



State of California—Health and Human Services Agency
California Department of Public Health



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Director and State Public Health Officer

GAVIN NEWSOM
Governor

December 4, 2023

Wendy Thomas, Chair, El Dorado County Board of Supervisors
Sheriff Jeff Leikauf
District Attorney Vern Pierson

Dear Ms. Thomas, Sheriff Leikoff, and Mr. Pierson,

Thank you for your letter recapping our November 8th meeting and reiterating El Dorado County's concerns regarding the reauthorization of Sierra Harm Reduction Coalition (SHRC) to provide harm reduction services there. As you stated, we have a shared goal of ensuring the safety and well-being of all residents in El Dorado County.

We recognize that there can be an inherent tension between our public health priorities and the mandate of law enforcement to uphold the criminalization of illicit drugs and acknowledge that it can be frustrating on all sides when our respective mandates feel at odds with one another. While the laws that govern these approaches are beyond the control of anyone involved in this conversation, we want to offer any support we can in bridging the current divide between our agencies' divergent approaches to the alleviating the problems that accompany increasing rates of homelessness and addiction.

In response to the assertion that El Dorado County does not need a harm reduction program to distribute naloxone because it is carried by law enforcement and other community partners, we must respectfully disagree. According to the California Naloxone Distribution Project, although harm reduction organizations (including SHRC) only received approximately one third of the naloxone given out last year, these organizations reported approximately two thirds of overdoses reversed, and that is likely to be a substantial undercount given the nature of community naloxone distribution. This is because it is drug users themselves (and their loved ones) who are most likely to be present when an overdose occurs. Death usually occurs within one to three hours of an overdose: a bystander can often intervene well before law enforcement or other emergency personnel can arrive on scene. Last year SHRC put 2,267 doses of naloxone into the hands of its participants, who used it to reverse at least 421 overdoses. Without the work of SHRC, El Dorado County could have potentially lost more than ten times as many people to overdose as the 43 who tragically died in 2022, an impact that could devastate the entire community.

As you may already know, overdose is the leading cause of death amongst people experiencing homelessness (PEH) in California. Given the unique ability of SHRC to engage with this and other "hard to reach" populations, CDPH views these services as a vital component of the broader system you've worked hard to put into place. To this end, if SHRC is reauthorized, CDPH/OA would like to extend an offer to broker a meeting between the Navigation Center leadership and other relevant social and medical service providers and SHRC staff to find points of unity and launch a more collaborative



approach to their respective work. Many PEH and people who use drugs report that they do not feel safe or comfortable engaging in traditional services due to past experiences of stigma, judgment, and scrutiny. We believe that SHRC could become a powerful ally in your efforts to bring more people out of homelessness and into care. We can assist in building these relationships if that is something that interests you.

On a related note, we know that in our last meeting you suggested that HIV and viral hepatitis are not of concern in El Dorado County because very few people there have died of these conditions in recent years. While low death counts are certainly a good thing, there is an important difference between transmission of these viruses and death as a result of them. Viral infections like these often take months or years for symptoms to show up; in the meantime, dozens, hundreds, and potentially thousands of others can potentially become infected, cutting into length and quality of life for everyone who does not receive prompt, effective treatment. Because so many of the people at the highest risk of contracting these viruses depend on publicly funded medical services, it also means that the cost of just one incident like the HIV outbreak that happened in Scott County, Indiana, in 2014-15, can easily run into the millions of dollars, to say nothing of the trauma caused to the community at large.

We acknowledge that you have named our concern with the prevention of disease transmission as a focus on “what if,” while you are locally concerned with “what is.” El Dorado County has a substantial number of people who use illicit drugs, putting them at risk for overdose, disease transmission, and dangerous wounds due to reusing or sharing needles. We know from many decades of experience that even under ideal circumstances, changing deeply engrained patterns of drug use takes a long time and a lot of support. Harm reduction programs like SHRC provide vital lifelines for people who struggle with addiction and who do not yet have the ability to stop using drugs. Drug use is a complex phenomenon that involves many cycles of abstinence and return to drug use. If, during those periods of return to drug use, SHRC was working in collaboration with the Navigation Center, the County’s safety net system would be stronger.

We also understand, however, that there is mounting frustration over issues such as supplies being stashed near the public library. CDPH takes the safety of the public very seriously, and so if SHRC is reauthorized, we would also be willing to purchase small lockers for supply storage at the Navigation Center, and/ or a secure syringe disposal kiosk that can be installed in a location deemed to be best suited to be accessible to those who need it. We are communicating all the concerns we have heard with SHRC, and we are also open to other ideas for better integrating SHRC’s work into the fabric of El Dorado County’s services.

Please understand that we want to do everything possible to balance the concerns you have named with the very real threat to public health in the absence of a comprehensive harm reduction program. We hope that you will accept our offer of collaboration and support. Thank you for your ongoing communication and consideration.

Sincerely,



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