A Need for Needles: A Qualitative Examination of La Crosse County Injection Drug Use and Harm Reduction Strategies

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ABSTRACT

Previous research has shown that injection drug use across the country continues to climb. Since the mid-1980s, injection drug use has become a topic of discussion among scholars, law enforcement, and policymakers. One solution implemented nationally over the past three decades are Needle-Exchange Programs (NEPs). NEPs offer a variety of services to injection drug users (IDUs) including providing sterile syringes to users for injection, cookers, tie-bands, cotton swabs, and more, while also providing other resources like condoms, alcohol pads, HIV counseling and testing, and referrals to substance abuse treatment programs. A lack of empirical evidence on NEPs proves troublesome when local communities are making decisions about whether to add or eliminate a needle-exchange program. This study investigated how different perspectives, attitudes, and life experiences of stakeholders who interact directly with IV-users and the local NEP in La Crosse, Wisconsin influence policy decisions in the area. Participants in the study included representatives from the local Police and Fire Departments, the La Crosse County Health Department, a State Representative of the NEP, and a Professor of Health Education at UW-La Crosse. While all participants agreed that drug use and discarded needles were a serious public health concern for La Crosse County, there were clear discrepancies among the stakeholders about how to address prevention and treatment for local users. This study addresses those discrepancies and identifies the most salient solutions offered by the stakeholders to address prevention, addiction, and treatment in La Crosse County.

INTRODUCTION

Needle-Exchange Programs (NEPs) as a harm reduction strategy for injection drug use have only recently gained public attention. NEPs are a community-based program that provides access to sterile needles and syringes free of cost, facilitates safe disposal of used needles and syringes, and serves as a comprehensive, integrated approach to HIV and Hepatitis C prevention among people who use drugs (Center for Disease Control 2016). While research has expanded on topics like harm reduction and NEPs in the past three decades, little conversation is occurring on the benefits and adverse consequences communities are facing when addressing injection drug use using a harm reduction approach. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, built on the belief in, and respect for, the rights of people who use drugs (harmreduction.org). In the past decade alone, NEPs have received a great deal of attention, both positive and negative, for their contribution to harm reduction strategies. Previous work on NEPs focuses almost entirely on the effectiveness of the programs in segregated communities as well as some work on systemic prevalence rates of drug use and HIV cases among the IV-user population (Beletsky et al. 2005; Beiser 2008; Werb et al. 2008; Silverman et al. 2012; Beletsky et al. 2012; Beletsky et al. 2015). Other studies articulate the complex relationships between law enforcement, the NEPs, and public health officials, but rarely gave qualitative analyses of the personal experiences and attitudes of those who work the closest with the NEP and its user population (Martinez et al. 2007; Werb et al. 2008; Beletsky et al. 2011; Silverman et al. 2012; Beletsky et al. 2015; Beletsky et al. 2015). This is not entirely surprising, given that NEPs have only recently gained national regard in the realms of public health and law enforcement.

La Crosse, Wisconsin is no exception to the rise in injection drug use seen across the country. The NEP in the city of La Crosse, known as LifePoint, serves as a single location for injection drug users in La Crosse County and five other counties in and around Wisconsin to obtain clean needles at no cost. La Crosse's rise in injection drug use is paralleled in other areas of the state, but continues to see a significant rise in discarded needles in the community. These discarded needles have become a serious area of concern for local stakeholders as well as the larger community, as the needles are often left in public places including parks, parking ramps, and gutters. As this heroin epidemic continues to grow both nationally and locally in and around La Crosse, stakeholders are working to find evidence-based solutions to address this problem.

The purpose of this study was to investigate how different perspectives, attitudes, and life experiences of local stakeholders in La Crosse, who interact directly with IV-users and the LifePoint NEP impact local policy decisions in the area. La Crosse County has seen a significant rise in injection drug use, discarded needles, and Hepatitis C prevalence; consequently, community support for the LifePoint program and the purposes it serves has decreased. This study addresses the influence that local stakeholders have over community perception of the NEP and its intended purposes. The stakeholders interviewed served as representatives for their respective departments to share their perspectives on issues concerning the local community.

This study also investigated the barriers to policy implementation and practice for the LifePoint program and the competing goals of the stakeholders that directly influence community support for and perception of the NEP. The participants' ability to sway community support made them key stakeholders in La Crosse concerning injection drug use, prevention, and harm reduction. Addressing these stakeholders' attitudes towards the LifePoint program as well as the IV-user population and broader drug use in a qualitative interview will explain how these stakeholders navigate their social locations in the community and use their influence over local policy to advance their goals. It would be remiss to regard La Crosse's rise in injection drug use as insignificant. This study addresses a few of the reasons why La Crosse continues to struggle to find solutions to its growing rate of injection drug use.

REVIEW OF THE LITERATURE

This study addresses injection drug use, harm reduction approaches to preventing HIV and Hepatitis C, community support for and understanding of the LifePoint program, law enforcement practices regarding drug use, and more. Previous work has almost exclusively focused on quantitative examinations of the effectiveness of NEPs at reducing the spread of disease as well as the roles that law enforcement play in the perceived success of a program in a community or state; however, there is a significant lack of qualitative exploration on the experiences of single NEPs in local communities and the stakeholders who influence local support for a program. This review of literature focuses on three tenants addressed by others' work on NEPs and harm reduction: the role of NEPs in the HIV epidemic and rise in Hepatitis C cases, the structural implementation complications NEPs regularly encounter, and law enforcement's divergence between practice and policy regarding NEPs at the local, state, and federal level.

HIV Epidemic

It would be remiss to discuss the role and impact of NEPs without discussing the role the HIV epidemic in the 1980s and 1990s had on the development of NEPs. Before NEPs were implemented, two ways of prevention treatment for users included physician prescription of heroin as a maintenance treatment for opiate addiction and, shortly after, the development of methadone treatments (Des Jarlais et al. 2009:220). Several studies have shown that HIV risk among IDUs is significantly higher than that of a non-user (Burns et al. 1996; Lurie and Ducker 1997; Bluthenthal et al. 2008; Rhodes et al. 2009; Des Jarlais et al. 2009; Strathdee et al. 2010; Burris et al. 2010; Silverman et al. 2012); in fact, the Center for Disease Control and Prevention (CDC) reported that injection drug use in the United States accounts for one-third of all adult and half of all pediatric HIV cases and half of all new Hepatitis C cases (2003). Speculatively, these rates have increased consistently over the past decade. Rhodes and colleagues (2004) found that injection drug use accounts for almost one in four new HIV cases in the United States (1052). Des Jarlais and colleagues (2009) found that the three reasons most often cited for IDUs sharing needles included: 1) they do not have access to clean needles, 2) they do not own their own needles, and 3) they cannot afford to buy new needles (219).

Finally, Des Jarlais and colleagues (2009) found that almost every NEP provided many additional resources other than clean needles to clients of programs, including condoms, alcohol pads, HIV counseling and testing, education about HIV and Hepatitis, vein care, and referrals to substance abuse treatment programs (223). Almost half of the programs provided Hepatitis vaccinations and STI testing, while 40% provided naloxone, 33% provided on-site medical care, and almost all programs provided food, clothing, and personal hygiene products (22).

These findings bring a sense of relief to NEPs that are under pressure from local law enforcement or state government that proves the program is serving its intended purpose and population appropriately. Even more, there is proof that these programs are working in other areas of the world as well. Beiser (2008) found that since the city of Vancouver, Canada began supporting its NEPs, HIV infections have fallen by half, Hepatitis C has dropped by two-thirds, and the annual number of fatal drug overdoses has dropped from 191 in 1998 to 46 in 2005. Though the disproportionate number of HIV cases among IDUs are now acknowledged. The HIV epidemic played a critical role in the growth of NEPs. The HIV epidemic sparked a renewed interest in researchers and government to develop harm reduction strategies that went beyond doctor's offices and in-patient treatment programs, leading to the undeniable rise in NEPs.

Structural Implementation of NEPs

Several studies focus on the structural implementation of NEPs and the problems that arise with new implementation (Beletsky et al. 2005; Green et al. 2009; Reinarman 2009). Many reasons were discovered as to why implementation of a program in a community was difficult, including legal authorization problems, political opposition, professional hostility, and interferences by law enforcement officers, all of which make it difficult to secure certification (Green et al. 2012:9). Additionally, the same study found that even in programs with informal law enforcement and community approval, certification is still difficult because, "participants felt that it would be challenging to secure written approval from the local law enforcement signatories, especially elected officials, who would not want to be perceived as 'soft on crime'" (13). Reinarman (2009) reiterates this notion, arguing that unlike almost every other political issue that is controversially debated, being 'tough on drugs' in American culture allows a politician to take a firm stance without risking votes or campaign contributions (160).

The way IDUs are viewed in a local community, state-wide or nationally effects a program's success. Injection drug use is often viewed with disapproval, anger, and judgement. A user's addiction is considered a moral lapse and personal responsibility failure. NEPs continue to provide simple yet unparalleled resources to a vulnerable population. The barriers put in place to prevent NEPs from growing is clear; however, NEPs continue to find ways to overcome implementation concerns while remaining trustworthy and dependable to clients and their rights.

Law Enforcement Policy and Practices

Local law enforcement's perceptions of NEPs can vary significantly from a community's view and public health laws and regulations. Previous research focuses on law enforcement's perceptions of NEPs and how these differ among patrol officers, captains, and chiefs (Beletsky et al. 2005; Martinez et al. 2007; Beiser 2008; Werb et al. 2008; Beletsky et al. 2011; Beletsky et al. 2011; Beletsky et al. 2012; Silverman 2012; Beletsky et al. 2015). A police department's attitude toward a local NEP affect how the community views the program as well as the program's ability to be successful. Burris and colleagues (2010) found that 'laws on the books' can deviate significantly from 'laws on the streets,' and that this disconnect can limit the effectiveness of public health policies and harm reduction strategies.

Beletsky and colleagues (2005) conducted a study to examine the attitudes of police officers towards syringe access and occupational needle-sticks. Syringe possession, even when treated as legal by the officer, allowed the use of at least two other important legal tools: first, drug possession laws could be triggered and used against the user and, second, syringe possession may be treated by an officer as a justification for a search (269). In programs where syringes are only exchanged one-for-one (for each used syringe given to the NEP by a user, the user will receive one clean syringe), this becomes a serious concern for program effectiveness at reducing the spread of disease and high-risk needle-sharing.

Because 'laws on the streets' can be used in place of 'laws on the books,' officers can use extra-judicial actions to counteract drug use the way they see best for their community. Beletsky and colleagues (2011) also reported that 43% of clients of NEPs across the nation experienced police harassment on at least a monthly basis, while 31% of clients experienced unauthorized confiscation of syringes and 12% of clients were arrested in route to or from the NEP (42). Moreover, the same study also determined that 26% of programs received uninvited police appearances at least every six months. Silverman and colleagues (2012) found that unjustified police practices, including physical abuse, confiscation of legal syringes given out by NEPs, uninvited appearances at NEPs and use of NEPs as a marker of illegal behavior, have been proven to deter NEP participation and contribute to unsafe injection practices (2). Though law enforcement's objectives to reduce drug use may parallel the NEPs, the inconsistent strategies used to reduce this drug use can have the adverse effect.

Public health policy does not always coincide with the attitudes and practices of law enforcement. Beletsky and colleagues (2011) found that there is growing evidence that police officers are often misinformed about public health polices, reforms, and practices or simply choose to ignore these regulations because the officers may view these policies as 'enabling' drug abuse (35). Moreover, another study conducted by Beletsky and colleagues in 2005 found that police officers were, "generally unaware or misinformed about the law legalizing syringe purchase and possession; knowledge of the law did not significantly change their self-reported behavior in real street situations" (269). Finally, the officers interviewed were frustrated with systemic failures in combating the cycle of substance abuse and crime while blaming users for poor life choices (269). IDUs can face searches and seizures of legally obtained needles solely because officers are misinformed about the laws protecting the NEPs policies or because they choose to ignore them and handle drug abuse and addiction the way they feel best.

Previous studies have examined common trends among NEPs including how the HIV epidemic played a major role in the growth of alternative strategies including NEPs, the structural implementation problems that occur most often in a community, and the divergence between law enforcement practice and local policy. Previous research lacks focus on structural implementation concerns for long-term goals of the program. Little work focuses on other key stakeholders in communities that influence local policy and sway community support as well as the underlying problems many IDUs face. Des Jarlais and colleagues (2009) explain that, "drug abuse and many of its concomitant problems stem from inadequate or nonexistent employment opportunities, unsafe neighborhoods, underfunded schools, and insufficient health care" (219). If

these underlying problems are addressed in additional studies, measures can be implemented through NEPs and other community-based programs to recognize and address the underlying causes for drug use.

METHODOLOGY

This study focuses on La Crosse County injection drug use and the LifePoint program. Although my sample size (n = 6) is small in comparison to other qualitative explorations, each participant offered a distinct perspective that could not be obtained through any other interview. Qualitative analysis provides insight and nuance that cannot be captured in survey research and a small sample size in this study fosters a deeper understanding of participant attitudes, perceptions, and experiences. Participants varied in age, gender, and occupation, giving them unique insight into their attitudes and experiences regarding drug use in La Crosse. Participants were identified as key stakeholders through their roles in addressing drug use in La Crosse and their ability to sway community support and impact local policy involving the implementation of sharps drop-boxes, accessibility of naloxone, and ability to implement solutions to improperly discarded needles in the community. Participants included a representative of the La Crosse Fire Department, a representative of the La Crosse Police Department, a city official, a La Crosse County Health Department official, a State Representative of the NEP, and a Professor Health Education at UW-La Crosse. Semi-structured interviews lasted approximately one hour, with each participant answering roughly 35 questions as they pertained to their specific role in addressing drug use and harm reduction in La Crosse.

Analytic Strategy

The purpose of qualitative explorations is description, analysis, and interpretation. Interviews with stakeholders were coded twice. Interview questions focused on several aspects of injection drug use: types of services are offered to clients of the LifePoint program and whether stakeholders supported those specific services offered, solutions to eliminate the discarded needles in the community, strategies to address injection drug use that each stakeholder believed was best suited for the La Crosse community, the perceptions of the relationship the LifePoint program has to specific departments and the larger community, and the accessibility of naloxone, among other topics.

Categories of questions were established, including ‘services to clients’, ‘law enforcement policy and practice’, ‘impact on HIV and Hepatitis C’, and ‘discarded needles’. Under each of these categories, sub-categories of questions were developed that pertained specifically to the participants and their roles in the community addressing injection drug use and Harm Reduction. Because interviews were scheduled for approximately one hour, questions were condensed and synthesized to discover the root answers from participants. Specific questions including, “Do you believe the NEP in La Crosse is encouraging or enabling drug use? If so, how? If not, why do you think some community members believe it is?”, “Can you describe the possible benefits and drawbacks of implementing sharps drop-boxes in La Crosse?”, and “What strategies do you think should be used in La Crosse to best address injection drug use?” were imperative to the foundational analysis of how and why participants differed on specific aspects of local policy. These questions, among others, were arranged in a way for participants to slowly transition to critical questions about local policy, with questions at the beginning of the interview pertaining to the role their occupation takes in addressing drug use.

First, interview responses were coded under ten labeled topics, including: User Demographics, Services Offered, Law Enforcement Policy and Practice, Sharps Drop-boxes, Funding, Community Support, Narcan Accessibility, Education, Solutions to Discarded Needles, and Heroin Taskforce. The structure of these categories was developed around the research objectives. Each of these categories contained one or more questions regarding participants’ attitudes regarding injection drug use, harm reduction, or the NEP. During secondary coding, responses to the previously coded categories were condensed to three themes: Services, Support, and Solutions. These three themes encompass all responses given by participants regarding injection drug use and ways of addressing harm reduction in La Crosse.

RESULTS

To provide context for La Crosse County’s injection drug use prevalence, the La Crosse County Health Department provided data and demographics of users that died of an overdose in 2016. 23 people died last year of a drug overdose. The mean age was 46. The ages ranged from a 20-year old man to a 69-year old woman. The male-to-female ratio of deaths was nearly split in half. In 2016, approximately 700 arrests were made in La Crosse County for methamphetamine, followed by approximately 570 arrests for marijuana, and approximately 400 arrests for non-medical or non-prescription use of opioids (La Crosse County Health Department, 2016). This is very insightful, given that most heroin and methamphetamine users were once abusing prescription opioid medication like OxyContin, Oxycodone, or Hydrocodone, among others. The fact that La Crosse County made 700 arrests for methamphetamine and approximately 400 for non-medical abuse of opioids illustrates the rise in this problem in the La Crosse area. Finally, heroin and cocaine arrests were split at approximately 80 arrests each.

Services

Participants responded to several questions regarding the demographics of IV-users (intravenous users) in La Crosse as well as their thoughts on services offered to clients of the LifePoint program, other services available in La Crosse County to IV-users, and why they believe La Crosse has seen a rise in injection drug use. Every participant identified users as crossing all gender, race, and class lines, with socioeconomic status emphasized by all participants as an insignificant determinant of who IV-users are in La Crosse. Likewise, every participant identified that users vary in age, ranging from late teens to early twenties through mid-seventies and older.

Participants described La Crosse County's increasing prevalence of injection drug use in several ways. A County Health Department representative explained that La Crosse is a central hub for injection drug use:

> [La Crosse is] right along the corridor of the interstate and that's unfortunately the perfect route to many of these small communities…between the Twin Cities, which is where most of the meth [methamphetamine] is actually coming from…and now with Chicago, we are concerned more with heroin than with meth issues.

A Police Department representative reiterated this, explaining:

> I don't think it's like, a whole lot higher than the rest of the state per capita to be honest with you…like everybody's experiencing the same thing. We're a hub here because, you know, we've got Iowa, Minnesota, Wisconsin. We're between the [Twin] Cities, and Milwaukee and Chicago and Rockford, so you know, we're on the interstate system.

These two participants identified the ways drugs are transported into La Crosse County and why La Crosse continues to serve as a hub for adjacent counties and even other states; however, this focus on La Crosse as a 'hub' on the interstate is not echoed in later explanations for the discarded needles in the community. This becomes problematic when participants describe solutions for the discarded needles in La Crosse that do not speak to the ways in which La Crosse County differs significantly as a 'hub' from other counties also experiencing increases in injection drug use.

While several participants identified services offered to clients of the LifePoint program, other respondents could not. Most explained the NEP provides condoms, alcohol pads, HIV testing and counseling, STI testing, and referrals to substance abuse treatment programs. A Professor of Health Education even noted that the LifePoint program is only about one-fourth of all services offered by the AIDS Resource Center of Wisconsin (ARCW), the organization that oversees the LifePoint program. She also explains that the NEP provides education on appropriate needle disposal and even gives out sharps containers for clients of the program to take home for used needle disposal, as well as connecting clients with other community resources like the Health Department or social services. She explained:

> She [NEP Director] talks to them about other, other resources they might need. So, um, getting them hooked up at the health department or other, um, social services, other departments, to be able to find them housing or to provide other services that they need, and I think most people assume that you're going in and they're just handing you a whole bunch of needles and the reality is there's a whole bunch of education stuff taking place, which is why it's called LifePoint.

The Police and Fire Department representatives as well as the City Official were unable to identify any services offered to clients of the program, except for providing clean needles. This speaks to a broader issue of misinformation surrounding the LifePoint program. Key stakeholders who are closely tied with the IV-user population and local policy are unaware of key resources the program offers to IDUs; consequently, their perspective on the effectiveness of the program is viewed one-dimensionally, from only the perspective of the number of needles given out and discarded in the community, rather than multi-dimensionally based on the program's other services offered to clients beyond the needle kits.

One participant also identified additional services available for IV-users in the La Crosse community. The County Health Official stated:

> We have, the uh services downstairs [Aging and Disability Resource and Integrated Support and Recovery Services], and then extend up to social services. Those are all kinds of services that are important to people. And I mean including up to what Workforce Development does and for people to have, you know, jobs and meaning in their life.

The County Health representative touched on a key aspect of recovery and stability for former users, where those in recovery that are unable to find job and housing stability and other foundational securities are at a significantly higher risk of relapsing. He also described the other resources offered to users like AA and NA groups and other mental health services. The City Official noted there are a variety of services available to users who are looking for them:

> We have Coulee Council on Addictions. We have obviously two medical facilities, uh, through the Mayo system and through Gundersen Health System for people who do want to get sober and we actually just approved the first sober house up on, on Caledonia street for recovery.

While the City Official identifies several treatment resources for users, he fails to identify economic barriers users typically face when looking for treatment programs or utilizing these services. The County Health Official also did not acknowledge the barriers users face when accessing treatment resources:

> Well, I mean as far as other services, I think, we're, and I, and I got myself into trouble for saying this before. I think we're fairly resource-rich for our county and our region...so I think the evidence-based, uh, treatment and counseling services that are here and available obviously need to continue.

Both participants fail to acknowledge the socioeconomic privilege associated with affording high-quality treatment programs. Many times, users do not have adequate health insurance-or any insurance at all-to cover the cost of treatment. Add to that the stigma associated with seeking out treatment and it is clear why users are not moving as easily or quickly into treatment programs as some stakeholders believe they should be. The City Official expands on his notion of treatment accessibility and recovery, stating:

> I think the people that get motivated, they want to make a change and usually it's because they're, you know, there's been some bottoming out or there's jail or you know family situations or whatever, but if they get to that point where they want to make that commitment, then again, that's where non-profits, the local government, I mean, business community, they should be getting that support to say 'okay we're going to help you' and, um, you know, have these opportunities…if they don't make that commitment, then it's, it's really a struggle.

He also stated, "I don't know what services we'd provide but obviously, there would be a conversation about the need and, you know, who was going to try to step in if there was a void, or, or a need for other services." While the City Official acknowledges that it is partly the responsibility of local agencies and organizations to help those who are ready and willing to get help, he does not offer any viable solutions to address economic barriers for users trying to access treatment programs and other costly resources. While he and the County Health Official cited support for the NEP and the services it offers, neither identified that those prevention services are almost always no-cost or low-cost because most users cannot afford costly services. Likewise, the City Official notes that additional non-profits should be able to address user needs for treatment services, while simultaneously offering no cost-effective measures for non-profits like the LifePoint program to get users into treatment. If the users cannot afford treatment and non-profit programs have limited funding, they must decide between dedicating funds to prevention or to treatment, putting users at different stages of addiction and recovery in jeopardy.

Finally, the Fire Department representative explains that one of the most important strategies his department utilizes is making community members aware of overdose deaths. He explains, "we see it first-hand, uh, we see people, um, a lot of times we go on these calls and it's repeat users. So, we see people using again and again, overdosing again and again. [We want to] get that message out a little bit better and that information available." The Fire Department representative touches on a salient problem regarding the stereotypes of IDUs. Users are often stereotyped as low-income, young, non-white users which is not always the reality – especially in La Crosse County, where ages of overdoses in 2016 ranged by nearly 50 years. The representative explains that the Fire Department is trying to get more information into the public about the number of overdoses, but the data is not resonating with local residents. The public may not care about who they perceive to be the IV-users in their community because they believe that users do not look like them, live by them, or work with them. A Professor of Health Education echoes this, explaining:

> One thing that happens is that once you are addicted to drugs, um often times, um, there are certain hot spots in La Crosse where drugs are more often sold and so, um, those and those tend to be in the poorer, unfortunately those tend to be in the poorer ends of town. So even if you are a very wealthy lawyer, you're going to be driving into the part of town where the drugs are to get those drugs and then it kind of makes it seem like this whole section of La Crosse is doing drugs and the reality is that that's not the case. The vast majority, you know, 95% of the people in that neighborhood are not using any type of drug and certainly not injecting drugs, but this just happens to be where they're being sold and so I think from a community perception standpoint you have people throughout the community that are making assumptions that this area is a bad area and the reality is actually different.

Both participants recognize the ongoing issue of addressing injection drug use in a community that believes that IV-users are 'not my problem' because it is not their family member or friend. This can also exacerbate policing presence in this area, creating a structure for profiling, where an officer or community member determines who they believe or perceive is using or selling drugs.

Support

Support for the LifePoint program varied among participants. While all acknowledged the LifePoint program serves some purpose for the La Crosse community, some described their relationship with the NEP in negative light. The Fire Department Representative explained the relationship on behalf of his department with the NEP as:

> …generally negative. Um, just because when we look at these numbers and look at all these needles out in the community and see it getting worse, it, it, just shows that there's a problem that's getting worse and the thing that's kind of frustrating is that no one is kind of taking responsibility. And sometimes, we're just there as a clean-up. And we're kind of seeing the not so good side of this needle-exchange program.

The Fire Department Representative articulates his concerns regarding the improperly discarded needles left in public places, including parks, parking ramps, and sidewalks, but the Health Professor argued the reality of the discarded needles is not as bad as it appears. She explained:

> I think what's happening is there's been a lot, most other counties haven't had the press that we've had…and what it does is makes it seem like there's 200,000 needles all over La Crosse. The reality is that is not the case. The needle exchange program does exchange 200,000 needles, so people assume there is 200,000 discarded needles in La Crosse. 80% of the needles, almost 85% of the needles, are brought back to our needle-exchange program, and the other 20% are out in other counties and are going back to other depository places. So, of the 200,000 needles, we maybe have 1,000 or 2,000 that end up being dropped throughout the entire year.

When information regarding controversial strategies in harm reduction is misconstrued, community support decreases; likewise, it is imperative to recognize the power the media and local news outlets play in creating fear or undue concern about the NEP needles, which is constructed in a way that pits users against community members. When residents only hear a 30-second news story regarding the exchange and do not have any first-hand accounts or interactions with the program (or the clients that utilize the program), it is clear how these misconceptions become widespread and strengthen the beliefs of those who actively reject the program's place in the community.

Another problem identified by several participants was the divergence between law enforcement practice and policy. Law enforcement plays a critical role in the way a community addresses crime and substance use. The way a police department addresses drug use affects community support for resources, services, and organizations dedicated to users. Similar to previous work (Burris et al. 2010) on the divergence between law enforcement practice and policy, the Police Department Representative identified that local law enforcement agencies' intended targets for addressing the rise in drug use is, "the for-profit dealers who are not struggling with addiction, they're not even using, they're just here, uh, to try to gain off of other people's misery. And that's what we try to focus on." This is reiterated by the County Health Official, who explains:

> I think the greed is out there and I think that we've got law enforcement in the rural areas, um, that are really finding these for-profit dealers and now I think what's happening is you're seeing what they have...I kind of liken the dealers like the, the big bad tobacco industry. They know they want to addict people and get them to use it, so they're basically going out to these small areas and getting people hooked on their drugs so they've got a customer, probably not a life-long customer, probably a short-lived customer.

While the Police Department representative and the County Health official explain who local law enforcement agencies are looking to target, the State representative of the NEP explains that, in practice, this is not happening:

> Kristin: So, have you ever run into that before, where you've watched someone walk out of the building and, um, quite soon after they've been stopped?
>
> Representative: Oh my gosh, yes. It's happening, and again, we address that issue as it comes up. And, right now, we have something going on like that in Appleton, where now we have two participants that said they have been, um, arrested right after

leaving the exchange. So, now, you know, when it's one time we kind of let it go and we wait for other reports and we just got the second report…

Kristin: So, they [law enforcement] can't stop them right when they walked out the door, it would have to be once they use?

Representative: Yeah, but I think what happens is, a lot of times, if they are followed with those materials, then it might then create probable cause to then search for drugs so then yeah, so it's, you know, it depends on the police department, depends on the officer, depends on the community, some communities, needle exchange participants are a big crime there, other communities it's not even looked at."

The NEP Representative explains that law enforcement policy does not always align with practice. The reality for users utilizing the exchange is the possibility of undue pressure from law enforcement. When stigma surrounding injection drug use is high, community support is wavering, and law enforcement presents themselves one way to the public but practices deviate from this presentation, users are significantly less likely to utilize the NEP services. If clients of the NEP are fearful to utilize the program for its intended purpose because they have experienced or may experience unwarranted interactions with law enforcement, users will stop utilizing those services altogether; consequently, the program is unable to reduce the spread of HIV and Hepatitis C in that population. If users are no longer using the program and disease prevalence rises, opponents to the NEP can argue the program should be eliminated because it is no longer serving its intended purpose to reduce disease spread among the IV-user population. Likewise, law enforcement pressure increases stigma. Social stigma surrounding injection drug use has become so high that users are uncomfortable utilizing LifePoint's services. Users' social perception of community members' opinions of the program deter them from using the NEP as a means of safe injection practice.

Although law enforcement practices deviate significantly from policies in place to protect the IV-user population, the Professor of Health Education describes the challenges officers face who interact with users regularly:

> They're in a rock and a hard for years and years and years and they've helped them in and out of rehabilitation place…some of the guys on the drug [Heroin] Taskforce, they've been working with different addicts multiple times and they've watched them do really well and then they watch them slip and so it just, um, it's probably the one part of law enforcement in La Crosse where people burn out the fastest, because it is, it really is 24/7…So I think that our, both sides of law enforcement, really are, um, doing their best and are supportive of people that are trying to quit, they're just frustrated…we've hit this point now like it was in the 1980's with cocaine and crack and it was just everywhere and it just seemed like it was never going to go away so I think, I think there's more frustration than not wanting to help or anger or anything like that.

While one must remain critical of law enforcement actions when users are expressing concern about the discrepancy between practice and policy, it is remiss to ignore the realities of the officers interacting with users frequently. Officers are tasked with the responsibility of 'controlling' this local epidemic, but given little support for the challenges they face every day and the inevitable emotional and psychological toll it can take when regularly interacting with a vulnerable and transient population. Officers are routinely asked to speak to their role in addressing La Crosse's rising rates of drug use and are one of only a handful of professions that have significant influence over the way users perceive community support and stigma. Communities rely on law enforcement to solve these difficult, systemic problems that only politicians and policy-makers can truly change. Local city officials and other policy-makers are hesitant to discuss these problems because it is politically charged, forcing a politician to take a stance as either favoring more laws restricting harm reduction or risk being perceived as 'soft on crime.

Law enforcement's support for the NEP – whether real or perceived – sways community support for the program. If a community believes their police department does not support the NEP, support for the program decreases. The Professor of Health Education described the way in which community members justify opposing NEPs:

> Law enforcement and fire, um, struggle a little bit with these types of programs because they are harm reduction and if you think about it from a police perspective, you know their goal is to keep people off the streets and keep people safe and drugs have inundated everything they do. So, they're overwhelmed, they're overworked, and they're just tired. And it becomes pretty easy to blame the needles in the community for people using heroin. [People

> think] if there are needles available, they are going to do heroin. And the reverse is actually true. If there is heroin available, people are going to do it and the needle is the method by which people are going to take it…if we didn't have the needle-exchange program here in La Crosse, the heroin would still be here.

It is easier to support a harm reduction approach to injection drug use when a community recognizes that the drugs people are using will not go away even if the needles do. NEPs becomes the scapegoat for causing the rise in injection drug use and opponents dismiss the program as ineffective or 'enabling drug addiction' when injection drug use continues to rise. Empirical evidence proves harm reduction approaches do not eliminate adverse consequences of drug use, but they do reduce the overall risk and impact to a community.

Participants were asked to respond to their perceptions of community support for the NEP. The Professor of Health Education stated that she believed community support usually follows an 80/20 rule:

> 80% of community members understand that drug use and abuse is a multifaceted issue and that they have to find ways to support people in the community…and then there's 20% of the community who have heard something or seen something in the news, um, maybe some misinformation, and so they're very vocal about how, um, how they feel about the LifePoint Program.

She explained that community members feel the program is creating and supporting drug use rather than reducing it. She describes the way community members try to justify their opposition to the program, most often arguing that the program is not reducing the spread of disease:

> Often times when you tell them that, or explain that the lifetime cost [of HIV] is 300,00 dollars and Hepatitis C is 100,000 [dollars] and this [LifePoint] is preventing these, so you as a taxpayer don't have to pay for that their whole life and then [community members say] 'Oh, well that makes sense.'

Opponents of the program do not recognize the ways ARCW as a non-profit is saving taxpayer dollars by providing vital services to a population that may not have access to adequate medical care or health insurance. This opposition is exemplified in the Fire Department Representative's response to his perception of community support of the NEP when he explains, "there's a lot of positive things up front with this program, and, and I think most people can see that but the negative things coming out of the back-end of this program are, are shining through more right now." However, the State Representative of the NEP articulates the reasons why the needle kits create opposition to the program:

> People see the needle as being the only real tool that needs to be provided to prevent HIV and Hepatitis C, but it really is the cottons and the cookers as well because they get infected through indirect sharing…most of our participants tell us that, um, they do not share their syringes, but if they take a syringe that was used once on themselves and they put the water into the cooker to mix the next batch of drugs, and other people have pulled out of that cooker, everything can potentially be contaminated.

The most common reason cited for lack of support for an NEP is the perception that the program is encouraging drug use by providing 'everything but the drugs.' This fallacy centers on the notion that providing users with anything more than a needle encourages drug use. The NEP Representative discredits this explanation, saying, "We've never had anybody come to any of our exchanges in the twenty-something years that we've been in service and say 'I think I want to learn how to inject,' you know, it's always after the fact." The State Representative recognizes that community support relies on the acknowledgement that people in the community are not coming to the NEP looking to learn how to use drugs; rather, they are users looking for safer strategies for themselves or others. The NEP Representative also describes the role the NEP plays in getting users into treatment programs:

> What they don't understand is that when we do get a participant that is interested in some kind of treatment, the staff go all out, pull out all the stops, and do whatever they can to help move them into a program, because it's, you know, crisis driven.

The Professor of Health Education echoes this, explaining:

> When a person goes in and they speak with Laura [LifePoint Program Director], if they say 'yes I want to quit, please help me get into recovery,' she will spend the rest of her day trying to get that person into a recovery program, and the tricky part is, is it's about a 6-week waiting list for recovery programs across the state of Wisconsin…I guess the thing is, there are plenty of programs. There aren't as many low-cost or no-cost programs available. So many people who are using don't necessarily have insurance to get into those programs.

A user's inability to access low-cost or no-cost treatment programs in a timely manner significantly increases their likelihood of giving up on treatment altogether. This begs the question: are community members genuinely unaware of the overwhelming process required to get into an adequate treatment program, or are they expecting users to get through the first days and weeks of sobriety alone and without help after they asked for it? While the LifePoint program serves as a single point of contact for users who may not have the social capital to help them get into treatment programs quickly, a non-profit can only offer so many resources to a user before a spot in treatment is available. There may not be a lack of support by community members for treatment programs, but there is very little proactive effort to add any additional low-cost or no-cost treatment programs for users looking for treatment in the La Crosse region.

Solutions

La Crosse is experiencing a rise in injection drug use and improperly discarded needles. Because the discarded needles are an immediate concern for the stakeholders and residents, participants were asked to offer solutions to eliminate the needles that are improperly discarded in the community. Two participants' solutions included developing more in-patient treatment and creating more AA and NA groups for people in recovery. These solutions would create additional resources for users in the community looking to get clean and stay clean. However, many questions arise: how will the community develop more in-patient treatment, who will fund it, and who will sponsor AA and NA meetings, which are not evidence-based solutions? The ideas offered by some participants serve as catch-all solutions to drug use, which prove ineffective when the root causes of addiction and access to treatment are not addressed. These solutions are also not addressing the discarded needles and the ways La Crosse differs as a 'hub' for drug use and distribution.

The La Crosse Fire Department has expressed concern over the past few years about the unintended time and resources it takes to pick up the discarded needles when they are found in the community. The addition of another staff member to the LifePoint program to assist with needle pick-up was offered by several participants. While adding additional staff would address the concerns about *who* should be responsible for picking up the improperly discarded needles, there is a disconnect between this solution and the economic impact on ARCW to hire another staff member. Because the NEP is run by the ARCW, a non-profit organization, there is little additional funding available to assist in a long-term paid position. The Professor of Health Education explained:

> ARCW as a whole is a non-profit organization so they have a very small budget so because they are a non-profit, they aren't necessarily making money on the services they are providing. So, the only way to add staff is to be able to get that money to do it. So it would most likely have to be through some sort of grant funding position…if they hire somebody, they'd be able to hire through a grant or if someone makes a donation, but then how do you maintain that over time because, because there aren't necessarily funds for that.

The participants' solution to hire an additional staff member stems from an unawareness to the fact that ARCW does not have a boundless budget. There are services the ARCW provides that cannot be cut to provide additional staffing. Unless there is long-term funding available, this is not a viable solution in La Crosse to alleviate the number improperly discarded needles. One solution given by the Professor Health Education was the development of a volunteer team to be trained in blood-borne pathogens and hazardous materials. She described this volunteer coalition:

> The fire department is going to be willing to provide these trainings. And then we have to find someone that is willing to coordinate the program out of their facility…the County Sheriff's have offered to do it…they are willing to potentially house the program for liability issues. So probably by the end of summer, a program will be rolled out where, um, the Fire Department will only have to pick those needles up on weekends, holidays, and after dark.

She offered the only salient solution to relieve the Fire Department of dispersing their resources while also solving the problems associated with the cost of picking up the needles. While there are other matters that need to be addressed regarding this volunteer coalition, it was viable, cost-effective solution.

Other solutions offered by participants included the Fire Department Representative's belief in addressing the roots of addiction before the discarded needles even occur:

> They're going to go out and try to recover these needles, um, and I think that's great, that's a part of the solution, but the solution to this problem, uh, goes well before the needles are improperly disposed of. The problem comes before that.

Most would argue that addressing the roots of addiction is a key component of addressing any rise in drug use in a community; however, the representative does not offer any solutions to the problems associated with drug use that La Crosse is facing. The representative does not offer solutions to address the user population that is already here and in need of

additional resources. Finally, a Police Department Representative believes that solving the discarded needles should fall on personal responsibility of the users:

> I think it's a personal responsibility. I don't think they can, the responsibility doesn't fall on LifePoint's shoulders that someone took their needles and then like, was irresponsible with them, I think that like falls on personal responsibility of the users.

The Police Department representative notes that users should be held accountable for improperly discarding needles in the community. The LifePoint program cannot control the actions of every client utilizing their services and users must take some personal responsibility for their actions.

Three participants explained the outcomes of medicated-assisted treatment as a form of temporary 'recovery' for users between addiction and treatment. The County Health Official explained that there are several medicated-assisted treatment programs in the region:

> We have Addiction Medical Solution in Onalaska, and they have about 350-360 clients or so…Gundersen has about 150 individuals on medicated-assisted treatment…I would tell you that at Mayo is about 75. And so, you're looking at about 600-some individuals that are currently in our region going through medicated-assisted treatment. And we know from the Surgeon General's Report that only about 10% that have a substance use disorder are actually seeking treatment, so that means that's a lot more people probably that are using that are not seeking treatment that we don't know about, and that's part of the problem.

Medicated-assisted treatment programs allow users to participate in their community without the challenges they would normally face every day with an active addiction. The Professor of Health Education also discussed her perspective on medicated-assisted treatment:

> The methadone programs do provide an opportunity for people that are kind of switching from one medication to another, and they may or may not ever be able to fully get off the methadone but the methadone stays in their system in a way that allows them to be more productive. So, they are able to hold a job, they are able to get along with family members, it takes them out of high-risk behavior situations, um, and helps them be a more productive citizen.

While it is true that methadone treatments allow a user to engage in work and relationships that may have been previously abandoned, there are consequences to these for-profit methadone clinics. Even when users can get a stable job and rebuild relationships with family and friends, they are still captive to their addiction. They are paying to participate in medicated-assisted treatment and withdrawal symptoms will set in if a user stops their treatments. The Police Department representative explains some of these consequences:

> What I'm talking about is like total wellness and like, like all things that people are seeking when they are using, those feelings or like trying to cover up whatever is, is…methadone, um, in my opinion, kind of just replaces those plug-ins and the receptor that's filled by opioid, it's just replacing one addiction with another. Everyone you talk to who's in the program wants to get off of it. They hate it. Because, um, they know they're just kind of drifting aimlessly. It's a big fear that when they go off, are they going to go back to using again…the clinic will try to taper off, that's when people are like at the highest risk, like they'll get below a certain number of milligrams and they'll start getting sweaty, nauseous, diarrhea, all that stuff and they want their dope, so they'll start using heroin in combination with the methadone.

The representative articulates the long-term costs associated with medicated-assisted treatment, particularly the risks users face when their doses are tapered. Eventually, if a user has a desire to leave medicated-assisted treatment, they must go through withdrawal and recovery. The program can serve as a mid-point between active addiction and recovery, where a user can find time, money, and additional resources for treatment programs before going into withdrawal. For some, however, medicated-assisted treatment leaves them somewhere in the middle, where they can be engaged in work and relationships but are still confined to the limits of their addiction. Like other solutions offered by participants, medicated-assisted treatment can assist users in the short-term but do not address the inaccessibility of cost-effective treatment programs for the long-term.

Every participant responded to their opinions on the accessibility and use of Narcan (naloxone) by NEP clients and medical professionals. Narcan is the life-saving medication that can reverse the effects of an overdose in minutes. The NEP provides Narcan at no cost to clients of the program. Every participant but one agreed that clients of the NEP should have access to Narcan. The Professor of Health Education explained the misrepresentation of overdoses:

> The perception is that people are purposely overdosing and the reality is it's an accidental overdose. So if they buy something from a dealer that has been cut differently, then potentially they take two doses instead of one to achieve that high…um, sometimes the heroin is cut with Fentanyl or another drug that makes it even more potent or work more synergistically…we don't want people dying accidentally…sometimes we talk about drug use and we stereotype people and we forget that that's an actual life, a human being that belonged to somebody somewhere at some point in time and they have a family and all that kind of stuff.

Although the Fire Department Representative acknowledged the life-saving role Narcan plays in reversing the effects of an overdose, he did not believe users should have unrestricted access to the medication:

> I don't want to give the idea out there that, uh, 'oh, if I overdose on heroin I can just take some of this Narcan that I can go get up the street and I'll be just fine' because there is the idea behind that that says, well at that point you're kind of enabling people. Um, just because you have Narcan doesn't mean you're not doing damage to the body, okay…just because this Narcan is out there, doesn't mean it's the save-all and you can go and use as much as you want.

The Fire Department Representative expressed concern for the unlimited access to Narcan, arguing that users would feel they no longer have any responsibility to themselves or others to use safely; however, this does not account for the lives that are saved by users' unrestricted access to Narcan without medical professionals available. Stigma associated with injection drug use and overdosing and the ways law enforcement surveille clients of the NEPs create an atmosphere of fear among users. If users do not have access to Narcan for themselves or other users, it is likely that La Crosse would see a rise in overdose deaths. Users can administer Narcan without reporting it. Although there are laws protecting friends and family members who witness a user overdose, many are still hesitant to call in an overdose to medical professionals for fear of being arrested on drug charges. NEPs distributing Narcan to clients undoubtedly saves lives because users can administer the life-saving medication without social or legal repercussions.

The last solution offered by participants was the development of sharps drop-boxes in the community. The La Crosse County Health Department was tasked with developing two drop-boxes in the city of La Crosse for sharps to be properly disposed of. While local news sources have emphasized the positive role these drop-boxes could have on reducing the number of discarded needles in the community from IV-users, the Professor of Health Education explains there are many others in the community that could utilize these drop-boxes:

> They aren't necessarily just for people who are using heroin or methamphetamine and are injecting them. Um, there are a whole slew of people in communities that are improperly disposing of diabetic needles, um, needles for Clomid if you're trying to get pregnant, um, dogs who have all sorts of injections, those needs are being thrown into regular garbage cans and our Waste Management folks are being stuck with those needles…so the purpose behind those permanent drop-boxes is to provide a place in the community for when you don't know what to do with your needles.

The drop-boxes will serve several purposes in the community and are not limited to IV-users. The professor explained that by opening the drop-boxes to anyone, regardless of the reasons for using needles, the stigma associated with discarding the needles at these drop-boxes for IV-users could decrease. However, there are several drawbacks to creating the drop-boxes. The Police Department representative recognizes that although the County Health Department states the drop-boxes are open to everyone to potentially reduce stigma associated with injection drug use, users may still be hesitant to utilize the boxes:

> It falls on their shoulders to drive and publicly expose themselves. Yeah, first of all, [to say] 'I'm struggling with addiction', 'I might have some dope on me', uh, 'I might have warrants through, on me, through probation or parole', so, I don't know it depends really, if they can be done discretely hopefully that would be the biggest, like, thing to try to aim for so people could have some anonymity otherwise I don't know if they'll be using them.

Likewise, the County Health official describes his thoughts on the probable success of the drop-boxes:

> So, if you think about it, the person is using drugs, they're impaired, are they going to go walk over or drive their car over to here, probably not. Um, would we get that would probably be a responsible parent like myself and I take my daughter to the Black River beach and I find the needle and oh, a block away there's a box, I'm going to go use mechanical means, go pick it up with

> something, use universal precautions, put it in there, and hazard's gone. Um, I'm not so sure I think it's the best. I think it's good. I think it shows that we are trying to address the issue.

The likelihood of community members engaging in needle pick-up is unlikely. As of now, there are drop-boxes in other areas of city like Kwik Trip gas stations and the La Crosse Police Department. Speculatively, residents are not picking up discarded needles and dropping them off at Kwik Trip drop-boxes, presumably because they do not feel safe doing so or they do not think it is their responsibility to do so. In either case, the two additional drop-boxes may not encourage community members that are not using the needles to handle and discard of littered ones. It is possible the drop-boxes can serve as an added resource for IV-users and others looking for safe disposal sites, but it is unlikely the drop-boxes will significantly impact the numbers of improperly discarded needles. As the Police Department representative explained, if a user feels it is not in their best interest to utilize the drop-boxes, he/she will avoid them and potentially discard improperly.

Finally, the Professor of Health Education explains that the ideas offered are temporary solutions that provide little relief for the long-term effects and consequences of drug use. She explains that users who go through treatment and get clean can be reintegrated into their community post-treatment, but face serious barriers and are at a high risk for relapsing:

> The biggest problems are as they come out of recovery. They don't have a peer group to support them, they don't have places that they can get jobs. So, if they've got those felonies or any of those other charges, it's harder for them to get jobs at any place in town and people are, they're nervous to hire felons and they're definitely nervous to hire people who were addicted to drugs before. And because we can't get those base needs met, then it's easier to fall back into addiction again…what can we do in this community to help provide that social support, that transition, um, from either jail and recovery or just recovery back into general society.

She acknowledges the role that community members play in assisting those in recovery in their community. If the basic needs of those in recovery are not met, they are at an extremely high risk for relapsing and ultimately falling into addiction again. If a community is willing to provide treatment programs, they must also be prepared to help reintegrate those in recovery after treatment or jail to reduce the risk for relapse or recidivism.

CONCLUSIONS

Three major themes guided responses from participants: (1) services; (2) support; and (3) solutions. Each theme encompasses participants' attitudes, opinions, and experiences with local IV-users and the NEP. Participants agreed on several key components of addressing injection drug use in the community, including understanding the intended purpose of the NEP, support for creating sharps drop-boxes, and offering additional resources to IV-users. Major areas of discrepancy arose from participants' responses to key issues concerning community members and the NEP, including the unintended consequences of the NEP and a harm reduction approach to injection drug use, solutions to addressing the discarded needles, Narcan accessibility, and the ways in which law enforcement interact with and surveille clients of the NEP. While participants addressed complicated questions and community problems with the best solutions they could develop, some lacked an in-depth understanding of the economic and social consequences those solutions would have on users and the NEP. Other solutions, including the volunteer coalition for needle-pick up, are viable solutions to addressing the number of improperly discarded needles. Overall, participants gave a range of viewpoints on several key issues affecting the La Crosse region and offered a variety of solutions and policy recommendations for solving these concerns.

DELIMITATIONS

While quantitative examinations of NEPs on a state and national level are available, qualitative analyses of NEPs on any level are minimal. This study serves as a qualitative exploration of one local community's experience with an NEP and a harm reduction approach to injection drug use. Among other topics, education on drug use, the role of the Heroin and Illicit Drug Taskforce, and community support for safe injection sites were not addressed in this analysis. Addressing perceptions of safe injection sites among stakeholders was not explored, given that the perception of the NEP itself remains controversial among some stakeholders and community members. Moreover, while education on injection drug use was briefly discussed with participants, responses did not address how La Crosse schools could benefit from several other forms of drug and health education. Finally, this study did not address how the national administration is addressing the current opioid and heroin epidemic. While national policy has a significant impact on the ways local policy is shaped, this study did not address participants' attitudes on the ways the new presidential administration will address a harm reduction approach to injection drug use.

LIMITATIONS

It is also important to acknowledge the limitations of this study. This includes the small number of participants, the scope of this study, and the overall lack of generalizability to other populations. Numbers of participants for qualitative studies are usually low and this study was no exception with six participants. Consequently, data saturation did not occur. Participants were speaking on behalf of their job department, which proves troublesome when only one individual's perspective is cast as the perspective of many. Consequently, the number of participants serves as a limitation to the scope and generalizability of this study.

Future Findings

Finally, future studies would benefit from a larger sample size. While qualitative explorations are usually small, this sample was too small for data saturation. Future studies would also benefit from adding participants from a broader range of sources, including doctors who treat addiction, medicated-assisted treatment employees, Emergency Room doctors, IDUs. This study did not have access to vulnerable populations but future studies should utilize users and clients of the NEP who can attest to or reject the findings in this study. Further, future studies should diversify sample and size to encompass all relevant stakeholders; time restraints and IRB restrictions made increasing and diversifying the sample size challenging.

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APPENDIX

CONSENT TO PARTICIPATE IN RESEARCH

Project Title: A Need for Needles: A Qualitative Examination of La Crosse County Injection Drug Use and Harm Reduction Strategies

Researcher: Kristin Reque

Introduction:
You are being asked to take part in a research study being conducted by Kristin Reque at the University of Wisconsin-La Crosse because you have been an active member in the community through your work combating injection drug use in the La Crosse community.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:
The purpose of this study is to determine how the LifePoint Needle-Exchange program in La Crosse, Wisconsin has impacted attitudes towards injection drug use in the city from the perspectives of law enforcement, emergency medical technicians, those who operate the program, and more.

Procedures:
If you agree to be in the study, you will be asked to complete an in-person interview that will take at least one but not more than two hours in which I will ask you questions about your experiences with injection drug use and drug users in the La Crosse community, your perceptions of drug policies in the community, and your attitudes and opinions about how injection drug use is currently being addressed in the community.

Risks/Benefits:
There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to you from participation, but I believe this study will contribute to a larger body of literature on ways to address injection drug use and possibly inform local policies on injection drug use.

Confidentiality:
1) *Information obtained from my interview will be kept completely confidential through a numerical coding system. No actual names of participants will be used in this study.*
2) *I will use an audio recorder for my interview to ensure accuracy of information. However, you will not be asked to provide any directly identifiable information during the interview. Interview transcripts will be kept in a digital file that only I have access to.*

Voluntary Participation:
Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any questions or to withdraw from participation at any time without penalty.

Contacts and Questions:
If you have questions about this research study, please feel free to contact Kristin Reque at (920) 858-8864 or faculty advisors, Dr. Laurie Cooper Stoll (608-785-8664) and Dr. Nicholas Bakken (608-785-8665).
If you have questions about your rights as a participant, you may contact the Office of Research and Sponsored Programs at (608) 785-8007.

Statement of Consent

Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study**.** You will be given a copy of this form to keep for your records.

_____ _____

Participant Signature Date

_____ _____

Principal Investigator Signature Date