

Harm Reduction in San Diego County



A Community Readiness Assessment

Institute for Public Health
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¹ Throughout this document, the 'County of San Diego' refers to the governmental agency and 'San Diego County' refers to the geographical area.

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Abbreviations and Select Definitions

CDC: Centers for Disease Control and Prevention

CDPH: California Department of Public Health

County of San Diego: County of San Diego's Health and Human Services Agency

MAT: Medication-assisted treatment for opioid use disorder

Service Region: County of San Diego Health and Human Services service regions – Central, East, North Central, North Coastal, North Inland, and South

Sub-Regional Areas: County of San Diego Health and Human Services service regions divided into smaller subregional areas

Warm-Hand Off: A warm handoff is a handoff that is conducted in person, between two members of the health care team, in front of the patient and family if present (source: Agency for Healthcare Research and Quality)

Executive Summary

Introduction and Background

People who inject substance(s) not prescribed to them (referred to throughout this report as the priority population) are at considerable risk for medical and mental health conditions, including transmissible diseases such as human immunodeficiency virus (HIV) and hepatitis C, and are more likely to die prematurely than people who do not inject substance(s). Sharing or re-using injection equipment heightens these risks.

Harm reduction approaches to substance use disorder emphasizes that intervention efforts must respect individuals' own goals and readiness to change. They focus on methods to reduce health risks related to the use of substance(s). Syringe service programs are one highly effective harm reduction strategy for the priority population. Syringe service programs have been shown to reduce injection risk behaviors, reduce deaths from overdoses, decrease rates of HIV and hepatitis C infection and transmission, increase access to primary health care, and facilitate entry into substance use disorder treatment. They also reduce needle stick injuries to the public and first responders and reduce the presence of needles in the community.²

In January 2021, the San Diego County Board of Supervisors requested that the County of San Diego Health and Human Services Agency develop a comprehensive harm reduction strategy to complement existing prevention and substance use disorder treatment services. One component of this strategy is the completion of a community readiness assessment to gather information crucial to the successful establishment and operation of syringe service programs in San Diego County. The HIV, STD, Hepatitis Branch of Public Health Services contracted with the San Diego State University Institute for Public Health to conduct this readiness assessment. The goals of this assessment were to:

- Determine potential geographic locations for services;
- Understand the current level of knowledge among residents about syringe service programs and identify knowledge gaps;
- Identify organizations/groups that are supportive of syringe service programs;
- Understand concerns of those who are not currently supportive of syringe service programs;

² See, for example: Abdul-Quader, et al., 2013; Aspinall, et al., 2014; Bastos and Strathdee, 2000; Bluthenthal et al., 2001; Cooley, et al., 2016; Degenhardt et al., 2010; Des Jarlais, 2017; Gibson, Flynn, and Perales, 2001; Hurley, Jolley, and Kador 1997; Jenkins, et al., 2001; (Klein, et al., 2008); Kwon, et al., 2009; MacArthur et al., 2014; Palmateer et al., 2010; Reddon et al., 2019; Strike and Miskovic, 2018; Turner, et al., 2011; Vickerman et al., 2006; Wilson et al., 2015; Wodak, 2006; Wright & Tompkins, 2006.

- Detail successful implementation and operation of other syringe service programs including ongoing challenges and strategies to address resident concerns; and
- Make recommendations about the effective establishment of syringe service programs in San Diego County.

To complete this assessment, between December 2021 and March 2022, San Diego State University Institute for Public Health staff: researched promising practices through a literature review and interviews with currently operating syringe service programs; explored the needs and preferences of the priority population through interviews and a focus group; reviewed San Diego County data related to opioid and injecting practices; assessed public opinions related to harm reduction and syringe service programs by interviewing/surveying community members and reviewing local media reports and Board of Supervisor meeting minutes; and assessed staff and stakeholder support for, or concerns with, syringe service programs by interviewing a variety of key informants.

Findings

Knowledge and Opinions about Syringe Service Programs

The assessment team found that the general public, as well as some staff/stakeholders, have very limited knowledge about harm reduction services and syringe service programs.

The assessment team also found, however, that many community members and stakeholders interviewed across the County supported the establishment of syringe service programs. Some respondents emphasized that this support was conditional. They indicated, for example, that syringe service programs may generate concerns if located in certain areas, including retail centers and anywhere near where youth/children live or gather. Some participants also felt that syringe service programs need to be one option in a continuum of services for the priority population and should serve as a “pathway to treatment.” Others strongly encouraged the augmentation of substance use prevention services.

When asked who in the community would be concerned about the operation of syringe service programs, respondents indicated that concern may be raised by some (but not all) community members, business owners, elected officials, churches and religious leaders, law enforcement, substance use disorder treatment programs, or social service providers. Respondents expressed concerns about syringe services programs and also described what they believe the potential benefits could be (see Table 1).

Table 1. Summary of concerns and potential benefits of syringe service programs: view of community members and staff/stakeholders

Community Members and Staff/Stakeholder Views	
Concerns Raised	Potential Benefits
Harms the community Attracting the priority population to the area, increases in syringe litter, increases in crime, dangerous	Benefits the community Reduces syringe litter and crime, increases public awareness of substance use disorder, adds community resources, reduces mortality and infectious diseases
Ineffective for priority population Will not increase willingness to enter substance use disorder treatment or increase access to treatment centers	Programs are effective Reduces morbidity and mortality in the priority population, reduces transmission of infectious diseases
Promotes/enables substance use Allows substance use to continue, may attract new users due to visibility and removal of risks associated with injection	A humanizing approach Represents a new, more humanistic approach to substance use disorder, decreases stigma and shame, helps people in need
Poor use of financial resources Funds should be spent on higher priority issues including prevention, substance use disorder treatment, or other activities	Cost-effective Relatively inexpensive and creates long-term health savings
Must offer in conjunction with other services	Increases access to and use of substance use disorder treatment and recovery services
Location considerations Should not be near youth or homes, or certain public areas	Location considerations Benefits the priority population if accessible and safe
Disapproval of substance use in general Conflicts with the values of some organizations, the operation or philosophy of abstinence-based programs, the values of some elected officials and respondents, and some laws or ordinances	Approval in general Belief in the benefits of harm reduction and a humanizing approach

Developing Successful Syringe Service Programs

Build Support

Local staff/stakeholders, as well as staff from existing syringe service programs, had many suggestions for how to build support for and address concerns regarding syringe service programs. These included building relationships with community stakeholders, community partners, and the priority population; and conducting education and awareness campaigns, among others. They recommended careful advance planning that includes obtaining feedback from the priority population, creating a coalition of community partners, and planning for outreach to people who would benefit from the services. They also discussed the importance of including and communicating with the communities in which syringe service programs are located. These ideas, and more, are detailed in the recommendation section.

Program Locations and Service Delivery

In assessing modes of service delivery, public and staff/stakeholder support was greatest for syringe service programs that are provided within existing programs or agencies. It was noted by staff and stakeholders, however, that this option is likely to be challenging to implement. Support was also expressed for mobile services (e.g., delivery of services from a parked van, or delivery of supplies to the priority population), drop-in spaces, pharmacy vouchers, and services by mail. The priority population was most interested in mobile services that delivered to their homes or a meeting place. Vending machines and kiosks received the lowest levels of support.

The priority population and staff/stakeholders noted that it will be essential for services to be accessible to the priority population. Members of the priority population also noted the need for safety, the desire for multiple services, and the need to be near public transportation. They had a strong preference for staffing by peers and for a wide range of days and hours of service.

Effective Syringe Service Program Practices

The assessment identified characteristics of effective syringe service programs from a review of the research and by talking to existing programs. These include: (1) a needs-based distribution policy which allows for the provision of syringes without limits or exchange requirements; and (2) secondary exchange through which participants distribute sterile syringes and injection equipment to peers and may collect used syringes for safe disposal. Other components of effective programs are addressed in the recommendations section below.

Recommendations

Based on the findings outlined above, the assessment team recommends the following as feasible and relevant for each program. See the full report for more details.

1. Build Support for Harm Reduction Programs

- Create thoughtful messaging when promoting/designing services.
- Build and maintain relationships with community stakeholders.
- Educate community members, stakeholders, and service providers about harm reduction and syringe service programs.
- Monitor and address potential concerns.
- Assess and develop plans to address structural barriers.

2. Planning

- Involve the priority population.
- Create coalitions and advisory committees.
- Develop a plan for the implementation of syringe service programs.
- Create an outreach and engagement plan.

3. Policies and practices

- Use a multi-modal approach.
- Plan service locations that address community concerns and increase accessibility.
- Use evidence-based distribution methods.
- Provide a variety of services and supplies.
- Deliver consistent services.
- Establish an emergency response plan.

4. Other Recommendations

- Care for staff.
- Ensure that programs align with cultural values.
- Minimize data collection.
- Foster community buy-in.

Introduction

In the United States, nearly 3% of people aged 13 and older have injected drugs not prescribed to them (referred to as substances) in their lifetimes, and 0.3% have injected substance(s) in the past year (Lansky et al., 2014). Up-to-date, reliable data are not available about the percent of persons who inject substance(s) in San Diego County.

People who inject substance(s) (referred to throughout this report as the priority population for this assessment) are at high risk for many physical health problems and have higher rates of mortality than people who do not. Causes of death include overdose, self-inflicted injury, trauma/accidents, and acquired immune deficiency syndrome (AIDS)-related causes (Evans et al., 2012; Mathers et al., 2013; Vlahov et al., 2008). Physical health problems include blood-borne viruses (particularly HIV and hepatitis C), staphylococcal infections, endocarditis, and AA amyloidosis and other skin infections (Degenhardt et al., 2017; Larney et al., 2017; Gordon & Lowry, 2005; CDC, 2019a; Fleischauer et al., 2017; Gray et al., 2018; Wurcel et al., 2016). Certain injection practices, such as sharing or re-using injection equipment (e.g., needles, syringes, cookers, cottons, ties, and alcohol swabs), using non-sterile or unclean water to “fix” substance(s), using dirty cotton, injecting into an open wound or infected area, and injecting at high frequency, heighten the risk of contracting these conditions (CDC, 2017b; Wejnert et al., 2016). Approximately one-third of the priority population nationally report that in the past year, they have injected with needles that had been used by someone else (CDC, 2017a).

Interventions, including syringe service programs, which utilize a *harm reduction* approach (described below) in working with priority populations reduce morbidity and mortality from injection of substance(s) (Macias-Konstantopoulos et al, 2021; Palmateer et al, 2010; Washington County Public Health, 2018) and have many benefits to the community.

In January 2021, the San Diego County Board of Supervisors directed the County of San Diego Health and Human Services Agency to develop a comprehensive harm reduction strategy to complement existing prevention and substance use disorder treatment services. One component of that strategy was the completion of a community readiness assessment to gather information crucial to the successful establishment and operation of harm reduction services, including syringe service programs. The County of San Diego contracted with the San Diego State University, Institute for Public Health to conduct this readiness assessment.

The goals of this assessment were to:

- Determine potential geographic locations for services.
- Understand the current level of knowledge among residents about syringe service programs and identify knowledge gaps.
- Identify organizations/groups that are supportive of syringe service programs.
- Understand concerns of those who are not currently supportive of syringe service programs.
- Detail successful implementation and operation of other syringe service programs including ongoing challenges and strategies to address resident concerns.
- Make recommendations about the effective establishment of syringe service programs in San Diego County.

To complete this assessment, the assessment team collaborated with the Harm Reduction Planning and Development Working Group. This committee was formed in July 2021 by the HIV, STD and Hepatitis Branch of Public Health Services and is comprised of representatives from Behavioral Health Services and Public Health Services to develop the County of San Diego's approach to harm reduction. The working group receives technical assistance from the California Department of Public Health Office of AIDS as well as local providers such as San Diego's SafePoint and On Point programs, and engages with the Sheriff's Department and the County of San Diego's Probation Department. This committee provided invaluable input into the methods used in this report and played a critical role in determining the geographic locations targeted by the assessment.

Methods utilized by the assessment team included: a review of local media reports and Board of Supervisor meeting minutes; a literature review; public opinion intercept interviews; interviews with stakeholders from a variety of backgrounds; interviews and one focus group with the priority population; and conversations with staff from existing syringe service programs throughout the United States. The results of these activities, along with recommendations, are presented in this report.

Background

Health and Human Services Agency Regions

The Health and Human Services Agency divides San Diego County into six geographic regions for service provision in order to “better meet the needs of San Diego County's diverse populations:”

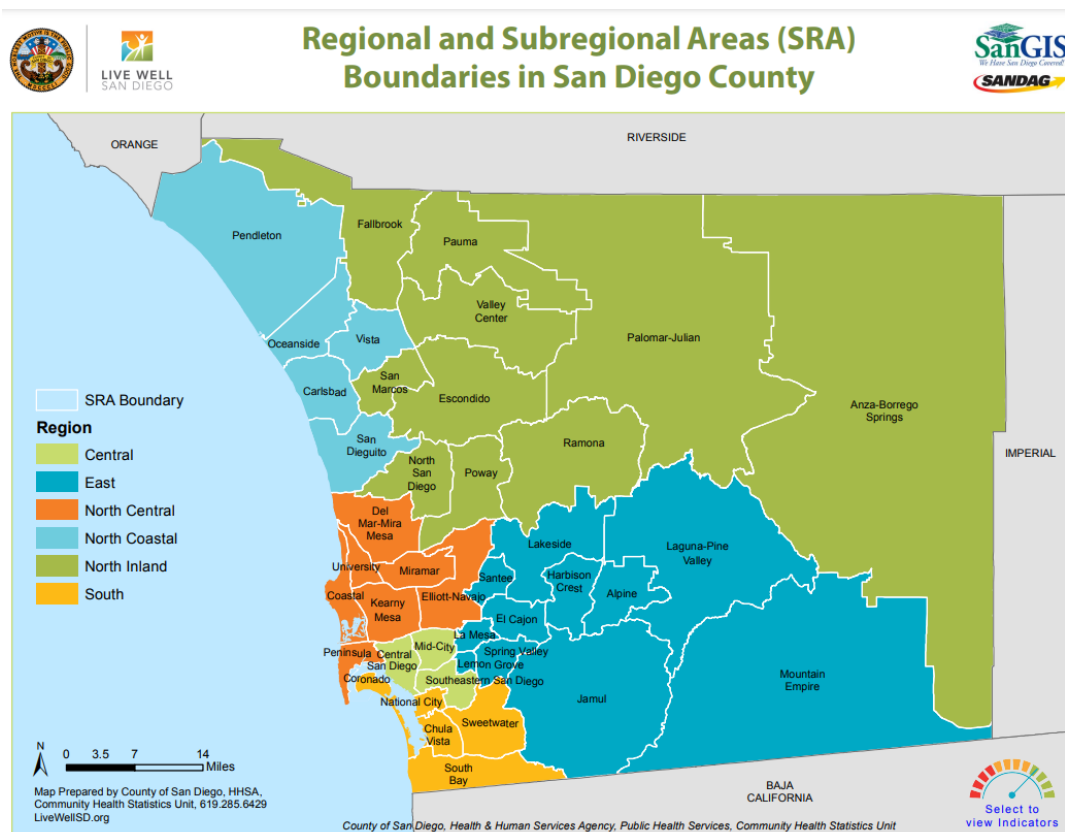
- Central
- East
- North Central
- North Coastal
- North Inland
- South

“Some services are in higher demand in one region than they may be in another, and this regional system allows the Agency to focus services in areas where they are needed, to provide maximum efficiency.”

Health & Human Services Agency
<https://www.sandiegoHHSa.gov/hhsa/history.html>

These service regions are further divided into smaller subregional areas:

Figure 1. Health and Human Services Agency Regions and Communities in San Diego County, California¹



¹ Source: <https://www.livewellsd.org/indicators/Dashboards/County-Service-Region-Dashboard-2018.pdf>

Harm Reduction

Interventions that utilize a *harm reduction* approach have many benefits, including reducing morbidity and mortality from the injection of substance(s) (Macias-Konstantopoulos et al, 2021; Palmateer et al, 2010; Washington County Public Health, 2018). A harm reduction approach recognizes that intervention efforts must respect individuals' own goals and readiness to change and can be defined as "methods of reducing health risks when eliminating them may not be possible" (Wilson, Donald, Shattock, Wilson, & Fraser-Hurt, 2015).

Harm reduction is a broad term that applies to policies, programs and practices that aim to minimize the health, social, and economic consequences of substance [use]."

American Addiction Centers

<https://americanaddictioncenters.org/harm-reduction>

The Open Society Foundations further notes that:

"Unlike approaches that insist that people stop using drugs, harm reduction recognizes that many people are not willing or able to abstain, and that withholding assistance and otherwise punishing people and communities for using illegal drugs only worsens health, racial and economic inequities, and other harms" (Open Society Foundations, 2022).

The harm reduction model can include a variety of methods to address the consequences of substance use such as:

- **Naloxone distribution, training, and use:** naloxone is a medication that reverses an opioid overdose.
- **Syringe service programs:** prevention programs that provide new syringes along with other services.
- **Overdose prevention sites:** spaces where people can inject substance(s) using sterile equipment and be monitored for overdose.
- **Medication-assisted treatment for opioid use disorder:** a treatment for substance use disorder that combines counseling and behavioral therapies with medication that blocks the euphoric effects of alcohol and opioids.
- **Housing that does not require abstinence from substance(s):** housing and shelter programs that allow persons actively using substance(s) to obtain services -- often termed Housing First (Watson, 2017).
- **Education and supplies:** supplies and education aimed at preventing infectious diseases, which can include bleach, fentanyl test strips, substance checking, safe disposal containers, supplies promoting administration by routes other than syringes, and safer smoking equipment, among others.
- **Alcohol and substance use disorder treatment programs that serve persons utilizing medication-assisted treatment:** programs that allow persons to participate

who are on methadone, suboxone, or other medication-assisted treatment medications.

- **Advocacy for the rights of the priority population:** advocacy can include education of the public or staff, promoting services, aiding members of the population in reducing the stigma of substance use, increasing the availability of substance use disorder treatment programs, and promoting the decriminalization of substance use.

Source: list adapted from Open Society Foundations, 2022

Syringe Service Programs

Syringe service programs can incorporate an array of services including, but not limited to, syringe provision or exchange, fentanyl test strip distribution, naloxone distribution, HIV and viral hepatitis testing, linkages to or provision of medical care, linkages to or delivery of medication-assisted treatment, safe substance checking, referrals to other substance use disorder treatment services, support for applications to social services, and provision of wound care or personal care kits.

More than two decades of research have demonstrated that syringe service programs result in beneficial outcomes for the priority population (see box on right). In addition, research has shown that syringe service programs (1) **do not increase the use of illegal substance(s) or crime in the areas in which they are located**¹ and that they (2) **reduce the presence of syringes in the community**.²

As of mid-2022, two syringe service programs operate within San Diego County. One, known as SafePoint San Diego, has operated under emergency order from the City of San Diego since 2001. SafePoint is managed by Family Health Centers of San Diego and provides three 3-hour sessions per week in the Central service region of San Diego using a mobile van. SafePoint San Diego offers syringe disposal services and regularly disposes of more syringes than they distribute, having disposed of over 8,000,000 used syringes since it began operation.

¹Galea et al., 2001; Marx, et al., 2000 / ²Tookes et al., 2012; Riley, et al., 2010; Klein, et al., 2008; de Montigny, et al., 2010 / ³Bluthenthal et al., 2001; CDC, 2019b; Reddon et al. 2019; Strike and Miskovic, 2018; / ⁴CDC, 2019b / ⁵Abdul-Quader, et al., 2013; Aspinall, et al., 2014; Bastos and Strathdee, 2000; Cooley, et al., 2016; Degenhardt et al., 2010; Des Jarlais, 2017; Gibson, Flynn, and Perales, 2001; Hurley, Jolley, and Kandor 1997; Jenkins, et al., 2001; Kwon, et al., 2009; MacArthur et al., 2014; Palmateer et al., 2010; Reddon et al., 2019; Vickerman et al., 2006; Wilson et al., 2015; Wodak 2006) / ⁶Aspinall, et al., 2014; Turner et al., 2011; Wright & Tompkins, 2006 / ⁷Klein et al., 2008.

Effectiveness of syringe service programs

- Facilitate entry into substance use disorder treatment ³
- Reduce deaths from overdoses ⁴
- Reduce syringe stick injuries to the public and first responders ⁴
- Increase rates of HIV testing and decrease rates of HIV transmission ⁵
- Reduce rates of hepatitis C infection ⁶
- Increase access to primary health care ⁷
- Reduce the presence of syringes in the community ²

The other syringe service program, On Point, operated by the Harm Reduction Coalition of San Diego since 2020, provides mobile services delivered to various areas and homes throughout San Diego County. Staffing includes persons with lived experience and peer volunteers. On Point offers services seven days per week through their 1-888-NARCAN-0 hotline or www.hrcsd.org.

Both programs offer a variety of services in addition to syringe distribution and collection such as safer use supplies, safer sex supplies, naloxone distribution and referrals or linkages to substance use disorder treatment, mental health, and other services. SafePoint San Diego additionally provides onsite medical care including hepatitis C testing and treatment, wound care, and low-barrier medication-assisted treatment.

Although these two programs have served thousands of people, thereby reducing syringe re-use, HIV and hepatitis C transmission, and other infections, as well as reducing syringe litter, the programs are not available in all regions of the county and do not meet the needs of the entire priority population.

Methods

Literature Review and Best Practices

To understand best practices for the successful establishment and ongoing operations of harm reduction services, the assessment team conducted a literature review and interviewed administrators from eight currently operating harm reduction programs.

Research relating to the establishment and operation of harm reduction programs was located through searches on PubMed and Google Scholar. Dozens of articles were reviewed for relevancy; most of those identified focused on assessing the overall effectiveness of harm reduction programs. The search was narrowed, therefore, using search terms such as “Syringe Service Programs,” “Syringe Exchange Policy,” “Syringe Vending Machine,” “Syringe Service Supplies,” and “Syringe Service Model.” Guides created by other agencies, including those created by national public health organizations and local community health programs, were also consulted, and were used to identify key topics and categorize different models of harm reduction programs.

The assessment team also sought to learn about the practices, lessons learned, and recommendations from existing harm reduction programs both inside and outside of California. The assessment team staff planned to interview staff in leadership positions from five to ten existing program sites: the two sites in San Diego County, two to three sites from other cities in California, and three exemplary sites outside of California. Recommendations for exemplary sites outside of California came from existing staff at the harm reduction programs in San Diego and the literature review. After discovering contact information online (or from networking or County of San Diego staff), staff contacted sites by both email and telephone (if available) and asked if they would like to participate in an interview; eight sites were able to participate in the assessment.

The assessment team created the interview guide, available in Appendix A, utilizing input from coordinators/directors at two harm reduction programs. The 7-page guide asked questions about program operations, staffing, participants, supplies and services, how they addressed concerns about the program, what could be improved, recommendations, and how they evaluate their program successes.

Identifying Geographic Focus Areas

Data about the locations of the priority population in San Diego County are very limited. To determine areas most in need of syringe service programs, therefore, the assessment team, in conjunction with the Harm Reduction Planning and Development Working Group, relied on proxy measures to assess the number of people from the priority population in different areas of San Diego County.

Proxy measures included information from the following sources for San Diego County:

- Overdose death rates for 2020 by sub-regional areas.
- Rates of opioid overdose deaths, fentanyl overdose deaths, and deaths from all substance(s) by sub-regional area of residence, and by age and race/ethnicity.
- Emergency department discharge rates for 2019 for opioid-related disorder and overdoses by sub-regional areas.
- Substance-use-related arrests from 2018 by city (SANDAG 2018 reports).
- Location and number of unhoused from 2020 We All Count report (Point-in-time Count results, Regional Task Force on the Homelessness).
- Mapping of homelessness encampments (2020).
- Chronic (confirmed and probable) cases of hepatitis C in 2020 by ZIP code of residence.
- Incident HIV cases diagnosed 2016-2020 among the priority population by ZIP code.
- Enrollees in County of San Diego-funded substance use disorder treatment programs for medication-assisted treatment who reported injecting by location (July 2020 – July 2021).
- Persons served in an existing syringe service program by ZIP code of residence.

In addition to these data, the assessment team reviewed data from previous and current research projects conducted by the University of California San Diego. Data collected for these studies included:

- The number of people from the priority population testing positive/reactive for HIV or hepatitis C reported by the neighborhood where the study participants injected substance(s), and the neighborhood where they reside (ongoing study of the priority population in the Mexico-United States border region, Dr. Stephanie Strathdee, University of California San Diego).
- The number of people from the priority population enrolled in the Study to Assess Hepatitis C Risk (2012-2014) along with the ZIP code of their residence (from Dr. Richard Garfein, University of California, San Diego).

The assessment team mapped these data and discussed the maps and data at two meetings in December 2021. The team then selected four sub-regional areas for further assessment.

Data Collection

The assessment team collected data from the priority population, other members of the public, and key staff and stakeholders. All data collection tools are available in Appendix A.

Priority Population: Interviews and Focus Group

The assessment team interviewed people who currently inject substance(s) and those who have injected in the past year. Staff received two hours of training over Zoom about how to conduct these interviews and watched additional training videos. The team sought to interview approximately 10 people from the priority population from each of the six County of San Diego Health and Human Services agency regions and to include people who had, and had not, utilized a syringe service program in the past year.

Members of the priority population were approached in locations known to the assessment team or suggested by social service agencies/staff in the different regions. In some cases, social service agency staff aided in linking the team to the respondents. Respondents were also asked to refer others for interviews. People who completed an interview were offered a \$30 gift card (Target, Walmart, 7-11) for their time, and another \$10 if they referred or introduced staff to another potential interviewee. Respondents were prepared to conduct interviews in English or Spanish and surveys were conducted anonymously.

As most interviews were expected to take place outdoors, staff used shoulder carrying bags, clipboards, and paper surveys. Staff provided snacks, water, and umbrellas as incentives and to account for various types of weather.

One focus group was planned in an area downtown where the priority population are known to frequent. Persons knowledgeable with the area suggested holding one impromptu focus group rather than conducting interviews to account for the larger number of persons at this site. The focus group participants responded to several questions from the interview guide, and incentives included pizza and water.

Community: Public Opinion Surveys, Board of Supervisor Meetings, Media Reports

After identifying the four sub-regional areas needing further assessment, the assessment team gathered information about public opinions related to syringe service programs from community members in these areas through interviews and surveys. The assessment team also reviewed Board of Supervisor meetings and media reports.

Community members completed public opinion surveys themselves or were interviewed by trained members of the assessment team. Community members in the four sub-regional areas of focus were approached in parking lots and at entrances to shopping centers and asked if they would like to provide their opinions. If they were interested, they were given the option of completing the survey online (from a QR code and using their own device) or via interview. At the completion of the interview/survey, the research staff provided a \$10 gift certificate (Walmart or Target) to the interviewee. Paper surveys from the public opinion poll were entered into Qualtrics while data from persons opting to complete the questions themselves online were entered directly into Qualtrics by the participant.

The 2-page survey assessed community members' knowledge of harm reduction approaches and syringe service programs and their receptiveness to them, including their opinions about the acceptability of harm reduction approaches/syringe service programs, potential locations for syringe service programs, and concerns related to syringe service program operations. Interviews/surveys were available in English, Spanish, Tagalog, and Arabic, and responses were anonymous. The survey instrument was created by the assessment team with input from local syringe service program staff. The survey was reviewed and approved for use by the County of San Diego.

The assessment team also reviewed and summarized local media reports from online and newspaper sources for the past two years and transcribed and summarized sections from recorded Board of Supervisor meetings related to harm reduction or syringe service programs.

Staff and Stakeholder Key Informants: Interviews

To further assess community readiness, the assessment team sought the opinions of experts in the field of substance use disorder prevention and treatment, such as staff at treatment facilities and other social service agencies. Staff also conducted interviews with other community stakeholders, including local businesses, city/county departments (i.e., fire, parks, and recreation), coalition and advisory groups, law enforcement, district attorneys, health departments, homelessness service providers, medical providers, politicians, and other elected officials. Potential informants in each of these categories from the four sub-regional areas were identified through assessment team networks and online searches. In addition, each person interviewed was asked for names of other sources, allowing for a broader sample of informants. From these sources, a comprehensive list of potential respondents was created and divided by sub-regional areas.

Staff attempted to contact each person or agency on the list through several direct telephone and/or email attempts. Persons who agreed to participate could choose whether to provide information anonymously and whether to complete an online survey or an interview. The option of completing the survey online was only offered if an interview was not possible or

desired by the informant, although those who had not previously responded were provided with a link to the online survey during the last week of data collection.

The 5-page interview guide, created by the assessment team, included questions about employer/affiliation; knowledge and thoughts about harm reduction; knowledge of and support for or concerns about syringe service programs and various methods of syringe service program operation; experiences with the priority population; reasons for their and their employer's support or concerns about syringe service programs; willingness to support naloxone or fentanyl test strip distribution; ideas about increasing support for syringe service programs; and the next steps in planning syringe service program initiation. The interviews were available in English and Spanish and conducted most often over the telephone. A few interviews were conducted in-person at places of business.

Some stakeholders, with information from a county-wide perspective, were interviewed using a shortened version of the interview guide focusing on their area of expertise. All interview responses were written or typed as the interview progressed and entered into an online Qualtrics file as soon as possible afterwards to ensure accuracy. A few of the interviews were completed over multiple discussions.

Data Analysis

The assessment team downloaded data from the surveys and interviews from the Qualtrics system and analyzed the data using statistical software (Statistical Package for the Social Sciences). The assessment team utilized Microsoft Access to clean and summarize information about the respondents.

Analysis of quantitative data included frequencies, while analyses of qualitative (open-ended) responses were coded and summarized in an iterative process by at least two members of the assessment team for each question. For open-ended questions that were not short answer, the assessment team deduced themes and sub-themes and coded data according to those themes. Data were summarized and reported both overall and by area of focus where possible.

Results

The major findings from the literature review and data collected are summarized in this section. More detailed findings are available in the appendices:

Source of Findings	Appendix
Surveys/Interview guides	A
Suggested practices <ul style="list-style-type: none">Literature and syringe service program guide review of suggested practicesRecommendations from (and descriptions of) currently operating syringe service programs	B C
Determination of focus areas for readiness assessment	D
Needs and preferences of the priority population (interviews and focus group)	E
Public opinion <ul style="list-style-type: none">Public opinion poll interviews/surveys	F
Staff and stakeholder key informant interviews	H

Suggested Practices

Literature and Syringe Service Program Guide Review

The review of literature resulted in the identification of approximately 40 studies that discussed how different features within a syringe service program can enhance their services. Several implementation guides created by other agencies, including those created by national public health organizations and local community health programs, were also consulted and were especially helpful in identifying key topics and categorizing different models of syringe service programs.

A robust body of research supports the efficacy of syringe service programs so current research focused on how to increase access to and further improve outcomes from syringe service programs. One area of interest was what type of distribution policies are most effective. Needs-based distribution policies, in which syringe service program participants are provided the number of syringes they request without limits or exchange requirements, are widely considered a best practice in the field (Javed et al., 2020; CDPH, 2017; Winkelstein, 2010). This type of distribution policy maximizes the likelihood that participants will use a new syringe with each individual injection, thereby reducing syringe re-use and sharing, and enhancing the public health benefits within the community. In secondary exchange, participants who access a

syringe service program further distribute sterile injection equipment and health education to members of their network who are unable to visit services on their own. This is also considered a best practice because it offers an additional opportunity for syringe service programs to build engagement among participants and increase their reach (Anderson et al., 2003; Murphy et al., 2004; Valente et al., 1998).

Syringe service programs can be operated at fixed locations, including pharmacies, as mobile units with a parked van, as mobile units that travel to homes and areas where people might congregate, or through kiosks or vending machines. Some services can also be offered through mail delivery. Each type of syringe service program has advantages and disadvantages and may appeal to different members of the community. When feasible, a multi-modal approach is likely to increase participation among a diverse group of people from the priority population and lead to a more effective program (Strike et al., 2008; Winkelstein, 2010). Fixed site syringe service programs host services in a building, which offers stability and consistency for participants. Mobile syringe service programs, which may choose to deliver services in specified public locations or directly to participant homes, provide flexibility to reach traditionally underserved groups and adapt operations to reflect new geographic foci. Health vending machines offer a venue for participants to access services outside of traditional business hours. Pharmacy-based syringe service programs may appeal to participants interested in obtaining syringes through outlets where they already access other medical tools and resources. Because of the diverse preferences and needs among potential participants, a community with multiple syringe service program models maximizes the opportunities to reduce the gap between community members who would benefit from these services and participants accessing them (Winkelstein, 2010).

In addition to providing syringes, many syringe service programs offer additional harm reduction supplies and services. Overdose prevention services are frequently offered, including naloxone distribution. Other equipment provided may include items intended to further reduce the spread of infection or improve comfort during injection. Safer smoking supplies are also sometimes distributed; research indicates that these are more often being requested by the priority population. Occasionally, syringe service programs may be able to initiate medication-assisted treatment. Syringe service programs may also provide services or referrals to services not directly associated with substance use. Examples include basic medical care, including wound care, and sexual and reproductive health services.

Table 1 summarizes the specific recommendations made by the National Harm Reduction Coalition and the use of each supply type. For some injection equipment, like cookers/caps, cottons/filters, tourniquets/ties, and sterile water vials, distribution is especially important in order to encourage participants to have their own personal supply of new items to reduce the transmission of blood-borne viral infections and the chance of bacterial infection from bacteria (Winkelstein, 2010). For more information see Appendix B.

Table 1. Supplies recommended by the National Harm Reduction Coalition

	Item	Purpose
Essential	Cookers/caps	<ul style="list-style-type: none">• Mix the substance(s) solution• Allows participant to have new, individual supply
	Cottons/filters	<ul style="list-style-type: none">• Filter impurities in the substance solution• Allows participant to have new, individual supply
	Tourniquets/ties	<ul style="list-style-type: none">• Help identify veins• Allows participant to have new, individual supply
	Sterile water vials	<ul style="list-style-type: none">• Dissolve and mix substance(s)• Allows participant to have new, individual supply
	Alcohol swabs	<ul style="list-style-type: none">• Clean skin before and after injection
	Condoms/dental dams and lubrication	<ul style="list-style-type: none">• Encourage safer sex• Reduces spread of HIV and other sexually transmitted infections
Recommended	Powdered citric or ascorbic acid	<ul style="list-style-type: none">• Dissolves solid substance(s)• Provides safer alternative to other commonly used items (vinegar and lemon juice), which can cause infections and abscesses
	Gauze pads	<ul style="list-style-type: none">• Reduces excess bleeding after injection
	Band-aids	<ul style="list-style-type: none">• Protect injection site
	Antibacterial ointment	<ul style="list-style-type: none">• Prevent infections at injection site
	Twist ties	<ul style="list-style-type: none">• Hold aluminum cookers during use
	Bleach kits	<ul style="list-style-type: none">• Allow disinfecting of syringes when reuse is the only option
	Split-safe kits	<ul style="list-style-type: none">• Reduce risk when substance(s) are prepared and shared
	Fit packs	<ul style="list-style-type: none">• Convenient case for syringes
	Baggies for packing supplies	<ul style="list-style-type: none">• Keep equipment clean and protected
	Bags for carrying items	<ul style="list-style-type: none">• Keep belongings accessible and easily transported

Source: Table created by the assessment team from information in the *Guide to Developing and Managing Syringe Access Programs*, National Harm Reduction Coalition (Winkelstein, 2010).

Recommendations from Currently Operating Syringe Service Programs

The assessment team attempted to contact 15 currently operating syringe service programs and were able to successfully interview staff from eight different syringe service programs - five in California and three from other states:

- San Diego, California (two sites)
- Los Angeles, California
- Oakland, California
- Santa Cruz, California
- Boulder, Colorado
- Tucson, Arizona
- Philadelphia, Pennsylvania

Key suggestions related to information about distribution, operation, supplies, referrals, community engagement, and evaluation from the syringe service programs are summarized below in Table 2. For more information, see Appendix C.

Table 2. Summary of key recommendations from currently operating syringe service programs

Distribution <ul style="list-style-type: none"> • Utilize needs-based distribution (providing syringes requested without limits or exchange requirements) • Use unusual requests (e.g., asking for an exceptionally large number of syringes) as an opportunity to provide education and build relationships • Encourage secondary exchange (participant distributed sterile syringes/supplies/education to peers) 	Operations <ul style="list-style-type: none"> • Consistently engage participants in shaping the syringe service program and create opportunities to receive feedback for proposed changes (community advisory board, surveys) • Do not refuse services to any potential participant; involve mental health professionals when possible • Keep services accessible via public transportation • Offer varied and flexible hours to accommodate different schedules • Be consistent with policies for all participants • Develop a crisis response plan for emergency situations at the site (e.g., responding to overdose) • Offer multiple ways for volunteers to get involved • Value the lived experience of staff and volunteers
Supplies <ul style="list-style-type: none"> • Offer glassware and safer smoking supplies when possible • Include harm reduction best practices and instructions with supplies • Offer overdose prevention training with naloxone distribution 	
Community Engagement <ul style="list-style-type: none"> • Invest in community relationships and engage neighbors to learn more about their concerns • Provide disposal services for residents who find improperly disposed syringes • Conduct neighborhood walk-throughs to monitor and address syringe litter • Empathize with and show respect for opposing voices • Employ efforts to not polarize harm reduction approach 	Referrals <ul style="list-style-type: none"> • Offer testing for HIV, hepatitis C, and sexually transmitted infections • Develop linkage system with housing resources and services • Connect participants with case managers to meet additional needs Data Evaluation <ul style="list-style-type: none"> • Use overdose reports to inform outreach planning • Keep data collection minimal and very intentional to reduce burden on participants

Focus Areas for Readiness Assessment

The assessment team presented findings from the various proxy data measures related to potential locations of the priority population in December 2021. Because of time and resource constraints, only a few key areas were chosen for further assessment. During discussions of the findings, four areas for the assessment were selected (refer to Figure 1 to see location and names of the sub-regional areas, note that some sub-regional areas are named after cities in the area):

- North Central region (specifically the Kearny Mesa Sub-Regional Area)
- East region (specifically the Lakeside Sub-Regional Area)
- South region (specifically the South Bay Sub-Regional Area which includes several cities and some unincorporated areas)
- North Inland region (specifically the Escondido Sub-Regional Area)

These areas were selected based on the data presented and the desire to obtain additional assessment information from the areas. While the number of people from the priority population are likely highest in the Central region of San Diego County, a readiness assessment in this area was deemed a lower priority because there are currently services being provided in this area, as described in the section on background. Data and staff from these programs were represented on the Harm Reduction Planning and Development Working Group. See Appendix D for more information.

Note that while the assessment team focused on these four areas, interviews with the priority population were gathered from each of the six service regions in order to obtain input from all regions in San Diego County. In addition, some staff/stakeholders provided services or information about an entire region, nearby sub-regional areas, or the entire county, as opposed to only the sub-regional areas of focus.

Needs of the Priority Population

A key component of the assessment was to seek the thoughts, beliefs, and suggestions of people who belong to the priority population. Key informant interviews with people who currently inject or previously injected substance(s) were gathered by the trained assessment team between January and February 2022.

“We really need one [a syringe service program], we have needed one for years. You walk up and down this area and see needle caps all over the place, there is nowhere to dispose [of them].”

North Inland Region Member of the Priority Population

A total of 55 interviews were conducted from the six different regions in San Diego County. In addition to the interviews, one focus group was conducted in the Central region with six participants. The main results are summarized on the pages that follow; see Appendix E for more detailed information.

Participants

Demographic characteristics of the 55 people who participated by service region where the interviews were conducted are detailed in the table that follows (see Table 3).

Table 3. Demographic characteristics: interviews with the priority population

Metric	Category	Service Region (of Interview Location)						Percent
		Central (n=9)	East (n=8)	North Central (n=14)	North Coastal (n=9)	North Inland (n=9)	South (n=6)	Overall (n=55)
Age	18-24 Years	22%	38%	--	--	--	17%	11%
	25-34 Years	22%	25%	36%	33%	11%	50%	29%
	35-44 Years	33%	25%	29%	33%	33%	--	27%
	45-54 Years	--	13%	21%	33%	11%	33%	18%
	55 or Over	22%	--	14%	--	33%	--	13%
	No Response	--	--	--	--	11%	--	2%
Gender Identity	Male	67%	25%	57%	67%	78%	33%	56%
	Female	22%	63%	43%	33%	11%	67%	38%
	Transmale	11%	--	--	--	--	--	2%
	Transfemale	--	13%	--	--	--	--	2%
	No Response	--	--	--	--	11%	--	2%
Race/ Ethnicity ¹	White (Non-Hispanic)	67%	63%	79%	78%	33%	17%	60%
	Hispanic	22%	13%	7%	11%	33%	67%	22%
	African American (Non-Hispanic)	11%	13%	7%	--	--	17%	7%
	Asian/Pacific Islander (Non-Hispanic)	--	13%	--	--	11%	--	4%
	American Indian/Alaskan Native (Non-Hispanic)	--	--	--	11%	11%	--	4%
	Other (Non-Hispanic)	--	--	7%	--	--	--	2%
	No Response	--	--	--	--	11%	--	2%
History of Relo- cation	Lived in 3 or more locations in past six months	44%	50%	71%	11%	44%	67%	49%
	Not lived in 3 or more locations	56%	50%	21%	78%	44%	33%	45%
	Unsure	--	--	7%	11%	--	--	4%
	No Response	--	--	--	--	11%	--	2%

Table 3. (Continued) Demographic characteristics: interviews with the priority population

Metric	Category	Service Region (of Interview Location)						Percent
		Central (n=9)	East (n=8)	North Central (n=14)	North Coastal (n=9)	North Inland (n=9)	South (n=6)	Overall (n=55)
Living Situation (On average where do you sleep most nights?)	<i>Outside (beach, canyon, underpass, etc.)</i>	44%	13%	29%	67%	33%	33%	36%
	<i>Home/apartment/room I rent or own</i>	33%	38%	7%	11%	--	33%	15%
	<i>Hotel</i>	--	38%	21%	--	11%	--	13%
	<i>Home/apartment/room of friend/family</i>	--	13%	14%	--	--	--	9%
	<i>In a car or RV</i>	22%	--	--	--	11%	33%	9%
	<i>Shelter</i>	--	--	--	11%	11%	--	4%
	<i>Campground</i>	--	--	--	11%	11%	--	4%
	<i>In an unoccupied building/office</i>	--	--	--	--	11%	--	2%
	<i>No Response</i>	--	--	29%	--	11%	--	9%

Transportation

The majority of people interviewed reported using public transportation (41%) as their primary mode of transportation, followed by walking (22%) when asked how they visit locations more than ten miles away.

Most Helpful Way to Receive Syringes

Most persons interviewed (44%) thought that receiving a certain number of syringes without having to bring in used syringes would most help them use a new syringe every time they injected, followed by 22% who felt that getting an unlimited amount without having to bring in used syringes would be most helpful (see Table 5). Only 13% felt that a one-for-one exchange would be most helpful. (Note that the wording in the table represents the choices provided in the question.)

Table 5. Ratings of syringe distribution types: interviews with the priority population

Which of the following do you think would most help you use a new syringe each time you inject? (n=54 responders)	Number	Percent
<i>Get a certain number of syringes each week without having to bring in used syringes</i>	24	44%
<i>Get an unlimited number of syringes without having to bring in used syringes</i>	12	22%
<i>Get more than one new syringe for every used one you bring in</i>	11	20%
<i>Get one new syringe for every used one you bring in</i>	7	13%
Total	54	100%

Additionally, 94% thought that allowing for secondary exchange (i.e., participants distribute sterile syringes and injection equipment to peers and may collect used syringes for safe disposal) would be ‘very useful.’

Syringe Service Program Types Seen as Useful

The people who were interviewed noted that a variety of syringe service program types would be useful to them, including mobile services, fixed sites, drop-in spaces, vending machines, and kiosks (see Table 6). While there were some differences by region, the sample size was too small to allow for conclusions about these differences.

When asked about which methods were most preferred, mobile from a car/van delivered to (1) their home or (2) a meeting place were viewed as the most preferred (see Figure 2). The respondents were not asked to rate mail or pharmacy methods, so it is not known if these methods would have been more or less preferred than the others listed.

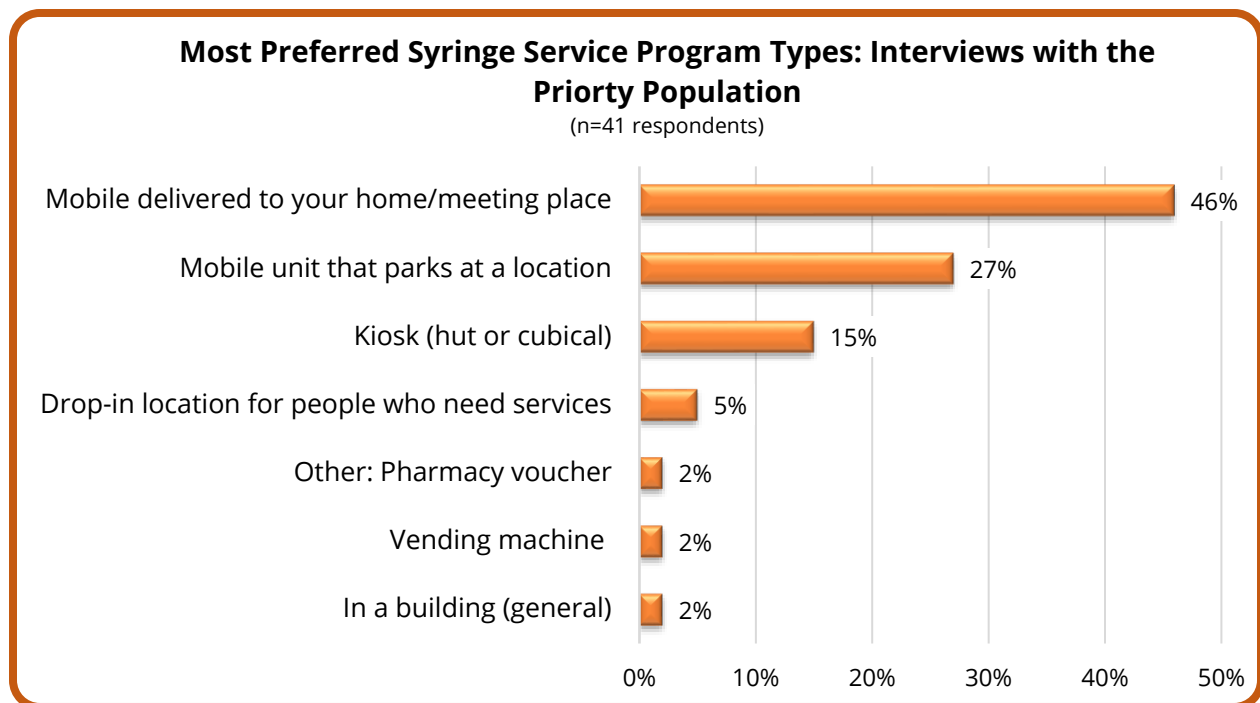
Focus group respondents further reported that a fixed syringe service program site located in a building would be convenient and a way to obtain other wraparound³ services that could be offered at the same site. They were supportive of mobile methods in busy areas and had not previously heard about the option of vending machines, with some voicing concerns about the logistics. Some were interested in the idea of mail services in areas with poor transportation.

³ Wraparound services are other services (health, financial, housing, substance use treatment, behavior, or mental health care) that support an individual and allow them to continue receiving services or reach their individual needs-based goals.

Table 6. Ratings of syringe distribution types by service region of interview: interviews with the priority population

What locations do you think would be useful to yourself and others for syringe service program(s)? (Yes/No)	Service Region (of Interview Location)						Overall (n=52-55)
	Central (n=9)	East (n=8)	North Central (n=14)	North Coastal (n=6-9)	North Inland (n=9)	South (n=6)	
<i>Mobile from a car/van delivered to your home or a meeting place</i>	100%	100%	100%	100%	100%	100%	100%
<i>Mobile from a car/van/medical unit that parks at a location</i>	89%	88%	100%	100%	100%	100%	96%
<i>At a drop-in space for people who need services</i>	89%	75%	100%	89%	78%	100%	89%
<i>From a vending machine</i>	100%	88%	100%	57%	67%	100%	87%
<i>In a building</i>	78%	63%	79%	83%	78%	100%	79%
<i>From a kiosk (hut or cubical)</i>	78%	38%	57%	86%	67%	100%	68%

Figure 2. Most preferred syringe distribution type: interviews with the priority population



Safety

In an open-ended question, respondents reported feeling most safe accessing services (not only syringe service program services) in agencies that provided medical care followed by other locations noted below:

- Clinics, hospitals, medical programs, medication-assisted treatment, or methadone clinics (n=25)
- Other locations in a building: social service agencies, hotels (that the priority population frequent), shopping centers, public bathrooms, 'County' building (n=20)
- Near transit or trolley lines/stations (n=13)
- Outdoors in public places, parking lots, parks (n=11)

Some additionally noted that they preferred private areas without police or security cameras.

Location and Hours

Respondents also made suggestions for locations for mobile syringe service programs, types of buildings for fixed site syringe service programs, and other details about the locations. This information is reported in detail in Appendix E.

When asked about preferred days and hours of operation, a broad range of responses were provided; the most popular response was "all hours/24 hours," followed by daytime/early evening.

Naloxone and Fentanyl Test Strips

When asked about naloxone preferences, most respondents indicated that they either preferred nasal delivery (50%) or had no preference:

- 50% - preferred nasal naloxone
- 33% - had no naloxone preference
- 17% - preferred injectable naloxone

Most respondents (93%) reported that being able to obtain fentanyl test strips would be useful, but only 23% reported that they were currently able to obtain enough fentanyl test strips to keep them safe.

Staffing Preferences

Most respondents, 89% or more, reported being comfortable with several different types of syringe service program staffing, including peers, mental health counselors/therapists, medical personnel, and substance use disorder counselors (not shown). When asked about their most preferred staffing at syringe service programs, the most popular choice (65%) was peers (see Table 7).

Table 7. Comfort with different syringe service program staff types by service region of interview: interviews with the priority population

Of these people/staff who would you <u>most</u> want to see handing out syringes or equipment?	Service Region of Interview						Overall (n=52)
	Central (n=9)	East (n=8)	North Central (n=12)	North Coastal (n=9)	North Inland (n=8)	South (n=6)	
<i>Peers (person who currently or previously injected)</i>	67%	88%	75%	44%	25%	100%	65%
<i>Medical personnel</i>	11%	--	8%	22%	25%	--	12%
<i>A substance use counselor</i>	--	13%	8%	22%	13%	--	10%
<i>A mental health counselor or therapist</i>	--	--	--	11%	38%	--	8%
<i>Staff from an agency that helps people</i>	11%	--	--	--	--	--	2%
<i>Other¹</i>	11%	--	8%	--	--	--	4%
Total	100%	100%	100%	100%	100%	100%	100%

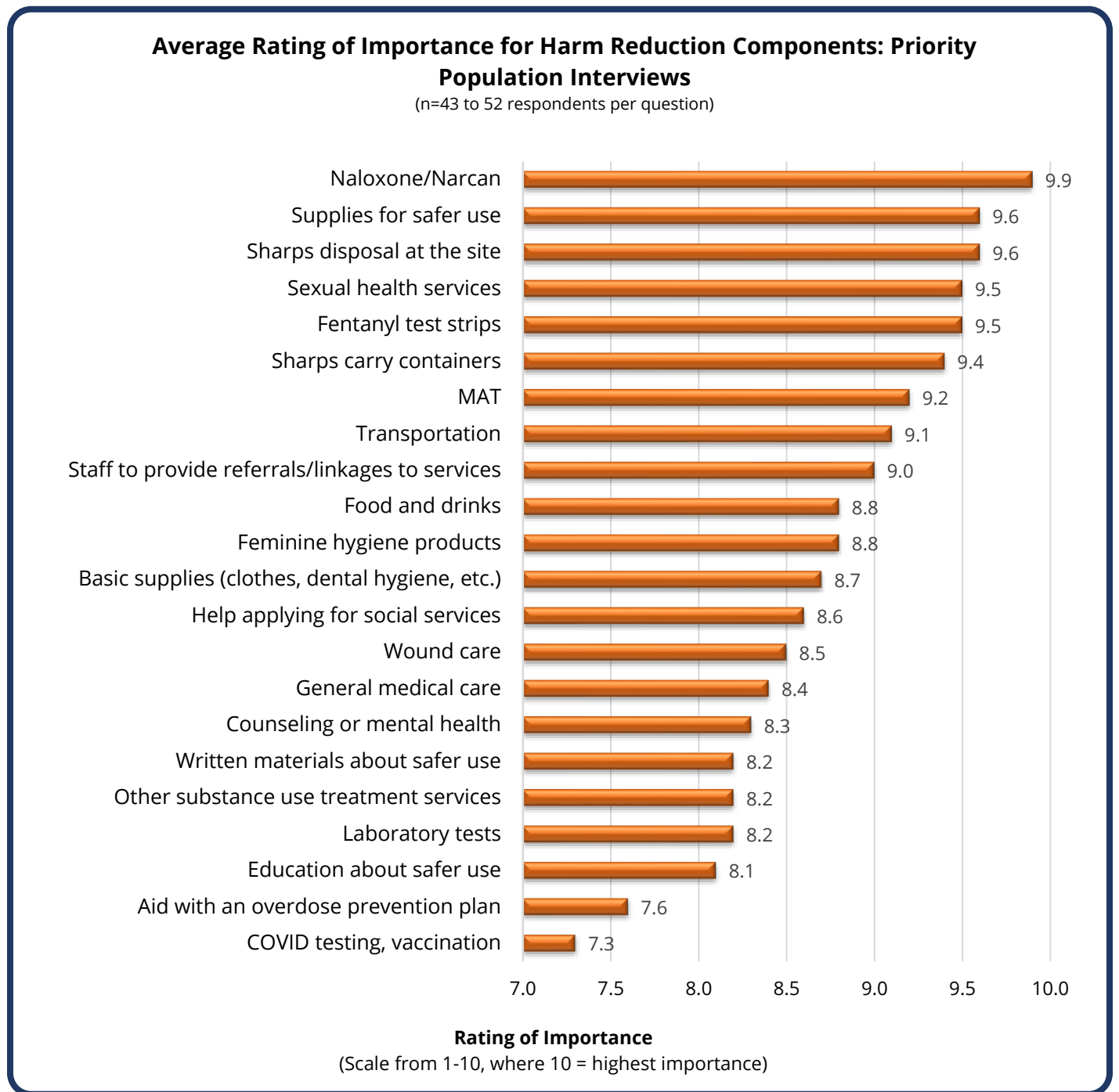
¹ Other includes: "Formerly incarcerated people" (n=1) and "Individuals who are passionate about the services" (n=1).

Types of Support Desired from Syringe Service Programs

The people interviewed were clear that they felt a variety of program components were important to include in syringe service programs (see Figure 3). When asked to pick three of the components listed as the most important in an open-ended question, the most frequently cited were harm reduction supplies (in general), followed by naloxone.

Interview respondents provided more information about each component, such as the size of safe disposal containers desired (varied; most often portable size); the number of fentanyl test strips needed per week (varied widely); and the number of naloxone doses per week (most stated 1-10 doses), among others. Some indicated that they wanted a wide variety of supplies such as bleach kits, works, clean pipes, foil, mouthpieces, safer smoking supplies, cotton, cookers, glass, and personal care kits. Focus group participants also mentioned these supplies, and additionally identified personal protective equipment, and more portable toilets and trash cans in the community.

Figure 3. Rating of importance of syringe service program components: interviews with the priority population¹



¹ Average on scale of 1-10, where 10 is the most important.

Support Desired for Health, Behavioral Health, or Recovery

To address challenges with substance use, behavioral health, or recovery support, respondents also indicated, in an open-ended question, that they would like support such as:

- Mental health services (counselors, peer support, groups, one-on-one therapy)
- Substance use disorder treatment (place to detox, treatment plan, education, treatment in general, medication-assisted treatment)
- Case management (check-ins, life plans, time management, case management, help with applications, referrals)
- Mentors
- Social workers
- Peer support
- Transportation
- Basic needs (money, food, housing, place to take care of hygiene/shower)
- Jobs/career opportunities
- Medical care

"[I] love the idea of a one-stop-shop where many resources can be accessed at once. Programs [syringe service] need to be available all across the County."

Member of the Priority
Population

Several people interviewed suggested that they would like behavioral health services that did not include "a 12-step program." The meaning of this is not known but could be related to a desire for non-abstinence-based services, or services provided by professionals.

Focus group participants echoed many of these same desired supports.

Of note, the information presented on this page was from an open-ended qualitative response which (1) may not include other important supports that people would like, and (2) does not indicate any level of agreement with these ideas.

Number of Syringes

The reported number of syringes needed per week to ensure that people could use a new one each time (including mistakes/misses) also varied widely, ranging from 10 and under to over 300. Approximately half reported needing 50 or fewer per week, and the other half reported needing more than 50 per week.

Table 8. Syringes needed per week to ensure new syringe every time: interviews with the priority population by service region of interview

If you used a new needle each time, how many would you need for an average week (including for mistakes/misses and accounting for number used per shot)? Categorized responses from open-ended question	Service Region (of Interview Location)						Overall (n=51)
	Central (n=9)	East (n=8)	North Central (n=12)	North Coastal (n=9)	North Inland (n=7)	South (n=6)	
10 and Under	--	--	33%	67%	14%	--	22%
11-20	22%	--	--	11%	--	--	6%
21-30	--	13%	8%	22%	14%	--	10%
31-40	--	25%	--	--	--	--	4%
41-50	22%	--	--	--	43%	--	10%
51-100	--	13%	25%	--	29%	17%	16%
101-200	33%	25%	25%	--	--	--	14%
201-300	11%	13%	8%	--	--	67%	16%
301+	11%	13%	--	--	--	17%	4%
Total¹	100%	100%	100%	100%	100%	100%	100%

Note: One response also included, "5 pipes."

Barriers to Accessing Syringe Service Programs

When asked in an open-ended question about barriers to utilizing syringe service programs for themselves or their friends, respondents provided the following information.

Table 9. Barriers to utilizing syringe service programs: interviews with the priority population

When thinking about syringe service programs, what are one or two things that might prevent you or your friends from using the services? Categorized responses from open-ended question (n=47 responders)	Number Responding Similarly ¹
Accessibility / Lack of Transportation <ul style="list-style-type: none"> Distance/no transportation/lack of funds for transportation Limited hours of operation Not enough locations Hard to find or not visible 	26
Unsafe Location/Areas <ul style="list-style-type: none"> Uncomfortable areas to visit Unsafe area ("haters, if there is someone who wants to jump you") "Riff raff" "Bad areas" with dangerous people 	9
Law Enforcement <ul style="list-style-type: none"> General (law enforcement, other non-specified concerns) Near police department or law enforcement Involvement (warrants) Fear of being "stopped and searched" 	9
Fear of Judgment/Stigma <ul style="list-style-type: none"> Being judged/judging people/judgement (general) Uncomfortable with staff/unfamiliar people Stigma 	8
Staffing Incompetence <ul style="list-style-type: none"> Incompetent, judgmental, uncaring, rude, asking personal questions 	7
Crowding	2
Other (n=1 each) <ul style="list-style-type: none"> If substance use changes [possible meaning: may no longer need a syringe service program] Food; peers Dog; body/possession searches Lack of identification Suffering from withdrawal In a building One-to-one exchange of syringes Worry over privacy of information / being recorded or seen 	8

¹ Sums to more than the total number of respondents as persons could provide multiple responses.

Respondents were additionally asked what barriers keep them from accessing services in general (health, syringe service programs, other services). In response to this question, respondents most often and frequently named: (1) stigma and concerns about being judged or treated poorly; and (2) lack of transportation to access services.

Respondents were further asked how stigma affects the accessibility of services. The fear of being judged and a sense of shame and embarrassment were commonly cited reasons for not accessing social services in the community, followed by accessibility and transportation issues.

When probed about how stigma impacts their ability to access services, they discussed: (1) their personal feelings of shame; (2) the fear of being judged; and (3) being treated poorly.

"I don't like to be put on blast or treated like I don't matter"

Central Region Member of the Priority Population

"I feel judged and don't come back – why even try?"

South Region Member of the Priority Population

"I feel shame for seeking services"

North Coastal Region Member of the Priority Population

Increasing the Likelihood of Using a New Syringe Service Program

Respondents were also asked what ideas they had to increase the likelihood that they or their friends would visit a new syringe service program. Important factors identified included:

- Availability: have more locations with more hours of operation
- Location: make sure they are accessible to public transportation and in a safe location
- Resources: offer help with housing, employment, and accessing medical care
- Staffing: ensure that staff are welcoming and empathetic (not judgmental)
- Incentives: offer food and other incentives like "swag"

"Something that is easy, where not a lot of questions are asked, not judgmental, open doors."

North Inland Region Member of the Priority Population

Some respondents also noted that pharmacy vouchers would be helpful, as would discreet and safe locations, and increasing awareness about the services.

Increasing Awareness of Syringe Service Programs

The people interviewed had a variety of ideas about the types of and locations for advertising that would most likely reach people to help them know about programs, including advertising at bus stops and on buses, at shopping centers, clinics, parks, and other places (see Table 10).

Table 10. Suggestions for advertising syringe service programs by service region of interview: interviews with the priority population

Where would information need to be advertised to help you or others know about syringe service program services? Categorized responses from open-ended question	
Region of Interview	Responses
Central (n=9 responders)	Locations to Advertise Syringe service program site, bus stops/transit centers, casinos, shopping centers, bars, clinics, homelessness shelters, day centers, parks
	Types of Advertising Social media, online, posters, dating apps, flyers, billboards, signs, cards
East (n= 8 responders)	Locations to Advertise Malls/shopping centers, business centers, medication-assisted treatment clinics, jails, TV, bus stops, hotel lobbies, doctor's office / clinics, trolley stops, casinos, dispensaries
	Types of Advertising Social media and dating apps (like Facebook/Grindr/Tinder), posters, billboards, business cards, signs, radio
North Central (n=14 responders)	Locations to Advertise Sides of buses and bus stops, car wraps, TV, County of San Diego buildings and offices, dispensaries, tents, treatment centers
	Types of Advertising 2-1-1, billboards, online, newspapers, texting, Public Service Announcements, the Reader, 800 numbers, through peer networks, hotline available to the public
North Coastal (n=9 responders)	Locations to Advertise 7-11, Circle K, AM/PM, grocery stores, libraries, shelters, bus stops, transit stations, clinics, food pantries
	Types of Advertising Billboards, flyers on telephone poles, flyers, social media
North Inland (n=9 responders)	Locations to Advertise Clinic, doctor's office, Interfaith Community Services, side of dumpsters, side of power boxes, side of buildings
	Types of Advertising 2-1-1, Google
South (n=6 responders)	Locations to Advertise All over San Diego, buses, South, trolley station
	Types of Advertising Billboards, internet, social media, flyers, signs

Public Opinion

Public Opinion Poll: Community Intercept

To understand the thoughts and beliefs of members of the public, the assessment team gathered intercept interviews and surveys between January and February 2022. A total of 158 public opinion poll interviews or surveys were gathered from various locations within San Diego County. Some respondents completed the anonymous surveys themselves using pen and paper, although most were collected as an intercept interview. Interviews were conducted in Spanish and English, and paper surveys were additionally available in Tagalog and Arabic. Teams of two or more research assistants collected responses from each site by interview or providing the survey for self-administration (paper or QR code). Interviews were conducted in front of and in the areas surrounding shopping centers.

The public opinion interviews/surveys conducted with community members included:

- 45 from the East region (El Cajon and Santee, near Lakeside)
- 37 from the South region (South Bay Sub-Regional Area, located south of Chula Vista)
- 35 from the North Central region (25 in Kearny Mesa; 10 in Clairmont Mesa)
- 34 from the North Inland region (Escondido)
- 7 from the North Coastal region (Oceanside)

Seven interviews were conducted in the North Coastal (Oceanside) area before efforts were realigned to match the North Inland (Escondido) area of focus.

Syringe Service Program Awareness

Only 22% of the community respondents, overall, had heard of syringe service programs prior to their interview. Results per region are presented below (see Table 11).

Table 11. Syringe service program awareness: public opinion surveys/interviews by service region of data collection¹

Have you <u>heard of</u> Syringe Service Programs? (older names may include the term <i>syringe exchange</i>)	Response		
	Yes	No	Don't Know
<i>East (n=45 respondents)</i>	11%	82%	7%
<i>North Central (n=35 respondents)</i>	37%	60%	3%
<i>North Coastal (n=7 respondents)</i>	29%	57%	14%
<i>North Inland (n=34 respondents)</i>	18%	71%	12%
<i>South (n=37 respondents)</i>	22%	65%	14%

¹ Areas surveys gathered: East (El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Advantages of Syringe Service Programs

After a short description of syringe service programs, respondents were asked their opinions about the advantages of having a syringe service program near where they live, work, or spend time. Respondents gave several reasons for supporting syringe service programs, including benefits to the priority population, such as access to services and reduced illness and death, and advantages to the community, such as reductions in crime and syringe litter (see Table 12).

“It will stop people from dying because of illnesses.”

East Region Public Opinion

“It can help clean up dirty syringes off the streets and decrease exposure in the streets.”

South Region Public Opinion

Table 12. Perceived advantages of syringe service programs: public opinion surveys/interviews

Perceived Advantages of Syringe Service Programs by Interview Area: ¹ Public Opinion Poll
Humanizing approach <ul style="list-style-type: none"> • Help people in need (all areas) • Provides services (all areas)
Health benefits <ul style="list-style-type: none"> • Prevent illness, infection, death, overdose (all areas)
Community benefits <ul style="list-style-type: none"> • Reduces diseases (all areas) • Reduces syringe litter (all areas) • Reduces crime (South, North Inland, North Central) • Cost effective (North Central) • Increases awareness of substance use disorder and of services (East, North Inland)
Effective <ul style="list-style-type: none"> • Access to services (all areas)
Recovery for the priority population <ul style="list-style-type: none"> • Connection or “pathway” to treatment (all areas) • Allows people to regain health and return to work/society (East)
General approval (all areas)

¹ Areas surveys gathered: East (El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area).

Disadvantages of Syringe Service Programs

Respondents were also asked their opinions about the disadvantages of having a syringe service program near where they live, work, or spend time. Respondents reported being concerned for three main reasons: (1) perceived harms to the community, such as increased syringe litter, crime, and the presence of people they see as not desirable; (2) enabling or promoting substance use; and (3) the cost to taxpayers.

“It brings people to the area that are not the healthiest. Especially around children this is not good.” North Central Region Public Opinion

“Just send them to rehab. The program just makes people more likely to use.” South Region Public Opinion

“Like any program, it needs funding, and not everyone wants it to go to [people who use substance(s)].” North Inland Region Public Opinion

Table 13. Perceived disadvantages of syringe service programs: public opinion surveys/interviews

Perceived Disadvantages of Syringe Service Programs by Interview Area: ¹ Public Opinion Poll
Harms the community <ul style="list-style-type: none"> • Attracts persons experiencing homelessness/priority population (all areas) • Increases syringe litter (East, South) • Not near home or certain areas (all areas) • Not around children, not want them exposed (South, North Central) • Dangerous (East, North Central) • Increases crime (East)
No benefits to the priority population <ul style="list-style-type: none"> • Promotes or encourages substance use (all areas) • Enables substance use (South, East) • Population may not access services (East) • Only works if additional services provided at program (North Inland)
Not effective <ul style="list-style-type: none"> • Does not stop substance use; handout; offer rehabilitation instead (all areas)
Financial cost <ul style="list-style-type: none"> • Better to use tax money in other ways (all areas) • Financial cost to community (East) • Focus on prevention instead (North Inland)
General disapproval of substances, people who use substances (all areas)

¹ Areas surveys gathered: East (El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area).

Support for Different types of Syringe Service Programs and Locations

Respondents provided information about their level of support for various syringe service program distribution methods (see Figure 4). They were also asked if they supported, or did not support, syringe service programs near where they live (see Figure 5). Since most did not indicate where they lived, and staff gathered surveys from shopping centers, it is hoped that most shop near where they live so that the feedback gathered is reflective of the opinions of people in those areas.

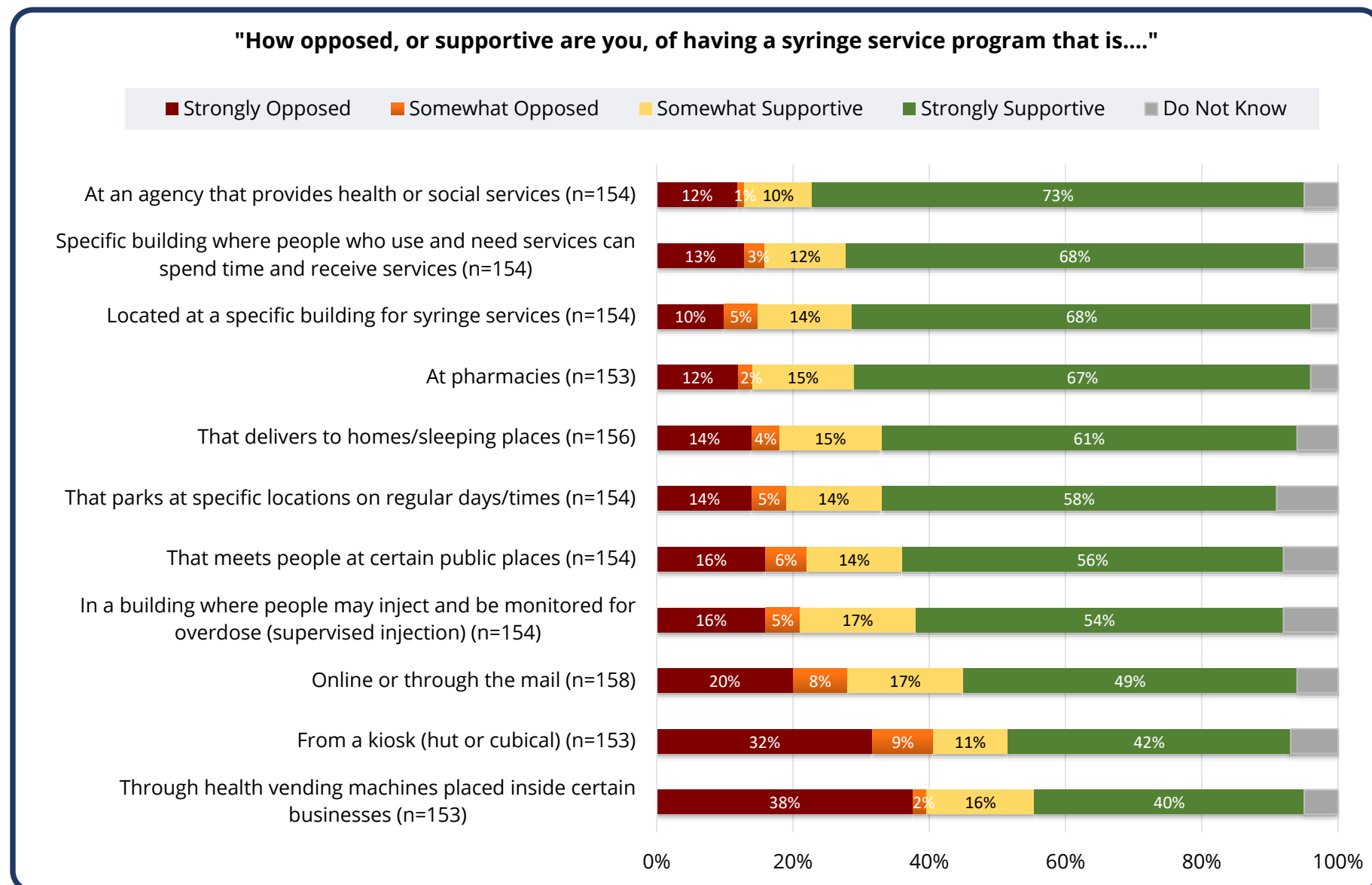
More respondents agreed with locations for syringe service programs that included: 1) at 'an agency that provides health or social services;' 2) at specific fixed-site 'buildings where people who use and need services can spend time' ("drop-in" center); 3) at specific fixed-site 'buildings for syringe service programs' (syringe service program service building); 4) at pharmacies; and 5) that 'delivers to homes/sleeping places,' than with the other locations listed (see Figure 4). Regarding types of syringe service programs near where they live, respondents were most in support of 'at an agency that provides other social services' and 'in a building.' Kiosks and vending machines received the least amount of support for both questions (see Figure 5).

When asked further to suggest 'good places' to have a syringe service program, respondents answered the following to an open-ended question. The interview locations of the respondents are shown in parentheses after the suggestion. Note that some respondents provided conflicting suggestions about being near/in or not near public places and schools.

- Downtown (*East, South, and North Central*)
- Clinics, pharmacies, hospitals, County of San Diego health departments (*all areas*)
- Alcohol and substance use disorder treatment facilities (*East, South, North Central*)
- Homelessness encampments or shelters (*all areas*)
- Public places such as parks, plazas, 'downtown areas,' beaches (*all areas*)
- Not near their schools or children (*all areas*)
- Anywhere (*all areas*)

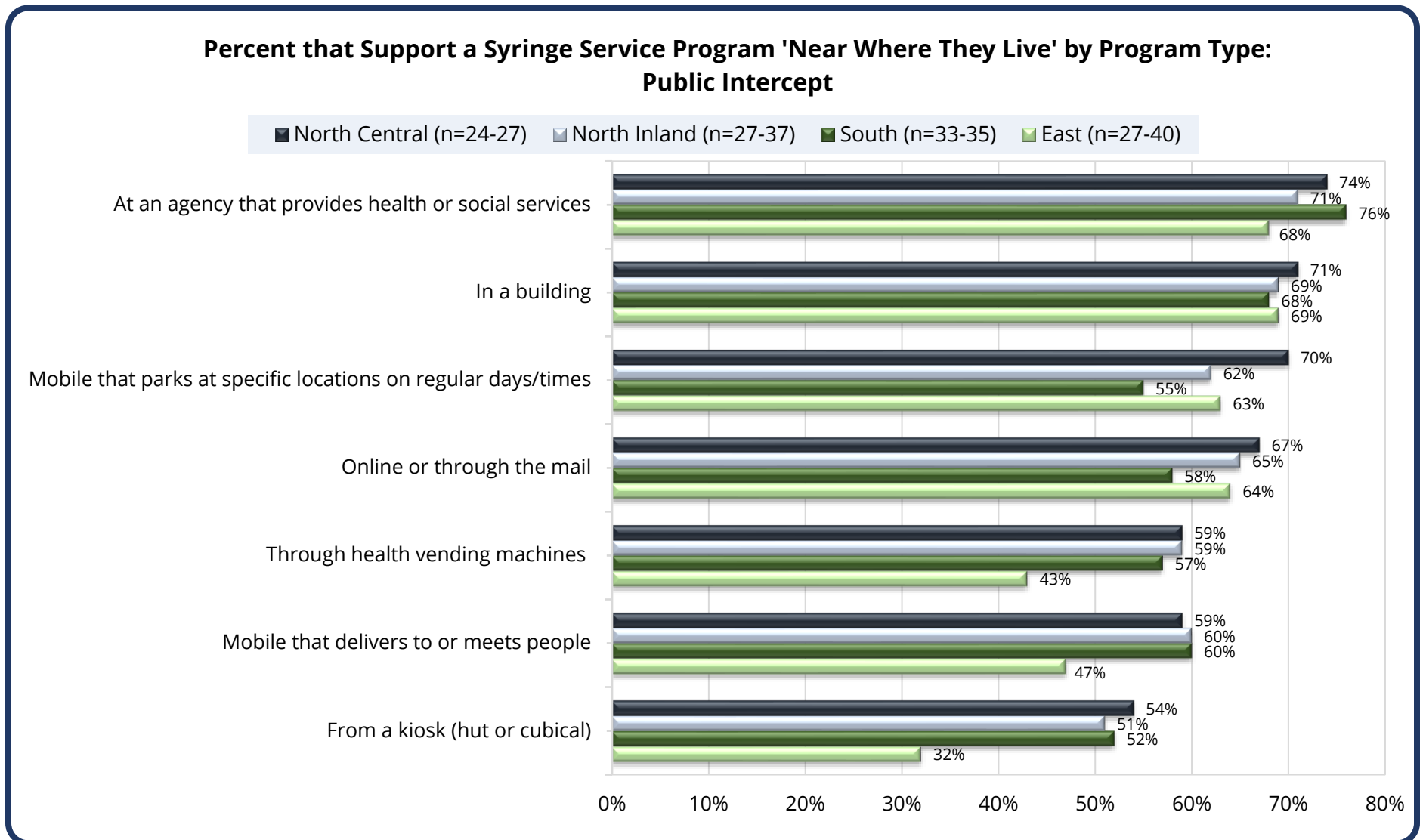
For more detailed suggestions per region see Appendix F.

Figure 4. Level of support for various syringe service program types: public opinion interviews/surveys¹



¹ Areas surveys gathered: East (El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Figure 5. Percent supportive of syringe service programs near 'where live' by type of syringe service program: public opinion interviews/surveys^{1,2,3}



¹ Respondent choices included 'support' or 'NOT support'.

² The range of respondents to each question (syringe service program type) is noted; all or almost all respondents answered each question with the exception of 'vending machines' in Escondido and Lakeside.

³ Areas surveys gathered: East (El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Local Media and Board of Supervisors Meetings Review

The assessment team analyzed local media mentions of harm reduction and syringe service programs from the past two years, as well as materials and comments from several San Diego County Board of Supervisors meetings during this time frame.

Board of Supervisors Meetings

During four Board of Supervisor meetings where syringe service program were discussed various organizations, including the County of San Diego, described the following benefits of syringe services programs:

- Syringe service programs are evidence-based effective interventions that reduce the morbidity and mortality rates in the priority population, facilitate entry into substance use disorder treatment programs and health care, and improve the overall health of the public.
- Harm reduction programs will allow the County of San Diego to use funds from the state that would otherwise be unused.
- Evidence shows that syringe services programs are cost-effective.
- Syringe service programs are supported by the Center for Diseases Control and Prevention and the World Health Organization.
- The priority population experiences extensive barriers to healthcare and syringe service programs can facilitate the entry into care.
- Accidental overdose rates increased 2010 and 2019, and syringe service programs are one tool to address this issue.
- Harm reduction keeps people alive so that they focus on increased wellness.
- The County of San Diego is developing cross-sectoral integration of various departments to address harm reduction and substance use disorder treatment. This integration will enable more shared resources and improved public health.

During public comment, several speakers from organizations in San Diego County echoed the themes listed above. Some suggested the following additional ideas:

- It is important that syringe services programs include services such as mental health and substance use disorder treatment.
- Prevention is the most pressing priority when it comes to substance use disorder; syringe service programs should be just one part of a broader substance use prevention and treatment effort.
- Collaboration with the community and other organizations is important.
- People who use substance(s) are part of our population, and increased funds for harm reduction, therefore, leads to a healthier society overall.

- Syringe service programs will increase the health of the lesbian, gay, bisexual, transgender community which is disproportionately impacted by substance use disorder.
- San Diego County needs low barrier substance use disorder treatment, shelter beds and addiction treatment programs. These services are needed for persons experiencing homelessness or who are at risk of homelessness.
- Addiction is a disease, not a moral failing.
- There is wide support for naloxone distribution.

Concerns were raised by several drug-free or prevention coalitions/alliances and some public members during the comments section of the three Board of Supervisors meetings. Their comments are grouped into several major themes below:

- Focusing on harm reduction and syringe service programs will divert funding from and reprioritize the need for prevention, treatment, shelter beds, and mental health programs; need to refocus on prevention.
- Harm reduction and syringe service programs condone and promote substance use (especially among young people) and lead people to believe that injecting substance(s) is not dangerous.
- Harm reduction and syringe service programs are not effective.
- Harm reduction approaches are motivated by the “addiction industry” and bureaucracies that will benefit from ensuring continued substance use.
- Potential harms to the community could include increased presence of “addicts” and used syringes.
- Syringe services alone are not enough; comprehensive services are needed.
- Questions about how the syringe service programs would operate and what the impact would be on the community.

Media Review

The assessment team found very little media coverage about harm reduction or syringe service programs over the last two years, with the exception of some coverage about the Board of Supervisors’ decision to repeal the resolution on syringe service programs and establish such programs in San Diego County. The article noted that two Supervisors discussed concerns about the appearance of condoning substance use and ensuring the location of the programs was not impactful on their constituents. The articles also provided some information about studies performed in other locales that showed increased entry into substance use disorder treatment as the result of participating in syringe service programs. One highlighted the personal story of a person helped by syringe service programs.

Many news stories appeared that were indirectly related, discussing the increase in opioid use, with fentanyl a particular concern, and deaths related to overdoses since the beginning of the COVID-19 pandemic. These stories featured the use of naloxone as one strategy to prevent overdose deaths.

Staff and Stakeholder Interviews

Participants

To assess key staff and stakeholders' thoughts and beliefs about syringe service programs in the sub-regional areas of focus, the assessment team performed interviews between December 2021 and March 2022. The assessment team conducted a total of 92 staff and stakeholder interviews with 87 different stakeholders representing 77 different agencies (five stakeholders completed more than one interview). Within each region, most interviews were conducted with staff/organizations serving the specific sub-regional areas of focus (see Table 14). Note that the agency types are categorized below for explanatory purposes only as some agencies provide more than one type of service in more than one region.

Table 14. Agency service type by location of agency activities: staff/ stakeholder interviews

Agency/Organizational Service Type ¹	County-wide ²	East	North Central	North Coastal	North Inland	South	Total
Health related (such as federally qualified health centers, pharmacies)	0	4	2	2	1	6	15
Alcohol and substance use prevention and treatment	2	3	5	2	0	2	14
Social support (such as homeless services, social services)	3	3	1	3	2	0	12
Business (includes chamber of commerce)	0	2	1	0	0	6	9
Elected or City Official	0	1	2	3	0	1	7
Public Services (such as library, fire, parks and recreation)	0	4	1	0	0	2	7
Other (miscellaneous)	1	1	0	0	0	3	5
Coalition/advisory group	1	1	1	0	0	1	4
Law enforcement	0	1	0	0	2	1	4
Total	7	20	13	10	5	22	77

¹ Although organizations may provide services in more than one region and provide several types of services (social and mental, or health and substance use disorder treatment), each was categorized only once in the table according to the person interviewed. Agency/organizational type were categorized for presentation purposes only.

² Interview with county-wide perspective; not from any one region.

Because stakeholders were only asked questions that pertained to them, the number responding to each question varied, as indicated on the pages that follow.

Personal Experience with the Priority Population

Most of the staff and stakeholders interviewed for this assessment reported having contact with the priority population in the past. The majority reported having personal experience with the priority population (see Table 15).

Table 15. Experience with the priority population: staff/ stakeholder interviews

In your personal or professional life have you....	Number Responding	Yes	
		Number	Percent
Had a friend/family member who injects/injected drugs (or a personal history)	61	34	56%
Interacted with people who inject drugs or seen people injecting in public	62	46	74%
Provided services or help to people who inject drugs	61	46	75%

Awareness of and Attitudes Towards the Harm Reduction Philosophy

Most informants were familiar with the term “harm reduction.” Seventy percent (70%) of those who responded to the question reported having heard of the term “harm reduction” (n=76 respondents).

When asked what harm reduction meant to them, informants provided a range of responses. Informants defined harm reduction as:

- An approach that reduces the risk of death and disease
- A new, non-judgmental, non-abstinence-based approach to substance use disorder interventions: “Meet people where they are.”
- A way to increase access to safe supplies and safe environments
- A means to increase access to other types of services
- A pathway to treatment/out of addiction
- A way to reduce substance use
- Provision of safer ways to use substance(s) and reduce the risk of overdose

Most informants (84% of 73 responders) were supportive of a harm reduction philosophy: 48% reported 'strongly agreeing,' and 36% reported 'agreeing' with a harm reduction approach.

Reasons for support of a harm reduction approach included that: it is a more humane approach; it is a more realistic approach; it treats substance use disorder as a disease; it meets people where they are; it reduces both individual and community harm from substance use; it increases access to safe supplies and services; and it can lead to recovery.

Some expressed conditional support for a harm reduction approach, noting that some elements are acceptable, while others are not. Some felt that it should "lead to sobriety," incorporate some personal accountability, or address "root causes" of trauma and addiction.

Of those who disagreed, reasons given included that substance use is a choice, a belief that abstinence is the only effective means to treat substance use disorder, that harm reduction

"Harm reduction means reducing the likelihood that someone will overdose and die, even if that means increasing access to drugs."

"Harm reduction is addressing where people are at in their addiction."

"It means deciding a plan to meet them where they are to elevate their journey to be free of substance abuse."

"It offers services in support of ...reducing the amount of time they use or are using a less potent or harmful substance to replace the other drug. "

Staff/Stakeholders

"There are those who believe that there should be limited negative consequences for drug use... my experience both personally and professionally is that there needs to be a blend of both."

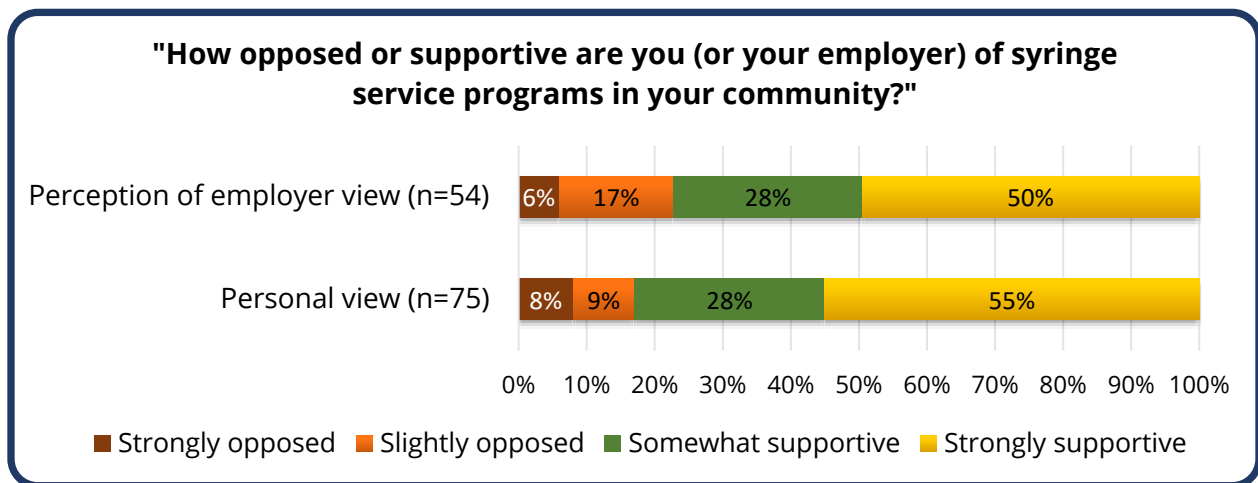
North Inland Region Staff/Stakeholder

enables substance use, that the focus should be, instead, on substance use disorder treatment, and that it encourages an illegal activity.

Attitudes Toward Syringe Service Programs

The majority of the respondents reported that they were strongly or somewhat supportive of syringe service programs (83%) and that their employers would also be somewhat or strongly supportive (78%).

Figure 6. Level of concern/support for syringe service programs: staff/stakeholder interviews¹



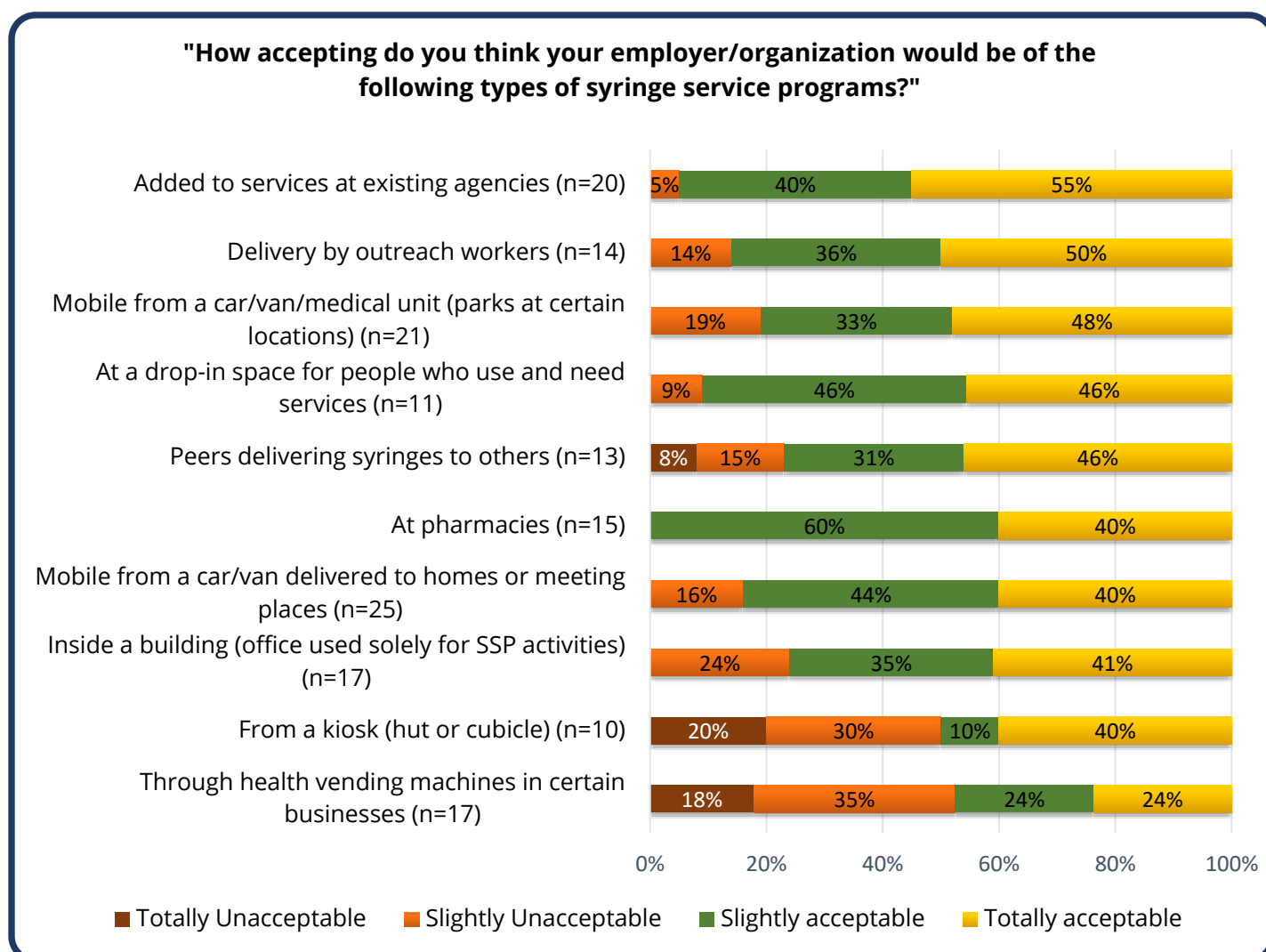
¹ Some respondents (n=21) did not know or want to assume their employers' views.

Personal reasons for supporting syringe service programs included viewing them as effective ways to reduce health risks such as overdose and infectious diseases, a means by which to increase community resources, and a way to implement new strategies. Some noted that syringe service programs needed to include the provision of other services. Some felt that they should have a goal of substance use disorder treatment, and some felt that all modes of substance use should be targeted, not just injection use. Others expressed concerns about syringe service programs feeling that these programs allocate resources to the wrong priorities and that resources should instead focus on mental health care or substance use prevention and treatment, that they represent an unfair burden to communities and residents, are ineffective, or would increase syringe litter.

Employer Attitudes Towards Syringe Service Programs

Respondents were also queried about their employer's level of acceptance of different types of syringe service programs. Most types of syringe service programs were reported to be slightly or totally acceptable, with the strongest support seen for the option of "added to services at existing agencies," "delivery by outreach workers," and "mobile from a car/van/medical unit." The only options that the majority of people found slightly or totally unacceptable was health vending machines.

Figure 7. Employer/organization acceptability of various syringe service program types: staff/stakeholder interviews¹



¹ Only those who felt they knew about their employer's level of support responded this question. The number responding to each question is shown in parentheses after each question and each employer is only included once.

The acceptance levels of various syringe service program models per region was difficult to determine due to small sample sizes and the different types of respondents in each region. However, numbers per region did not vary much from those presented in the preceding figure.

Reasons for Employer Support of Syringe Service Programs

Informants gave a range of reasons, similar to those they gave for harm reduction approaches, for reasons their employers supported syringe service programs:

- Benefits to the community, such as long-term healthcare savings, reduction in disease transmission, decreased syringe litter, and increased resources for people with substance use disorder
- Benefits to the priority population, such as better health outcomes and reduced stigma
- Providing a “pathway” to treatment and recovery
- A willingness to try a new approach since traditional interventions are not reducing use or harm from use
- An understanding that research supports the effectiveness of syringe service programs
- Alignment with organizational values
- A desire to respond to changes in the laws that permit more harm reduction types of activities
- Removal of consequences that law enforcement can no longer effectively use, such as diversion programs
- Employers who receive funding from certain sources must use evidence-based interventions (harm reduction programs are evidence-based)

“Our mission is to strengthen communities...we would be in support of anything that is addressing the drug epidemic.”

East Region Staff/Stakeholder

“Science shows that syringe exchange works.”

San Diego County-wide Staff/Stakeholder

“The goal is to keep people alive and healthier.”

South Region Staff/Stakeholder

“Syringe service programs provide people with some dignity.”

San Diego County-wide Staff/Stakeholder

Some respondents noted that their employer's support would come with caveats, making their support conditional. Respondents explained that support could be conditional because:

- Some components of syringe service programs (e.g., syringe disposal) might be supported, while others would not be
- Injecting substance(s) may not be the primary problem in a community, and employers might want the focus to be more broad
- Some want syringe service programs to serve as a "pathway to treatment"
- Some might want to serve only the population who are not unhoused
- Some will want to ensure that youth are not exposed to the program and do not access it or initiate use / injection

In addition, some respondents noted that they were uncertain whether their employers would support syringe service programs. Reasons for this uncertainty included:

- Political and organizational decision-making teams may not all agree
- Some organizations may be supportive in private but not in public
- Election outcomes will influence agency support
- Some agencies will first need more data about their concerns such as syringe litter, the safety of the community, and program effectiveness

"May support needle disposal...but syringe service programs would be seen as enabling."

East Region Staff/Stakeholder

"Concerned that the County sees this as a 'homeless person problem'...most [people who inject substance(s)] are not unsheltered."

East Region Staff/Stakeholder

"Not near children."

North Central Region Staff/Stakeholder

Reasons for Employer Concern with Syringe Service Programs

Respondents noted several reasons that their employers might be concerned about syringe service programs. These concerns included:

- Disapproval from community members (based on knowledge of their disapproval of similar programs)
- Fear about loss of business due to
 - The community's disapproval of syringe services
 - Existing customers being inconvenienced or unsettled
- Potential harms to the community
 - Increased presence of illegal substances and people perceived as dangerous, higher crime rates, and increased syringe litter
- Inconvenience or negative impacts that could be experienced by other program participants
- Fear that syringe service programs enable or increase substance use and addiction
- Concern that syringe service programs will lead to the acceptance and/or decriminalization of substance use
- Belief that the focus should be on prevention or treatment instead of harm reduction
- Concern that syringe service programs conflict with an organization's mission, goals, philosophical approach, and/or program elements
- A desire to see other types of programs funded
- Ethical or employment conflicts due to the illegality of substance use

"This is not how residents want their tax dollars spent."

East Region Staff/Stakeholder

"We are encouraging an illegal act."

East Region Staff/Stakeholder

"The community is definitely not ready."

North Coastal Region Staff/Stakeholder

"If someone's kid stepped on a syringe, then I would be angry too."

San Diego County-wide Staff/Stakeholder

Perceptions of Community Concerns

Some respondents gave their opinions about potential community concerns with syringe service programs. Concerns discussed included cost, having other priorities for community programs, lack of knowledge

"The most opposition will come from community members."

North Inland Region
Staff/Stakeholder

among businesses and communities about the benefits of syringe service programs, political resistance, syringe litter, potential youth exposure, bringing people who use substance(s) to the area, views about enabling, and concerns of law enforcement.

Ideas to Increase Employer/Organizational Support for Syringe Service Programs

Respondents were also asked for ideas to increase their employers' support of syringe service programs. Ideas included:

- Ensuring that syringe service programs include other services
- Focusing on syringe disposal
- Ensuring accessibility to everyone
- Keeping them discreet and out of public awareness
- Providing more education that includes specific data and stories from people who have substance use disorder
- Providing education to promote understanding of substance use disorder as a disease and the medical model of treatment
- Engaging the community in planning and educational efforts
- Minimizing the impacts on the community
- Tailoring programs to meet cultural needs, particularly for Native peoples
- Minimizing liability risks
- Setting realistic goals so that success can be sustained

"Make it clear that there are wraparound services - there's no point in doing it if these are not available."

"Bringing people together to talk about it in the same room. Have experts to explain the data. People who've been through these programs."

"It would have to be about keeping it self-contained. Somewhere it's not in the limelight of the public we serve."

East Region Staff/Stakeholders

"Consider Native people's unique and specific needs. They can't treat us like everyone else. We're in recovery from three genocides. We need specific help and messages."

San Diego County-wide Staff/Stakeholder

Ideas to Increase Support for Syringe Service Programs

When asked about how to gain support from the community, public, elected officials, or organizations, respondents had similar ideas, such as focusing on education that demonstrates the benefits of syringe service programs and reduces the stigma around substance use disorder. They also noted that syringe service programs need to be presented as one point along a continuum of recovery. In addition, several respondents emphasized the importance of engaging the business community, community members, and public leaders or planning groups in educational and planning efforts.

Respondents had conflicting views on what type of syringe service programs would be more acceptable to the community. Some felt that mobile units would be more palatable to the community; others noted that syringe service programs would be most acceptable if provided at an agency already engaged in medical or social services.

Some suggested specific methods to gain support such as community forums, campaigns, including mental health services along with syringe service programs, and education about when to call law enforcement versus other responders, among others.

“Need to emphasize wraparound services and highlight that syringe services are a first step, not the only step.”

North Inland Region Staff/Stakeholder

“Effective storytelling is how you change hearts in people.”

North Central Region Staff/Stakeholder

“Mobile units may be a good choice. These might be an easier sell politically.”

North Coastal Region Staff/Stakeholder

“Show how this will help small businesses; approach the Chamber of Commerce and say, here’s what we want to do, here’s why, and you won’t have people [injecting substances] in the alley by your shop.”

East Region Staff/Stakeholder

“Need to be at a site where already providing people with services...people may oppose it in other areas.”

South Region Staff/Stakeholder

Organizational Support for Harm Reduction

Eight respondents stated that their organization would be interested in offering a syringe service program. A few other organizations planned to offer supplies to existing clients only.

Attitudes Toward Naloxone and Fentanyl Test Strips

Most persons interviewed reported that their employers would support naloxone distribution:

- 75% said their employer 'strongly approved' of naloxone nasal distribution
- 62% said their employer 'strongly approved' of naloxone injectable distribution

Additionally, 62% responded that their employers 'strongly supported' distribution of fentanyl test strips. Support did not appear to vary much per region. Suggestions for places to distribute these supplies is in Appendix G.

Other Considerations for Initiating a Harm Reduction Program

Respondents who wished to provide additional information were asked about challenges to consider when establishing a syringe service program, groups of organizations/people that may support or have concerns with syringe service programs, and their suggested next steps.

Challenges to Consider

Respondents noted the following potential challenges to consider when establishing a syringe service program:

- Ensuring that syringe service programs have appropriate, well-trained staff
- Making people aware of and getting them to use the services
- Understanding the level of concern that syringe service programs will encounter
- Planning for service capacity to be exceeded
- Collaborating effectively with law enforcement
- Addressing the sale of illegal substances nearby and an increase (real or perceived) of persons in the area who will use the services
- Ensuring the safety of staff and clients
- Determining appropriate locations
- Attracting clients and building trust
- Ensuring that referral resources to serve participants are available in the community

"A service that allows your unhoused population to stay unhoused is a lightning rod issue... They don't see [substance use disorder]; they do see the unhoused."

East Region Staff/Stakeholder

"It can take months to find the right location due to 'NIMBY' [not in my back yard] pushback."

North Central Region Staff/Stakeholder

Groups that May Support or Have Concerns about Harm Reduction

Respondents thought that the following types of groups may support or have concerns about syringe service programs (more details about exact suggestions can be found in Appendix G).

Table 16. Organizational types that may support or be concerned about syringe service programs by region: suggestions from staff/stakeholders

Perceived Level of Support or Concerns of Various Organizational Types				
Potential Support				
East	North Central	North Coastal	North Inland	South
Some: <ul style="list-style-type: none"> • Health care organizations • Social service providers • Politicians • Churches • Libraries • Homelessness shelters • Law enforcement 	Some: <ul style="list-style-type: none"> • Health care organizations • Substance use disorder treatment centers • Mental health programs • Social service providers • Churches • Small businesses • Politicians 	Some: <ul style="list-style-type: none"> • Social service organizations • Media groups • Law enforcement • Substance use disorder treatment programs (medication-assisted treatment/methadone) • Homelessness outreach teams 	Some: <ul style="list-style-type: none"> • Health care organizations • Social service providers • Law enforcement • Community members • Affinity groups 	Some: <ul style="list-style-type: none"> • Health care agencies • Substance use disorder treatment centers • Churches • Law enforcement • Certain cities • Some politicians
Potential Concerns				
East	North Central	North Coastal	North Inland	South
Some: <ul style="list-style-type: none"> • Community members • Businesses • Politicians • Law enforcement • Community leaders • Education • Churches 	Some: <ul style="list-style-type: none"> • Community members • Businesses 	Some: <ul style="list-style-type: none"> • Community members • City council • Law enforcement 	Some: <ul style="list-style-type: none"> • Community members • Politicians • Law enforcement • Social service agencies • Media • Churches 	Some: <ul style="list-style-type: none"> • Community members • Businesses • Law enforcement • Faith-based treatment/sober living

Next Steps

Respondents provided many ideas about the necessary next steps to establish a syringe service program in their communities.

The first step, they suggested, was to collaborate with and get buy-in from the priority population and a variety of people in the community including emergency medical technicians/paramedics, substance use disorder and social service providers, elected officials, businesses, and the public.

Generate buy-in from the priority population by:

- Offering incentives
- Involving them in planning
- Educating them about the benefits of syringe service programs
- Increasing awareness with advertisements and outreach using positive and non-stigmatizing messaging that emphasizes that these will be safe spaces

“People need to hear about it. Word of mouth will be important...they need to feel that they are not going to be judged, that they can go and get that understanding.”

South Region Staff/Stakeholder

Generate buy-in from the community by:

- Conducting broad and local community education and awareness campaigns that emphasize the public health concerns; use data and relatable stories from champions and persons impacted by addiction
- Naming the program in a way that will be acceptable to the community, such as a “Harm Reduction Services Center”
- Involving the community in planning and operations
- Utilizing or funding organizations that already have the trust of the neighborhood/community

“Use relatable stories from champions who are willing to tell their stories and are not afraid of the backlash.”

North Central Region Staff/Stakeholder

Generate buy-in from service providers, elected officials, and others by:

- Collaborating with street outreach teams
- Collaborating with libraries
- Collaborating with local government, Caltrans, and police departments
- Involving emergency medical technicians/paramedics
- Educating professionals and medical providers about available services and how to recognize a person who injects
- Presenting to the Regional Task Force on the Homelessness and Meth Strike Force
- Educating law enforcement about the newest laws
- Providing seminars with information about syringe service programs and the legalities involved for agencies that want to be involved
- Asking for feedback from organizations and businesses near planned sites
- Networking with organizations that already serve the populations
- Forming work groups and/or advisory groups related to harm reduction
- Provide information to, or meet with, the Board of Directors or leadership teams of organizations

"More education at the leadership level and increased education for the community."

North Inland Region Staff/Stakeholder

"Focus on needle disposal."

East County Staff/Stakeholder

"It would have to be about keeping it self-contained; somewhere it's not in the limelight of the public we serve."

East County Staff/Stakeholder

"If research and data was present with both pros and cons [that would help]."

North Inland Region Staff/Stakeholder

Other steps and ideas included planning for locations and the types of services offered, and the mode of service provision. See Appendix G for more details.

Summary of Support and Concerns

A comparison of the main themes discussed previously split by respondent type is displayed in the two tables that follow.

Table 17. Reasons for syringe service program support by respondent type

Themes Supportive of Syringe Service Programs by Respondent Type		
Public Opinion	Staff/Stakeholder: Personal	Staff/Stakeholder: Employer
Humanizing approach <ul style="list-style-type: none"> • Help people in need 	Humanizing approach <ul style="list-style-type: none"> • Addresses trauma/shame • Addiction is a disease • Reducing stigma for the priority population 	Humanizing approach <ul style="list-style-type: none"> • Personal connection with addiction motivates support • Serve more than ‘unhoused’
Health benefits <ul style="list-style-type: none"> • Reduction in illnesses and overdoses • Improved sanitation 	Health benefits <ul style="list-style-type: none"> • Reduces health risks associated with substance use (morbidity) • Saves lives (mortality) 	Health benefits <ul style="list-style-type: none"> • Reduces health risks
Community benefits <ul style="list-style-type: none"> • Reduction in syringe litter • Community development • Reduces crime • Increases public awareness of substance use issues 	Community benefits <ul style="list-style-type: none"> • Reduction in syringe litter/ increased syringe disposal • Increase in community resources 	Community benefits <ul style="list-style-type: none"> • Reduction in syringe litter/ increased syringe disposal • Increase in community resources
Cost effectiveness	Cost effectiveness <ul style="list-style-type: none"> • Long-term health savings 	--
Recovery for the priority population <ul style="list-style-type: none"> • “Pathway to treatment” • Improves access to substance use disorder treatment 	Recovery for the priority population <ul style="list-style-type: none"> • “Can lead to recovery” 	Recovery for the priority population <ul style="list-style-type: none"> • Increases likelihood of persons accessing substance use disorder treatment
--	Need new options <ul style="list-style-type: none"> • Existing systems ineffective 	Need new options <ul style="list-style-type: none"> • Responsive to current conditions • Responsive to changes in laws and shifts in Medi-Cal funding which allows for some harm reduction activities
Effective <ul style="list-style-type: none"> • Increase access to services 	Effective <ul style="list-style-type: none"> • Effective (works, equity in care) 	Effective <ul style="list-style-type: none"> • Relevant and necessary
Other <ul style="list-style-type: none"> • General approval 	Other <ul style="list-style-type: none"> • Syringe service programs can provide prevention resources (prevention of substance use/disorder) 	Other <ul style="list-style-type: none"> • Aligns with organizational values/thinking • If support from leadership could be possible to have program • Responds to changes in laws • Drug Medi-Cal compliance

Table 18. Concerns about syringe service programs by respondent type

Themes of Concern Related to Syringe Service Programs by Respondent Type		
Public Opinion	Staff/Stakeholder: Personal	Staff/Stakeholder: Employer
Harms the community <ul style="list-style-type: none"> • Attracts the priority population and unhoused to area • Increases syringe litter • Increase in crime • Dangerous • Not near homes, youth 	Harms the community <ul style="list-style-type: none"> • Attracts the priority population and unhoused to area • Increases syringe litter • Unfairly burdens area/city • Not in own neighborhood • Not near homes, youth 	Harms the community <ul style="list-style-type: none"> • Attracts the priority population and unhoused to area • Increases syringe litter • Unfairly burdens area/city • Dangerous • Law enforcement cannot act • Promotes injection (new users) • Youth exposure/attraction risks
No benefit to the priority population / enabling <ul style="list-style-type: none"> • Promotes substance use • Enables substance use • Not effective intervention 	No benefit to the priority population / enabling <ul style="list-style-type: none"> • Enables substance use • No incentive to change • Not effective intervention; wants to see data/proof 	No benefit to the priority population / enabling <ul style="list-style-type: none"> • Promotes substance use • Enables substance use • Not effective intervention; wants to see data/proof
Financial cost / wrong focus <ul style="list-style-type: none"> • Use funds for services more important to community • Financial costs to the community 	Financial cost / wrong focus <ul style="list-style-type: none"> • Direct funding to mental health, systems of support instead to stop/prevent use • Use taxes in other ways 	Financial cost / wrong focus <ul style="list-style-type: none"> • Spend more on prevention and treatment instead, or other 'more important' issues • Will cost the city (to provide additional services)
Must offer additional services <ul style="list-style-type: none"> • Must offer other services (reduce unhoused, etc.) • Main value is helping people and overdose prevention 	Must offer additional services <ul style="list-style-type: none"> • Must offer more services • Main value is helping people get treatment and reduce overdoses • Disease prevention seen as valuable goal 	Must offer additional services <ul style="list-style-type: none"> • Support only if wraparound services provided
General disapproval <ul style="list-style-type: none"> • General disapproval of substance use and/or syringe service programs • Substance use is a choice, and the user is responsible for the consequences • Easy to stop or not use 	General disapproval <ul style="list-style-type: none"> • General disapproval of substance use and/or syringe service programs • Substance use is a choice, and the user is responsible for the consequences • Negative views of unhoused 	General disapproval <ul style="list-style-type: none"> • General disapproval of substance use and/or syringe service programs • Offer overdose prevention, not syringe service programs Conflicts <ul style="list-style-type: none"> • Legal codes (substance use illegal) • Ethics • Abstinence-based values/services • Mission, goals, leadership

Discussion

Limitations

This study was subject to several limitations. The data collection methods for this assessment relied on convenience samples, utilized primarily qualitative data, and did not include some members of the priority population (such as persons who inject in their homes and may not use services, or persons who are not easily located during outreach). Therefore, the findings cannot be generalized to the entire population. In addition, data gathered via interviews and focus groups are inherently subject to interview bias, among other biases, as persons may seek to 'please' the interviewer in their responses (a type of response bias). Efforts to address these limitations included utilizing trained interviewers and focus group leaders, offering anonymity to respondents, using non-leading questions, and providing the ability for persons (staff/stakeholder and public opinion poll) to complete the survey themselves. Data collection tools were reviewed by multiple parties, and multiple people analyzed the data to come to agreement about the themes represented.

Despite these limitations, several themes emerged about knowledge of, support for, and concerns about syringe service programs. In addition, valuable information was shared about approaches for garnering support for, addressing concerns with, planning for, and implementing these services.

Support for Syringe Service Programs

First, it is evident that the general public has little knowledge of syringe service programs; of the people who participated in the public opinion poll, only 22% had heard of syringe service programs. Second, overall, the public expressed support for syringe service programs. For those who had not heard of syringe service programs, when presented with information about them, the majority were able to articulate several potential benefits of syringe service programs both for the people syringe service programs would serve and for the community.

Among the staff/stakeholders interviewed, the majority (83%) reported being supportive of syringe service programs. Of those who were familiar with their employers' attitudes toward harm reduction methods, most (78%) believed that their employers/organizations would also be supportive. This support seemed to largely cut across the service regions and focus areas for this assessment, although somewhat more hesitation was noted in the East region due to concerns about syringe service programs conflicting with community and political values in that area.

Many reasons were given for support of syringe service programs. Respondents noted that harm reduction strategies are a more humane approach to substance use disorder interventions. They cited health benefits for the priority population and community benefits, including decreased syringe litter and crime, increased resources, and increased awareness of substance use disorder. They also mentioned cost effectiveness, the need for a new approach to helping people with substance use disorder, and a belief that syringe service programs are effective overall.

It is important to note, however, that some of the expressed support from both the public and the staff/stakeholders is

conditional and has caveats. Some people noted that while some

syringe service program services are acceptable, particularly syringe

disposal, others are not; that they thought the focus should extend beyond injection of substance(s) and to other modes of substance use as well; that syringe service programs need to include a component of “personal accountability;” and that youth should not be exposed.

Additionally, some indicated that they feel more comfortable with syringe service programs if they serve as a “pathway to treatment” and/or offer wraparound services, and some noted that support is largely dependent on the location or delivery mode of the program.

“As long as it promotes rehabilitation and treatment, there are advantages.”

South Region Public Opinion

Concerns with Syringe Service Programs

One of the most important components of this assessment was to understand who might have concerns about syringe service programs and why. Informants named several groups that might express concerns regarding syringe service programs, including:

- Community members
- Business owners
- Elected officials/politicians, including city council members
- Churches and religious leaders
- Law enforcement
- Some substance use disorder treatment programs that are faith-based

- Substance use disorder treatment programs that take an “abstinence-only” approach
- Social service providers who feel that syringe service programs do not align with their values or mission

Across each of these groups, reasons given for having concerns about syringe service programs were similar. Primary concerns were that syringe service programs might:

- Enable or condone substance use (and increase substance use)
- Increase crime
- Increase syringe litter
- Increase the presence of people and activities that the community views as ‘unwanted’ or dangerous
- Conflict with the mission or philosophy of social service agencies or substance use disorder treatment programs
- Focus on the wrong issue because injecting substance(s) is not the primary problem in the community
- Focus on the wrong issue because the priority for funding and other resources should be prevention and/or treatment
- Create ethical challenges for law enforcement as well as concerns about increased calls to law enforcement
- Conflict with the values of some community members and elected officials
- Cost the taxpayers too much for a program they do not agree with (taxes could be spent on other, more needed services)
- Be ineffective

“It’s like you want it both ways. It’s a catch-22. I can’t get my head around that if you want to shoot drugs, then I’m going to bring you everything to do that...it’s enabling...”

“We are fully in the abstinence realm over here. We understand but would stay neutral. We believe abstinence is the pathway and that permanent recovery is possible. It is largely up to the individual to take responsibility and get in a group of people to support them.”

South Region Staff/Stakeholder

“These programs might be free to the users, but somehow the non-users will be covering those costs by paying a tax.”

South Region Staff/Stakeholder

Finally, it is important to note that one informant felt strongly that syringe service programs were not culturally relevant or meaningful for indigenous communities.

Respondents had different opinions about the types of syringe service programs that may cause concern. Some felt that mobile units would allow for discretion and increased access and meet less resistance. Others felt that adding the services to an existing, already trusted social service or health care agency would be best. Still others thought that the best approach was to establish fixed sites that would offer a drop-in option and wraparound services. Results from the public opinion poll and staff/stakeholder interview, however, show clearly that support for syringe service programs through vending machines or kiosks is lower than for other types of syringe service programs.

Addressing Concerns and Building Support

From conversations with the public, staff/stakeholders, and currently operating syringe service programs, it is evident that careful advance planning for the syringe service programs is crucial to build support and address concerns for these programs. This planning should include creating thoughtful messaging for all involved to use when discussing the programs; building relationships with community stakeholders, community partners, and the priority population; monitoring concerns; providing education and awareness campaigns; and examining regulatory and reimbursement policies that create barriers to the establishment of syringe service programs within existing health care and substance use disorder provider organizations.

Messaging

A first step in the planning is to think about what to call the syringe service programs and the messaging around them: how will the syringe service programs be presented to the public, elected officials (such as city councils and the Board of Supervisors), the priority population, social service, substance use disorder treatment, and healthcare agencies, business owners, law enforcement, and community leaders?

One important lesson from this assessment is that many people were uncomfortable focusing on syringes/needles, and some who expressed support for a harm reduction approach were, nevertheless, wary of programs that seem to “normalize” substance use. Calling the programs “syringe service programs” may create community resistance that would not otherwise be expressed if the programs were designated more generally.

This might also be helpful because some who only conditionally support syringe service programs are hesitant because they feel the injection of substance(s) is not the most prevalent mode of substance use in their communities. These participants reported that they wanted programs to be flexible and comprehensive enough to address broader substance use issues.

On the other hand, it is also important that the name given to the programs is not so vague that the people who need them will not understand what services they offer.

When asked how to manage the messaging around the programs, participants emphasized that the programs would need to be framed as initiatives to help the community. Participants also suggested promoting syringe service programs as a medical intervention.

In general, the public and some stakeholders were responsive to and supportive of the idea of reducing rates of disease and death among the priority population and, importantly, of lessening the risk of disease transmission in the community.

Several participants noted, and the assessment team observed in media reports, that naloxone/Narcan has become more well-known and more well-received in San Diego County. Its presentation as a first aid tool that saves lives seems to have been an effective way to build support for that harm reduction strategy. A primary message needs to be created, therefore, that focuses on positive impacts on the community and shifts from the narrow focus on syringes.

“There’s too much focus on [syringes].”

East Region Staff/Stakeholder

“I’m strongly against the movement to normalize drug use.”

San Diego County-wide Staff/Stakeholder

“Businesses want to take care of their workers... If this could be framed as an opportunity to help their workers at low cost in a proven way, that would be one way to go at it.”

San Diego County-wide Staff/Stakeholder

“It would really need to be framed as programs to help the people they consider part of their community.”

San Diego County-wide Staff/Stakeholder

“The message should be: People are dying, and they are the sons and daughters of this community. This is a pathway to save lives.”

San Diego County-wide Staff/Stakeholder

Relationship Building and Maintenance

A key component of enhancing support for syringe service programs is to invest in relationship building while planning, implementing, and administering syringe service programs, particularly with those groups who may have concerns with the programs. Generating buy-in from stakeholders such as community groups, council members, business leaders, and law enforcement could help to garner and maintain support.

One strategy suggested by several stakeholders is to identify and utilize champions to further build a network of support. Suggestions included business, religious and community leaders, and doctors.

"Take the time to create champions in the community."

"Use doctors as champions – they are still the trusted authorities."

San Diego County-wide Staff/Stakeholders

Once specific sites are chosen, it will be essential to engage with the businesses around that site. Business owners, informants said, want their opinions to be heard and often feel that they are not. They will likely have questions about syringe litter, crime, and the presence of individuals who may, they feel, keep customers from coming to their businesses. They may also have questions about ensuring the safety of their employees. Working with the local Chambers of Commerce, particularly the public affairs officers and committees, could be especially helpful.

It will also be important to reach out to neighbors, perhaps through community groups such as neighborhood associations or municipal councils, to answer questions, discuss how and to whom they should address concerns, and explain the programs. One successful syringe service program described ongoing outreach with neighbors – they distributed turkeys at Thanksgiving, ran COVID-19 vaccine clinics, and focused on being good neighbors. Other successful syringe service programs facilitate community committees, offer outlets for residents to voice their opinions and report improperly disposed syringes, and invest time in building relationships with community groups to better understand and address concerns. In California, it is required that "local government or health officials, law enforcement and the public be given an opportunity to comment on syringe service programs on a biennial basis..." (CDPH, 2020).

Law enforcement is another group with which relationship building will be essential. Some stakeholders interviewed for this project explained that, for some law enforcement personnel, there is an inherent ethical conflict for them in syringe service programs. It may be challenging to reconcile support for a syringe service program with their obligation to uphold laws that

prohibit the use of illegal substances or carrying substance use paraphernalia. They may also have concerns about increased calls from areas in which syringe service programs are located. Involving law enforcement – and showing them data and case studies about how their jobs may be *positively* impacted, rather than negatively is, therefore, crucial. Data and case studies from local programs may be especially important. These relationships are also important to ensure that the priority population will feel comfortable utilizing syringe service program services without fear of negative repercussions from law enforcement – a significant barrier to accessing services for the priority population. The County of San Diego staff and local existing syringe service programs may have specific insights gained from ongoing relationships and involvement of law enforcement in the planning and operation of syringe service programs.

Support from elected officials, including members of city councils and the Board of Supervisors should also be cultivated. Taking elected officials on tours of facilities, having them hear from people who have benefitted from the services, and having people like physicians act as champions were all suggested methods to approach political concern.

Educating the Community, Stakeholders, and Service Providers

In the long-term, ongoing efforts are needed to better educate the community about the health of persons who use substance(s). Community members may have little information or awareness about substance use disorder and syringe service programs. It will be important to answer their questions and to have open lines of continuing communication and education.

Informants noted that they have seen some success with de-stigmatizing mental illness and that similar efforts need to happen with substance use disorder. They emphasized shifting the paradigm from a social model (i.e., substance use disorder is the fault and responsibility of the individual) to a medical model in which substance use disorder is viewed, by the public, as diseases that necessitate medical intervention. It is important to address fears and correct misperceptions with data and to share relatable success stories.

In addition, changes need to continue to be made to the training and education of medical providers and the substance use disorder treatment workforce, and advocacy for these changes is important. Medical schools, residency programs, nursing programs, and undergraduate programs in substance use disorder and addiction counseling all need to

"With every generation of workforce, it gets easier...we need to infuse things into the workforce domain to ensure that our new eligible workforce is coming out with [harm reduction] as part of their training."

San Diego County-wide Staff/Stakeholder

emphasize evidence-based and trauma-informed interventions, including harm reduction. Ongoing continuing professional education about harm reduction is also important, and the County of San Diego should continue its efforts to offer these opportunities to the service providers with whom it contracts.

Monitoring Potential Concerns

Several people interviewed for this project pointed out that it will be essential to pay attention to small but vocal neighborhood groups who can and do quickly mobilize around issues that concern them. These groups, while not necessarily representative of the majority opinion, can and will organize quickly and powerfully. Two informants noted that it is important to follow what is happening on Nextdoor.com, since this is a place where resistance organizes quickly. Another noted that some communities have well-connected, powerful community councils and that it is vital to work with these councils.

“It is so much better to go slowly – it will save more lives than if you dive right in. No one is going to use these services if there are protestors swarming the program.”

“These groups are so organized that opposition to anything is a switch that is easily flipped.”

San Diego County-wide Staff/Stakeholders

Understanding Reimbursement and Structural Barriers

Under current reimbursement guidelines from California’s Medicaid program (Medi-Cal), it is not possible to receive payment for some harm reduction activities. Although the assessment team did not research this issue, several informants commented that the ability to offer syringe service programs and some other harm reduction interventions is inhibited by current Medi-Cal regulations and reimbursement policies.

Since the implementation of Drug Medi-Cal Organized Delivery System in San Diego County several years ago, all San Diego County contractors are required to utilize evidence-based interventions, including harm reduction approaches, to treatment. This has resulted in increased adoption of naloxone distribution and the use of medication-assisted treatment.

Providers cannot, however, be reimbursed for services for which they do not formally open a “case” and follow the client’s progress. Most truly low-barrier harm reduction programs, such as syringe exchange and drop-in centers, intentionally do not open “cases” or collect extensive data about their clients. The Drug Medi-Cal Organized Delivery System requires formally opening a “case,” gathering extensive information about the client, and following and reporting

on that client's progress to receive reimbursement. This requirement also creates funding and logistical challenges when trying to add syringe service programs to clinics that already offer substance use prevention/treatment, medical, or social services – an idea favored by many of the people interviewed.

In addition, many organizations and departments who work with the priority population operate relatively independently from each other, creating structural challenges for the establishment of comprehensive syringe service programs.

Lastly, it might be difficult for smaller organizations to meet the requirements of providing medication-assisted treatment services under the current Medi-Cal reimbursement system.

"I think it takes an organization who has a robust mental health program combined with SUD [substance use disorder] expertise that can meet the requirement of having a medical director [to provide medication-assisted treatment services relying on Medi-Cal reimbursement], which leaves many clinics/treatment facilities struggling with the ability to meet all the contract requirements."

North Coastal Region Staff/Stakeholder

Implementing Successful Syringe Service Programs

Based on the review of the literature, conversations with currently operating syringe service programs, input from the priority population, and advice from staff and stakeholders, several strategies for the successful implementation of syringe service programs should be considered, as outlined on the pages that follow.

"Roll out the red carpet for the participants...it's about them, not about you...it's about loving them while they're there and trusting them that they are capable of making their own decisions."

Currently Operating Syringe Service Program

Planning Activities

Involve the Priority Population

It is essential, as recommended by the National Harm Reduction Coalition and emphasized by key informants, including those who operate syringe service programs, to involve people with lived experience in all aspects of planning and operating syringe service programs. Once established, it is also important to communicate to clients about modifications that will be made both to services and policies.

In interviews, members of the priority population noted the significant impact that stigma and shame have on their access to syringe service programs. They described it as devastating. Working with the priority population to design the syringe service programs will help address this issue. In addition, members of the priority population noted several service provisions as crucial to them that are outside what some might consider essential harm reduction services, such as being allowed to have their pets with them and having a place to store their belongings.

One way to ensure that participant voices are included in the design and improvement process would be to convene ad hoc advisory committee to provide quick and meaningful input about syringe service program development and to test program modification ideas once the syringe service programs are in operation. These committees could include the voices of people from different communities, including of those with varied ages, cultures, and genders, as well as people who are housed and unhoused.

“[The priority population] should be involved in the planning and development of a syringe service program as early as possible and should have continued roles in decision-making and involvement in daily operations once the program is up and running.”

National Harm Reduction Coalition (2020b)

“There is often a gap between what the providers think participants want/need and what the participants actually want/need. It is important to be mindful of this difference and engage participants to make sure services align with the needs in the community.”

Currently Operating Syringe Service Program

In designing a syringe service program, consideration should be given to what models and processes will best help to build trust among participants and reduce barriers to accessing services. One stakeholder who operates a syringe service program suggested testing ideas against questions such as:

- Does the program location feel warm, inviting, clean, and friendly for participants?
- Would a participant feel embarrassed to access services there?
- Will participants feel safe accessing these services at this location and at these times?
- Would participants feel like their confidentiality will be maintained?
- Will this structure or process help to support building trust and long-term relationships with program staff?
- How does this program help to maintain the dignity of all participants and provide a positive and efficient interaction?
- Is it trauma-informed? Culturally accessible, responsive, and relevant?

“Collecting feedback from the people [priority population] is very important. Whenever the SSP [Syringe Service Program] is going to make a change, we let the participants know about this anticipated change about a month in advance. Understanding that participants face stigma outside of this program, the team strives to be trauma-informed and treat participants as gently as possible. When the SSP [Syringe Service Program] has questions about how to update services, we will ask the participants for feedback during their encounter.”

Currently Operating Syringe Service Program

Create a Coalition of Community Partners

Many of the stakeholders and staff that the assessment team spoke with were enthusiastic about and interested in getting harm reduction programs up and running. This momentum could be used to leverage the existing expertise, resources, and capacity of groups and individuals in the field of or interested in harm reduction. A coalition could help to facilitate connections between organizations and inform county-wide detailed planning for syringe service program design and rollout. A coalition would also be useful to facilitate ongoing

information sharing and process improvement, including lessons learned over time. In addition, a coalition would help the syringe service programs establish community partners to serve as resources for referrals from syringe service programs with whom the syringe service program can facilitate warm handoffs. These partners might also provide specific services at a syringe service program site on a regular schedule, such as medical or other services alongside existing syringe service programs.

Assess and Design Strategically

Although this assessment was able to garner general feedback from several sub-regional areas in San Diego County, more assessment may be needed for each of the areas where syringe service programs will be planned. For each area, it will be important to map the available resources and referral networks. Substance use disorder treatment, social service, and housing programs to which the priority population may be referred should be assessed for their policies regarding the allowance of persons receiving medication-assisted treatment to participate and whether the persons referred would be eligible for their programs if they are currently using substance(s). A number of factors will need to be considered when choosing sites within the designated area, including the potential groups with concern in different neighborhoods and the proximity of appropriate and welcoming supportive services.

Once a site is chosen, the type of syringe service program offered should be determined based on the needs, resources, and support in that neighborhood or area. A more micro-level assessment of the knowledge, beliefs, and opinions of the residents, businesses, and organizations in that neighborhood could inform planning efforts and ongoing community education.

The County of San Diego may wish to expand this planning effort to map out the various regions/areas of San Diego County and note which types of syringe distribution methods could be planned in each area. It will also be important to note potential partnerships with community-based organizations and to search for additional funding sources.

Create an Outreach and Engagement Plan

Programs will need to conduct outreach through multiple avenues in order to engage participants and form partnerships. Syringe service programs will need to build awareness among the priority population community and ensure that members of the priority population know about and feel comfortable accessing the syringe service programs. Identifying community partners to make referrals, such as organizations focused on outreach, community clinics, and resource centers, could help to integrate syringe service programs into the social service landscape of locally available resources. Hospital emergency departments could be particularly well positioned to promote services by providing syringe service program details to patients. Libraries have also expressed interest in serving as partners with syringe service

programs. Detoxification centers, substance use disorder treatment facilities, methadone clinics, sobering centers, social service organizations, and law enforcement personnel who interact with people with substance use disorder are other good sources of referrals for syringe service programs.

Modes of Operation

Each model for syringe service program delivery has a variety of strengths and limitations, leading each to attract different groups within the priority population across demographic characteristics, amount of lived experience, and other risk factors. Offering a diverse set of service delivery options creates more opportunities to engage a wide range of participants in a manner that is most comfortable, convenient, and accessible for them. Providing multiple delivery types further reduces the threshold to participation, increasing the likelihood of participation and maximizing the health benefits to the community of the syringe service program. This multi-modal approach is supported by the literature (see literature review in Appendix B).

Within an Agency or Existing Program

The priority population indicated that if they accessed services in a building, they would feel most safe accessing services in a medical or substance use disorder treatment setting. Similarly, in public opinion polls, community members were most supportive of syringe service programs that were added to “an agency that provides health or social services,” followed by a “specific building where people who use and need services can spend time and receive services.” This was the same in every region except for the East region where the order of preference was reversed (see Figures 4 and 5). Staff and stakeholders who responded about their employers were also more likely to agree that their employer/organization would be more supportive of syringe service programs added to existing agencies, than any of the other models presented to them (see Figure 7).

About half of the public opinion poll responders reported being strongly supportive of offering syringe service program services inside a building where people may inject and be monitored for overdose, while less than half of the staff/stakeholders found the idea of offering a syringe service program in a building used solely for this purpose acceptable (see Figures 4 and 7).

“... a brick-and-mortar place says we are going to rehab people and keep everyone safe by not having needles on the street.”

San Diego County-wide Staff/Stakeholder

While the groups were supportive of the idea of adding syringe service programs to existing programs or to a fixed building site, there are challenges with this mode of operation. As discussed previously, currently operating substance use disorder treatment programs cannot easily secure funding for harm reduction services like syringe service programs. Some social service agencies feel that offering syringe service programs conflicts with their organizational philosophy or goals and may negatively impact services to existing clients. Similarly, while some medical clinics would like to offer syringe service program services, others wish to only serve their existing patients, or may not obtain approval from their boards. Lastly, finding a building location with a supportive surrounding environment and securing the necessary permits can be a time consuming and challenging task.

Mobile

Respondents from the priority population rated mobile delivery to their homes or meeting places as the most preferred type of syringe service program operation. A mobile unit that parks at a certain location was second (see Figure 2). Most of the priority population indicated that mobile methods would be useful to themselves and others (see Table 6). About half of the staff/stakeholders responding for their employers felt that their employers would find all mobile methods *totally* acceptable, while over half of the public opinion respondents felt the same

(strongly supported). When grouping ‘strongly’ and ‘somewhat’ support responses together, as well as ‘totally’ and ‘slightly’ acceptable, over three-quarters of the public opinion and staff/stakeholder respondents found mobile methods acceptable (see Figures 4 and 7). Some members of the priority population, members of the public, and staff/stakeholders noted that mobile services made sense in terms of expediency, cost, and accessibility. The public and staff/stakeholders also noted that a mobile site was less permanent, making it potentially more desirable, and noted that it could be moved if the location did not work well (as compared to fixed sites or buildings).

Public respondents also stated, however, that mobile sites can cause problems when the volume of people served is high, or when community members do not understand what services are being offered and perceive those services to be illegal or dangerous.

“It makes good business sense to use mobile sites.”

“Fixed sites can be encumbered by permits. And people, no matter how noble, just would rather not have syringe service programs in their neighborhood.”

San Diego County-wide Staff/Stakeholders

Drop-In Space

While almost 90% of the members of the priority population interviewed reported that a “drop in space for people who need services” was useful, few rated it as more useful than the other delivery methods. About half of the staff/stakeholders responding for their employers, and two-thirds of the public opinion respondents reported feeling strongly supportive of a drop-in space as a location for syringe service program services.⁴ Some stakeholders emphasized the need for “drop-in” sites, or specified locations, where participants could spend time and receive wraparound services. A drop-in space, they noted, could also serve as a place to build trust, and thereby provide more effective services, referrals, and linkages to services for the priority population.

Secondary Exchange

Members of the priority population reported being most comfortable receiving syringe service program services from peers (individuals who currently or previously injected), and 94% thought that a secondary exchange would be ‘very useful.’ Less than half of the staff/stakeholders responding for their employers thought that their employers would find secondary exchange totally acceptable. The public was not asked about secondary exchange.

Pharmacy Vouchers

While members of the priority population did not rate the level of preference for pharmacy vouchers, some noted that they would like to utilize this method. Almost two-thirds of the public opinion poll respondents noted strong support for providing syringe service program services at pharmacies.

Kiosk and Vending

Members of the priority population ranked kiosks and vending machines below delivery to homes/meeting places, and a mobile unit that parks at a location (see Figure 2). Among all other groups (staff/stakeholders, the public, and perceptions about employer support) kiosks and vending machines were ranked as the least desirable delivery method for syringe service programs (see Figures 4 and 7).

Mail

While staff/stakeholders and the priority population were not asked to rate their preferences of receiving syringes by mail (so it is unknown if this would be one of the preferred methods among the priority population), the public was not as supportive of this method as compared to other options presented. Nevertheless, almost half still responded that they would be strongly

⁴ For staff/stakeholders the question was worded “at a drop-in space for people who use and need services,” while for the public the question was worded “located at a specific building for syringe services.”

supportive of delivery by mail. Some currently operating syringe service programs, such as one with whom the assessment team spoke in Colorado, offer mail services for syringes, and other programs reported mailing naloxone and fentanyl test strips to participants. From the literature review, it was noted that this option addresses privacy and stigma concerns the priority population may have, as well as increases accessibility of supplies.

Multi-Modal

When resources permit, a multi-modal approach to syringe service programs would be the most effective at reaching the greatest number of people who would benefit from supplies and services. Having both fixed-site and mobile services would allow the syringe service programs to meet the needs of more participants and provide access to people from many locations and with varying access to transportation. Integrating services with existing agencies, such as social services agencies, was the most acceptable method expressed by staff/stakeholders and the public. In open-ended questions, some members of the priority population expressed interest in obtaining services in these locations, which could potentially reduce stigma associated with using and injecting substance(s). Secondary exchanges, in which persons distribute sterile syringes to peers, reach people that may not otherwise be reached. Pharmacy vouchers and mail services could reduce barriers to accessing syringes and other supplies, especially for those in more rural areas and from those who are unwilling or unable to access services in person. While kiosks and vending machines were not widely supported in this assessment, they do offer a low-barrier method of supply delivery.

Locations and Accessibility

Potentially Problematic Locations

The choice of where and how to provide syringe service programs will be a significant factor in the level of concern with these programs. Many people, informants explained, don't necessarily object to the services being offered, but they do object to those programs being in residential or retail areas; this has been, one informant explained, the experience of a local opioid treatment program – community members are not concerned with the services being offered there, but are adamantly and vocally concerned with its location in a retail center frequented by people in the neighborhood.

“Most people are not opposed to the services – they’re opposed to the location.”

“We need to have more frequent services that serve fewer people. When 150 people show up and line up for a van, it causes alarm in the community.”

San Diego County-wide Staff/Stakeholders

Members of the priority population, however, thought that retail locations are an acceptable location, as did some public opinion poll responders. The other problematic locations stakeholders noted were anywhere near youth/children or where youth are served.

Accessibility

Syringe service programs should be accessible by public transportation. While the persons contacted for interview may not be representative of the entire population of focus, most indicated that public transportation and walking were their most common modes of transportation. It is also clear that the persons interviewed need and want to receive services in a way that is discreet and safe and where law enforcement presence is minimal. Finally, members of the priority population indicated a clear need to have syringe service programs that operate on each day of the week, at different times of day. For this reason, it will be important to not only offer multiple modes of syringe service program services, but also to offer the services in multiple locations offered on different days and different times of the day.

Characteristics of Successful Syringe Service Programs

Needs-Based Distribution Policy

Needs-based programs provide people with as many sterile syringes as they need, without requiring them to bring in used syringes. Although an exchange-based syringe distribution policy (in which people bring in used syringes in order to get new syringes) is more acceptable to some community members, findings from research and from interviews with currently operating syringe service programs and people who use the services make it clear that needs-based distribution is more effective in

reducing injection-risk behaviors. Restrictive policies may cause harm to both the priority population and the community (see Appendix B and C for more details). Additionally, like exchange types of syringe service programs, needs-based syringe service programs do not increase syringe litter in the community.

Most members of the priority population interviewed (66%) indicated that, in order to use a new syringe each time they inject, it would be most helpful if they did not have to bring in used syringes, and only 13% said that the most helpful approach would be to give one new syringe for every used syringe brought to the syringe service program. The Centers for Disease Control

"It would be exciting to be able to switch from the one-for-one exchange model to needs-based distribution, or even needs-based with a cap."

Currently Operating Syringe Service
Program

and Prevention, the California Department of Public Health, and the National Harm Reduction Coalition all recommend a needs-based policy.

This policy should also allow for secondary exchange, whereby participants facilitate distribution and disposal not only for themselves but for other members of their networks. This less formal type of distribution expands the reach of syringe service programs. Nearly all (94%) of the members of the priority population interviewed indicated that it would be very useful for themselves or peers to obtain syringes to distribute to friends and others who need them. Secondary exchanges increase distribution to populations that otherwise may not access services or be reached by other methods. One local syringe service program reported reaching many more individuals by using secondary exchange.

Comprehensive Services

In order to both address concerns about syringe service programs and to meet the needs of the priority population, it would be ideal to offer comprehensive services at the syringe service programs. Many people interviewed for this project noted that their support for syringe service programs was conditional either because they wanted to ensure that syringe service programs served as a gateway to substance use disorder treatment or because they felt that syringe distribution does not fully meet the needs of the priority population. They suggest that offering a range of services and referrals would address these concerns. In addition, members of the priority population interviewed for this assessment rated sexual health services, medication-assisted treatment, transportation, and staff to provide referrals or help make appointments as the most important services to include (see Figure 3) while also mentioning a desire for mental health services, access to housing, and medical care. Although preferred, providing such a wide range of services may not be feasible because of the availability of space, funding, staffing, and other resources. Relying on partnerships with other organizations to provide services may be a viable option as well.

“Consistency is key. If participants think there may be favoritism, this may damage a program. Programs should come up with a policy and stick with it.”

Currently Operating Syringe Service Program

Several informants noted that it is important to be consistent in what, how, where, and when services are offered in order to build trust. They also emphasized that policies must be consistently enforced.

Supplies

According to the review of the literature as well as the conversations with currently operating syringe service programs, it is important to supply a variety of injection and first aid supplies

beyond sterile syringes (see Table 1) such as naloxone, safer smoking supplies, condoms and pregnancy tests, and fentanyl test strips. Harm reduction instructions should be included with supplies, and if possible, overdose prevention training should also be offered. When possible, syringe service programs should also offer testing for HIV, hepatitis C, and sexually transmitted infections. Offering wound care and other basic medical care is preferred, although this may not often be feasible depending on funding or the syringe service programs mode of operation.

When asked to rate the importance of various syringe service program components, most were rated as 8 or above on a 10-point scale on which 10 was “extremely important.” Naloxone, supplies for safer use, safe disposal equipment, and fentanyl test strips were rated as the most important supplies to include (see Figure 3).

Emergency Response Plan

Currently operating syringe service programs noted that it is important to have plans in place to respond to potential crises, including how to handle needle sticks, how to respond to participants’ mental health crises and to clients who become upset or agitated, and how to respond to protestors.

“Put in place a very strict policy for needle sticks and be sure to train for the incredibly varied and unexpected scenarios that staff may encounter.”

Currently Operating Syringe Service Program

Care for Staff

Some informants noted that staff working at syringe service programs have challenging jobs, can face many types of emergencies, and may encounter concern from or difficulties with community members. They noted that caring for staff and ensuring their well-being is essential to the successful operation of syringe service programs.

“A [syringe service program] is an extremely hard place to work...It can be challenging for staff to feel that they have had a successful day. Identifying those successes may be important...each quarter our staff receive a \$50 gift card for self-care and a half day of paid time off.”

Currently Operating Syringe Service Program

Consider Culture

One limitation of this assessment is that time was too limited to fully explore cultural differences in the needs of the priority population. This is an important consideration. Some cultural groups, or members within particular cultural groups, may not view syringe service programs as relevant or appropriate.

Minimize Data Collection

Data collection may be helpful for program evaluation and to understand the evolving needs of the people syringe service programs serve but must be done in such a way that it does not create barriers to access. Privacy and confidentiality are paramount to the people utilizing syringe service programs. The National Harm Reduction Coalition recommends establishing a simple intake system that collects basic participant demographics such as first name or initials, race/ethnicity, gender, date of birth or birth year, ZIP code, substance(s) used, injection frequency, years of injection use, and housing status.

The California Department of Public Health recommends collecting very minimal data elements: adverse and positive incidents with law enforcement; concerns expressed by participants, community, and law enforcement; input and feedback from participants; syringes dispensed and collected per year; naloxone kits distributed per year; number of clients served per year; and basic programmatic information (CDPH, 2018). During recent discussions with staff from the California Department of Public Health, it was noted that demographic and other information from participants could be gathered during periodic surveys (incentivized “point-in-time” census sample) and extrapolated to understand the characteristics of the persons served as needed. The County of San Diego should consider, therefore, what information is necessary for reporting to funding agencies, the community, and public officials, and collect only what is deemed necessary.

It might be helpful to think about evaluation measures that would support ongoing operations; tracking the number of syringes that come in and go out, for example, is a measure used by many syringe service programs. Collecting feedback about the services from the participants would be useful to improve operations. In addition, some syringe service programs collect overdose data by asking participants where they have been when they have witnessed or responded to an overdose and in many cases reversed an overdose. This information can be used to inform outreach efforts. Participants should not be required to provide identification.

Be a Good Neighbor

Communication/Inclusion

Wherever the syringe service programs are established, relationships with the businesses and residents in the area will be important. Establishing open lines of communication with the neighborhood will allow the syringe service program to be responsive to community needs.

Some currently operating syringe service programs have a hotline which neighbors can call to ask questions and file complaints. Another possibility would be to offer opportunities, such as public forums, to directly respond to community members' questions and concerns, opening a dialogue for clarification and problem solving.

Having people who currently or formerly injected substance(s), or family members of those impacted by the opioid epidemic share stories to put a more personal and specific face on the need for these services might be impactful. Building relationships with the neighborhood through activities such as syringe litter clean up, vaccination clinics for the public, and food distribution could also be considered – these efforts have been successful at the syringe service program interviewed in Philadelphia.

Some staff/stakeholders and a larger percentage of community members noted that they would be more supportive of syringe service programs if they were not near residential areas or businesses that they use.

“The program tries to be good with the neighbors and create opportunities to discuss issues of concern, such as participants on their property. The program happily offers to pick up syringes found in the area.”

Currently Operating Syringe Service Program

“It is crucial to engage the community in the implementation process, including residents, law enforcement, and businesses. This way, the program may remain in direct contact with concerned individuals.”

Currently Operating Syringe Service Program

Syringe Litter

Because the public opinion poll respondents noted syringe litter as one of the biggest concerns, and law enforcement also expressed a desire to see fewer discarded syringes, a focus on reducing syringe litter (no matter the source), would enhance acceptance of the program.

“Addressing syringe litter is an important piece of the program. Networking with city clean-up crews and handing out syringe containers in multiple sizes are great ways to address concerns.”

Currently Operating Syringe Service Program

Recommendations

Based on the findings from the readiness assessment, a review of the implementation guides from national harm reduction organizations, and suggestions from currently operating syringe service programs, the following recommendations should be considered, if they are feasible and relevant:

Build Support for Harm Reduction Programs

Create Thoughtful Messaging when Promoting/Designing Services

- Carefully consider what the syringe service programs are named. It might be best, for example, to not use the word “syringe” in the name. This should be balanced with ensuring that the program will still be recognizable to the priority population.
- Emphasize the reduction in disease transmission and the ability to link participants to health and social services.
- Frame messaging around community benefits and how community concerns will be addressed (e.g., reduction in syringe litter and how the program or city will manage the perceived influx of persons accessing services).
- Create consistent, standardized messaging; this will be useful for staff/stakeholders to use as well.
- Raise awareness of County of San Diego support for syringe service programs and the benefits of these programs; this will assist other agencies/organizations in providing and reducing barriers to providing programs.
- Be mindful of using language and communication methods that do not create or reinforce polarization or stigma.

Build and Maintain Relationships with Community Stakeholders

- Find and foster champions for syringe service programs, such as business, community, and religious leaders, and/or medical professionals.
- Provide information to and collaborate with:
 - Local community-based organizations familiar with the community,
 - The priority population and their gatekeepers,
 - The local Chambers of Commerce and businesses in the area,
 - Neighborhood groups,
 - Law enforcement (establish designated liaisons), and
 - Elected officials (provide tours, information, success stories).

- Create a method for receiving ongoing input and feedback from the community, businesses, and law enforcement.
 - A real-time method such as a hotline or an online portal to rapidly respond to concerns to build trust and ensure resolution of any problems that arise is recommended.

Educate Community Members, Stakeholders, and Service Providers about Harm Reduction and Syringe Service Programs

- Promote the inclusion of harm reduction in the training, employment onboarding, and education of professionals and paraprofessionals in appropriate fields.
- Provide educational opportunities for community members; respond to questions and concerns as feasible.
- Offer educational opportunities for health care, substance use disorder, law enforcement, and social service providers about harm reduction and syringe service programs.
 - Refer to substance use disorder as a health concern.
 - Share data meaningful to each stakeholder type indicating how the syringe service programs would impact them (local, evidence-based stories).
 - Include success stories or presentations from persons with lived experiences.
 - Create standardized documents and Frequently Asked Questions for informing stakeholders, and for stakeholders to share.
- Offer continued skill-building and educational opportunities.
 - Utilize existing resources such as National Harm Reduction Coalition Morning Coffee emails and trainings.

Monitor and Address Potential Concerns

- Have ongoing communication with community councils and local planning groups.
- Be aware of and formulate responses to activity on social media or other community groups (e.g., Nextdoor.com).
- Utilize a system for receiving ongoing input and feedback (described above).

Assess and Develop Plans to Address Structural Barriers

- Study the Medi-Cal regulatory and reimbursement policies that create barriers to harm reduction efforts.
 - Consider working with state legislators to create changes to these regulations and policies so that providers can be reimbursed for low barrier harm reduction efforts such as syringe services.
 - Utilize other funding sources to fill gaps in services.

- Assess agencies/services where the priority population could be referred to ensure that they will not exclude persons who use substance(s) or who are receiving medication-assisted treatment: these include agencies that provide housing, medical care, social services, other substance use disorder treatment programs, etc.
 - Work to reduce these accessibility barriers as feasible.
- Secure funding for programs including sources that are designated specifically for harm reduction efforts.
 - Investigate whether Medi-Cal will cover mobile medical care or “street medicine.”
- Promote efforts to ensure coordination, communication, and educational efforts across service providers, governmental departments, and governmental agencies who work with the priority population.

Planning

Involve the Priority Population

- Involve the priority population in the planning and implementation of syringe service programs, as well as in the recruitment of potential program participants; build trust with the priority population; and reduce barriers to access.

Create Coalitions and Advisory Committees

- Establish an advisory committee.
 - Consider establishing ad hoc advisory committees for rapid feedback on critical issues.
- Establish a community coalition to facilitate connections and inform service provision.
 - Include substance use disorder prevention and treatment providers, social service agencies, and medical facilities.
 - Leverage existing interest in harm reduction.
 - Consider forming smaller coalitions or groups in each area or city where syringe service programs will be located to address local concerns.

Develop a Plan for the Implementation of Syringe Service Programs

- Develop a strategic plan for implementation of syringe service programs in San Diego County to guide implementation and coordinate funding efforts.
 - Secure funding and staff to lead implementation efforts.
 - Plan the types of syringe service programs needed per area, ensuring that multiple modes of operation are available, as feasible.
 - Map available resources and referral networks including referrals to the syringe service program, and services available to program participants.
 - Involve supportive local community-based organizations in the provision of syringe service program components or services.

Create an Outreach and Engagement Plan

- Ensure that emergency departments, sobering centers, libraries, social services agencies, law enforcement, and others who engage with the priority population are aware of the syringe service program and can refer persons to the program.
- Conduct direct outreach to the priority population to raise awareness of syringe service programs operating in their areas.

Policies and Practices

Use a Multi-Modal Approach

- Establish a combination of fixed sites, mobile units, delivery service, mail-order options, and pharmacy vouchers to increase accessibility.

Plan Service Locations that Address Community Concerns and Increase Accessibility

- Ensure that syringe service programs:
 - Operate outside of traditional business hours, as feasible,
 - Are accessible from public transportation, and
 - Are safe and welcoming for participants.
- Gather advice from community or advisory groups to site locations for fixed-site or mobile locations that park in certain places. Potential feedback may include:
 - Not near residences or areas where youth congregate or are served, and
 - Not near certain retail establishments or businesses.

Use Evidence-Based Distribution Methods

- Allow for needs-based distribution policy (providing syringes requested without limits or exchange requirements), or distribution of syringes without requiring the return of used syringes if needs-based is not possible.
- Allow for secondary exchange if possible (participants distribute sterile syringes and injection equipment to peers and may collect used syringes for safe disposal).

Deliver Consistent Services

- Be consistent in what, how, and where services are offered to build trust.

Establish an Emergency Response Plan

- Establish an emergency response plan to:
 - Address unintentional needle sticks,
 - Respond to participant mental health crises, and
 - Manage protestors or upset community members.

Provide a Variety of Services and Supplies

- Offer a range of services and referrals to address the needs of the priority population at syringe service locations and respond to staff/stakeholder and community concerns, potentially:
 - Help accessing services or making appointments (i.e., navigation),
 - Referrals for, or provision of, services such as mental health, HIV and hepatitis C testing and treatment, sexually transmitted disease testing and treatment, COVID-19 testing and supplies, substance use disorder treatment, medical care, housing, food, other basic needs, or activities and events (when direct services are not possible, ensure warm hand offs to referral agencies), and
 - Staffing to include case management, patient navigation, harm reduction education, counseling about substance use disorder treatment, or other services when possible.
- Offer services to people who use substance(s) through various means of consumption.
- Distribute supplies for safer injection, naloxone, safer smoking, safer sex, and fentanyl test strips, among others.

Other Recommendations

Care for Staff

- Encourage self-care, support mental health care as needed.
- Create a staffing schedule that considers staff' as well as clients' needs.
- Provide opportunities for staff to give continuous input and feedback.

Ensure Alignment with Cultural Values

- Ensure that programs and services align with the cultural values of the groups served.
 - Collaborate with people from communities when considering syringe service programs that serve them.
 - Collaborate with the priority population from diverse groups in planning services (race/ethnicity, languages, ages, socio-economic status, substance(s) used, sexual orientation, and gender identity).

Minimize Data Collection

- Collect data from participants without creating barriers.
 - Do not require identification.
 - Collect basic information necessary for reporting to funders.
 - Consider optional incentivized point-in-time surveying rather than collecting data from each participant.
- Collect data such as the number of syringes collected and distributed, or other information important to stakeholders, the community, or public officials.

Foster Community Buy-In

- Implement a communication and inclusion plan.
 - Establish a reporting mechanism, such as a hotline or online portal, for complaints and concerns.
 - Conduct community forums.
 - Involve the neighborhood by offering vaccination clinics or other services.
- Develop a plan to reduce syringe and other litter from any source, including allotting time/events for staff and volunteer including the priority population to conduct clean-ups.
- Raise community awareness about syringe services program funding sources, including the use of funds specifically designated for these services.

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Appendix A: Data Collection Tools

Key Informant Interview – Priority Population (current or recent)

Version 11-1-21, County Contract #565521

Introduction and Eligibility:

We would like to ask you a few questions to help us plan for new syringe service programs in San Diego County. Your input is extremely valuable to us so that we may provide the best services possible!!! Your participation is voluntary, and you do not have to answer any question you do not want to answer. We will not record your name or any other identifying information about you.

This interview will take about 30-45 minutes of your time, although you can talk to us for less or more time if you wish. You will receive a \$30 gift certificate for your participation.

Are you willing and able to talk to me today?

☐ Yes ☐ No ➔ If no, please tell us why not: _____ **END interview and thank.**



First let me ask you one question to determine if we can complete the survey.

Have you ever shot up or injected drugs or substances other than those prescribed for you? Or do you inject hormones or steroids? (By shooting up, we mean any time you might have used drugs with a needle or syringe for mainlining (intravenously), skin popping or muscling)

☐ Yes ☐ No (Thank participant and end interview)



Continue with Interview

Date: ____/____/____ Start Time: _____ am/pm End time: _____ am/pm

Location of interview: Neighborhood _____ Region: _____ Zip code _____

Read to participant making sure they understand. You can find a map of the regions and areas at the end.

SSPs are free community-based programs that can provide a range of services including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing and linkage to care and treatment for infectious diseases.

There are different models for SSPs such as: 1) Fixed site where services are offered at a certain location during certain hours – this could be a stand-alone program, or at another place of business such as a hospital, clinic or another agency, 2) mobile-street based through the use of a vehicle which delivers syringes and services at certain places at certain times, 3) mobile services delivered directly to homes, 4) secondary delivery where people who use / have used drugs obtain syringes and deliver them to others, 5) offering syringes and services along with other types of service, 6) through a pharmacy, 7) from health vending machines, or a combination of any of these methods.

Staff: SSPs can be staffed by different people. Some exchanges are staffed by people who work for a medical center or social services agencies, while others can be staffed by peers such as people who previously or currently inject drugs. Vending machines may have no staff present.

Given the information I just told you – I want you to think a minute about what would most help you and others who inject.
Let's begin with a few questions about you, then we will talk about what syringe service programs should look like.

1. In what **area(s)** of San Diego County are you when **you most often inject** substances? (fill in zip code later if known)

Neighborhood: _____ Zip: _____

Neighborhood: _____ Zip: _____

Neighborhood: _____ Zip: _____

2. In what **area(s)** of San Diego County do you **most often sleep** (in the past 6 months)?

Neighborhood: _____ Zip: _____

Neighborhood: _____ Zip: _____

3. Have you **used syringe service programs** in San Diego County within the **past year**? ☐Yes ☐No

If yes, which?

☐Yes ☐No Clean Syringe Exchange Program – Downtown (Family Health Centers San Diego, Safepoint, 16th Street)

☐Yes ☐No Clean Syringe Exchange Program – North Park (Family Health Centers San Diego – Safepoint, North Park Way/31st)

☐Yes ☐No Harm Reduction Coalition of San Diego – ON POINT mobile syringe service (Tara)

☐Yes ☐No Other _____

4. If you visit somewhere **more than 10 miles** away, how do you **most often get to where you are going**? (choose one)

☐ I take public transit

☐ Friend or family member takes me in their car

☐ I walk

☐ Other _____

☐ I drive

Now I will ask you some questions to help us design a USEFUL syringe service program.

5. What **locations** do you think would be most useful to yourself and others for syringe service program(s)?

a) Mobile from a car/van delivered to your home or a meeting place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where would be near you?
b) Mobile from a car/van/medical unit that parks at a location	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where would it park?
c) In a building	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which building or type of building?
d) From a vending machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where would they be placed?
e) From a kiosk (hut or cubical)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where would they be placed? Would you want the kiosk to be staffed? <input type="checkbox"/> Yes <input type="checkbox"/> No
f) At a drop-in space for people who need services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where would be a good location?
g) Other	Where?	

5a. Of these locations, which would you **most** prefer to use? ☐a ☐b ☐c ☐d ☐e ☐f ☐g

6. **What places** in San Diego County do you think **most need a syringe service program** (fill in zip later if known)?

Neighborhood: _____ Place: _____ Zip: _____

Neighborhood: _____ Place: _____ Zip: _____

Neighborhood: _____ Place: _____ Zip: _____

Neighborhood: _____ Place: _____ Zip: _____

7. What hours of operation would be most useful? _____

8. Would you be **comfortable** with the following types of persons at a syringe service program?

a) A substance use counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) A mental health counselor or therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Medical personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Staff from an agency that helps people such as Father Joe's, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Peers (persons who currently or previously injected)	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Other: Who?	

8a. Of these people/staff who would you **most** want to see handing out **syringes or equipment**? ☐a ☐b ☐c ☐d ☐e ☐f

9. Naloxone or Narcan is a medication that reverses opioid overdoses and is available as a nasal spray or as an injectable. Do/would you prefer: ☐Nasal ☐Injectable ☐No preference

Why? _____

10. Fentanyl test strips are used to test drugs for the presence of Fentanyl. Would you find these useful?

☐Yes ☐No ☐No preference

11. Have you been able to obtain enough fentanyl test strips you need to keep you safe? ☐Yes ☐No ☐Unsure

12. Which locations would be most helpful to get Naloxone and Fentanyl test strips from? _____

Now I want to ask you some questions about how you think syringes should be handed out.

13. Which of the following do you think would most help you use a new syringe each time you inject: (choose one)

- ☐ Get one new syringe for every used one you bring in
- ☐ Get more than one new syringes for every used one you bring in
- ☐ Get a certain amount of syringes each week without having to bring in used syringes
- ☐ Get an unlimited amount of syringes without having to bring in used syringes

14. People (current or recent people who inject drugs) who could get a lot of new syringes and hand them out to friends or others who need them would be: (choose one) ☐ Very useful ☐ Somewhat useful ☐ Not really useful ☐ Not useful at all

Now I want to ask you about what services would be important to offer at syringe service programs.

15. On a scale from 1 to 10 where **1 is not important** at all and **10 is most important**, how important do you think it is that a syringe service program offers:

Service	Rating 1-10	Details
Sharps disposal at the site		
Sharps disposal containers for take away		How big?
Overdose prevention		
Fentanyl test strips		How many test strips needed per week? _____
Naloxone/Narcan (medicine for reversing an opioid overdose) and training on naloxone use		How many doses needed per week? ____
Someone to help you develop an overdose prevention plan		What type of individual would be most helpful?
Medical care		
Laboratory tests (HIV, Hep C, STDs)		
General medical care (treatment for HIV, etc.)		
Wound care		
Service	Rating 1-10	Details
Sexual health services (birth control, condoms/lubrication, medication to prevent pregnancy (i.e. Plan B), pregnancy test)		
Feminine hygiene products		
Mental Health and Substance Use Treatment		
Counseling or mental health		Type?
Medication assisted treatment to help stop opioid use		
Other substance use treatment services/support		What?
Supplies for Safer Use		
Bleach kits, works (cotton, cookers, etc.), plastic razors and straws, safe smoking supplies (mouth pieces, foil, glass pipes)		Which would you need the most?
Staff to educate you about safer practices		
Written materials on safe practices		
Services		
Help applying for medical care insurance, food stamps, etc.		
Staff to give referrals for services and help make appointments		
Transportation to services		
COVID-Related		
COVID vaccination, testing, personal protective equipment		
Basic Supplies		
Dental and denture hygiene, clothes, earplugs, sunblock, etc.		Please specify
Food and drinks		
Other	What?	

16. If you had to pick 3, **which of the services** that we just talked about are **the most important** to be sure to include?

-
-
-

17. What **type of supports** would you want from a syringe service program **to help you address any challenges with your substance use**? What behavioral health or recovery support would help you?

I have a few question how to make syringe service programs easier to use:

18. What are the days and times that would be important for syringe service programs to operate? _____

19. If you had to travel to get sterile syringes, supplies such as naloxone and fentanyl test strips, or wound care and safer use education, **what areas of the County or neighborhoods** are easiest for you to get to and why?

How many miles would you be willing to travel for these services/supplies? _____ miles

20. When you think of **types of places you would visit and feel safe accessing services**, what comes to mind? (probe: health and human services offices such as Rosecrans, transit locations, a specified room where services are offered, hotels, medical provider, hospital, etc.?)

21. What are some barriers to accessing syringe service, health services, or other substance use services?

- *If mentions stigma, probe:* How has stigma impacted your ability to access services?

22. Do you know where to access services that can support you in taking care of yourself? (medical care, fentanyl test strips, Naloxone to prevent an overdose, new syringes, safer use kits, counseling or medication to help reduce use, help obtaining housing/medical insurance/food stamps, etc.)? ☐Yes ☐No

Where would information need to be advertised to help you or others know?

23. If you used a **new needle each time**, how many would you need for an **average week** (including for mistakes/misses and accounting for number used per shot)? _____ needles

These last questions ask about other advice you have and include a few questions about you:

24. What are one or two things that would make it **more likely** you would visit a **new syringe service program**?

If you have friends who inject, what would make it more likely your **friends would visit** a syringe service program?

☐ Same and/or

25. When thinking about syringe service programs, what are **one or two things** that might prevent you from using them?

If you have friends who inject, **what would prevent them** from using a syringe service program? ☐ Same and/or

26. Do you have any other comments or information we need to know?

These questions about you will help us know that we got information from everyone we needed to get information from. You can skip any of these questions if you wish.

<p>What is your age? _____ years</p>	<p>What is your current gender identity?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Transmale / transman</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Transfemale / transwoman</p> <p><input type="checkbox"/> Non-Binary <input type="checkbox"/> Other _____</p>
<p>Are you of Hispanic or Latin(o/a/x) origin?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Have you lived in three or more locations during the past 6 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>What race or races do you consider yourself? (check all that apply)</p> <p><input type="checkbox"/> African American or Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other _____</p>	<p>If yes, what are some reasons you have relocated?</p> <p>On average, where do you sleep most nights? (choose one)</p> <p><input type="checkbox"/> Home/apartment/room I rent or own</p> <p><input type="checkbox"/> Home/apartment/room of a friend or family</p> <p><input type="checkbox"/> Hotel</p> <p><input type="checkbox"/> Transitional Housing</p> <p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Campground</p> <p><input type="checkbox"/> In a car or RV</p> <p><input type="checkbox"/> In an unoccupied building/office</p> <p><input type="checkbox"/> Outside (beach, canyon, underpass, etc.)</p>

If gathered from syringe program: Do you have a friend WHO DOES **NOT** USE this syringe service program that you could recommend for an interview? ☐ Yes ☐ No *If yes, interviewer please record information.*

We are done. Thank you very much for your help.

Key Informant Interview – Staff/Stakeholders

Version 1-4-22, County Contract #565521 (order changed and new intro wording)

A. The Institute for Public Health at San Diego State University, along with the County of San Diego, would like to learn your opinions about addressing some issues related to the opioid overdose crisis in your community. *Cite info from their area as needed from PowerPoint slides.* We would like to ask you some questions about harm reduction and syringe programs to help guide the County of San Diego efforts in providing services that are acceptable in the community. **Whether you oppose or support of these programs - we really want to hear about your opinions and experiences.** There are no wrong answers!

B. The Institute for Public Health at San Diego State University is exploring community views on programs for people who use drugs as one part of a response to the opioid overdose crisis. **We are seeking your opinions so any information is useful; whether you oppose or support of these program – we want to hear from you to** help guide the County of San Diego People who inject drugs in providing services that are acceptable. There are no wrong answers!

All: Our conversation will last 30-45 minutes but you may end the interview at any time, and you do not need to answer all of the questions. Your identity will remain confidential unless you direct us otherwise. Are you willing to start this interview now?

☐ Yes ☐ No → When re-scheduled: _____ **Name of Participant:** _____

↓
Date: ____/____/____ **Start Time:** _____ am/pm **End time:** _____ am/pm **Interviewer:** _____

Name of group/employer/organization/agency: _____

Type of organization/agency/group representing: (check all that apply)

<input type="checkbox"/> AIDS-serving organization	<input type="checkbox"/> Elected official / political	<input type="checkbox"/> Prosecutors/public defenders	<input type="checkbox"/> Local business
<input type="checkbox"/> FQHC/safety-net healthcare	<input type="checkbox"/> Coalition/advisory	<input type="checkbox"/> Police	<input type="checkbox"/> Faith-based organization
<input type="checkbox"/> Other medical	<input type="checkbox"/> Government agency		<input type="checkbox"/> School or day care program
<input type="checkbox"/> Methadone/substance use treatment program	<input type="checkbox"/> Health department staff	<input type="checkbox"/> people who inject drugs-serving	<input type="checkbox"/> Local board, neighborhood group, tenant/ block association
	<input type="checkbox"/> Jail discharge planners	<input type="checkbox"/> Homeless services	
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> City workers – sanitation, fire, parks/rec	<input type="checkbox"/> Social services	<input type="checkbox"/> Other:

Instructions: Read the following to the stakeholder; for people who inject drugs say ‘people who inject drugs’ or a ‘person who injects drugs.’ For public meetings or groups, select questions may be administered in a focus group or group response format, or the attendees may elect to complete the questions anonymously online.

1. What is your role at this employer/agency/organization/group? _____

2. What city/area do you work in? _____ What city/area do you live in? _____

3. In your professional or personal life, have you...

Question	Response	
Had a friend or family member who injects/ injected drugs (or a personal history)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interacted with people who inject drugs or seen people injecting in public	<input type="checkbox"/> Yes <input type="checkbox"/> No	In what way? Did it bother you?
Provided services or help to people who inject drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

4. Have you heard the term “harm reduction”? ☐ Yes ☐ No

If yes, what does it mean to you? _____

Depending on answer, read or summarize: **Harm reduction** methods aim to reduce the negative consequences associated with drug use (such as risk of infectious diseases or overdose) without requiring a change in drug use. Personal changes are self-directed, often in alliance with mental health or health care providers, and can include using new syringes, seeking substance use disorder treatment, obtaining medical care, and finding behavioral health services among others. Harm reduction strategies can include decriminalization of various aspects of drug use, expanding substance use disorder treatment programs, offering places to safely inject, providing medication for opioid use disorder treatment, distributing medications to prevent overdoses, offering syringe service programs, and more.

5. How much do you agree or disagree with the harm reduction philosophy?

☐Strongly Agree ☐Agree ☐Disagree ☐Strongly Disagree

a. Why do you agree or disagree with harm reduction?

Syringe Service Programs

For this part of the interview, we will ask your opinions related to the community of _____ (interviewer fill in), which we will refer to as 'your community.' We will also refer to your employer/agency/organization or group as your employer/organization.

I also want to make sure you understand the following terms before we continue:

syringe service programs are free community-based programs that can provide a range of services including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing and linkage to care and treatment for infectious diseases.

There are different models for syringe service programs such as: 1) Fixed site where services are offered at a certain location during certain hours – this could be a stand-alone program, or at another place of business such as a hospital, clinic or another agency, 2) mobile-street based through the use of a vehicle which delivers syringes and services at certain places at certain times, 3) mobile services delivered directly to homes, 4) secondary delivery where people who use / have used drugs obtain syringes and deliver them to others, 5) offering syringes and services along with other types of service, 6) through a pharmacy, 7) from health vending machines, or a combination of any of these methods.

Note - funds for syringe service programs will not take away funds from important prevention or treatment services

6. Do you support or oppose syringe service programs in your community?

☐Strongly Support ☐Somewhat Support ☐Somewhat Oppose ☐Strongly Oppose

a. Why do you support or oppose syringe service programs?

7. Does your employer/organization (or 'your community' for elected officials) support or oppose syringe service programs in your community?

☐Strongly Support ☐Somewhat Support ☐Somewhat Oppose ☐Strongly Oppose ☐Don't know

a. Why does your employer support or oppose syringe service programs?

8. Do you think your employer/organization ('community' for elected officials) be more or less accepting of the following types of syringe service programs?

Type	Level of Acceptability				OPTIONAL (ask at end if time, to record any comment they say when asking for rating, and/or if appropriate on a case-by-case basis) Why or why not? What would increase acceptability?
	Totally Acceptable	Slightly Acceptable	Slightly Unacceptable	Totally Unacceptable	
a. Mobile from a car/van delivered to homes or meeting places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not?</i>
b. Mobile from a car/van/medical unit that parks at certain locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not? Where would it park? What would increase acceptability?</i>
c. Inside a building (i.e. a room or office used solely for syringe service program activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not? Which building or type of building? What would increase acceptability?</i>
d. Added to services at existing agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which agencies/programs? <i>Why or why not?</i>
e. From a kiosk (hut or cubical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not? Where would they be placed? What would increase acceptability?</i> <i>Would you want the kiosk to be staffed? <input type="checkbox"/>Yes <input type="checkbox"/>No</i> <i>Where could kiosks that accept used syringes be placed? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>
f. Through health vending machines placed inside certain businesses (would contain other health products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not? Where/at what agencies would health vending machines be located? What products? What about only other medications/health supplies but not syringes?</i>
g. Delivery by outreach workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not?</i>
h. At pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not? Which?</i>
i. Peers delivering syringes to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not?</i>
j. At a drop-in space for people who use and need services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Why or why not? Where would be a good location? What would increase acceptability?</i>
k. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Describe:</i>

Naloxone or Narcan is a medication that can reverse an opioid overdose. This is a non-addictive drug can be administered through a nasal spray or a prefilled syringe.

Would your employer/organization support or oppose the distribution of Naloxone in either a spray or injectable form?

Naloxone Distribution	Strongly Support	Somewhat Support	Somewhat Oppose	Strongly Oppose
Naloxone spray distribution (overdose reversal drug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naloxone injectable distribution (overdose reversal drug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fentanyl test strips are strips that can test a substance for the presence of fentanyl, a powerful opioid that can be mixed with other drugs with or without the users knowledge. Fentanyl is a large contributor to the increasing overdose deaths in the United States (source: CDC).

Would your employer/organization support or oppose the distribution of Fentanyl test strips?

Fentanyl Test Strips	Strongly Support	Somewhat Support	Somewhat Oppose	Strongly Oppose
Fentanyl tests strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What are the best places to distribute Naloxone and Fentanyl test strips in your community: _____

If undecided or opposed to syringe service program:

10. What, if anything, would increase your employer's/organization's support for syringe service programs in your community?

11. Would you like to remain anonymous, or would can we add your name or organization to a list for the health department of people who are opposed or supportive of syringe service in your community?

☐Yes – list name and organization ☐Yes - add organization only ☐No – Remain Anonymous

12. Can you think of anyone else we should talk to about this? If yes, who?

Thank you very much for your time and opinions. Do you have anything else you would like to share?

We are done thank you very much for your help.

If supportive of syringe service program and interested continue. *Inquire about scheduling another meeting if needed and interested*

13. In your community, what kind of opposition do you think the County of San Diego will encounter when establishing a syringe service program?

a. Do you have ideas about how to gain support for to syringe service programs? Any ideas to increase buy-in from the community, public, elected officials or organizations?

14. Besides opposition to syringe service programs, what other types of problems might the County encounter when establishing a syringe service program?

15. Who do you think supports or would support syringe service programs in your community? (community members, organizations, politicians, media, churches, schools, police, etc.)

16. Who do you think opposes or would oppose syringe service programs in your community? (community members, organizations, politicians, media, churches, schools, police, etc.)

17. What do you think the next steps would be to establish a syringe service program in your community?

- a. What types of programs need to be developed
- b. Where should they be located
- c. What organizations/agencies might be interested in serving a syringe service program location?
- d. What organizations/agencies might be interested in adding syringe service program services to their existing services?
- e. How can syringe service programs be encouraged?
- f. If you were tasked with integrating low barrier syringe service how would you do it?
- g. What staff would need to be trained; what skill gaps exist?
- h. Other steps?

18. Do you have any other thoughts about how to establish a successful syringe service program in your community?

19. Would you like to remain anonymous, or would can we add your name or organization to a list for the health department of people who are opposed or supportive of syringe service in your community?

☐ Yes – list name and organization ☐ Yes - add organization only ☐ No – Remain Anonymous

20. Can you think of anyone else we should talk to about this? If yes, who?

21. Thank you very much for your time and opinions. Do you have anything else you would like to share?

We are done thank you very much for your help.

Optional:

Would your employer/organization support or oppose any of the following?

Service	Strongly Support	Somewhat Support	Somewhat Oppose	Strongly Oppose
A drop-in space where people who inject drugs could receive services Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe injection site (place where people can inject, be monitored for overdose, and receive other services) Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps disposal containers in certain locations Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing safer injection equipment (clean cotton, cookers, bleach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free new syringes distributed at pharmacies or another location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education for the public about substance use disorders and harm reduction methods such as syringe service programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education for people who use drugs about reducing their health risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education in schools about substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printed materials related to services and harm reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there current conversations about syringe service program in the community?

Is there a local physician who champions access to MAT?

Are there local pharmacies offering naloxone or syringes?

Are there clinics focusing services to people who inject drugs?

Where can people who inject drugs be located in your community?

Are there homeless(ness) camps or congregation locations?

Are there community-based organizations, clinics, or churches willing to host syringe service programs?

Are there CBOs, churches, universities, or other groups that might provide volunteers?

What community partners are providing services needed by people who inject drugs?

Is there a naloxone distribution program?

Public Intercept Survey – Syringe Service Program Readiness Assessment

Version: 11-10-21 Contract #565521

The Institute for Public Health at San Diego State University and Family Health Centers of San Diego are exploring community views, both positive and negative, related to programs that support people who inject drugs.

This survey will only take a few minutes of your time and you will receive \$10 for your participation. **We welcome your honest opinions; any information is useful!** *There are no right or wrong answers, and your response are anonymous.*

Official Use Only: Date: ____/____/____ Start Time: _____ am/pm Interviewer: _____ or ☐ Self-Administered

Address of interview: _____ Zip code: _____ Location Name: _____

1. Have you **heard of** Syringe Service Programs? (older names may include the term *syringe exchange*)

☐ Yes ☐ No ☐ Don't Know

If yes, how **opposed, or supportive** are you to having a syringe service program?

☐ Strongly Opposed ☐ Slightly Opposed ☐ Somewhat Supportive ☐ Strongly Supportive ☐ Don't Know

Please read the following:

syringe service programs are free community-based programs that can provide a range of services to people who use or inject substances including:

- Enrollment in substance use disorder treatment programs,
- Access to sterile syringes,
- Disposal of used syringes,
- Vaccination,
- Testing for infectious diseases like HIV and hepatitis,
- Medical services or referrals to medical services, and
- Referrals to other social services programs, etc.

syringe service programs can be located at a medical office or another agency, in a van or medical unit parked in certain locations during certain days/times, in a building, mobile from a person's car, at automated vending machines, in a pharmacy, or delivered to people.

2. **Do you know** if there are Syringe Service Programs near where you...

Live? ☐ Yes ☐ No ☐ Don't Know **What area is this?** _____ Zip code: _____

Work? ☐ Yes ☐ No ☐ Don't Know **What area is this?** _____ Zip code: _____

Spend time? ☐ Yes ☐ No ☐ Don't Know **What area is this?** _____ Zip code: _____

3. In your opinion, what, if any, are the **DISADVANTAGES** of having a syringe service program near where you live, work, or spend time? Please provide specifics related to the different areas.

4. In your opinion, what, if any, are the **ADVANTAGES** of having a syringe service program near where you live, work, or spend time? Please provide specifics related to the different areas.

PLEASE CONTINUE ON THE BACK



5. How much would you support or oppose having the following types of syringe service programs **in this community or city** (where this interview being conducted)?

Instructions: Check level of support or opposition for each row (a-k)		Level of Support (check one for each row)				
		Strongly Oppose	Somewhat Oppose	Somewhat Support	Strongly Support	Don't Know
Mobile (car, van, mobile medical unit, etc.)	That delivers to homes/sleeping places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	That meets people at certain public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	That parks at specific locations on regular days/times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail	Online or through the mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building / Permanent Structure	Located at a specific building for syringe service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Specific building where people who use and need services can spend time and receive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a building where people may inject and be monitored for overdose (supervised injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	At an agency that provides health or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiosk	From a kiosk (hut or cubical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Vending Machine	Through health vending machines placed inside certain businesses (machines would contain other health products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	At pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Where do you think a good place would be to have a Syringe Services Program?

What type would you recommend at that site? _____

7. Would you support or not support the following types of syringe service programs **near where you.....?**

	Work		Live		Spend Time	
	Yes Support	Do NOT Support	Yes Support	Do NOT Support	Yes Support	Do NOT Support
a) Mobile that delivers to or meets people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mobile that parks at specific locations on regular days/times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Online or through the mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) In a building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) At an agency that provides health or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) From a kiosk (hut or cubical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Through health vending machines placed inside certain businesses (machines would contain other health products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have any other comments or thoughts you would like to share?

Thank you for your time!

Key Informant Interview – Syringe Service Program Staff

Version: 11-10-21 Contract #565521

The Institute for Public Health at San Diego State University and Family Health Centers of San Diego are best practices for Syringe Services Programs. We will discuss best practices on syringe service program implementation, community and public official buy-in, program processes and evaluation.

Our conversation will last 30-60 minutes. You may provide lengthy or short responses to the questions and pause the interview at any time. It is also OK to skip a question or say you do not know. **We are seeking your opinions and knowledge so any information is useful.**

Are you willing to start this interview now?

☐ Yes ☐ No → When re-scheduled: _____



Date: ____/____/____ Start Time: _____ am/pm End time: _____ am/pm Interviewer: _____

Name of Interviewee: _____ Interviewee's Position at syringe service program: _____

Name of syringe service program: _____ City of syringe service program: _____

Let's begin with a few questions about the syringe service program operations.

1. Location of syringe service program

☐ Mobile (car, van, etc.) delivered to homes/sleeping places

What regions do you deliver to? _____

☐ Mobile (car, van, etc.) that meets people at certain places

Where do you meet? _____

☐ Mobile (car, van, etc.) that parks at specific locations on certain days/times

Where do you meet? _____

☐ In a building Where is the building? _____

☐ Other _____

Are you **affiliated** with a larger agency or organization? ☐ Yes ☐ No

If Yes, please list organization: _____

2. Timing of syringe service program

What **days and times** do you operate? _____

3. Staffing

How many staff members are **on the team**? _____

How many staff members are **present during operation**? _____

Do you **need more staff**? ☐ Yes ☐ No

If Yes, Please explain:

4. **Participants**

How many **participants** do you serve each week on average? _____

How many **new participants** do you enroll each week on average? _____

Approximately what percentage of your participants are experiencing homelessness? _____%

5. **Operations**

Do participants need to exchange syringes in order to receive syringes? ☐Yes ☐No ☐Sometimes

If yes or sometimes, please explain:

How **many syringes** are participants able to receive at once? _____ syringes

How long does it take for a **new participant** to enroll? _____ minutes

How long are your **average interactions** with returning participants? _____ minutes

Do you provide Naloxone? ☐Yes ☐No

What **other supplies** do you provide?

- ☐ Sharps containers
- ☐ Bleach Kits
- ☐ Fentanyl test strips
- ☐ Works (cottons, cookers, etc.)
- ☐ Personal Care Supplies (soap, hand sanitizer, etc.)
- ☐ Sexual Health Supplies (condoms, lubrication, etc.)
- ☐ Other: _____

What **other services** do you provide?

- ☐ Sharp disposal
- ☐ Overdose Prevention Planning
- ☐ Laboratory tests (HIV, HCV, STDs)
- ☐ Wound Care
- ☐ Sexual Health Services
- ☐ Other: _____

In a typical visit, how many **referrals** do you provide? _____

Do you have enough time to meet all of your participants needs? ☐Yes ☐No ☐Sometimes

If no or sometimes, please explain:

Are you able to serve all of the participants that are present? ☐Yes ☐No ☐Sometimes

If no or sometimes, please explain:

What services do you wish you could perform better?

6. Funding

Where does your funding come from?

Now I will ask you some questions about community dynamics and support/opposition to the syringe service program when the program was first established:

1. What **year** did you program first begin operating? _____

2. What did your program need to do in order to be **approved to operate initially**?

3. When your program was first established, what groups or people **opposed** the syringe service program?

4. What happened to **address their concerns**?

5. Did any of these groups or people **become more supportive** over time? ☐Yes ☐No

Please explain:

6. When your program was first established, what groups or people **supported** the syringe service program?

What steps did your program take to **activate this support**?

7. What groups **currently support** the syringe service program?

8. What groups **currently oppose** the syringe service program?

9. Is there anything else you'd like to add about **community dynamics** related to syringe service programs?

Now I will ask you some questions about updates that you think would improve the operations of the syringe service program:

1. What **processes or policies** has your syringe service program implemented that you think **work very well**?

2. What **processes or policies** do you think **need to be improved**?

3. Anything else you think would be **useful for a new syringe service program to know**?

Now I will ask you some questions about data tracking and evaluation related to the syringe service program:

1. How many **unique participants** do you serve each year? _____

2. How do you track these numbers?

3. What **information do you collect** about your participants? What **impact** does this information have on your services?

4. What **other measures** do you track? How do you use these metrics to evaluate **success**?

5. Are there **other measures** that you wish you could more easily track?

Final Questions:

Do you have any other comments or advice for starting a syringe service program or gaining community buy-in?

Do you have anyone else from the syringe service program team that could provide more information for us? If yes, who?

Do you have any operational documents or policies and procedures you are willing to share? If yes, please email them to *(give your email address)*.

Thank you very much for your time!

Appendix B: Review of Suggested Practices

Introduction

Family Health Centers of San Diego and Institute for Public Health staff conducted a literature review of current best-practices related to syringe service programs. The literature review did not include a search for effectiveness of syringe service programs as this has already been widely studied.

Key Recommendations

- *Needs-based syringe distribution*
- *Low threshold and diverse methods/locations/delivery model, no one-size-fits-all*
- *Opportunities for peer involvement, including secondary/peer exchange*

Findings

Distribution Policy

The California Department of Public Health defines needs-based distribution as providing “an unlimited number of syringes based on how many PWID [people who inject drugs] request.” This differs from other methods that require an exchange of used syringes or limit the number distributed in other ways (CDPH, 2017). The Center for Disease Control and Prevention, California Department of Public Health, and the National Harm Reduction Coalition all recommend needs-based distribution policy for Syringe Service Programs (syringe service programs) (Javed et al., 2020; CDPH, 2017; Winkelstein, 2010).

In their July 2017 Issue Brief, the California Department of Public Health reported the following summary of their research:

“In summary, the U.S. Public Health Service and CDPH/OA [California Department of Public Health / Office of AIDS] recommend that PWID [People who Inject Drugs] use a new, sterile syringe for each injection in order to prevent disease transmission and other harms associated with injection drug use. Scientific studies of different syringe exchange models have consistently found that needs-based syringe distribution is most likely to achieve that objective. Research has not found needs-based syringe distribution to be associated with increases in unsafe syringe disposal. Restricted syringe access models, in contrast, result in lower coverage and increase syringe re-use and sharing and do not increase safe syringe disposal” (CDPH, 2017).

In addition, to the public health benefits, the National Harm Reduction Coalition notes that more restrictive models of exchange negatively impact the relationship between syringe service program providers and their participants (Winkelstein, 2010).

Syringe service programs with more restrictive distribution policies have fewer clients with adequate syringe coverage (Bluthenthal, Ridgeway, et al., 2007). Lower levels of syringe coverage are associated with more syringe sharing and “exceeding 100% coverage may be required to maximize the public health impact of syringe access.” Increasing syringe coverage in the community may “be able to lower injection-related risk.” Other strategies include encouraging “more frequent visits, increasing hours and locations, and providing more syringes per visit” (Bluthenthal, Anderson, et al., 2007).

In a study including 531 people from the priority population from 23 California syringe service programs, Kral et al. found that when compared to participants at both one-for-one and one-for-one-plus programs, participants from needs-based programs were “less likely to reuse syringes.” There was no difference reported in the syringe sharing behaviors between participants at programs with one-for-one and one-for-one-plus policies. As Kral et al. notes, because one-for-one-plus programs may only provide an extra 5-10 syringes on average, this small amount of additional injection materials may not greatly impact the participant’s behavior (Kral et al., 2004).

Sherman et al. explored the impact of a more restrictive distribution policy at the Baltimore syringe service program when the program adjusted their policy due to budget changes. During the more restrictive period, the amount of syringes distributed and collected was about half of that during the less restrictive policy period. In addition, the number of participants enrolled, and the frequency of a participant’s visits were lower during the restrictive period. Sherman et al. notes that “these results could indicate an increase in the circulation time of unsafe syringes among the population of injection drug users during the restrictive policy period” and that people from the priority population were likely finding syringes from non-syringe service program sources during the restrictive period, “which has been found to be associated with distributive syringe sharing” (Sherman et al., 2015).

Disposal

Syringe service programs provide a valuable mechanism to collect used syringes and are not associated with an increase in improperly disposed syringes (Tookes et al., 2012). Furthermore, there is no association between greater syringe coverage and more improperly disposed syringes (Bluthenthal, Anderson, et al., 2007). In a two-site study, Tookes et al. compared the syringe disposal patterns of the priority population in a city with a syringe service program (San Francisco) and a city without (Miami). The team found “eight times the number of syringes on walkthroughs in Miami as compared to San Francisco.” In addition, compared to the priority population in San Francisco, people in Miami are “much more likely to dispose of syringes in public places.” When the priority population is without a disposal service, like in Miami, they are

more likely to dispose of syringes in public spaces or trash, which “accounted for 83.8% of disposed syringes in the quantitative survey” (Tookes et al., 2012).

Similarly, Levine et al. explored how disposal patterns changed with the implementation of a syringe service program in Miami. After the syringe service program was established, the number of syringes publicly discarded in Miami was half of that found before. These findings were further supported by results of surveys conducted in both 2009 and 2018 where the priority population reported that they were more likely to safely dispose of syringes in 2018 than in 2009. In their 2018 survey, 38.6% of participants reported that they had accessed a syringe service program and “57% of syringes disposed by all respondents in the prior 30 days were disposed at the SSP [syringe service program],” indicating that syringe service programs provided disposal services for more people than just those who received syringes (Levine et al., 2019).

In addition to providing disposal during the syringe service program operation, syringe “kiosks” and containers similar to mail collection boxes offer another way to encourage safe disposal in a community. These tools are most useful when placed in areas that are easily accessible to the priority population. To address community concerns related to syringe litter, syringe service programs may conduct neighborhood sweeps to clean up syringes. Some syringe service programs choose to create a hotline for the community to report publicly disposed syringes (Winkelstein, 2010).

Models and Methods

Fixed Site

The fixed site model describes a syringe service program located at a storefront or office type setting and is a great fit for priority population that is centrally located. This model allows opportunities for convenient linkage to other relevant services, such as case management, healthcare services, HIV/hepatitis C testing, and support groups. In some cases, the syringe service program may be fixed in association with a hospital or medical clinic, which may allow streamlined care for these additional services and build relationships between the priority population community and healthcare professions (Winkelstein, 2010).

Fixed sites can be located in a variety of venues, including as independent centers, or attached to other clinical and social services. Positioning a syringe service program with other healthcare services easily facilitates referrals to medical providers. In one study, Masson et al. randomized 166 participants to either a community or hospital-based syringe service program. While both groups experienced reductions in more harmful substance use practices, participants who were randomized to the hospital-based syringe service program “used more ambulatory care services suggesting that the setting increased accessibility to needed outpatient services” (Masson et al., 2007).

In a Miami study comparing the characteristics of participants at a fixed site and mobile unit syringe service program, Iyengar et al. found that the people utilizing the fixed site were higher socioeconomic status and more likely to hear about the services online, suggesting greater access to the internet. People at the fixed site were also more likely to have used prescription opioids before injecting (Iyengar et al., 2019).

Fixed Sites	
Strengths	Limitations
<ul style="list-style-type: none"> • Ability to expand to additional relevant service areas • Opportunity to provide comfortable space to build trust with participants • Protection from weather • Convenient for program with easy opportunities for storage • Depending on location, may allow easy access to healthcare professionals and medical services 	<ul style="list-style-type: none"> • Participants need to travel to site • Operation hours may be limited • More challenging to adapt to changes in the community and neighborhood

Table adapted from similar charts provided by National Harm Reduction Coalition (Winkelstein, 2010) and CDC (Javed et al., 2020).

Mobile

Mobile or street-based models can be provided by foot, bicycle, or vehicle (vans, buses, RVs, etc.), making stops at different locations and times. This model is especially well suited to communities that are geographically spread out and where public transportation may be limited for participants. With a mobile or home delivery syringe service program, syringes and other supplies are delivered directly to the participant's home or where they live. Deliveries may be made on a scheduled basis or via appointment (Winkelstein, 2010). The strengths/limitations charts for mobile services have been divided into two charts to reflect these two different mobile approaches.

Mobile services may provide an opportunity to engage otherwise difficult to reach individuals. In a Miami study comparing the characteristics of participants at a fixed site syringe service program and mobile syringe service program, Iyengar et al. found that people using the mobile unit were in "higher risk and harder to reach groups," including "more women, more African Americans, higher self-reported baseline HCV [hepatitis C] seropositivity, lower socioeconomic status, more homelessness, more public injection, and less use of alcohol swabs" (Iyengar et al., 2019). In their Baltimore study, Riley et al. compared participants accessing services at a van-based mobile site and a pharmacy-based program and found that the participants in the mobile model were more likely to inject more frequently and use syringes that someone else had used before them (Riley et al., 2000). In a Canadian study, comparing fixed site, pharmacy-based, and mobile models, Miller et al. observed that participants of the mobile syringe service program were more likely to be younger, women, engage in sex work, and have fewer years of

injection experience (Miller et al., 2002). These combined results indicate that mobile programs may provide an opportunity to reach member of the priority population engaging in higher risk behaviors.

Mobile: Street-Based	
Strengths	Limitations
<ul style="list-style-type: none"> • Flexibility to adapt to changes in the community and neighborhood • Brings services to areas where potential participants already go • Informal atmosphere creates low threshold 	<ul style="list-style-type: none"> • More challenging to deliver additional relevant services • Weather changes may impact ability to provide services and participant's ability to travel to services
Mobile: Home Delivery	
Strengths	Limitations
<ul style="list-style-type: none"> • Convenient for participants with no travel required • Opportunities to build connections and have interactions with family and support network 	<ul style="list-style-type: none"> • Participant needs to be home to receive syringes • Potentially time consuming for program to operate

Table adapted from similar charts provided by Harm Reduction Coalition (Winkelstein, 2010) and CDC (Javed et al., 2020).

Vending Machines

Vending machines offer a unique model to provide syringes and other harm reduction and safe disposal supplies. In their review of journal articles about syringe vending machines, Islam et al. described that “all 14 studies included in this review found SVMs [syringe vending machines] increased IDU’s [injection drug users] access to sterile injecting equipment.” In addition, areas with syringe vending machines did not see an increase in the number of discarded syringes (Islam et al., 2008). By offering services outside of typical business hours, syringe vending machines lower the threshold for participation, especially for participants who are not able or likely to save sterile equipment to use when programs that provide equipment are closed (Islam et al., 2008; Islam & Conigrave, 2007a, 2007b). Syringe vending machines offer a convenient model to distribute syringes across a region and decrease the distance from potential participants and these services (Islam et al., 2008; Islam & Conigrave, 2007a). This is important because the priority population who live closer to a syringe service program are less likely to share syringes (Islam & Conigrave, 2007a).

Some providers worry that the use of syringe vending machines will limit a syringe service program’s ability to provide health education and to connect participants to additional services (Islam et al., 2008; Islam & Conigrave, 2007a). Some people find syringe vending machines appealing because of their discretion and lack of in-person contact. Stigma is a barrier for some people to access syringe service programs and syringe vending machines help meet a niche of people who are less interested in accessing services with in-person engagement and looking for

more privacy (Islam et al., 2008; Islam & Conigrave, 2007a). Syringe vending machine participants are typically younger, have less injection experience, and have limited contact with substance use treatment services and other related agencies. Because many of these participants are uninterested in syringe service program models with in-person contact, the alternative to a syringe vending machine may not be a staffed service, but no service at all. In addition, many people who use syringe vending machines also access other syringe service program services. In cases where SVMs are located close to staffed syringe service programs, clients began using the staffed services (Islam et al., 2008).

Vending Machines	
Strengths	Limitations
<ul style="list-style-type: none"> • 24-hour availability • Opportunity for convenient placement • Appeals to individuals less interested in in-person contact • Limited staffing required 	<ul style="list-style-type: none"> • No face-to-face harm reduction services offered • Difficult to maintain anonymity when in a public space

Table adapted from similar charts provided by Ontario Needle Exchange Programs (Strike et al., 2008).

Pharmacy

In some cases, agencies collaborate with pharmacies to sell syringes or provide vouchers that may be redeemed for free syringes. When syringes can be sold without a prescription, this mechanism provides access to participants without other syringe service program options or with great difficulty traveling to their nearest syringe service program. The affiliated syringe service program may offer the pharmacy additional equipment and dispose of their collected syringes (Winkelstein, 2010). In their Canadian study comparing participants across fixed site, mobile, and pharmacy-based syringe service programs, Miller et al. found that participants of pharmacies accessed syringes less frequently, were more employed, and less likely to have been recently incarcerated or engage in sex work (Miller et al., 2002).

Level of comfort accessing a pharmacy may vary across members of the priority population, especially in cases where the individual has previously felt stigmatized in the environment. In an Arizona study, Meyerson et al. interviewed 37 members of the priority population and reported their experiences attempting to purchase syringes at Arizona pharmacies in the last 2 years, with all participants reporting “being refused at least once.” When detailing these experiences, their stories featured themes “of stigma and judgement from pharmacy staff, feelings of internalized stigma, inconsistent sale outcomes at the same pharmacy or pharmacy chain, pharmacies as last resort for sterile syringes, fear of arrest for syringe possession, and health risks resulting from syringe refusal.” Participants reported that these factors contributed to less safe substance use behaviors. In cases where they were refused service, participants described resorting to syringe sharing (Meyerson et al., 2019). These findings highlight the importance of providing education and guidance to pharmacy staff. More information about successful coordinated approaches with pharmacies is included in the Community Involvement section.

Pharmacy	
Strengths	Limitations
<ul style="list-style-type: none"> • May have more accessible hours and locations • Site with other products and services 	<ul style="list-style-type: none"> • Pharmacy staff may hold pre-existing bias toward the priority population • Depending on nature of collaboration, disposal services and other harm reduction tools may be unavailable

Table adapted from similar charts provided by Harm Reduction Coalition (Winkelstein, 2010) and Ontario Needle Exchange Programs (Strike et al., 2008).

Other Novel Approaches

Mail Service

Another novel method of delivering injection supplies is via mail. Mail allows convenient ordering and delivery and is already used by other health services and products. These methods are discreet, which grants program participants privacy as they receive services. In 2017, *NEXT Harm Reduction* became the first mail-delivered harm reduction service, sending “free sterile injection equipment, naloxone, and harm reduction education” to people who use substance(s) (Hayes et al., 2021). From November 2018 to December 2019, NEXT fulfilled 3609 naloxone orders and 353 participants reported that they used naloxone to respond to an overdose, with 95% of them successfully reviving the individual (Yang et al., 2021).

Mobile Applications

Mobile applications are another unique platform to expand harm reduction services. In a 2021 study with syringe service program participants, Shelby et al. found that the majority of participants were interested in an application that would help with “scheduling services, setting medication reminders, accessing educational materials related to health and safe injection practices, and accessing group communication and support forums.” While participants experiencing homelessness and housing instability were less likely to use a smart phone, the majority of participants used smartphones and would be willing to provide personal information (name, email, phone number) in order to access this type of application (Shelby et al., 2021).

Benefits of Multi-Modal Approach

When financially sustainable, a multi-model approach is likely to increase participation among a diverse group from the priority population and lead to a more effective program (Strike et al., 2008; Winkelstein, 2010). A combination of models meets people “where they’re at” and provides flexibility for the program to funnel resources in multiple ways. Just as each member from the priority population is unique in their needs and concerns, a syringe service program is not a one-size-fits all service. Different types of models will appeal to different members of the community (Winkelstein, 2010). In the Miami study, Iyengar et al. compared the characteristics of participants at a fixed site and mobile unit syringe service program and found that both

models were reaching parts of the community that the other one was missing, “suggesting that different modalities of syringe exchange programs attract PWID [people who inject drugs] with differing characteristics” (Iyengar et al., 2019).

Secondary Exchange

Secondary exchange is a practice where syringe service program participants facilitate syringe distribution and disposal for not only their own personal use, but also for other members of their networks. Instead of happening at a designated syringe service program, the distribution of injection supplies happens between the secondary exchange provider, who accesses the syringe service program themselves, and the secondary exchange recipient, who is unable or unwilling to access these services (Javed et al., 2020). One of the most valuable aspects to secondary exchange is the opportunity this model provides to reach these underserved groups and expand services beyond the official locations and hours of operation (Anderson et al., 2003; Murphy et al., 2004; Valente et al., 1998).

Secondary exchange providers increase the volume of syringes distributed and allow syringe service programs to reach more community members. In a 1998 study, secondary exchange providers comprised less than 10% of the Baltimore syringe service program’s participants but made up over 64% of the syringes that were distributed by the program (Valente et al., 1998). In a 2003 California study, Snead et al. interviewed 47 people from the priority population, including secondary exchange providers and recipients. The secondary exchange providers reported that they supplied syringes to members of their already established social networks more than to strangers. Most secondary exchange providers supplied injection materials to 2-10 other people from the priority population, with some supplying up to 40 people from the priority population. In addition to distributing syringes, most providers had a system of collecting used syringes, either in designated safe disposal containers or in bundles that they would bring to the syringe service program (Snead et al., 2003).

Recipients of secondary exchange may receive many of the benefits of attending a syringe service program when they are unable to do so themselves. In a 2004 San Francisco study, Murphy et al. surveyed 244 people from the priority population, including secondary exchange providers, secondary exchange recipients, and non-exchangers. The most commonly mentioned obstacle to access a syringe service program was “fear of public exposure,” specifically “fear of identification by the police, coworkers, and, for [people who inject drugs] who lived near exchange sites, by their [people who injects] children.” Secondary exchange recipients were more similar to the secondary exchange providers with regard to behaviors than they were to the non-exchangers. For secondary exchange providers and recipients, rates of sharing syringes and supplies were lower and rates of cleaning the injection site were higher than those of nonexchangers, suggesting that secondary exchange recipients were benefitting from the spread of harm reduction health education even without direct contact with the syringe service program (Murphy et al., 2004).

Secondary exchange offers a range of benefits to the community, which would be enhanced by offering additional support and training to syringe service program participants interested in providing this important community service (Murphy et al., 2004). Snead et al. found that many secondary exchange providers were not only interested in distributing syringes, but also discussing prevention of abscesses and diseases with those in their exchange network. Secondary exchange recipients report feeling very open to health education from their secondary exchange providers. Secondary exchange providers were enthusiastic about the idea of receiving peer educator training. They were interested in learning more about safer injection practices, HIV and hepatitis C, abscess care, preventing overdose, sexual health, and other community resources (Snead et al., 2003).

Community Involvement

In their guide about developing and managing syringe service programs, the National Harm Reduction Coalition recommends conducting a needs assessment to identify the specific needs priority population through directly talking with the priority population. Similarly, the CDC urges syringe service programs to “involve PWID [people who inject drugs] in all phases of program design, implementation, and service delivery.” In addition, the National Harm Reduction Coalition and the CDC recommend working with community stakeholders to understand concerns early in the development process in order to avoid possible obstacles and strengthen relationships with supportive entities (Javed et al., 2020; Winkelstein, 2010).

Several research projects have studied the dynamic in New York City as syringe service programs partnered with pharmacies to provide an additional outlet for participants to access services. This research highlights the importance of community involvement in how the program will be received by the community. In one study, Crawford et al. randomized pharmacies into different groups varying in their amount and type of training. The intervention group was provided individual and group training that included content about “harm reduction, drug dependence, HIV prevention, and other needed services in the surrounding community, and best approaches for recruiting and providing HIV risk reduction materials to IDU [injection drug using] syringe customers.” This training was held on a quarterly basis and included role playing. The primary control group only received training about recruiting syringe customers and the secondary control group did not receive any additional training. Both the intervention and primary control group showed increased levels of support for syringe service program among the pharmacy staff. These results suggest that required trainings are a useful piece of strengthening a coordinated approach among pharmacists (Crawford et al., 2013).

Possible interventions to strengthen community support for an expanded syringe service program to go beyond the pharmacy staff. In another New York study, Fuller et al. explored a comparison between two communities, one with an intervention to boost community participation and another without these activities. The intervention included activities for community members, pharmacists, and the priority population. Community members visited relevant service organizations and attended training programs, presentations, health fairs, and

meetings. Pharmacists were invited to training workshops and provided educational materials and syringe disposal equipment. Members of the priority population were educated about the new program and offered training about syringe disposal. Educational materials and posters were placed in the community at social hubs. These featured contact information for a 24-hour hotline, which offered information about the new program and information about “safe injection, syringe disposal, and legal matters to PWID [people who inject drugs] and pharmacists.” With the intervention, fewer residents were concerned about syringe litter increasing and more residents thought the program would have no impact on the amount of litter. The inclusion of the intervention may have helped create more positive views and fewer negative views toward the pharmacy-based syringe service program (Fuller et al., 2007).

Data collection

The CDC recommends that programs use data collection systems that help them better understand their services and the community; however, they urge syringe service program programs that “data collection should neither distract from the primary mission of syringe distribution for participants nor act as a barrier to PWID [people who inject drugs] participation” (Javed et al., 2020). Similarly, the National Harm Reduction Coalition encourages syringe service programs to create an easy, quick intake process and suggests collecting information such as first name or initials, race/ethnicity, gender, date of birth or birth year, zip code, substance of choice, injection frequency, years of injection use, and housing status. Syringe service programs are discouraged from requiring participants to provide any sort of identification because this may create an obstacle for potential participants concerned about privacy (Winkelstein, 2010).

Additional Supplies and Services

Harm Reduction Supplies

In order to provide a more comprehensive approach for disease prevention and safer injection practices, syringe service programs often distribute additional supplies. The table on the following page summarizes the specific recommendations made by the National Harm Reduction Coalition and the use of each item. For some injection equipment, like cookers/caps, cottons/filters, tourniquets/ties, and sterile water vials, distribution is especially important in order to encourage participants to have their own personal supply of new items to reduce the transmission of blood-borne infection and the chance of infection from bacteria (Winkelstein, 2010).

Recommendations for Supplies at syringe service programs

	Item	Why?
Essential	Cookers/caps	<ul style="list-style-type: none"> • Mix the substance solution • Allows participant to have new, individual supply
	Cottons/filters	<ul style="list-style-type: none"> • Filter impurities in the substance solution • Allows participant to have new, individual supply
	Tourniquets/ties	<ul style="list-style-type: none"> • Help identify veins • Allows participant to have new, individual supply
	Sterile water vials	<ul style="list-style-type: none"> • Dissolve and mix substance(s) • Allows participant to have new, individual supply
	Alcohol swabs	<ul style="list-style-type: none"> • Clean skin before and after injection
	Condoms/dental dams and lube	<ul style="list-style-type: none"> • Encourage safer sex • Reduces spread of HIV and other sexually transmitted infections
Recommended	Powdered citric or ascorbic acid	<ul style="list-style-type: none"> • Dissolves solid substance(s) • Provides safer alternative to other commonly used items (vinegar and lemon juice), which can cause infections and abscesses
	Gauze pads	<ul style="list-style-type: none"> • Reduces excess bleeding after injection
	Band-Aids	<ul style="list-style-type: none"> • Protect injection site
	Antibacterial ointment	<ul style="list-style-type: none"> • Prevent infections at injection site
	Twist ties	<ul style="list-style-type: none"> • Hold aluminum cookers during use
	Bleach kits	<ul style="list-style-type: none"> • Allow disinfecting of syringes when reuse is the only option
	Split-safe kits	<ul style="list-style-type: none"> • Reduce risk when substance(s) are prepared and shared among a group of people
	Fit packs	<ul style="list-style-type: none"> • Convenient case for syringes
	Baggies for packing supplies	<ul style="list-style-type: none"> • Keep equipment clean and protected
	Bags for carrying collection of items	<ul style="list-style-type: none"> • Keep belongings accessible and easily transported

Source: Table created by the assessment team from information in the *Guide to Developing and Managing Syringe Access Programs*, National Harm Reduction Coalition (Winkelstein, 2010).

Naloxone

Pairing a syringe service program with naloxone distribution and training is a best practice recommended by the National Harm Reduction Coalition and Centers for Disease Control and Prevention. (Javed et al., 2020; Winkelstein, 2010). Distribution of naloxone can be effectively paired with a brief in-person education or passive health educational tools. In a Californian study, Behar et al. provided 5-10 minutes of education about “how to recognize the signs and symptoms of an overdose, respond to an overdose, distinguish an opioid from a non-opioid overdose, and assemble and administer naloxone” to participants. Participants reported that they better understood when and how to use naloxone after the educational intervention (Behar et al., 2015).

In a related Canadian study, Banjo et al. provided participants overdose prevention and response education. Participants appreciated the posters and videos, explaining how to identify and respond to an overdose. This media was especially helpful for individuals with different literacy levels. Individual trainings were also useful to strengthen relationships between healthcare providers and participants. Participants appreciated the instructions included with overdose response kits that had reminders about best practices. In the Canadian study, the majority of those who used a kit did not call 911, expressing that they believed that the naloxone was sufficient and that they were concerned about involving law enforcement. To address these concerns, Banjo et al. recommended a coordinated effort with police about naloxone distribution programs (Banjo et al., 2014).

Safer Smoking Supplies

The distribution of safer smoking supplies alongside injection materials is an excellent way to meet a growing need, provide a harm reduction tool, and connect other groups within the priority population. In this San Francisco study with 395 people from the priority population, Kral et al. observed a trend from 2018 to 2020 where injecting heroin reduced, and smoking fentanyl increased. Their qualitative research illustrated that people were making this change due to both health and financial concerns. Smoking was appealing because it had become challenging to find veins for injection and there were fewer abscesses. In addition, smoking was less expensive (Kral et al., 2021).

Providing safer smoking supplies may help address harms associated with non-injection substance use. In a Canadian study, Prangnell et al. followed the distribution of pipes and their associated health problems as a program began to offer these supplies. When the program launched these services in the community, “rates of reporting health problems associated with crack smoking declined significantly.” Specifically, this association was noticed when pipes were obtained through health services. Participants may have been exposed to other educational opportunities and additional services when they accessed this program. These results suggest that distributing safer smoking supplies may be an effective harm reduction strategy (Prangnell et al., 2017).

The introduction of safer smoking supplies creates a harm reduction educational moment for programs to connect with the community and provide additional support. In a German study with 165 participants, Stöver and Schäffer tracked changes at a syringe service program as safer smoking kits were offered. Many of the participants were motivated to use the smoking foil kits to reduce the risk of overdose and give their veins a break. The foils were “pre-cut, uncoated, thicker, and thus more resistant to tearing.” People were interested in trying a new harm reduction tool and maintaining their health. Stöver and Schäffer recommend offering safer smoking tools alongside syringe services and creating promotional, educational events to introduce these new supplies to the community (Stöver & Schäffer, 2014). Similarly, in an English study, Pizzey and Hunt found that after foil packs were introduced, the number of participants who reported smoking when they would have previously injected greatly increased (46 to 85%). The introduction of this new tool was also associated with the enrollment of individuals who smoked, but did not inject, allowing the program to reach another population (Pizzey & Hunt, 2008).

Reproductive Health

Some people from the priority population are hesitant or unable to access healthcare services, including reproductive and sexual health services. Pairing these services with a syringe service program may help link participants to care (Cioffi & Seeley, 2021; Owens et al., 2020; Värmå Falk et al., 2020). In a Swedish study, syringe service program participants reported that they highly valued access to reproductive and sexual health services, some stating that without the syringe service program’s linkage they may not have accessed these services as easily (Värmå Falk et al., 2020).

Offering access to voluntary pregnancy tests is another example of providing tools to help people make decisions about their health. In their survey including women who access syringe service programs, Cioffi and Seeley found that “women reported that they would be likely to consider parenting and unlikely to consider making an adoption plan or termination of pregnancy.” When discussing a hypothetical pregnancy, women who were fertile showed more interest in behavioral treatment than medication-assisted treatment (Cioffi & Seeley, 2021). By offering access to these healthcare tools, people from the priority population are supported in making decisions that are best for them.

Many people from the priority population do not attend prenatal care for a variety of reasons and barriers, including stigma, difficulty finding a provider who will see them starting in the third trimester, and concerns about Child Protective Service reports. The belief that their substance use is harmful for the fetus may serve as a motivator or barrier to access care, depending on the individual. In order to increase prenatal care utilization, Roberts and Pies advise developing “(1) new messages about the effects of substance use during pregnancy that identify steps that pregnant women who have already used substance(s) can take to increase chances of having healthy babies; (2) clarified CPS reporting policies; (3) streamlined insurance

applications; and (4) easier access to providers who accept women in their third trimesters" (Roberts & Pies, 2011).

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Appendix C: Recommendations from Currently Operating Syringe Service Programs

Summarized Key Recommendations

These are some key suggestions and ideas from the interviews and guides reviewed.

Key Distribution Recommendations <ul style="list-style-type: none"> • Utilize needs-based distribution (providing syringes requested without limits or exchange requirements) • Use unusual requests (i.e., an exceptionally large number of syringes) as an opportunity to provide education and build relationships • Encourage secondary exchange 	Key Operating Recommendations <ul style="list-style-type: none"> • Consistently engage participants in shaping syringe service program and create opportunities to receive feedback for proposed changes (community advisory board, surveys, etc.) • Do everything in your power to not refuse services for a participant, involving mental health professionals when possible • Keep services accessible via public transportation • Offer varied and flexible hours to accommodate different schedules • Be consistent with policies for all participants • Develop crisis response plan for emergency situations (e.g., responding to overdose) at site • Offer multiple ways for volunteers to get involved • Value the lived experience of staff and volunteers
Key Supply Recommendations <ul style="list-style-type: none"> • Offer glassware and safer smoking supplies when possible • Include harm reduction best practices and instructions with supplies • Offer overdose prevention training with naloxone distribution 	
Key Community Engagement Recommendations <ul style="list-style-type: none"> • Invest in community relationships and engage neighbors to learn more about their concerns • Provide disposal services for residents who find improperly disposed syringes • Conduct neighborhood walk throughs to monitor and address syringe litter • Empathize with and show respect for opposing voices 	Key Referral Recommendations <ul style="list-style-type: none"> • Offer testing for HIV, hepatitis C, and sexually transmitted diseases • Develop linkage system with housing resources and services • Connect participants with case managers to meet additional needs
	Key Data Evaluation Recommendations <ul style="list-style-type: none"> • Use overdose reports to inform outreach planning • Keep data collecting minimal and very intentional to reduce burden on participants

Prevention Point Philadelphia provided additional information about their program:

1. <https://ppponline.org/about-us/history-prevention-point-philadelphia>
2. https://www.cnhinews.com/pennsylvania/article_323bbfbe-7308-11ec-9849-5b0032145656.html
Recommending FTS distributed through emergency departments, ambulance services, and community events; have data showing change in behavior when given FTS
3. <https://monocle.com/radio/shows/the-urbanist/536/>: Chapter 2 focuses on Prevention Point
4. <https://www.fox29.com/news/philadelphia-pilots-first-of-its-kind-free-narcan-machine>: Pilot Narcan vending in West Philly (not through syringe service program); statistics on librarians administering naloxone
5. <https://billypenn.com/2022/02/02/tranq-philadelphia-wound-care-opioid-crisis-health-department-hiring/>: Wound care services at city health dept + PPP (issues with “tranq”)
6. <https://www.ft.com/content/18ed424a-5689-42e1-bd84-436e37b2a4ea>
7. <https://nida.nih.gov/about-nida/noras-blog/2019/10/addressing-socioeconomic-complexities-addiction-lessons-kensington-neighborhood-in-philadelphia>
8. Narcan by mail in Philadelphia (not through syringe service program):
<https://nextdistro.org/phillytypechoice>
9. Fentanyl test strips by mail in Philadelphia (not through syringe service program):
<https://nextdistro.org/phillyfentstrips>

Appendix D: Determination of Focus Areas for Readiness Assessment

The select graphs and tables in this section do not pinpoint with accuracy where the priority population may be located but are instead proxy measures that may provide an indication of areas in need of services. An area with high numbers of drug-related arrests, for instance, may be indicative of an area in which people from the priority population reside, but could also reflect arrest practices or high rates of substance use by means other than injection. Similarly, only a portion of the unhoused population may inject substance(s). Overdoses and overdose death rates may be related to any mode of substance use, not necessarily injection.

The data on the pages that follow present information about *rates* rather than absolute numbers. The community readiness assessment team also examined numbers and other data sets that cannot be displayed here due to issues with confidentiality. When the number of people, rather than the rate of people, who may inject substance(s) is examined, it is clear that the largest numbers were seen in the Central Region of San Diego, far outweighing the other areas. Other notable sub-regional areas included Oceanside, Escondido, North Central, Chula Vista, and East (El Cajon).

Figure D-1. Substance-Related Arrests and Unhoused Point-in-Time Count (PITC) from Regional Task Force on the Homelessness (sources: online)

	Drug-Related Arrests by Jurisdiction (SANDAG 2018)			Homelessness 2020 RTFH (PITC)		
	Number	How Common*	% of arrests	Sheltered	Unsheltered	Total
City of San Diego	6163	2nd	19%	2587	2285	4870
Unincorporated**	2888	1st	28%	0	27	27
Chula Vista	1295	1st	31%	118	212	330
Escondido	932	1st	21%	183	264	447
Oceanside	1188	2nd	24%	166	242	408
Vista	613	1st	22%	49	51	100
El Cajon	909	2nd	21%	465	310	775
San Marcos	381	1st	24%	0	8	8
Carlsbad	413	1st	22%	54	94	148
Encinitas	228	2nd	19%	18	47	65
National City	285	2nd	17%	0	125	125
Santee	476	1st	27%	0	25	25
La Mesa	1070	1st	44%	0	52	52
Lemon Grove	201	1st	22%	0	18	18
Imperial Beach	227	2nd	22%	0	16	16
Poway	114	1st	21%	0	15	15
Coronado	66	2nd	21%	0	16	16
Solana Beach	24	4th	14%	Included in Encinitas		
Del Mar	7	5th	6%	Included in Encinitas		

*Ranking of drug-related arrests among most common arrest type in jurisdiction (2nd means drug-related arrests were the second most common arrest type in the jurisdiction)

**Not divided into smaller area

Source SANDAG: https://www.sandag.org/uploads/publicationid/publicationid_4652_27288.pdf and https://www.sandag.org/uploads/publicationid/publicationid_4653_27308.pdf

Source Regional Task Force on Homelessness: <https://www.rtfhsd.org/wp-content/uploads/2020-WeAllCount-Report-10.pdf>

Note: Substance-related arrests also relates to arrest practices and can include any mode of substance use methods (injection, snort, swallow, etc.).

Note: Persons experiencing homelessness may or may not inject or use substance(s). Various studies suggest only a portion of homeless use illicit substance(s).

Figure D-2a: 5-Year Trends of Drug Overdose Deaths among San Diego County Residents by Age (source: County of San Diego)

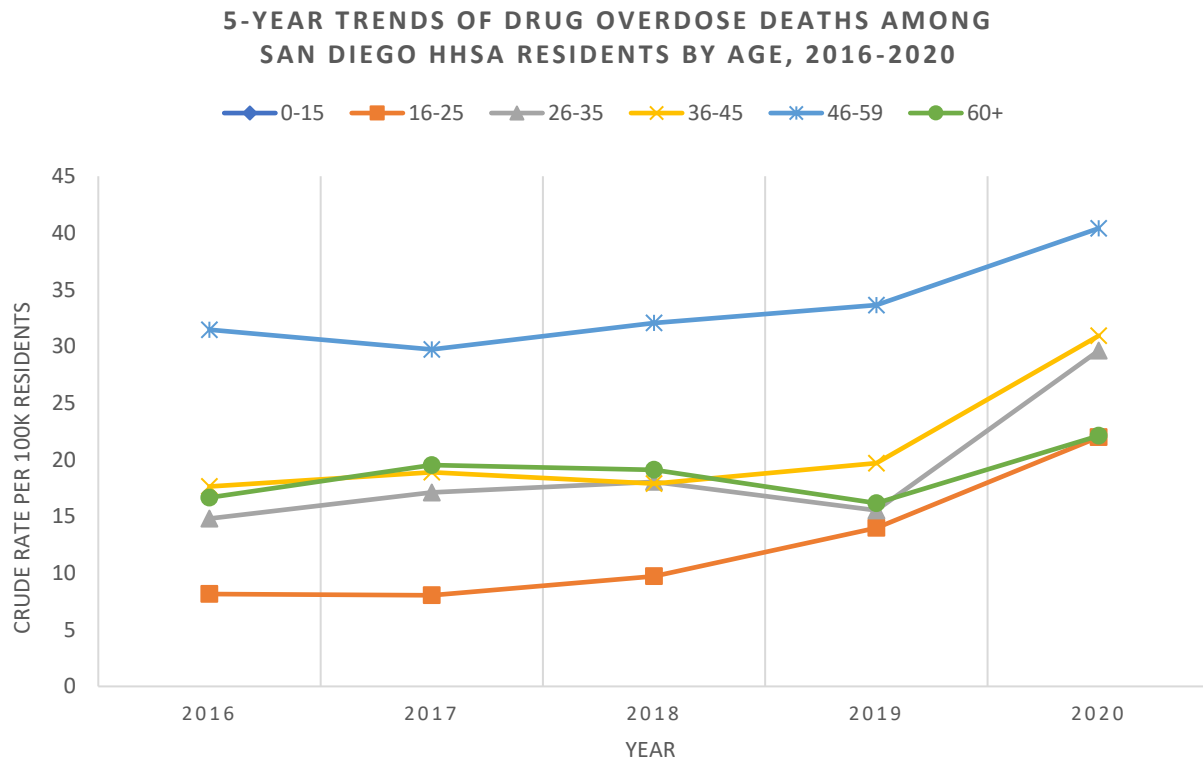


Figure D-2b: 5-Year Trends of Opioid Overdose Deaths among San Diego County Residents by Age (source: County of San Diego)

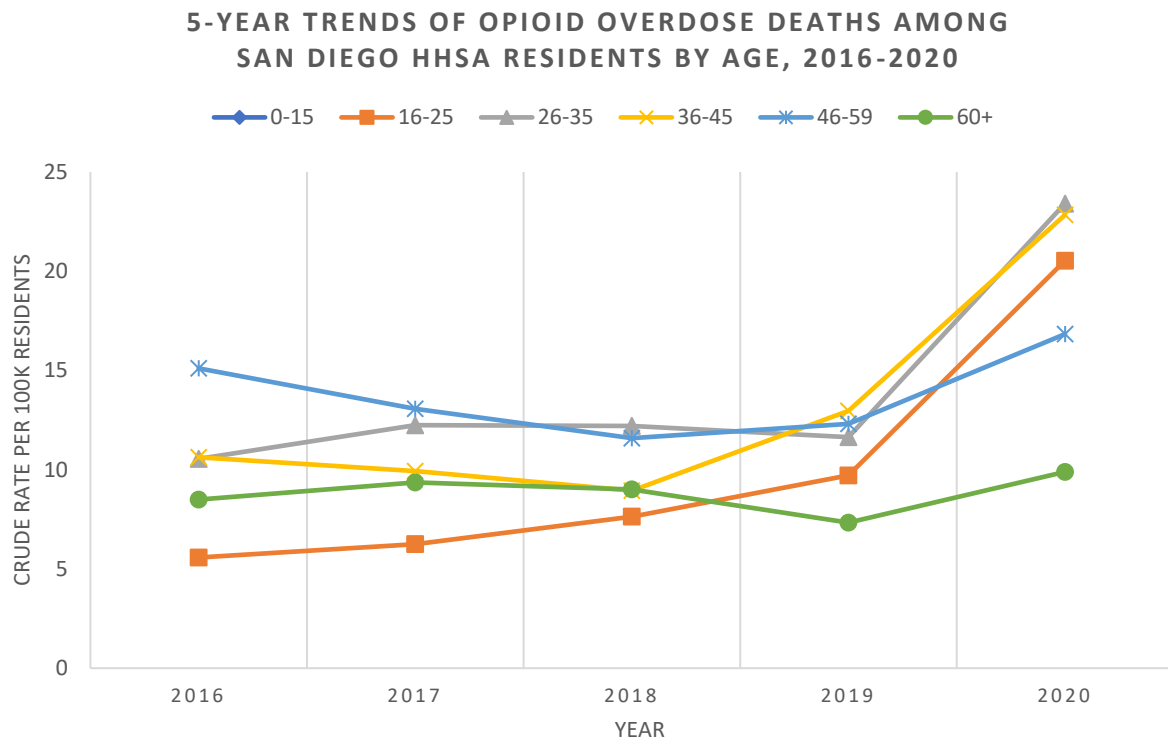


Figure D-2c: 5-Year Trends of Fentanyl Overdose Deaths among San Diego County Residents by Age (source: County of San Diego)

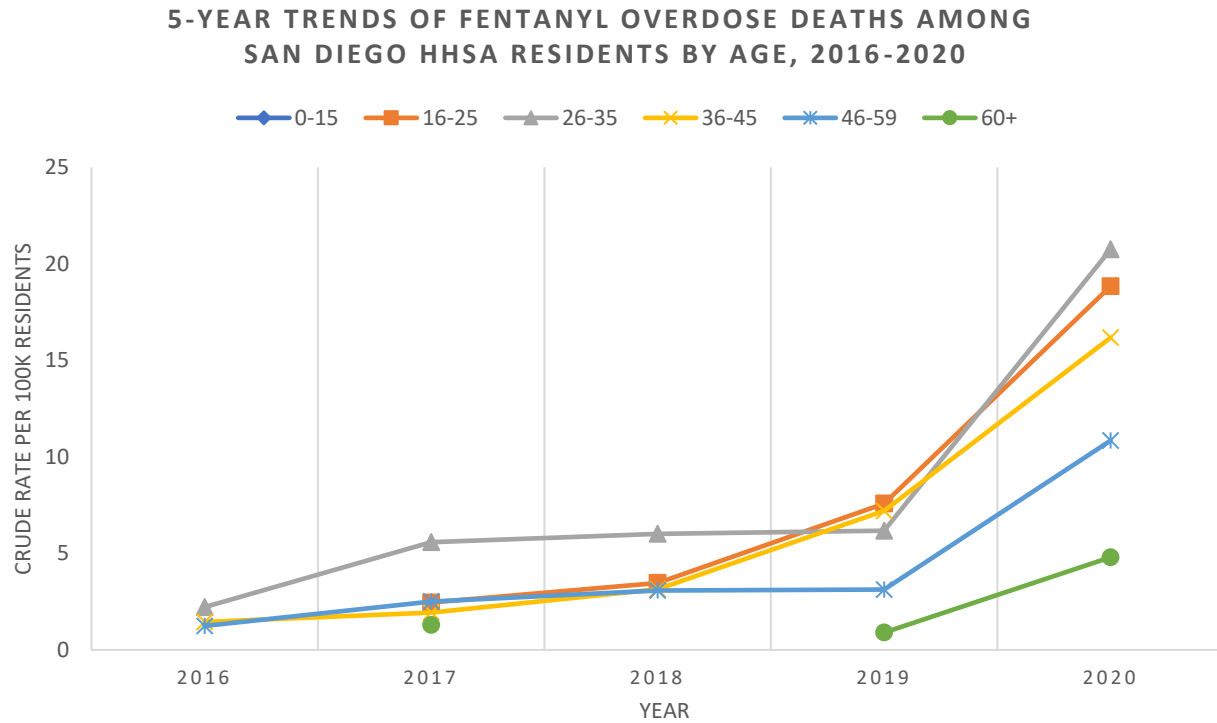


Figure D-3a: 5-Year Trends of Drug Overdose Deaths among San Diego County Residents by Race/Ethnicity (source: County of San Diego)

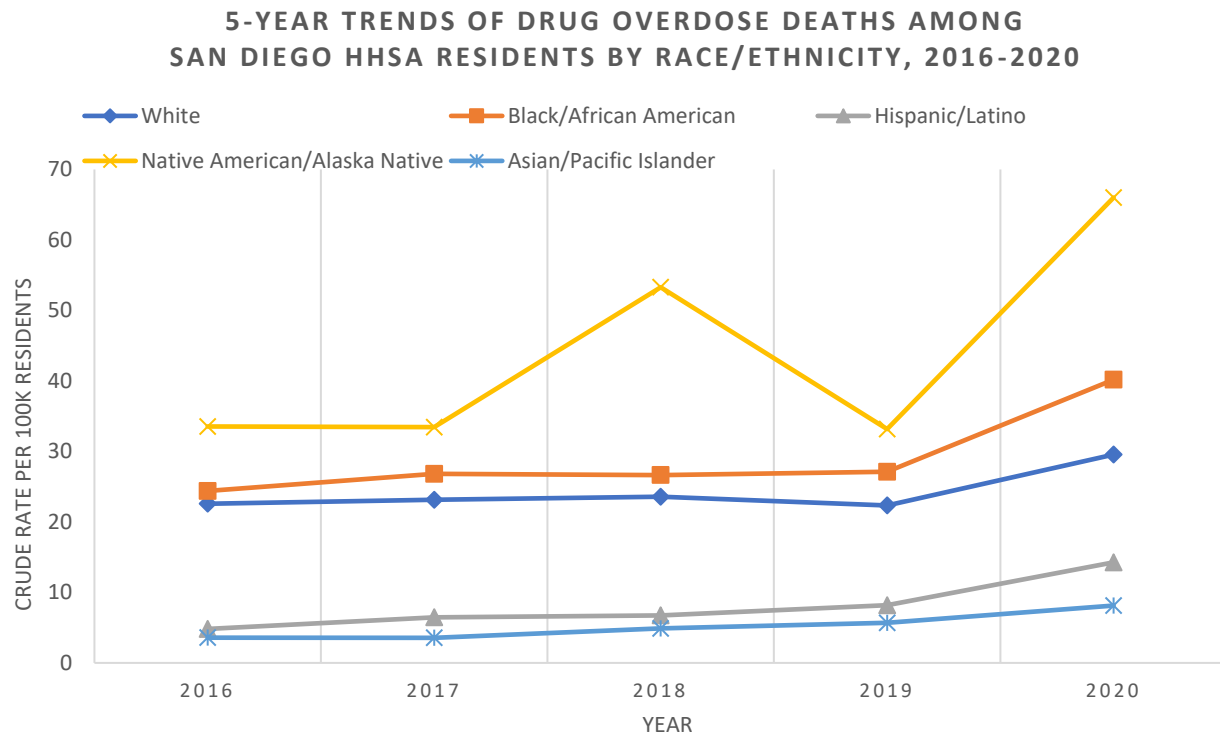


Figure D-3b: 5-Year Trends of Opioid Overdose Deaths among San Diego County Residents by Race/Ethnicity (source: County of San Diego)

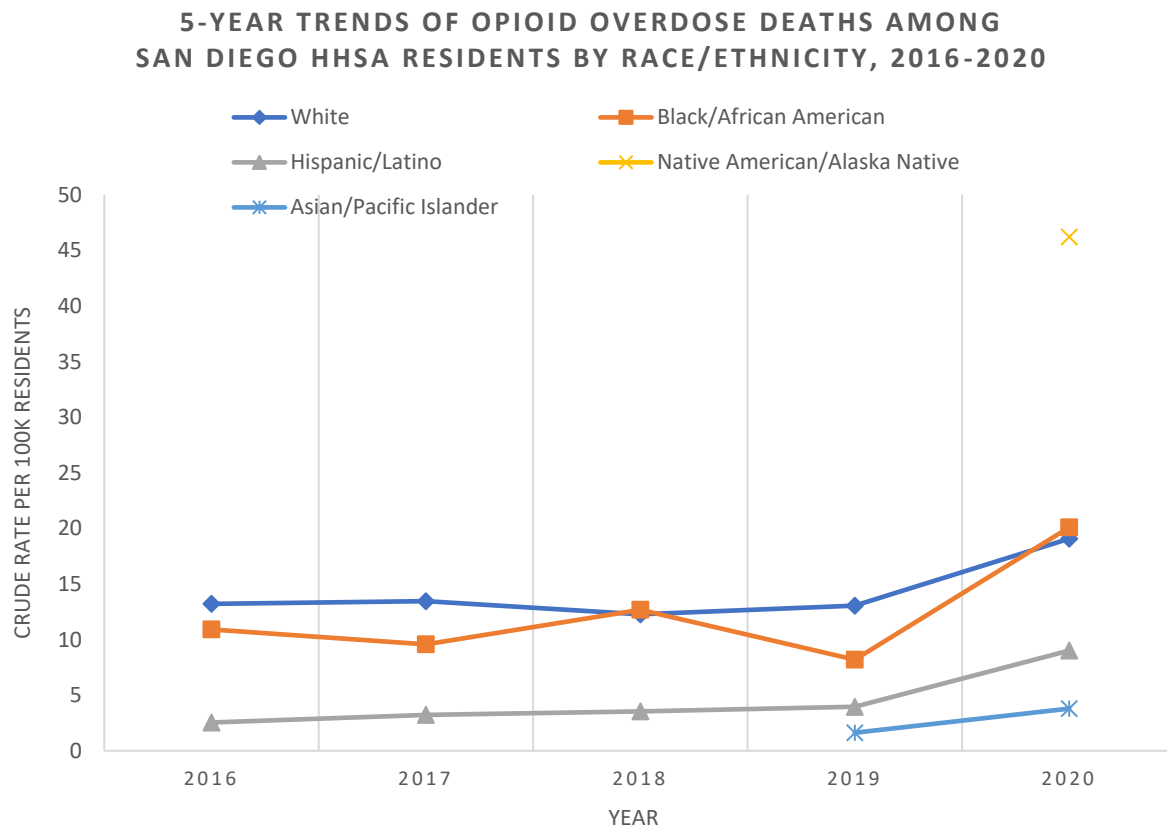
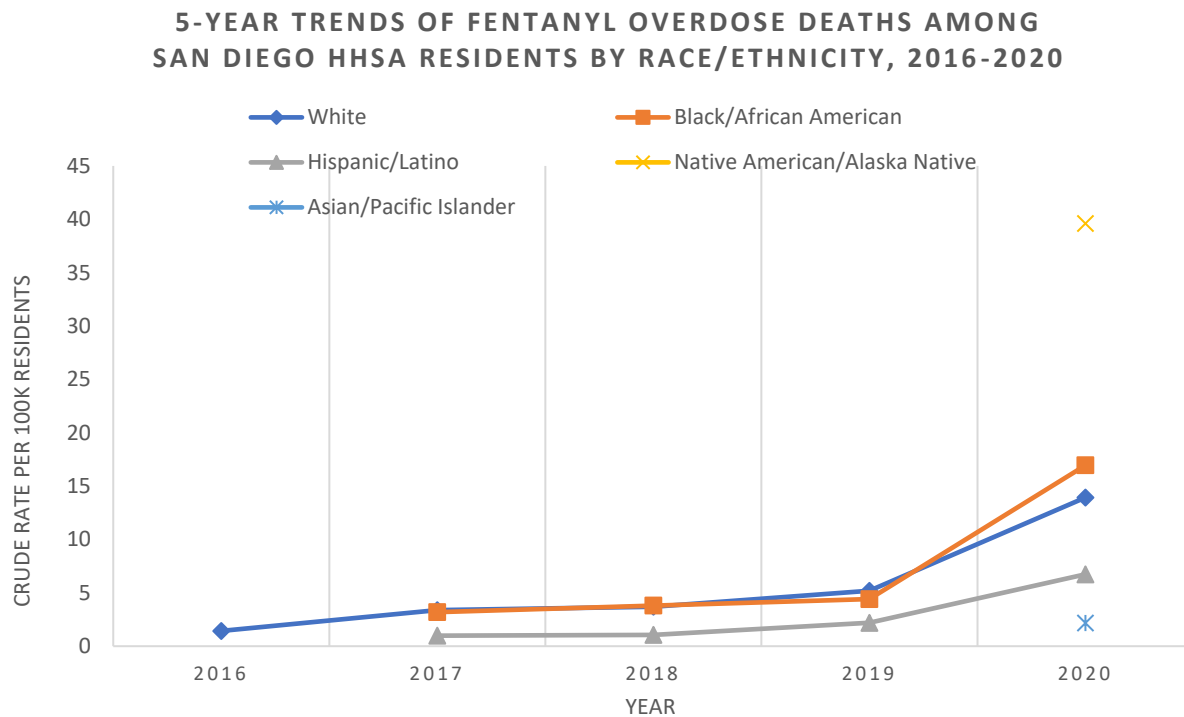


Figure D-3c: 5-Year Trends of Fentanyl Overdose Deaths among San Diego County Residents by Race/Ethnicity (source: County of San Diego)



**Figure D-4: 2019 Emergency Department Opioid Overdoses by Sub-Regional Area:
Discharge - Opioid Overdoses Total Rate**
(source: County of San Diego)

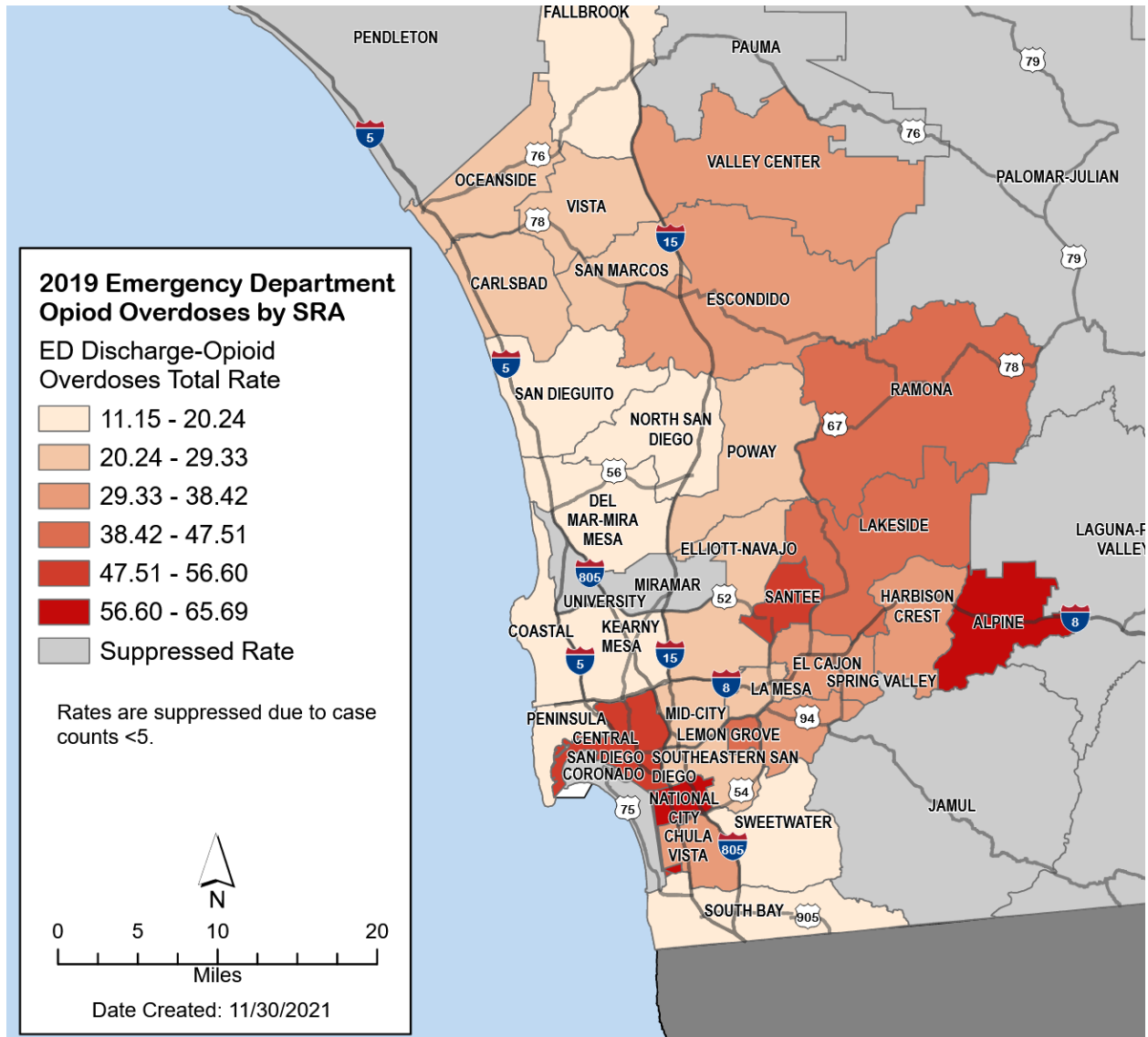


Figure D-5: 2019 Emergency Department Opioid Related Disorders by Sub-Regional Area: Discharge - Opioid Overdoses Total Rate
(source: County of San Diego)

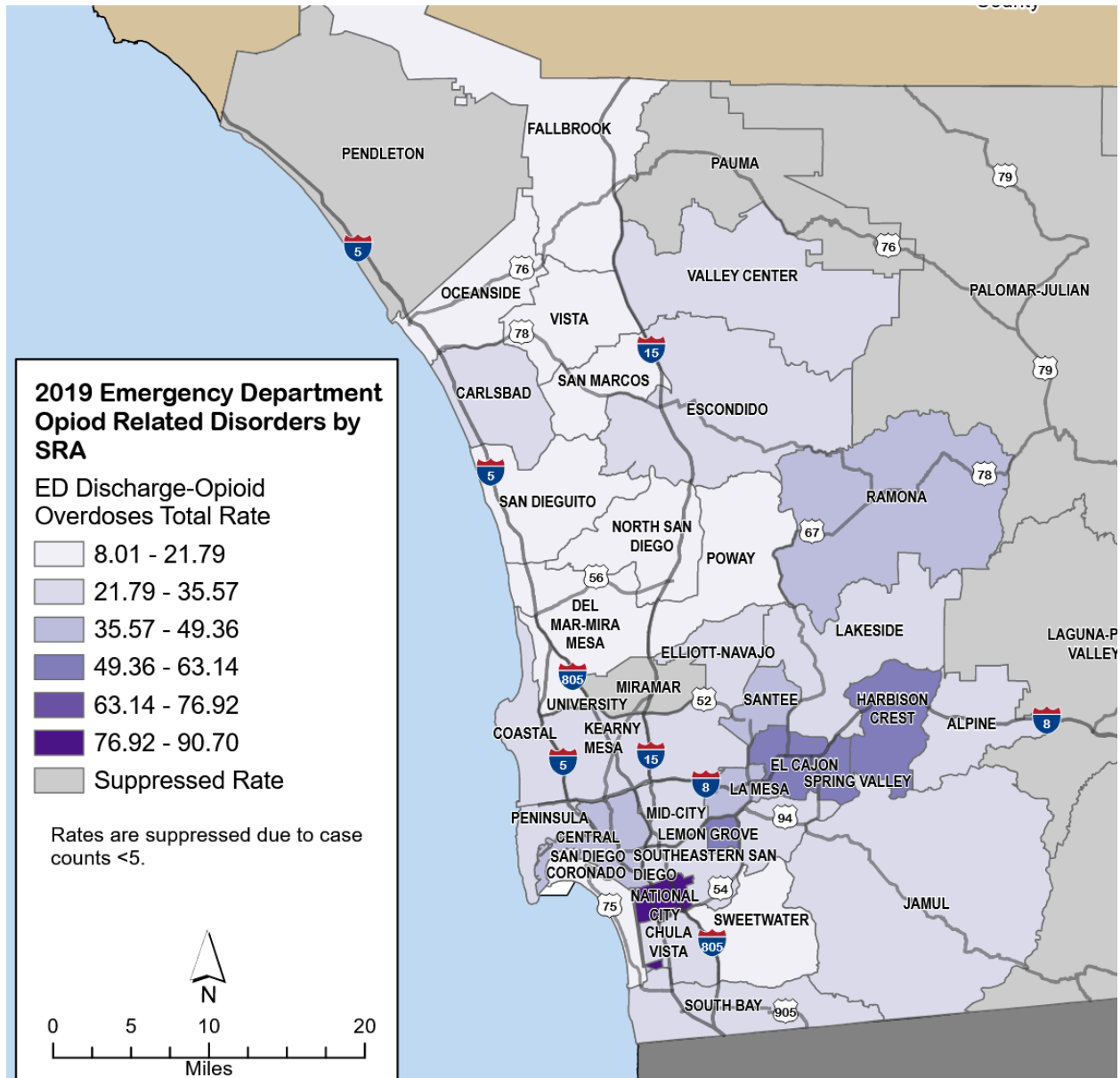
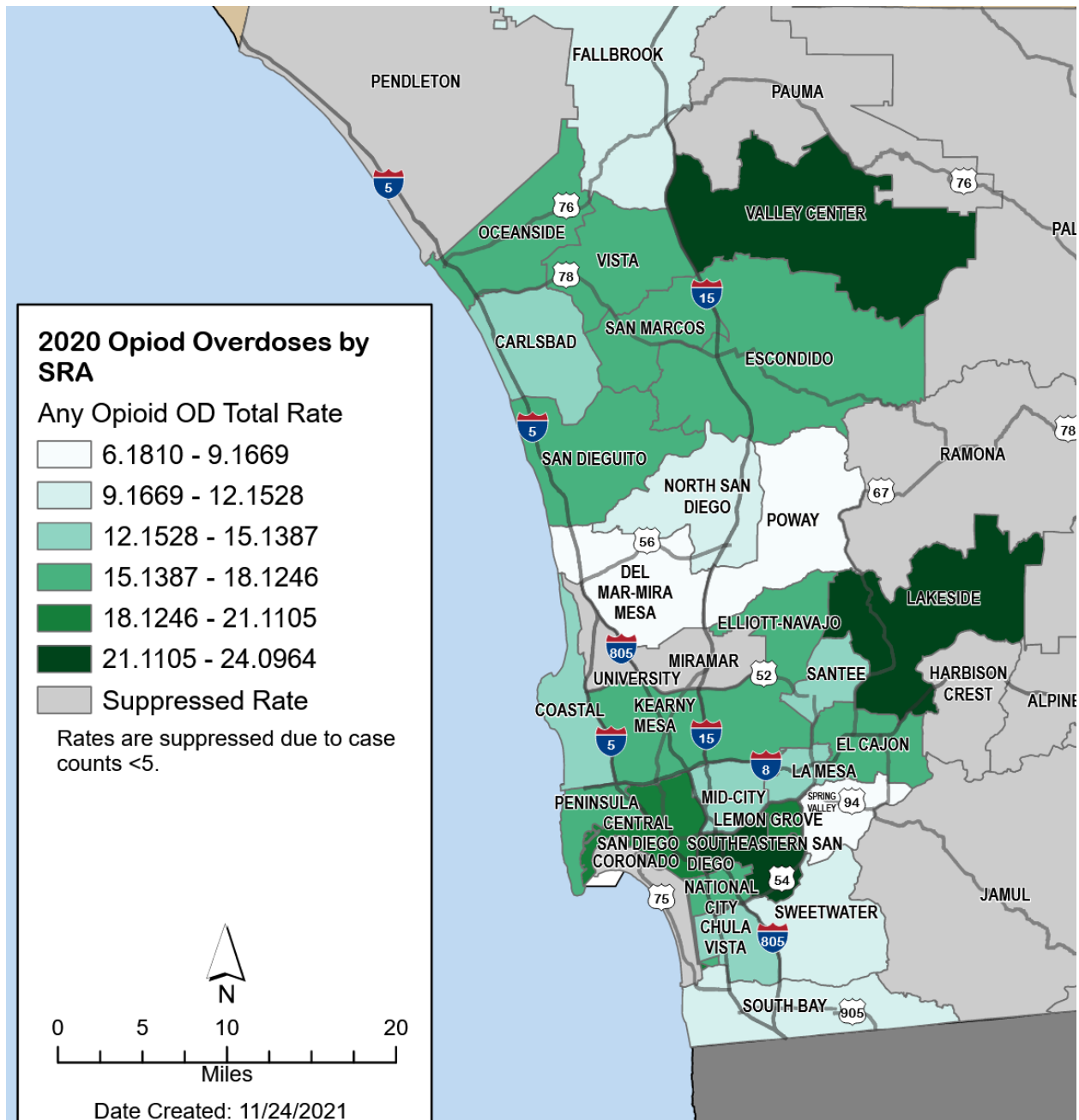


Figure D-6: 2020 Opioid Overdose Deaths by Sub-Regional Area – Any Opioid Overdose Total Rate (source: County of San Diego)



Appendix E: Needs and Preferences of the Priority Population

This report section contains the thoughts and beliefs of people from the priority population as related to syringe service programs. Key informant interviews with people who currently or previously injected substance(s) were gathered by trained the assessment team between January and February 2022. A total of 55 Interviews were conducted from the six different service regions in San Diego County. Interview length ranged from 20 to 60 minutes (average 34), depending on the interviewee. Respondents were offered \$30 gift cards as compensation for their participation. In addition to the interviews, one focus group was conducted in the Central region with 6 participants. The group lasted 45 minutes and participants received pizza, snacks, and drinks.

While interview guides were available in Spanish, all were able to be conducted in English.

The findings from these key stakeholders are presented in the tables the follow.

Respondent Information: Priority Population Interview Results

Table E-1. Number of respondents by geographic region if interview and receipt of syringe service program services

Syringe Service Program Services in Past Year	Geographic Region of Interview (Service Region)						Total
	Central	North Central	East	North Inland	North Coastal	South	
Received syringe service program services in the past year	9	11	7	2	3	6	38 (69%)
Did not receive syringe service program services in the past year	0	1	0	7	6	0	14 (25%)
Unknown/Unsure	0	3	1	0	0	0	4 (7%)
Total	9 (16%)	14 (25%)	8 (15%)	9 (16%)	9 (16%)	6 (11%)	55 (100%)

Table E-2. Number of respondents by neighborhoods where usually inject(ed) and sleep

Service Region (of Neighborhood)	Neighborhood	In what area(s) of San Diego County are you when you most often...	
		inject substance(s)? (n=55 respondents)	sleep (in the past 6 months)? (n=55 respondents)
		Number Responding Similarly ¹	Number Responding Similarly ¹
East	El Cajon	7	3
	La Mesa	4	2
	Lakeside	3	2
	Lemon Grove	3	2
	Casinos	2	0
	East County	2	1
	Santee	2	2
	Jacumba	1	1
	Campo	1	1
	Alpine	1	0
	Spring Valley	1	1
North Coastal	Oceanside	11	11
	Vista	4	1
	Carlsbad	1	0
Central	Downtown	12	6
	City Heights	4	3
	North Park	2	1
	Hillcrest	1	1
	Rolando	1	1
	East Village	1	0
	Embarcadero	1	0
	Mission Hills	1	0
South	Imperial Beach	4	4
	San Ysidro	2	2
	Chula Vista	2	1
	Otay Mesa	2	1
	South San Diego	1	0
	Bonita	1	1
	National City	1	1
	Oceanview Hills	1	0

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-2. (Continued). Number of respondents by neighborhoods where usually inject(ed) and sleep

Service Region (of Neighborhood)	Neighborhood	In what area(s) of San Diego County are you when you most often...	
		inject substance(s)s? (n=55 respondents)	sleep (in the past 6 months)? (n=55 respondents)
		Number Responding Similarly ¹	Number Responding Similarly ¹
North Inland	Escondido	7	9
North Central	Midway	6	6
	Linda Vista	4	3
	Pacific Beach	4	3
	Ocean Beach	3	0
	Point Loma	2	0
	La Jolla	2	1
	Morena Blvd.	1	3
	Kearny Mesa	1	1
	Hotel Circle	1	1
	Fiesta Island	1	1
	Mission Beach	1	0
	Clairmont	1	0
Other	"2 nd Street"	1	0
	San Diego County: all over/everywhere	1	0
	Vegas	1	0
	Temecula	1	0

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Knowledge and Utilization of Syringe Service Programs

Table E-3. Knowledge of service locations by region of interview

Do you know where to access services that can support you in taking care of yourself?	Region of Interview						Overall (n=48)
	Central (n=7)	East (n=7)	North Central (n=14)	North Coastal (n=9)	North Inland (n=7)	South (n=4)	
Yes	100%	100%	79%	67%	57%	100%	81%

Table E-4. Utilization of syringe service programs by region of interview

Have you used syringe service programs in San Diego County in the past year?	Region of Interview						Overall (n=52)
	Central (n=9)	East (n=7)	North Central (n=12)	North Coastal (n=9)	North Inland (n=9)	South (n=6)	
Yes	100%	100%	92%	33%	22%	100%	73%
If yes, which? (% of those who responded yes)							
<i>Harm Reduction Coalition of San Diego (On Point, mobile)</i>	67%	86%	73%	11%	--	100%	71%
<i>Clean Syringe Exchange Program (SafePoint, downtown)</i>	56%	29%	91%	--	100%	83%	63%
<i>Clean Syringe Exchange Program (SafePoint, North Park)</i>	22%	14%	18%	--	--	50%	21%
<i>Other¹</i>	--	--	--	22%	--	--	8%

¹ Other includes: "North County" (n=1), Oceanside – not established syringe service program (n=1).

Syringe Service Program Location Preferences and Suggestions

Table E-5. Locations where syringe service programs are needed by neighborhood and region as specified in response

What places in San Diego County do you think most need a syringe service program? Categorized responses from open-ended question				
Region of Neighborhood	Neighborhood	Place (if specified)		Number Responding Similarly ¹
Central	Downtown	General (n=12) 12th and Imperial (n=1)	Hillcrest Area (n=1)	14
	City Heights	General (n=4)	Fairmont / El Cajon Blvd (n=1)	5
	North Park	--		4
	Hillcrest	--		2
	East Village	--		2
	Rolando	Rolando Park (n=1)		1
	Golden Hill	--		1
East	El Cajon	General (n=12) Trolley (n=2)	University (n=1)	15
	Lakeside	General (n=9) By lake (n=1)	By Lindo Lake (n=1)	11
	La Mesa	General (n=3)	Along El Cajon Blvd (n=2)	5
	Santee	General (n=3)	Trolley (n=2)	5
	Lemon Grove	--		3
	Alpine	--		2
	East County	--		1
	Spring Valley	--		1
	Jacumba	--		1
	Campo	--		1
North Inland	Escondido	General (n=8)	'County' Building (n=1)	8
	North County	--		1
	Ramona	--		1
San Diego	San Diego	Beaches (n=2)		2
	San Diego	--		1
Other	Temecula	--		1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-5. (Continued). Locations where syringe service programs are needed by neighborhood and region as specified in response

What places in San Diego County do you think most need a syringe service program?				
Categorized responses from open-ended question				
Region of Neighborhood	Neighborhood	Place (if specified)		Number Responding Similarly ¹
North Central	Midway	--		4
	Linda Vista	--		2
	La Jolla	General (n=3)	University Town Center (n=1)	3
	Old Town	General (n=2)	Trolley Station (n=1)	2
	Hotel Circle	--		2
	Point Loma	--		1
	Fiesta Island	--		1
	Clairmont	--		1
	Pacific Beach	--		1
	Mission Beach/ Fiesta Island	--		1
	Tecolote Canyon	--		1
North Coastal	Oceanside	General (n=4) Brother Benno (n=3) 78/College (n=2) Oceanside Blvd (n=2) Oceanside Blvd-Crouch (n=1) Apple Street (n=1) Buccaneer Park (n=1) Bus stop (n=1)	By 15 freeway (n=1) El Camino Real (n=1) El Camino Real and Vista Way (n=1) Harbor Ave (n=1) Public restrooms and parks, beaches (n=1) San Luis Rey riverbed (n=1) Walmart at College Ave (n=1)	22
	Vista	General (n=1)	Santa Fe Drive (n=1)	2
South	Chula Vista	--		4
	Imperial Beach	--		3
	South San Diego	--		3
	Otay Mesa	General (n=1)	In Riverbeds (n=1)	2
	San Ysidro	--		2
	Bonita	--		1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-6. Neighborhoods easiest to access for harm reduction supplies by region of interview

If you had to travel to get sterile syringes, supplies such as naloxone and fentanyl test strips, or wound care and safer use education, what areas of the county or neighborhoods are easiest for you to get to and why?		
Region of Interview	Categorized responses from open-ended question	Number Responding Similarly ¹
Central (n=9 responders)	All over San Diego	2
	Downtown/Hillcrest	2
	East County and La Mesa	2
	Anywhere (has transportation)	1
	National City	1
	Need available parking	1
	Point Loma (proximity) along the trolley	1
East (n=8 responders)	All over San Diego / East County (general)	4
	Any/would not matter	3
	Alpine/Campo/Jacumba – Along the free way	1
North Central (n=13 responders)	Downtown, East Village, Mission Valley	4
	Near trolley	3
	East County	3
	North County	1
	Midway	1
	Does not matter	1
North Coastal (n=9 responders)	Oceanside	4
	Near public transportation	2
	North County	2
	My doctor's office or Brothers Benno's	1
North Inland (n=7 responders)	Escondido	4
	Anywhere in San Diego	1
	North County	1
	Center of town	1
	Drug stores / Walgreens	1
South (n=6 responders)	Near bus/troll stops (one specified Imperial Beach, Chula Vista trolley)	4
	Anywhere (friend with car, or has car)	2

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-7. Locations the priority population would feel safe accessing services

When you think of types of places you would visit and feel safe accessing services, what comes to mind? (n=51 responders) Categorized responses from open-ended question	Number Responding Similarly ¹
Locations	
Clinics/Medical <ul style="list-style-type: none"> Medication-assisted treatment clinics / methadone clinics Hospitals / urgent care Clinics / doctor / doctor offices / medical programs / medical service building / "County health services" 	25
Other building locations <ul style="list-style-type: none"> Interfaith Community Services Social service agencies 'County' building Schools (colleges) Office space Shopping centers Bars Hotels (frequented by the priority population already) Public restrooms Fast food locations 	20
Transit Locations <ul style="list-style-type: none"> Along the "Sprinter station" Trolley Transit stations 	13
Outdoors <ul style="list-style-type: none"> Streets / open places Parking lots / parking lots of businesses / shopping center lots / "open places" Parks and Recreation / parks 	11
No security risks <ul style="list-style-type: none"> Minimal security / no security camera Discreet / private / no other people / not a busy place Not too secluded No law enforcement 	10
Anywhere <ul style="list-style-type: none"> Anywhere (just need them) 	8
Mobile Services <ul style="list-style-type: none"> Vans / RVs / mobile services 	5
Pharmacy: <ul style="list-style-type: none"> Pharmacy / drive through pharmacy 	4
Other <ul style="list-style-type: none"> "Not many" "Escondido" "Dispensary" 	3
Accessible <ul style="list-style-type: none"> Easy to access Can bring pets and belongings 	2

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-7a. Locations the priority population would feel safe accessing services by region of interview

When you think of types of places you would visit and feel safe accessing services, what comes to mind? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly¹
Central (n=9 responders)	Clinics/medical: Clinics/ pharmacy / drive through pharmacy	4
	Outdoors: Street / open places / shopping center lots / parking lots	3
	Anywhere	3
	No security risks: Minimal security, discreet, no camera security	3
	Transit locations: Transit / trolley location	2
	Pharmacy: Pharmacies and drive through pharmacies	1
East (n=8 responders)	Clinics/ Medical: Doctors / doctor's office / medication-assisted treatment / hospital	5
	Other building locations: Hotels / schools (colleges) / bars / social services agencies / shopping centers	4
	Outdoors: Parking lots / parks / parking lots of businesses	4
	Transit locations: Transit / trolley	3
	Anywhere	2
	Pharmacy	1
	Other: "Dispensary"	1
	Mobile: Vans / RVs	1
North Central (n=14 responders)	Clinics/ Medical: Doctors / medical offices / methadone clinics / medical programs / hospital	9
	Other building locations: "County" building / hotels / public restrooms / fast food locations / office spaces	9
	Transit locations: Transit stops / trolley	5
	Outdoors: Parks / parks and recs / parking lots	3
	Mobile	2
	No security risks: Not too secluded / private and discreet	2
	Pharmacy	2
	Accessible: Easy to access	1
	Other: "Not many"	1
North Coastal (n=7 responders)	Clinics/ Medical: Hospitals / medical service buildings / urgent care	3
	Transit locations: Transit stations / along the Sprinter station	3
	Mobile: Van / mobile services	2
	Other building locations: Hotels	2
	Anywhere	1
	Outdoors: A large parking lot	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-7a. (Continued). Locations the priority population would feel safe accessing services by region of interview

When you think of types of places you would visit and feel safe accessing services, what comes to mind? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly ¹
North Inland (n=7 responders)	Other building locations: "County" building / hotels / Interfaith Community Services	5
	Clinical / Medical: Methadone clinic / regular clinic / "County health services" / places with access to health services	3
	Anywhere	1
	Other: Escondido	1
South (n=6 responders)	No security risks:" Very" private area / no other people / no cops / no busy places / no security cameras	5
	Accessible: Need to be able to bring pets and belongings	1
	Anywhere	1
	Clinics / Medical	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-8. Most used transportation type by region of interview

If you visit somewhere more than 10 miles away, how do you most often get to where you are going?	Region of Interview						Overall (n=54)
	Central (n=9)	East (n=8)	North Central (n=14)	North Coastal (n=9)	North Inland (n=9)	South (n=5)	
<i>I take public transport</i>	--	38%	71%	57%	33%	20%	41%
<i>I walk</i>	44%	13%	14%	11%	56%	20%	22%
<i>I drive</i>	56%	25%	14%	11%	--	20%	20%
<i>Friend or family takes me in their car</i>	--	25%	--	11%	--	40%	13%
<i>Other¹</i>	--	--	--	11%	11%	--	4%
Total¹	100%	100%	100%	100%	100%	100%	100%

Note: Three individuals who take public transportation additionally mentioned Lyft through the VA, walk or friends/family, or walk (uses wheelchair).

¹ Other includes: Bike (n=2).

² Totals may not sum to exactly 100% due to rounding.

Table E-9. Preferred travel distance for syringe service program services by region of interview

How many miles would you be willing to travel to a syringe service program? ¹ Categorized Response	Region of Interview						Overall (n=49)
	Central (n=9)	East (n=8)	North Central (n=13)	North Coastal (n=9)	North Inland (n=6)	South (n=4)	
<1 (1-7 blocks, in wheelchair)	--	--	8%	--	--	--	2%
1	--	--	8%	--	17%	--	33%
1-5	22%	13%	31%	78%	--	--	
5-10	33%	13%	31%	22%	33%	25%	24%
5-15	11%	13%	8%	--	17%	--	10%
5-20	11%	26%	--	--	--	--	
20	22%	13%	8%	--	--	50%	29%
21+	--	26%	8%	--	17%	25%	
"Whatever it takes"	--	--	--	--	17%	--	2%
Total²	100%	100%	100%	100%	100%	100%	100%

¹ The number of miles in the categories overlap due to the format of some responses (i.e., "5-15 miles").

² Totals may not sum to exactly 100% due to rounding.

Types of Syringe Distribution

Table E-10. Type of syringe distribution preferred

Which of the following do you think would most help you use a new syringe each time you inject? (n=54 responders)	Number	Percent
<i>Get a certain amount of syringes each week without having to bring in used syringes</i>	24	44%
<i>Get an unlimited amount of syringes without having to bring in used syringes</i>	12	22%
<i>Get more than one new syringes for every used one you bring in</i>	11	20%
<i>Get one new syringe for every used one you bring in</i>	7	13%
Total	54	100%

Table E-11. Secondary exchange

People from the priority population who could get a lot of new syringes and hand them out to friends or others who need them would be: (n=49 responders)	Number	Percent
<i>Very useful</i>	46	94%
<i>Somewhat useful</i>	3	6%
Total	49	100%

Usefulness of Syringe Service Program Types

Table E-12. Types of syringe service programs rated as useful by region of interview

What locations do you think would be most useful to yourself and others for syringe service program(s)?	Region of Interview						Overall (n=52-55)
	Central (n=9)	East (n=8)	North Central (n=14)	North Coastal (n=6-9)	North Inland (n=9)	South (n=6)	
<i>Mobile from a car/van delivered to your home or a meeting place</i>	100%	100%	100%	100%	100%	100%	100%
<i>Mobile from a car/van/medical unit that parks at a location</i>	89%	88%	100%	100%	100%	100%	96%
<i>At a drop-in space for people who need services</i>	89%	75%	100%	89%	78%	100%	89%
<i>From a vending machine</i>	100%	88%	100%	57%	67%	100%	87%
<i>In a building</i>	78%	63%	79%	83%	78%	100%	79%
<i>From a kiosk (hut or cubical)</i>	78%	38%	57%	86%	67%	100%	68%
<i>Other¹</i>	--	--	--	--	--	--	--

¹ Totals sum to greater than 100% as respondents may specify more than one choice.

² Other useful locations noted include: Pharmacy voucher for places like CVS (n=1), call for deliveries (n=1), and mail-based (n=1). One person noted that "it is hard to find a spot away from schools and daycares."

Nineteen of the persons additionally responded to a question about kiosks, **95%** of whom indicated that they would prefer the kiosks to be staffed.

Table E-13. Most preferred type of syringe service program by region of interview

Of these locations, which would you most prefer to use?	Region of Interview						Overall (n=41)
	Central (n=5)	East (n=4)	North Central (n=14)	North Coastal (n=9)	North Inland (n=9)	South (n=2)	
<i>Mobile from a car/van delivered to your home or a meeting place</i>	40%	25%	43%	44%	57%	100%	46%
<i>Mobile from a car/van/medical unit that parks at a location</i>	40%	75%	--	56%	14%	--	27%
<i>From a kiosk (hut or cubical)</i>	--	--	36%	--	14%	--	15%
<i>At a drop-in location for people who need services</i>	--	--	14%	--	--	--	5%
<i>In a building</i>	--	--	--	--	14%	--	2%
<i>From a vending machine</i>	--	--	7%	--	--	--	2%
<i>Other¹</i>	20%	--	--	--	--	--	2%
Total²	100%	100%	100%	100%	100%	100%	100%

¹ Other includes: "Pharmacy voucher for places like CVS" (n=1).

² Totals may not sum to exactly 100% due to rounding.

Table E-14. Notes about types of syringe service programs rated as useful by region of interview: suggested delivery locations for mobile delivered to home or meeting place

Locations useful to yourself and others for syringe service program(s)		
Mobile from a car/van delivered to your home or a meeting place: Where would be near you?		
Central (n=9 responders)	<ul style="list-style-type: none"> • All over San Diego • Hillcrest • La Mesa • Home delivery (if “official and professional”) • Clinics 	<ul style="list-style-type: none"> • Home • Parks • Shopping centers/malls • Alleys • Rite Aid at Sunset Cliffs Blvd and Newport
East (n=8 responders)	<ul style="list-style-type: none"> • 2nd Street in El Cajon • Lindo Park in Lakeside • Walmart in Lakeside • Anywhere • Shopping centers • “In back country” 	<ul style="list-style-type: none"> • Business areas • Parking lots • Motels • Trolley • Parks
North Central (n=14 responders)	<ul style="list-style-type: none"> • 16th and 5th street, tents, Midway District • 5150 Linda Vista Rd. • Anywhere • Rosecrans • Mission Valley, La Mesa • Sherman and Morena 	<ul style="list-style-type: none"> • Temecula • East County (Trolley Area), Downtown, 12th and Imperial • La Jolla, UTC, Pacific Beach • Linda Vista Triangle • Midway (Sports Arena/Big Lots)
North Coastal (n=8 responders)	<ul style="list-style-type: none"> • Anywhere in Oceanside – Tri-City Area • Where offered (people will find it) • Don’t advertise so people won’t be triggered to relapse • Brother Bennos • Oceanside – Bennet and the 76 	<ul style="list-style-type: none"> • Oceanside Blvd., Mission Ave., and downtown Vista
North Inland (n=7 responders)	<ul style="list-style-type: none"> • Mission and Quince Roads (n=3) • In car, parked across from Interfaith Community Services 	<ul style="list-style-type: none"> • Escondido transit center • Middle of town • Grape Day Park
South (n=6 responders)	<ul style="list-style-type: none"> • Beach houses and motels • Chula Vista river bottom • Palm Avenue • South clinics 	<ul style="list-style-type: none"> • Trolley • Beach/parks/motels • Houses/parks/beaches/shopping centers • River bottoms/malls/trolley

Table E-14. (Continued). Notes about types of syringe service programs rated as useful by region of interview: suggest locations for mobile syringe service program that parks at a location

Locations useful to yourself and others for syringe service program(s)		
Mobile from a car/van/medical unit that parks at a location: Where would it park?		
Central (n=7 responders)	<ul style="list-style-type: none"> • Anywhere people are • Hillcrest • Mall • Rite Aid @ Sunset Cliffs and Newport 	<ul style="list-style-type: none"> • Shopping center parking lots • Trolley parking lots • Shelters where unhoused people are
East (n=7 responders)	<ul style="list-style-type: none"> • University Ave • Campo • Parking lots • Businesses 	<ul style="list-style-type: none"> • Clinics • Shopping centers • Medication-assisted treatment parking lot
North Central (n=10 responders)	<ul style="list-style-type: none"> • Behind Big Lots/Target in Midway and Sports Arena • Downtown by Old Town / Downtown • Casinos • El Cajon/Parkway Plaza/Fallbrook/ Valley Center 	<ul style="list-style-type: none"> • Parking lot at beach • Midway area • 16th and Imperial • Fiesta Island • "Substance use hotspots"
North Coastal (n=7 responders)	<ul style="list-style-type: none"> • Away from daycare • Mission Ave. in Oceanside • Near the food stamp office in Oceanside • Mission and the 78 	<ul style="list-style-type: none"> • Oceanside Blvd./College Blvd./El Camino Real • Production Ave. (Brother Benno)
North Inland (n=3 responders)	<ul style="list-style-type: none"> • By the "County" office • Mission and Quince • Vineyard Square 	
South (n=3 responders)	<ul style="list-style-type: none"> • Parking lots • Trolley • Anywhere 	

Table E-14. (Continued). Notes about types of syringe service programs rated as useful by region of interview: suggest building or building type

Locations useful to yourself and others for syringe service program(s)		
In a building: Which building or type of building?		
Central (n=3 responders)	<ul style="list-style-type: none"> • A monitored location • Building with low barrier and incognito • Any place with no security 	
East (n=4 responders)	<ul style="list-style-type: none"> • Anywhere • Medical offices • Social service agency 	<ul style="list-style-type: none"> • Medication-assisted treatment
North Central (n=9 responders)	<ul style="list-style-type: none"> • Any business • Hotel • Drop in spaces • Hospital • “Not close to other services, though maybe close to a mental health clinic with other services” 	<ul style="list-style-type: none"> • Safe consumption site • Social service agencies • Methadone clinic • Not sure but a stand alone
North Coastal (n=4 responders)	<ul style="list-style-type: none"> • Homelessness shelter • Fire station • Mission Ave. in Oceanside • Building near the food stamps office in Oceanside 	
North Inland (n=5 responders)	<ul style="list-style-type: none"> • “County” building • Methadone clinic • Mobile is better • Combined with health care (syringe dispensary and health services in separate area) 	<ul style="list-style-type: none"> • Shelters in Escondido and North of Ash Hotels
South (n=4 responders)	<ul style="list-style-type: none"> • Anywhere • Clinics • Parking lots 	

Table E-14. (Continued). Notes about types of syringe service programs rated as useful by region of interview: vending machine suggested locations

Locations useful to yourself and others for syringe service program(s)		
From a vending machine: Where would they be placed?		
Central (n=9 responders)	<ul style="list-style-type: none"> • 7-11 Stores • Anywhere populated • Clinics • Hillcrest/El Cajon/Hotel Circle • Everywhere 	<ul style="list-style-type: none"> • Convenient store • Bars • Restaurants • Near lotto ticket machines • Streets and homelessness shelters • Pharmacies • San Diego
East (n=7 responders)	<ul style="list-style-type: none"> • All over San Diego • 7-11 Stores by a Redbox • Park bathrooms • Businesses • Hospitals • Target/Walmart 	<ul style="list-style-type: none"> • Clinics • Trolleys • Colleges • Pharmacies • Medication-assisted treatment programs • Grocery Stores
North Central (n=11 responders)	<ul style="list-style-type: none"> • Bus stops • Beaches • Parks and Recs • Dispensaries • Jails • Hotels 	<ul style="list-style-type: none"> • Pharmacies • By handwashing stations/port-a-potty • By Redbox • Hospitals • Trolley stops • Methadone clinics • Public Health
North Coastal (n=2 responders)	<ul style="list-style-type: none"> • Humane Society • 7-11 • AM/PM stores • Near encampment 	<ul style="list-style-type: none"> • Drug stores
North Inland (n=4 responders)	<ul style="list-style-type: none"> • At Motel 6 • "County" building • Pharmacy • Bus stops 	<ul style="list-style-type: none"> • In Walmart • Grocery stores • Outside
South (n=5 responders)	<ul style="list-style-type: none"> • All over San Diego County • Doctor's offices • Trolley • Colleges 	<ul style="list-style-type: none"> • Clinics • Parks • Methadone clinics

Table E-14. (Continued). Notes about types of syringe service programs rated as useful by region of interview: kiosk suggested locations

Locations useful to yourself and others for syringe service program(s)		
From a kiosk (hut or cubical): Where would they be placed?		
Central (n=5 responders)	<ul style="list-style-type: none"> • Anywhere • Businesses • Stores • Hillcrest 	<ul style="list-style-type: none"> • Nearby “County” building • Grocery stores • Street Fairs
East (n=2 responders)	<ul style="list-style-type: none"> • Businesses • Malls • Anywhere 	
North Central (n=6 responders)	<ul style="list-style-type: none"> • By bathrooms in parks • Where priority population is • “Overdose hot spots” • By bathrooms 	<ul style="list-style-type: none"> • Malls • Farmer’s markets • Fairs • “Placed at an intersection” • “Substance use hot spots”
North Coastal (n=4 responders)	<ul style="list-style-type: none"> • Malls • Walmart • Near encampments • Near gas stations 	<ul style="list-style-type: none"> • Oceanside Blvd. • Mission Ave. • College Ave. • El Camino Real • “This would be my second pick. If it was staffed that would be most helpful
North Inland (n=4 responders)	<ul style="list-style-type: none"> • At Interfaith locations • Mall • County health building • “Have a walk-up in Vineyard Square” 	
South (n=3 responders)	<ul style="list-style-type: none"> • Anywhere 	

Table E-14. (Continued). Notes about types of syringe service programs rated as useful by region of interview: drop-in space suggested locations

Locations useful to yourself and others for syringe service program(s)		
At a drop-in space for people who need services: Where would be a good location?		
Central (n=7 responders)	<ul style="list-style-type: none"> • All over San Diego • Downtown • Beaches • All cities 	<ul style="list-style-type: none"> • Grossmont Hospital • Hillcrest near 6th and University • Rosecrans
East (n=5 responders)	<ul style="list-style-type: none"> • All over San Diego • City Heights by Fairmont and El Cajon Blvd. • "Same as vending machines" • Spring Valley 	<ul style="list-style-type: none"> • Lemon Grove
North Central (n=11 responders)	<ul style="list-style-type: none"> • Big Lots on Midway • Connected with other healthcare or sexual health clinics • El Cajon/2nd street • High using areas like Midway district 	<ul style="list-style-type: none"> • Downtown and East County • Midway and Santee • Mission and Pacific Beach • Morena District • Old Town • Pacific Beach
North Coastal (n=5 responders)	<ul style="list-style-type: none"> • A shelter - secluded for anonymity • Brother Bennos • Post Office • Police Station 	<ul style="list-style-type: none"> • Clinics • Doctor's office • Homelessness outreach • Oceanside Blvd - Mission Ave. - College Ave. - El Camino Real
North Inland (n=4 responders)	<ul style="list-style-type: none"> • "Anywhere open" • Shelters • "County" Buildings • In front of drug stores 	<ul style="list-style-type: none"> • Valley Parkway • Church at 200 North Ash • Outside of Walmart • Quince St. and Mission Ave.
South (n=5 responders)	<ul style="list-style-type: none"> • All over San Diego • Bonita • Otay Mesa • San Ysidro • Chula Vista Trolley • South San Diego 	<ul style="list-style-type: none"> • Downtown • El Cajon • Trolley • Imperial Beach • Bonita

Other types of syringe service programs along with related locations by region included:

- "Mail based"
- "Pharmacy/voucher for places like CVS"
- "Find a spot away from schools and daycares"
- "Let it be done by phones, where you can call for direct deliveries"

Days and Hours of Operation

Table E-15. Suggested days and hours of syringe service program operation

What hours of operation would be most useful? (n=48 responders) Categorized responses from open-ended question	Number Responding Similarly
All hours/24 hours	12
Day/early evening hours <ul style="list-style-type: none"> • 6 a.m. - 9 p.m. • 7 a.m. - 7 p.m. • 7 a.m. - 8 p.m. • 7 a.m. - 10 p.m. • 8 a.m. - 9 p.m. • 9 a.m. - 5 p.m.; the most important are the morning hours • 9 a.m. - 12 p.m. • 10 a.m. - 1 p.m.; most important 8 a.m. - 4 pm. • 10 a.m. - 8 p.m. • 11 a.m. - 8 p.m. • Early morning to evening time • Late morning • Mid-day to mid-afternoon Mid-day to early evening	14
Late night/evenings <ul style="list-style-type: none"> • 6 p.m. - 12 a.m. • 9 p.m. - 12 a.m. (Saturday and Sunday) • 10 p.m. - 5 a.m. • Late/late at night/nights/evenings 	10
Every day/ 7 days a week	7
Early Mornings/ Solely Mornings <ul style="list-style-type: none"> • 5 a.m. - 12 a.m. • 8 a.m. - 11 a.m. • Mornings; early mornings 	6
Afternoons <ul style="list-style-type: none"> • Noon to 4 a.m. • 12 p.m. - 7 p.m. • 12 p.m. - 10 p.m. • 1 p.m. - 9 p.m. • 2 p.m. - 10 p.m. • Afternoon 	6
Any	2

Table E-15a. Suggested days and hours of syringe service program operation by region of interview

Region	What hours of operation would be most useful? Categorized responses from open-ended question	
Central (n=9 responders)	<ul style="list-style-type: none"> • Open 24 hours • 7 days a week 5 am to midnight 	<ul style="list-style-type: none"> • Late at night 10 pm – 5 am • 12 pm – 10 pm
East (n=8 responders)	<ul style="list-style-type: none"> • All day, every day, 24 hours • Saturday and Sunday 9pm – 12am • Afternoon 	<ul style="list-style-type: none"> • 12 pm – 7 pm Monday to Friday • 7 days a week 9-12 pm, 5 am – 12 am
North Central (n=11 responders)	<ul style="list-style-type: none"> • Late at night • Mid-day, noon, early evening • Late morning 	<ul style="list-style-type: none"> • Monday – Friday 10 am – 8 pm • Saturday and Sunday 9-12 pm
North Coastal (n=7 responders)	<ul style="list-style-type: none"> • Any, all hours • Mornings • Regular business hours 	<ul style="list-style-type: none"> • 7am- 7pm • 11am- 8pm
North Inland (n=7 responders)	<ul style="list-style-type: none"> • 24 hours • Early mornings and evenings • Nights • Weekends 	<ul style="list-style-type: none"> • 7 am - 8 pm • 8 am – 11 am • 1 pm – 9 pm
South (n=6 responders)	<ul style="list-style-type: none"> • 24 hours • All day 	

Table E-16. Most important days/times of syringe service program operation by region of interview

What are the days and times that would be important for syringe service programs to operate? (n=53 responders) Categorized responses from open-ended question	Number Responding Similarly
7 days a week <ul style="list-style-type: none"> • At least 10 hours • Mornings • Late evenings, after hours, midnight • Different locations with various times 	15
24 hours, including 7 days a week and weekends	8
Monday – Friday <ul style="list-style-type: none"> • Late nights • 1 pm - 5 pm • 8 am – 4 pm • 12 pm – 7 pm • 9 am - 9 pm 	6
Early morning and late nights, includes every other day and late evenings	6
3 times per week <ul style="list-style-type: none"> • Friday/Saturday/Sunday • Wednesday/Thursday/Friday • Friday/Monday/Wednesday, before dark • Monday/Wednesday/Friday, 10 am – 4 pm or noon – 10 pm 	5
Starting at 5 am or in the mornings <ul style="list-style-type: none"> • 5 am – 10 pm • 5 am – 11 pm • 5 am – 5 pm • 6 am – 9 pm 	4
Weekends - including all day, mornings, evenings, and late at night	3
5 days per week (Monday/ Wednesday/Friday/Saturday/Sunday) <ul style="list-style-type: none"> • 24 hours • 10 am – 5 pm 	3
Other¹	3

¹ Other includes: “Any” (n=1), “One weekend day” (n=1), and “2 weeks from today at 11 am” (n=1).

Table E-16b. Most important days/times of syringe service program operation by region of interview

Region of Interview	What are the days and times that would be important for syringe service programs to operate? Categorized responses from open-ended question	
Central (n=9 responders)	<ul style="list-style-type: none"> • 5am -12am for 7 days a week • 8am – 4pm Monday – Friday 	<ul style="list-style-type: none"> • Daytime and weekends 1-5pm Mondays, Wednesdays, and Fridays • 9-5pm 7 days a week and Monday, Wednesday, Friday until midnight
East (n=8 responders)	<ul style="list-style-type: none"> • 24 hours • Saturday and Sunday all day 	<ul style="list-style-type: none"> • M-F 8am- 9pm • 5am- 10pm • Monday - Saturday 10am- 5pm
North Central (n=13 responders)	<ul style="list-style-type: none"> • 24/7 • Late at evening/night for 7 days a week • Late at night M-F 	<ul style="list-style-type: none"> • One weekend day and M-F 9am-12pm • Every day 11am- 5pm • 10-12pm 7 days a week • Monday, Wednesday, and Friday afternoon
North Coastal (n=9 responders)	<ul style="list-style-type: none"> • Any • Mornings and late afternoon/late night 	<ul style="list-style-type: none"> • Everyday 10am- 8pm • 2-3 days a week in the mornings • Monday - Saturday 24 hours a day
North Inland (n=8 responders)	<ul style="list-style-type: none"> • 24 hours • Weekends, nights/mornings or 24h 	<ul style="list-style-type: none"> • Monday - Saturday 8am- 10pm • 2 weeks from today at 11 am • 3 times a week • 8am- 6pm all week (or closed on weekends)
South (n=6 responders)	<ul style="list-style-type: none"> • 24 hours/7 days a week • 2-8 pm everyday 	<ul style="list-style-type: none"> • 5am-8pm for 7 days a week

Staffing

Table E-17. Comfort level with different syringe service program staffing types by region of interview

Would you be comfortable with the following types of persons at a syringe service program?	Region of Interview Percent 'Yes' ^{1,2}						Overall (n=55)
	Central (n=9)	East (n=8)	North Central (n=14)	North Coastal (n=9)	North Inland (n=9)	South (n=6)	
<i>Peers (person who currently or previously injected)</i>	89%	100%	100%	100%	88%	100%	96%
<i>A mental health counselor or therapist</i>	89%	88%	93%	100%	100%	100%	94%
<i>Medical personnel</i>	89%	75%	100%	100%	100%	100%	94%
<i>A substance use [treatment] counselor</i>	89%	88%	86%	100%	75%	100%	89%
<i>Staff from an agency that helps people such as Father Joe's, etc.</i>	33%	25%	67%	86%	100%	0%	55%

¹ Totals sum to greater than 100% as respondents may specify more than one choice.

² Other includes (4 people stated the following): formerly incarcerated people, individuals who are passionate about the services, counselor can remind people of a better life, medical person can teach clean injecting, knowledgeable about domestic violence, provide family planning resources.

Table E-18. Most preferred type of staffing by region of interview

Of these people/staff who would you <u>most</u> want to see handing out syringes or equipment?	Region of Interview						Overall (n=52)
	Central (n=9)	East (n=8)	North Central (n=12)	North Coastal (n=9)	North Inland (n=8)	South (n=6)	
<i>Peers (person who currently or previously injected)</i>	67%	88%	75%	44%	25%	100%	65%
<i>Medical personnel</i>	11%	--	8%	22%	25%	--	12%
<i>A substance use [treatment] counselor</i>	--	13%	8%	22%	13%	--	10%
<i>A mental health counselor or therapist</i>	--	--	--	11%	38%	--	8%
<i>Staff from an agency that helps people such as Father Joe's, etc.</i>	11%	--	--	--	--	--	2%
<i>Other¹</i>	11%	--	8%	--	--	--	4%
Total	100%	100%	100%	100%	100%	100%	100%

¹ Other includes (2 people stated the following): "Formerly incarcerated people", and "Individuals who are passionate about the services."

Naloxone and Fentanyl Test Strip Preferences

Table E-19. Naloxone preferences

Naloxone or Narcan is a medication that reverses opioid overdoses and is available as a nasal spray or as an injectable. Do/would you prefer: (n=52 responders)			Number	Percent
<i>Nasal</i>			26	50%
<i>No Preference</i>			17	33%
<i>Injectable</i>			9	17%
Why?				
Nasal (n=20 responders)		Injectable (n=9 responders)		No Preference (n=10 responders)
Easier to administer - Easy to give		Easier to use - Easier - Uses only one dose		No Inclination •
People know how - More people know how to use nasal		Positive connotation - Seem related to medical care		Lack of comparison - Never used
Fast/quick		Works Better		
No pain				
Avoids negative connotation - Do not want reminder of substance use				

Table E-20. Perceived usefulness of fentanyl test strips

Fentanyl test strips are used to test drugs for the presence of Fentanyl. Would you find these useful? (n=55 responders)	Number	Percent
<i>Yes</i>	51	93%
<i>No</i>	3	6%
<i>No preference</i>	1	2%
Total	55	100%

Table E-21. Able get enough fentanyl test strips by region of interview

Have you been able to obtain enough fentanyl test strips you need to keep you safe?	Region of Interview						Overall (n=52)
	Central (n=9)	East (n=8)	North Central (n=14)	North Coastal (n=8)	North Inland (n=8)	South (n=5)	
Yes	22%	25%	14%	50%	25%	0%	23%

Table E-22. Best locations for fentanyl and naloxone distribution by region of interview

Region of Interview	Which locations would be most helpful to get naloxone and Fentanyl test strips from? Categorized responses from open-ended question	Number Responding Similarly ¹
Central (n=9 responders)	Clinics/Community clinics	3
	Shelters	3
	Pharmacies	3
	"800 numbers or where they are selling drugs in the streets"	2
	Syringe service sites	2
	Convenient Stores	1
	Bars	1
	Vending machines	1
East (n=8 responders)	Clinics	4
	Anywhere	3
	Shopping centers	3
	Trolley	2
	Vending machines	2
	Medication-assisted treatment clinics	1
	Jails	1
	Pharmacies	1
	Parks	1
	Mobile people	1
North Coastal (n=8 responders)	Brother Bennos	3
	Everywhere (users in all socio-economic levels)	3
	Vending machines	2
	Mobile	1
	Kiosk	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-22. (Continued). Best locations for fentanyl and naloxone distribution by region of interview

Region of Interview	Which locations would be most helpful to get naloxone and Fentanyl test strips from? Categorized responses from open-ended question	Number Responding Similarly ¹
North Central (n=14 responders)	Downtown	3
	Offices	2
	Trolley/bus stations	2
	Vending machines	2
	Hospitals	2
	Stores/malls	2
	Clinics	2
	Pharmacies	2
	Kiosks	2
	800 numbers	1
	7-11 stores	1
	Hotel Circle	1
	Old Town	1
	University Town Center	1
	El Cajon	1
	Midway	1
	Jails	1
	Wellness centers	1
	Delivery	1
North Inland (n=7 responders)	Downtown San Diego	2
	Walmart / shopping centers	2
	Grape Day Park, Escondido	1
	Methadone clinic	1
	Mobile	1
	Within 10 miles of Vinyard Square	1
	Felicita Street, Escondido	1
	Drug Stores	1
	Parking lots	1
	Downtown Escondido	1
	Interfaith Community Services	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-22. (Continued). Best locations for fentanyl and naloxone distribution by region of interview

Region of Interview	Which locations would be most helpful to get naloxone and Fentanyl test strips from? Categorized responses from open-ended question	Number Responding Similarly ¹
South (n=6 responders)	Clinics	4
	Beach parking lots/beaches	4
	Doctor's office	2
	Trolley	2
	Parks	2
	Pharmacies	2
	Shopping centers	1
	Vending machines	1
	Motels	1
	Medication-assisted treatment clinic	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Importance of Various Services

Table E-23. Rating of importance of syringe service program components by region of interview

On a scale from 1 to 10 where 1 is not important at all and 10 is most important, how important do you think it is that a syringe service program offers:		Average ¹ per Region of Interview						Avg ¹
Service Type	Specific Service	Central (n=7-9)	East (n=8)	North Central (n=7-14)	North Coastal (n=8-9)	North Inland (n=5-7)	South (n=5-6)	Overall (n=43-52)
General	Syringe disposal at the site	9.6	8.6	9.7	10.0	9.7	10.0	9.6
	Syringe disposal containers for take away	9.9	8.3	9.4	9.6	9.7	10.0	9.4
Overdose Prevention	Fentanyl test strips	9.1	9.3	9.4	10.0	9.7	9.7	9.5
	Naloxone/Narcan (medicine for reversing an opioid overdose) and training on naloxone use	10.0	10.0	9.9	9.8	9.7	10.0	9.9
	Someone to help you develop an overdose prevention plan	7.6	7.4	6.0	9.1	7.3	8.5	7.6
Medical Care	Laboratory tests (HIV, Hep C, STDs)	7.1	6.4	9.7	9.2	9.3	7.3	8.2
	General medical care (treatment for HIV, etc.)	7.4	6.4	9.6	8.4	10.0	8.3	8.4
	Wound care	6.4	8.3	10.0	8.8	10.0	7.5	8.5
	Sexual health services (birth control, condoms/lubrication, medication to prevent pregnancy (i.e., Plan B), pregnancy test)	8.7	10.0	9.8	8.4	10.0	10.0	9.5
	Feminine hygiene products	8.4	8.3	8.2	8.7	10.0	10.0	8.8
Mental Health /Substance use Treatment	Counseling or mental health	7.3	6.4	9.8	8.8	9.1	8.5	8.3
	Medication-assisted treatment to help stop opioid use	8.5	9.5	9.8	8.8	8.7	10.0	9.2
	Other substance use disorder treatment services/support	8.5	5.9	10.0	8.6	9.0	7.8	8.2
Supplies for Safer Use	Bleach kits, works (cotton, cookers, etc.), plastic razors and straws, safe smoking supplies (mouth pieces, foil, glass pipes)	9.7	10.0	9.6	9.3	8.9	9.8	9.6
	Staff to educate you about safer practices	8.4	7.4	8.5	8.4	7.4	8.7	8.1
	Written materials on safe practices	7.8	8.6	8.7	8.2	7.7	8.2	8.2
Services	Help applying for medical care insurance, food stamps, etc.	8.7	6.9	9.0	8.9	10.0	8.0	8.6
	Staff to give referrals for services and help make appointments	8.8	7.8	9.0	9.1	10.0	10.0	9.0
	Transportation to services	8.1	9.6	9.5	8.9	9.1	9.2	9.1
COVID	COVID vaccination, testing, personal protective equipment	6.6	6.5	7.8	7.8	9.6	5.7	7.3
Basic Supplies	Dental and denture hygiene, clothes, earplugs, sunblock, etc.	8.3	6.8	9.3	8.7	10.0	9.3	8.7
	Food and drinks	8.4	6.8	9.4	9.4	10.0	9.2	8.8

¹ Average on scale of 1-10, where 10 is the most important.

Respondents indicated other services, including pipes, anything, bus passes, gift cards, housing, job training, interview skills, homelessness shelters, education about harm reduction techniques, counseling, warnings about fentanyl, and help reduce stigma – “Provide things that help doors open for us, and make us seem more approachable (clean clothes, places to shower).” Additionally, one person stated, “people with expert knowledge about different substances [who] can advise on best practices.”

Table E-24. Syringe service program components rated as most important

If you had to pick 3, which of the services that we just talked about are the most important to be sure to include? (n=50 responders)		
Categorized responses from open-ended question		
Service Type	Specific Information	Number Responding Similarly ¹
Supplies	Harm reduction supplies/ works/ kits (general)	31
	Naloxone/Narcan	19
	Syringes	13
	Fentanyl test strips	5
	Hygiene products	3
	Food and drinks	2
Services	Peer support / general support	11
	Referrals/ Services (general)	6
	Sites for safe disposal of syringes/containers/services	6
	Job, housing, and insurance application assistance	2
Accessibility	Facility access	1
Medical Services	Sexual health/ sex counseling	9
	Wound care	8
	Medical care/ medical services / clinics	7
	COVID testing and vaccinations	3
	Dental	2
Substance Use Disorder Treatment	Substance use disorder treatment and support	2
	Medication-assisted treatment	1
Mental Health	Mental health (general)	7
Transportation	Transportation (general)	3
Education	Resources/Information/Knowledgeable Staff	6
	Education/Awareness (general)	3
	Good injection practices / overdose prevention	3

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-25. Comments about syringe service program components

Comments about various aspects of syringe service programs:		
Service Type	Specific Service	Summarized Responses
General	Syringe disposal (n=2 responders)	<ul style="list-style-type: none"> • “A bin” (n=1) • “All based on use. Encourage proper disposal and clean injecting” (n=1)
	Syringe disposal containers to take (n=20 responders)	How big? ¹ <ul style="list-style-type: none"> - Travel size/portable (able to carry, fit in back pocket, red ones from Family Health Centers of San Diego fine, lunch box sized) (n=8) - Big and small / all sizes (travel and other use) (n=5) - Medium to large (n=5) - Any size that can fit in backpack (1 gallon, 6 x 6, water bottle size, half 2-liter size) (n=4) - Fit 50 syringes (n=1) - Does not matter (n=1)
Overdose Prevention	Fentanyl test strips (n=37 responders)	How many needed per week? <ul style="list-style-type: none"> • 10 or less (n=17) • 11-30 (n=14) • 31-50 (n=3) • As many as possible/unlimited (n=3)
	Naloxone/Narcan and training (n=39 responders)	How many doses needed per week? <ul style="list-style-type: none"> • 1-10 doses (n=28) • 11-20 doses (n=4) • 21-30 doses (n=5) • Large quantity/unlimited doses (n=2)
	Help to develop overdose prevention plan (n=23 responders)	What type of individual would be most helpful? <ul style="list-style-type: none"> • Peers/friends/family (n=7) • Doctor, medical staff, or nurse (n=6) • Counselor (n=5) • Someone with experience /professional (n=5) • Medication-assisted treatment program (n=1) • Anyone willing to help (n=1)
Medical Care	Laboratory tests (HIV, Hep C, STDs) (n=2 responders)	Comments: <ul style="list-style-type: none"> • Medical staff (n=1) • Nurse (n=1)
	General medical care (n=2 responders)	Comments: <ul style="list-style-type: none"> • Clinic (n=1) • Homelessness Outreach Programs (n=1)
	Wound care (n=1 responders)	Comments: <ul style="list-style-type: none"> • Nurse (n=1)
	Sexual health services (n=5 responders)	Comments: <ul style="list-style-type: none"> • Pregnancy prevention, contraceptives, Plan B, pregnancy tests, condoms (n=2) • Don't know (n=2) • Any (n=1)
	Feminine hygiene products (n=5 responders)	Comments: <ul style="list-style-type: none"> • Any/All (n=2) • Don't know (n=1) • “Nowhere does this - this is needed” (n=1) • Tampons, pads with wings, feminine wipes (n=1)

Table E-25. (Continued). Comments about syringe service program components

Comments about various aspects of syringe service programs:		
Service Type	Specific Service	Summarized Responses
Mental Health and Substance Use Disorder	Counseling or mental health (n=19 responders)	What type? <ul style="list-style-type: none"> • Individual counseling and meetings (n=7) • Groups (n=5) • Psychologists/ therapists/therapy/ mental health (n=3) • Counseling in general (n=2) • Psychiatric (n=1) • Sexual health (n=1) • Substance use disorder (n=1) • Trauma (n=1) • Any (n=1) • Not sure (n=1)
	Medication-assisted treatment (n=2 responders)	Comments: <ul style="list-style-type: none"> • "Several places to do this" (n=1) • "Subutex, suboxone" (n=1)
	Other substance use disorder treatment (n=13 responders)	What type? <ul style="list-style-type: none"> • Education/groups/support groups/check-ins (n=3) • Mentor/peer support (n=3) • Methadone/Subutex (n=2) • Fentanyl/meth/alcohol (n=1) • Government programs (n=1) • Outreach workers (n=1) • Whatever is available (n=1) • "Environment can be uncomfortable for some" (n=1)
Supplies for Safer Use	Bleach kits, works, safe smoking, etc. (n=22 responders)	What would you need the most? <ul style="list-style-type: none"> • Bleach, works, clean pipes, bleach kits, foil, mouthpiece, safe smoking supplies, cottons, cookers, glass (n=17) • Syringes/needles (n=6) • Clean/sterile water, alcohol, cleaning supplies (n=5) • All (n=3) • Test strips (n=1)
	Staff to educate about safer practices (n=3 responders)	Comments: <ul style="list-style-type: none"> • Peers (n=2) • No – already know information "The staff cannot tell you anything new. You learn everything out here." (n=1)
	Written materials on safe practices (n=2 responders)	Comments: <ul style="list-style-type: none"> • "Getting off right, FTS (fentanyl test strips), testing, Narcan use" (n=1) • "Laminated (paper gets torn)" (n=1)

Table E-25. (Continued). Comments about syringe service program components

Service Type	Specific Service	Summarized Responses
Services	Help applying for services (n=2 responders)	Comments: <ul style="list-style-type: none"> • “A lot of people do not know about the program” (n=1) • “Advocates, outreach” (n=1)
	Transportation to services (n=5 responders)	Comments: <ul style="list-style-type: none"> • “Bus passes” (n=2) • “Any” (n=1) • “If you can’t get there, what good is it?” (n=1) • “This makes a big difference for participants” (n=1)
	Help with referrals and appointments (n=1 responder)	Comments: <ul style="list-style-type: none"> • “Any” (n=1)
COVID-Related	COVID vaccination, testing, personal protective equipment (n=5 responders)	Comments: <ul style="list-style-type: none"> • “Definitely need this” (n=1) • “Everyone has protection products” (n=1) • “Indifferent” (n=1) • “Not any of my group has caught it” (n=1) • “This is already at the shelters” (n=1)
Basic Supplies	Dental and denture hygiene, clothes, earplugs, sunblock, etc. (n=16 responders)	Specify: <ul style="list-style-type: none"> • Hygiene in general and personal care kits (n=6) • Dental/denture hygiene and other oral/dental health products (n=5) • Clothing (n=3) • Ear plugs and sunblock (n=2); “I get sunburned often” • Facilities for access to personal care needs and basic supplies (n=1) • All of it (n=2) • Any (n=2)
	Food and drinks (n=5 responders)	Comments: <ul style="list-style-type: none"> - Drinks (n=2) - Nutrition; anything nutritious (n=2) - Food (n=1) - “If you have Medi-Cal card, you can get this stuff” (n=1)

Syringes and Services

Table E-26. Syringes needed per week by region of interview

If you used a new needle each time, how many would you need for an average week (including for mistakes/misses and accounting for number used per shot)? Categorized responses from open-ended question	Region of Interview						Overall (n=51)
	Central (n=9)	East (n=8)	North Central (n=12)	North Coastal (n=9)	North Inland (n=7)	South (n=6)	
10 and Under	--	--	33%	67%	14%	--	22%
11-20	22%	--	--	11%	--	--	6%
21-30	--	13%	8%	22%	14%	--	10%
31-40	--	25%	--	--	--	--	4%
41-50	22%	--	--	--	43%	--	10%
51-100	--	13%	25%	--	29%	17%	16%
101-200	33%	25%	25%	--	--	--	14%
201-300	11%	13%	8%	--	--	67%	16%
301+	11%	13%	--	--	--	17%	4%
Total¹	100%	100%	100%	100%	100%	100%	100%

One response also included "5 pipes."

¹ Total may not sum to 100% due to rounding.

Table E-27. Type of support would like from syringe service program, including recovery

What type of supports would you want from a syringe service program to help you address any challenges with your substance use? What behavioral health or recovery support would help you? (n=45 responders) Categorized responses from open-ended question	Number Responding Similarly ¹
Mental health <ul style="list-style-type: none"> Counseling, 1:1 counseling, groups, mental health, therapist, “not 12-step” 	11
Substance use disorder treatment <ul style="list-style-type: none"> Detox, access to medication-assisted treatment, treatment plans, education, treatment services, medication-assisted treatment therapist, referral options 	10
None / not interested	9
Support <ul style="list-style-type: none"> Mentor, advocate, social worker, job, or career, “direct outreach”, ongoing groups (n=6) Peer support (n=4) 	9 (one person responded in both points)
Case management <ul style="list-style-type: none"> Check-ins, case management, life plans, time management, help with applications 	5
Activities/Events <ul style="list-style-type: none"> Activities, help “channeling energy”, “non-12 step” events, education 	5
Basic needs <ul style="list-style-type: none"> Money, food, help with housing, transportation, place to shower and take care of hygiene, clothes 	4
Medical care <ul style="list-style-type: none"> Medical care Lab testing 	2
“Any”	2
“Drop-in”	2
“Staff that does not judge”	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-28. Type of support would like from syringe service program by region of interview

What type of supports would you want from a syringe service program to help you address any challenges with your substance use? What behavioral health or recovery support would help you? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly¹
Central (n=9 responders)	None	4
	Mental health <ul style="list-style-type: none"> • Counselor (one-on-one, not “12 step”) • Counselor 	2
	Basic needs <ul style="list-style-type: none"> • Money and food • Transportation 	1
	Anything	1
	Substance use disorder treatment <ul style="list-style-type: none"> • A place to detox (immediate access) • More access to medication-assisted treatment 	1
East (n=8 responders)	Case Management / Coaches <ul style="list-style-type: none"> • Check in’s • Case management • Life plans • Time management 	3
	Drop-in time	2
	Substance use disorder treatment <ul style="list-style-type: none"> • Treatment plans • Education 	2
	None	2
	Peer support	2
	Activities <ul style="list-style-type: none"> • “Activities” 	1
	Other support <ul style="list-style-type: none"> • “Ongoing groups” 	1
	Basic needs <ul style="list-style-type: none"> • Help with housing 	1
North Central (n=9 responders)	Mental health <ul style="list-style-type: none"> • Mental health services/activities • Group therapy/education (“not 12-step”) • One-on-one therapy • Counselor 	5
	Activities/Events (“not 12-step”)	4
	Peer support <ul style="list-style-type: none"> • Peer support, “people who accept me “ 	2
	Other support <ul style="list-style-type: none"> • Mentors • Advocates 	2
	Staff that do not judge	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-28. (Continued). Type of support would like from syringe service program by region of interview

What type of supports would you want from a syringe service program to help you address any challenges with your substance use? What behavioral health or recovery support would help you? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly¹
North Coastal (n=8 responders)	Substance use disorder treatment <ul style="list-style-type: none"> Substance use disorder treatment services Medication-assisted treatment therapist Substance use disorder treatment referrals / options / detox 	5
	Mental health <ul style="list-style-type: none"> Mental health/counselor/therapist 	3
	Support <ul style="list-style-type: none"> Social workers Jobs or career opportunities 	2
	Basic needs <ul style="list-style-type: none"> Housing 	1
	Medical care <ul style="list-style-type: none"> Lab testing for pathogens 	1
	Anything	1
North Inland (n=6 responders)	Substance use disorder treatment <ul style="list-style-type: none"> Referrals for residential substance use disorder programs for single women "Drugs that make you sick when you use, like [Antabuse]" 	2
	Other support <ul style="list-style-type: none"> Direct outreach "People that bring support" 	1
	Basic needs <ul style="list-style-type: none"> Place to take care of hygiene Shower/ offer clothes 	1
	Case management <ul style="list-style-type: none"> Help with applications 	1
	Mental health <ul style="list-style-type: none"> Mental health (general) 	1
	Medical care <ul style="list-style-type: none"> Medical care (general) 	1
South (n=4 responders)	None	3
	Case management <ul style="list-style-type: none"> Referrals "to programs for help" 	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Barriers to Accessing Services

Table E-29. Barriers to accessing syringe service program, health, or other substance use services

What are some barriers to accessing syringe service, health services, or other substance use services? Categorized responses from open-ended question	
Responses	Number Responding Similarly ¹
Accessibility / Availability <ul style="list-style-type: none"> • Transportation/money to travel • Distance • Not enough locations or hours available • Parking • Not enough time • Services not available (i.e., “have no kids”) 	32
Feelings/Stigma <ul style="list-style-type: none"> • Stigma • “Being judged” • Being treated poorly • Ashamed / being seen by public or co-workers 	26
Logistical Concerns <ul style="list-style-type: none"> • No way to know when appointment is • Nowhere to store items or leave pet • No phone/calendar • Need to shower • Lack of housing Lack of identification	7
Not Aware of Services <ul style="list-style-type: none"> • Knowing the hours of operation 	5
None	5
Location Qualities <ul style="list-style-type: none"> • Not comfortable • Not discreet / too visible “Try to stay under the radar” • Not downtown “bad vibes” 	3
Law Enforcement <ul style="list-style-type: none"> • Law enforcement called to “kick them out” 	1
Health <ul style="list-style-type: none"> • Being in withdrawal 	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-29a. Barriers to accessing syringe service program, health or other substance use services by region of interview

What are some barriers to accessing syringe service, health services, or other substance use services? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly¹
Central (n=9 responders)	Accessibility / Availability <ul style="list-style-type: none"> • Transportation/money to travel • Distance • Not enough locations or times • Parking 	6
	Not Aware of Services <ul style="list-style-type: none"> • Knowing the hours of operation 	3
	Feelings/Stigma <ul style="list-style-type: none"> • Stigma 	3
	Location Qualities <ul style="list-style-type: none"> • Not comfortable • Not discreet / too visible “Try to stay under the radar” • Not downtown “bad vibes” 	3
	None	2
North Central (n=13 responders)	Accessibility / Availability <ul style="list-style-type: none"> • Not enough locations / hours / lack of services • Not enough time 	9
	Feelings/Stigma <ul style="list-style-type: none"> • Stigma • “Being judged” • Judgement of society • Lack of communication skills 	8
	Logistical <ul style="list-style-type: none"> • No way to know when appointment is • Nowhere to store items or leave pet • No phone/calendar • Need to shower Lack of housing	5
	Not Aware of Services <ul style="list-style-type: none"> • Knowing the hours of operation/visibility 	1
	Health / Withdrawal Symptoms	1
	None	1
North Coastal (n=7 responders)	Accessibility / Availability <ul style="list-style-type: none"> • Transportation/travel distance/location/money to travel • Hours 	5
	Feelings/Stigma <ul style="list-style-type: none"> • Stigma/ashamed or embarrassed • Staff treat badly • Ashamed to get services where can be seen by public 	4

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-29a. (Continued). Barriers to accessing syringe service program, health or other substance use services by region of interview

What are some barriers to accessing syringe service, health services, or other substance use services? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly ¹
East (n=7 responders)	Feelings/Stigma <ul style="list-style-type: none"> • Stigma • Everything • “Seeing coworkers” • Judgment by providers “way they treat us” • Judged by people 	6
	Accessibility / Availability <ul style="list-style-type: none"> • Not enough locations/hours • Distance/hard to get there • No money for transportation 	5
North Inland (n=6 responders)	Logistical concerns <ul style="list-style-type: none"> • Lack of identification • Lack of phone to make an appointment 	2
	Accessibility / Availability <ul style="list-style-type: none"> • Transportation • Not having access • Services not available (“have no kids”) 	2
	None	2
	Law enforcement <ul style="list-style-type: none"> • Law enforcement called to “kick them out” 	1
	Not Aware of Services <ul style="list-style-type: none"> • Not knowing where they are 	1
South (n=6 responders)	Accessibility / Availability <ul style="list-style-type: none"> • Transportation 	5
	Feelings/Stigma <ul style="list-style-type: none"> • Stigma • “Being judged” 	5

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-30. Barriers to utilizing syringe service programs

When thinking about syringe service programs, what are one or two things that might prevent you or your friends from using the services? (n=47 responders) Categorized responses from open-ended question	Number Responding Similarly ¹
Accessibility / lack of transportation <ul style="list-style-type: none"> Distance/no transportation/lack of funds for transportation Limited hours of operation Not enough locations Hard to find or not visible 	26
Unsafe location/areas <ul style="list-style-type: none"> "Areas not comfortable to visit" Unsafe area ("haters, if there is someone who wants to jump you" "Riff raff" "Bad area, it can bring out the worst crowd" 	9
Law enforcement <ul style="list-style-type: none"> General (law enforcement, "cops," "concerns") Near police department or law enforcement Involvement ("being called because of warrants") Being "stopped and searched" 	9
Fear of judgment/stigma <ul style="list-style-type: none"> Being judged/judging people/judgement (general) Uncomfortable with staff/unfamiliar people Stigma 	8
Staffing incompetence <ul style="list-style-type: none"> "Bad," incompetent, judgmental, uncaring, rude, "pushy to ask your business" 	7
Crowding <ul style="list-style-type: none"> "Crowds in the way" Crowds 	2
Other (n=1 each): <ul style="list-style-type: none"> If substance use changes [will no longer need syringe service program?] "Food stuff"; "Peers" Cannot bring dog; "searching me when I enter" Lack of identification "Being sick, suffering from withdrawal" If "in a building" 	6
Exchange type (1:1 exchange)	1
Other: Privacy of information or "being recorded or seen"	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-30a. Barriers to utilizing syringe service programs

When thinking about syringe service programs, what are one or two things that might prevent you or your friends from using them? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly¹
Central (n=9 responders)	Unsafe area/locations: Unsafe area, “riff raff” around the site, discomfort, loitering/safety	4
	Accessibility: Distance / not enough locations / lack of funds for transportation / limited hours of operation	4
	Staffing incompetence: Staff who are “not-competent” or “rude”	2
	Crowding: “Crowds in the way”	1
	Other: Privacy of information or “being recorded or seen”	1
	Law enforcement: “Concerns about police”	1
	Other: “Food” and “Peers”	1
	Change of substance use: “If substance use changes” [won’t need syringe service program?]	1
East (n=7 responders)	Accessibility: Difficult to find / lack of transportation	6
	Fear of judgment/stigma: Being judged (general), uncomfortable with staff	3
	Staffing incompetence: Incompetent or judgmental staff	1
North Central (n=12 responders)	Accessibility: Location, lack of transportation, limited hours of operation	5
	Fear of judgment/stigma: Judgement, unfamiliar people, stigma	4
	Law enforcement: General (“cops”, “law enforcement”)	3
	Unsafe area/locations: General	2
	Other: Lack of identification	1
	Other: If “in a building”	1
	Other: Unable to bring dog, “searching me when I enter”	1
	Exchange type: “1 for 1” exchange	1
North Coastal (n=8 responders)	Accessibility: Location/ lack of transportation/ out of the way	6
	Law enforcement: Near police department or law enforcement, general, “getting stopped and searched”	3
	Fear of judgment/stigma: Being judged	1
	Staffing incompetence / lack of sympathy	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-30a. (Continued). Barriers to utilizing syringe service programs

When thinking about syringe service programs, what are one or two things that might prevent you or your friends from using them? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly ¹
North Inland (n=6 responders)	Law enforcement: "involved" or "being called because of warrants"	2
	Accessibility: Lack of transportation	2
	Unsafe area/locations: "The haters" / "Bad area, it can bring the worst crowd"	1
	Crowd: General	1
	Staffing incompetence: If they are "judgmental or pushy to ask your business"	1
	Other: "Being sick, suffering from withdrawal"	1
South (n=5 responders)	Accessibility: "Location"	3
	Staffing incompetence: Judgmental or uncaring staff	2
	Unsafe area/location: "Area", privacy	2

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-31. How stigma affects accessibility of services, quotes by region of interview

How has stigma impacted your ability to access services?	
Region of Interview	Responses
Central (n=3 responders)	"Don't feel comfortable going downtown [to existing syringe service program]. I don't feel I belong (maybe unsafe)."
	"Don't like to be put on blast or treated like I don't matter."
	"My self-esteem"
East (n=4 responders)	"Looked down on and judged"
	"Makes me feel bad about myself and I give up"
	"I feel judged and have self-guilt"
	"Treat us bad so we don't seem human and don't come back"
North Central (n=7 responders)	"A lot. I feel ashamed, judged, and discouraged"
	"Always treated like I don't matter"
	"Get judged every time/profiled"
	"Judgement keeps me from going and getting services"
	"Makes me not want to access – do not like judgement"
	"Shameful/Stressful"
North Coastal (n=4 responders)	"Treated horribly, can't get treated like a human"
	"Drastically and devastating"
	"I feel shame for seeking services"
	"Makes me feel judged and looked down upon"
South (n=5 responders)	"Very much impacted me because I don't like to be seen by a lot of people doing such activities"
	"Being looked down at so why feel uncomfortable"
	"Do not like to be looked down on"
	"I feel judged and don't come back – why even try?"
	"Stereotyped"
	"Stigma, none in South"

Definition of themes (Table E-31):

- **Negative treatment or being "looked down on:"** maltreatment, treated like they don't matter
- **Stigma or judgement:** stereotypes, stigma, judgement, profiled
- **Shame:** ashamed, shameful
- **None:** reported none
- **Self-esteem:** "myself", self-esteem, guilt
- **Comfortability/ Safety:** feeling like they don't belong, reason for not feeling comfortable

Increasing Awareness and Use of Programs

Table E-32. Suggestions for advertising by region of interview

Where would information need to be advertised to help you or others know about syringe service program services? Categorized responses from open-ended question	
Region of Interview	Responses
Central (n=9 responders)	Locations to Advertise <ul style="list-style-type: none"> syringe service program site, bus stops/transit centers, casinos, shopping centers, bars, clinics, homelessness shelters, day centers, parks
	Types of Advertising <ul style="list-style-type: none"> Social media, online, posters, dating apps, flyers, billboards, signs, cards
East (n= 8 responders)	Locations to Advertise <ul style="list-style-type: none"> Malls/shopping centers, business centers, medication-assisted treatment clinics/clinics, jails, TV, bus stops, hotel lobbies, Dr's. Office, trolley stops, casinos, dispensaries
	Types of Advertising <ul style="list-style-type: none"> Social media (Facebook/Grindr/Tinder), posters, billboards, business cards, signs, radio
North Central (n=14 responders)	Locations to Advertise <ul style="list-style-type: none"> Sides of buses and bus stops, car wraps, TV, "County" buildings, dispensaries, DHS (Department of Health Services) office, tents, welfare office, treatment centers
	Types of Advertising <ul style="list-style-type: none"> 211 phone number, billboards, online, newspapers, texting, PSAs, the Reader, 800 numbers, through peer networks, hotline available to the public
North Coastal (n=9 responders)	Locations to Advertise <ul style="list-style-type: none"> 7-11, Circle K, AM/PM, grocery stores, libraries, shelters, bus stops, transit stations, clinics, food pantries,
	Types of Advertising <ul style="list-style-type: none"> Billboards, flyers on telephone poles, flyers, social media
North Inland (n=9 responders)	Locations to Advertise <ul style="list-style-type: none"> Clinic, Dr's. Office, Interfaith Community Services, side of dumpsters, side of power boxes, side of buildings,
	Types of Advertising <ul style="list-style-type: none"> 211, Google
South (n=6 responders)	Locations to Advertise <ul style="list-style-type: none"> All over San Diego, buses, South, trolley station
	Types of Advertising <ul style="list-style-type: none"> Billboards, internet, social media, flyers, signs

Table E-33. Ideas to increase likelihood of visiting new syringe service program by region of interview

What are one or two things that would make it more likely...for you or your friends to visit a new syringe service program? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly¹
Central (n=8 responders)	Resources Available <ul style="list-style-type: none"> Help with housing and other needs / resources and support 	4
	Availability <ul style="list-style-type: none"> Close / more locations and hours 	3
	Empathic Staff <ul style="list-style-type: none"> Understanding and caring 	2
	Pharmacy Vouchers <ul style="list-style-type: none"> Voucher system with pharmacies that are known to accept vouchers 	1
	Discreet	1
	Incentives <ul style="list-style-type: none"> Food and incentives 	1
East (n=8 responders)	Availability <ul style="list-style-type: none"> Easy to get to and good hours, near transportation 	5
	Resources Available <ul style="list-style-type: none"> Transportation, employment, housing, medical 	3
	Awareness <ul style="list-style-type: none"> Know about it 	1
	Incentives <ul style="list-style-type: none"> Food 	1
	Empathic Staff <ul style="list-style-type: none"> Nice staff 	1
North Central (n=12 responders)	Incentives <ul style="list-style-type: none"> Incentives, food, swag, promos 	8
	Location <ul style="list-style-type: none"> Familiar place, safe, easy access/get to, "mobile services that are convenient," sufficient available hours, allow dogs 	5
	Empathetic Staff/Peers <ul style="list-style-type: none"> Welcoming, know the staff, no stigma, provide support, inviting, have peers, support, "welcoming, peers, incentives, support, no stigma." 	4
	Supplies <ul style="list-style-type: none"> Glass pipes 	1
	Awareness <ul style="list-style-type: none"> Advertise more 	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-33. (Continued). Ideas to increase likelihood of visiting new syringe service program by region of interview

What are one or two things that would make it more likely for you or your friends to visit a new syringe service program? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly ¹
North Coastal (n=9 responders)	Availability/Location <ul style="list-style-type: none"> Ease of use, near public transportation, open during evenings, kiosk open 24/7 in a well-lit area, sufficient hours of operation, mobile, convenient, easy to find 	8
	Safety <ul style="list-style-type: none"> Safe location, well-lit, not followed by law enforcement 	3
	Empathic Staff <ul style="list-style-type: none"> Staff “not ask a lot of questions,” medical staff that are supportive 	2
	Awareness <ul style="list-style-type: none"> Word-of-mouth 	2
	Discreet	1
	Services Needed <ul style="list-style-type: none"> New syringes/supplies 	1
	Resources Available <ul style="list-style-type: none"> Medical 	1
	Incentives <ul style="list-style-type: none"> Swag 	1
North Inland (n=8 responders)	Services Needed <ul style="list-style-type: none"> Offer new syringes and supplies <ul style="list-style-type: none"> “Cleanliness, we have a lot of trouble getting needles so there is a lot of sharing that happens” “...I need clean needles to avoid AIDS” 	4
	Availability <ul style="list-style-type: none"> Easy to access, open doors, has services 	3
	Awareness <ul style="list-style-type: none"> Word-of-mouth, need to promote the program <ul style="list-style-type: none"> “Others would go if they see how healthy I am looking from going” 	2
	Empathic Staff <ul style="list-style-type: none"> Non-judgmental, not ask too many questions <ul style="list-style-type: none"> “Something that is easy, where not a lot of questions are asked, not judgmental, open doors” 	1
	Safety <ul style="list-style-type: none"> Keep syringes off the street 	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Table E-33. (Continued). Ideas to increase likelihood of visiting new syringe service program by region of interview

What are one or two things that would make it more likely for you or your friends to visit a new syringe service program? Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly ¹
South (n=6 responders)	Resources Available <ul style="list-style-type: none"> Assistance, support, resources, vouchers, housing assistance, employment assistance 	4
	Empathetic Staff <ul style="list-style-type: none"> Caring staff 	3
	Incentives <ul style="list-style-type: none"> Snacks, incentives 	1
	Basic Care <ul style="list-style-type: none"> Clothes 	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Other Comments

Table E-34. Additional comments by region of interview

Do you have any other comments or information we need to know?		
Categorized responses from open-ended question		
Region of Interview	Responses	Number Responding Similarly ¹
Central (n=1 responder)	"Really love the idea of the voucher program"	1
East (n=3 responders)	Need more mobile services	1
	Need more safe smoking options	1
	"We need people who really care and know what real harm reduction looks like"	1
North Central (n=5 responders)	Love the idea of a "one stop shop" where many resources can be accessed at once. Syringe service programs need to be available all across San Diego County	1
	More glass/smoke stuff decreases diseases	1
	More "needs-based" services (providing syringes requested without limits or exchange requirements)	1
	Safe smoking and detox centers	1
	No police	1
North Coastal (n=2 responders)	"Education on clean injection and location is important"	1
	"I think it's a good idea. I think the most important thing is that it is well lit, that is my biggest concern. My other big concern is that it is near public transportation"	1
North Inland (n=5 responders)	"In Reno, Nevada they have a place called HOPES that has a syringe exchange program that is successful. It would be great if something similar was offered here in Escondido"	2
	"Need latex gloves with cotton and sanitizers. With the pandemic and substance use, it is a lot of negatives. If someone sets up next to you and wants to use your equipment, then it's very dirty"	1
	"We really need one, we have needed one for years. You walk up and down this area and see needle caps all over the place, there is nowhere to dispose"	1
	Services that give bus passes would be helpful. "Fentanyl came out and everyone has stopped using syringes"	1
	"The program is a good idea; it is helping, and we are going in the right direction"	1
	"We need more services to help us"	2
South (n= 2 responders)	"We did not choose this life"	1

¹ Sums to more than the number of respondents as persons could provide multiple responses.

Demographics

Table E-35. Demographic characteristics of respondents

Metric	Category	Percent per Region of Interview						Percent
		Central (n=9)	East (n=8)	North Central (n=14)	North Coastal (n=9)	North Inland (n=9)	South (n=6)	Overall (n=55)
Age	18-24 Years	22%	38%	--	--	--	17%	11%
	25-34 Years	22%	25%	36%	33%	11%	50%	29%
	35-44 Years	33%	25%	29%	33%	33%	--	27%
	45-54 Years	--	13%	21%	33%	11%	33%	18%
	55 or Over	22%	--	14%	--	33%	--	13%
	No Response	--	--	--	--	11%	--	2%
Gender Identity	Male	67%	25%	57%	67%	78%	33%	56%
	Female	22%	63%	43%	33%	11%	67%	38%
	Transmale	11%	--	--	--	--	--	2%
	Transfemale	--	13%	--	--	--	--	2%
	No Response	--	--	--	--	11%	--	2%
Race/ Ethnicity ¹	White (Non-Hispanic)	67%	63%	79%	78%	33%	17%	60%
	Hispanic	22%	13%	7%	11%	33%	67%	22%
	African American (Non-Hispanic)	11%	13%	7%	--	--	17%	7%
	Asian/Pacific Islander (Non-Hispanic)	--	13%	--	--	11%	--	4%
	American Indian/Alaskan Native (Non-Hispanic)	--	--	--	11%	11%	--	4%
	Other (Non-Hispanic)	--	--	7%	--	--	--	2%
	No Response	--	--	--	--	11%	--	2%
History of Relo- cation	Lived in 3 or more locations in past six months ²	44%	50%	71%	11%	44%	67%	49%
	Not lived in 3 or more locations	56%	50%	21%	78%	44%	33%	45%
	Unsure	--	--	7%	11%	--	--	4%
	No Response	--	--	--	--	11%	--	2%
Living Situation (On average where do you sleep most nights?)	Outside (beach, canyon, underpass, etc.)	44%	13%	29%	67%	33%	33%	36%
	Home/apartment/room I rent or own	33%	38%	7%	11%	--	33%	15%
	Hotel	--	38%	21%	--	11%	--	13%
	Home/apartment/room of friend/ family	--	13%	14%	--	--	--	9%
	In a car or RV	22%	--	--	--	11%	33%	9%
	Shelter	--	--	--	11%	11%	--	4%
	Campground	--	--	--	11%	11%	--	4%
	In an unoccupied building/office	--	--	--	--	11%	--	2%
	No Response	--	--	29%	--	11%	--	9%

¹ Recoded into hierarchy: Hispanic if Hispanic and any other race, followed by African American, Asian, Pacific Islander, American Indian, Other, and White.

² Respondents additionally provided information about their reasons for relocation: homelessness (n=7), police sweeps (n=3), live in van/RV (n=2), exited prison (n=1), "I am staying away from people who use" (n=1).

Priority Population Focus Group Results

Priority Population Focus Group – January 19, 2022

Central San Diego

6 participants, 45 minutes

Do you currently access a syringe service program?

Yes, all of the focus group participants have engaged with a syringe service program, either through Family Health Centers of San Diego or mobile (On Point)

Where in San Diego would you like to see services expanded?

- San Ysidro
- El Cajon
- Palomar Trolley
- South
- La Jolla
- Old Town

Participants noted that downtown currently has the best resources available and that other parts of San Diego need greater support.

What models are you most interested in?

Building	<ul style="list-style-type: none">• Some participants saw this model as very convenient and like the idea of it being linked with other services, community partnerships, and rapid access to treatment. Participants are interested in wraparound services with wound care, hepatitis C services, and a dispensing pharmacy• In discussing these models, participants emphasized that they need access to storage options. A drop-in space may be conducive to this, possibly offering lockers for participants. One participant expressed, "if I can't carry it, I'm not keeping it!"
Mobile	<ul style="list-style-type: none">• Supportive of services in consistent locations in area with high traffic
Vending Machine	<ul style="list-style-type: none">• The first reaction by participants was surprised about this option. They seemed concerned about the logistics of how this would operate
Mail	<ul style="list-style-type: none">• Some participants were interested in the idea of mail services in areas with poor transportation

How many syringes do you typically need in a week?

This amount varied a lot by individual. The biggest takeaway was that typically one injection requires more than one syringe. Some individuals need 10 syringes per injection due to missing veins, breaking syringes, etc. One participant also advised that it is less safe to use the same needle to both collect substance(s) into the syringe and then inject the substance(s) (i.e., “less safe to draw up and inject”), articulating that these two steps should require separate units.

What other supplies and services would you like access to?

Safer Smoking Supplies	<ul style="list-style-type: none">• Participants mentioned foil as a useful supply. They warned that extra thin tin foil is bad. For one participant, a 24 pack of Easy Pack Foil would last a week• Participants also mentioned the need for something to cut things with (plastic razor), post-it notes, disposable lighters, half straws, pipes, and silicone dishes (for dabbing)
Overdose Prevention	<ul style="list-style-type: none">• Participants are eager to receive more naloxone• One participant mentioned a need for rubber gloves. They described a hesitancy to touch an individual who may have overdosed and would have felt more comfortable with rubber gloves
Bathroom Access	<ul style="list-style-type: none">• Participants described the frequency of sewage overflows and expressed that they need more than porta potties for the community
Other Services	<ul style="list-style-type: none">• Participants also noted a desire for mobile showers, transportation support, mental health services, personal care (hygiene) supplies, PPE, and trashcans

Other notes:

Participants notes that they feel hesitant to access some services because they “feel like a low life.”

Participants described negative and harmful interactions with the police. They described feeling disrespectful, approached at inappropriate times. They expressed that new equipment has been confiscated by the police. These accounts may illustrate a need for a coordinated approach with law enforcement.

Appendix F: Public Opinion Poll Interview/ Survey Results

This appendix contains the thoughts and beliefs of member of the public related to syringe service programs as gathered from intercept interviews conducted by trained the assessment team between January and February 2022. A total of 158 public opinion poll Interviews or surveys were gathered from various locations within San Diego County. Interview/survey lengths ranged from 5 to 10 minutes, depending on the interviewee. Some persons completed the anonymous surveys themselves using pen and paper. Interviews were conducted in Spanish and English, and paper surveys were additionally available in Tagalog and Arabic. Teams of two or more research assistants collected responses from each site by interview or providing the survey for self-administration (paper or QR code).

The areas of focus included different Health and Human Services regions/subregional areas in San Diego County: North Central (specifically Kearny Mesa), East (specifically Lakeside), North Inland (specifically Escondido), and South (specifically South Bay Sub-Regional Area). Interviews were conducted in front of and in the areas surrounding shopping centers. The results are displayed on the pages by the service region in which the surveys were gathered.

Public Opinion Poll Results: Data Collection Details

Because of the limited data collection time (six weeks), and problems early on with grocery stores not wanting interviewers on the premises without prior approval, surveys/interviews were gathered in shopping centers anchored by Walmart or Target. Staff also reported that people were more willing to talk in these areas (as opposed to other areas attempted). Some success was seen at a smaller retailer in San Ysidro and Imperial Beach (with prior approval in Imperial Beach). Staff reported that Walmart areas were the easiest for data collection in terms of volume, willingness of persons to be interviewed, and store policies that did not interfere with data collection.

In Lakeside, early attempts at a shopping center with a central grocery store area only netted some refusals and it was noted that the volume of customers was not high enough to allow for easy data collection. As a result, Lakeside area surveys were gathered at the nearest Walmart shopping center, which was located just outside of the Lakeside border in El Cajon.

Interviewers approached and obtained interviews/surveys from persons of various races/ethnicities (Native Hawaiian, White, African American/Black, Hispanic/Latinx and Asian) although exact statistics were not gathered. Interviewers reported a ratio of one successful interview to approximately five refusals. About one-third of the interviews were conducted in

Spanish and the rest in English. While the interviewers had surveys with them in other languages, they were not needed. Interviewers also reported that approximately 75% of the surveys were collected via interview versus self-administration. Ten-dollar gift certificates were offered to all persons who completed an interview/survey although some refused the remuneration.

Table F-1. Respondents by location type and region of data collection^{1,2}

Location and ZIP Code (type)	Geographic Region (Percent of Total)					
	North Central (Kearny Mesa)	North Central (Clairmont Mesa)	East (Near Lakeside)	North Coastal (Oceanside)	North Inland (Escondido)	South (Imperial Beach / San Ysidro Area)
4840 Shawline St, San Diego, CA 92111 (Walmart shopping center area)	25 (16%)					
5680 Balboa Ave, San Diego, CA 92111 (Target shopping center area)		10 (6%)				
13487 Camino Canada, El Cajon, CA 92021 (Walmart shopping center area)			43 (27%)			
9846 Mission Gorge Rd, Santee, CA 92071 (Target shopping center area)			2 (1%)			
2100 Vista Way, Oceanside, CA 92054 (Walmart shopping center area)				7 (4%)		
1330 E Grand Ave, Escondido, CA 92027 (Walmart shopping center area)					17 (11%)	
700 W Valley Pkwy, Escondido, CA 92025 (main transit center area)					11 (7%)	
1280 Auto Park Way Escondido, CA 92029 (shopping center area)					6 (4%)	
710 Dennerly Rd, San Diego, CA 92154 (shopping center, north of San Ysidro)						16 (10%)
1260 Imperial Beach Blvd, Imperial Beach, CA 91932 (market, Imperial Beach)						13 (8%)
San Ysidro: 4211 Camino De La Plaza, San Diego, CA 92173 (shopping center, San Ysidro near international border)						8 (5%)
Sub Total	25 (16%)	10 (6%)	45 (28%)	7 (4%)	34 (22%)	37 (23%)
Total by Region	North Central		East	North Coastal	North Inland	South
	35 (22%)		45 (28%)	7 (4%)	34 (22%)	37 (23%)

Public Syringe Service Program Awareness and General Support/Concerns

Table F-2. Awareness of syringe service programs by region of data collection¹

Have you heard of Syringe Service Programs? (older names may include the term <i>syringe exchange</i>)	Response		
	Yes	No	Don't Know
<i>East (n=45 respondents)</i>	11%	82%	7%
<i>North Central (n=35 respondents)</i>	37%	60%	3%
<i>North Coastal (n=7 respondents)</i>	29%	57%	14%
<i>North Inland (n=34 respondents)</i>	18%	71%	12%
<i>South (n=37 respondents)</i>	22%	65%	14%
All Areas (n=158 respondents)	22%	70%	9%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Table F-3. Support for or concerns with syringe service program (if heard of syringe service program, prior to explanation) by region of data collection¹

How opposed, or supportive are you to having a syringe service program?	Response				
	Strongly Opposed	Slightly Opposed	Somewhat Supportive	Strongly Supportive	Don't Know
<i>East (n=5 respondents)</i>	0%	0%	60%	40%	0%
<i>North Central (n=12 respondents)</i>	0%	0%	33%	58%	8%
<i>North Coastal (n=2 respondents)</i>	0%	0%	0%	100%	0%
<i>North Inland (n=6 respondents)</i>	0%	0%	17%	67%	17%
<i>South (n=8 respondents)</i>	13%	0%	25%	63%	0%
All Areas (n=33 respondents)	3%	0%	30%	61%	6%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Table F-4. Know of syringe service program near where live, work, spend time by region of data collection¹

Do you know if there are Syringe Service Programs near where you...	Percent Responding 'Yes' ²		
	Live	Work	Spend Time
<i>East (n=44 to 45 respondents)</i>	4%	5%	0%
<i>North Central (n=34 to 35 respondents)</i>	6%	9%	12%
<i>North Coastal (n=7 respondents)</i>	29%	14%	29%
<i>North Inland (n=33 to 34 respondents)</i>	9%	0%	0%
<i>South (n=36 to 37 respondents)</i>	0%	11%	3%
All Areas (n=155 to 158 respondents)	6%	6%	5%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

² 'Yes' responses from three separate questions (live, work, spend time).

Disadvantages of Syringe Service Programs: Public Opinion Poll

Table F-5. Disadvantages of syringe service program by region of data collection^{1,2}

In your opinion, what, if any, are the DISADVANTAGES of having a syringe service program near where you live, work, or spend time? Please provide specifics related to the different areas.		
Region	Disadvantages	Disadvantages
East (n=38 responders)	Don't know/not sure No disadvantages Syringe litter General disapproval Promotes substance use	Attracts persons who are homeless/the priority population Not near home Dangerous Funding Other
South (n=28 responders)	Don't know/not sure No disadvantages General disapproval Promotes substance use Funding	Attracts persons who are homeless/the priority population Syringe litter Other -
North Inland (n=30 responders)	Don't know/not sure No disadvantages General disapproval Promotes substance use -	Attracts persons who are homeless/the priority population Funding Other -
North Central (n=34 responders)	Don't know/not sure No disadvantages General disapproval Promotes substance use	Attracts persons who are homeless/the priority population Not near home Funding Other
North Coastal (n=6 responders)	Don't know No disadvantages Syringe litter	Promotes substance use

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

² Themes further defined after the table.

Themes for perceived disadvantages of syringe service programs (Table F-5):

- **Attract persons who are homeless/the priority population:** Participants believed programs would attract persons who are homeless or the priority population to their communities
- **Dangerous:** Participants believed programs presented dangers to their communities including bringing in 'dangerous clientele'
- **General disapproval:** Participants expressed disapproval but did not identify specific reasons; or expressed disapproval of substances

- **Syringe litter:** Participants was concerned about finding syringes in their communities
- **Other:** Participant identified disadvantage no other participant identified
- **No disadvantages:** Participants did not believe there were disadvantages
- **Not near home:** Participants didn't want to see programs in their communities near where they work, live, or spend time
- **Promotes substance use:** Participants believed programs would promote substance use
- **Waste tax dollars** Participants believed programs would be a waste of tax dollars

Advantages of Syringe Service Programs: Public Opinion Poll

Table F-6. Advantages of syringe service program by region of data collection¹

In your opinion, what, if any, are the ADVANTAGES of having a syringe service program near where you live, work, or spend time? Please provide specifics related to the different areas.		
Region	Advantages	Advantages
East (n=43 responders)	Don't know/not sure No advantages General approval Health benefits Community benefit (and reduce syringe litter)	Access to services Helps people in need Awareness of services/addiction
South (n=37 responders)	Don't know/not sure General approval Health benefits Community benefit (and reduce syringe litter)	Access to services Helps people in need Reduces crime Other
North Inland (n=33 responders)	Don't know/not sure No advantages General approval Health benefits Community benefit (and reduce syringe litter)	Access to services Helps people in need Reduces crime Awareness of substance abuse issues
North Central (n=33 responders)	"No advantages" General approval Health benefits Community benefit (fewer syringes, less disease)	Access to services Helps people in need Reduces crime
North Coastal (n=6 responders)	Don't know/not sure No advantages General approval Reduce syringe litter Health benefits Community benefit (saves community money if people do not get sick)	Access to services Helps people in need Reduces crime

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

² Themes further defined after the table.

Themes related to perceived advantages of syringe service programs (Table F-6):

- **Don't know/not sure:** Participants unable to identify advantages
- **No advantages:** Participants did not believe there were advantages
- **General approval:** Participants supported programs, but did not provide specific advantages
- **Health benefits:** Participants believed programs support positive health outcomes, including reduction in illnesses and overdoses, improved treatment access and sanitation
- **Community benefit:** Participants believed programs presented a community benefit, including reduction of syringe litter in the community, community development and cost effectiveness
- **Access to services:** Participants believed programs improved access to services and clean needles
- **Helps people in need:** Participants believed programs helped people who need it
- **Reduces crime:** Participants believed programs reduced crime in their communities
- **Other:** Participant identified advantage no other participant identified

Level of Support for Various Types of Syringe Service Programs: Public Opinion

Table F-7a. Level of support for various types of syringe service programs, interviews/surveys collected in the East and South regions¹

How opposed, or supportive are you to having a syringe service program?		Response				
		Strongly Opposed	Somewhat Opposed	Somewhat Supportive	Strongly Supportive	Does Not Know
East						
Mobile	That delivers to homes/sleeping places (n=44)	16%	2%	25%	46%	11%
	That meets people at certain public places (n=44)	21%	7%	18%	43%	11%
	That parks at specific locations on regular days/times (n=44)	18%	7%	18%	46%	11%
Mail	Online or through the mail (n=44)	16%	14%	27%	34%	9%
Building	Located at a specific building for syringe services (n=44)	18%	7%	14%	55%	7%
	Specific building where people who use and need services can spend time and receive services (n=44)	20%	3%	16%	52%	9%
	In a building where people may inject and be monitored for overdose (supervised injection) (n=43)	19%	5%	21%	42%	14%
	At an agency that provides health or social services (n=43)	16%	0%	12%	67%	5%
Kiosk	From a kiosk (hut or cubical) (n=43)	40%	12%	5%	33%	12%
Health Vending	Through health vending machines placed inside certain businesses (n=44)	48%	0%	18%	27%	7%
Pharmacy	At pharmacies (n=42)	10%	2%	24%	55%	10%
South						
Mobile	That delivers to homes/sleeping places (n=37)	16%	3%	8%	70%	3%
	That meets people at certain public places (n=36)	19%	3%	11%	64%	3%
	That parks at specific locations on regular days/times (n=36)	19%	3%	14%	61%	3%
Mail	Online or through the mail (n=35)	14%	14%	9%	60%	3%
Building	Located at a specific building for syringe services (n=36)	6%	0%	14%	78%	3%
	Specific building where people who use and need services can spend time and receive services (n=36)	11%	0%	6%	81%	3%
	In a building where people may inject and be monitored for overdose (supervised injection) (n=36)	17%	6%	14%	61%	3%
	At an agency that provides health or social services (n=36)	14%	0%	14%	67%	6%
Kiosk	From a kiosk (hut or cubical) (n=36)	28%	8%	14%	50%	0%
Health Vending	Through health vending machines placed inside certain businesses (n=36)	33%	3%	19%	44%	0%
Pharmacy	At pharmacies (n=36)	17%	3%	11%	69%	0%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Table F-7b. Level of support for various types of syringe service programs, interviews/surveys collected in the North Inland and North Central regions¹

How opposed, or supportive are you to having a syringe service program?		Response				
		Strongly Opposed	Somewhat Opposed	Somewhat Supportive	Strongly Supportive	Does Not Know
North Inland						
Mobile	That delivers to homes/sleeping places (n=34)	12%	6%	12%	65%	6%
	That meets people at certain public places (n=33)	12%	6%	9%	61%	12%
	That parks at specific locations on regular days/times (n=33)	12%	6%	6%	64%	12%
Mail	Online or through the mail (n=34)	21%	6%	21%	47%	6%
Building	Located at a specific building for syringe services (n=33)	6%	9%	6%	76%	3%
	Specific building where people who use and need services can spend time and receive services (n=34)	12%	9%	9%	68%	3%
	In a building where people may inject and be monitored for overdose (supervised injection) (n=34)	12%	9%	21%	56%	3%
	At an agency that provides health or social services (n=34)	6%	3%	3%	85%	3%
Kiosk	From a kiosk (hut or cubical) (n=34)	29%	6%	12%	41%	12%
Health Vending	Through health vending machines placed inside certain businesses (n=33)	33%	3%	12%	46%	6%
Pharmacy	At pharmacies (n=34)	15%	3%	9%	74%	0%
North Central						
Mobile	That delivers to homes/sleeping places (n=35)	9%	6%	17%	63%	6%
	That meets people at certain public places (n=35)	9%	9%	20%	58%	6%
	That parks at specific locations on regular days/times (n=35)	6%	3%	20%	60%	11%
Mail	Online or through the mail (n=35)	23%	0%	11%	60%	6%
Building	Located at a specific building for syringe services (n=35)	6%	6%	23%	63%	3%
	Specific building where people who use and need services can spend time and receive services (n=34)	6%	0%	18%	74%	3%
	In a building where people may inject and be monitored for overdose (supervised injection) (n=35)	17%	3%	11%	60%	9%
	At an agency that provides health or social services (n=35)	9%	0%	14%	74%	3%
Kiosk	From a kiosk (hut or cubical) (n=34)	27%	6%	18%	47%	3%
Health Vending	Through health vending machines placed inside certain businesses (n=34)	32%	0%	15%	47%	6%
Pharmacy	At pharmacies (n=35)	6%	0%	17%	71%	6%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Table F-7c. Level of support for various types of syringe service programs, interviews/surveys collected in the North Coastal region¹

How opposed, or supportive are you to having a syringe service program?		Response				
		Strongly Opposed	Somewhat Opposed	Somewhat Supportive	Strongly Supportive	Does Not Know
North Coastal						
Mobile	That delivers to homes/sleeping places (n=6)	17%	0%	0%	83%	0%
	That meets people at certain public places (n=6)	17%	17%	0%	67%	0%
	That parks at specific locations on regular days/times (n=6)	17%	0%	0%	83%	0%
Mail	Online or through the mail (n=6)	67%	0%	0%	33%	0%
Building	Located at a specific building for syringe services (n=6)	17%	0%	0%	83%	0%
	Specific building where people who use and need services can spend time and receive services (n=6)	17%	0%	0%	67%	17%
	In a building where people may inject and be monitored for overdose (supervised injection) (n=6)	17%	0%	50%	17%	17%
	At an agency that provides health or social services (n=6)	17%	0%	0%	67%	17%
Kiosk	From a kiosk (hut or cubical) (n=6)	50%	17%	0%	33%	0%
Health Vending	Through health vending machines placed inside certain businesses (n=6)	50%	17%	0%	33%	0%
Pharmacy	At pharmacies (n=6)	17%	0%	0%	83%	0%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Table F-7d. Level of support for various types of syringe service programs, all regions¹

How opposed, or supportive are you to having a syringe service program?		Response				
		Strongly Opposed	Somewhat Opposed	Somewhat Supportive	Strongly Supportive	Does Not Know
All Regions						
Mobile	That delivers to homes/sleeping places (n=156)	14%	4%	15%	61%	6%
	That meets people at certain public places (n=154)	16%	6%	14%	56%	8%
	That parks at specific locations on regular days/times (n=154)	14%	5%	14%	58%	9%
Mail	Online or through the mail (n=158)	20%	8%	17%	49%	6%
Building	Located at a specific building for syringe services (n=154)	10%	5%	14%	68%	4%
	Specific building where people who use and need services can spend time and receive services (n=154)	13%	3%	12%	68%	5%
	In a building where people may inject and be monitored for overdose (supervised injection) (n=154)	16%	5%	17%	54%	8%
	At an agency that provides health or social services (n=154)	12%	1%	10%	73%	5%
Kiosk	From a kiosk (hut or cubical) (n=153)	32%	9%	11%	42%	7%
Health Vending	Through health vending machines placed inside certain businesses (n=153)	38%	2%	16%	40%	5%
Pharmacy	At pharmacies (n=153)	12%	2%	15%	67%	4%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Table F-8a. Support for various types of syringe service programs near where live, work, spend time by region data collection¹

Would you support or not support the following types of syringe service programs near where you.....?		Percent Responding 'Support' ²					
		Live		Work		Spend Time	
		Number Respond	Percent Support	Number Respond	Percent Support	Number Respond	Percent Support
East	Mobile that delivers to or meets people	36	47%	38	53%	37	60%
	Mobile that parks at specific locations on regular days/times	40	63%	37	60%	36	58%
	Online or through the mail	39	64%	37	62%	36	58%
	In a building	36	69%	37	78%	35	71%
	At an agency that provides health or social services	38	68%	37	78%	36	69%
	From a kiosk (hut or cubical)	37	32%	36	36%	36	36%
	Through health vending machines	27	43%	37	48%	36	44%
South	Mobile that delivers to or meets people	33	60%	37	65%	33	55%
	Mobile that parks at specific locations on regular days/times	33	55%	34	67%	33	64%
	Online or through the mail	33	58%	32	66%	33	61%
	In a building	33	68%	33	79%	33	73%
	At an agency that provides health or social services	33	76%	34	82%	33	76%
	From a kiosk (hut or cubical)	33	52%	34	61%	33	58%
	Through health vending machines	35	57%	34	61%	33	62%
North Inland	Mobile that delivers to or meets people	29	55%	30	60%	29	66%
	Mobile that parks at specific locations on regular days/times	28	57%	29	62%	30	70%
	Online or through the mail	31	61%	28	61%	29	66%
	In a building	30	67%	27	70%	29	76%
	At an agency that provides health or social services	29	69%	29	76%	30	77%
	From a kiosk (hut or cubical)	29	45%	29	52%	31	55%
	Through health vending machines	29	52%	28	54%	29	59%
North Coastal	Mobile that delivers to or meets people	6	83%	5	80%	6	83%
	Mobile that parks at specific locations on regular days/times	6	83%	5	80%	6	83%
	Online or through the mail	6	83%	5	80%	6	83%
	In a building	6	83%	5	80%	6	83%
	At an agency that provides health or social services	6	83%	5	80%	6	83%
	From a kiosk (hut or cubical)	6	83%	5	80%	6	83%
	Through health vending machines	6	83%	5	80%	6	83%
North Central	Mobile that delivers to or meets people	27	59%	24	63%	26	62%
	Mobile that parks at specific locations on regular days/times	27	70%	24	67%	33	64%
	Online or through the mail	27	67%	24	67%	26	65%
	In a building	24	71%	22	68%	22	73%
	At an agency that provides health or social services	27	74%	35	75%	26	77%
	From a kiosk (hut or cubical)	26	54%	24	58%	25	56%
	Through health vending machines	27	59%	24	63%	26	62%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

² 'Yes' responses from three separate questions (live, work, spend time).

Table F-8b. Support for various types of syringe service programs near where live, work, spend time: all regions¹

Would you support or not support the following types of syringe service programs near where you.....?		Percent Responding 'Support' ²					
		Live		Work		Spend Time	
		Number Respond	Percent Support	Number Respond	Percent Support	Number Respond	Percent Support
All Regions	Mobile that delivers to or meets people	131	57%	131	60%	131	61%
	Mobile that parks at specific locations on regular days/times	134	62%	129	64%	131	66%
	Online or through the mail	136	63%	129	64%	130	63%
	In a building	129	70%	124	75%	125	74%
	At an agency that provides health or social services	133	72%	129	78%	131	75%
	From a kiosk (hut or cubical)	131	47%	128	52%	131	52%
	Through health vending machines	132	53%	128	57%	130	44%

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

² 'Yes' responses from three separate questions (live, work, spend time).

Ideas for Syringe Service Program Locations: Public Opinion

Table F-9. Thoughts on good location for syringe service program by region of data collection^{1,2}

Where do you think a good place would be to have a Syringe Services Program?		
Area	Location	
East (n=33 responders)	• Downtown / downtown near homeless	• Mobile
	• El Cajon General, Wills Park	• Any plaza/park
	• Homelessness encampments Highway 67 and 8 freeway El Cajon	• Not near schools
	• Not near homes	• Police station
	• Health & wellness facilities General, clinic, mental health service location (1000 Broadway El Cajon), pharmacy, hospitals	• Dollar Tree (Woodside)
	• Alcohol/substance use disorder treatment facilities	• “Morphine clinic”
	• Any city	• “Homes”
	• Jacumba	• “In a community like a YMCA”
South (n=31 responders)	• Downtown	• Churches
	• Chula Vista (general and 91911)	• Near schools / not near schools or children
	• 25 th and Commercial, Southeast San Diego, Tijuana, and border	• Anywhere
	• Health & wellness facilities General, hospital, clinic, pharmacy	• Industrial or commercial areas
	• Near homelessness General, behind Home Depot	• Parks, plazas (not in a park), public places / not in public places
	• Alcohol and substance treatment centers	• Close to law enforcement
	• Not near churches	
North Inland (n=22 responders)	• Escondido, downtown Escondido, central, 92027	• Not near schools/children
	• Near Walgreens / near Walmart	• Substance/alcohol treatment
	• Mission Avenue, Escondido	• Fire department, police department
	• Health & wellness facilities General, clinic, hospital, near Palomar Hospital, pharmacies	• California Department of Social Services / Public assistance offices
	• Near homelessness Encampments, general	• San Marcos or Vista
	• Near low-cost hotels, cheap housing	• Anywhere

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Table F-9. (Continued). Thoughts on good location for syringe service program by region of data collection^{1,2}

Where do you think a good place would be to have a Syringe Services Program?		
Area	Location	
North Coastal (n=4 responders)	• Any type (not location)	Drug store
	• “All” transit centers in North County (Oceanside and all stops along Sprinter)	Oceanside Blvd
North Central (n=29 responders)	• Downtown General, 16 th Street, 12 th and Broadway	• Linda Vista, Clairemont, Balboa Park, El Cajon / East County, East Village, Southeast San Diego
	• Health & Wellness Facilities Doctor office, blood banks, dialysis places, hospital, community center	• Anywhere / everywhere / “urban areas” / “where people need it”
	• Pharmacy General (inside), Walmart	• Near Walmart(s)
	• Alcohol/substance use disorder treatment	• Beaches
	• Near homelessness Encampments, shelters	• Low-income communities
	• Park / “nice park”	• Beach

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

Other Comments: Public Opinion

Table F-10. Other comments by region of data collection^{1,2}

Do you have any other comments or thoughts you would like to share?		
Area	Support	Concerns
East (n=22 responders)	<ul style="list-style-type: none"> General support 	<ul style="list-style-type: none"> Concerns with substance use
		<ul style="list-style-type: none"> Use of taxes for syringe service programs
		<ul style="list-style-type: none"> Treatment preference
South (n=22 responders)	<ul style="list-style-type: none"> General support 	<ul style="list-style-type: none"> Concerns with substance use
	<ul style="list-style-type: none"> Community benefit 	<ul style="list-style-type: none"> Treatment preference
	<ul style="list-style-type: none"> Awareness 	
North Inland (n=23 responders)	<ul style="list-style-type: none"> General support 	<ul style="list-style-type: none"> Concerns with substance use
	<ul style="list-style-type: none"> Community benefit 	<ul style="list-style-type: none"> Use of taxes for syringe service programs
		<ul style="list-style-type: none"> Treatment preference
North Central (n=23 responders)	<ul style="list-style-type: none"> General support 	<ul style="list-style-type: none"> Treatment preference
	<ul style="list-style-type: none"> Community benefit 	
	<ul style="list-style-type: none"> Awareness 	

¹ Areas surveys gathered: East (Lakeside, El Cajon near Lakeside, Santee near Lakeside), North Central (Kearny Mesa and Clairmont Mesa), North Coastal (Oceanside), North Inland (Escondido), South (South Bay Sub-Regional Area - San Ysidro area and Imperial Beach).

² Themes further defined after the table.

Definition of categories for 'other' comments (Table F-10):

- **General support:** Participants expressed positive sentiments or support of programs
- **Concerns with substance use:** Participants expressed concerns with substance use in general
- **Use of taxes:** Participants expressed concern with the use of tax dollars for syringe service programs
- **Community benefit:** Participants expressed desire to support programs as a way of supporting their communities
- **Awareness:** Participants expressed importance of increasing awareness of programs
- **Treatment preference:** Participants expressed preference for treatment and abstinence over harm reduction programs

Appendix G: Staff and Stakeholder Key Informant Interview Results

This section of the report contains the thoughts and beliefs of staff and stakeholders related to syringe service programs as gathered from the key informant interviews conducted by trained assessment team members between December 2021 and March 2022. The assessment team collected 92 staff and stakeholder Interviews from 87 stakeholders representing various fields in different areas of San Diego County. Most interviews were completed within 30-45 minutes, although some were longer or shorter depending on the interviewee. Results are presented for all stakeholders, followed by general results split by stakeholder type and area.

The areas of focus included county-wide stakeholders in different Health and Human Services Administration regions/subregional areas in San Diego County: North Central (specifically Kearny Mesa), East (specifically Lakeside), North Inland (specifically Escondido), and South (specifically the South Bay Sub-Regional Area, which is south of Chula Vista). Interviews were focused on stakeholders from the specific areas within each region but included some individuals from nearby areas. Some stakeholders providing services throughout San Diego County are labeled as 'county-wide.'

Interviews with stakeholders from the priority population are located in Appendix E.

Respondent Information

A total of 87 persons were interviewed during 92 interviews (5 persons were interviewed more than once). These persons repressed 77 unique organizations/agencies. Table G-1 displays the number of agencies/organizations with staff interviewed, counting each agency/organization only once per service region.

Table G-1. Agency service type by location of agency activities: staff/stakeholder interviews

Agency/Organizational Service Type ¹	County-wide ²	East	North Central	North Coastal	North Inland	South	Total
Health related (such as federally qualified health centers, pharmacies)	0	4	2	2	1	6	15
Alcohol and substance use prevention and treatment	2	3	5	2	0	2	14
Social support (such as homeless services, social services)	3	3	1	3	2	0	12
Business (includes chamber of commerce)	0	2	1	0	0	6	9
Elected or City Official	0	1	2	3	0	1	7
Public Services (such as library, fire, parks and recreation)	0	4	1	0	0	2	7
Other (miscellaneous)	1	1	0	0	0	3	5
Coalition/advisory group	1	1	1	0	0	1	4
Law enforcement	0	1	0	0	2	1	4
Total	7	20	13	10	5	22	77

¹ Although organizations may provide services in more than one region and provide several types of services (social and mental, or health and substance use disorder treatment), each was categorized only once in the table according to the person interviewed. Agency/organizational type were categorized for presentation purposes only.

² Interview with county-wide perspective; not from any one region.

Personal Experience with the Priority Population

Table G-2. Personal experiences of respondents relating to the priority population

In your personal or professional life have you....	Number Responding	Yes	
		Number	Percent
Had a friend/family member who injects/injected drugs (or a personal history)	61	34	56%
Interacted with people who inject drugs or seen people injecting in public	62	46	74%
Provided services or help to people who inject drugs	61	46	75%

Harm Reduction Philosophy

Table G-3. Awareness and understanding of harm reduction

Have you heard the term "harm reduction"? (n=76 responders)	Number Responding	Percent 'Yes'
Yes	76	70%
If yes, what does it mean to you? (n=44 responders)		
Reduced risk of diseases, overdoses, and death		
A new approach that doesn't focus on abstinence: "Meeting People Where They Are"		
Increased access to health and other resources		
Increased access to supplies		
Safe environment		
Path to substance use disorder treatment/recovery		
Reduced substance use		
Access to safer substance(s)		

Table G-4. Personal agreement or disagreement with the harm reduction philosophy

How much do you agree or disagree with the harm reduction philosophy? (n=73 responders)	Number	Percent
<i>Strongly Agree</i>	35	48%
<i>Agree</i>	26	36%
<i>Disagree</i>	10	14%
<i>Strongly Disagree</i>	1	1%
<i>Not sure</i>	1	1%

Table G-5a. Personal reasons for agreeing with harm reduction

Why do you agree with harm reduction?
Agree
A humanizing approach (all regions) <ul style="list-style-type: none"> • More realistic (East, North Central, North Coastal, South, county-wide) • Meets people “where they are” (East, North Inland, county-wide) • Views addiction as a disease (East, North Coastal, South)
Reduces negative impacts of substance use (all regions) <ul style="list-style-type: none"> • Increases access to services and safe injecting supplies (all regions) • Leads to recovery (East, North Central, North Inland, South)
Existing systems ineffective (East) – acknowledge that people may not abstain from use
Implement components that are acceptable (resources, naloxone) (East, North Central)

Table G-5b. Personal reasons for agreeing with harm reduction with caveats

Why do you agree with harm reduction (with caveats)?
Agree with Caveats
Support if has certain components (East, North Coastal, North Inland, South) <ul style="list-style-type: none"> • Pathway toward sobriety (East, North Inland) • Decriminalization concern (South) • Add prevention (East, North Central) • Concern about kids (North Coastal) • Need more education (North Central, North Coastal)
There needs to be consequences for substance use (North Inland)
Only appropriate for some people (not transient, criminal activity) (North Inland)
Agree and Disagree
Need to address trauma and underlying factors (East, county-wide)

Table G-5c. Personal reasons for disagreeing with harm reduction

Why do you disagree with harm reduction?
Disagree
Uninterested in help (East, North Inland)
No incentive to change (South)
Conflict for programs focused on abstinence (East, South)
Need to have consequences for substance use (South)
Enables substance use (East, county-wide) <ul style="list-style-type: none"> Allows people to stay addicted to substance(s) (East, South)
Wrong focus and strategy – should be encouragement toward recovery and focus on contributing factors (East, North Central, South, county-wide) <ul style="list-style-type: none"> Culturally inappropriate for Native Americans (county-wide) Public health approach is inappropriate need to address underlying issues instead (East)
Decriminalizing substance use is harmful (East) <ul style="list-style-type: none"> Conflict with current legal code (East)

Syringe Service Program Support/Concerns

Table G-6. Personal support or concerns with syringe service programs

Do you support or oppose syringe service programs in your community? (n=75 responders)	Number	Percent
<i>Strongly Support</i>	41	55%
<i>Somewhat Support</i>	21	28%
<i>Somewhat Oppose</i>	7	9%
<i>Strongly Oppose</i>	6	8%

Table G-6a. Personal reasons for supporting syringe service programs

Why do you support syringe service programs?
Support
Reduces health risks associated with substance use (East, North Central, North Inland, South, county-wide) <ul style="list-style-type: none"> Prevention resource (East, North Inland, county-wide) Access to appropriate care (East, North Central, North Coastal, North Inland)
Increases community resources to meet needs – more options (East, North Central, North Coastal, South, county-wide) <ul style="list-style-type: none"> Treatment services are lacking – need wraparound services (North Central)
Need new options – law enforcement options not working (North Inland)
Effective (East, North Central, North Coastal, South, county-wide)
Facilitates syringe disposal (East, North Central, South)
Support with Caveats
Needs to include specific components – wraparound, treatment goals, etc. (East, North Central, North Coastal, South, county-wide) <ul style="list-style-type: none"> Broaden focus on all substance users, not only injection (East, South, county-wide)
Need data to bolster support (East, North Central, North Coastal, South)
Need to focus on other methods of substance use (East, North Central, South, county-wide)

Table G-6b. Personal concerns with syringe service programs

Why do you oppose syringe service programs?
Areas of Concern
Wrong focus – need to focus on mental health, healing, systems of support (South, county-wide)
No incentive to change behaviors – focus should be on eliminating use (East, South)
Unfair to the community – burden on neighborhoods near services (South)
Increases syringe litter and dangerous (East, North Inland)
Ineffective – may promote less-desirable services such as safe injection sites (East)
Opposed to specific components or service delivery types (East)

Table G-7. Employer/organizational support of or concerns with syringe service programs

Does your employer/organization (or your community for elected officials) support or oppose syringe service programs in your community? (n=54 responders)	Number	Percent
<i>Strongly Support</i>	27	50%
<i>Somewhat Support</i>	15	28%
<i>Somewhat Oppose</i>	9	17%
<i>Strongly Oppose</i>	3	6%

Table G-7b. Reasons for employer/organizational support of syringe service programs

Why do you think your employer supports syringe service programs?
Support
Leadership explicitly supports (East, North Central, North Inland, South)
Interested (East, South)
Align with organizational thinking (East, North Central, North Coastal, North Inland, South)
Personal connection motivates support (North Central)
Respond to local needs (North Inland, South) <ul style="list-style-type: none"> Under-resourced community will get resources (South, county-wide) Helps the community (East, South)
Need to try something different (North Inland, South) <ul style="list-style-type: none"> Responds to changes in laws (North Inland)
Increases community safety and reduces risk (East, North Coastal, North Inland, South) <ul style="list-style-type: none"> Addresses syringe disposal issue (East) Increases likelihood of substance use disorder treatment (North Inland, South)
Acceptable components – safe disposal (East, South)
Special considerations for youth (East, North Central)

Table G-7c. Reasons for employer/organizational support of syringe service programs (with caveats)

Why do you think your employer (conditionally or with caveats) support syringe service programs?
Support with Caveats
Acceptable components only – safe disposal of syringes, naloxone (East, South)
Support contingent on certain program elements (East)
Support contingent on program reaching all of the priority population, and program operation/delivery methods (East, North Inland) <ul style="list-style-type: none"> Not only for the unhoused (East)
Special considerations for youth (East, North Central)
Decision makers will be divided (North Coastal, North Inland)
Public versus private stance (East)
Depends on election outcomes (North Coastal North Inland)
Need to better understand syringe service program impacts (East)

Table G-7d. Reasons employer/organization has mixed support

Why do you think your employer opposes syringe service programs?
Themes of Concern
Community would disapprove (East, North Coastal, South) <ul style="list-style-type: none"> • "Conservative mindset" (East) • "Not in my backyard" (East, North Central) • Negative views towards homelessness and substance use (East) • Track record of pushback on other proposals (East, North Coastal) • Community would rather tax dollars be used for something else (East) • Community lacks education on these issues (East, North Central)
Discomfort/dislike – may prevent program buy-in from social service providers (North Central)
Enabling substance use and addiction (East, North Coastal, South) <ul style="list-style-type: none"> • Government-endorsed substance use and injection (East) • Increase substance use (East)
Increase syringe litter (East)
Ineffective at addressing overdose deaths (North Central)
Draw "undesirable" people to community (East, North Coastal) <ul style="list-style-type: none"> • Equitable geographic distribution (East) • Increase crime and subsequent costs (North Coastal)
Conflict with organizational mission (East, South)

Table G-8. Employer/organizational acceptability of syringe service programs by type of program¹

How accepting do you think your employer/organization would be of the following types of syringe service programs?	Number Responding	Level of Acceptability			
		(Percent of Respondents)			
		Totally Unacceptable	Slightly Unacceptable	Slightly Acceptable	Totally Acceptable
Mobile from a car/van delivered to homes or meeting places	42	0%	14%	45%	40%
Mobile from a car/van/medical unit that parks at certain locations	37	3%	16%	30%	51%
Inside a building (room or office used solely for syringe service program activities)	29	0%	31%	28%	41%
Added to services at existing agencies	35	0%	3%	46%	51%
From a kiosk (hut or cubicle)	21	19%	33%	14%	33%
Through health vending machines placed inside certain businesses (would contain other health products)	31	26%	32%	19%	23%
Delivery by outreach workers	28	0%	18%	32%	50%
At pharmacies	31	0%	16%	45%	39%
Peers delivering syringes to others	24	8%	25%	25%	42%
At a drop-in space for people who use and need services	26	0%	12%	35%	54%

¹ Some respondents did not know about their employer's level of acceptability. Those who noted that they were responding with their own views, rather than their employer's views, were not included in this table. Some persons may have responded incorrectly about their employer's level of acceptability.

Table G-8a. Employer/organizational (or for self) acceptability of syringe service programs by type program and area (percent responding 'totally' or 'slightly' acceptable)

How accepting do you think your employer/organization would be of the following types of syringe service programs?	East (Lakeside Focus)		South (South Focus)		North Coastal (Oceanside/ Vista Focus)		North Inland (Escondido Focus)		North Central (Kearny Mesa Focus)	
	Respond	Totally/Slightly Acceptable	Respond	Totally/Slightly Acceptable	Respond	Totally/Slightly Acceptable	Respond	Totally/Slightly Acceptable	Respond	Totally/Slightly Acceptable
Mobile from a car/van delivered to homes or meeting places	13	77%	20	75%	9	78%	7	100%	10	100%
Mobile from a car/van/medical unit that parks at certain locations	10	70%	18	72%	9	56%	6	100%	14	100%
Inside a building (room or office used solely for syringe service program activities)	11	73%	15	87%	5	40%	5	60%	10	80%
Added to services at existing agencies	11	91%	16	88%	8	100%	6	100%	10	100%
From a kiosk (hut or cubicle)	7	57%	12	58%	5	20%	4	50%	8	75%
Through health vending machines placed inside certain businesses (would contain other health products)	9	44%	15	60%	6	17%	7	43%	8	75%
Delivery by outreach workers	8	75%	14	71%	7	71%	6	100%	9	89%
At pharmacies	10	100%	15	87%	7	86%	7	29%	8	100%
Peers delivering syringes to others	9	67%	13	62%	5	60%	5	60%	6	67%
At a drop-in space for people who use and need services	6	100%	12	75%	8	63%	6	83%	9	100%

Table G-9. Employer/organizational acceptability of syringe service programs by type of program: other comments

Comments (optional)?		
Type	Acceptable	Not Acceptable
Mobile from a car/van delivered to homes or meeting places (n=32 responders)	<ul style="list-style-type: none"> • Offers outreach services • Effective • Meeting clients “where they are at” • Go to well-known areas 	<ul style="list-style-type: none"> • It would encourage addiction • No incentive for change • Could face trouble with businesses around the mobile unit
Mobile from a car/van/medical unit that parks at certain locations (n=29 responders)	<ul style="list-style-type: none"> • It is important that it is well located • Dependent on whether other treatment services are offered 	<ul style="list-style-type: none"> • Considered a hazard at any place it is located • Would not be accepted by community
Inside a building (n=19 responders)	<ul style="list-style-type: none"> • Offer variety of resources • Location must be easily accessible • One reliable location 	<ul style="list-style-type: none"> • Community disapproval
Added to services at existing agencies (n=27 responders)	<ul style="list-style-type: none"> • Properly trained staff at locations • Permanent location • A lot must be done in one interaction • Partnership with health agencies • Make sure there is an exchange of needles 	--
From a kiosk (n=15 responders)	<ul style="list-style-type: none"> • Location to be staffed by professionals • Monitored • Must have privacy 	<ul style="list-style-type: none"> • Need evidence
Through health vending machines placed inside certain businesses (n=29 responders)	<ul style="list-style-type: none"> • Inclusion of other health products too (condoms, lube, snacks, tourniquets, etc.) 	<ul style="list-style-type: none"> • Concern about misuse of products • Depends on how the syringes will be used • Clients might not want to go into a clinical environment • Must be controlled and regulated
Delivery by outreach workers (n=19 responders)	<ul style="list-style-type: none"> • Outreach workers must be properly trained • Must ensure syringes don't reach children • Great way to provide wraparound services 	<ul style="list-style-type: none"> • Claims it does not work as harm reduction • Delivery location is important

Table G-9. (Continued). Employer/organizational acceptability of syringe service programs by type of program: Other Comments

Comments (optional)?		
Type	Acceptable	Not Acceptable
At pharmacies (n=24 responders)	<ul style="list-style-type: none"> • Drop off place for the used syringes • Safety provisions necessary • Safe space to pick up syringes • Naloxone should be provided too 	<ul style="list-style-type: none"> • Increased calls / work for Law Enforcement • Increase in substance use around pharmacy areas • Lack of privacy • Pharmacies can be “triggering”
Peers delivering syringes to others (n=16 responders)	<ul style="list-style-type: none"> • Preferably it would be transactional • Peers would have to be properly trained • Peer support 	<ul style="list-style-type: none"> • Concern of syringes being contaminated • Concern about peers abusing the system
At a drop-in space for people who use and need services (n=16 responders)	<ul style="list-style-type: none"> • Depending on location • Should be like a clinic • Connect them to other services or programs • Trained staff 	<ul style="list-style-type: none"> • Needs a recovery program to go along with it
Other (n=10 responders)	<ul style="list-style-type: none"> • Education and wraparound services to minimize community fear • Potential to be effective based on examples from the past 	<ul style="list-style-type: none"> • Permits and legality

Table G-10. Ideas to increase employer/organizational support of syringe service programs in the community

What, if anything, would increase your employer's/organization's support for syringe service programs in your community? (n=37 responders)
Suggestions
<p>Include access to other wraparound services Include wraparound services and connect with services beyond only distributing syringes such as substance use disorder treatment services, housing services, and basic needs</p>
<p>Focus on safe syringe disposal Provide opportunities for safe syringe disposal and ensure that there is no syringe litter in the community</p>
<p>Address "root causes" Ensure mental health and other root causes such as substance use, housing, etc. are addressed through syringe service programs and other means; provide prevention to youth before they become addicted</p>
<p>Utilize specific types of syringe service program Adopting a specific method for delivering syringe service program services, such as mobile units or at a particular location, could increase employer/community support</p> <ul style="list-style-type: none"> • Avoid public attention: Avoid "drawing too much attention" to the syringe service program either through locations used and/or consider minimizing participant congregation. Possible this could be done by focusing on specific types of syringe service programs. • Make it accessible: Utilize specific methods/types to increase and ensure access by as many people as possible; provide services at mental health clinics
<p>Education and awareness Distribute information to the community and stakeholders to improve understanding of syringe service programs relevance, importance, and benefits. offer continuous education, awareness, and conversations. Educate community members, city council members, boards, clinicians, outreach staff, present at general board meetings</p> <ul style="list-style-type: none"> • Reframe as medical intervention Frame addiction, naloxone distribution, and syringe services as a medical issue and/or risk reduction; focus on disease prevention and overdose prevention • Appeal to community's compassion Increase understanding of addiction and personal impacts, humanizing people who use substance(s) in order to improve support for services. Local voices will be viewed more favorably (East County): • Provide specific data Share additional and specific information related to syringe service programs and concerns. examples: local hospital data; research linking syringe service programs to recovery; reduced syringe litter; improvements from law enforcement perspective (fewer persons who are homeless, fewer calls for substance activity, fewer overdoses); receipt of recovery services

Table G-10. (Continued). Ideas to increase employer/organizational support of syringe service programs in the community

What, if anything, would increase your employer's/organization's support for syringe service programs in your community? (n=37 responders)
Suggestions
<p>Engage the community Conduct community outreach, discussions, forums for input, and education. Provide meaningful engagement. Conduct an "extensive community outreach effort" with "real-life examples." Conduct regional campaigns in the most-spoken language of the community. If the County of San Diego conducts an awareness campaign about their stance on syringe service programs and educates the community, it will make it easier for community-based agencies to follow suit.</p> <ul style="list-style-type: none"> • Determine community buy-in Engage with the community to see if these are desired; start with planning groups; school boards will not be supportive unless the community approves • Secure buy-in from specific people Certain individuals/groups will hold more weight in swaying support for syringe service programs (key leaders such as local colleges and substance use disorder treatment centers, engage organizations that receive funding for substance use/mental health from the federal government)
<p>Minimize community impact Strictly manage syringe service programs to ensure the community is not negatively impacted</p>
<p>Tailor to meet cultural needs Designing tailored programs with communities, considering culture, and accommodating for variations in appropriate and relevant approaches. Native American communities are unique. Tailor interventions to the community. Harm reduction may not be culturally sensitive to Native communities and</p>
<p>Set realistic goals Choose realistic objectives and demonstrate sustained success; begin with small numbers</p>
<p>Liability reassurances Confirm that the city holds no liability for syringe service programs, especially if a child is harmed</p>

Naloxone and Fentanyl Test Strips

Table G-11. Employer/organizational support of or concerns with naloxone distribution

Would your employer/organization/community support or oppose the distribution of naloxone (overdose reversal drug) in either a spray or injectable form, or Fentanyl test strips?	Number	Percent
Naloxone spray distribution (n= 72 responders)		
<i>Strongly Support</i>	53	74%
<i>Somewhat Support</i>	11	15%
<i>Somewhat Oppose</i>	6	8%
<i>Strongly Oppose</i>	2	3%
Naloxone injectable distribution (n= 71 responders)		
<i>Strongly Support</i>	44	62%
<i>Somewhat Support</i>	15	21%
<i>Somewhat Oppose</i>	8	11%
<i>Strongly Oppose</i>	4	6%
Would your employer/organization/community support or oppose the distribution of Fentanyl test strips? (n= 66 responders)		
<i>Strongly Support</i>	41	62%
<i>Somewhat Support</i>	16	24%
<i>Somewhat Oppose</i>	8	12%
<i>Strongly Oppose</i>	1	2%

Table G-11a. Employer/organizational support of naloxone and fentanyl test strip distribution by area

Would your employer/organization/ community support or oppose the distribution of naloxone (overdose reversal drug) in either a spray or injectable form?	East (Lakeside Focus)		South (South Focus)		North Coastal (Oceanside Focus)		North Inland (Escondido Focus)		North Central (Kearny Mesa Focus)	
	<i>Respond</i>	<i>Support</i>	<i>Respond</i>	<i>Support</i>	<i>Respond</i>	<i>Support</i>	<i>Respond</i>	<i>Support</i>	<i>Respond</i>	<i>Support</i>
Naloxone spray distribution	20	85%	19	79%	9	100%	8	88%	14	100%
Naloxone injectable distribution	20	75%	19	79%	9	100%	8	75%	10	90%
Fentanyl test strip distribution	16	88%	18	89%	9	78%	8	88%	10	90%

Table G-12. Places to distribute naloxone/fentanyl test strips

What are the best places to distribute naloxone and Fentanyl test strips in your community?		
Region	Places (Categorized)	Places (Categorized)
North Central (n=11 responders)	<ul style="list-style-type: none"> Libraries Community parks (i.e., Chicano park) Barrio logan Through gatekeepers Hospitals Substance use disorder treatment centers 	<ul style="list-style-type: none"> Community clinics Mental health clinics Transit centers Shelters Pharmacies Dr. Offices
County-wide (n=4 responders)	<ul style="list-style-type: none"> Everywhere Family health centers of San Diego Homelessness outreach teams Drop-in centers 	
East (n=17 responders)	<ul style="list-style-type: none"> Libraries Community centers Churches Homelessness organizations Substance use disorder treatment centers Home Start program First responders Parks/rec centers 	<ul style="list-style-type: none"> Schools Businesses Pharmacies Clinics Urgent care centers Emergency rooms Aa meetings Public health offices

Table G-12. (Continued). Places to distribute naloxone/Fentanyl test strips

What are the best places to distribute naloxone and Fentanyl test strips in your community?		
Region	Places (Categorized)	Places (Categorized)
North Coastal (n=9 responders)	<ul style="list-style-type: none"> • Street/mobile distribution • Law enforcement • Pharmacies • Homelessness outreach teams (hot) • Substance use disorder treatment centers • Hospitals • Kiosks • Riverbed (oceanside) 	<ul style="list-style-type: none"> • Homelessness shelters • Vista community clinic • Community resource center (Encinitas) • Homelessness encampments • Businesses • Bars • Vending machines
North Inland (n=10 responders)	<ul style="list-style-type: none"> • Homelessness encampments • Social service agencies • Behind strip malls • Medication-assisted treatment programs • Neighborhood healthcare (clinic) • Law enforcement (Escondido pd) 	<ul style="list-style-type: none"> • City hall • Social workers • Park restrooms • Transit stations • Hospitals • Substance use disorder treatment/rehab centers
South (n=13 responders)	<ul style="list-style-type: none"> • Law enforcement • Schools • Hospitals • Substance use disorder treatment/rehab centers • Pharmacies • Community rec centers • "county" facility 	<ul style="list-style-type: none"> • Parks • Homelessness encampments • San Ysidro health • Imperial beach community clinic • Businesses • Grocery stores • Mobile units

Agencies/Stakeholders in Support of Syringe Service Programs: Additional Questions

The assessment team asked additional questions of staff/stakeholders and persons who indicated support for syringe service programs. Results are summarized in the tables that follow.

Organizational Support

Table G-13. Organizational support in offering syringe service program

Would your employer/organization be interested in offering a syringe service program? (n=11 responders)	Number	Percent
Yes	8	73%
No	3	27%

Perceived Community Concerns

Table G-14. Staff/stakeholder perceived community concerns with syringe service programs

In your community, what kind of opposition do you think the County of San Diego will encounter when establishing a syringe service program?		
Region	Types of Concern	
North Central (n=8 responders)	Cost <ul style="list-style-type: none"> Other programs more important Not addressing underlying problems Larger strategy <ul style="list-style-type: none"> With business community to address concerns about enforcement 	Local businesses and community <ul style="list-style-type: none"> Address homelessness and crime also Political
County-wide (n=4 responders)	General concerns Depends on location	Syringe litter
East (n=7 responders)	Community may not want it Increase in the priority population	Youth access/exposure
North Coastal (n=5 responders)	General concern / lack of knowledge Political, community Enabling	Increase in the priority population Crime increases
North Inland (n=6 responders)	Community / homeowners Increase in the priority population	Politicians
South (n=5 responder)	Law enforcement Youth access/exposure	Increase in the priority population

Staff/stakeholder central ideas related to perceived concerns of the community related to syringe service programs (Table F-14):

- **Community:** concerns from community members in general and a related lack of knowledge about the benefits of syringe service programs
- **Cost:** programs will cost money, and use taxpayer dollars, which could be used in other areas
- **Fear of crime increase:** increases in crime and theft, and resulting calls to law enforcement
- **Enabling:** it will enable substance use and addiction (allow them to continue)

- **General concerns:** general concern or oppositional attitudes noted
- **Increase in the priority population:** syringe service programs will bring more people from the priority population into the community (not seen as desirable)
- **Local businesses:** local business leaders or staff in the areas where syringe service programs would operate
- **Not addressing underlying problems:** the need of getting to the root of substance use disorder (in order to prevent or reduce/stop substance use)
- **Politicians:** politicians, council members or other governing bodies that might oppose syringe service programs
- **Syringe litter:** syringe litter in parks and other public places
- **Youth access/exposure:** children are in danger from syringe litter and being exposed to substance use behaviors or substance(s)

Increasing Support for Syringe Service Programs

Table G-15. Ideas to gain support for syringe service programs

Do you have ideas about how to gain support for syringe service programs? Any ideas to increase buy-in from the community, public, elected officials, or organizations?		
Region	How to Gain Support	How to Gain Support
North Coastal (n=6 respondents)	Accessible and visible <ul style="list-style-type: none"> • Prioritize legality, visibility, and accessibility. • Promote it as no different than accessing services for mental health or reproductive rights Demonstrate benefits <ul style="list-style-type: none"> • Such as enhancing the patient-provider relationship – “A syringe service program would allow [the priority population] to have a medical relationship with providers...” Educate/engage stakeholders <ul style="list-style-type: none"> • Use evidence and data to support syringe service programs • Need more education for city council members in Vista 	Existing agency roll-out <ul style="list-style-type: none"> • Slowly rolling out a program in an existing social service agency with wraparound services Mobile <ul style="list-style-type: none"> • Escondido may accept program easier than other cities Larger strategy <ul style="list-style-type: none"> • Need to have wraparound services and the priority population would need to use them
County-wide (n=2 respondents)	Demonstrate benefits <ul style="list-style-type: none"> • Emphasize resource cost-reduction and allocations towards emergency services. Also having “influential supporters speak in favor” 	Educate/engage stakeholders <ul style="list-style-type: none"> • Education about the benefits of syringe service program
East (n=9 respondents)	Demonstrate benefits <ul style="list-style-type: none"> • County of San Diego need to report positive results but still may be distrust about benefits/problems Educate/engage stakeholders <ul style="list-style-type: none"> • Engagement with community members (e.g., religious leaders) • Community education (concern saying substance use is acceptable) • Information about how can help small businesses 	Marketing campaigns <ul style="list-style-type: none"> • Use social media regularly to foster compassion for unhoused Mobile

Table G-15. (Continued). Ideas to gain support for syringe service programs

Do you have ideas about how to gain support for syringe service programs? Any ideas to increase buy-in from the community, public, elected officials, or organizations?		
Region	How to Gain Support	How to Gain Support
North Inland (n=6 responders)	Demonstrate benefits <ul style="list-style-type: none"> Possible advertising required – Use evidence to support the program (include both pros and cons) Educate/engage stakeholders <ul style="list-style-type: none"> Community workshops and forums Community campaign focused on harm reduction and prevention Local government support depends on program implementation Not to call the Police Department when involving transients Emphasize wraparound services and that programs are “a step” 	Existing agency roll-out <ul style="list-style-type: none"> Health care agencies involved in the community Buy-in from the neighborhood clinics and other local stakeholders
South (n=4 responders)	Educate/engage stakeholders <ul style="list-style-type: none"> Education and campaigns (similar to that leading up to marijuana legislation) Existing agency roll-out Site with existing services (like STD clinics, etc.) so people feel safe	Marketing campaigns <ul style="list-style-type: none"> Ads Social media to promote awareness of syringe service programs and how they help the community Mobile Less visible than “brick and mortar”

Categories of ideas to gain support for syringe service programs from the community, politicians, elected officials, or organizations (Table G-15 and G-15a):

- **Accessible and visible:** the syringe service program locations need to be visible, and they need to be accessible for members of the priority population who do not have transportation
- **Demonstrate benefits:** present data and research describing the benefits of syringe service program
- **Educate/Engage stakeholders:** educate stakeholders/community about the benefits of syringe service program and engage them in a continued relationship
- **Existing agency roll-out:** Provide syringe service programs at existing agencies and clinics to help increase acceptance of syringe service programs
- **Marketing campaigns:** use ads, social media, and campaigns to promote and educate about syringe service programs benefits or community awareness
- **Mobile:** mobile syringe service programs may be more accepted in the community and easier to establish than providing syringe service program in buildings
- **Reduce stigma:** Reduce fear and judgment about substance use disorder

Other Problems: Initiating Syringe Service Programs

Table G-16. Other problems to consider when initiating a syringe service program

Besides opposition to syringe service programs, what other types of problems might the County [of San Diego] encounter when establishing a syringe service program?		
Region	Problems Might Encounter	Problems Might Encounter
North Central (n=7 responders)	Community concerns <ul style="list-style-type: none"> Address community views about the promotion of substance use Location <ul style="list-style-type: none"> Appropriate location Transportation issues and finding the right locations Attracting clients/building trust <ul style="list-style-type: none"> Outreach 	Staffing skills <ul style="list-style-type: none"> Implementation and skills building Safety <ul style="list-style-type: none"> Employees needle handling Law enforcement <ul style="list-style-type: none"> Eliminate law enforcement Not let law enforcement near the site Stigma/fears <ul style="list-style-type: none"> Increased crime, homelessness, mental illness
County-wide (n=1 responder)	Staffing skills <ul style="list-style-type: none"> Training Resources	
East (n=4 responders)	Attracting clients/building trust <ul style="list-style-type: none"> Prioritizing building trust and relationships with the community Lack of trust among homeless population (with County) Anticipated difficulties concerning initial program enrollments 	Political concerns <ul style="list-style-type: none"> "Conservative" overall views General concerns <ul style="list-style-type: none"> Universal opposition or concerns Will allow unhoused population to stay unhoused
North Coastal (n=5 responders)	General concerns (discreet location) <ul style="list-style-type: none"> Expect public backlash if a location is overly visible Less concern if not visible to public Location <ul style="list-style-type: none"> Locate service in areas where population is already receiving services to address "NIMBY" (not in my back yard) 	Board member concerns <ul style="list-style-type: none"> Representation of the opinions of board members who may not understand the benefits of syringe services Law enforcement <ul style="list-style-type: none"> Concerns about increases in priority population or substance use traffic caused by program Inform law enforcement about the science of the issue and include law enforcement in planning
North Inland (n=5 responders)	Stigma/fears <ul style="list-style-type: none"> Might bring drug sellers to the area 	Discreet location <ul style="list-style-type: none"> Lower visibility can reduce awareness Lack of education <ul style="list-style-type: none"> Overall ignorance about syringe service programs
South (n=2 responders)	Resources <ul style="list-style-type: none"> Expect to exceed capacity 	Resources <ul style="list-style-type: none"> Include wraparound services (mental health, substance use disorder treatment, services for people who do not have transportation)

Problems to consider when starting a syringe service program - definitions of problem categories (Table G-16):

- **Attracting clients/building trust:** Building trust and creating services that attract marginalized clients who may have a historic mistrust of some service providers or governmental agencies
- **Community concerns:** Expected concerns from communities related to syringe service programs
- **Lack of education:** not understanding or being aware of syringe service programs or harm reduction
- **Law enforcement:** law enforcement engaging persons served at the site, or providing input/guiding syringe service program programs without the expertise
- **Location/transportation/discreet location:** An appropriate location for syringe service programs that is visible and accessible to the population it serves, discreet or not visible to the surrounding community, and addresses community concerns
- **Political and general concerns, board member concerns:** political, perceived general community opposition or concerns, or concerns from board members related to syringe service programs
- **Resources:** Sufficient resources and corresponding program capacity to serve all potential syringe service program clients; sufficient resources in the community for substance use disorder treatment and transportation to community resources
- **Safety:** safety from needle-stick injuries
- **Staffing skills:** skills and knowledge required of persons who might staff syringe service programs
- **Stigma/fears:** Perceived fears and concerns that the community might raise

Who Supports Syringe Service Programs in the Community?

Table G-17. Thoughts about who supports syringe service programs in the community

Who do you think supports or would support syringe service programs in your community? (Community members, organizations, politicians, media, churches, schools, police, etc.)		
Region	Support Types	Support Types
North Central (n=7 responders)	<ul style="list-style-type: none"> Healthcare organizations (hospitals, clinics) Substance use disorder treatment centers/mental health programs Social service providers (NAMI SD, Housing Programs) 	<ul style="list-style-type: none"> Churches (some) Small businesses (some) Some politicians (Nathan Fletcher)
East (n=7 responders)	<ul style="list-style-type: none"> Media - "The San Diego Union Tribune reporter on the East County beat" / San Diego Business Journal Social service providers (NAMI, A New Path) Some politicians 	<ul style="list-style-type: none"> Healthcare organizations (community health groups/centers) Some churches (Lakeside Christian Health Group)/Libraries (Friends of the Library) Homelessness shelters Some law enforcement
North Coastal (n=6 responders)	<ul style="list-style-type: none"> Some politicians (council members who advocate for homelessness services) Social service organizations – data would garner more support 	<ul style="list-style-type: none"> Some media groups Some police officers/probation officers Substance use disorder treatment programs (methadone, medication-assisted treatment programs) Homelessness outreach teams including law enforcement doing that work
North Inland (n=4 responders)	<ul style="list-style-type: none"> Social service providers (Brother Bennos, Alliance for Regional Solutions) Healthcare agencies (clinics, County Public Health, those agencies dealing with overdose, abscesses, and MRSA) Some police (election year which may garner more support) 	<ul style="list-style-type: none"> Some community members but education is needed "It's hard to say since there are no conversations being had regarding syringe service programs in the community." LGBTQ+ organizations
South (n=4 responders)	<ul style="list-style-type: none"> Some politicians – election year Certain cities likely support it: National City and San Ysidro Some law enforcement (Imperial Beach and Chula Vista may support) 	<ul style="list-style-type: none"> Substance use disorder treatment centers - "The treatment centers would appreciate more resources" - they cannot reach everyone Some churches Healthcare agencies (Neighborhood Health, San Ysidro Health Center)

Who Has Concerns with Syringe Service Programs in Community?

Table G-18. Thoughts about who has concerns with syringe service programs in the community

Who do you think opposes or would oppose syringe service programs in your community? (Community members, organizations, politicians, media, churches, schools, police, etc.)		
Region	Concern Types	Concern Types
North Central (n=3 responders)	<ul style="list-style-type: none"> Community members Businesses 	<ul style="list-style-type: none"> Community perception – especially in affluent areas (they do not think substance users are in these areas)
County-wide (n=1 responders)	<ul style="list-style-type: none"> Law enforcement – need to add messaging about Good Samaritan and harm reduction 	
East (n=6 responders)	<ul style="list-style-type: none"> Community leaders/members Education institutions Businesses – will discourage new businesses due to perceived increase in substance use and crime 	<ul style="list-style-type: none"> Politicians – municipal government and refugee communities Churches Law enforcement
North Coastal (n=6 responders)	<ul style="list-style-type: none"> Drawing attention to the priority population (concern for politicians) Attract more of the priority population Law enforcement – no benefit other than potentially seeing reduction in litter 	<ul style="list-style-type: none"> People in cities that have already reduced homelessness or the priority population Increase syringe litter in beaches/parks
North Inland (n=2 responders)	<ul style="list-style-type: none"> Politicians Some social service agencies (abstinence-based) Media 	<ul style="list-style-type: none"> Churches Law enforcement Some community members
South (n=4 responders)	<ul style="list-style-type: none"> Community members Faith-based treatment facilities/sober living Law enforcement Businesses – worried about increase in homelessness Promotion of substance use 	<ul style="list-style-type: none"> People in cities that have already reduced homelessness or the priority population

Ideas for Next Steps to Establish Syringe Service Programs and Other Thoughts

Table G-19. Next steps to establish syringe service programs in the community

What do you think the next steps would be to establish a syringe service program in your community?		
Region	Next Steps / Suggestions	Next Steps / Suggestions
North Central (n=8 responders)	<p>Priority population buy-in</p> <ul style="list-style-type: none"> • Clinics for patients with incentives when accessing sterile syringes • Involve the priority population • Education about benefits of syringe service programs • Offer psychoeducation • Increase awareness of program: advertise, outreach <p>Professional buy-in/collaboration</p> <ul style="list-style-type: none"> • Outreach to and include emergency medical technicians and paramedics • Determine existing relationship with the County of San Diego • Gain insight from organizations near a planned permanent site • Find organizations that serve a sufficient number of people from the priority population to provide services at their sites • Network – revitalize task force with the correct persons to make recommendations and “meet regularly to avoid silos” • Create a Harm Reduction Coalition to develop community partnerships • Start with program directors – then line staff • Have meetings with staff to answer questions <p>Education for professionals</p> <ul style="list-style-type: none"> • Have a team to educate providers <p>Model</p> <ul style="list-style-type: none"> • Use case managers to do outreach and distribute syringes • Mobile clinics (but can difficult to find an appropriate and acceptable location to park) • Plan for the number of people want to serve 	<p>Locations</p> <ul style="list-style-type: none"> • Along San Diego River, under 163 bridge, Fashion Valley, Mission Valley • Locations accessible to homelessness areas • Mobile and brick and mortar site in each region of the County of San Diego to provide the best care. • Owen Clinic interested in providing medical care at different sites and at their clinic <p>Community buy-in</p> <ul style="list-style-type: none"> • Use “relatable stories from champions who are willing to tell their stories and not afraid of the backlash.” <ul style="list-style-type: none"> - Show compassionate stories about how substance use impacts people - Use members of the priority population (current and previous persons who used substances) • Call the program “Harm Reduction Services Center” <p>Political</p> <ul style="list-style-type: none"> • Draft an ordinance with the city public safety committee <p>Services</p> <ul style="list-style-type: none"> • Help the priority population switch from injecting to snorting/smoking • Case managers • Model after Prevention Point syringe service program (Philadelphia) • Packs with syringes, alcohol pads, tourniquet, sterile water, sterile cookers, pipe, and straws • Offer condoms, naloxone, face shields, gloves, alcohol pads

Table G-19. (Continued). Next steps to establish syringe service programs in community

What do you think the next steps would be to establish a syringe service program in your community?		
Region	Next Steps / Suggestions	Next Steps / Suggestions
East (n=7 responders)	Model <ul style="list-style-type: none"> Anything in 92020 Serve rural areas Professional buy-in/collaboration <ul style="list-style-type: none"> Start with behavioral health institutions and treatment centers: McAlister, Bridges of San Diego in La Mesa, Kiva in Lemon Grove Provide a seminar with information and direction how to implement including legalities and paperwork so we/agencies can be involved Partner with Live Well San Diego Involve supportive members of law enforcement Work with East County Homeless Task Force (they do outreach) 	Services <ul style="list-style-type: none"> Vitamins Locations <ul style="list-style-type: none"> Community centers and libraries as potential locations <ul style="list-style-type: none"> Promenade in front of library where unhoused persons congregate (El Cajon) Recreation center on same block as library – place on Douglas Avenue to be less visible but still available (El Cajon) In front of Lexington Apartments (people already go there so would not be intimidating, public parking available) (El Cajon)
County-wide (n=2 responders)	Professional buy-in/collaboration <ul style="list-style-type: none"> Work with existing providers from the community Connect with the homelessness outreach teams Present to the Regional Task Force on the Homelessness and potentially participate in their Continuum of Care meetings Find programs that can support efforts and be linkage resources Educate law enforcement about newest laws Locations <ul style="list-style-type: none"> Located centrally in places accessible to community members Dashboard and website where users can share information, and community can read about substance use disorder prevention 	Model <ul style="list-style-type: none"> Evidence-based and all inclusive (syringes and resources) Mobile, needs-based (providing syringes requested without limits or exchange requirements), serve with lowest barrier possible, teach about naloxone Offer community resources for people who have lost a loved one to overdose Link persons to services and treatment Offer space for building rapport Can offer different services in different areas

Table G-19. (Continued). Next steps to establish syringe service programs in community

What do you think the next steps would be to establish a syringe service program in your community?		
Region	Next Steps / Suggestions	Next Steps / Suggestions
South (n=4 responders)	<p>Community buy-in</p> <ul style="list-style-type: none"> Broad community education/awareness, social marketing, be clear that it is a public health concern Involve community for success and to refer to the program Utilize organizations or relationships with organizations who already have the trust of the neighborhood/community <p>Location</p> <ul style="list-style-type: none"> Not intimidating <ul style="list-style-type: none"> "Don't do mobile white big van - it has a cold feeling" Attractive and clean <ul style="list-style-type: none"> So participants will "not feel self-conscious entering" "I can picture nice couches... You walk in, there's coffee... It's very inviting." Discreet <ul style="list-style-type: none"> Building would need to "look nothing like a dispensary... nothing that stands out too much" Broadway in Chula Vista has empty buildings Otay Mesa Mobile The border location, by the Starbucks or the trolley station Set location(s) that organizations can refer to Attractive and not intimidating 	<p>Services</p> <ul style="list-style-type: none"> Wraparound with other support service and resources (soup, food) – "helps keep clients engaged" Resources available <ul style="list-style-type: none"> "Something like this can open up the door to getting help, getting other resources..." For medication-assisted treatment, refer to clinics where they schedule people the same or next day Warm handoffs for referrals <p>Model</p> <ul style="list-style-type: none"> Use peers, train staff in harm reduction, motivational interviewing, trauma informed care Person-centered care by non-judgmental staff – learn what the priority population needs to be comfortable and incorporate feedback about improving services <ul style="list-style-type: none"> "If people just get syringes they won't go back, need to feel that the people operating the services know them and understand them." <p>Priority population buy-in</p> <ul style="list-style-type: none"> Need the right messaging for people who you intend to serve (to counteracts stigma/judgments) - so the client feels that the staff are safe, and staff want to help. Outreach, flyers, advertise <ul style="list-style-type: none"> "People need to hear about it. Word of mouth will be important." Safe space "They need to feel like they're safe [at a service location]; not going to be judged; that they can go and get that understanding."

Table G-19. (Continued). Next steps to establish syringe service programs in community

What do you think the next steps would be to establish a syringe service program in your community?		
Region	Next Steps / Suggestions	Next Steps / Suggestions
North Coastal (n=5 responders)	<p>Community buy-in</p> <ul style="list-style-type: none"> • A New Path, homelessness shelters, community clinics, non-profits, shelters • Short- and long-term goals that are achievable • Education for everyone in community / marketing campaign that is data driven <ul style="list-style-type: none"> - Focus on parents (who may not realize children are using substances) - Provide facts about how programs have benefitted other communities - Market it as a means to support people who have a substance use disorder - Demonstrate how they reduce the cost of complications of injecting substance(s) - Use statistics that are sourced <p>Professional networking/education</p> <ul style="list-style-type: none"> • Educate communities where services exist <ul style="list-style-type: none"> - "I'm a service provider and I don't know where to send people for help" • Train staff who can do intakes and offer services <p>Model</p> <ul style="list-style-type: none"> • "Normalize intervention through creation of clinics and support spaces where people can go to get a variety of services (in addition to syringes)." • "For so many years [we have] separated addiction with other health issues – it is time to support both equally." <p>Services</p> <ul style="list-style-type: none"> • Naloxone 	<p>Location</p> <ul style="list-style-type: none"> • Existing agencies <ul style="list-style-type: none"> - Willing to establish a syringe service program - Mobile crisis unit - Community clinics - Methadone clinics - Medication-assisted treatment clinics - Agency able to provide wraparound services (i.e., clinic) • Where people are using • Centralized <ul style="list-style-type: none"> - In the middle of multiple cities – "halfway to the next city" • Discreet <ul style="list-style-type: none"> - "Not identifiable to the community; no signage" • Mobile and mobile outreach from locations <ul style="list-style-type: none"> - Many homeless do not access cities or civilization • Need to expand to Escondido and Oceanside to address transportation issues • Offer in parts of the County of San Diego where not available

Table G-19. (Continued). Next steps to establish syringe service programs in community

What do you think the next steps would be to establish a syringe service program in your community?		
Region	Next Steps	Next Steps
North Inland (n=6 responders)	<p>Community buy-in</p> <ul style="list-style-type: none"> • Neighborhoods <ul style="list-style-type: none"> - “There needs to be a balance between community members and businesses who do not want to see increased crime or long lines for a syringe service program. Community members currently are unhappy with long lines for COVID testing.” • Collaborate with street outreach teams • Collaborate with local city, government, Cal Trans, and police departments (and public health nurses at these locations) • Hidden populations <ul style="list-style-type: none"> - To serve “people at home who are using also” <p>Networking/professionals</p> <ul style="list-style-type: none"> • All involved need education <ul style="list-style-type: none"> - Politicians in North County will need to be educated (big ‘learning curve’) • Medical providers <ul style="list-style-type: none"> - “When they see [the priority population] they generally misdiagnose them and have no idea what they are looking at” <p>Method</p> <ul style="list-style-type: none"> • Mobile • Drop-in centers where the priority population is located (ZIP code or 911 calls) • Peer support specialists 	<p>Location</p> <ul style="list-style-type: none"> • Highest concentration of the priority population <ul style="list-style-type: none"> - Houses/locations where people are using (police may know where) • Near transportation • Existing agencies <ul style="list-style-type: none"> - Methadone clinics - Medication-assisted treatment programs - Mission Treatment - VA clinic in Oceanside - San Diego County building Oceanside - Social service agencies - Health clinics - General – with wraparound services • Oceanside: Downtown Oceanside-Harbor area, along freeway 76 and 78, San Luis Rey area • Vista: Sycamore Drive • Escondido: Grape Day Park • Centralized location (for those in canyons or injecting at home) • Near shelters • Neighborhood Healthcare (for their patients) • Building <p>Services</p> <ul style="list-style-type: none"> • Wraparound services • Referrals to medication-assisted treatment programs <p>Staffing</p> <ul style="list-style-type: none"> • Knowledgeable staff

Table G-20. Other thoughts about establishing a successful syringe service program

Do you have any other thoughts about how to establish a successful syringe service program in your community? Categorized responses from open-ended question (n=18 responders)	
Other thoughts establish successful syringe service program	Other thoughts establish successful syringe service program
Involve local governments <ul style="list-style-type: none"> • In North County have county government and city governments – consider all municipalities • City police and sheriff (both operate in same areas) • Caltrans • City councils 	Reaching youth <ul style="list-style-type: none"> • How can we reach youth? “There is an increasing number of overdoses among youth” <ul style="list-style-type: none"> - High schools, pharmacies, doctors, nurses, school officials, people already engaged in community outreach
Education <ul style="list-style-type: none"> • Train more people to address opioid abuse • Train direct service providers about the health risks of the priority population and questions to ask • Videos about safe injection sites in Washington may change opinions on the subject • Would like county health department to address community knowledge and education 	Provision of medication-assisted treatment and other medications <ul style="list-style-type: none"> • Creative options to adhere to medications <ul style="list-style-type: none"> - Deliver from pharmacy to syringe service program site - Lanyards to hold pills - Safe-deposit box with key code for storage • Place for clinics to leave messages
Foster community relations to avoid problems <ul style="list-style-type: none"> • Need to be managed well <ul style="list-style-type: none"> - No syringe litter is important • Promote that the syringe service program saves lives • Engage mental health clinics/small businesses/law enforcement/city government • Educate businesses so they can refer to the program • Consider having a hotline with trained individuals who could come aid individuals / businesses • Include support groups and other resources for families 	Locations <ul style="list-style-type: none"> • Co-locate with a treatment center, social organization, or community clinic • No congregation/loitering around site • Near Capalina methadone clinic in San Marcos • North County LGBTQ Resource Center interested if has funding, staff, and space Locations that consider non-users <ul style="list-style-type: none"> • Syringe service programs can be harmful to persons who are sober if located in the same building
Substance use services in community <ul style="list-style-type: none"> • Add support groups and resources for families • Need more inpatient treatment facilities in community • “People need safe spaces to detox” • Train more people to address opioid abuse 	Build trust with the priority population and unhoused <ul style="list-style-type: none"> • Consistency • Must address homelessness <ul style="list-style-type: none"> - The manner homeless encampment sweeps are conducted are not respectful - Need safe place to sleep and be clean to promote accessing services: “Until homeless people have a safe place to sleep and get clean, they won't access other services. Trauma is heaped on them on a daily or weekly basis.”

Table G-20. (Continued). Other thoughts about establishing a successful syringe service program

Do you have any other thoughts about how to establish a successful syringe service program in your community?	
Categorized responses from open-ended question (n=18 responders)	
Other thoughts establish successful syringe service program	Other thoughts establish successful syringe service program
Ease of syringe service program service <ul style="list-style-type: none"> Do not require identification or registration Peers in recovery can connect syringe service programs to potential clients 	Staffing <ul style="list-style-type: none"> Outreach workers to direct people to syringe service programs Train peer support specialists Train on motivational interviewing and empathy
Method/Type <ul style="list-style-type: none"> Mobile better than fixed Safe injection site 	Naloxone <ul style="list-style-type: none"> Teach, administer, and train the community how to use naloxone <ul style="list-style-type: none"> Some expressed frustration at the inability of local government to initiate naloxone distribution rapidly and earlier

Results from Interviews with Additional Stakeholders with County-Wide Experience

In addition to the key informant interviews conducted with stakeholders in various regions of San Diego County, the assessment team also interviewed eight people with county-wide experience pertaining to the priority population and syringe service programs. This group included people with medical, business, and community expertise. These interviews focused on a subset of the key informant interview questions related to respondents' opinions about syringe service programs as well as expected support of and concerns with syringe service programs in the community. They were also asked how to best establish effective syringe service programs in San Diego County.

Reasons for Supporting syringe service programs

All of those interviewed were supportive of syringe support services. Reasons given for their own personal support or for the support of people in the community included the following.

Long-term healthcare savings

Several informants shared that because syringe service programs reduce the contraction and transmission of disease, in the long-term, they lower healthcare costs.

Reducing morbidity and mortality

syringe service programs are proven, these informants, said to save lives and reduce disease.

Compliance with Drug Medi-Cal Organized Delivery System regulations

Although not directly related to syringe service programs but instead to harm reduction efforts more broadly, informants explained that there's been a shift among substance use disorder providers since Drug Medi-Cal Organized Delivery System began several years ago. Whereas many substance use disorder providers employed an "abstinence-only approach" previously, all County of San Diego-contracted alcohol and drug service providers now must meet Drug Medi-Cal Organized Delivery System requirements to provide evidence-based interventions, including harm reduction approaches to intervention. This has resulted in wide acceptance of efforts such as naloxone distribution and increased acceptance and delivery of services such as medication-assisted treatment. It was noted that while there is compliance, some service providers do not actively advocate for harm reduction approaches.

Reducing stigma and providing dignity

Several respondents discussed the stigma of being a member of the priority population. Syringe service programs, they said, reduce this stigma and give the priority population a place where they feel they are not judged.

Reasons for Business/Community Concern

Syringe service programs will bring substances, the unhoused, and crime into neighborhoods

In each of the interviews, the informants observed that the public does not understand very much about addiction, and that, in general, community members believe that injecting substance(s) is problem primarily for the unhoused. They also believe that both substance use and homelessness are associated with crime. Some are concerned that the property values of their homes will go down if a syringe service program is installed in their neighborhood.

Belief that syringe service programs promote substance use

One of the most frequently cited reasons for concerns with syringe service programs is that community members believe that by providing syringes, substance use is encouraged and promoted.

Businesses concerns with decreasing "enforcement"

At the same time, business owners feel that lower levels of enforcement are being provided around their businesses, creating unsafe and/or unwelcoming environments for their employees and their customers.

People are experiencing compassion fatigue

One informant noted that with COVID, many business and community members are exhausted, and their compassion is depleted.

Recommendations for Overcoming Concerns

Messaging is extremely important: Explain how syringe service programs will help people they care about

Everyone interviewed emphasized that how critical it is to frame the establishment of syringe service programs in a way that will be palatable. Business owners need to feel that their workforce is being helped; community members need to feel that their community is being bolstered, rather than burdened, by the syringe service programs.

Provide data-driven education that dispels myths about the priority population and decreases stigma

Many people in the community do not have extensive knowledge about the priority population, including who it impacts. Businesses, for example, need to understand that some members of their workforce are from the priority population.

Work to shift the substance use disorder paradigm way from a “social” model and toward a “medical” model

Two informants believe that the foundation of most of the concerns is the belief that substance use disorder is a personal failing, rather than a medical issue.

Pay attention to and work with concerned groups

Two informants pointed out that some groups, while perhaps not holding the majority opinion, can and will mobilize quickly and vocally. One noted that it is important to follow what is happening on Nextdoor.com, since this is a place where resistance organizes quickly. Another noted that some communities have well-connected, powerful community councils and that it is vital to work with these councils.

Go slowly to build relationships

All informants emphasized taking the time to build relationships in and educate the community, taking the time to consider potential concerns.

Find champions

Two of the people interviewed emphasized the importance of finding and making use of champions for syringe service programs and for harm reduction efforts more broadly. Suggestions included business leaders, churches, and doctors.

Engage the business community as partners

One informant with expertise related to the San Diego business community described that the business community often feels left out of the program planning. Instead, they feel that they are often blamed for many of San Diego's most pressing social problems – like, for example, the cost of housing.

Ensure representation on the Alcohol and Drug Service Providers Association (ADSPA) and in the workforce

One informant noted that newer members of the substance use disorder provider networks tend to have a stronger orientation toward harm reduction efforts. This is in part a result of the requirement that substance use disorder providers use licensed practitioners of the healing arts (LPHA) rather than relying primarily on people with lived experience who receive very little training. In addition, people who understand the scientific validity of a harm reduction approach, such as opioid treatment program (OTP) providers need to have adequate representation on associations such as the Alcohol and Drug Service Providers Association (ADSPA).

Advocate for changes to Drug Medi-Cal Organized Delivery System regulations

One informant noted that the way in which Drug Medi-Cal regulations are set up, substance use disorder treatment providers cannot get reimbursed for services like syringe exchange. In addition, the Drug Medi-Cal Organized Delivery System regulations render the provision of any type of harm reduction services, rather than “treatment” extremely challenging for service providers to offer.

Work with elected officials to overcome political concerns

Informants noted that in some areas of the county, such as East County, there are strong political concerns with harm reductions services, including syringe service programs. It is important, they said, to work with elected officials to educate them. This education should include data and research but should also focus on the human side of the issue. Taking elected officials on tours of facilities, having them hear from people who have benefitted from the services, and having people like physician champion the cause are all good ways to approach political concerns.

Recommendations for Operations

Mode of syringe service program: Fixed, mobile, or vending machine services

Informants had varied opinions about the best model for syringe service programs in terms of fixed or mobile sites. Mobile sites, some emphasized, make sense in terms of expediency and cost. Other informants believe mobile sites will be more palatable to the communities because

they may be less impactful on neighborhoods. They also noted, however, that mobile sites can cause problems when the volume of people served is high.

Informants also discussed the potential value of having fixed sites, particularly if they were run by organizations already trusted in the community. Family Health Centers of San Diego was frequently mentioned as one such organization.

Informants were unanimous that vending machines are not ideal but would be better than nothing.

Services to be included

Informants noted that syringe service programs should include services other than syringe exchange, including providing and teaching people how to use fentanyl strips and naloxone and connecting people to treatment if they are willing. One informant mentioned that it would be helpful to have a doctor on site to prescribe suboxone but also said that people need to have a place to detox for free.

Partner with other service providers and law enforcement

Two informants mentioned that it will be important to partner with other service providers. Emergency departments of hospitals, particularly those that are now a part of the California Bridge Program which allows them to help initiate medication-assisted treatment for opioid use disorder, are essential partners. ED providers can ensure that patients with substance use disorder are given information about syringe service programs. The sobering center, which used to be focused on people with alcohol use disorder, now serves primary people with substance use disorder – 85% of who are under the influence of crystal methamphetamine. This is part of the PLEADS program - Prosecution and Law Enforcement Assisted Diversion Services. This is another essential partnership. Including law enforcement on planning committees is vital. For the syringe exchange currently operating through Family Health Centers of San Diego, a hotline was established that allowed anyone with a concern to call and these concerns were funneled both to Family Health Centers of San Diego and law enforcement.

In addition, informants emphasized the importance of “warm hand-offs” to partnering service providers so that people can immediately access wraparound services.

Locations

The choice of where to provide syringe service programs will be a significant factor in the level of concern related to those programs. Many people, informants explained, don’t necessarily object to the services being offered, but they do object to those programs being in residential or retail areas. The opioid treatment program in Southeast San Diego is a good example of this. Informants also discussed the need for syringe service programs to be accessible to people who rely on public transportation.