



## Research paper

# Public opinion of drug treatment policy: Exploring the public's attitudes, knowledge, experience and willingness to pay for drug treatment strategies

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## ABSTRACT

**Background:** Research evidence is strong for opiate replacement treatment (ORT). However, public opinion (attitudes) can be at odds with evidence. This study explored the relationships between, attitudes, knowledge of drugs and a range of socio-demographic variables that potentially influence attitude. This is relevant in the current policy arena in which a major shift from harm reduction to, rehabilitation is underway.

**Methods:** A cross sectional postal questionnaire survey in Scotland was conducted where the drug, treatment strategy has changed from harm-reduction to recovery-based. A random sample ( $N=3000$ ), of the general public, >18 years, and on the electoral register was used. The questionnaire was largely structured with tick box format but included two open questions for qualitative responses. Valuation was measured using the economic willingness-to-pay (WTP) method.

**Results:** The response rate was 38.1% (1067/2803). Less than 10% had personal experience of drug, misuse but 16.7% had experience of drug misuse via a friend/acquaintance. Regression modelling revealed more positive attitudes towards drug users in those with personal experience of drug misuse, ( $p < 0.001$ ), better knowledge of drugs ( $p = 0.001$ ) and higher income (those earning >£50,000 per, annum compared to <£15K;  $p = 0.01$ ). Over half of respondents were not willing to pay anything for drug treatment indicating they did not value these treatments at all. Respondents were willing-to-pay most for community rehabilitation and least for methadone maintenance treatment. Qualitative analysis of open responses indicated many strong negative attitudes, doubts over the efficacy of methadone and consideration of addiction as self-inflicted. There was ambivalence with respondents weighing up negative feelings towards treatment against societal benefit.

**Conclusions:** There is a gap between public attitudes and evidence regarding drug treatment. Findings suggest a way forward might be to develop and evaluate treatment that integrates ORT with a community rehabilitative approach. Evaluation of public engagement/education to improve knowledge of drug treatment effectiveness is recommended.

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## Introduction

Problem drug use continues to challenge society. An estimated 1% of the UK population and 1.6% of the Scottish population (Hay,

Gannon, Casey, & McKeganey, 2009) are dependent on drugs. Despite the strong evidence base for drug treatment, it receives much negative media attention. In his analysis of the role of the media in drug policy, Silverman (2011) claims that politicians do not listen to research evidence and that in popular media 'he who shouts loudest can elicit a government response'. Silverman concluded that the media harmfully limits debate on drug policy. One senior politician even admitted 'we don't lead on drugs, we follow public opinion' (Silverman, 2011). This paper explores public opinions and understanding of current drug treatment strategies

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through a population survey. Attitudes, value, knowledge and experience are considered to bring objective, scientific evidence into the policy debate.

Across the EU an estimated 730,000 people receive Opiate Replacement Therapy (ORT) (also known as Opiate Substitution Treatment) with methadone or, more recently, buprenorphine (European Drug Report, 2013). An estimated 200,000 people in England (NTA, 2012a) and 24,500 in Scotland (Scottish Govmt, 2012) receive methadone. There is considerable research evidence for the effectiveness of ORT, summarised in several systematic reviews over the last twenty years (Farrell, Ward, & Mattick, 1994; Marsch, 1998; Mattick, Breen, Kimber, & Davoli, 2009; Simoens, Matheson, Bond, Inkster, & Ludbrook, 2005; Van Beusekom & Iguchi, 2001; Ward, Mattick, & Hall, 1994). Furthermore long term observation studies have endorsed the positive effect on reducing illicit drug use, injecting behaviour and crime (Comiskey et al., 2009; Gossop, Marsden, Stewart, & Kidd, 2003; Teesson, Mills, Ross, Darke, & Williamson, 2008). The National Treatment Agency states that for every £1 spent on drug treatment £2.50 is saved in health and social costs (NTA, 2012b). There is no such strong evidence base to support detoxification and rehabilitation programmes suffer from a lack of rigorous evaluation (Simoens et al., 2005). However, despite this strong evidence of benefit, ORT remains controversial.

The focus of drug policy during the 1990–2000s, in many European member countries (Cook, Bridge, & Stimson, 2010) (including the UK (PMSU, 2007)) was to encourage people into drug treatment. In Scotland, the number of people receiving methadone from community-based pharmacies increased from 3387 in 1995 to an estimated 17,226 in 2005 (Matheson, Bond, & Tinelli, 2007). This resulted in an increased awareness of methadone provision among the general public in the 1990s (Matheson, 1998).

Although not the focus of this research, it appears that the media may influence both public opinion and drugs policy. One study exploring how drug misuse is reported in the media found issues related to drug-associated crime to be the most frequently reported (Loughborough, 2010). Press reporting of treatment issues has also been largely negative with headlines questioning whether ‘addicts’ should receive methadone in prison (The Sun, 2006) or whether scarce NHS resources should be used to treat drug ‘addicts’ (The Herald, 2008). These reports have political ramifications. E.g. in Scotland in 2012, a media campaign against methadone treatment (Daily Record, 2012) prompted another government review of ORT.

In Scotland and England, current drugs strategy focuses on recovery (Home Office, 2012; Scottish Govmt, 2008). Concurrently there has been a move for greater patient and public participation in decision-making about health services (DoH, 2003). However, ensuring this involvement represents public consensus rather than strong opinions of an articulate minority may be challenging, especially in policy areas such as drug treatment.

A review of the literature on public opinion in drug treatment found research studies conducted on representative samples of the public suggest evidence of more support for drug treatment than generally perceived. A European study surveying six member states revealed general support for the provision of sterile needles to prevent blood-borne infections, with stronger support in Denmark and Holland and mixed views in Bulgaria and Poland. On the controversial question of whether heroin should be prescribed to drug addicts, Sweden was least supportive (5% said ‘definitely yes’) and Denmark was most supportive (32% said ‘definitely yes’) (HCU, 2009). This survey was conducted by a civil rights group which could be considered less objective than an academic research group. In a previous UK general public survey exploring attitudes towards treatment strategies and people with drug dependence only 35% agreed the health service should spend more on treating drug addicts (Luty & Grewal, 2002). A more recent survey reported 77% of respondents considered government investment in drug

treatment ‘a good thing’ and 80% agreed drug users can get addicted due to other problems in their lives (Roberts, 2009). This may indicate a shift in attitudes over time or the co-existence of negative and positive/more understanding pragmatic views. In the UK, drug misuse habits are covered in the British Crime Survey (BCS), The Scottish Crime Survey (SCS) and the General Crime Survey (GCS) (BCS, 2011; SCS, 2011; GHS, 2011) but these do not assess attitudes in detail.

One way to look at the value the population place on drug treatment is to use the economic instrument of willingness to pay (WTP). Here value is assessed by asking people to assign a monetary value to the service (Donaldson, Mason, & Sharkey, 2012). Whilst this method has been used extensively in the health field, its application to value drug treatment is limited, with only one study identified (Tang, Liu, Chang, & Chan, 2007). This study of the Taiwan general public asked about WTP for a drug use treatment program and methods of payment and did not differentiate between treatment strategies. Participants were more willing to pay for drug use treatment via increases in National Health Insurance premiums than via donations. A review of the application of cost-benefit analyses of drug treatment found no UK studies (Cartwright, 2000), and recommended WTP as the most appropriate approach to value benefits of drug treatments.

The aim of this study was to explore the public’s attitudes, knowledge, experience and value (willingness to pay) for drug treatment strategies. Knowledge of drugs and a range of socio-demographic variables potentially influential on attitudes were recorded. This is particularly relevant in the current policy arena in which a major shift in emphasis is underway from harm reduction to rehabilitation.

## Methods

The study was a cross-sectional questionnaire survey of the general public in Scotland. The questionnaire, which is available from the authors on request, covered:

- Demographics; experience of drugs and drugs misuse;
- Attitudes to drug users and drug treatment;
- Knowledge of drugs liable to misuse;
- Understanding of the aims of treatment;
- Ranking of different treatment strategies using a hypothetical scenario (a family member or close friend with a drug problem);
- Willingness to pay for different treatment strategies;
- Comments section.

The questionnaire included a combination of newly developed questions (WTP and knowledge) and those from questionnaires used and validated previously, including beliefs about methadone (Stancliff, Myers, Stuart, & Drucker, 2002); health professionals and pharmacy customers’ attitudes towards drug misusers (Lawrie, Matheson, Bond, & Roberts, 2004; Matheson et al., 2007); views and experience of drug use (Roberts, 2009), and general attitudes adapted from the Scottish Social Attitudes Survey (Ormston, Bradshaw, & Anderson, 2010). The question format was a mix of closed and open questions and Likert Scales (attitude statements).

Willingness to pay was assessed using a scenario in which respondents were asked to imagine the Government were considering expanding their programme for treating drug misusers with treatment paid for through tax contributions from the general population. Respondents were asked how much they would be willing to pay to expand each of the four treatment services: needle exchange services; methadone maintenance programmes; community detoxification and rehabilitation programmes and residential detoxification and rehabilitation programmes. Respondents

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