Kristina Mann *and* ***Dave Walsh*** *wrote the following paper for their Methods of Social Research class which Professor Sharyn Potter taught. Kristina graduated in May 2007 as a Sociology major and a Justice Studies minor. She has been hired as a legal assistant at the Rockingham County District Attorney's Office.*

Law Enforcement and Their Attitudes Toward Needle Exchange Programs

I. Introduction:

The topic that we will pursue for the purpose of this research project is what the attitudes of particular police forces are toward needle exchange programs. We feel that this is a good topic to cover because it is of interest to both of us and it speaks a few very important social problems such as drug use and HIV/AIDS. Also, needle exchange programs are highly controversial. On one hand, needle exchange programs may help to reduce AIDS by exchanging users' dirty needles for clean ones. On the other hand, these programs may be aiding drug users' self-destructive addictions.

Our research question is, "What are the Attitudes of Law Enforcement Toward Needle Exchange Programs?. We will try to answer this question through a survey that will be handed out to a police department. Questions will range from the basic, "What is your gender?, to questions asking participants to rate on a Likert scale how much they agree or disagree with a particular statement pertaining to different views of needle exchange programs. An example of this type of question is, "How strongly do you agree or disagree with the following statement: I would like to see easier access to needle exchange programs for drug users." The Likert scale would read as follows; 1(strongly disagree), 2 (disagree), 3(neutral), 4 (agree), 5 (strongly agree). Our survey consists of a total of 25 questions.

The population that we have decided to survey are the Milford, MA, Bellingham, MA, and Franklin, MA police departments. We chose this population because we had easy access to the officers through a close relationship to one retired member of the Milford police force. We want to see whether the police feel these programs would have a negative or positive impact on their community. Who better to survey about local attitudes on crime than the local police force? They would be one of the most educated and informed populations to survey on this topic.

We strongly feel that the results from our study would be useful in many different ways. It would help to reduce the spread of HIV/AIDS, hepatitis C, and other diseases that are spread through the use of dirty needles. Not only is this of help to those who use the needles themselves, but it may also, in time, help to reduce the large amount of individuals who are hospitalized and medicated as a result of these diseases every year. Nurses and doctors would be able to provide more specialized and attentive care if there are less patients to attend to. Other cities that are thinking of putting this type of program into place would want to read our report to see what a particular group of police think about the programs. It is possible that they may think that needle exchange programs foster bad habits and in turn foster higher crime. If this is the case, cities may want to consult their local police departments before putting these programs in place.

II. Literature Review:

Needle exchange programs are in use in many rural and urban communities around the country. Some communities may feel the need for these programs to be implemented in their area because they have a problem with haphazardly discarded

needles in public places. A needle exchange program would allow intravenous drug users to trade in their dirty needles for clean ones, thus helping to eliminate needles found in streets, playgrounds and schoolyards. Other lower socioeconomic communities may see they are having a problem with HIV and AIDS. By implementing a needle exchange program in the area, dirty needles which carry blood borne illnesses could be traded in for clean ones.

According to the Center for AIDS Prevention Studies at the University of California San Francisco (Lurie and DeCarlo, 1998), half of all new HIV infections in the U.S. occur among injection drug users. Sixty-one percent of all AIDS cases in women are due to injection drug use or sexual relations with partners who inject drugs. The Center for AIDS Prevention at UCSF also points out that the majority of injection drug users are aware of the risks of sharing needles, but that there are not enough needles and syringes available to them. Even if they are available, often times the intravenous drug users can't afford them, which in turn increases the amount of needle sharing and chances of transmitting an infectious disease (Lurie and DeCarlo, 1998).

Needle exchange programs are highly controversial. The main purpose of these programs is to establish themselves in communities which are known for their high, illegal, intravenous drug use and exchange users' dirty needles for clean ones. The cost to drug users is very little, and sometimes the needles are given for free. There is brewing controversy because some believe that this program will foster high crime and high drug use. Advocates for the program claim that it helps to refer users to recovery programs and helps to reduce the spread of HIV. There has been much research on needle exchange programs (NEP's). This research ranges from the programs' effectiveness to get drug

users into treatment facilities to the possibility of higher crime rates in exchange areas. Research is broken down into four categories. They are HIV/AIDS, injection frequency, negative consequences, and judicial systems' attitudes.

1. HIV/AIDS

In less than two decades, AIDS has infected more than four million people. The number of cases of HIV is more than 7 times that number, affecting a staggering 30.6 million people. In the United States alone, over one third of AIDS cases are either directly or indirectly related to the use of intravenous drugs (Cross et al., 1998). One of the largest arguments for needle exchange programs is the fact that they have the potential to reduce the rate of HIV, the disease that causes AIDS.

A model developed by a Yale University professor and applied to the New Haven, CT needle exchange program suggests that a prediction could be made that over a one year time period, there could be a 33% reduction in new HIV infections among program participants (United States General Accounting Office, 1993). This dramatic reduction in HIV cases is possible because NEP's gather needles and exchange them for new, unused ones and this reduced the amount of time that those needles are in use. This in turn lessens the opportunity for needles to be shared and infect an uninfected user. (United States General Accounting Office, 1993)

Needle exchange programs not only exchange dirty needles for clean ones to help to reduce the spread of HIV, but also have many other services. Some of the other materials they offer are bleach bottles, cotton swabs, skin ointment, condoms, and educational pamphlets about HIV/AIDS. They can also refer drug users to drug treatment programs (Delgado, 2004).

2. Injection Frequency

Another frequent part of the debate of needle exchange programs is whether these programs make the users use more frequently or actually cut down on their frequency of use. As stated above, exchange program goals have expanded from only exchanging needles to include education and screening to reduce the social problems associated with drug use. From a study done in the Seattle, WA metro area by Hagan et al in 2000, there was no indication that needle exchange was associated with increasing drug use. The findings actually show the opposite, the findings of the Hagan et al study show a reduction of drug use and an increase in the utilization of drug treatment associated with needle exchange programs (Hagan et al., 2000). Only fifteen percent of those contacted in the New Haven program entered into referred treatment (ONCP Bulletin). However, nearly all U.S. needle exchange programs (97%) do provide drug treatment referral (Hagan et al., 2000).

Recruitment for the Hagan et al study was conducted at methadone clinics, detoxification canters, drug and alcohol assessment agencies, a corrections facility, and a street outreach agency. All of which were found in the Seattle, WA area. Individuals were chosen from a random number generator, selecting the *n*th client entering the premises. A standardized questionnaire was administered to the participants by a trained interviewer and they were paid $10.00 upon completion. If they agreed, they were then paid an additional $25.00 for a follow up visit and completion of interview. The independent variable in this study was the use of needle exchange programs and the dependent variable was drug use (Hagan et al., 2000).

Another study conducted in New York City in 1987 by Hopkins found that the use of needles for injecting drugs was widespread. Both users and sellers of the drugs and paraphernalia claimed that new needles were readily available, however, fifty percent of needle sellers reported that they resold used and unsterilized needles as new ones. Furthermore, twenty percent of the addicts surveyed said they only rinsed their needles with water after they used them (Hopkins, 1987). Hopkins' study examined both IV and non-IV drug users. The one hundred and seventy-eight subjects were arbitrarily selected from the boroughs of New York City. This study shows that more than half of the needles used by IV drug users come from unknown sources where the likelihood of them being sterile is not very good. One-third of the nation's HIV cases originate from IV drug use according to the article by Thompson (1992). Hopkins' study of NYC provides solid evidence that a Needle Exchange Program in New York City would be beneficial.

Critics of needle exchange programs argue that it is unrealistic that a person who is addicted to drugs would have such a change in behavior. This change in behavior would require a willingness to postpone gratification and plan for the future, which is contradictory to a drug using lifestyle. Also, the fact that addicts can purchase clean needles cheaply, without prescription in many pharmacies in most states, but most of the time, do not, is evidence of their irresponsible behavior (Office of National Drug Control Policy, 1992).

3. Negative Consequences of Needle Exchange Programs:

The third argument over the role of needle exchange programs is whether or not they foster high crime rates. A study in Baltimore, MD shows that during one study

period, there were 2500 drug related arrests per month. After the introduction of a needle exchange program in the city, there was a slight increaser in the number of drug related arrests to 2775 per month. However, there were no significant changes in crime rates in exchange areas in relation to non-exchange areas. These findings are consistent with another finding in Boston, MA stating that there were no differences in arrests observed between the two areas (Marx et al., 2000). Data for this research was obtained through the city of Baltimore's arrest records for 6 months before and 6 months after the introduction of a needles exchange program.

Those individuals opposed to needle exchange programs would argue that they encourage intravenous drug use that is illegal (Delgado, 2004). Along with encouraging illegal drug use, many people feel that needle exchange programs would increase the rate of crime in a particular community where a needle exchange program is present. Some also think that drug trafficking may also increase in areas where needle exchange programs are present, however, there have been no studies conducted that address this issue (Delgado, 2004). One study conducted in San Francisco, CA, studied the effects of a needle exchange program over a five-year period. The program did not encourage drug use either by increasing drug use among current intravenous drug users, or by recruiting significant numbers of new or young intravenous drug users (Center for AIDS Prevention Studies at UCSF).

4. Judicial Systems' Attitudes

Currently, 39 states and the District of Columbia permit the purchase of sterile needles, inexpensively, at local pharmacies without a prescription (Office of National

Drug Control Policy 1992). In most of the remaining 11 states in the country, a prescription is required to obtain the needles. However, 4 of those 11 states are pushing legislation that would broaden access to needles. Only one state, Alabama, is considering legislation that would restrict accessibility to clean needles by making it a criminal offense for anyone besides a licensed pharmacist or practitioner to distribute needles (Office of National Drug Control Policy 1992). In many states it is illegal to possess drug paraphernalia without a prescription. Those users who do obtain their syringes from a legal source, such as a needle exchange program, are issued an identification card to prove to law enforcement that they have obtained their needles through a legal source (Weiser, 2002).

A case in Connecticut within the past three years brought the issue of judicial opinion into view. Police in Connecticut were routinely destroying syringes that were found on drug users and ripping up the I.D. cards they were issued through the local needle exchange program even though the state authorized the program. The ongoing harassment from officers and numerous arrests of drug users discouraged clients from participating in the programs. This case is the first in which the court has stepped up to protect a needle exchange program (Weiser, 2002).

In sharp contrast to the prior descriptions of the attitudes of law enforcement toward needles exchange programs, the police force of New Haven, CT wants to see the programs continue. The police force in this city has worked very hard to reduce the friction between cops and city residents. The police chief sees to it that his officers cooperate with the needle exchange van. They ultimately hope to restore trust between the police and the drug addicts who could use their help. This city has also seen a drop in

crime rate by 20% over the past two years. The police chief claims that it is because of an improved relationship between city workers, police, and residents (Thompson, 1992).

5. Conclusion

The purpose of our research in this project is to determine what the attitudes of the Milford, MA police force are towards needle exchange programs. So far, there has been no research that we could find, conducted strictly on the attitudes of law enforcement when it comes to this topic. The only views that were to be found were inferred from articles in popular culture sources such as Time Magazine and the New York Times. We would like to get their opinion on such topics relating to the needles exchange programs such as the AIDS epidemic, drug usage, crime rate, NEP funding, current law, and accessibility to NEP's.

Taking law enforcements' opinions into account could be important if the state of Massachusetts, or any other state in the region for that matter, wanted to institute a needle exchange program. Law enforcement attitudes are extremely important when it comes to such a controversial plan and are crucial to the survival of the program.

III. Methods:

Design and Procedures:

For this research project, we decided to sample members of law enforcement at the Milford, MA, Bellingham, MA, and Franklin, MA police departments. Upon arriving at the police stations, officers were asked if they would be willing to fill out a short survey on their views about needle exchange programs. In all, 36 surveys were handed

out and all 36 were usable in our analysis. Our population we wished to generalize to is law enforcement. Our sampling frame came from an accessible population at the three aforementioned departments.

The surveys that were administered had the informed consent portion printed on the top letting the officers know about their rights as they filled out the survey. The survey consisted of 25 questions, all multiple choice. Questions started out gathering descriptive statistics of our sample including gender, age group, and number of years worked as a full time officer. The last page of questions was based on a Likert scale. Questions 20-25 each contained a statement like “Needle exchange programs increase usage rates among intravenous drug users.” Participants then responded on a Likert scale as to whether they agreed or disagreed with the statement.

Officers were informed by the instructions on top of the survey not to put their name on the surveys or to make any other identifying marks on it. If there was a question they were uncomfortable answering, they were permitted to stop at anytime and there would be no repercussions. Also, the officers were guaranteed anonymity by placing their completed surveys into a large, plain mailing envelope. We were not present while the surveys were filled out or turned in.

These 36 officers were strictly a convenience sample. Kristina’s uncle is a retired member of the Milford, MA police department, and because of the connections he has, he was able to find willing participants we could use in our study. This is the reason we really only have surveys from Milford area officers. Because our sample is a convenience sample, we were not able to generalize to a larger population.

We also realized that because we used a convenience sample, there was a problem with the validity of our research. Milford, Bellingham, and Franklin, MA are sub-urban towns in the New England region. If we wanted to generalize to the entire population of law enforcement officers in the country, we wouldn't be able to do it because we only surveyed in one region of the country. We wouldn't even be able to generalize to New England in its entirety, because of the fact that it was only sub-urban areas where we surveyed and no rural or urban ones. We can, however, generalize to the sub-urban, New England population of law enforcement officers.

Measurement:

After receiving all completed surveys, all questions and answers were coded in order to be able to be analyzed by Small STATA 9. One hundred percent of the questions in the survey were categorical variables. Because of this, the numbers that the answers were assigned during the coding process were arbitrary. For example, a multiple choice question with the possible answers being "yes", "no", or "unsure" were coded 2, 1, and 0 respectively.

The only questions which were not coded arbitrarily were those which required the participant to respond on a Likert scale. The Likert scales that we used ranged from 1 to 5. Circling a 5 meant that respondents strongly agreed with the statement that was presented to them. Circling a 1 meant that respondents strongly disagreed with that statement. Circling a 3 meant that respondents were neutral. If we were to add up all the responses on a particular Likert scale question, the higher the numerical total, the more that the officers agree with the statement.

IV: Results:

For our research we surveyed 36 police officers from Milford, MA to determine what their attitudes are toward needle exchange programs. Eight of the 36 respondents were female while 28 of the 36 were males. Of the total respondents, 28% were between the ages of 26 and 35, while 31% were between the ages of 36 and 45. From the officers surveyed, 11 of the 36 officers said they had only 0-5 years of full time experience as an officer, which was more than any other category. We also had 42% of the officers respond by saying they generally favor needle exchange programs, while 22% of them strongly opposed.

In the following paragraphs, we discuss the relationship between multiple variables in our research. In Table 1, a chi-square test was run to determine the correlation between two variables. One of them asked what the officer's general feelings were toward needle exchange programs and the second one was whether or not they believe needle exchange programs reduce the frequency of needle sharing. We found that there was a relationship between the two because a majority of those officers who believed that needle exchange programs reduced the frequency of needle sharing were also generally in favor of them.

Table 2 shows the correlation between the number of years the respondents have been a full time officer and their attitudes towards community bonds. We found that a majority of the respondents agree or strongly agree that community bonds are important in maintaining a needle exchange program. However, we did not find any significance in how many years the officers had been a full time members of the force. The reason why

the p-value is so small, at .000, it is not necessarily because the correlation between the two variables but because the majority of respondents either strongly agree or agree.

In table 3, we looked at a relationship between the percentage of drug arrests each respondent had made in the past year and whether or not they believe needle exchange programs contribute to a higher drug crime in the area in which they are located. The majority of the officers who responded said that less than 10% of their arrests were drug related. After speaking to a retired officer, we were informed that the majority of drug arrests have to be made by an officer specializing in drug enforcement and/or trafficking. Therefore, there are only a select few officers in a given department whose majority of arrests are drug related. Since the majority of officers have little experience with drug arrests, their feelings toward whether or not needle exchange programs contribute to higher drug crimes in given areas are neutral. The p-value regarding this relationship was significant at .009.

The chi-square test that we ran for table 4 shows that there is a strong relationship between those respondents who think needle exchange programs decrease the rate of needle sharing and the spread of AIDS. Of the 18 respondents who believe that needle exchange programs reduce the spread of AIDS, 17 of them also believe that they lower the frequency of needle sharing between drug users.

Table 5 shows that most of the officers who are in favor of advertising needle exchange programs are also in favor or having a greater number of them nationwide. Conversely, most of the respondents who are against the advertising of needle exchange programs are also against having a larger number of them nationwide.

Tables:

Table 1: Chi-Square Test
Officer's general feelings of NEPs and whether or not NEPs reduce needle sharing

genfeel	reducesharing: unsure	no	yes	Total
SD	3	0	5	8
	50.00	0.00	20.83	22.22
D	1	2	1	4
	16.67	33.33	4.17	11.11
N	1	4	4	9
	16.67	66.67	16.67	25.00
A	1	0	14	15
	16.67	0.00	58.33	41.67
Total	6	6	24	36
	100.00	100.00	100.00	100.00

Pearson chi2(6) = 17.3125 Pr = 0.008

-**genfeel** = the general feelings of the officers towards NEPs
-**reducesharing** = whether officers feel NEPs reduce the amount of needle sharing

Table 2: Chi-square Test
Officer's years on the force and attitudes towards community bonds

years	statct: SD	D	N	A	SA	Total
0to5	1	0	2	4	4	11
	50.00	0.00	33.33	30.77	28.57	30.56
6to10	0	0	1	4	0	5
	0.00	0.00	16.67	30.77	0.00	13.89
11to15	0	0	2	2	4	8
	0.00	0.00	33.33	15.38	28.57	22.22
16to20	0	0	1	3	4	8
	0.00	0.00	16.67	23.08	28.57	22.22
20andup	1	0	0	0	2	3
	50.00	0.00	0.00	0.00	14.29	8.33
20andupandretired	0	1	0	0	0	1
	0.00	100.00	0.00	0.00	0.00	2.78
Total	2	1	6	13	14	36
	100.00	100.00	100.00	100.00	100.00	100.00

Pearson chi2(20) = 49.6122 Pr = 0.000

-**years** = the number of years the officers have been a full time police officer
-**statct** = whether or not officers believe that community bonds are important in maintaining NEPs

Table 3: Chi-square Test
Quantity of drug arrests and NEPs contribution area drug crimes

drugarrest	statdrugcrime D	N	A	SA	Total
lessthan10	1	14	6	2	23
	50.00	82.35	60.00	28.57	63.89
10to25	0	1	0	2	3
	0.00	5.88	0.00	28.57	8.33
26to40	0	0	4	1	5
	0.00	0.00	40.00	14.29	13.89
41to50	0	2	0	0	2
	0.00	11.76	0.00	0.00	5.56
over50	1	0	0	2	3
	50.00	0.00	0.00	28.57	8.33
Total	2	17	10	7	36
	100.00	100.00	100.00	100.00	100.00

Pearson chi2(12) = 26.5619 Pr = 0.009

-**drugarrest** = the percent of drug related arrests the officers have made in the past year
-**statdrugcrime** = whether or not NEPs contribute to a higher drug crime in the area

Table 4: Chi-square Test
Whether officers think NEPs reduce needle sharing and reduce the spread of AIDS

reducesharing	reduceaids unsure	no	yes	Total
unsure	2	4	0	6
	25.00	40.00	0.00	16.67
no	1	4	1	6
	12.50	40.00	5.56	16.67
yes	5	2	17	24
	62.50	20.00	94.44	66.67
Total	8	10	18	36
	100.00	100.00	100.00	100.00

Pearson chi2(4) = 16.6542 Pr = 0.002

-**reducesharing** = whether officers feel that NEPs reduce the frequency of needle sharing
-**reduceaids** = whether officers feel NEPs reduce the spread of AIDS

Table 5: Chi-square Test
Whether officers feel there should be more NEPs and if they should be advertised

advertise	moreneps: unsure	no	yes	Total
unsure	0	1	0	1
	0.00	9.09	0.00	2.78
no	3	9	2	14
	60.00	81.82	10.00	38.89
yes	2	1	18	21
	40.00	9.09	90.00	58.33
Total	5	11	20	36
	100.00	100.00	100.00	100.00

Pearson chi2(4) = 20.6494 Pr = 0.000

-**advertise** = whether or not officers feel NEPs should be advertised
-**moreneps** = whether or not officers feel there should be more NEPs on a national level

V: Discussion and Conclusion:

By conducting this research, it has been discovered that although this particular population of law enforcement is from the same area in sub-urban Massachusetts, their opinions on needle exchange programs varied greatly. Only 42% of all officers surveyed were in favor of needle exchange programs. The other 58% were either neutral or opposed them. When these statistics are broken down by gender, 25% of females surveyed and 46% of males surveyed, were in favor of the programs. It was also found that 72% of the officers did not know where the closest needle exchange program is.

The meaning of the findings is very important. They may not be able to be generalized to the entire country or even to all of New England. They may, however, be able to be applied to sub-urban areas throughout New England. We found it very interesting that 72% of officers surveyed did not know where the nearest needle exchange program was. Needle exchange programs not only give clean needles for dirty ones, possibly helping to reduce the spread of AIDS, but they run blood tests, give out needle

cleaning kits and refer users to treatment centers. This statistic is of extreme importance because if officers wish to help those whom they arrest, they must know the proper places to refer them to.

The findings of this survey are valuable in a couple different ways. First, just by conducting this survey, analyzing, and sharing it, people have become aware as to what a needle exchange program even is. When conducting the literature reviews, not a single study was found on what the attitudes are of law enforcement toward needle exchange programs. This research could be the first of many and will be a tool for comparison for others doing research like ours in the future. Second, the research shows that law enforcement officers have strong attitudes, either way, about needle exchange programs. If a city or town was thinking of implementing one of these programs into the city, interviewing police officers about their experiences and knowledge involving drug users would be an excellent place to start. Even though the problems of a community determine necessity for a needle exchange program and not so much the attitudes of law enforcement, officers are still an educated and informative population and deal with situations involving drug use first hand.

Research can always be improved, and this research is no exception. Although there was only one question that couldn't make it through IRB, that particular question would have been a good tool to use in the analysis. This question dealt with the department rankings of each officer that took the survey, but the review board informed us that the question was too identifiable and could possibly compromise the anonymity of the participants. Looking at the officers' rankings against certain variables would have been really informative. Also, there is a chance that some of the officers surveyed did not

understand the wording of some of the questions. In this case it would have been helpful if we had been present to answer any questions in order to make our data more reliable. Unfortunately, when researchers are present while subjects are filling out surveys, it is no longer anonymous, so we were unable to do that.

In future research, it would be helpful to have the funding and the time to survey officers in different areas in the country. Doing a comparison of east coast versus west coast attitudes would be very informative. Also, by being able to survey different geographical areas, it would help to make the results generalizable to a greater population. Another possible direction to take this research in is to administer a comparable survey to members of the healthcare field and to members of the general community. After these three populations were analyzed separately, it would be interesting to compare them to one another and see where their opinions and attitudes differ.

VI: References:

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