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## Local policy stakeholder attitudes about implementing and sustaining needle exchange programs in the Inland Empire

Katarina Kucavikova-Fillippelli

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LOCAL POLICY STAKEHOLDER ATTITUDES ABOUT  
IMPLEMENTING AND SUSTAINING NEEDLE  
EXCHANGE PROGRAMS IN THE  
INLAND EMPIRE

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Katarina Kucavikova-Fillippelli

June 2012

LOCAL POLICY STAKEHOLDER ATTITUDES ABOUT  
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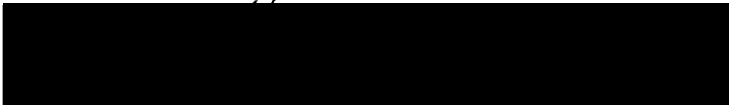
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by  
Katarina Kucavikova-Fillippelli

June 2012

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## ABSTRACT

Government data suggest that there are almost 5,000 individuals living with Acquired Immunodeficiency Syndrome (AIDS) and with Human Immunodeficiency Virus (HIV) in the Riverside County as of December 2010. This alarming statistic emphasizes the need for a comprehensive HIV/AIDS prevention approach. Despite the need and the past efforts of the County Public Health officials, there are no currently operating needle exchange programs (NEPs) in the Inland Empire. New legislation signed in October of 2011 attempts to streamline the efforts to open NEPs, but needs the support of the local jurisdiction. The purpose of this study was to explore the attitudes of local policy stakeholders in regards to NEPs, focusing on Riverside City Council Members. Using qualitative, exploratory research design, the researcher met with all seven Council Members to conduct face-to-face interviews using nine closed and open-ended questions. The majority of the local policy stakeholders are opposed to implementing and sustaining NEPs in their city and strongly opposed to implementing NEPs in their ward. Additionally, the majority of participants are opposed to the idea of harm

reduction approach with intravenous drug users (IDUs). The majority of the research participants seemed more inclined to support punitive, rather than the corrective policies related to intravenous drug use, seemingly believing that everything the IDUs do is bad and therefore they deserve punishment [rather than help]. The lack of available local data pertaining to intravenous drug use may be one of the reasons behind their opposition. Another reason may be the pervasive stigma associated with controversial issues such as drug use, sexual contact, sexually transmitted diseases and needle exchange. These data will help social workers and policy makers see evidence of the positive impact of NEPs on HIV/AIDS prevention and how these intervention methods could be used in the future in Riverside, California. This study may be helpful to anyone attempting to establish NEPs in Riverside in designing a public relations campaign that would effectively address the stigma associated with intravenous drug use, HIV/AIDS and needle exchange services.

## ACKNOWLEDGMENTS

I would like to thank Prof. Laurie Smith who invested her knowledge, patience and time as my thesis advisor. I would also like to thank my field supervisor, Danny Perez, MSW who was my mentor, teacher and most of all helped me grow both professionally and personally. You lead by example!

## DEDICATION

I would like to dedicate my thesis to my husband Matthew Fillippelli. Love you.

Also to my uncle, Jan Simo, who showed me that hard work does pay off and was my first mentor. Thank you, I will never forget that you reached out to help me when I needed it the most! Nikdy nezabudnem, ze si mi pomohol ked som to najviac potrebovala. Dakujem!

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Needle exchange programs (NEPs) also referred to as syringe exchange programs (SEPs) aim to prevent the spread of Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) and other infectious diseases, such as Hepatitis and sexually transmitted infections, among the population of intravenous drug users (IDUs). While some U.S. cities support needle exchange programs, Inland Empire is yet to embrace this harm reduction approach which has a primary focus on the prevention of HIV/AIDS and other infections and a secondary focus on the treatment of substance abuse. NEPs show positive impact on the prevention of HIV/AIDS and aim to help protect the society at large from the spread of infectious diseases (Ritter & Cameron, 2009; see also Hilton, Thompson et al., 2001; Fuller et al., 2007). As HIV/AIDS remain incurable at this time, prevention remains the only tool available to mankind.

The epidemic of HIV/AIDS represents a large societal problem. The California Department of Public Health,

Office of AIDS, Surveillance Section reports that as of December 31, 2010 there was a cumulative total of 8373 persons living with HIV/AIDS in the Inland Empire (both Riverside and San Bernardino Counties) alone, indicating a 4% increase compared to the previous year.

Alarminglly, the epidemiological data indicates that HIV/AIDS epidemic in the Inland Empire is changing and affecting more communities of color with over half of all new AIDS cases among Latinos or African-Americans (California Department of Public Health, Office of AIDS, Surveillance Section, 2010).

While the main mode of HIV/AIDS transmission remains sexual contact (both same sex and heterosexual contact), infection through intravenous drug use is the next most frequent. Same sex contact (male to male) as a mode of transmission in the Inland Empire represents total of 63.3% of all cases of AIDS and total of 62% of all cases of HIV transmission (California Department of Public Health, Office of AIDS, Surveillance Section, 2010). Heterosexual contact as a mode of transmission in the Inland Empire represents total of 11.6% of all AIDS cases and 13.9% of all HIV cases (California Department of Public Health, Office of AIDS, Surveillance Section,

2010). Intravenous drug use as a mode of transmission in the Inland Empire represents 10.8% of all reported AIDS infections and 8.1% of all reported HIV infections, but intravenous drug use as dual mode of transmission along with same sex contact (male to male) represents a total of 8.3% of all AIDS infections and 4.9% of all HIV infections (California Department of Public Health, Office of AIDS, Surveillance Section, 2010). Comparing Riverside and San Bernardino Counties, Riverside has 63.1% of all AIDS cases and 50.4% of all HIV cases in the Inland Empire, while San Bernardino accounts for 36.9% of all AIDS cases and 49.5% of all HIV cases in the Inland Empire (California Department of Public Health, Office of AIDS, Surveillance Section, 2010).

There are a total of 108,508 persons living with HIV/AIDS in the state of California and a total of 8,373 persons living with HIV/AIDS in the Inland Empire representing a 7.71% of all living HIV/AIDS cases in California (California Department of Public Health, Office of AIDS, Surveillance Section, 2010). And even though other California Counties with such high incidence rate do have operating needle exchange, the Inland Empire doesn't. Riverside County alone with 3,431 persons living

with AIDS is a number six on the list in California (after Los Angeles, San Francisco, San Diego, Orange County and Alameda County) yet without needle exchange (California Department of Public Health, Office of AIDS, Surveillance Section, 2010).

Gender breakdown indicates that 89.5% of total HIV/AIDS cases in California (as of December, 2010) are male, 9.9% are female; a 0.1% increase in male and female categories since March of 2010 (California Department of Public Health, Office of AIDS, Surveillance Section, 2010). The Inland Empire in comparison is showing a slightly lower proportion of males living with AIDS (84.8%) and living with HIV (82.7%) which indicates that the local HIV/AIDS epidemic is increasingly more reaching females with 15.2% of AIDS incidence and 17.3% of HIV incidence rates (California Department of Public Health, Office of AIDS, Surveillance Section, 2010).

Demographic breakdown indicates that majority of all California HIV cases are Whites (46.8%), followed by Hispanics (29.1%) and African-Americans at 18.8% (California Department of Public Health, Office of AIDS, Surveillance Section, 2010). Similarly the majority of all California AIDS cases are Whites (54%), followed by

Hispanics (24.6%) and African-Americans at 17.8% (California Department of Public Health, Office of AIDS, Surveillance Section, 2010). But looking at the HIV/AIDS incidence rates for the same time period in the Inland Empire the epidemic is increasingly more affecting communities of color. With HIV incidence rates in the Inland Empire the majority of all cases are Whites (39.3%), closely followed by Hispanics (36.6%) and African-Americans at 20.8% (Riverside/San Bernardino, CA Target Demographic Area, Grant Application Narrative, 2012). Similarly with the AIDS incidence rates in the Inland Empire the majority of all cases are Whites (42.8%), followed by Hispanics (35.6%) and African-Americans at 18.8% (Riverside/San Bernardino, CA Target Demographic Area, Grant Application Narrative, 2012).

The recent literature suggests that needle exchange programs (NEPs) represent an effective tool in preventing the spread of HIV/AIDS, Hepatitis and other blood-borne pathogens among the population of intravenous drug users (Ritter & Cameron, 2009; Hilton, Thompson et al., 2001; Fuller et al., 2007). But despite the need, there is no currently operating NEP in the Inland Empire.

In May of 2011 the Assembly Bill (AB 604) known as the "Skinner Bill" was introduced in the California Senate aiming to exclude NEPs from the federal ban on drug paraphernalia. The bill (Skinner, Chapter 744, Statutes of 2011) was signed by Governor Edmund G. Brown, Jr. on October 9, 2011 and subsequently mailed to all of the Public Health Offices and Departments around the state of California (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011). Under the previous law, county and city jurisdictions could authorize NEPs by declaring a "public health state of emergency" (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011). The Skinner Bill would allow the existing NEPs to operate and in addition would allow for a creation of NEPs in the state of California without declaring the "state of emergency". In theory, the Skinner Bill is designed to help ease the creation of NEPs however, the Office of AIDS will authorize the establishment of local NEP only after a support and consultation with "local health officers, local law

enforcement officials, local neighborhood associations, and after a 90-day public comment period" (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011).

Thus, this bill would not be implemented against the local jurisdiction and would only allow NEPs if public health officials, local city council, local law enforcement and community all agree to establish NEP (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011). This bill is a sign that the State of California understands the benefits of needle exchange programs with the prevention of HIV/AIDS and other blood-borne infections. In addition to the Skinner Bill, Governor Brown also signed additional bill SB 41 (Yee, Chapter 738, Statutes of 2011) allowing the sale of non-prescription syringes in pharmacies and the possession of up to 30 sterile syringes per person if acquired from NEPs, pharmacies or physicians (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011). The



State of California, Office of AIDS in their letter to the stakeholders acknowledges that services provided by NEPs are essential in preventing injection drug users (IDUs) from contracting HIV/AIDS (and other blood-borne infections) as well as in linking the hard-to-reach IDUs to social and healthcare services (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011).

The previous legislation passed in 2000 would only allow NEPs to function if local governments declared an "HIV public health emergency" (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011). However, the federal law prohibiting the possession of drug paraphernalia (such as needles/syringes) still applied, complicating the operation of NEPs (Martinez et al., 2007).

Even though Skinner Bill is technically allowing NEPs to open legally, the agreement of local police, neighborhood, county and city officials is essential (California Department of Public Health, State of California - Health and Human Services Agency,

Authorization of Syringe Exchange Programs, 2011). Local jurisdictions have the power to veto NEPs and as such NEPs need their support. It became obvious that an initial research/mapping of the attitudes of the local policy stakeholders is imperative and may help to determine the possibility of NEPs in the Inland Empire. This research will examine how likely the local policy stakeholders would be to support NEPs in their community.

Qualitative, exploratory research among the local policy makers will aim to uncover if they would support NEPs in their area and what are their thoughts about it.

Additionally, this study will provide a review of harm reduction and services provided by the needle exchange agencies, the issues related to HIV/AIDS infections, as well as the analysis of the federal and local policies influencing NEPs. As Ritter & Cameron (2009) assert, cities without NEPs have a three times higher occurrence of HIV among the population of IDUs as compared to cities with operating NEPs.

The ecological perspective of person in environment provides an effective and realistic approach when assessing and treating the spread of HIV from IDU to the society at large. System's theory with multilevel

overview of macro, mezzo and micro policies will be implemented through the analysis of federal, state and local policies as pertinent to the needle exchange.

On the macro level the federal ban on drug paraphernalia and the ban on federal funding for NEPs block the federal efforts for comprehensive HIV/AIDS prevention, on the mezzo level the state of California passed the Skinner Bill but doesn't establish NEPs without the support of local jurisdictions and on the micro level the local city council has been previously unsupportive of multiple attempts to establish NEPs (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011; see also Mehta, 2003). In the mean time the health and the lives of intravenous drug users in the Inland Empire are at higher risk for contracting HIV/AIDS and other infectious diseases due to non-existence of NEPs and safe injection kits.

### Purpose of the Study

The purpose of the study was to analyze the attitudes of the local policy makers about needle

exchange and their willingness to support the establishment of NEPs in Riverside. There are no NEPs currently operating in the Inland Empire. If successful, the study findings can be applicable to other mid-size cities in California, the United States or other communities worldwide. The research aims to identify the common themes and attitudes among Riverside City Council Members and whether they are aware of the current laws governing the operation of needle exchange programs. Moreover, this type of exploratory research into the politicians' attitudes associated with NEPs seems to be best answered using qualitative research methods. Besides the extensive body of knowledge pertaining to IDUs and NEPs, it may be problematic to interview the hard-to-reach population of local IDUs.

The research participants will be providing information pertaining to the mezzo and micro level policies and attitudes.

#### Significance of the Project for Social Work

Social workers are facing ethical conflicts in "policy making, practice and research" based on the fact that literature shows benefits of NEPs, yet the policy is

often contradictory to such facts (Brocato & Wagner, 2011). Moreover, Brocato & Wagner (2011) argue that the federal efforts to eradicate the drug supply through the "war on drugs" have attacked the principles of "social justice and human rights" through the punitive, rather than corrective policies. In fact, the National Association of Social Workers Code of Ethics (2008) emphasizes that social workers should be educated and should understand the various strategies to prevent HIV/AIDS transmission such as the harm reduction approach.

Studies show that NEPs pose both ethical and political dilemmas, pointing out that while the health officials recognize the benefits of NEPs on the prevention of HIV/AIDS and other blood-borne infections, the political powers seem to oppose a full support of needle exchange (Small et al., 2011; see also Barr, 2011). The moral dilemma of NEPs centers on the fact that NEPs do not focus on abstinence only approach but rather focus on lowering the negative effects of drug use, while providing clean drug injecting paraphernalia (and other supplies and services) to the IDUs (Brocato & Wagner, 2011).

The significance of the project for social work is in understanding of how the major political power stakeholders may influence and allow for NEPs to operate in the Inland Empire area.

The focus of the study is to develop a set of practical guidelines on how to establish and maintain a NEP in Riverside, California. If successful, the study findings might be applicable to other mid-size cities in California, the United States and possibly applicable to other communities worldwide.

Due to the qualitative nature of this research it may be difficult to verbalize any specific hypothesis at this time. The research question will remain open: "what are the local policy stakeholders' attitudes about implementing and sustaining NEPs in the Inland Empire."

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will provide the connection between theories related to drug use and how it affects communities, and the need for Needle Exchange Programs (NEPs) due to their benefits on the prevention of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). Among the population of intravenous drug users (IDUs), the HIV/AIDS virus is often spread by sharing of drug injection equipment with a person infected with HIV/AIDS (Center for Disease Control and Prevention, 1997; see also Center for Disease Control and Prevention, 2001). The HIV is often the first stage which can lead to the development of the AIDS (Center for Disease Control and Prevention, 1997; see also Center for Disease Control and Prevention, 2001).

In terms of systems theory this study will provide a guide on the connection between various subsystems and their impact on the society as a unit.

There is a division between the theory and practice of the drug-related policies. While NEPs are proven to

help lower the occurrence of HIV/AIDS among the population of IDUs, it is still against the law in many U.S. states to have needles/syringes without a valid prescription, or in California without a proof of legal source such as pharmacy, physician or needle exchange program (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011).

The next "immediate issue" is the ban on federal funding for such programs (United States General Accounting Office, 2000, p.245; see also Barr, 2011).

### Theories Guiding Conceptualization

This section will discuss the theories related to drug use and society, as well as the division between theory and practice of social work and policies related to drug use.

When attempting to minimize the spread of HIV/AIDS in the society at large, systems theory provides a theoretical background describing how a society functions as a system with subsystems influencing each other (and the whole unit). Intravenous drug users (IDUs) don't live in a vacuum. Due to the interlinked, interconnected



aspect of the society all the levels have to unite for a common goal; the micro, the mezzo and the macro have to work together to provide a set of systemic guidelines.

Hilton, Thompson et al. (2001, p.357) emphasize that despite the "early indicators" that the HIV/AIDS epidemic will be "contained within" the population of IDUs, the facts are showing that the epidemic is affecting families and sexual partners of IDUs and the community at large, indicating a "more wide spread epidemic".

In attempting to understand the behavior of intravenous drug users connected to the systems theory, the psychodynamic approach to the psychosocial problem of substance abuse recognizes both "individual and societal factors" affecting substance abuse and "societal and psychological variables" in producing "adaptive and maladaptive behaviors" which are affecting the outcome of substance abuse (Hendin, 2010).

If the substance abuse issue is comprehended within this theoretical realm, and applied specifically to the concept of NEPs, then such programs should offer interventions helping the clients with their individual issues (e.g., impulse control or anger management) as well as assisting with clients' issues resulting from

societal factors (e.g., shelter, medical help, food stamps). In fact, literature shows that NEPs not only provide outreach and psychosocial services to the IDUs but the effects of NEPs are also in helping to lower the drug use among this population (Brocato & Wagner, 2011).

The understanding of substance abuse, risk taking behaviors of the drug users, the factors associated with HIV/AIDS occurrence and prevention will guide the study on the primary level. Examination of various NEPs and their effect on the prevention of HIV represents the secondary level. On the third level, this study will examine factors associated with federal and local policies attempting to find out what is the possibility to establish and maintain NEPs in Riverside, California.

#### Harm Reduction and Policy

NEPs are largely guided by the principles of the harm reduction approach (Wodak & Cooney, 2006; see also Brocato & Wagner, 2011). "Harm reduction is both a policy and a set of interventions" (Ritter & Cameron, 2009, p.611). A harm reduction approach within the intravenous drug use realm in theory focuses on lowering or minimizing risks associated with drug use, risk for the

client and for society at large. The harm reduction theory employs crisis intervention techniques in outreach to IDUs but doesn't provide a detailed guidance about techniques aimed at healing or treating the actual illness. With intravenous drug users and HIV/AIDS prevention especially, more attention was paid to stopping the spread of blood borne infections and HIV and "(...) lesser priority to actually eliminating the drug use itself" (Crofts & Deany, 1999, p.221; Brocato & Wagner, 2011). The benefits of harm reduction programs are: non-judgmental approach, accepting the client where he/she is at the moment and offering psychosocial interventions, services and supplies to help better their quality of life (Wodak & Cooney, 2006; Brocato & Wagner, 2011, Ritter & Cameron, 2009). Harm reduction has been applied to treatment of harm associated with "smoking, (...) road trauma and most widely to substance abuse" (Ritter & Cameron, 2009, p.611). Harm reduction is more effective with illicit drug use than with alcohol use (Ritter & Cameron, 2009). Ritter and Cameron (2009) compared the application of the harm reduction approach to treatment for alcohol, cigarette and substance addiction and concluded that harm reduction is especially effective

with relation to drug use. Same authors suggest that the harm reduction approach is widely effective but often not accepted by politicians and government leaders (Ritter & Cameron, 2009).

### Harm Reduction in Community Settings

The following findings of various NEPs based on the harm reduction approach indicate the positive effects of such community programs on the prevention of HIV/AIDS, seem to be culturally sensitive, and especially effective in working with communities of color (Fuller et al., 2007; see also Little & Franskoviak, 2010; Blume & Lovato, 2009).

The findings from New York based research conducted between 2002-2004 highlight the benefits of NEPs in the prevention of HIV, Hepatitis and other infectious diseases. Their research from New York community-based programs indicates that multilevel community based intervention work well with African-American IDUs helping reduce high-risk behaviors (Fuller et al., 2007). Using a community-based participatory research approach, data were collected from three target populations: community residents, pharmacists, and

intravenous drug users "focused on social and behavioral risk factors for HIV" emphasizing the principles of "person in environment" (Fuller et al., 2007, p.p.117-120). The article findings provide clear evidence that "multilevel interventions" sensitive to the individuals' social environment that may promote positive change in IDUs' behavior account critical elements of the social environment "should be considered a viable disease prevention strategy" (Fuller et al., 2007, p.p.117-120) in fighting against HIV/AIDS.

Similarly, Blume & Lovato (2009) agree that harm-reduction strategies work well with ethnic minority clients (Blume & Lovato, 2009, p.189). The authors highlight the benefits of culturally sensitive, community based harm reduction strategies on the outcome of HIV/AIDS prevention and the use of culturally competent therapists, combined with the benefits of clients' empowerment in harm reduction strategies (Blume & Lovato, 2009).

Little & Franskoviak (2010, p.175) explain that harm reduction as a therapy was initially established as a "non-abstinence-based method" and successfully used to "treat people with drug and alcohol problems". Authors

assert that harm reduction programs offer low-threshold access for clients, various degrees of intensive programs and are adaptive to the needs of the community (Little & Franskoviak, 2010).

Research by Vlahov et al. (2010) focuses on prevention of HIV infection among injection drug users in resource-limited settings and provides evidence that harm reduction programs are more effective in preventing the spread of HIV/AIDS than punitive policies. Vlahov et al. (2010) analyzed worldwide NEPs and concluded that strategies such as unrestricted access to clean needles through NEPs and/or through pharmacy programs, behavioral interventions aimed at decreasing risk behaviors among IDUs, treatments and other strategies are beneficial in the prevention of HIV among the population of IDUs. Vlahov et al. (2010) emphasizes the importance of comprehensive approaches employing multi-level techniques aimed at reducing the risks of infection with HIV finding that comprehensive approaches with multiple components seem to be the most effective tools in prevention of HIV among IDUs and seem applicable to the Inland Empire communities of California.

## Needle Exchange Programs

Based on a personal experience of the researcher observing both European and California-based needle exchange agencies, the services offered include the needle exchange and needle distribution, provision of clean drug injecting materials, distribution of item for protected sexual contact (condoms, etc.), outreach and referral to services including various psychosocial interventions (personal experience 2004-2011). The first needle exchange program was opened in Amsterdam, the Netherlands in 1984 by a "drug users' advocacy group called the Junkie Union" with the attempt to prevent an epidemic of hepatitis B when city pharmacy was planning to stop selling hypodermic needles to IDUs (School of Public Health, UC Berkeley, 1993, p.4). What followed was the establishment of NEPs which would provide their clients with more than just clean needles.

HIV/AIDS wasn't fully discovered until 1986 and promoters of NEPs quickly learned of the benefits of NEPs on the prevention of HIV/AIDS. NEPs often provide outreach to access IDU clients from the streets and those who may be afraid of authorities due to using illegal substances. NEPs generally don't request any form of

identification in order to receive supplies and services as they are accessible for all clients in need, even those who don't have identification or don't want to show identification.

The first NEP in the USA with "comprehensive services" was established in 1988 in Tacoma, WA (School of Public Health, UC Berkeley, 1993, p.4). At this time there are almost 40 NEPs in California as of March, 2012 (California Department of Public Health, Syringe Exchange List, 2012).

A worldwide study comparing data from 81 cities around the world, out of which 29 cities have operating NEPs found out that HIV incidence rates decreased by 5.8% per year (Hurley, Jolley & Kaldor, 1997). Study also concluded that NEPs appear to lead to lower levels of HIV occurrence among IDUs (Hurley, Jolley & Kaldor, 1997).

#### Cities without Needle Exchange Programs

In contrast, research by Neaigus et al. (2008) provides information about HIV prevention in a city where NEPs and pharmacy needle programs are illegal compared to cities with operating NEPs. The study showed that IDUs in cities without NEPs were more than three times more



likely to contract HIV as compared to IDUs in cities with operating NEPs (Neaigus et al., 2008).

#### Summary

The literature review provides detailed evidence of the positive impact NEPs have on the prevention of HIV/AIDS, specifically on decreasing the rate of HIV/AIDS occurrence among the population of IDUs. Data clearly show that cities without NEPs have three times higher incidence of HIV/AIDS among IDUs as compared to cities with operating NEPs (Neaigus et al., 2008). Additionally, literature asserts the importance of comprehensive services, employing multi-level techniques such as resources, supplies and psychosocial services aimed to prevent the spread of HIV/AIDS (Vlahov et al., 2010; see also Fuller et al., 2007). The opposing views asserting that NEPs promote drug use have been disproved in the past and are not present in the recent literature.

## CHAPTER THREE

### METHODS

#### Introduction

In this chapter, the study design, sampling method, data collection and instruments, procedures, protection of human subjects and data analysis will be covered. The proposed study was intended to explore factors associated with the possibility of establishing and maintaining needle exchange programs (NEPs) in the city of Riverside, California. NEPs are typically non-profit organizations serving the hard-to-reach population of intravenous drug users (IDUs) who are at high risk of contracting Human Immunodeficiency Virus (HIV) due to needle sharing and other risky behaviors. This exploratory study aimed to elicit attitudes and ideas of the local policy makers regarding NEPs in the city and in their ward.

#### Study Design

Using prior research data from social work, nursing, medical field and the related policy, the study was exploring multiple realities associated with the presenting problem (Grinnell & Unrau, p.447) and aimed to explore the attitudes associated with NEPs.

As indicated in the research question "how to implement and sustain NEPs in the Inland Empire" the objectives of this study were to: provide research into the attitudes and factors associated with NEPs in the Inland Empire, elicit opinions about needle exchange services and determine the possibility of support for NEPs in this area.

Using a qualitative research design, face-to-face interviews were conducted with Riverside City Council Members. Interviews aimed to explore the Council Members' attitudes associated with NEPs because without the agreement and support of the local jurisdiction, NEPs cannot exist. Qualitative research methods were employed using open and closed ended questions. The interview outline (Appendix A) was emailed to participants two to three weeks prior to interview.

Their subjective answers were the key to exploring the possibility of legally establishing NEPs in Riverside, California. The educational aspect informing participants about the benefits of NEPs and the current epidemiological profile of this area are essential in continuous advocacy work and in educating politicians about the marginalized population of IDUs. Recent

literature was reviewed and added after the data were collected, specifically the final ratification of the Skinner Bill (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011). The rationale for choosing a qualitative research design was both logical and a good fit (Grinnell & Unrau, 2008, p.450).

### Sampling

The size of the sample was seven participants. Due to the study being conducted at a local City Council the sample was not a non-probability sample. The size of the sample was necessarily small as there are only a limited number of local policy makers responsible for implementing local laws. The criteria for the sample was that the participants being considered had to be the currently serving Riverside City Council Members only, not their staff. All of the City Council Members agreed to be interviewed and all of the interviews were conducted in English.

This research examined participants' opinions on having NEPs in their city, in their ward, their

willingness to support NEPs publicly, their willingness to vote for NEPs in public debate etc.

#### Date Collection and Instruments

Data collected for this study was done through face-to-face interviews administered by the researcher (Appendix A). Interview outline was provided to participants ahead of time. During the interview, respondents were also informed about the local epidemiological profile in Riverside, California in regards to HIV/AIDS and modes of transmission, especially intravenous drug use and provided with the benefits of NEPs on the prevention of HIV/AIDS.

The interview questions were about their thoughts regarding needle exchange services and programs, specifically regarding NEPs in Riverside and NEPs in their ward, if they would show a support to NEP then what type of support and question about their opinions regarding the harm reduction strategies employed by NEPs (Appendix A).

#### Procedures

Participation in this study was solicited through emails and phone calls to the Riverside City Council

Members. No Council Members responded to the emails with Interview Outline (Appendix A) and one Council Member responded to the phone call by the researcher. The rest of the participants were scheduled for interviews with the help of the Council Secretary who was instrumental in this aspect. The researcher decided to dress in a similar way to the participants "to decrease social distance" which meant dressing and grooming in a professional, business style (Grinnell & Unrau, 2008, p.454).

#### Protection of Human Subjects

Seven policy makers were interviewed. Because City Council Members are public figures the data collected are not confidential. After the data were analyzed the original documents written during the interviews were destroyed. All the data were stored in locked cabinet with key available only to the researcher. Electronic data were kept on a computer disk with the researcher and a back up copy was kept in the researcher's computer. The researcher recorded and transcribed the answers provided and looked for common themes in the data. All participants signed Informed Consent (Appendix B) and some participants signed Audio Recording Form (Appendix

C) if they were recorded. The researcher chose to audio record the three initial participants and subsequently learned that written notes are easier to follow.

### Data Analysis

Data obtained from research participants' interviews were transcribed and analyzed using a qualitative approach. Only English language was used in all the interviews. Three initial interviews were conducted in audio form and four subsequent interviews were conducted in written form. Once the information was retrieved from each participant it was typed and saved. After the seven interviews were conducted the researcher looked for common themes from the respondents and coded those themes to show similarities or differences among the responses. All the interviews were conducted in the offices of each individual City Council Member.

### Summary

This study was designed to be an exploratory study of factors associated with opinions about needle exchange programs and services, implementing and sustaining NEPs in the city of Riverside, California. The purpose of this research was to find common trends and insights about the

likelihood of eliciting support for NEPs from the local policy makers. These data were analyzed using a qualitative approach to find common themes among the research participants. The primary aim of this study "how to implement and sustain NEP in the Inland Empire" was followed by a secondary outcome of eliciting discussion and possibly educating the city officials about the needs of the marginalized population of IDUs. Outcomes of this research will serve as a practical guide on "how to implement and sustain needle exchange programs in the Inland Empire".



## CHAPTER FOUR

### RESULTS

#### Introduction

This section covers the results of the study evaluating attitudes of the local policy makers about implementing and sustaining needle exchange programs (NEPs) in the Inland Empire, specifically in the city of Riverside. Questions were aimed at gathering Council Members' opinions as well as representing their constituents on the issue of NEPs and whether or not they would support NEPs in their city and in their ward. A description of each Council Member's serving status as well as qualitative data analysis will follow, showing patterns of responses to interview questions.

#### Presentation of the Findings

The data sample includes responses from seven Riverside City Council Members who are the local policy stakeholders. Out of the seven City Council Members, only one is a female. Six Council Members are reported to be Caucasian and only one is reported to be Hispanic. The demographic data revealed that the age of the seven Riverside City Council Members ranges from 39 years old

to 74 years old. Their time served as Riverside City Council Members ranges from serving one term to serving three terms. Each City Council term is four years without a limit on how many times they may be re-elected (Riverside City Clerk, 2011).

The Council Member for Ward one was elected to the Riverside City Council in 2007 and is currently serving his second term on the City Council (Riverside City Clerk, 2011).

Council Member for Ward two was elected in 2006 and is serving his second term on the Council (Riverside City Clerk, 2011).

The Council Member for Ward three was elected in 2007 and is currently serving his second term. At the age of 39 years old he is the youngest currently serving Council Member (Riverside City Clerk, 2011).

Ward four's Council Member was elected in 2009 being the most-recently elected Council Member and serving his first term (Riverside City Clerk, 2011).

Ward five's Council Member was elected in 2007, currently serving his second term (Riverside City Clerk, 2011).

The Council Member for Ward six was elected in 2002, serving her third term. She is the longest serving City Council Member and the oldest one at the age of 74 years old (Riverside City Clerk, 2011).

Ward seven's Council Member was elected to the Council in 2004 making him the second longest serving Council Member. This Council Member is serving his third term (Riverside City Clerk, 2011).

All the data from these subjects were collected in the months of October and November 2011 through face-to-face interviews with these seven Riverside City Council Members. Each interview was scheduled ahead of time and lasted 30-90minutes depending on the length of the answers of the respondents. The seven respondents were asked nine questions, out of which five were closed-ended and four were open-ended.

The first five questions asked were closed-ended questions. Respondents were asked to choose answers ranging from strongly disagree, to disagree, to undecided, to agree and strongly agree. The first such question asked the respondents to answer if NEPs would be beneficial to Inland Empire. All seven participants provided answers to this question. Respondents' answers

analysis indicated that about half of the research participants (four) agreed or strongly agreed that NEPs would be beneficial to the Inland Empire, one participant was undecided and two research participants disagreed that NEPs would be beneficial to the Inland Empire. No research participants indicated that they strongly disagree with the statement.

The second closed-ended question asked the research participants if they believe that NEPs help prevent the spread of HIV into the community. All seven respondents answered this question. Again, answers ranged from strongly agree, agree, undecided, disagree, to strongly disagree. Analysis of these data suggests that majority (five out of seven) of the research participants agreed or strongly agreed that NEPs help prevent the spread of HIV/AIDS into our community. One research participant was undecided and one research participant disagreed that NEPs help prevent the spread of HIV/AIDS into our community. No research participants selected answer "strongly disagree."

The third closed-ended question asked the research participants if they believe that every metropolitan area with intravenous drug users' population needs to have

NEPs. All seven participants answered this question. As in previous questions, their answers ranged from strongly agree - to strongly disagree. Analysis of these data found that a majority - four out of seven research participants were undecided about the statement that NEPs need to be a part of every metropolitan area with intravenous drug use population. Two research participants strongly agreed and one participant disagreed with the statement that NEPs need to be a part of every metropolitan area with intravenous drug use population. No research participants selected answer "strongly disagree."

The fourth closed-ended question asked the research participants if they would support the existence of NEPs in their area/ward. All seven research participants answered this question with overwhelming disagreement. Respondents were asked to select the following answers: yes, no, maybe. Analysis of this direct question indicates that participants would overwhelmingly not support NEPs in their area/ward - five participants answered no, one participant was undecided and one participant answered yes- would support the existence of NEPs in their area/ward.

Thus the following final question - "if I would support the existence of NEPs in my area/ward, then how" - was only applicable to two participants. The one respondent answering "yes" stated the form of support would be "in every possible way, including public support, educating the community about this issue, with donations, and other forms of support" (participant 6, personal communication, November 2011). The second respondent answering "maybe I would support" stated that the forms of support would be "public, because I am a public figure" (participant 2, personal communication, October 2011).

The survey also included several qualitative questions aimed at gathering Riverside City Council Members' opinions on various aspects of NEPs and their support in overriding the federal ban on drug paraphernalia (the ban has since been deactivated).

The first qualitative question asked the respondents what is their attitude/opinion about the issue of harm reduction related to intravenous drug use. All seven participants answered this question. Respondent answers fit into two distinct categories - three participants expressed a form of support (ranging from strong to some

support) for the harm reduction approach to intravenous drug use (reducing harm of HIV transmission by giving intravenous drug users clean hypodermic needles and other harm-reducing activities) and four participants expressed they would not support harm reduction approach.

Overall, research participants seemed inclined to support other preventative measures aimed at reducing the risk of HIV/AIDS transmission, such as "good PR and prevention" (participant 5, personal communication, October 2011), but seemed to perceive harm reduction as "showing an agreement with drug using behaviors" (participant 7, personal communication, November 2011).

Participants expressed concerns that the harm reduction approach lacks the punitive approach and may be "promoting drug use". One participant reported that: "I don't approve of the drug use, so I would rather say we got to look at the alternatives, rather than encouraging such behavior" (participant 7, personal communication, November 2011); and similarly another participant reported "I recognize the benefits [of harm reduction] in terms of preventative medicine, but it may enable some IDU's to use more" (participant 1, personal communication, October 2011).

Moreover, one participant believed that "HIV is 100% preventable; responsible behavior can help prevent it" (participant 7, personal communication, November 2011) and this participant didn't seem to support the harm reduction approach for intravenous drug users.

Additionally, research participants seemed to believe that their constituents have other important issues to worry about first: "when you are a leader in the community you need to bring up issues important to the community; such as safe/safer graduation, seat belts, baby seats etc" (participant 6, personal communication, November 2011) and stated that intravenous drug use or needle exchange programs are not on the top of their constituents "list of concerns" (participant 5, personal communication, October 2011).

The second open-ended question was asking participants to indicate their attitude/opinion specifically about the needle exchange programs. Respondent answers fit into two distinct categories. In the first category, more than half of the research participants seemed to openly disagree with the concept of NEPs but stated they would participate in a discussion



about NEPs if the county public health department comes forward with this topic.

About half of the research participants were calling for a more comprehensive approach to the issue of NEPs; they stated they would want to see statistics pertaining to NEPs: "having a discussion about the issue and what are the statistics?" (participant 2, personal communication, October 2011) as well as "I have yet to see documents to show that needle exchange programs do any prevention, other than enabling the negative activity" (participant 7, personal communication, November 2011).

Participants seemed to overwhelmingly express concerns that intravenous drug users are behaving irresponsibly and therefore "we don't know if intravenous drug users dispose of the needles properly" (participant 1, personal communication, October 2011). One research participant expressed concerns about in-migration of intravenous drug users into Riverside if Riverside opens a needle exchange program/services. Participant gave the example of the increase of the homeless population in Riverside due to the "good services now available to our

homeless population" (participant 5, personal communication, October 2011).

In the second category, less than half of the participants did agree with the concept of NEPs, noting that intravenous drug users will use any needles available to them and should be "able to get clean needles when they need them" (participant 6, personal communication, November 2011). One research participant emphasized that it is the voice of the constituents that could influence the council members' position on the issue: "whether I agree or disagree, those programs are probably helping prevent the issue [of HIV/AIDS]" (participant 2, personal communication, October 2011).

The third open-ended question was asking the participants to discuss what are their attitudes and opinions about having needle exchange program/s in their ward specifically? All seven respondents answered the question. Respondent answers fit into two distinct categories. In the first category, over two thirds (five) of the research participants did not, or would probably not support the existence of the NEPs in their ward listing reasons such as "I would be opposed to it.

It would bring those people to my area that don't need to be in my area" (participant 7, personal communication, November 2011). Additionally, research participants seemed to rely on the guidance from the County "[C]onversation has to start with county, then I would talk with the community, then committees, council" (participant 5, personal communication, October 2011).

The second category included two responses indicating they may or would support the existence of needle exchange programs in their ward: "I don't care [if it is in my ward] they outta be there already, they all should have such services" (participant 6, personal communication, November 2011).

The fourth (and last) open-ended question asked the respondents about their likelihood of supporting a state of emergency meeting to override the federal ban on drug paraphernalia. All seven respondents answered the question, majority (five) of them fit in the first distinct category stating that they would not, probably not, or at this time not support the state of emergency meeting to override the ban. "Not likely right now, I would need more information, data and examples"

(participant 2, personal communication, October 2011) to make such a decision.

In the second distinct category two respondents answered that they would, or very likely would support the state of emergency meeting to override the ban. One respondent answered:

"I definitely would. You need to gain the community trust first; [determine] what are the safety factors to provide support for the larger community. We would need to first PR it to the rest of the community; sometimes agencies don't explain [it] to the community at large. Or go to the areas which are gonna be impacted, where the NEP is gonna be placed" (participant 6, personal communication, November 2011).

#### Summary

This chapter presented the findings of the opinions and attitudes of the Riverside City Council Members regarding the issue of NEPs and analyzing whether or not these programs would have any future in the city of Riverside. Overall it seemed that majority of the Riverside City Council Members would not, or probably not

support NEPs and specifically not support NEPs in their ward. Only a minority of the research participants engaged in a debate about sustaining NEPs and they would suggest continuous debate about these issues with the local policy makers, including data presentation and a "good PR" (participant 5, personal communication, October 2011) about NEPs.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter includes a discussion of what data analysis reveals about the attitudes and the ideas of the Riverside City Council regarding local needle exchange programs (NEPs). This will be followed by a summary of the limitations present in the current study. Finally, recommendations for social work practice, policy and research will be put forth based on the outcomes of the data analysis.

#### Discussion

The results of this study indicate that the current attitude of the Riverside City Council Members regarding local NEPs is that they are strongly opposed to the idea of having NEPs in their ward.

The support of the local jurisdiction, including the City Council is imperative to opening NEP. Recent NEP bill (AB 604 "Skinner Bill") signed by Governor Brown in October, 2011, is explicit that NEPs need the agreement of local jurisdiction, police and the community before opening (California Department of Public Health, State of

California - Health and Human Services Agency,  
Authorization of Syringe Exchange Programs, 2011).

The main objective of this exploratory study was to elicit ideas and attitudes that the local government has about needle exchange services, their establishment and sustainment. The research participants' responses indicated some prior knowledge about the transmission of the Acute Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV). Participants' responses also indicated some prior knowledge about the needle exchange services. However, majority of the participants seemed unaware about the large number of the HIV/AIDS positive individuals living in this area and particularly unaware that there may be any intravenous drug users (IDUs) in their ward (Kaiser Family Foundation, 2003). This indicates the need to continuously educate policy makers about the societal problems of drug use/intravenous drug use, especially as such data were not included in the Community Health Profile (Community Health Agency, 2009).

The majority of the research participants seemed more inclined to support punitive, rather than the corrective policies related to intravenous drug use,

seemingly believing that everything the IDUs do is bad and therefore they don't deserve help, but rather deserve punishment. This seems in line with the long-pervasive United States government attitude expressed in the war on drugs and the application of the criminal model to the issue of drug use (Brocato & Wagner, 2011).

Some participants seemed in favor of NEPs as an idea, particularly being in favor of NEPs in other cities, but seemed sure that their constituents were not in need of NEPs.

Overwhelmingly, participants agreed with the idea that HIV/AIDS prevention is necessary in their city, but disagreed with the harm reduction approach which is a core principle of needle exchange services, since this approach doesn't require abstinence from drugs. In regards to HIV/AIDS prevention, almost all participants would agree with outreach and education alone, without the component of needle exchange.

Even the research participants, who ideologically agreed with the idea of NEPs and needle exchange as being a beneficial form of prevention of HIV/AIDS among IDUs, would first like to see education and outreach, prior to analyzing the prospective benefits of NEPs for the



Riverside area. Only one research participant indicated a very strong support for NEPs, would support NEPs in her ward and would engage in various types of support and would help sustain NEPs.

The majority of the research participants seemed initially diplomatic about answering these controversial questions and often stated they would need to analyze more data before giving their support to the idea of NEPs. However, when they were asked to choose a more likely answer, the majority were inclined to be unsupportive of the idea of NEPs.

One research participant seemed especially diplomatic with the answers and chose "undecided" for most of his answers but in the end stated that he is more opposed than supportive of the idea of NEP. About half of the research participants reported that they would need to discuss the idea of NEPs with their constituents before giving a strong support or strong opposition. The other half of the research participants seemed to know how their constituents feel about NEPs and were able to give an answer of strong support/opposition at that time.

A majority of the research participants, including those opposed to the idea of NEPs, agreed that a

continuous public debate is needed to implement and sustain NEPs. Respondents stated that ideas such as implementing a "good PR" (participant 5, personal communication, October 2011) and continuing to elicit discussions with local policy makers could potentially improve the likelihood of supporting NEPs. One research participant discussed the idea of Riverside being a conservative county in general which in his view may be indicative of lack of support for any NEPs. A minority of the participants stated that the guidance about the support of NEPs should come from the County Health officials. None of the research participants seemed aware about the previous three (unsuccessful) attempts of the Riverside County Public Health Officer, Gary Feldman, to elicit votes for needle exchange agency in the County (Mehta, 2003).

While the main objective of this exploratory study was to elicit ideas and attitudes that the local government has about NEPs (implementation and sustainment), the secondary objective was to begin a conversation about this topic. Findings suggest that there is a pervasive stigma associated with HIV/AIDS and especially with intravenous drug use. The lack of support

for controversial topics such as services to drug users may be partially attributed to the lack of funding available to mainstream services. The other lack of support may be attributed to the lack of knowledge about the epidemic of HIV/AIDS and the seeming denial about the existence of intravenous drug users in the respondents' wards.

One additional note on the process of conducting the interviews is that this research would have not been possible without the help of the City Council secretary who was able to schedule and reschedule majority of the interviews with the participants. Researcher learned that most Riverside City Council Members don't respond directly to emails or phone calls, and that it is necessary to gain assistance from staff members who can access the council members' schedules.

### Limitations

There are several limitations to this study. First, the sample size of this qualitative study was small and concentrated at one location, limiting the generalizability of the findings. Secondly, the researcher was unable to obtain interviews with other

city's council members, limiting the scope of the information provided regarding policy makers' attitudes about NEPs. Third, this was an exploratory study, and thus focused more on broad, ideological themes, rather than seeking answers to specific issues underlining the prevention of HIV/AIDS among the population of IDUs. Additionally, the researcher is originally from a different country (moved to USA in 2004) and from a different culture than the participants of the study, increasing the possibility of misinterpreting data due to a misunderstanding of cultural terms or norms. Fourth, the controversial subjects of sexually transmitted infections such as HIV/AIDS, and intravenous drug use can be uncomfortable and embarrassing for participants to discuss, allowing for a greater possibility to misreport information or to provide information the researcher may be more inclined to hear. Fifth, since the respondents are public figures, they provided all their answers on the record, which may have elicited less unfavorable responses and instead may have promoted more middle of the road responses.

Finally, pre-test was not available to measure participants knowledge levels or ideas prior to

participating in the study, potentially resulting in biased information.

### Recommendations for Social Work Practice, Policy and Research

Analysis of this exploratory study related to the ideas and attitudes of local policy makers regarding NEPs has meaningful implications for social work. The study focused on the local jurisdiction, providing initial look into ideological make-up of the Riverside City Council regarding the issues of intravenous drug use, HIV/AIDS, harm reduction approach and NEPs. Since there is no other local NEP study available at this time, this research had to begin with broad, rather general questions eliciting the respondents' attitudes about the selected topics.

Riverside County Public Health officials previously attempted to overturn the ban on needle exchange without any success. It was the hope of this researcher that with the new legislation (Skinner Bill AB 604) passed in California in October of 2011 easing the establishment of NEPs, the support of the local jurisdiction would follow (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011). But

while the Sacramento lawmakers seems to understand the overwhelming evidence that NEPs help with HIV/AIDS prevention, this evidence didn't seem to change the opposition of the local policy stakeholders (California Department of Public Health, State of California - Health and Human Services Agency, Authorization of Syringe Exchange Programs, 2011).

This study was done to get the perspectives and thoughts of Riverside City policy makers. By doing so, this researcher was able to understand how the local policy makers feel about NEPs and more over to get an idea if there is any possibility to gain support before setting on to establish NEPs. By doing individual interviews the study aimed to identify issues that may hamper the establishment of local NEPs. It also identified possible reasons why there is no NEP in Riverside and offered possible solutions to help establish NEPs.

It is imperative that social workers continue to discuss the need to implement evidence based practice showing the benefits of NEPs, and continue to challenge the stigma associated with this issue (Brocato & Wagner, 2011; see also MacMaster, et al., 2011). Brocato & Wagner

(2011, p.117) suggest that perhaps the reason why politicians and the media focus on stigmatization and criminalization of such issues is to mask "the social problems that lie behind the growing crime rate."

Finally, the data pertaining to the local intravenous drug use should be included in the Healthy Communities Report since intravenous drug use is the second most common way of contracting HIV/AIDS both for the California and the Inland Empire population (California Department of Public Health Office of AIDS, Surveillance Section, 2010; see also Community Health Agency, 2009).

### Conclusions

In a conclusion, the majority of the Riverside City Council Members oppose the idea of providing needle exchange services to IDUs, and were strongly opposed to having any NEPs in their ward.

The lack of available locally-focused data pertaining to intravenous drug use may be one of the reasons behind their opposition. Another reason may be the pervasive stigma associated with controversial issues

such as drug use, sexual contact, sexually transmitted diseases and needle exchange.

In a final comment, this study may be helpful to anyone attempting to establish NEPs in Riverside in designing a public relations campaign that would effectively address the stigma associated with intravenous drug use, HIV/AIDS and needle exchange services.



APPENDIX A  
QUESTIONNAIRE

**Local Policy Stakeholders' Attitudes About  
Implementing And Sustaining Needle Exchange Programs In  
the Inland Empire**

**INTERVIEW OUTLINE**

**Which number represents your answer the best?**

1 (strongly disagree)

2 (disagree)

3 (undecided)

4 (agree)

5 (strongly agree)

**Close-ended questions:**

1.) Needle/Syringe Exchange Programs would be beneficial to Inland Empire:

(1) (2) (3) (4) (5)

2.) Needle/Syringe Exchange Programs help prevent the spread of HIV into our community:

(1) (2) (3) (4) (5)

3.) Needle/Syringe Exchange Programs need to be part of every metropolitan area with intravenous drug use population:

(1) (2) (3) (4) (5)

4.) I would support/vote for the existence of Needle/Syringe Exchange Programs in my area:

(1) (2) (3) (4) (5)

- 5.) If I would support the existence of Needle/Syringe Exchange Programs, then what form of support? (e.g. anonymous, public, donations)
- (1) (2) (3) (4) (5)

**Open-ended questions will include:**

- 1.) What is the attitude of this council member about the issue of harm reduction?
- 2.) What is the attitude of this council member about the issue of Needle Exchange Programs? (How does he/she feel about Needle Exchange Programs?)
- 3.) What is the attitude of this council member about having a Needle Exchange Program in your ward?
- 4.) What is the likelihood of this council member/Mayor supporting a meeting to pass Needle Exchange Programs (override the previous ban on drug paraphernalia?)
- 5.) Does the participant have any questions?

This questionnaire was developed by this project researcher (Katarina Kucavikova-Fillippelli).

***\*This research was approved by the Cal State San Bernardino Institutional Review Board***

APPENDIX B  
INFORMED CONSENT

## INFORMED CONSENT

The study in which the subjects are being asked to participate is designed to investigate attitudes that major policy stakeholders have in regards to Needle Exchange Programs in the Inland Empire. This study is being conducted by Katarina Kucavikova-Fillippelli under the supervision of Laurie A. Smith, PhD., Director of School of Social Work and Associate Professor, California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** To investigate the local policy stakeholders' attitudes about implementing and sustaining needle exchange programs in the Inland Empire area of Southern California.

**DESCRIPTION:** Researcher will contact research participants by telephone or email to obtain permission. Researcher will then provide the participants with the interview outline and brief educational section about needle exchange programs prior to conducting interview. Researcher will schedule interview time and will visit each participant to conduct face-to-face interview. Interview will be voice recorded and transcribed. Qualitative research methods will be employed to analyze interview content for common themes and additional closed-ended questions will be analyzed using quantitative data analysis.

**PARTICIPATION:** Participation in this research is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits, to which the subject is otherwise entitled.

**CONFIDENTIALITY OR ANONYMITY:** The research is confidential, no identifying data will be published. Files will be stored in locked cabinets. Electronic files will

be password protected. All information will be collected confidentially; maintaining the confidentiality of the participants' information. Information will be collected from staff members to allow for confidentiality, not directly from the politicians.

DURATION: Each interview will take between 60-90minutes. Research to take place between June 1st ,2011 to June 1st, 2012.

RISKS: There are some foreseeable risks associated with participation in this research. HIV, Needle Exchange Programs and Drug Use are controversial topics and the researcher will be available to answer participants' questions immediately after interview is conducted. Participants may also contact the researcher or research coordinator after interview is conducted.

BENEFITS: There are no direct benefits to the subject or to others which may reasonably be expected from the research. Research participants will be briefly educated about the aspects of needle exchange programs, harm reduction and it's benefits on prevention of HIV among the population of intravenous drug users.

VIDEO/AUDIO/PHOTOGRAPH: I understand that this research will be audio recorded Initials/Mark\_\_\_ .

CONTACT: Please contact the research advisor for answers to pertinent questions about the research and research subjects' rights: Supervisor Laurie A. Smith, PhD., Director of School of Social Work and Associate Professor, California State University, San Bernardino. Address: 5500 University Pkwy, San Bernardino, CA 92407. Phone: 909-537-3837. Email: lasmith@csusb.edu.

RESULTS: Research results will be mailed or emailed to each research participant and will be available at the

California State University, San Bernardino Pfau Library.  
Address: 5500 University Pkwy, San Bernardino, CA 92407  
after September of 2012.

I have been informed about this study and I voluntarily  
agree to participate.

Mark: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX C  
AUDIO CONSENT FORM



## **AUDIO USE INFORMED CONSENT FORM**

### **FOR NON-MEDICAL HUMAN SUBJECTS**

As part of this research project, we will be making an audiotape recording of you during your participation in the experiment. Please indicate what uses of this audiotape you are willing to consent to by initialing below. You are free to initial any number of spaces from none to all of the spaces, and your response will in no way affect your credit for participating. We will only use the audiotape in ways that you agree to. In any use of this audiotape, your name would *not* be identified. If you do not initial any of the spaces below, the audiotape will be destroyed.

**Please indicate the type of informed consent**

☐ Audiotape

***(AS APPLICABLE)***

- ☐ The audiotape can be studied by the research team for use in the research project.

**Please initial: \_\_\_\_\_**

- ☐ The audiotape can be used for scientific publications.

**Please initial: \_\_\_\_\_**

**I have read the above description and give my consent for the use of the audiotape as indicated above.**

**The extra copy of this consent form is for your records.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

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