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PUBLIC HEALTH SERVICES

May 10, 2023

Ms. Marjorie Katz
CA Department of Public Health
Office of AIDS – Harm Reduction Unit

Dear Ms. Marjorie Katz,

Thank you for providing notification of the Harm Reduction Institute's (HRI) application to add home delivery and collection of syringe needles to the organization's ongoing harm reduction program in Santa Ana, California. Orange County recognizes the importance of harm reduction through use of sterile needles to help reduce transmission of infection, including HIV, Hepatitis C, and other injection-related infections and injuries.

Unfortunately, in practice, Orange County, and specifically Santa Ana, has had negative experiences with syringe exchange programs, including both the OC Needle Exchange Program (OCNEP) (2016-2018) and Harm Reduction Institute (HRI) (2019-2022). Both programs understandably operated to reduce transmission of infection, including HIV and Hepatitis C, and additionally provided harm reduction services through counseling, referrals, and offering additional harm reduction resources, supplies, and naloxone, however, the burden of used syringes littering the community was overwhelming.

The OC Needle Exchange Program initially provided needle exchange in the City of Santa Ana, and at one point in late 2017, OCNEP was distributing over 80,000 syringes in a single day of operation, serving over 200 people in a single 2-hour time frame, while disposing of only 20,000 used syringes per week. OCNEP proposed to expand its syringe needle distribution through a mobile syringe exchange program – to include distribution on a weekly basis to cities of Santa Ana, Orange, Anaheim, and Costa Mesa – operating daily from 10am-5pm, to offer additional public access. In the proposal, OCNEP offered to inspect impacted areas for syringe litter, install permanent disposal bins in hot spots, provide an email address and phone number for members of the community to report inappropriately discarded needles (with response within 48 hours of receipt), and planned annual meetings with law enforcement and the County to address community concerns. Despite these proposals (which may or may not have been performed), OCNEP was met with significant community resistance because of the sheer number of improperly disposed used syringe needles that were found discarded in public settings, public parks, public libraries, public restrooms, near public schools, on sidewalks, in homeless encampments, and specifically in minority-dominant communities. More than 14,000 improperly discarded needles were found in the homeless encampments in the Santa Ana Riverbed.

As a result of the volume of syringe litter and the associated public health risks, concerns about OCNEP in 2018 expressed by members of the public (including written and oral comments at public meetings) included (1) OCNEP's failure to properly understand the population it served (i.e., high numbers of unhoused people suffering from debilitating mental health conditions); (2) OCNEP's failure to demonstrate that the program actually decreased the spread of HIV and hepatitis in the County, and (3) OCNEP's minimal effort to follow up on referrals to drug rehabilitation/SUD treatment programs.

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In my view, the current proposal submitted by HRI is lacking in adequate accountability for safe syringe disposal and syringe collection. The estimated number of syringes HRI expects to collect is only 60% of what the organization expects to distribute. While HRI participants may have other options for disposal, improperly disposed syringe needles will pose direct threats to both environmental health and public health. As with the OCNEP experience, inappropriately disposed syringes is likely and additional efforts to mitigate this risk should be put in place ahead of initiating the expansion of services to include syringe delivery. It is anticipated as in the past, the community will be concerned about the potential danger that syringe litter poses to children at risk of accidentally getting harmed by used needles improperly discarded in public parks and libraries and on sidewalks when traveling to and from school. Prior to reinstating this program, HRI must describe a clear, new, and effective method to prevent the secondary impacts of this needle distribution.

Local Health Officer Recommendations

Any syringe program that intends to initiate syringe services/exchange in Orange County will need to prioritize efforts to reduce improper needle disposal and demonstrate that the program is not contributing to a rise in inappropriately disposed syringe needles. Additionally, providing counseling, referrals, linkages to medical and behavioral health services, and resources with close follow up will be critical.

To overcome the community's negative perceptions from its prior experience with syringe needle exchange programs, the Orange County Health Care Agency (HCA) recommends that CDPH require that HRI incorporate the following additional mitigation measures:

1. Demonstrate safe and effective methods of appropriate syringe disposal and collection.

- Ongoing review of operations/logistics with HCA Environmental Health Services
 - Regular meetings with OC Environmental Health personnel should occur prior to opening the program and intermittently throughout the duration of the program to ensure operations/logistics meet regulatory standards for appropriate needle handling and disposal of medical waste.
 - HRI must maintain compliance with Medical Waste Management Act (MWMA) (Health & Safety Code Section 117904 *et seq.*)
 - Transport of sharps collected by HRI in a consolidation location will need to comply with MWMA Sections 117904(e) and 117945
 - Medical waste must be handled in accordance with California Health and Safety Code HSC Section 118025 and transferred in compliance with Health & Safety Code Section 11800(a).
- Dispense syringes with enhanced safety measures and easy identification
 - Syringe should be single use, with a retractable needle.
 - Syringe should have markings that identify that the syringe was dispensed by HRI- Santa Ana. Example: CDPH should require manufacturer/distributor of the syringe needles to include a label or etching identifying that the syringe was dispensed by HRI-Santa Ana, with contact information in the event of improper disposal and emergency contact information in the event of a drug overdose.

- Effective syringe disposal and collection
 - Client Education/Disposal/Collection
 - Monitoring of needle collection will need to be completed in an electronic efficient system. Paper log of weighed syringes was inadequate in the past to measure collection and disposal.
 - Tracking method should be instituted to easily identify the origin of each syringe dispensed and collected by HRI.
 - Each dispensed syringe should have markings as noted above to help HRI (as well as City and County) to identify and track HRI dispensed syringes and to enhance HRI's ability to account for properly and improperly disposed HRI syringe needles.
 - If feasible, enhanced RFID technology can be utilized to identify/quantify returned HRI dispensed syringes more easily.
Example: RFID technology is now used for inventory management in many different businesses. Similar technology can easily be affixed to each syringe to assist with tracking, to identify syringes originating from HRI, Santa Ana.
 - Community Collection and Disposal of HRI-identified syringes
 - Expand Hotline hours of operation for the local community to report HRI-identified syringes discarded in public spaces for prompt collection.
 - Response time to collect/dispose HRI identified syringes in the community should take place ideally within 1-2 hours, but no later than within 24 hours of receipt of any report of discarded syringe needles.
 - If HRI fails to respond to a community complaint of syringe litter within 24 hours, HCA Environmental Health response teams should have the ability to recover the Agency's costs for responding to complaints and collecting and properly disposing of HRI-distributed syringe litter.
 - CDPH should consider requiring HRI to post a bond or obtain insurance to allow public agencies to recover their costs in the event of non-payment.

2. Provide counseling services, linkage to behavioral health and medical services and provide close follow up to referrals placed.

- HRI personnel and volunteers should have strong knowledge of County behavioral health resources (i.e., referral resources, hotlines, substance use and substance use disorder (SUD) treatment options) and should regularly provide information about these available resources to program participants.
 - Required regular participation with OC Recovery Collaborative.
 - Acceptance of drug rehabilitation/SUD treatment should be encouraged by HRI personnel and staff of all program participants.
 - Referral follow-up. HRI staff and volunteers should closely monitor participants and follow-up on any referrals that were placed or recommended.
 - HRI staff should log all referrals with outcomes of whether the participant was able to follow-through with referrals to treatment.
 - HRI should practice close collaboration with referral partners to improve linkage and access through warm handoffs.

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3. Community Collaboration, Data collection and monitoring to identify positive and negative impacts.

- Data Monitoring
 - HRI should work with City and County to perform Pre-Syringe Service Program/Syringe Exchange Program (SSP/SEP) community assessment of syringe littering.
 - Conduct syringe littering assessment at 3 months, 6 months, 12 months, and 18 months after initiation of syringe service program and report findings to City and County.
 - Monitor injection user-related infections, new cases of HIV & Hepatitis C.
 - Tracking system to identify dispensed/returned syringes. This will enable HRI to determine exact number of its own dispensed syringes that are appropriately disposed of and collected.
 - Understanding where a needle was inappropriately discarded in the community will be important in determining whether the needles were distributed by HRI, the impact that HRI is having on the reduction of syringe litter, and where Environmental Health/waste management resources can most effectively be deployed.
 - Creation of an SSP/SEP OC Safe Syringe Program Steering Coalition/Group
 - Group that involves city, community businesses, HCA, law enforcement, medical leaders with main mission of ensure safe operations and limited syringe littering in the surrounding community.
 - Group should initially meet just prior to initiation of syringe service program and should then meet quarterly to review and assess impacts of SSP/SEP program on OC and to ensure syringe litter remains at a minimum.
 - Identified negative impacts to the community should immediately be addressed in discussion with this group, the OC Recovery Collaborative, the City of Santa Ana, and HCA.
 - Provide Annual Report of Impacts to OC that is shared with HCA, OC Safe Syringe Program Coalition/Groups, and the OC Recovery Collaborative

Our goal is to ensure that HRI is a success in reducing the spread of disease and infection. To overcome well-founded community concerns, HRI will need to demonstrate safe and effective methods of appropriate syringe disposal and collection, provide behavioral health support/referrals with close follow up and work collaboratively with the community, collect data and monitor both negative and positive impacts to the community.

If you have any questions regarding this matter, and if I can provide further assistance or clarification, please do not hesitate to contact me.

Sincerely,



Regina Chinsio-Kwong, DO
County Health Officer/Chief of Public Health Services
Orange County Health Care Agency