**From:** Andrew Mills   
**Sent:** Tuesday, May 7, 2019 6:07 AM  
**To:** 'Crump, Carol@CDPH' <[Carol.Crump@cdph.ca.gov](mailto:Carol.Crump@cdph.ca.gov)>  
**Subject:** RE: Santa Cruz Harm Reduction Coalition application for authorization

Carol Crump, MFT

Behavioral Health Specialist

Harm Reduction Unit

California Department of Public Health

Office of AIDS

Dear Ms. Crump,

I received inquiries from community members regarding needle exchange and harm reduction strategies.  As you know police officers are exposed daily to dirty needles.  Frequently our officers receive needle sticks as people try to hide them in clothing, backpacks, and tents. Police officers have a lot at stake in promulgating thoughtful policy regarding needles. Separating fact from fiction is important in creating that policy. I consider the following facts:

From March 2015 through February 2017, the (County of Santa Cruz) SSP: (County HSA web portal)

Served 1,133 unduplicated clients;

Dispensed 597,567 new syringes;

Collected 823,910 used syringes (235,275 syringes from the three kiosks, and 588,635 from the onsite exchange); and

64% of clients were given additional education and/or referral to medical care, HIV/Hepatitis C testing or drug treatment.

[Harm Reduction](https://www.drugrehab.com/2017/11/06/pros-and-cons-of-needle-exchange-programs/) makes sense from a public health, public finance and community safety policy perspective. Reducing the number of HIV/AIDS and Hep C cases in a community of high intravenous drug users are wise. The thought being fewer cases of disease equals fewer exposures. Fewer exposers is critical to prevent the spread of disease.

Yet one must examine how we are enabling addicts with new forms of heroin, including Fentanyl laced heroin and Methamphetamine.  Are we enabling them to become more addicted or to eventually overdose much like we see on the east coasts? Locally, we have also seen wound botulism as a result of heroin injection- probably from tainted heroin. These are real threats to the lives of addicts. This too is genuine harm.

Syringe litter is a substantial problem. Any proposal to distribute additional needles must include a method to further reduce needle litter.  While some research indicates that needle exchange, distribution, and collection can reduce [needle litter](http://santacruzcountyca.iqm2.com/Citizens/Detail_LegiFile.aspx?Frame=&MeetingID=1581&MediaPosition=11166.038&ID=3653&CssClass), we see discarded needles frequently in Santa Cruz.  We have collected scores of needles out of parks, beaches, and the river.  The reason – as one former addict told me, possession of needles for drug use is no longer a crime and syringes are easy to obtain. Once used, needles lack value when you can get hem for free, and are easily disposable.

One strategy to reduce needle litter is make it possess unlawful to use a syringe in a park, on the beach or near a school. Another suggestion is to offer a redemption value for turning in syringes. At .05 cents apiece, 400,000 needles would cost $20,000 locally. It worked for soda can litter, it may work for needles.

For a needle distribution volunteer program to be acceptable and have the confidence of the Santa Cruz community, county oversight, and community accountability is important.  An important question needs to be weighed: does the risk of increased infection, death by overdose and discarded needles warrant expansion in Santa Cruz? We have reached a tipping point where the benefit of needle distribution has outweighed by the cost of exposure the greater community.

I cannot support a needle exchange expansion without local oversight and accountability; a plan to reduce discarded needles; and ensuring the efficacy of needle exchange in reducing infection rates. When these standards are met, I would gladly support a harm deduction program expansion.

Then maybe society can address the real problem…addiction.

Best,

Andrew G. Mills

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