's Public Safety Task Force Report Response dated February 11, 2014. http://sccounty01.co.santa-cruz.ca.us/BDS/Govstream2/Bdsvdata/non_legacy_2.0/agendas/2014/20140211-615/PDF/045.pdf</p> <p>As is customary with all hospitals and health clinics, the SSP provides participants with different types and brands of syringes.</p>
29	Can we see a sample "kit" that you would give to a program participant (including any handouts), with an explanation of what each item is for?	<p>The SSP program does not use a kit as not all clients need all materials at every visit; this would be a waste of public resources. Clients are given harm reducing supplies on an as-needed basis. Educational materials provided are also dependent on the needs of the client. The SSP program has a very broad range of handouts available.</p> <p>Sample of brochures are also located on the web. http://www.santacruzhealth.org/pdf/ssppamphlets.pdf</p>
30	Does the SSP or could they in the future collect data on what the intended use of the needles is, as a way of collecting information about drug use trends. For instance is injecting meth on the increase?	<p>The type of drug injected is collected from each participant at each visit.</p>
31	If the justification for the program is reduced transmission of diseases, why are you giving out things like cookers and tie-offs?	<p>Please see FAQ #5 page 3 http://www.santacruzhealth.org/pdf/SSPFAQ.pdf</p> <p>Disease can be spread through contaminated cookers, cottons, tie offs, etc. Injecting equipment is required for a comprehensive strategy to reduce the spread of HCV, HIV and other blood-borne infections.</p>
32	Why are the needles and the kit given out for free? Surely if someone can afford meth and heroin they can afford needles?	<p>See "Recommended Best Practices for Effective Syringe Exchange Programs" at http://www.santacruzhealth.org/phealth/2ssp.htm. Access to free educational materials and syringes is a best practice. It is only through this service that we link clients to treatment and other care.</p>

33	Can we see and take pictures of the needles and how they are bundled when given out?	See email response from Public Health to the Needles Solution Team regarding third parties presence at syringe exchange. (Question #14 above)
34	What are the hours and bldg. that the SSP is operating currently, and when/where are the new hours are going to be?	<p>Our current hours at 1080 Emeline Avenue are: Monday 8:00am – 12:00pm; Tuesday 4:30pm – 7:00pm; Wednesday 8:00am – 12:00pm; Thursday 8:00am – 12:00pm; Friday 8:00am – 12:00pm</p> <p>Our current hours at 9 Crestview Drive are: Monday through Friday 9:00am – 7:00pm; Friday 9:00am – 4:30pm; Closed Daily from 12:00 – 1:00pm</p> <p>The Board of Supervisors approved new hours for SSP, effective September 15, 2014: 1080 Emeline Avenue Monday 8:00am – 12:00pm; Tuesday 5:00pm – 7:00pm; Friday 8:00am – 12:00pm</p> <p>9 Crestview Drive Monday 5:30pm – 6:30pm; Tuesday & Wednesday 9:30am – 11:30am & 5:30pm – 6:30pm; Thursday 5:30pm – 6:30pm</p> <p>Our website has the current hours. http://www.santacruzhealth.org/phealth/2ssp.htm</p>
35	Will there be mobile vans delivering needles across the County? If so, how will locations be determined?	No. HSA does not have the resources to provide these services. Under direction of the County Board of Supervisors HSA reached out to several community-based organizations regarding mobile services. No organization was able to provide those services at this time.
36	Have you studied the impact that the SSP at Emeline is having on the surrounding neighborhood?	HSA takes this matter seriously and has listened to Emeline residents and participated in neighborhood meetings. We recognize and understand their concern. The Board of Supervisors has accordingly reduced the hours of the SSP, effective September 15, 2014. The Health Services Agency has also enhanced security patrolling in the area and continues to work collaboratively with the Sheriff's Office to ensure public safety for this neighborhood.
37	Have you met with or surveyed Emeline neighbors about their concerns with having an NEP in their neighborhood?	See response above for question #36.

38	<p>Have you looked at crime statistics for the Emeline neighborhood before and after the SSP moved there 5 days a week?</p>	<p>Public Health and public safety are important to the Health Services Agency. The Health Services Agency works closely with law enforcement to ensure public safety for the neighborhood, as well as our staff. We are not aware and cannot substantiate a correlation between crime and the SSP operation, as this question insinuates.</p> <p>Please see FAQ # 3 page 2. http://www.santacruzhealth.org/pdf/SSPFAQ.pdf</p> <p>Please see following link page 66. http://www.health.gov.on.ca/english/providers/pub/aids/reports/ontario_needle_exchange_programs_best_practices_report.pdf</p> <p>Please see following link page 18 & 48. http://harmreduction.org/wp-content/uploads/2012/01/NHS-NSP.pdf</p> <p>Please see following link page 174. http://c.ymcdn.com/sites/www.acpm.org/resource/resmgr/policy-files/polstmt_drugmorbidity.pdf</p>
39	<p>Would you consider creating a fund for after care medical treatment for people who accidentally get stuck by a needle in public? For people without insurance or have insurance that won't cover needle stick tests and treatments, this is especially needed. Just the follow up blood tests and tests on the material in the needle can be hundreds of dollars.</p>	<p>Needle stick injuries are a Public Health concern. Needle stick injuries can occur in any setting, including in hospitals and medical clinics. The risk of transmission of HIV is low after a needle stick. According to the CDC 99.7% of needle stick/cut exposures to HIV-contaminated blood do not lead to infection. However, the Health Services Agency would recommend a needle stick injury be evaluated and treated by a medical provider. Under the Affordable Care Act, with the exception of the undocumented population, residents should apply for eligible health care insurance coverage. There are safety net clinics in the community which would serve anyone who needs basic medical attention and a sliding fee scale would be applied for the services based on the person's income level.</p>
40	<p>Are you aware that PG&E workers were finding needles jabbed into the utility pole near the SSP every time they came to service it?</p>	<p>The Environmental Health Division (EH) received a communication from a PG & E manager who claimed that there were syringes stuck in a telephone pole near Broadway and Ocean St. HSA responded by sending a manager from EH out to the scene to investigate. He examined 27 poles in the area, and found no syringes. This question appears to be based on that single incident.</p>

41	Do County employees keep a log of the number of needles they find discarded in public spaces?	Public Health does not want syringes discarded inappropriately. If a County employee found an inappropriately discarded syringe, the employee would follow protocol as described in response to question #6. Namely, calling the appropriate department to respond depending on the location of the syringe. In addition, the County of Santa Cruz has recently installed three kiosks for syringe disposal. The kiosks are located in front of the Clinics (1080 Emeline Avenue & 9 Crestview Drive) and at the Governmental Center (701 Ocean Street)
42	Take Back Santa Cruz's Needles Solutions Team has logged almost 5500 needles reported found in public spaces in 19.5 months. Other than the Needle Exchange, do you have any other suggestions for reducing this number?	The Health Services Agency has always supported an increase in access to treatment for individuals who are addicted to drugs and alcohol. The SSP Program has three components, one is syringe disposal and community clean up. Please refer to SSP Program description on SSP Webpage: http://www.santacruzhealth.org/pdf/SSPProgDescrip.pdf Syringe Exchange Programs remain the standard response and best practice for reducing the number of improperly disposed syringes. The scientific evidence is overwhelming. See the bibliography on page 4 of the FAQs posted at: http://www.santacruzhealth.org/pdf/SSPFAQ.pdf . Please note that SSP is not the only source of syringes in the community, by law pharmacies and physicians' offices can also provide syringes without a prescription.
43	Would it be possible for you to use any of the following: Color-coded needles, print-coded needles, retractable needles, or needles that have a cover to slide over?	See FAQ #18 at http://www.santacruzhealth.org/pdf/SSPFAQ.pdf . This question was previously answered in the Public Safety Task Force Report Response dated February 11, 2014. http://sccounty01.co.santa-cruz.ca.us/BDS/Govstream2/Bdsvdata/non_legacy_2.0/agendas/2014/20140211-615/PDF/045.pdf
44	Even if it were not possible to track needles by marking them, can't the SSP track the number of needles that they receive that are a completely different style than those they give out?	See FAQ#18 at http://www.santacruzhealth.org/pdf/SSPFAQ.pdf . This question was previously answered in the Public Safety Task Force Report Response dated February 11, 2014. http://sccounty01.co.santa-cruz.ca.us/BDS/Govstream2/Bdsvdata/non_legacy_2.0/agendas/2014/20140211-615/PDF/045.pdf
45	Would you agree to put your services to a vote in the county, to make sure people of the county agree with what you are doing?	Public health is a public service agency and it is not in the position to make political decisions.