

MINUTES

PUBLIC SAFETY COMMITTEE MEETING

5:30 P. M., FEBRUARY 24, 2021

*IN RESPONSE TO THE COVID-19 PANDEMIC, THE MEETING WAS MADE AVAILABLE TO THE PUBLIC AS A LIVE STREAM VIA ZOOM (PER THE AGENDA).

Keeley Steele, Chairperson, called the meeting of the Charleston City Council Committee on Public Safety to order at 5:30 p.m., FEBRUARY 24, 2021.

Committee Members Present:

Keeley Steele, Chair
Chuck Overstreet, Vice Chair
Pat Jones
Bruce King
Deanna McKinney
Shannon Snodgrass
Tiffany Wesley-Plear

*The link to the video of the full meeting is provided in the minutes. A link to download the file will be made available upon request to the Clerk's Office. Timestamps will be noted for each section for anyone wishing to view the full record.

<https://charlestonwv.civicclerk.com/Web/Player.aspx?id=1199&key=-1&mod=-1&mk=-1&nov=0>

1. Approval of Previous Minutes – 0:06:27-0:06:56
Councilmember King moved to approve the minutes of the previous meeting on 2-24-2021. Councilmember McKinney seconded the motion. There was no objection and the minutes were approved.

2. To Hear from Invited Panelists – 0:07:10-1:36:33

Councilmember Steele stated that they will be hearing from 7 invited speakers. With the exception of Dr. Daskalakis, they will hear from all panelists before having a question-and-answer session.

- Dr. Demetre Daskalakis, Director, Division of HIV/AIDS Prevention, CDC –
Presentation: 0:07:10-0:33:28 Discussion: 0:33:29-0:56:38

Dr. Daskalakis gave a presentation to the Committee concerning responding to HIV outbreaks among people who inject drugs.

Councilmember McKinney asked if his presentation was about needle exchange or harm reduction. Dr. Daskalakis replied that harm reduction taken broadly means strategies that can reduce the risk of infectious disease and other complications for people who inject drugs. He believes it is a toolkit to interrupting HIV transmission (including testing, medications and syringe availability), adding that they all work together. A holistic approach to harm reduction is important, however, there are issues getting people who inject drugs into care and services. The idea is to use the toolkit to lead to the other services that are critical, such as through HIV testing intervention that includes an assessment for other social needs, through treatment connected to medical services including comprehensive medical health and a trust in individuals that provide those gateway services (which could be a syringe service program).

Councilmember Steele asked if he was familiar with the program in Cabell County. Dr. Daskalakis replied that he couldn't speak specifically about various programs, but he could say that the toolkit for Campbell County revolved around launching a full toolkit of strategies to interrupt HIV transmission.

Councilmember Overstreet stated that he had spoken with the Fire Chief from Huntington in Cabell County and they have a one-to-one needle exchange program, and confirmed that Dr. Daskalakis had previously stated that their HIV cases were decreasing.

Councilmember Snodgrass asked who had previously invited him to Charleston for his initial presentation earlier in the year. Dr. Daskalakis replied that the invitation came from the Chief of Staff of the Mayor's Office. She asked for clarification at the end of his written presentation which states that the findings are the views of the authors and not necessarily the CDC. Dr. Daskalakis replied that it is standard language to include because he is speaking extemporaneously. However, the current technology he is presenting is a toolkit that is recommended by the CDC. Councilmember Snodgrass stated that when looking at population, West Virginia has proportionally way more needle exchange programs (13) than states with larger populations (such a Florida with around 4). She asked if he thought there was correlation between more needle use and HIV cases. Dr. Daskalakis added that different jurisdictions will have different needs; the vulnerability for HIV outbreaks is also a consideration not just the size of the population in an apples-to-apples comparison. The history in West Virginia shows that there is a vulnerability. Councilmember Snodgrass asked if accountability would be key for

tracing, testing etc. Dr. Daskalakis replied that the first step to achieving epidemic/outbreak control is to establish trust and creating an environment where individuals feel they can pursue care. In general, mandatory testing/strategies don't do much beyond pushing HIV further underground. He added that having accountability is to identify strategies that are appropriate for an area and its culture to launch all of the science in a way to prevent HIV transmission and ultimately provide people with the care they need to potentially lead them to drug treatment.

Councilmember Wesley-Plear asked what are the must-haves for the toolbox. Dr. Daskalakis replied that the 3 he presented are the ones that are needed to interrupt/control an outbreak: diagnose (inventive and creative ways to improve testing), treatment (it keeps people healthy and prevents HIV transmission) and create an environment where syringes are available through a comprehensive program (so that individuals have access to clean equipment).

Councilmember Jones referenced a letter sent to the Committee from Heath Right that operates a comprehensive harm reduction program. He asked how many such programs are needed in a city the size of Charleston. Dr. Daskalakis replied that he couldn't comment on any specific programs, but when looking at an outbreak scenario (which the City is currently having), it is critical to not say that 1 program is enough until the outbreak is controlled.

Councilmember Snodgrass asked if he got paid to come to Charleston. Dr. Daskalakis replied no. She asked if he usually brings in the crime factor. Dr. Daskalakis replied that when they talk about syringe service programs people often ask if they increase crime, so that is commonly included in the presentation. That data is obtained from multiple sources, including Baltimore and New York.

Councilmember King asked if the CDC tracks the number of overdoses that occur from needles provided by SSPs. Dr. Daskalakis replied that they cannot track an overdose based on the syringe used. Councilmember King asked if the CDC tracked lives saved by naloxone doses given by SSPs. Dr. Daskalakis replied that it is hard to directly connect a naloxone dose with prevention at the CDC level, but can be tracked locally. Councilmember King asked if the numbers were total cases in Kanawha County or only from intravenous drug use. Dr. Daskalakis replied that the numbers he presented were related to injection drugs, but the number of total cases can be obtained from the State.

Councilmember Steele asked on behalf of another Councilmember if most of the programs he had spoken about all over the country were overseen by medical directors. Dr. Daskalakis replied that there is a lot of variability (some are and some are not).

- Dr. Christine Teague, Ryan White HIV/AIDS Program - 0:56:39-1:08:13

Dr. Tate explained that the Ryan White Care Act provides federal funding for comprehensive patient care, support and early intervention services (including outreach, education, testing and linkage to care) regardless of an individual's ability to pay.

- Dr. Susan Bissett, WV Drug Intervention Institute - 1:08:14-1:15:09

Dr. Bissett explained that the Institute's mission is to reduce overdose deaths due to opioids and drugs in West Virginia through advocacy, prevention, education, research and collaboration. She discussed their recently completed public survey that analyzed community opinions and perceptions on SUD, harm reduction and syringe exchange, specifically in Kanawha County.

- Eric Smith, President of the local chapter of the Fraternal Order of Police - 1:15:10-1:21:04

Smith gave the Committee an overview of his background as a retired Police Officer. He stated that the issue is with SOAR and their needle distribution, and expressed concern over needle litter and accidental needle sticks.

- Jennifer Depond, RN - 1:21:05-1:32:04

Depond shared with the Committee her experience as a nurse that cares for pregnant women with substance abuse disorders, particularly as to how it effects children. She added that comprehensive care is vital.

- Shawn Wanner, Fire Chief, Charleston - 1:32:05-1:34:19

Chief Wanner stated that their biggest concern was needle litter. He could not support an agency handing out needles, unless it was a controlled exchange program that had accountability.

- Emily Hannah, Director of the Mayor's CARE Office - 1:34:20-1:36:33

Hannah spoke to the Committee about potential survey questions she had submitted to the Committee at the request of the Chair. She added that the CARE Office houses the Quick Response Team, the Homeless Outreach Coordinator and the Mental Health Coordinator. In her opinion, a survey that creates a foundation to allow for further information sharing and collaboration would be helpful as opposed to just an up/down on the issue.

3. Question and Answer with Panelists – 1:36:34-2:40:03

Councilmember McKinney stated that she thought they were there to discuss harm reduction, but everything she had heard from the panelists concerned needle exchange. Councilmember Steele replied that the bill that was introduced specifically takes up syringe service programs, not the entirety of harm reduction. She added that while there needs to be an overarching conversation, the survey questions are meant to specifically survey first responders, public grounds and refuse workers about their feelings about syringe service programs. The bill was first enacted in 2015 when the program first

began, and was amended in 2018. It was decided that it would be best to reexamine that bill in light of current events and organizations operating within the City. Councilmember McKinney stated that it was disrespectful to spend all this time on only one piece. Councilmember Steele added that syringe programs have to go through a certification process. Councilmember Wesley-Plear added that she would like to draft a bill with Councilmember McKinney to address the remainder of harm reduction.

Councilmember Steele asked Dr. Bisset if she would do any part of the survey differently. Charlee Fox, also with the WVDII, conducted the meta-analysis that helped them develop the questions. She replied that she would add race as a demographic component to the survey. Fox added that similar surveys averaged around 4 questions, so she was satisfied with their choice of 6 questions.

Councilmember Snodgrass stated that she would probably disagree on their conclusion that the majority of people believed that there should be more needle exchange programs from the question "Do you believe there needs to be more resources?" Dr. Bissett replied that she was probably looking at 2 different questions. From the resource question Councilmember Snodgrass referenced, it was obvious that people felt there was not enough adequate resources particularly during the listening sessions. Their conclusion came from the survey question "Do you believe there should be needle exchange programs in your community?" Councilmember Snodgrass replied that the average citizen of the population didn't take this survey. Dr. Bisset stated that they could only report from who responded, and that it was also mentioned during 2 Council meetings and 2 Public Safety meetings. Fox added that most other surveys are also open a lot longer (2-4 months) as opposed to their time constraint of 2 weeks.

Councilmember Wesley-Plear asked how long it took them to analyze their data. Fox replied that she worked anywhere from 10-14 hours a day, 5 days a week, for about 3 weeks. Councilmember Wesley-Plear asked if they had a way of blocking an IP address from taking the survey again. Dr. Bisset replied that it wouldn't block multiple IPs, but they could be removed during data analysis.

Councilmember Snodgrass stated that citizens cared about fire, police and roads. There is a population that is in long-term iv-drug abuse, and she would hope that they can get into rehab instead of encouraging long-term addiction. She added that the former needle exchange program at the Kanawha-Charleston Health Department became a needle distribution program. Smith added that they would finding needles everywhere. In response to Councilmember Snodgrass, Smith and Lieutenant Myron Boggess (CFD) both agreed that more people were attracted to the City directly because of that needle exchange program. Boggess was not able to recall offhand the number of house fires for those years, adding that most of the house fires for the current year did not seem to come from abandoned houses. Boggess added that when they did respond to fires at abandoned houses, they had to sweep the floor with water to wash away the needles, but that has not been as much of a trend after Health Right took over and there was more accountability.

Councilmember Wesley-Plear asked if that trend had recently started again, and Boggess replied that they had started to see that again although perhaps not as bad as previously. Smith agreed.

Councilmember King added that, during the time Kanawha County Health Department was operating their program, Charleston was the only municipality within Kanawha County that allowed needle exchanges. He asked if they recalled an increase in people coming to Charleston during that time to commit crimes, etc. Smith replied that people from other counties (Logan, Mingo, etc.) specifically said they came to Charleston because of the needle distribution. Smith added that the homeless population skyrocketed during the same time as that program. Smith could not say if it also attracted drug dealers.

Councilmember Snodgrass asked if given that illegal drugs were going into needles that had been distributed, did they think that would lead to a rise in crime. Smith replied yes, that drugs and crime go hand and hand. Councilmember Snodgrass asked if needle distribution and increase in crime was a risk to Officers. Smith replied that the CPD had more Officers shot at and had shot more people since 2017 than in his entire 21-year career.

From the audience, Councilmember Pharr asked had they had noticed if needles and syringes were found concentrated more in one part of town over another. Boggess replied that he couldn't accurately answer that because he is stationed in one part of town, but needles are very present in the West Side/North Charleston area. Councilmember Pharr asked if they saw families (when responding to fires). Boggess replied that he wasn't sure, but he did know that they did respond to a lot of overdoses in the area in occupied homes. He added that they also responded to a tremendous amount of them well in boarded-up properties. He added that they have responded to situations with children and family members present.

Councilmember Wesley-Plear asked if having drug paraphernalia was an arrestable offense. Smith replied not for syringes; however, it is in other cities. Smith added that he had anecdotally heard that people know this and come to Charleston for that reason. Councilmember Wesley-Plear stated that they should remember that they are discussing people that have a chronic disease, and to be respectful of that they need to lessen the stigma to truly do their part to improve their community. Councilmember Steel agreed, and added that they need to be mindful of the language and terminology they use when they are talking about people in active addiction.

Councilmember Steele confirmed that Smith was speaking for the membership of the Fraternal Order of the Police, not the Police Department (although the Order encompasses about 95% of the Police Department as well as 12 other Departments). Councilmember Wesley-Plear confirmed with Smith that the Order is an additional organization (by application with dues), and that firefighters agree that there needs to be some sort of program like Health Right or hospital care for getting people help. He added that there needs to be accountability to any such program.

Councilmember King asked Depond to explain what happens to a newborn when they are born in relation to addiction. Depond replied that 40-60% of babies born to opiate-dependent mothers experience withdrawal. For mothers that used stimulants, babies are high need (crying, jittery don't eat normally, etc.). She added that it is traumatizing to experience a newborn going through withdrawal. There is not a lot of long-term data available. Depond added that babies may go through their treatment and into a home still with needs.

Councilmember Wesley-Plear asked how to better build trust so that people can get help. Dr. Teague replied that it comes back to meeting people where they are (access and be present with them). She added there is huge mistrust in the medical community. She added that SOAR is one of the few ways that she has been able to engage with the people she has been tasked to take care of, because that is where she frequently sees people that she only previously saw briefly before they were discharged. It affords her the opportunity to provide education and other options. Dr. Teague added that she works with both SSPs, and that she thinks there is room for improvement in both areas. Her concern with Health Right is that they have turned people away because they are on probation for not returning the correct number of needles. She would like to see a solution to the waste that is being seen. While there does need to be accountability, she does not think they are meeting the full needs of the people. She would like to have the Health Right program improved and replicated on the West Side.

Councilmember McKinney asked if it was appropriate (for a program) to go into a community without introducing themselves. Dr. Teague replied that it would have been best. While she does not represent SOAR, she did not think it was done with an intent to be deceptive. Councilmember McKinney asked if Dr. Teague was over SOAR, how would she have introduced it to the community and to what type of accountability would she hold herself. Dr. Teague replied that she would come to them (presumably, Councilmembers) explaining that they would like to come in and develop a program, asking for their input and volunteers.

Councilmember Pharr confirmed that Dr. Teague had previously stated data of 25% African American and female and 75% white and male were from all of their enrolled patients from their service area of 19 counties pre-2018. Since 2018, an overwhelming number of their new cases are white male. She added that there is a high stigma in the African American community to be tested.

Councilmember McKinney asked what where the next steps after testing. Dr. Teague replied that they do rapid testing with double confirmation. They also try to do immediate medical care while they are with them. Councilmember McKinney asked how effective the testing was as well as getting people to come back to get treatment. Dr. Teague replied that there had been 8 identified positives over the 3-month period, adding that the numbers dropped overall once the investigation started. Of those 8, 1 has since passed away, 2-3 have returned to the clinic at least once and they have been unable to locate 3 (but if they return, they will be remembered and encouraged to get treatment). Dr. Teague shared a success story with the Committee that showed that having a

presence and patience is key.

Councilmember Steele asked on behalf of a Councilmember not present if given the changes in HIV cases, if there was talk within her program to start any type of syringe exchange program. Dr. Teague replied that she felt that at a minimum, as an HIV service provider, they needed to be able to make sure the people that they identify as positive be given syringes, but they had not been given approval to do that.

Councilmember Pharr stated she felt like the African American community is not part of this outreach, and would suggest that her group partner with some African American organizations. Dr. Teague agreed, and added that they had previously worked with the Partnership for African American Churches.

Councilmember Pharr asked on behalf of a Councilmember not present where the needs-based program on the West Side Dr. Teague previously referenced was located. Dr. Teague replied that she was referring to SOAR.

Councilmember Pharr asked Dr. Bisset, concerning the last question of the Research Conclusions Section, if “addict” is considered stigma-laden language. Dr. Bisset replied that technically it is, along with “junkie”. Appropriate terms would be “person in active addiction” or “person struggling with addiction.” Councilmember Pharr added that she struggles with that since “addict” comes from “addiction.” Dr. Bisset stated that it is considered a best practice from the NIH, the CDC and SAMHSA in an effort to make the person seem more human and more than their addiction. Councilmember Wesley-Plear added that it is important to her to use terminology that is respectful.

4. Recess

Councilmember Overstreet motioned to recess for 5 minutes. Councilmember McKinney seconded. With the yeas being unanimous, Councilmember Steele declared the Committee in Recess.

Councilmember McKinney motioned to reconvene the meeting. Councilmember Snodgrass seconded. With the yeas being unanimous, Councilmember Steele declared the Committee reconvened.

5. To Take Up Survey Questions – 2:41:26-3:32:05

Councilmember Steele explained that the Committee had before them 2 sets of recommended questions provided by Councilmember King and Emily Hannah, CARES Director, to use as a starting point. Councilmember Steele added that, in her research, it seemed like the less questions the better. Councilmember Steele added that the survey will have to go through the City’s IS Department, and that they are short-staffed at the moment. Councilmember Snodgrass added that the questions submitted by

Councilmember King have been vetted by the Chiefs of Fire and Police and the Directors of Refuse and Public Grounds. She added that they wanted the questions to be Yes or No to be able to represent all employees. Councilmember Steele added that she had a problem allowing the general group of people that the survey is for to approve the survey questions. Councilmember Snodgrass stated that the Committee suggested that they go to the Departments to do that. Councilmember Steele stated that her suggestion was to ask how the survey might get done, not for them to ok the actual questions. Councilmember Snodgrass added that it will be going to the employees that they supervise. Councilmember Steele asked who came up with the questions, and Councilmember King replied that he and Councilmember Snodgrass did.

Councilmember King motioned to vote on all of the questions he submitted as a whole. Councilmember Snodgrass seconded the motion. Councilmember McKinney stated that they are supposed to be doing something for the community, and everyone on the Committee should be able to agree, disagree or amend on each question. Councilmember Steele asked for clarification as to which Department Heads they spoke with, who had questions and who did not respond. Councilmember Snodgrass stated that after the last Public Safety meeting, they were able to get the resolution approved and did not want to have to wait many more weeks. She stated that she spoke to the Fire Chief, the Police Chief and Brent Webster (Public Works) mainly to make sure the questions were written as to be appropriate for their employees. She added that they didn't comment one way or the other. Councilmember Overstreet stated that he thought it was suggested at the last meeting they should consult the Department Heads. Councilmember McKinney added that she thought they were going to get their opinions on how to do the survey and the Committee would create the questions. Councilmember King withdrew his motion.

Councilmember Wesley-Plear suggested that the questions that mention the Health Department's needle program be taken out because of the turnover in Refuse means that most employees wouldn't have been there in 2018 and wouldn't necessarily know about it. Councilmember Snodgrass replied they could then choose to answer "Don't Know." Councilmember Snodgrass added that it is a reference point when talking about needle exchange programs.

- “Do you believe the Health Department’s needle program in 2018 was good for the City of Charleston?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 The Committee agreed to strike “in 2018.”
 Yeas: Overstreet, Jones, Snodgrass, King, McKinney
 Nays: Wesley-Plear, Steele
 With the Yeas being in the majority, the question was approved.
- “Do you believe the Health Department’s Needle Program led to an increase in crime?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: Overstreet, Jones, Snodgrass, King
 Nays: Wesley-Plear, Steele, McKinney
 With the Yeas being in the majority, the question was approved.
- “Do you believe needle programs increase or decrease the likelihood of an accidental needle prick for the public at large, refuse employees, and first responders performing their job duties?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Councilmember Wesley-Plear requested that the “and” be changed to “or.” The Committee agreed.
 Yeas: Overstreet, Jones, Wesley-Plear, Steele, Snodgrass, King, McKinney
 Nays: None
 With the Yeas being unanimous, the question was approved.
- “Do you believe that needle programs increase or decrease syringe litter throughout the community?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: Overstreet, Jones, Wesley-Plear, Snodgrass, King, McKinney
 Nays: Steele
 With the Yeas being in the majority, the question was approved.
- “Do you believe that needle programs result in an increase in the number of intravenous drug users coming into the City of Charleston from outside areas?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: Overstreet, Jones, Snodgrass, King
 Nays: Wesley-Plear, Steele, McKinney
 With the Yeas being in the majority, the question was approved.
- “Do you believe participants in a needle program should be required to meet with a medical professional during each visit to the program?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: Overstreet, Jones, Snodgrass, King, McKinney
 Nays: Wesley-Plear, Steele
 With the Yeas being in the majority, the question was approved.

- “Do you believe participants in a needle exchange program should be required to return their used needles to receive new ones?”
 Councilmember King motioned to vote for approval of the question.
 Councilmember Steele suggested that they put “all” in front of “used.”
 Councilmember McKinney suggested that “to receive new ones” be removed.
 Councilmember Steele suggested changing “needle exchange program” to “syringe service program.” The Committee did not agree to any proposed changes, and the question was voted on as originally read.
 Yeas: Overstreet, Jones, Snodgrass, King
 Nays: Wesley-Plear, Steele, McKinney
 With the Yeas being in the majority, the question was approved.
- “Do you believe additional needle programs are needed in the City of Charleston?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: Overstreet, Jones, Wesley-Plear, Steele, Snodgrass, King, McKinney
 Nays: None
 With the Yeas being unanimous, the question was approved.
- “Prior to this survey, have you been asked for your opinion regarding needle exchange programs in the City of Charleston?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: Overstreet, Jones, Wesley-Plear, Snodgrass, McKinney
 Nays: Steele, King
 With the Yeas being in the majority, the question was approved.
- “Do you believe that needle programs increase or decrease syringe litter throughout the community?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: Overstreet, Jones, Wesley-Plear, Snodgrass, King, McKinney
 Nays: Steele
 With the Yeas being in the majority, the question was approved.

- “Have you personally, do you work with, or do you know of someone who has been accidentally pricked by a discarded needle?”
 Councilmember Jones suggested to remove “have you personally.”
 Councilmember Steele suggested the question be “Have you ever had to have an HIV test, or know of anyone who has, because of being pricked by a discarded needle.”
 Councilmember McKinney suggested to remove “HIV” from Councilmember Steele’s suggestion.
 Councilmember Steele suggested that the question be discarded.
 Councilmember Wesley-Plear suggested that the question read “Have you been accidentally pricked by a discarded needle in Charleston?” The Committee decided to vote on that change.
 Yeas: Overstreet, Jones, Wesley-Plear, Snodgrass, King, McKinney
 Nays: Steele
 With the Yeas being in the majority, the question was approved.
- “Have you ever encountered discarded needles personally or while on the job or on a call?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: Overstreet, Jones, Wesley-Plear, Steele, Snodgrass, King, McKinney
 Nays: None
 With the Yeas being unanimous, the question was approved.
- “Do you feel comfortable publicly stating your opinion regarding needle exchange programs?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Yeas: None
 Nays: Overstreet, Jones, Wesley-Plear, Snodgrass, Steele, King, McKinney
 With the Nays being unanimous, the question was not approved.
- “Have you been stuck by a needle in the course of your work with the City of Charleston?”
 Councilmember Wesley-Plear motioned to vote for approval of the question.
 Councilmember Wesley-Plear suggested the question replace “Have you personally, do you work with, or do you know of someone who has been accidentally pricked by a discarded needle?”
 The Committee agreed to the change.
- “Do you know how to properly handle syringe litter?”
 The Committee was satisfied with the question.
- “Are you interested in information about proper disposal?”
 The Committee did not want to include the question.

- “Provide your thoughts on how syringes and syringe litter affect your professional duties.”
The Committee did not want to include the question.
- “What ideas do you have to address syringes and syringe litter?”
The Committee agreed for this to be the last question.
- “Where do you encounter syringes? (i.e., bagged garbage, street litter, pat down, overdoses, etc.)”
Councilmember Wesley-Plear suggested replacing this question with “Have you ever encountered discarded needles personally or while on the job or on a call?”
The Committee agreed.
- “Describe your understanding of harm reduction and syringe programs.”
The Committee did not want to include the question.
- “Are you interested in education and training on harm reduction and syringe programs?”
The Committee did not want to include the question.

Councilmember Jones motioned to accept the questions as discussed (reproduced below). Councilmember Wesley-Plear seconded. With the yeas being unanimous, the questions were approved.

Councilmember Jones motioned to adjourn. Councilmember McKinney seconded the motion. Meeting adjourned.

Survey Questions

1. Do you believe the Health Department's needle program was good for the City of Charleston?
 - a. YES, NO, or DON'T KNOW
2. Do you believe the Health Department's Needle Program led to an increase in crime?
 - a. YES, NO, or DON'T KNOW
3. Do you believe needle programs increase or decrease the likelihood of an accidental needle prick for the public at large, refuse employees or first responders performing their job duties?
 - a. INCREASE or DECREASE
4. Do you believe that needle programs increase or decrease syringe litter throughout the community?
 - a. INCREASE or DECREASE
5. Do you believe that needle programs result in an increase in the number of intravenous drug users coming into the City of Charleston from outside areas?
 - a. YES, NO, or DON'T KNOW
6. Do you believe participants in a needle program should be required to meet with a medical professional during each visit to the program?
 - a. YES or NO
7. Do you believe participants in a needle exchange program should be required to return their used needles to receive new ones?
 - a. YES or NO
8. Do you believe additional needle programs are needed in the City of Charleston?
 - a. YES or NO
9. Prior to this survey, have you been asked for your opinion regarding needle exchange programs in the City of Charleston?
 - a. YES or NO
10. Have you been stuck by a needle in the course of your work with the City of Charleston?
 - a. YES or NO
11. Do you know how to properly handle syringe litter?
 - a. YES or NO
12. What area of the City have you encountered discarded syringes?
13. What ideas do you have to address syringes and syringe litter?