



PUBLIC SAFETY CITIZEN TASK FORCE PUBLIC MEETING

Wednesday, July 24, 2013

6:00 p.m.

Santa Cruz Police Department Community Room
155 Center Street, Santa Cruz, CA 95060

M I N U T E S

- I. Chair Reyes Call to Order
 1. Meeting called to order at 6:05 p.m. by Chair Reyes.
 2. Chair Reyes thanked the TF and the community for attendance, then briefly discussed the layout of the meeting, including guest speakers, a question and answer period and a comment period.
- II. Approval of July 10, 2013 Minutes
 1. July 10, 2013 Minutes approved with one abstention (Bernie).
- III. Panel Presentation on Theme 2: Drug and Alcohol Abuse, Drug Trafficking, and Related Non-Violent or Petty Crime
 1. Bill Manov, Director of Santa Cruz County Alcohol and Drug Program
 - a. Here to discuss problems but also bring solutions.
 - b. Through a phone survey, about 21,000 people ages 12 and over have been diagnosed with some form of substance abuse issues in the Monterey Bay region within the last year. 15% of the 21,000 have sought help, with no more than 6.5% of those actually receiving help.
 - c. 97% of the County's substance abuse money is being spent on downstream impacts of substance abuse; the other 3% is being spent on prevention and treatment.
 - d. Alcohol outnumbers all other drugs combined in terms of cost impacts.
 - e. To help structure individuals' decisions, a key principle is to structure negative and positive consequences. This is because treatment often comes from some amount/type of coercion.
 - f. To change addicts' criminal behavior, their addiction must be addressed, otherwise problems will continue through recidivism.
 - g. Incarceration should be a last-ditch effort on a short-term level.
 - h. Application of consequences must be swift, allowing for a connection between action and consequence.
 - i. Treatment retention is as much of an issue as is treatment effectiveness.
 - j. One important way to get people to stay in treatment: make the programs more attractive while working closely with the criminal justice system.

- k. The serial inebriate project has resulted in a 60% drop in arrests, a 30% drop in ambulance runs and emergency department visits, and some increase in jail days (due to the dismissal of the revolving door).
 - l. Adult Drug Court is a very effective response, though very costly.
 - m. Substance abuse treatment typically has around 35% success rate. This should be viewed through two questions: did the programs save a substantial amount of money in comparison to incarceration and was it successful enough to justify the services.
- 2. Scott MacDonald, Chief Probation Officer for the Probation Dept. of Santa Cruz County.
 - a. Despite current problems, there has been a drop in property crime since the 1980s.
 - b. Seeing how Santa Cruz is a major tourist destination, the fluctuation in population needs to be considered and accounted for.
 - c. Most property offenses driven by drug problems
 - d. Out of the 13,000 bookings in jail, about a third of those are for public nuisance offenses.
 - e. With Proposition 36, a possible felon can attend treatment. If they are successful, they potentially get their case dismissed.
 - f. Funds for this were lost, and now 375 individuals deal with one probation officer.
 - g. The best form of treatment will provide a 40-50% reduction in recidivism.
 - h. The most effective forms of treatment from Pew's list are cognitive behavioral programs. For every dollar spent, they save about \$49.
 - i. EPICS, interview to motivate and coach into taking less risk taking behavior, has effectively reduced recidivism.
 - j. First time offenders need a public health model, while repeat offenders need to face harsher responses.
- 3. Lisa Hernandez, Health Officer for Santa Cruz County
 - a. Santa Cruz County's syringe exchange program has been around for about 25 years. Its intentions have remained the same.
 - b. Recently, a Syringe Services Program (SSP) was implemented, with its primary goal to reduce the spread of blood born pathogens.
 - c. There are three components to SSP
 - 1. Syringe Exchange: Which follows the harm reduction model, the numbers of loose syringes have decreased in communities that have SSPs , and other services and programs are offered.
 - 2. Syringe Disposal and Cleanup: There are kiosks at Emeline and Watsonville and there are widespread efforts to do cleanups.
 - 3. Community Education and Awareness: Community Discussions revolving around syringe exchange better inform the public and outreach with law enforcement.
 - d. SSPs do not increase drug use or the spread of trash.
- 4. Emily – Street Outreach Supporter (Through the Needle Exchange)
 - a. Home visits component of the program is a completely different version of all other services provided.

- b. There are many different outlets for syringe exchange, though currently there is the smallest amount since the 1980s. This could partially explain the increase in loose needles in the community.
- c. The home delivery service usually better allows for opening up for personal information. This also leads to other health-related services.
- d. Other programs include testing for blood-borne pathogens, counseling, and overdose prevention.

IV. Task Force Question and Answer Period

1. Question: How can the programs that save \$49 for every \$1 spent be presented to the public?
2. Answer: Through community events, much like this one. Much of this requires community input and education. Also, there is a need to publicly evaluate programs in order to maximize dollars that are available
3. Question: What is the difference between harm reduction and enabling?
4. Answer: Enabling, in the context of the 12-step community, is anything that is done with or for a person that is not directly leading them away from behavior. Harm reduction is a different paradigm. Its focus is more on identifying a large problem, like addiction which is multi-pronged, and cannot be wiped out in one fell-swoop.
5. Question: How do the substance abuse numbers in the Monterey Bay Area compare with national numbers? Also, how accurate and representative are these phone survey responses?
6. Answer: The number of substance abusers out of the general population for the Monterey Bay region was 9.5% while California's was 8.75%. Also, 21,000 substance abusers in the region is likely an undercount.
7. Question: How functional are most alcoholics, especially in comparison to other drug users? In regards to criminal activity? Do alcoholics cause less damage?
8. Answer: Alcohol is cheap and legal, so alcoholics are less likely to commit property crimes. Despite this, both drugs and alcohol cause tremendous suffering in their own ways. Also, there is a lot of violence fueled by the use of alcohol.
9. Question: With 375 probationers and one probation officer, what will it take to get an adequate number of probation officers?
10. Answer: Santa Cruz has one of the lowest funded probation departments in the state. California is the only state that has a general funded program for probation. With Proposition 36, there was a time when a share of those funds went to more probation officers. They do not have that anymore, which is problematic.
11. Question: Why are we underfunded? Also, why are we not using Roundtree to address more severe addicts?
12. Answer: The County is underfunded because there is not a significant amount of general funds. Also, Roundtree is not the best solution for the most severe addicts. The County needs to look at other communities, for there are other ways to deal with serial inebriates that have been effective.
13. Question: In regards to Santa Cruz County's size, do other counties have similar problems that we do? What would happen if we moved services to other areas?
14. Answer: It's hard to put services in areas where it will not affect the surrounding area. The County is looking into placing services in different areas. However, some people come from all over for services, where others are severely limited in mobility.
15. Question: In regards to needle exchange programs, does Santa Cruz County have more services than other counties?

16. Answer: Monterey County's exchange per capita is slightly higher, Santa Clara County's is intentionally smaller.
17. Question: Do you have any ideas about what can better the City?
18. Answer: Leverage funding for programs, and address that there is not one agency, solution, etc. for the issues facing the City. Also, the task force is a good start. City-County partnerships should be focused on as well. Plus, you cannot just look into treatment or the justice department for solutions. Also, collaboration between agencies, programs, etc. is important, especially in regards to a harm reduction approach.
19. Question: What does 1-1 exchange mean? Does it just mean 1-1?
20. Answer: If someone is considered higher risk of transmitting blood born pathogens, they can get an additional 15 (maximum) syringes. For first time users, if they do not bring in any syringes, they can receive 15, though this is not encouraged. Despite this, for the most part, the needle exchange is taking in more needles than it is giving away.
21. Question: What identification system is used by the needle exchange program? How are unique identities being tracked and checked, especially in regards to minors? What are county liabilities with lawsuits with exposure to dirty needles?
22. Answer: There is not a requirement to have an ID card. Questioning the individual's date of birth, their mother's maiden name and their gender are used for identification. If the individual is suspected of being a minor, a manager is contacted.
23. Question: How transparent is the tracking system? Does it prevent fraud?
24. Answer: The County is trying to be transparent through its reports which will publish on its website.
25. Question: How frequent is Drug Court? What time? Who is the judge?
26. Answer: Once a week on Fridays. Prehearing is noon to one, the hearings are 1:30 to three. The judge is Commissioner Kim Basket.
27. Question: If you moved county services to other places, what would happen? Didn't this already happen with Watsonville? Can't it happen again?
28. Answer: Geography matters. When this happened with Watsonville, warrants declined for there was less of a desire to travel.
29. Question: How are more needles being taken in than distributed? Where are they collected?
30. Answer: Individuals are often collecting for large numbers of people. There are only numbers for the pick-up and drop-box locations, not from cleanups.
31. Question: Where do the individuals that improperly discard needles retrieve them from?
32. Answer: There are many different sources.
33. Question: Is there a maximum on how many needles that can be exchanged? What is a home visit?
34. Answer: No, there is no maximum. Though it is asked how many people the needles are being exchanged for, which can open other harm reduction actions. Home visits include a request for a home visit, a confirmation call is made and the needed supplies are delivered to the individual's location.

V. Closing Comment Period

1. The Probation Department for the County of Santa Cruz should be applauded. When AB 109 was enacted, counties could spend money how they wanted. In Santa Cruz, however, a third of the money went to the sheriff and jails, a third to probation and a third to voluntary programs that helped people reenter the community.

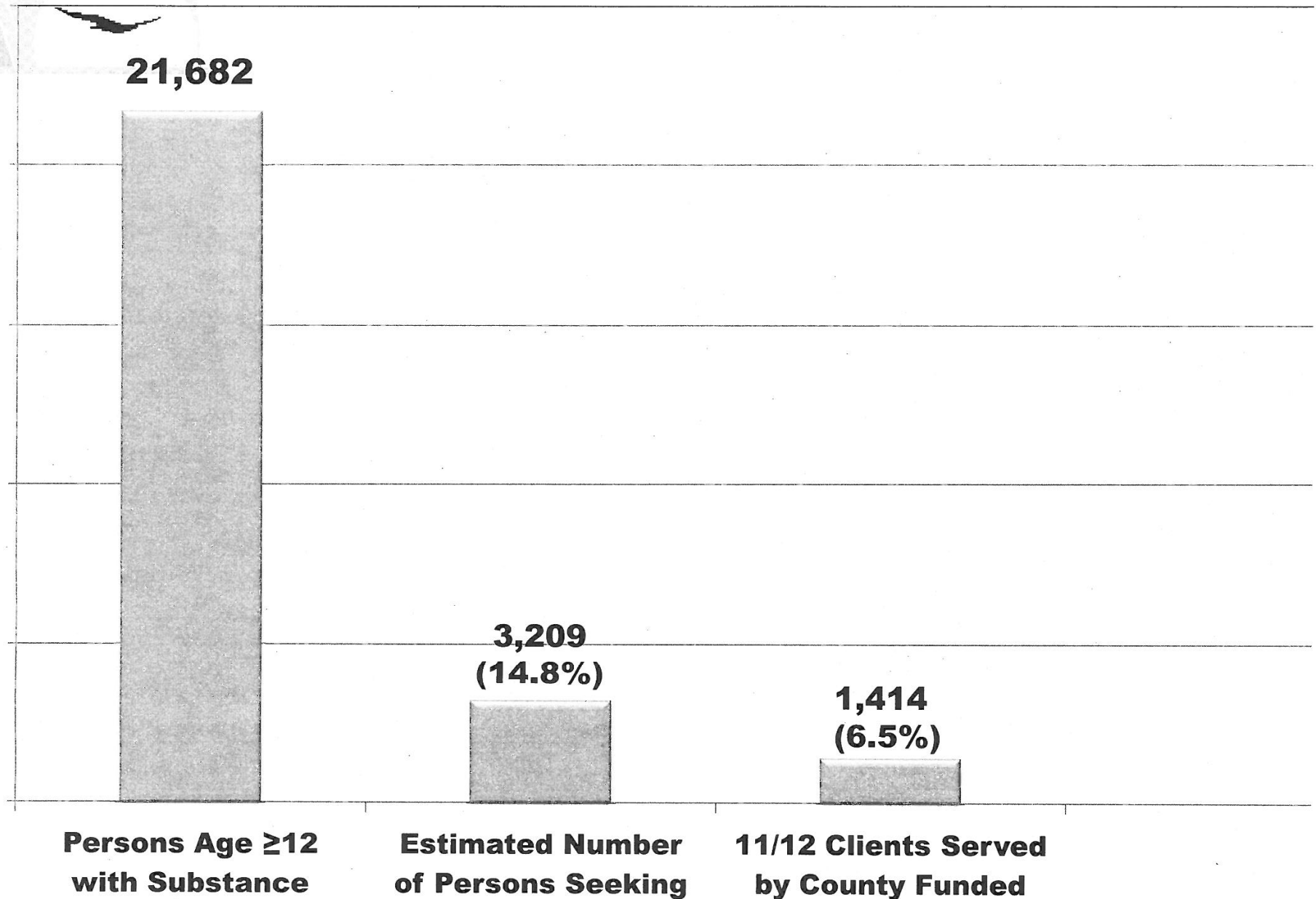
2. Scott's graph on declining property crime does not address that other places' property crimes have decreased more than Santa Cruz. Violent crime in other areas has shifted even further. Also, there is a concern that certain social services are not effective, that they enact unintended consequences and that they may be enabling.
3. Currently there is a public perception that the City draws people here. Unfortunately, this meeting did not address people that are hurt by drug use. How do you make restitution to those people? I would like to look at criminal behaviors of addicts and other impacting behaviors when discussing treatment. Would like to be more rigid on the 1-1 exchange ratio.
4. The exchange, though it works towards minimizing the spread of disease, is a horrible form of enabling.
5. There is a need to focus on collaboration.
6. As the task force and others move along, it is important to remember that it is addressing a very small population who take a very large toll on the overall population. Also, substance abusers do come here for the location, services, and tolerance.
7. There is an understanding why the needle exchange program began, but why is it still needed when there are other sources to get needles? Would like to understand what sobering facilities, cognitive behavioral programs and flash incarcerations are.
8. Now that there is a better understanding of just how big of an impact alcohol has on the community, the City should be able to deal with that issue proactively.
9. The \$49/\$1 programs should be shared with the public and those programs need to be looked at seriously, for they sound successful.
10. It is important to look at programs that might not be successful now. Keep in mind this might be because they are not funded enough. Also, how do you balance harm reduction to make programs more effective in both programs' eyes and those of the community?

Adjournment -- The Public Safety Citizen Task Force adjourned from the public meeting of July 124 2013 at 9:05 p.m. The next meeting is scheduled for August 7, 2013, 6:00 p.m., Santa Cruz Police Department Community Room.

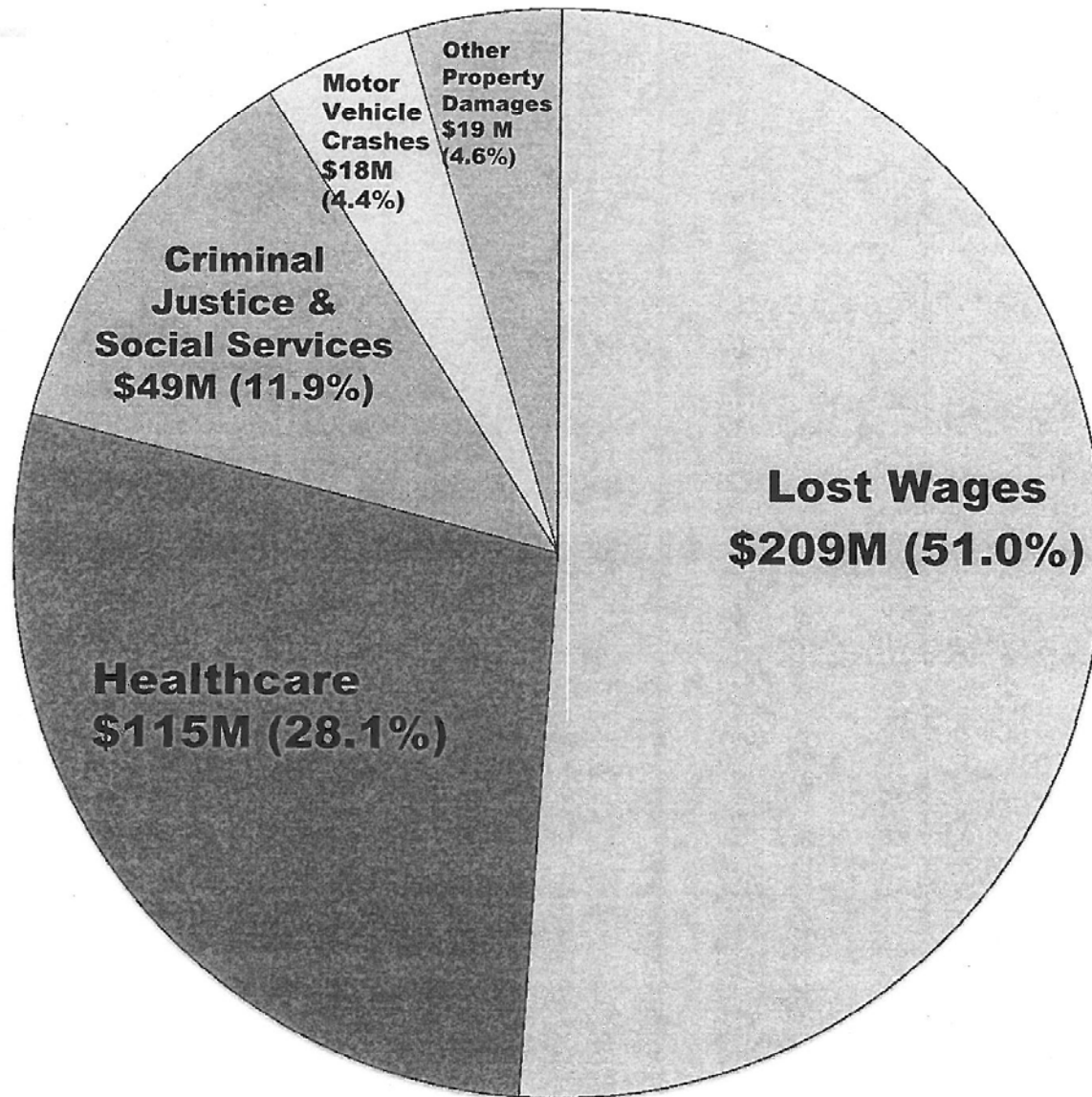
The City of Santa Cruz does not discriminate against persons with disabilities. Out of consideration for people with chemical sensitivities, we ask that you attend fragrance free. Upon request, the agenda can be provided in a format to accommodate special needs. Additionally, if you wish to attend this public meeting and will require assistance such as an interpreter for American Sign Language, Spanish, or other special equipment, please call the City Clerk's Department at 420-5030 in advance so that we can arrange for such special assistance. The Cal-Relay system number: 1-800-735-2922.

Public Safety Task Force meetings will be recorded for the purpose of preparing minutes.

Santa Cruz County Substance Abuse Treatment Needs and Services



Cost of Untreated Substance Abuse in Santa Cruz County – Total \$410 Million per Year



Key Points of Intervention in the SUD Continuum

- 1) decreasing the number of persons with SUD through prevention
- 2) increasing the percentage of those with SUD who are interested in getting into treatment
- 3) increasing the capacity of the treatment system to accommodate more people
- 4) increasing the ability of the treatment system to retain clients so they can benefit from treatment
- 5) increasing the effectiveness of SUD treatment and recovery maintenance so that more people can complete treatment and maintain stable recovery after treatment.

Key Elements of Effective Use of Consequences

- Must have incentives as well as sanctions
- Swift
- Certain
- Proportionate and Consistent

County of Santa Cruz Syringe Services Program FAQs

1. What is a syringe exchange program?

Syringe exchange is a public health intervention which is proven to reduce the transmission of blood-borne pathogens in the community. It works by providing people who cannot or will not stop injecting illegal drugs with new syringes, and a place to safely dispose of used syringes. There are approximately 200 syringe exchange programs operating in 38 states. Syringe exchange is common elsewhere in the world, with official programs being operated in at least 46 countries, including countries such as Iran, China, and Russia, where illicit drug use is often treated far more harshly than is constitutionally possible in the United States.

California Health and Safety Code Section 11364.7 (a) guarantees freedom from criminal prosecution for public entities and their agents or employees who distribute syringes or syringes during a lawfully authorized syringe exchange project/program.

2. Why does Santa Cruz County Health Services Agency Syringe Services Program (SSP) give syringes to people who don't bring in dirty syringes?

The drug user who has no syringe at all is the drug user at highest risk of using another person's dirty syringe. The syringe exchange may give a limited number of clean syringes to drug users who do not have any. A recent study of 26 syringe exchanges in California showed that counties with a strict one-for-one policy (i.e. no syringe could be given out unless a dirty one was brought in) had just as many syringes found on the streets as counties such as San Francisco or Los Angeles, which allowed exchanges to give limited numbers of syringes to people who had none. However, the study found that drug users in counties with a strict one-for-one policy had higher rates of syringe sharing than those without (1). Additionally, in 1997, the town of Windham, Connecticut closed its only syringe exchange following community concerns that the syringe exchange was the primary source of street-discarded syringes. A federally funded study conducted in the county during this period found that there was no change in the number of street discarded syringes after the exchange closed, but that drug users were sharing and re-using those syringes more often before discarding them. (2)

More generally, studies consistently show that syringe exchanges are not associated with increases in syringe trash (3), and that law enforcement officers report decreased rates of syringe-stick injuries after the opening of exchanges, as syringes are more likely to be stored in disposal containers for return to the exchange (4).

3. How do we know syringe exchange reduces the number of HIV infection?

Because syringe exchange has been politically contentious, it is the most thoroughly studied public health intervention of the past thirty years. These studies have repeatedly and consistently shown that syringe exchange reduces new HIV infections (5), increases successful uptake of drug treatment, and does not result in increased crime or violence in communities in which they are started (6). Federally funded reports conducted by the National Commission on AIDS (7), the General Accounting Office (8), the Centers for Disease Control and Prevention (CDC) (9), the National Institute of Medicine's National Research Council (10), and the Office of Technology Assessment (11) have all concluded that syringe exchanges reduce the transmission of HIV while not increasing drug use.

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1. Kral, A. H.; Anderson, R.; Flynn, N. M. & Bluthenthal, R. N. (2004), 'Injection risk behaviors among clients of syringe exchange programs with different syringe dispensation policies', *Journal of Acquired Immune Deficiency Syndromes* 37(2), 1307-1312.
2. Broadhead, R. S.; van Hulst, Y. & Heckathorn, D. D. The impact of a syringe exchange's closure. *Public Health Reports*, 1999, 114 (5), 439-447
3. Doherty, M. C.; Junge, B.; Rathouz, P.; Garfein, R. S.; Riley, E. & Vlahov, D. (2000), 'The effect of a syringe exchange program on numbers of discarded syringes: a 2-year follow-up', *American Journal of Public Health* 90(6), 936-939.
4. Groseclose, S. L.; Weinstein, B.; Jones, T. S.; Valleroy, L. A.; Fehrs, L. J. & Kassler, W. J. (1995), 'Impact of increased legal access to syringes and syringes on practices of injecting-drug users and police officers--Connecticut, 1992-1993', *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 10(1), 82-89.
5. Wodak, A. & Cooney, A. (2005), 'Effectiveness of sterile syringe and syringe programmes', *International Journal of Drug Policy* 16S, S31-S44. Heimer, R.; Khoshnood, K.; Bigg, D.; Guydish, J. & Junge, B. (1998), 'Syringe use and reuse: Effects of syringe exchange programs in four cities', *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 18 Suppl 1(3), S37-44.
6. Galea, S.; Ahern, J.; Fuller, C.; Freudenberg, N. & Vlahov, D. (2001), 'Syringe exchange programs and experience of violence in an inner city neighborhood', *Journal of Acquired Immune Deficiency Syndromes* 28(3), 282-288.
7. Bluthenthal, R. N.; Kral, A. H.; Erringer, E. A. & Edlin, B. R. (1998), 'Use of an illegal syringe exchange and injection-related risk behaviors among street-recruited injection drug users in Oakland, California, 1992 to 1995', *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 18(5), 505-11.
8. Brooner, R.; Kidorf, M.; King, V.; Beilenson, P.; Svikis, D. & Vlahov, D. (1998), 'Drug abuse treatment success among syringe exchange participants', *Public Health Reports* 113 Suppl 1(6), 129-39.
9. National Commission on AIDS (1991) *The Twin Epidemics of Substance Use and HIV*. Washington DC.

8. General Accounting Office (1993) Syringe Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy US Government Printing Office: Washington DC.
9. Centers for Disease Control and Prevention (1993) The Public Health Impact of Syringe Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations CDC: Atlanta.
10. Institute of Medicine, National Research Council (1995): Preventing HIV Transmission: The Role of Sterile Syringes and Bleach National Academy Press: Washington DC.
11. Office of Technology Policy Assessment of the US Congress (1995) The Effectiveness of AIDS Prevention Efforts US Government Printing Office: Washington DC.

4. What to do if you find syringes in the community?

If you have found syringes in 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 exists, please call the **Department of Public Works at 454-2160** to report the finding and request removal.

If syringes are found on private property, please call **Environmental Health at 454-2022** to report the finding and request removal.

5. Along with syringes, what other supplies are participants of the syringe exchange program receiving?

The County Health Services Agency's SSP follows best practice recommendations issued by various peer-review and scientific research and reports from the United States and other countries regarding syringe exchange programs. These practices, including the Harm Reduction framework indicate that providing other necessary supply items along with sterile syringes will reduce the potential HIV and Hepatitis C risk associated with the re-use of supplies used in drug injection. In addition to syringes, there are a variety of supplies that are important for syringe exchange programs to stock and distribute in order to offer a comprehensive approach to preventing infectious disease. Blood-borne infections such as Hepatitis C virus can be transmitted through sharing any piece of injection equipment that may have blood on it. Other harm reduction supplies offered at the SSP include bandages, condoms, lubricant, caps/cookers, tourniquets, water, bleach, cotton, alcohol wipes, bandages and antibiotic ointment. Research has demonstrated that sharing cookers is an independent predictor of contracting the Hepatitis C virus and has also documented an association between cooker sharing and HIV prevalence. The distribution of cookers to clients is the best way for syringe exchange programs to reduce the risks with the re-use of sharing of cookers among intravenous drug users.

Articles (or their abstracts) discussing blood-borne disease transmission can be viewed by opening the following web links:

- Parenteral transmission of HIV among injection drug users: assessing the frequency of multi-person use of needles, syringes, cookers, cotton, and water.
<http://www.santacruzhealth.org/pdf/ParenteralTrans.pdf>
- Overcoming Barriers to Prevention, Care, and Treatment of Hepatitis C in Illicit Drug Users
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1510897/>
- Prevention and Treatment of Hepatitis C in Injection Drug Users
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1629041/>
- Ontario Syringe Exchange Programs: Best Practice Recommendations
http://www.health.gov.on.ca/english/providers/pub/aids/reports/ontario_syringe_exchange_programs_best_practices_report.pdf
- National Institute for Health & Clinical Excellence: Syringe and Syringe programs: Providing People Who Inject Drugs With injecting Equipment
<http://harmreduction.org/wp-content/uploads/2012/01/NHS-NSP.pdf>

6. Does the SSP program offer home deliveries?

Yes, as part of the Santa Cruz County comprehensive SSP program, we are currently offering home deliveries. With the use of personal vehicles, not County vehicles, Street Outreach Supporters (SOS) volunteers are implementing the home delivery aspect of the SSP. Delivery requests are made in advance by phone; the supplies are then delivered to the residence of the participant requesting supplies. Home deliveries and other exchanges are not to occur in parking lots. All policies, procedures, educational materials and supplies used for home delivery are the same as what is used for the fixed clinic sites of syringe exchange. All policies, procedures, educational materials and supplies have been reviewed and approved by the Health Officer. The Health Officer and Program Manager have established regular meetings with SOS representatives to review practice and enforce compliance as well as for data collection and information sharing.

- Needle Exchange Programs. Delivery and Access Issues
<http://www.ncbi.nlm.nih.gov/pubmed/12353453>
- Secondary Syringe Exchange Among Injection Drug Users
<http://www.ncbi.nlm.nih.gov/pubmed/12791808>
- Health Benefits of Secondary Syringe Exchange
<http://www.hunter.cuny.edu/sociology/faculty/howard-lune/repository/files/Murphy.Kelley.Lune04.pdf>

- Promoting Secondary Exchange: Opportunities to Advance Public Health
<http://harmreduction.org/wp-content/uploads/2012/01/promotingsecondaryexchange.pdf>

7. Was there new training for County workers? Were SOS volunteers included?

All County Staff, SOS and other volunteers who participate in the SSP are part of an ongoing training program. A broad range of topics are covered through regular training sessions. Topics include, but are not limited to SSP Program overview and orientation, harm reduction model, safer injection and equipment, California state syringe exchange regulations, blood-borne pathogens, exposure control, universal precautions, referral procedures, HIV testing and counseling and treatment and recovery. Need for training is constantly evaluated with new training topics continuously added to the training calendar. Trainings are conducted by internal staff and, when needed, expert trainers from the appropriate field.

In addition, HSA administrative staff involved in the development and implementation of the SSP program have and continue to receive ongoing training and support from the California Department of Public Health, The Harm Reduction Coalition, Monterey County, Santa Clara County, San Francisco County and other local health departments conducting syringe exchange activities.

8. Does the Santa Cruz County SSP Program hand out educational materials?

Yes, the Santa Cruz County SSP Program provides clients with a broad range of educational materials. Topics include drug treatment and rehabilitation, infectious disease such as Hepatitis C and HIV information and prevention, testing resources, and safer injection techniques.

Click here to view samples of information brochures:
<http://www.santacruzhealth.org/pdf/ssppamphlets.pdf>

9. How is the Santa Cruz County SSP funded?

HSA is responsible for managing and monitoring the expenditures of the fixed clinic site syringe exchange program. HSA is currently exploring outside funding sources with hopes of securing grants for this program in the future.

10. What does 1:1 exchange mean?

For each used syringe a client brings in to exchange, they get a clean one in return. If they bring 10 used syringes, they get 10 new syringes, etc.

Guide to Developing and Managing Syringe Access Programs
<http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/syringe-access-manual/>

On a one time basis, a new participant may be provided new syringes without the exchange of used syringes. Once assessed for need, the client may be given up to 15 new syringes along with other harm reduction supplies and education about the need to bring those syringes back for future exchanges.

On subsequent visits, if a client does not have used syringes, they do not receive clean syringes. They are offered other harm reduction supplies, which include: supplies to clean used syringes, a list of pharmacies selling non-prescription syringes and a program schedule. They are then asked to return when they have syringes to exchange.

Click here to view list of pharmacies selling non-prescription syringes
<http://www.santacruzhealth.org/pdf/ssppharmacylist.pdf>

11. What does medical exception mean? Who is granted a medical exception?

If a participant presents at the exchange program without used syringes or needing more syringes than they have to exchange and has an elevated risk for becoming infected or infecting others with HIV, Hepatitis C or other infectious agents, they will be assessed for eligibility for a medical exception. If granted a medical exception, staff will work with the client to determine when the client can return to the exchange program and how many syringes they need until that time. In no case will a participant receive more than 15 additional syringes under the medical exception policy.

For additional information please see our [SSP policies and procedures page 10, item c, ii.](#)

12. Will data and reports be available on the County Syringe Services Program Web Page?

Yes, 90 day reports will be posted on the web for the public to view. The first 90 day report is scheduled to be posted on the web at the end of August 2013. For details about what will be included in the report please see [SSP policies and procedures page 12 & 13.](#)

13. Does the Santa Cruz County SSP utilize an ID card system for program participants?

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.

- Recommended Best Practices for Effective Syringe Exchange programs in the United States
http://www.cdph.ca.gov/programs/Documents/US_SEP_rec final_report.pdf

- Guide to Developing and Managing Syringe Access Programs
<http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/syringe-access-manual/>

14. Does SOS have a website accessible by the public?

Currently the SOS website is outdated and under construction. While the site is being updated HSA has removed links from the HSA web page. Once the site is fully updated, links to it will be added back to the HSA website.

15. What is the current status of sharps kiosks being placed in the community?

Sharps kiosks have been placed at 1080 Emeline, Building D and 9 Crestview Dr., Watsonville. Both of these kiosks are located outside of the County's health clinics. The County has obtained two more kiosks and is in the process of investigating additional placement locations in the unincorporated areas of the county. The community is encouraged to report any information on improperly discarded syringes or the lack of disposal availability for prescription syringes to County Environmental Health at 454-2022.

County staff continues to have conversations with staff from the City of Santa Cruz and County Officials regarding potential future kiosk sites.

16. Do syringe exchange programs increase injection drug use in a community and do syringe exchange programs reduce the number of used syringes discarded in a community?

There is no scientific evidence that shows that syringe exchange programs (SEPs) increase the use of injection drugs nor do these programs encourage initiation of injection drug use.

- Santa Cruz Sentinel Opinion: Hilary McQuie: Syringe Services Programs are a Critical Part of the Solution
http://www.santacruzsentinel.com/opinion/ci_22557214/hilary-mcquie-syringe-services-programs-are-critical-part

Yes, there are numerous studies that have shown that those communities who have SEPs have fewer discarded syringes.

- City of Los Angeles Syringe Exchange Program
http://disability.lacity.org/aids/syringe_exchange.htm
- ACPM Public Policy On Needle Exchange Programs
<http://c.ymcdn.com/sites/www.acpm.org/resource/resmgr/policy->

[files/polstmt_drugmorbidity.pdf](#)

- A Comparison of Syringe Disposal Practices
http://www.santacruzhealth.org/pdf/Tookes_2012Comparison.pdf
- National Institute for Health & Clinical Excellence: Syringe and Syringe programs: Providing People Who Inject Drugs With injecting Equipment
<http://harmreduction.org/wp-content/uploads/2012/01/NHS-NSP.pdf>

17. Don't SEPs cost a lot of money?

While there is a cost for the county run program, SEPs save taxpayers money by preventing the transmission of HIV, Hepatitis B and Hepatitis C in our community. It is far more costly to treat these diseases than to prevent them.

- Harm Reduction Coalition: Cost Effectiveness of Syringe Exchange Programs
<http://harmreduction.org/wp-content/uploads/2012/01/CostEffectivenessofSyringeExchangePrograms.pdf>

Probation Presentation to Santa
Cruz Public Safety Task Force
July 24, 2013

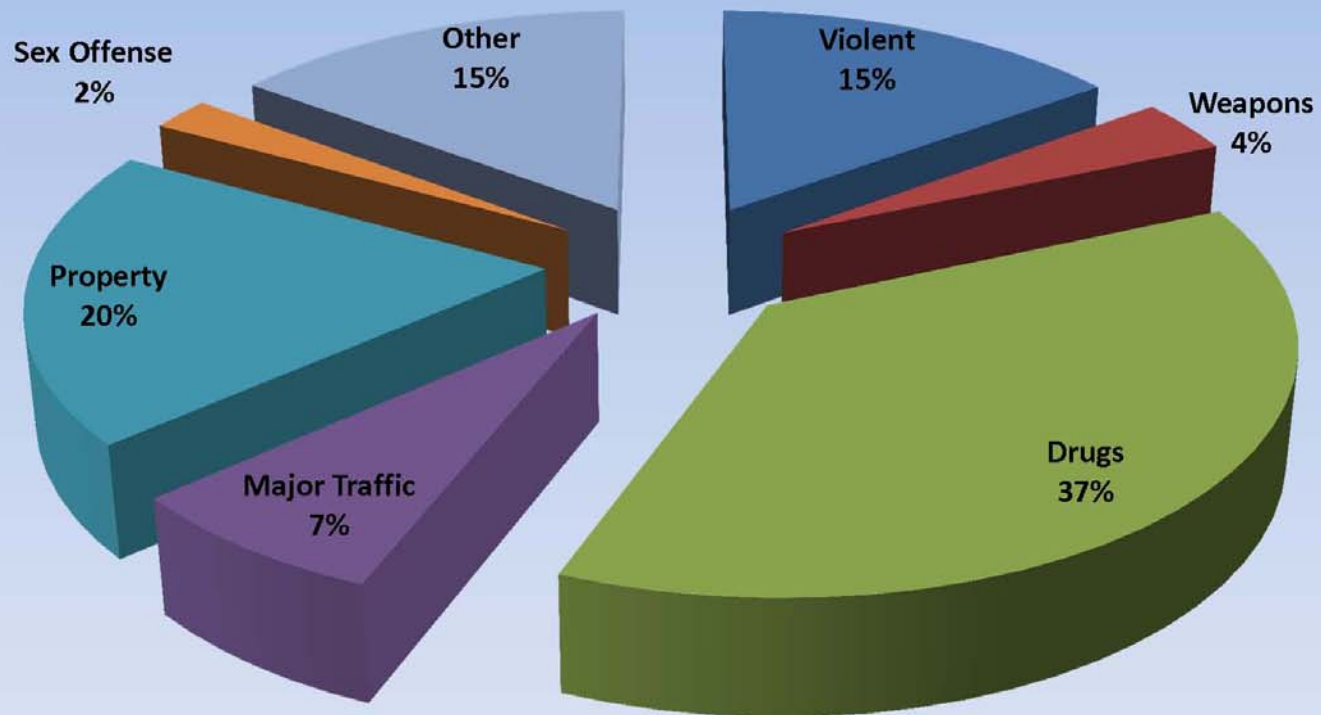
Santa Cruz City Property Crime Rate per 100,000, 1985 - 2012 (FBI Uniform Crime Report)



Santa Cruz City Violent Crime Rate per 100,000, 1985 - 2012 (FBI Uniform Crime Report Data)



Case Types for Offenders under Supervision of Probation Department



More Treatment

- Since loss of Prop 36, diminished funding for treatment
- One probation officer manages 375 drug offenders

Better Treatment

- Current best treatment results are 40-50%, most far less
- Treatment matching, adequate dosage, fidelity, outcome monitoring
- Needs to address criminogenic factors, e.g. anti-social behavior

More Than Treatment

- Addressing criminogenic need areas: vocational, educational, social, community service, victim reparation, mental health, housing
 - Reducing barriers to successful reentry
- Swift and certain responses – not everyone needs treatment to be successful (HOPE)

More Treatment

- Integrating Affordable Health Care Act into the criminal justice system
 - AB109 Funding for Effective Treatment

Better Treatment

- Dr. Faye Taxman George Mason University RNR Tool
 - Pew Foundation Results First
 - Justice Reinvestment Initiative

More Than Treatment

- AB109 Treatment Network
- Restorative Justice Programs
- Targeted Probation monitoring of chronic offenders
- EPICS Effective Practices in Correctional Supervision
 - Evidence Based Practices
- City/County Designed Programs and Interventions

Planning Considerations

The Criminal Justice System is the most expensive, end of road solution. Root causes in mental health, trauma, underemployment, and other risk factors need to be considered.

Deterrence and punishment is more popular than effective (Latessa, et al. 2009)

- Targeting Limited Resources to the Right Offenders for Maximum Benefit
 - Data Driven Policy Development vs. Anecdotal Decision-making
 - Sustainable Behavior Change – Must be Intrinsic
 - High Risk + High Harm = Intensive Supervision
 - Low Risk First Time Drug Offenders = Public Health Response

**Recidivism & Probation Violation among AB109 Population October 2011 to July 2013
(N=349)**

