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Research paper

Merchants, samaritans, and public health workers: Secondary syringe exchanger discursive practices

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ABSTRACT

Background: Secondary syringe exchangers (SSEs) are a vital component of harm reduction efforts among persons who inject drugs (PWIDs). However, little research has explored how secondary exchange occurs, nor why SSEs do their work. This study looks at secondary exchange as an act of resilience within the PWID risk environment. It asks how secondary syringe exchangers utilize syringes to improve their mental and material well-being.

Methods: This article draws on findings from semi-structured in-depth interviews of 30 SSEs. It is also informed by 4 years of participant observation as a volunteer and site supervisor at the San Francisco Aids Foundation syringe exchange sites, and 1 year of participant observation with SSEs and their clients.

Results: This study finds that SSEs use syringes as a resource to support three discursive practices – those of merchants, public health workers, and samaritans. These discursive practices correlate to their work and educational backgrounds, and to their accounts of charging for syringes, disseminating public health information, and helping their clients in various ways.

Conclusion: SSEs hold heterogeneous motivations and operate in multiple contexts. Many SSEs see themselves as, and behave as, informal health care workers or helpers in their community. They could be utilized, with minimal training and encouragement, to disseminate additional harm reduction information and materials.

Introduction

Approximately 1.2–1.8 million people currently inject drugs in the United States (Brady et al., 2008; Snead et al., 2003). In San Francisco, the site for this study, persons who inject drugs (PWID) are estimated to comprise between 2.2% and 2.35% of the population (Brady et al., 2008; Johnston et al., 2013). PWIDs partake in many risk behaviors including unsafe sex, the sharing of syringes and supplies, and insufficient sterilization techniques. These behaviors, and others, cause PWIDs to be at increased risk for HIV and Hepatitis C (HepC) (Des Jarlais & Semaan, 2008; Strathdee & Stockman, 2010; Walsh, Verster, Rodolph, & Akl, 2014). About 18% of American PWIDs are infected with HIV, and illicit drug injection accounts for over 30% of new HIV infections in the United States each year (Mathers et al., 2008).

Because of the disease risk inherent to injection drug use, syringe exchanges (SEPs) operate in many cities, including San Francisco, in order to reduce the spread of disease via distribution of sterile supplies and information about safer injection practices. Studies show SEPs significantly reduce the spread of disease (Des Jarlais et al., 2005; Des Jarlais, McKnight, Goldblatt, & Purchase 2009). However, many PWIDs rarely or never visit the sites because of disability, geographic isolation, inability to visit during hours of operation, feelings of shame or anxiety, inconvenient SEP locations, fear of police, or fear of the stigma of being identified as a injection drug user (De, Cox, Boivin, Platt, & Jolly, 2007; Murphy, Kelley, & Lune, 2004; Snead et al., 2003). Due to these reasons, many PWID do not visit SEPs themselves and instead they rely on secondary syringe exchangers (SSEs) for their supplies.

SSEs collect used syringes and exchange them at SEPs for new syringes, which they distribute to PWIDs, sometimes along with safer injection supplies. SSEs have been found to distribute 50% or more of the syringes given out by SEPs into the most hidden sections of the community by 1996 study in Chicago (Huo, Bailey, Hershow, & Ouellet, 2005) and a 1997 study in Baltimore (Valente, Foreman, Junge, & Vlahov, 1998). In a 2000 survey of United States SEPs, 31% of the programs reported that SSEs distributed at least half of the syringes (Des Jarlais, McKnight, Eigo, & Friedmann,

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2002). Much research has been done on the positive effect of secondary exchange on reducing the spread and risk of HIV and HepC (Amundsen, 2006; Lorvick et al., 2006; MacDonald, Law, Kaldor, Hales, & Dore, 2003; Riley et al., 2010). As Valente, Foreman, Junge, and Vlahov (2001) write, SSEs provide "a public health function by getting clean syringes into the community and dirty used syringes back to the exchange site. This macro level impact provides a "blanket of protection" by reducing the time syringes circulate in a community" (341).

Some research has been done on SSE's social and geographic networks (Braine et al., 2008; Davidson, Scholar, & Howe, 2011; De et al., 2007; Snead et al., 2003). Murphy et al. (2004) found that San Francisco SSEs distribute to three categories of recipients: neighbors, close friends and romantic partners, and drug customers. SSEs are shown to hold other roles in the PWID community, including providing injection assistance (Dechman, 2015) and operating shooting galleries (Murphy & Waldorf, 1991). A Vancouver study reports that SSEs engage in more risk behaviors than those who only exchange for themselves (Wood et al., 2002). A California study shows that SSEs are at increased risk for needle stick (Lorvick et al., 2006). However, little research has looked at their motivations, beyond that they are driven by either altruism or entrepreneurship, as studies of SSE in Baltimore Maryland report (Valente et al., 2001; Voytek, Sherman, & Junge, 2003), or by altruism alone, as studies of SSE practices in Australia and California show (Bryant & Hopwood, 2009; Snead et al., 2003).

However, research has treated SSEs as a cohesive group and the trajectories that lead to their altruistic or entrepreneurial SSE practices have not been studied. The reasons why people take on the secondary exchanger role, the discursive practices of secondary exchangers, and the complexities of their activities, social networks, and contexts in which they live and interact have not been fully explored.

In this paper, I explore secondary syringe exchange as an act of resilience, which Panter-Brick defines as "the process of harnessing key resources to sustain well being" (2014, p. 432). In this instance, the syringe is the resource that is being utilized by the secondary exchangers, through the act of SSE, to foster their financial health and their feelings of self worth. The enactment of SSE is a physical mechanism of resilience that enables them to cultivate a sense of belonging and social connection (Duff, 2009), and allows them to utilize the skills and dispositions they have acquired during their lives. Instead of looking at the risk behaviors engaged in by secondary exchangers, I will focus on syringe exchangers as resilient agents who intervene in the social risk micro-environment (Rhodes, 2009).

The secondary exchangers' acts of resilience fit into three discursive practices: that of the merchant, the public health worker, and the samaritan. These discursive practices correlate to their self reports of health care schooling or work experience in the health care field, and whether they charge for syringes, disseminate public health information, and help their clients in other ways. Their discourses are linked to their accounts of their practices. Those who I refer to as merchants charge their clients for syringes. Their relationships to their clients are predominantly motivated by money, they have little to no licit health training, and weak social ties to their clients. Their descriptions of their exchange practices are worded in economic terms. Those I call public health workers all have some exposure to licit medical training. They speak of themselves as doctors or nurses, or refer to their previous health care work when they talk of their SSE behavior. They see themselves as performing a public health service for their clients, to whom many provide information on risk behaviors. Some of these SSEs charge their clients but most do not. The final group, the samaritans, say they do not charge for syringes. They use a discourse of care, support, and protection when describing their practices. They see themselves as helping the members of their community, and many also provide money, food, and other forms of support, in addition to syringes, to their clients.

Methods and sample

This study is based on thirty semi-structured in depth interviews with PWIDs in San Francisco who identify as SSEs. PWIDs who exchange syringes for three or more persons were recruited via flyers distributed at the syringe exchange sites run by the San Francisco Aids Foundation (SFAF), one of the largest syringe exchanges in the US. SFAF gives out over 2.3 million syringes a year at about 12 fixed or mobile sites throughout the city (San Francisco Aids Foundation, 2015). SFAF's sites offer unlimited 1:1 syringe exchange and limited quantities of harm reduction supplies including tourniquets, cotton, water, cookers, and alcohol wipes. HIV and HepC testing, nursing services, and Narcan training is also available at the sites. SFAF also operates a program for 10 SSE per year, who are required to exchange 200 syringes per week and attend an hourly meeting in exchange for a weekly $10 stipend. I work as a site supervisor for SFAF, and I volunteer at the sites. However, my role as a volunteer and site supervisor did not affect participant recruitment because no participants were directly recruited at the sites or from the SSE program. Ten of the interviewees recognized me when we met for the interview. The remainder assumed I was a researcher with no affiliation to SFAF. There was no perceivable difference in discourse between those who knew that I am affiliated with SFAF, and those who did not. I shared personal information and experience only when I felt it would help put the interviewee at ease. I believe my four years of experience working as a syringe exchange site supervisor and volunteering at syringe exchange sites helped me build rapport with the participants.

The interviewees were paid $30 in consideration for their time, per the request of the San Francisco Aids Foundation, which gave me permission to conduct this IRB/CPHS approved study. 16 audio-recorded interviews were conducted in the spring of 2013, an additional 14 were conducted in the fall of 2014. The UC Berkeley Committee for Protection of Human Subjects and the Yale University Human Research Protection Program granted ethics approval for the study.

Study participants were screened during recruitment to determine that they participated in secondary exchange through their knowledge of exchange site locations and hours. Also, they were asked to describe the staff or volunteers on the date they stated they last visited a syringe exchange site. If there were doubts that they did indeed participate in secondary exchange, they were not included in the sample.

Interviews were undertaken by the author and facilitated by a topic guide encouraging discussion of secondary exchange. The questions were designed to explore the gamut of possible material and ideational motivations for secondary exchange. The majority of the topic guide focused on secondary exchange behavior including social ties with those for whom they exchanged syringes, reciprocities in the relationship, socio-economic status of those they supply, geographic secondary exchange locations, and in-depth description of specific exchange interactions. It also included injection initiation, injection drug use history, arrest history, social networks, demographic information, education, family, employment history, and income generating strategies. The interviewees were not asked about the exchange of other harm reduction supplies, such as alcohol swabs or cookers, because the SFAF sites distributes limited quantities of supplies, regardless of the quantity of syringes exchanged. The interviews began with a narrative account of individuals' social histories. Participants were asked to describe their specific interactions and relationships with