

Understanding and meeting the needs of diverse syringe service program participant populations



Joshua Carreira¹, Kamille Peralta¹, Gabriella Lazaro^{1,2}, Ursula Black¹, Lois Petty¹, and Candace Winstead^{1,2}
¹SLO Bangers Syringe Exchange and Overdose Prevention Program ²California Polytechnic State University, San Luis Obispo

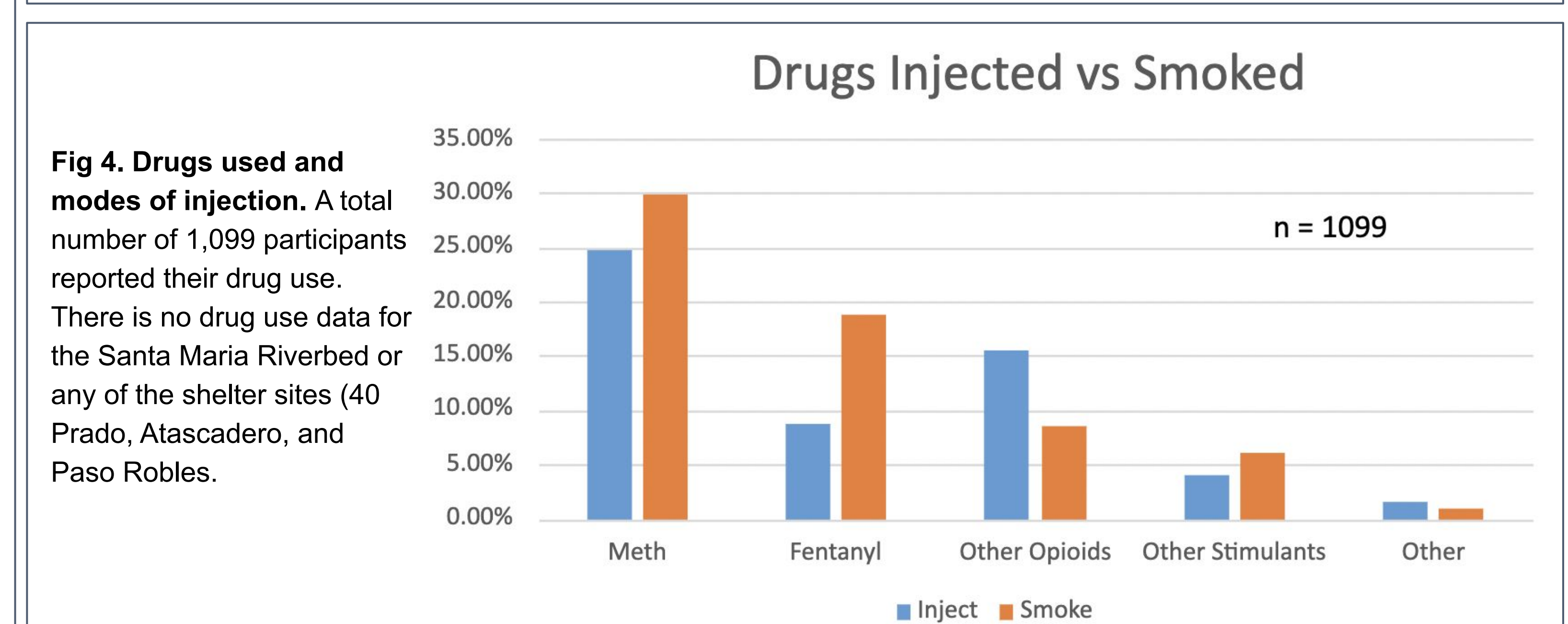
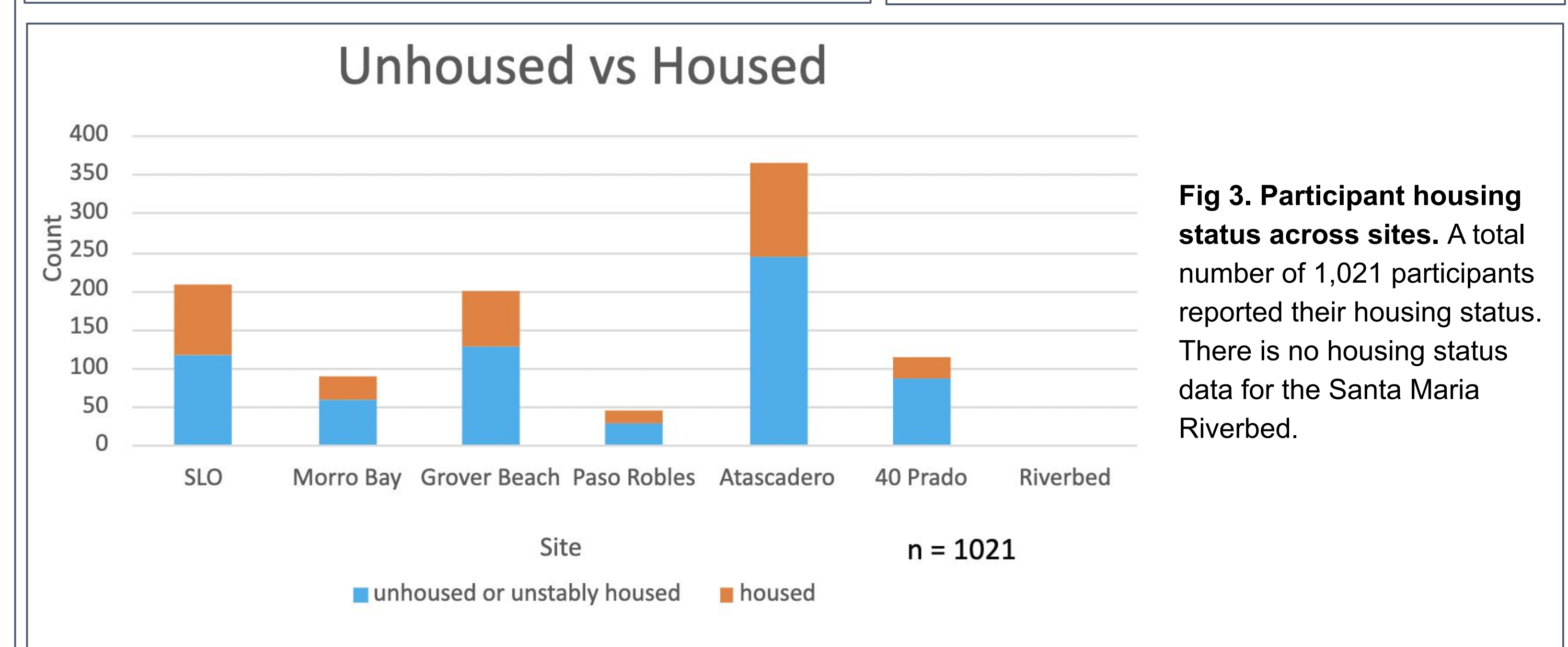
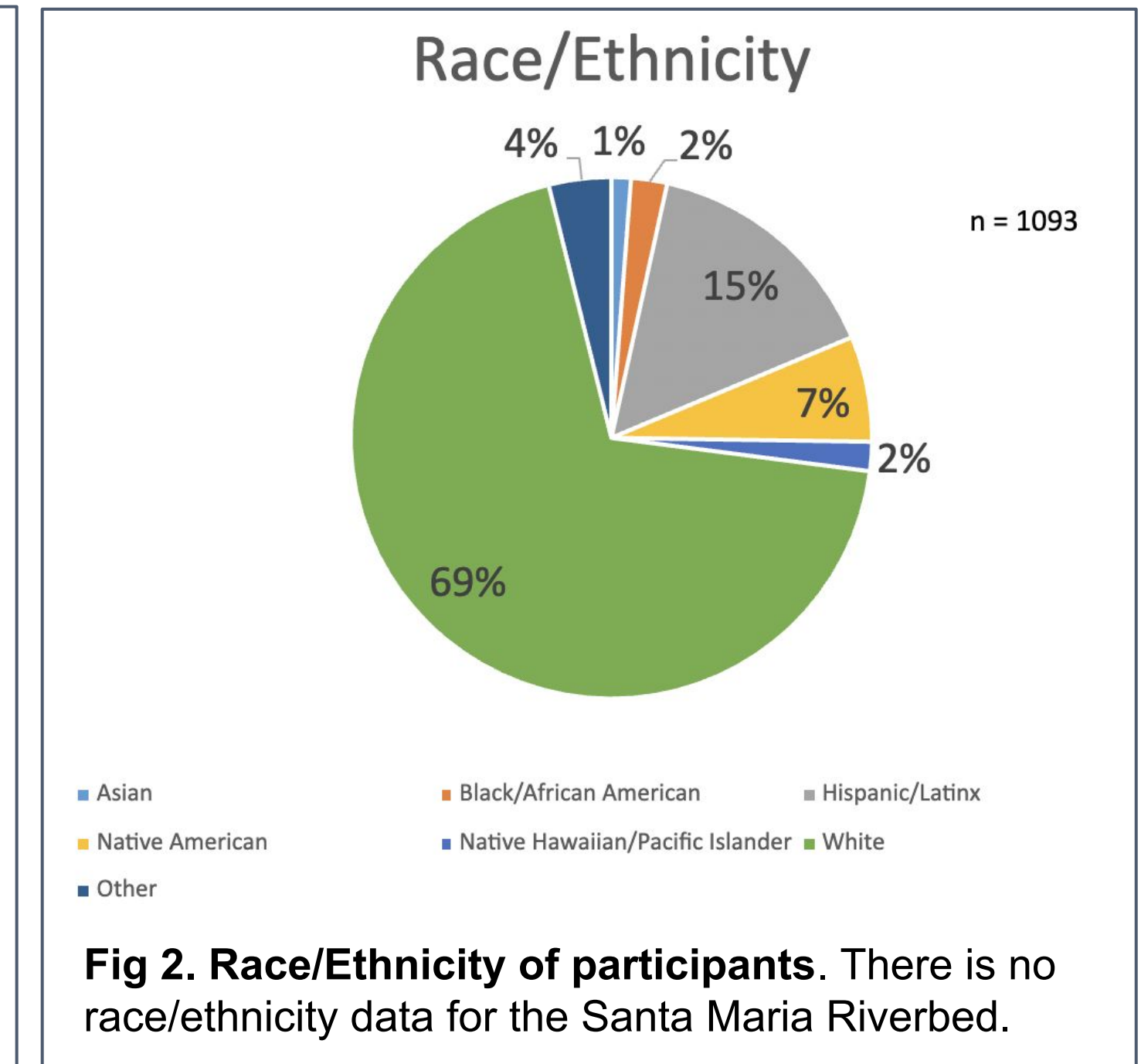
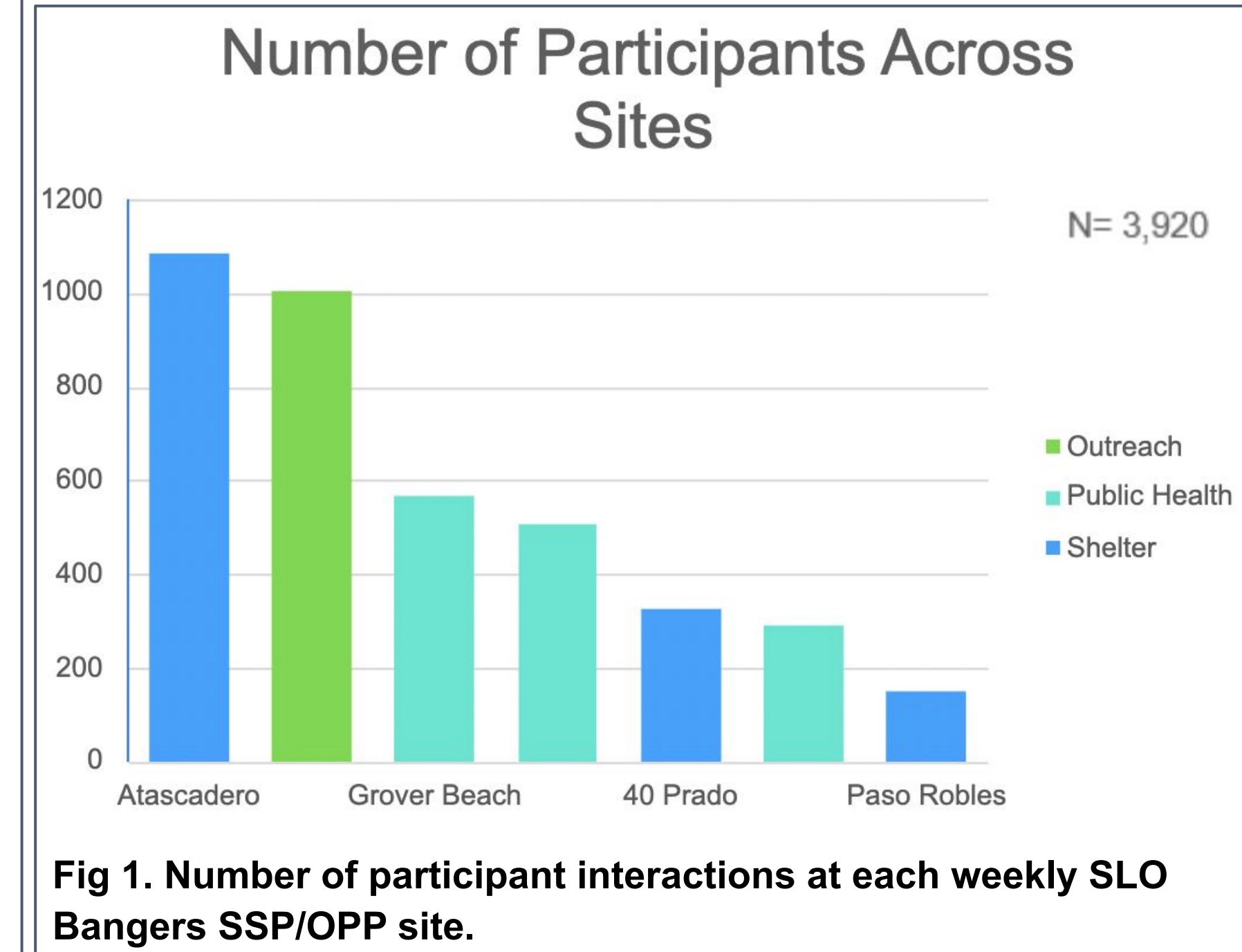
Introduction

Syringe services programs utilize many modalities in order to meet the needs of people who use drugs, and in geographically large counties, employing multiple strategies to connect individuals is essential. SLO Bangers syringe exchange program has three weekly fixed sites at public health buildings, as well as three weekly outreach sites at shelters to serve these populations. SLO Bangers also does weekly direct outreach at a large unsheltered encampment at the Santa Maria Riverbed. Inquiring about the similarities and differences between these different types of sites informs staff about areas of need that require further investigation. This is essential to providing community-centered harm reduction services.

Methods & Future Research Design

- **Data Collection:**
 - To access services, participants complete our demographic questionnaire. This gives us insight into various population metrics including; housing status, drug use, overdoses witnessed, etc. Data was from Fiscal Year 2024-2025 (FY 24-25).
- **Data Analyses**
 - Quantitative data was sorted by site/site type, and duplicates were removed for comparative analyses across categories.
- **IRB for Point in Time interviews (in progress)**
 - Point in Time (PiT) interview questions will be based on demographic, drug use and living condition differences and informal participant interactions.
 - PiT will focus on the site we have the least data for (riverbed) with potentially unique demographics and vulnerabilities with other sites as comparison.

Results



Discussion and Informal Observations Guiding Future Research

- **Somewhat unique at the Riverbed site:**
 - A larger portion of our participants are primarily Spanish speakers and more vulnerable to ICE compared to our other sites.
 - Almost all participants are living completely unsheltered in encampments leaving them more vulnerable to law enforcement sweeps, theft, increased surveillance and potentially ICE.
 - Ex: Probation officers randomly appear in a van to offer services, causing a noticeable reduction in people accessing services. Participants described emotional distress from their presence. One asking our volunteers to accompany her to get food from another provider as she feared being closer to probation officers.
- **Common to all sites:**
 - Destabilizing and/or cruel interactions with law enforcement
 - Ex. One participant at fixed public health sites shared that a local PD officer opened and dispersed their naloxone into the air.
 - Stigma in healthcare and other service settings
 - Ex. Participants have described mistreatment by medical staff, including one who claimed a nurse intentionally damaged his veins by forcing a large volume of saline in an effort to keep him from using the vein to inject later.
 - Coercion in recovery spaces
 - Ex. Participants have reported having MAT (Medication Assisted Treatment) providers threaten to revoke or restrict access to medication as a form of punishment, or to force compliance.

Next Steps

- Developing a point in time survey administered across our sites, especially at the riverbed
 - better represent demographic data
 - document instances of targeted social injustice and stigma
 - highlight participant voices, improve services
- Example Questions:
1. How would you describe your ethnicity and/or cultural heritage?
 2. In the last six months approximately how many times have you been confronted by or made to feel uncomfortable by law enforcement?
 3. Were there any barriers to accessing services you faced, or any actions or interactions you had which may have left you feeling uncomfortable accessing services?

Acknowledgements
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