



Short communication

Attitudes of North Carolina law enforcement officers toward syringe decriminalization



Corey S. Davis^{a,*}, Jill Johnston^b, Lisa de Saxe Zerden^c, Katie Clark^d, Tessie Castillo^d, Robert Childs^d

^a Network for Public Health Law – Southeastern Region, 101 E. Weaver St. #G-7, Carrboro, NC 27510, United States

^b UNC Chapel Hill School of Public Health, Department of Epidemiology, 135 Dauer Dr, Chapel Hill, NC 27599, United States

^c UNC Chapel Hill School of Social Work, 325 Pittsboro St. CB#3550, Chapel Hill, NC 27599-3550, United States

^d North Carolina Harm Reduction Coalition, 1005 Slater Road Suite 330, Durham, NC 27703, United States

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ABSTRACT

Background: North Carolina, like much of the U.S. South, is disproportionately affected by HIV and hepatitis. This persistently high disease burden may be driven in part by laws that criminalize the possession and distribution of syringes for illicit drug use. Legal change to decriminalize syringes may reduce infection rates in the state, but is unlikely absent support from law enforcement actors.

Methods: We analyzed the responses of 350 North Carolina law enforcement officers to a confidential, anonymous survey. The survey instrument collected data regarding self-reported needle-stick injury (NSI), blood borne disease risk perception and attitudes toward syringe decriminalization.

Results: 82% of respondents reported that contracting HIV was a “big concern” for them. 3.8% of respondents reported ever receiving a job-related NSI, a rate of 36 NSI per 10,000 officer-years. Majorities of respondents reported positive views regarding syringe decriminalization, with approximately 63% agreeing that it would be “good for the community” and 60% agreeing that it would be “good for law enforcement.” Black and female officers were significantly less likely to agree that on-the-job NSI was a “big concern” and significantly more likely to agree that it would be good for law enforcement.

Conclusions: These findings suggest that many North Carolina LEOs understand the public health benefits of syringe access programs and may be inclined to support syringe decriminalization legislation. Further research is indicated to determine the causes of observed differences in perceptions of bloodborne disease risk and attitudes toward syringe decriminalization by race and sex.

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1. Introduction

The burden of bloodborne disease in the United States falls disproportionately on those living in the South (Lansky et al., 2010; Qian et al., 2006), which has higher HIV and hepatitis C (HCV) incidence rates and more people living with HIV than any other region (Centers for Disease Control and Prevention, 2013a,b,c,d; Zou et al., 2010). In 2011, North Carolina had the country's 8th highest HIV incidence rate, the 12th highest number of cumulative AIDS cases, and an HCV incidence rate 50% greater than the national

average (Centers for Disease Control and Prevention, 2013a,b,c,d; North Carolina Division of Public Health, 2013).

Nearly 23% of all AIDS cases in North Carolina are attributable to injection drug use (IDU) alone, with an additional 5.6% of cases among men who have sex with men (MSM) who also reported IDU (Centers for Disease Control and Prevention, 2012). Nationwide, IDU is the leading risk factor for HCV infection (Centers for Disease Control and Prevention, 2002, 2013a). While acute HCV infections among Blacks have fallen over the past decade (Centers for Disease Control and Prevention, 2013a,b,c,d), HIV continues to be disproportionately distributed by race: Blacks comprise only 22% of North Carolina's population but 67% of AIDS cases (Centers for Disease Control and Prevention, 2012; United States Census Bureau, 2012).

Law and law enforcement practices that reduce access to new syringes and opportunities to safely dispose of used ones are a key factor in injection-related disease transmission and may contribute to racial disparities in HIV rates (Blankenship and Koester,

* Corresponding author. Tel.: +1 919 968 6308x105; fax: +1 919 968 8855.

E-mail addresses: cdavis@networkforphl.org (C.S. Davis), jillj@unc.edu (J. Johnston), lzerden@unc.edu (L. de Saxe Zerden), katie.clark@yale.edu (K. Clark), Tessie@nchr.net (T. Castillo), Robert@nchr.net (R. Childs).

2002; Bluthenthal et al., 1997; Burris et al., 2002, 2011; Burris and Koester, 2013; Davis et al., 2005). Increased access to sterile syringes has been associated with a number of positive changes in health behavior and disease risk among people who inject drugs (PWID), including reductions in HIV and HCV infections, risky injecting behavior and improperly discarded syringes (Des Jarlais et al., 2005; Gibson et al., 2001; Hurley et al., 1997; Strathdee et al., 2006; Wodak and Cooney, 2006). Legal change to increase access to syringes has also been associated with reduced needlestick injuries (NSI) among law enforcement officers (LEOs; Groseclose et al., 1995) and may reduce the risk of NSI-related infection.

Modifying law to permit or require evidence-based public health strategies is a critical component in improving health outcomes (Hodge et al., 2013; Mello et al., 2013). Many states have responded to the large body of evidence that increased syringe access reduces infection risk without increasing drug use by modifying criminal law to permit the possession and distribution of syringes, a policy termed syringe decriminalization (Burris, 2014). Southern states have largely failed to make such amendments. As of 2014, only one Southern state (Louisiana) permitted the distribution of syringes intended to be used to inject illegal drugs, and none permitted the possession of syringes for that purpose (Burris, 2014). This failure may contribute to persistently high rates of HIV infection in North Carolina and throughout the South (Adimora et al., 2014; Human Rights Watch, 2010; Reif et al., 2012).

North Carolina has been a leader among Southern states in some areas related to syringe access. It is legal to purchase syringes in pharmacies without a prescription in the state, although sales are at the discretion of the pharmacist and research has demonstrated that Black PWID are far less likely than whites to report receiving syringes from a pharmacy (Costenbader et al., 2010). Additionally, a state law partially decriminalizing syringes was implemented in 2013. The law protects a person from charge or prosecution for paraphernalia possession if he or she is stopped by a law enforcement officer (LEO) and voluntarily reports the syringe or other sharp object to the LEO before a search is conducted (North Carolina General Assembly, 2013a,b). Possession or distribution of syringes for illegal drug use, however, remains illegal.

Law enforcement support is likely an important factor in both the passage and implementation of syringe access and syringe decriminalization laws (Beletsky et al., 2005b; Silverman et al., 2012). Several previous initiatives have bundled LEO occupational safety training with information regarding the legality and beneficial effects of such laws (Beletsky et al., 2011; Davis and Beletsky, 2009; Silverman et al., 2012), but little is known regarding LEO attitudes toward them. Research from several Northern states reported that LEOs were generally supportive of efforts to reduce risks associated with drug use (Banta-Green et al., 2013; Beletsky et al., 2005a; Green et al., 2013), but none asked about syringe decriminalization specifically. We present below the results of the first such survey conducted among LEOs in the Southern United States.

2. Methods

Data were collected via surveys designed and administered by a local non-profit organization that conducted trainings for officers training to join Crisis Intervention Teams (CITs). These teams are comprised of LEOs, often in conjunction with other professionals such as mental health workers, who utilize evidence-based approaches in interacting with people in acute mental health need (Watson and Fulambarker, 2012). The hour-long training, delivered at multiple sites throughout the state in 2012 and 2013, provided an overview of HIV and other bloodborne disease transmission and guidance on ways LEOs can reduce their risk of on-the-job disease transmission.

Staff members from the non-profit organization administered the voluntary, anonymous survey prior to the training session. The survey instrument collected demographic data and queried respondents regarding bloodborne disease risk perception, their NSI experience, and attitudes toward policies such as syringe decriminalization that might reduce NSI. This study was deemed exempt by the University of North Carolina IRB because it was limited to an analysis of

Table 1
Demographics of respondents.

Characteristic	Number (%) reporting
Sex	
Male	276 (79.3%)
Female	72 (20.7%)
Race/ethnicity	
White	227 (65.0%)
Black	89 (25.5%)
Hispanic	16 (4.6%)
Other	14 (4.0%)
Asian	3 (0.9%)
Age	
20–29	91 (26.4%)
30–39	111 (32.2%)
40–49	108 (31.3%)
50–59	31 (9.0%)
60–69	4 (1.2%)
Years in law enforcement	
<5	118 (33.8%)
5–10	68 (19.5%)
11–15	54 (15.5%)
16–20	54 (15.5%)
21–25	42 (12.0%)
25+	13 (1.4%)
Mean	10.3 years
NSI risk	
Officers reporting NSI	13 (3.8%)
NSI rate	36/10,000

NSI – needlestick injury.

already-existing data collected by the non-profit organization in the regular course of its training activities.

Likert scale responses – “strongly agree,” “agree,” “disagree,” and “strongly disagree” – were dichotomized into “agree” and “disagree” for the analysis. Descriptive statistics were compiled for each question and assessed by race (Black vs. non-Black) and gender (male vs. female). Differences in attitudes by race or gender were assessed using a multivariate logistic model with an a priori significance level of 0.05. Adjusted odds ratios (AOR) for race and gender, controlling for age (represented by a quadratic polynomial) were calculated. We further evaluated for any gender by race interactions. Respondents with missing data were excluded from the analysis.

3. Results

The convenience sample consisted of 350 officers from 20 law enforcement agencies throughout North Carolina. Approximately 80% of respondents were male and, on average, had worked in law enforcement for approximately 10 years. Approximately 25% reported their race as Black, and 65% as white (Table 1). Eighty two percent of respondents reported that contracting HIV and 85% reported that contracting hepatitis was a “big concern” for them, far exceeding the percentage that reported ever receiving an NSI (3.8%, a rate of 36 NSI per 10,000 officer-years). Most respondents reported favorable views of syringe decriminalization. Fifty seven percent did not believe that syringe decriminalization would promote drug use, and approximately 60% reported that their impression of it was generally positive, that it would reduce HIV, and that it would be “good for the community” and “good for law enforcement” (Table 2).

Responses to several questions varied by race and gender. Black officers were approximately 20 percentage points less likely than white officers to report concern for on-the-job NSI (Q2: AOR 0.38, $p=0.005$), were approximately 15 percentage points more likely to believe syringe decriminalization would be good for the community (Q6: AOR 1.83, $p<0.035$), and 20 percentage points more likely to believe that it would be good for law enforcement (Q7: AOR 2.31, $p=0.004$). Female officers were approximately 30 percentage points less likely than males to report that they feared contracting HIV (Q1: AOR 0.18, $p<0.001$), ten percentage points more likely to believe that syringe decriminalization would be good for the community (Q6: AOR 1.42, $p=0.24$), and 20 percentage points more

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