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Public Trust in Needle Exchange Programs: The Role of Information

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Abstract

This study was based on a telephone survey conducted in 2004 of San Diego residents ($N = 400$) who lived in a community where a pilot needle exchange program was operating. A multivariate analysis showed that level of information about the needle exchange program was positively related to level of trust in the program ($p < .01$).

Completed Research

Acknowledgements

Supported through a grant from Family Health Centers of San Diego.

C. Richard Hofstetter, PhD was Co-Principal Investigator of the study.

Problem

Although scientific research has shown that needle exchange programs help to prevent the spread of communicable diseases such as HIV and Hepatitis C, this strategy and other harm reduction programs remain controversial among segments of the American public.

Purpose

The purpose of this quantitative study was to examine citizen perceptions about:

- a pilot needle exchange program that was located in San Diego, California and
- needle exchange programs in general based on a telephone survey of 400 respondents.

Significance

Scholars have written at great length about the importance of public trust in elected officials and government. Fewer have focused more specifically on the role of public trust in facilitating higher levels of cooperation and collective action.

Several studies have examined factors related to public support of needle exchange programs. However, the importance of public trust in needle exchange programs and conditions for creating and enhancing such trust, thereby bolstering levels of cooperation and collective action, have been ignored.

Framework

According to William T. Bianco (1998), two factors drive constituents' trust decisions, including their level of uncertainty and the likelihood that they and their representative have a joint interest on a proposal. Uncertainty is defined as all of the elements in an individual's decision-making process that lead to indecision.

Relevant Scholarship

Needle exchange programs reduce HIV infection by at least 30% and reduce risk associated behavior by upward of 80% (Blumenthal et al., 2000; Des Jarlais et al., 1996; Gibson et al., 2002; Des Jarlais et al., 1991; Heimer et al., 1998; MacDonald et al., 2003; Schilling et al., 2004; Vlahov et al., 2001; Heimer et al., 2002; Braine et al., 2004).

Needle exchange programs might also lower the spread of Hepatitis C, because reducing needle re-use has been shown to lower the spread of this disease (Taylor, 2005; Blumenthal et al., 2004; Hagan et al., 1995; Murphy et al., 2004).

Although scientific research has shown that needle exchange programs help to prevent the spread of such communicable diseases, these and other harm reduction programs remain controversial among segments of the American public. A few common arguments advanced by needle exchange opponents regarding program consequences are that the programs increase injection drug addiction, attract drug dealers to the community, or increase crime in the community (Loconte, 1998; Maginnis, 2001; Buchannan et al., 2003; Anderson, 1991; Rockwell et al., 1999; Tierney, 1997).

Research Questions

RQ1: What is the level and nature of citizen support for needle exchange programs?

RQ2: What is the relationship between citizens' level of information about the San Diego pilot needle exchange program and their level of trust in the program?

Participants

Participants included 400 randomly selected adults who lived in one U.S. Census tract in San Diego, California where a pilot needle exchange program was operating.

Procedures

C. Richard Hofstetter and I developed a survey instrument containing 49 questions to assess respondent views.

A random digit dial sample of 400 adults residing in one U.S. Census tract in San Diego, California was used. The sample was designed to represent all respondents reachable by residential telephone (excluding cell phones). It was stratified by gender.

The survey was conducted between March 4, 2004 and April 17, 2004 in English or Spanish by professional interviewers in San Diego State University's Social Science Research Laboratory using CATI technology.

Analysis

Using multivariate analyses, key dependent variables were regressed on a set of indicators designed to measure general views in relation to the pilot needle exchange program.

Findings

A solid majority of survey respondents (71.4%) approved or approved strongly of needle exchange programs “in general” without specifying the particular location of the needle exchange program.

A multivariate analysis showed that level of information about the San Diego pilot needle exchange program was positively related to level of trust in the program ($p < .01$). See Table 1 below.

Table 1
Regression of Trust in San Diego Pilot Needle Exchange Program
on Selected Predictors.^a

	<u>B</u>	<u>se</u>	<u>B</u>	<u>P=</u>	<u>r</u>
Political participation	-.077	.078	-.053	.322	.008
Positive/negative program effects	.366	.050	.373	.000	***.414
Information about program	.094	.040	.120	.019	** .136
Political efficacy	.071	.131	.046	.589	***.168
IV needle use affects respondent	.009	.039	.014	.804	-.080
IV needle users present	-.041	.047	-.050	.378	*-.087
Respondent influences drug use	.008	.063	.011	.889	.059
Male gender	.000	.073	.000	.992	.011
Income	.007	.019	.022	.699	.033
Religiosity	-.007	.024	-.015	.758	*.086
Education	.001	.013	.004	.940	.079
Own home	-.081	.085	-.051	.344	-.035
Trust in politicians	.075	.022	.167	.000	***.229
(Constant)	1.547	.271		.000	

$R = .47, F_{(13,345)} = 7.59, P = .000$

^a Numbers in columns are unstandardized regression coefficients, standard errors, standardized regression coefficients, associated probabilities, and zero order correlations between trust in the needle exchange program and each predictor. Zero order correlations with * are statistically significant, $P < .05$, ** with $P < .01$, and *** with $P < .001$.

Interpretation

Survey results found a positive and statistically significant relationship between level of information about the San Diego pilot needle exchange program and level of trust for the program.

Limitations

A random digit dial sample of 400 adults residing in one U.S. Census tract was used at the request of the survey's sponsor. However, the neighborhood where the pilot needle exchange program was operating is not contained exclusively within this census tract.

Recommendations

Those running needle exchange programs and other forms of harm reduction programs should attempt to increase the level of information about the programs among area residents. A more informed citizenry is more likely to trust these programs, and, as a result, greater collective action involving the programs is likely to occur. Greater collective action may do much to assist in the programs' success and continued operation.

Social Change Implications

Successful needle exchange programs help to reduce the spread of communicable diseases such as HIV and Hepatitis C.

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