Study Session on Injection Drug Use in Santa Cruz County

County Board of Supervisors February 23, 2021

Facilitated by the Health Services Agency (HSA) Presentations from HSA, Sheriff-Coroner, Superior Court & Probation

> Preview for SSP Advisory Commission February 22, 2021

Board Direction from December 10, 2019

Following a presentation from HSA's Syringe Services Program...

DIRECTED setting a future Board study session by March 2020 on the IV drug crisis facing our county, with presentations requested from the Sheriff's Office, the Superior Court, and the Health Services administration, on the law enforcement, criminal justice system, treatment and prevention efforts that are being made to address this crisis



Injection Drug Use (IDU) Overview

<mark>Local Data</mark>	SSP participant & report data
	Sheriff-Coroner Report
IDU and Substance Use Disorder	Substance Use Disorder Services
	Medication Assisted Treatment
IDU and Criminal Justice System	Superior Court
	Probation
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Closing

Defining Injection Drug Use (IDU)



- Using a hypodermic needle to inject drugs under the skin
 - Intravenous (vein)
 - Subcutaneous (skin)
 - Muscle (muscling)
 - Arterial (artery)
- Why do people inject drugs?
 - Rapid and powerful drug high
 - Preference, availability



Source: http://www.buffalotracehealth.com/syringe-access-exchange-program/

Public Health Impact

- Increased risk for illness and death
 - Infectious diseases
 - Skin damage
 - Overdose
 - Continuous trauma and stigma
 - Quality of life
- Addiction and associated health risks
- Consequences intensified by social determinants

Relevant State Laws

- HSC Section 11364 governs the possession of drug paraphernalia. HCS 11364(c) states individuals may possess syringes for personal use if acquired from a physician, pharmacist, authorized SSP or any other source that is authorized by law to provide syringes without a prescription.
- HSC Section 121349.1 states that syringe service program participants shall not be subject to criminal prosecution for possession of syringes or any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability acquired from an authorized needle and syringe exchange project entity.
- HSC Section 11364(b) states that it is lawful to possess syringes, regardless of source, if they are containerized for safe disposal in a container that meets state and federal standard

Local Data

Syringe Services Program (SSP) Sheriff-Coroner



481 people served

Gender				
Male 281 58%				
Female	198	41%		
Unknown	1	0%		

Age Group			
18-24	18	4%	
25-44	335	70%	
45+	127	26%	
Unknown	1	0%	

Ethnicity				
White 386 809				
Latinx	54	11%		
Other	41	9%		

Area of Residence				
Aptos / Capitola / Soquel	35	7%		
San Lorenzo Valley	19	4%		
Santa Cruz	341	71%		
Scotts Valley	4	1%		
Watsonville / Freedom / Aromas	62	13%		
Out of County	13	3%		
Unknown	7	1%		
Homeless	233	48%		

Drugs Injected				
Heroin	408	85%		
Methamphetamines	293	61%		
Cocaine	17	4%		
Other	31	6%		
Unknown / Withheld	14	3%		

Education Offered				
Drug Treatment	245	12%		
Harm Reduction Education	1998	95%		
Referred to Pharmacy	47	2%		
Medical Referral	99	5%		
HIV / Hep C Testing	111	5%		
Overdose Prevention	1533	73%		

	Emeline Clinic		Watsor	Watsonville Clinic		TOTAL	
Total Visits	<u>COUNT</u> 1,821	<u>% per</u> <u>Clinic</u> 86%	<u>COUNT</u> 289	<u>% per Clinic</u> 14%	COUNT 2,110	<u>% per Clinic</u> 100%	
Type of Visit Primary (Syringes for Self	455	<u>% of</u> <u>VISITS</u> 25%	250	<u>% of VISITS</u>	713	<u>% of VISITS</u>	
Only) Secondary (Self and Others) Others Only	455 1,307 59	25% 72% 3%	258 29 2	89% 10% 1%	713 1,336 61	<mark>34%</mark> 63% 3%	

Timeframe	Total Participants	Syringes Collected via Exchange	Syringe Dispensed at Exchange
Mar-Feb 15/16	778	256,817	258,512
Mar-Feb 16/17	689	331,818	339,070
Mar-Feb 17/18	631	457,079	460,205
Mar-Feb 18/19	578	597,432	593,174
Jan-Dec 2020	481	423,322	361,048

Preliminary Data

Syringe Access and Disposal Report *Field Surveys*

Participants, Santa Cruz County (CA), Oc	tober 20	19
	Number	Percent
AGE GROUP (years)		
18 - 24	7	5%
25 - 34	29	22%
35 - 44	42	32%
44 - 54	35	26%
55 - 64	16	12%
65 and Over	3	2%
Declined / Unknown	1	1%
RACE / ETHNICITY		
Hispanic / Latinx	33	25%
Non-Hispanic White	83	62%
Native Hawaiian / Pacific Islander	5	4%
Non-Hispanic Black	3	2%
Non-Hispanic American Indian / Alaska Native	3	2%
Multiple Races / Ethnicities	3	2%
Declined / Unknown	3	2%
GENDER		
Female	39	29%
Male	92	69%
Do not identify as male, female, or transgender	1	1%
Declined / Unknown	1	1%
PREFERRED LANGUAGE		
English	122	92%
Spanish	10	8%
Declined / Unknown	1	1%
ROUTINE SOURCE OF HEALTHCARE		
Primary Care Provider	79	59%
Emergency Room / Urgent Care	40	30%
Does not seek care	8	6%
Declined / Other	6	5%
TOTAL	133	100%

Table 1. Demographics of Individual Field Survey

Syringe Access and Disposal Report *Field Surveys*

Santa Cruz County (CA), October 2019		
	Number	Percent
CURRENT SLEEPING ENVIRONMENT (past month)		
Public place (e.g., street, beach, etc.) *	78	59%
Place where participant pays rent/leases/owns	15	11%
Room/house that belongs to family / friend	13	10%
Van or car*	10	8%
Drug treatment center or program*	2	2%
Supportive or Transitional housing*	2	2%
Shelter*	2	2%
RV	2	2%
Jail or prison*	1	1%
SRO (single room occupancy) facility or a welfare hotel or motel*	1	1%
Other (e.g., private encampment) *	4	3%
Declined / Unknown	3	2%
CURRENTLY EXPERIENCING UNSTABLE HOUSING *		
Yes	100	75%
No	30	23%
Declined / Unknown	3	2%
ZIP CODE / AREA		
Santa Cruz / Live Oak (95060 + 95062)	79	59%
Watsonville / Freedom (95076 + 95019)	39	29%
Capitola / Soquel (95010 + 95073)	4	3%
Felton (95018)	2	2%
Out of the County	3	2%
Declined / Unknown	4	3%
TOTAL	133	100%

Table 2. Living Situation of Individual Field Survey Participants,

Syringe Access and Disposal Report Field Surveys

 Gaps in syringe access are associated with riskier injection practices like reusing syringes and sharing syringes, both of which often cause negative health consequences.

Santa Cruz County (CA), October 2019			
	Number	Percent	
NORMAL MEDICAL CARE			
Primary Care Provider	79	59%	
Emergency Room / Urgent Care	40	30%	
Does not seek care	8	6%	
Other / Unknown	5	4%	
DIAGNOSED WITH AN ABSCESS IN THE PAST	YEAR?		
Yes	39	29%	
No	77	58%	
Unknown	17	13%	
If YES, WHERE ON YOUR BODY? (n=39)			
At the injection site	33	85%	
Elsewhere	19	49%	
TESTED FOR AN INFECTIOUS DISEASE IN THE	PAST YEA	\R?*	
Yes	90	68%	
No	28	21%	
Don't Know	8	6%	
Declined / Unknown	7	5%	
DIAGNOSED WITH ENDOCARDITIS IN THE PAS	T YEAR?		
Yes	7	5%	
No	95	71%	
Don't Know	21	16%	
Decline / Unknown	10	8%	
TOTAL	133	100%	

Among Individual Field Survey Participants,

Syringe Access and Disposal Report *Field Surveys*



- Participants who obtained syringes exclusively from the County SSP (via primary or secondary exchange), were nearly half as likely to share used syringes with other people
 - Over 75% of survey participants reported reusing their own syringes
 - One-third (29%) of participants reported recently injecting with a syringe that someone else had already used (i.e. sharing needles).
 - Participants who reported reusing their own syringes were 3.5 times more likely to have a history of an abscess than those who did not report syringe reuse

Syringe Access and Disposal Report Focus Groups

"For us drug addicts out there it's a problem, it's an addiction, and I think clean needles is safe needles. I think that makes a difference. I have a lot of friends who do use the needle exchange. I think that has a lot [to do with] recovery – they give hope. It's like, if they can do it well I can change things too."

Syringe Access and Disposal Report Focus Groups

"When you're sick you have to take care of that first and worry about the rest. But if that is removed from the equation it's one step toward a decision to better your situation. You start somewhere, just having clean needles, OK I'm taking care of myself a bit. Sometimes that snowballs into 'I don't want to use as much as I have been,' you know? It can. That's what harm reduction is, start somewhere."

Syringe Access and Disposal Report Focus Groups

Focus group participants reported seeking out the opioid overdose antidote medication naloxone, which is distributed to people likely to witness and respond to overdoses in the community.

"I can't tell you how many people I've had to bring back in the past couple years. But, grateful for the opportunity to do it."

"There's a lot of fentanyl going around. Just in the last month I've had to bring back 5 people. Fentanyl is a very, very different overdose than heroin."



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Name of your organization

- What you do
- How you interact with the injection drug-using population
- How you are part of a greater system of care to address this issue and support the IDU population (ex: how you refer people to drug treatment programs)
- Any additional information you'd like to share, related to the Board directive?

Sheriff-Coroner Report

Sheriff Coroner County of Santa Cruz

Stephany Fiore, MD

Sheriff-Coroner

What the Sheriff-Coroner's office does...

We are mandated to inquire into and determine the circumstances, manner and cause of deaths that occur under violent, traumatic, nonnatural, or sudden and unexplained circumstances.

Sheriff-Coroner

How the Sheriff-Coroner's office interacts with the injection drug-using population: We investigate all deaths associated with drug use.

How Sheriff-Coroner is part of the system of care to support people who inject drugs: We provide data that helps inform health care works and law makers on current drug use trends and the geography of drug use in our community.

Additional feedback:

Injection drug-use is only a part of the drug-use problem facing Santa Cruz County.



Injection Drug Use and Substance Use Disorder

Harm Reduction & Syringe Services Program, Jen Herrera, Chief of Public Health

Substance Use Disorder Services, Erik Riera, Behavioral Health Director

Medication Assisted Treatment, Danny Contreras, Health Services Manager

SafeRx Santa Cruz County, Shelly Barker, Program Director

Barriers to Health & Social Services





Health & Social Services

HARM REDUCTION IS...

- A movement focused on shifting power and resources to people most vulnerable to structural violence
- Incorporates a spectrum of strategies including safer drug use strategies, managed use, and abstinence.
- Meets people "where they're at" but doesn't leave them there.

Harm Reduction...

- Does not minimize or ignore the harms associated with licit and illicit drug use and sexual activity.
- Applies evidence-based interventions to reduce negative consequences of drug use.
- Moves past judgment of a person's drug use and sexual activity and addresses the whole person.
- Works to elicit any positive change based on the individual's needs, circumstances, readiness to change, and believing their abilities to change.



BENFITS OF HARM REDUCTION

- Challenge stigma
- Increase trust with clients and foster engagement
- Improve individual and community health
- Keep individuals engaged in care
- Reduces utilization and cost in medical systems

PRINCIPLES OF HARM REDUCTION

Health and Dignity

Participant Centered Services

Participant Involvement

Participant Autonomy Sociocultural Factors

Pragmatism and Realism

Harm Reduction Services



Syringe Services Program

SSPs provide clean syringes and safe disposal of used syringes.

Organized SSPs have existed since at least the 1970s.

SSPs began to proliferate in the 1980s and played a central role in dramatically reducing HIV infection among people who inject drugs.

SSPs are one piece of the harm reduction paradigm for promoting health and safety with people who use drugs.

It's never "just the syringes;" always part of a system of care.



Dave Purchase (seated) and the Point Defiance AIDS Project, the first publicly supported SSP in the USA.



SSPs at the Intersection of Multiple Epidemics



Skin & Soft Tissue Infections



Syringe services support the entire community

Medication-Assisted Treatment

Trusting Relationships

Linkage to Medical and Social Services

Decreased Death



Decreased Disease

Increased Access to Safe Syringe Disposal

Empowerment

Substance Use Disorder Services

County of Santa Cruz

Erik Riera, Director of Behavioral Health

Kim "Coach" Campbell Peer Support Specialist/Peer Mentor

Danny Contreras, SUDCC III-CS Health Services Manager

Medication for Addiction Treatment

County of Santa Cruz - Health Services Agency - Clinics Homeless Person Health Project - HPHP Santa Cruz Health Center - Emeline Watsonville Health Center - WHC





SafeRx Santa Cruz County

Health Improvement Partnership of Santa Cruz County

Shelly Barker, Behavioral Health Director



Managed by the **Health Improvement Partnership of Santa Cruz County**, SafeRx was brought together in November of 2015 to **decrease opioid-related misuse and deaths** by focusing on three areas:

- 1. Safer prescribing practices
- 2. Improved access to medication-assisted substance use disorder treatment
- Increased availability of overdose reversal medication (Naloxone, Narcan)



SafeRx Santa Cruz County

SafeRx Santa Cruz County (SafeRx) is a local substance use safety coalition comprised of social service, government, behavioral health, and healthcare organizations dedicated to aligning and accelerating best practices for opioids and other substances, as well as current best practice guidelines to reduce death. SafeRx works towards a healthy, thriving, safe, equitable Santa Cruz County through prevention, increased treatment access (particularly with proven-effective and promising medications for treating substance use), and evidence-based, harm reduction practices, to improve community well-being and save lives.

<u>Steering Committee</u> Comprised of leaders among community stakeholders and initiative chairs. Serves to provide guidance and support to initiatives as they meet their identified goals.

<u>Prescriber Practice Initiative</u> Provides guidance to clinicians including pain management guidelines and enhancing awareness of non-pharmacy approaches to pain management.

MAT Advisory Group

In conjunction with Prescribe Safe Monterey and San Benito County, MAT-AG is a peer support and resource group of physicians, advanced practice clinicians, and behavioral health providers focused on improving opioid use disorder treatment and capacity.

Polysubstance Workgroup

Serves to convene local partners involved in addressing harmful drug use in the community with the purpose of creating an evidence-informed response to substance use trends.





<u>Metrics Initiative</u> develops a community dashboard with accurate, relevant, and easily tracked data.



<u>Core Leadership Team</u> is comprised of members from diverse organizations who hold the values and mission of SafeRx for the purpose of guiding initiatives and decision making.

Community Education Initiative

Develops and publicizes patient and community education messaging and materials.

Harm Reduction Coalition

advocates for and provides evidencebased harm reduction services, policies, and practices that reduce stigma, promote safety, and improve health, including overdose prevention and distribution of Narcan *SafeRx staff participates in the HRC in a consultative role and assists in the dissemination of HRC materials.





Injection Drug Use and the Criminal Justice System

Superior Court of California, County of Santa Cruz *Katie Mayeda, Collaborative Court Manager* Probation Department

Fernando Giraldo, Chief Probation Officer

Superior Court of Santa Cruz County

- The Court's mission is to preserve and protect the rights and ideals of society through the interpretation and application of law, providing equal access to justice through quality service to the community.
- The Court's *Collaborative Justice System* program serves individuals with mental health and/or substance use challenges by addressing these underlying challenges to reduce recidivism for this population.
- The Court has established five collaborative courts that focus on addressing the needs of individuals who may also struggle with IV Drug use. Participants are identified early and referred to treatment services.
- The Court has a substance use screening process to support people struggling with IV drug use to be released from custody into treatment.



Collaborative Justice System Superior Court of Santa Cruz County

Probation Department

What Probation does...

We complete assessments and recommendations to the court regarding custodial status and sentencing; as well as provide monitoring and supervision for justice involved individuals under the jurisdiction of the Probation Department.

Probation Department

How Probation interacts with the injection drug-using population:

As part of monitoring and supervision for the IDU population, we provide program and resource referrals associated with injection drug use, as well as other risk/need areas to support the individual's overall health and wellbeing to promote public safety.

Building relationships and trust with injection drug users is especially important in creating readiness for treatment and recovery.

Probation Department

How Probation is part of a greater system of care to support people who inject drugs:

- Our staff are actively involved in the Organized Delivery System of SUD services throughout the county;
- Provide oversight of AB 109 treatment dollars and BSCC Prop 47 grant funds for treatment and housing under the CAFES project;
- We are an active partner with collaborative courts;
- We initiated the early Vivitrol project (which has now expanded to a larger MAT collaborative with which we continue to participate);
- We run a Probation Service Center, which serves as a co-location for a variety of services targeting justice involved individuals, including SUD assessment and program referrals.



Sheriff

An effective response to injection-drug use requires a coordinated system of care