



Short Communication

Public support for safe consumption sites and syringe services programs to combat the opioid epidemic



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ABSTRACT

We examine Americans' support for two evidence-based harm reduction strategies – safe consumption sites and syringe exchange programs – and their attitudes about individuals who use opioids. We conducted a web-based survey of a nationally representative sample of U.S. adults in July–August 2017 ($N = 1004$). We measured respondents' support for legalizing safe consumption sites and syringe services programs in their communities and their attitudes toward people who use opioids. We used ordered logistic regression to assess how stigmatizing attitudes toward people who use opioids, political party identification, and demographic characteristics correlated with support for the two harm reduction strategies. Twenty-nine percent of Americans supported legalizing safe consumption sites and 39% supported legalizing syringe services programs. Respondents reported high levels of stigmatizing attitudes toward people who use opioids: 16% of respondents were willing to have a person using opioids marry into their family and 28% were willing to have a person using opioids start working closely with them on a job, and 27% and 10% of respondents rated persons who use opioids as deserving (versus worthless) and strong (versus weak). Stigmatizing attitudes were associated with lower support for legalizing safe consumption sites and syringe services programs. Democrats and Independents were more likely than Republicans to support both strategies. Stigmatizing attitudes toward people who use opioids are a key modifiable barrier to garnering the public support needed to fully implement evidence-based harm reduction strategies to combat the opioid epidemic. Dissemination and evaluation of stigma reduction campaigns are a public health priority.

1. Introduction

The term “harm reduction” refers to strategies, grounded in public health and human rights, that aim to reduce the adverse health and social consequences of drug use without necessarily decreasing drug consumption (Harm Reduction International, 2017). Harm reduction strategies have gained traction in recent years as prescription opioids, heroin, and synthetic opioids like fentanyl have become a leading cause of mortality in the U.S. For example, all 50 states and D.C. have now modified existing or passed new laws to broaden access to naloxone, a medication that immediately reverses the course of an opioid overdose (Drug Policy Alliance, 2017). Harm reduction strategies are nevertheless controversial and have historically had low public support in the

U.S. (Vernick et al., 2003) because these strategies aim to reduce the harms of drug use but do not focus on eliminating drug use itself (Barry, 2017).

In addition to naloxone, other evidence-based harm reduction strategies also hold promise for reducing the toll of the opioid epidemic. Safe consumption sites are places where people can legally use previously purchased opioids or other drugs under medical supervision; these sites have been shown to decrease overdose death, transmission of infections, and public drug use (Kennedy et al., 2017). Safe consumption sites exist across Europe and Canada but no legal sites are operating in the U.S., though a number of cities are considering such programs (Sherman et al., 2017; McHugh, 2017) and descriptions of an unsanctioned supervised consumption site operating in the U.S. have

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recently been published (Kral and Davidson, 2017; Davidson et al., 2018). Syringe services programs, where people who use injection drugs like heroin can get sterile syringes and safely dispose of used syringes, have been shown to reduce HIV and other infections resulting from unsafe needle sharing (Abdul-Quader et al., 2013). As of October 2017, 310 syringe services programs existed in 42 U.S. states and D.C., but many were concentrated in a small number of states (e.g. 46 in California) (North American Syringe Exchange Network (NASEN), 2017). While some states such as Kentucky and West Virginia have numerous syringe services programs in rural areas, many such programs exist in large cities as opposed to the suburban and rural communities disproportionately affected by the recent opioid epidemic (North American Syringe Exchange Network (NASEN), 2017).

No national surveys have examined public support for safe consumption sites, and the most recent national survey of public support for syringe services programs was conducted in 2000 (Henry J Kaiser Family Foundation, 2000). In addition, correlates of public support for legalization of these two harm reduction strategies – including the public's attitudes toward people who use opioids, political affiliation, and demographic characteristics – have not been examined in a nationally representative sample of U.S. adults. Our study fills these gaps.

2. Methods

We conducted a web-based survey using the GfK Knowledge Networks (GfK) panel, a nationally representative panel of over 65,000 U.S. adults recruited from a sample frame of residential addresses covering 97% of U.S. households using equal probability sampling. GfK provides internet and/or computer access to respondents when needed. For individual surveys, GfK selects a simple random sample of respondents from their 65,000 member panel. This survey was administered to 1429 respondents from July 18 to August 9, 2017. $N = 1004$ respondents completed the survey (completion rate = 70.3%). Respondents received an email invitation, which did not specify the survey topic, to complete the survey. Non-responders received up to six email reminders to complete the survey. GfK panelists complete an average of 4 surveys per month and receive small cash rewards (typically \$1 per survey) for survey completion. We randomized item ordering. Respondents read brief descriptions of the opioid epidemic and definitions of safe consumption sites and syringe services programs and then answered questions measuring their support for these two strategies. The definition of safe consumption sites read: “*Opioids are a type of drug that includes heroin, synthetic opioids like fentanyl, and prescription opioids like Percocet and OxyContin. In 2015, more than 33,000 people from across the country died from an opioid overdose. Rates of opioid overdose in the United States have quadrupled since 1999 and there are currently over 90 opioid overdose deaths each day. “Safe Consumption Sites” are places where people who use drugs can bring in previously purchased opioids and other drugs and legally use them under medical supervision. These sites have been suggested in a number of different locations as a way to address the opioid epidemic.*” The definition of syringe services programs read: “*In 2015, more than 39,000 people were newly diagnosed with HIV. Injection drug use has been a leading risk factor for HIV over the past 25 years. “Syringe services programs” are programs where injection drug users can get sterile syringes while safely disposing of used ones.*”

After reading these text segments, respondents rated their support/opposition for “legalization of syringe services programs in your community” and “legalization of safe consumption sites in your community” on five-point scales (1 = strongly oppose, 5 = strongly support). We collapsed the Likert scale measure into a dichotomous indicator where 4 (somewhat support) and 5 (strongly support) were combined to indicate support.

We measured stigmatizing attitudes toward people who use opioids with five items. Respondents reported their willingness to have a person who is using opioids marry into their family or start working closely with them on a job (four-point scale: 1 = definitely willing,

4 = definitely unwilling); their perceptions of the deservingness and strength of people who use opioids (7-point scales: 1 = worthless, 7 = deserving; 1 = weak, 7 = strong) and their overall feelings toward people who use opioids using a feeling thermometer measure, a standard attitudinal measure shown to have high reliability (Lupton and Jacoby, 2016) (0 = extremely cold, 50 = neutral, 100 = extremely warm). We constructed a stigma scale of the preceding items by averaging z-score transformed versions of these five measures (Cronbach's alpha = 0.84). GfK provided measures of respondents' political party affiliation, age, race, ethnicity, education, household income, employment status, and region of residence.

We ran two multivariable logistic regression models to examine the association between demographic characteristics, stigmatizing attitudes, and public support for legalizing safe consumption sites (model 1) and syringe services programs (model 2). All analyses were conducted using survey weights constructed by GfK to adjust the sample for known selection deviations and survey nonresponse so that the resulting estimates are representative of the U.S. population. The study was determined to be exempt by the [Blinded for Review] Institutional Review Board.

3. Results

The demographic characteristics of the study sample parallel those of U.S. population (Appendix A). Briefly, 52% of the sample was female, 64% was non-Hispanic white, 65% were currently employed, and 26%, 41%, and 34% identified as Republicans, Independents, and Democrats. Support for legalizing safe consumption sites and syringe services programs, stratified by sample characteristics, is shown in Table 1: 28.9% (95% CI: 26.1–31.9) of Americans supported legalizing safe consumption sites and 39.3% (36.2–42.5%) supported legalizing syringe services programs in their communities (Table 1). An estimated 18.2% (13.9–23.5%) of Republicans, 26.6% (95% CI: 22.3–31.4) of Independents, and 38.5% (22.1–44.1) of Democrats supported legalization of safe consumption sites and 29.6% (24.2–35.6) of Republicans, 35.0% (30.2–40.0%) of Independents, and 51.6% (45.8–57.3) of Democrats favored legalizing syringe services programs. Only 15.7% (13.4–18.2%) percent of Americans were probably or definitely willing to have a person who is using opioids marry into their family and less than a third (27.2%, 24.5–30.2) perceived people who use opioids as deserving.

Individuals with higher stigma toward people who use opioids were less likely to support legalization of safe consumption sites (OR: 0.45, 95% CI 0.36–0.57) or syringe services programs (OR: 0.49, 0.39–0.60) and Democrats were more likely than Republicans to support the two harm reduction strategies (safe consumption sites, OR = 2.76, 1.74–4.39; syringe services programs, OR = 2.60, 1.71–3.96) (Table 2). Relative to respondents with paid employment, those who were unemployed and looking for work were more likely to support legalization of safe consumption sites. Compared to respondents aged 18–29 years, respondents aged 30–44 and 60+ were more likely to support legalizing safe consumption sites. Higher household income was associated with increased support for legalizing syringe services programs.

4. Discussion

Results of our national survey, the first to measure Americans' support for legalization of safe consumption sites, found low public support for such sites (29%). Support for syringe services programs (39%) in our survey was lower than when last measured in a nationally representative sample of Americans in 2000 (58%), though we are unable to determine whether this difference is due to changes in public attitudes or variation in survey question wording (Henry J Kaiser Family Foundation, 2000). Democrats reported slim majority support (52%) for legalization of syringe services programs, but legalization of safe consumption sites was supported by < 40% of Democrats,

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