

A Foot in the Door: Using Formative Research to Understand Secondary Needle Exchange Practices

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BACKGROUND

- Syringe Exchange Programs (SEPs) have dramatically impacted the prevalence of high-risk behaviors among injection drug users (IDUs).
- Many IDUs do not directly access SEPs, but obtain syringes from IDUs who use SEPs. This is referred to as Secondary Syringe Exchange (SSE).

PURPOSE

- To better describe SSE practices & relationships.
- To generate theoretical understandings of the SSE phenomena.
- To provide a concrete basis for creating salient questions for a quantitative survey.
- To aid in the design of a peer mobilization intervention for IDUs.

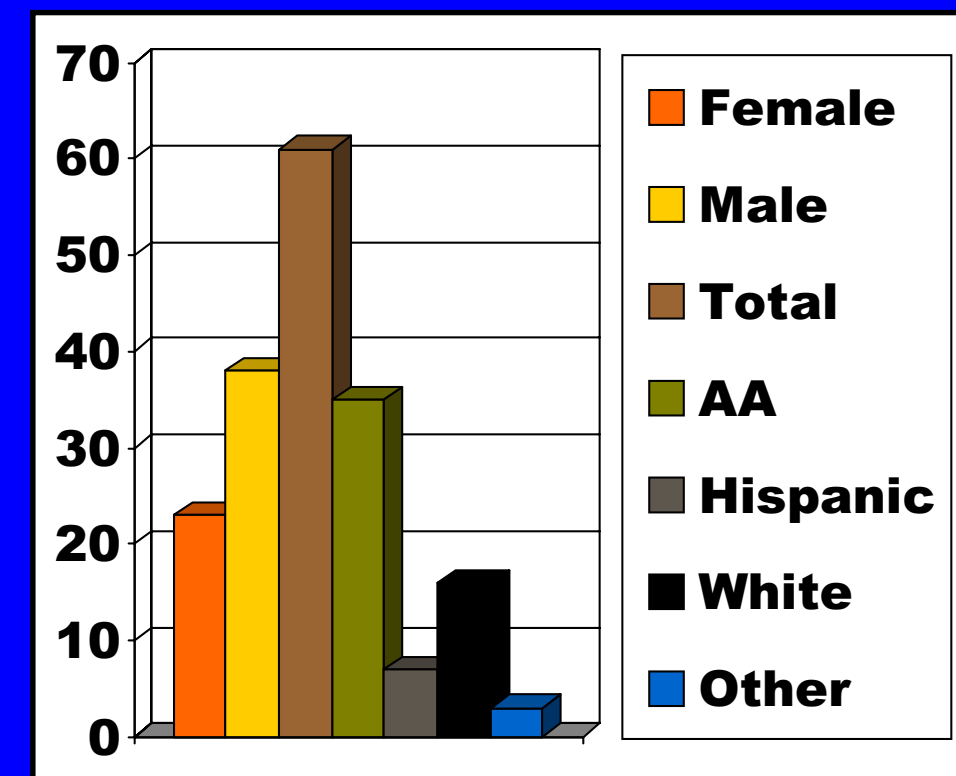
METHODS

- Qualitative research was conducted in 3 San Francisco Bay Area communities (June-December 2000), consisting of:
 - Focus Groups (N=3 groups; N=15 people)
 - Field Observations of SEPs (N=7)
 - Individual Qualitative Interviews with people who get needles for others (providers) and people who get needles from others (recipients) (N=46)

ANALYSIS

- Interviews and field notes were transcribed and coded for conceptual constructs and themes regarding the following dimensions of SSE:
 - Social
 - Psychological
 - Economic

DEMOGRAPHICS



RESULTS

Social

- SEP staff reported that people come from towns without SEPs to exchange for a circle of friends.

"...they come from all over—from Vallejo, Fairfield, even Concord, because there are no exchanges over there."

- Several factors were identified that determine whether people are providers or recipients.

Housing Status: *"I'm homeless and I don't carry no needles with me."*
Disclosure of drug use to family, and to neighborhood and community: *"My old lady doesn't know I use."*

- Age: Providers are older, more stable community members. Out of 26 SSE providers, only one was under 40 years.

"...the other ones [providers] are older, like I am."

(60-year-old African American male)

- Some SSE providers' homes are a place where recipients can do more than just get new syringes.

"...You don't have to just come and fix and leave. You can come and fix and, you know, sit down for a minute or what-not..."

- Referrals and services are provided at NEP and then disseminated through SSE providers.

"I told him, hey, check out the van...it's pretty cool...and he did...some things if you don't talk about 'em, you don't know nothin' about 'em."

- SSE addresses the needs of newer/more chaotic users, reducing the potential harm to themselves, sometimes assisting in managing their use and risk.

"I feel like a babysitter for adults."

- The length of some SSE providers' injection history has allowed them to develop more established survival strategies, which are recognized by SSE recipients.

"He's been taking care of us for a long time....He knows how to keep trouble away."

Psychological

- Protecting people from disease was a frequently cited motivation for SSE providers.

"...so we can all be safe...my sister died of AIDS..."

- SSE providers view themselves as fulfilling an altruistic community service, protecting people from disease, and caretaking their networks.

"...it makes them [the recipient] feel like they have somebody who cares about them."

- People's fear of police activity impacts whether they become providers or recipients. IDUs fear the police due to outstanding warrants or probationary status.

"Police are something you go to sleep worrying about. Police just come and look to see if anyone is on parole."

Economic

- Financial enumeration is not an important motivation for providing syringes to others.

"...if they ain't got a dollar, I still give it to 'em."

- SSE Recipients may give SSE providers drugs instead of money.

"They give me some of the dope sometimes."

- Roles between providers and recipients can shift depending on economic status.

"...I used to go for everyone but I haven't been able to since I lost my place."

CONCLUSIONS

- Preliminary findings highlight the complex range of SSE...
 - Motivations
 - Practices
 - Contexts
 - Social Organization and Relationships
 - Provider/Recipient Networks and Roles

LESSONS LEARNED

- Our findings indicate that the role of provider vs. recipient is more fluid and less defined than we had anticipated.
- This "continuum of roles" must be accounted for in the survey design, subsequent cohort recruitment, and intervention design.

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