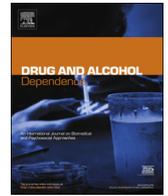




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Short communication

Police officer attitudes towards syringe services programming

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ABSTRACT

Background: As the United States experiences a drug overdose epidemic, syringe services programs (SSPs) have been utilized to reduce rates of infectious disease and improve treatment outcomes for people who inject drugs (PWID). Police officer support of SSPs is crucial to program success. One way to improve officer support and collaboration is to develop officer training presentations about SSP services and procedures as well as information on officers' roles in program implementation.

Methods: Researchers accompanied staff from the Marion County Safe Syringe Access and Support Program as they provided SSP training presentations to Indianapolis Metropolitan Police Department officers at district roll calls. Immediately following each presentation, officers completed a survey measuring attitudes toward SSPs, PWID, and the information presented.

Results: Of the 339 completed surveys returned, most officers expressed support for the SSP and a desire to help PWID. However, those with experience of a needle stick injury were more critical of the program, reporting it enables drug use. Approximately half of respondents reported limited knowledge of SSPs, even after the training. Qualitative data indicate about half of officers reported they could use discretion in deciding whether to arrest for illegal possession of a syringe.

Conclusions: Overall findings indicate positive attitudes towards SSPs; however, officer feedback identifies several concerns and areas for improvement. Public health agencies must develop comprehensive, tailored presentations that address common officer concerns and misconceptions regarding SSPs, PWIDs, and harm reduction strategies to improve officer support.

1. Introduction

The United States is in the midst of a drug overdose epidemic, with over 70,000 drug overdose deaths occurring in 2017 (Centers for Disease Control and Prevention [CDC], 2018a). Associated with this epidemic are rising rates of HIV and Hepatitis C (HCV) among people who inject drugs (PWID). Approximately 1 in 10 new cases of HIV in the US is from injection drug use (CDC, 2019). Injection drug use is the most common mode of transmission for HCV, which is prevalent among approximately 53 percent of PWID in the US, with some estimates as high as 68 percent (CDC, 2018b).

Extensive research demonstrates the effectiveness of syringe services programs (SSPs) in reducing risk of infectious disease and

improving treatment outcomes among PWID (Bluthenthal et al., 2007; CDC, 2016; Des Jarlais et al., 1996; Hagan et al., 2000, 2011; Kidorf et al., 2011; Wodak and Cooney, 2006). Twenty-one states explicitly authorize SSPs as part of state legislature (The Law Atlas, 2017). However, possession of a syringe without a prescription is illegal in some of these jurisdictions, putting SSPs at the intersection of public health and the criminal justice system. For example, Indiana state law authorizes SSPs in the case of a public health emergency; however, syringe possession is still a felony.

Police support of SSPs is crucial to program success, as confiscation of syringes and arrest of SSP participants can deter PWID from utilizing an SSP (Beletsky et al., 2015; Silverman et al., 2012; Strathdee et al., 2015). Indeed, research indicates police interaction with SSP

Abbreviations: HCV, Hepatitis C (Virus); HIV, Human Immunodeficiency Virus; PD, Police Department; PWID, People who inject drugs; SSP, Syringe services program

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Table 1
Survey Results.

	% CA/A*	M (SD)**
The SSP will help reduce HIV.	80.3	2.1 (0.67)
The SSP will help reduce hepatitis.	80.6	2.1 (0.67)
The SSP will be good for the community.	73.5	2.2 (0.73)
The SSP will be good for law enforcement.	64.9	2.3 (0.82)
If someone is an injection drug user, I want to be able to help them.	84.4	2.1 (0.66)
I would be able to interact effectively with a SSP participant.	82.0	2.1 (0.62)
All drug users at risk of spreading infectious disease should be given access to clean needles.	71.4	2.2 (0.82)
If I encountered someone I suspected was an injection drug user, I would refer them to the SSP.	74.3	2.1 (0.73)
If someone needed to acquire sterile syringes or dispose of dirty syringes, I would know what to do to help them.	67.0	2.3 (0.70)
My impression of the SSP is generally positive.	65.2	2.3 (0.77)
I know very little about SSPs.	47.8	2.5 (0.74)
The SSP will not promote drug use.	46.0	2.6 (0.79)
If I encountered someone with a syringe who may be a participant of the SSP, I would not arrest them based solely on syringe possession.	48.7	2.6 (0.86)

* CA (Completely Agree), A (Agree) ** 1 = Completely Agree, 2 = Agree, 3 = Disagree, 4 = Completely Disagree.

participants is associated with reduced utilization of SSP services as well as a possible increase in syringe sharing as a result of confiscation by police (Beletsky et al., 2014). One strategy for facilitating SSP implementation is to develop training presentations for police officers aimed at engaging and educating about program services and procedures. Studies of SSPs suggest that well-received and effective trainings address common officer concerns about infectious disease and occupational safety while also providing explanation of SSP legality (Davis and Beletsky, 2009; Silverman et al., 2012). The current study analyzes survey data of police officer attitudes following a presentation about the first SSP in Indianapolis, Indiana.

2. Methods

This study was determined exempt through Indiana University's Institutional Review Board. Over a six-week period in spring 2019, researchers accompanied staff from the Marion County Safe Syringe Access and Support Program as they provided a 25-minute training presentation before 36 Indianapolis Metropolitan Police Department (PD) district roll calls for police officers. The presentations focused on the evidence-based benefits to law enforcement (e.g., reduced needle-stick injuries and increased participant cooperation with law enforcement) and public health (e.g., reduced infectious disease and increased treatment engagement).

Presentations also included information about the law authorizing SSP implementation (IC §16- 41-7.5), rates of infectious disease in Marion County, program goals, harm reduction strategies, community benefits, participant ID cards, SSP misconceptions, and the role of police in program implementation. Immediately following each presentation, officers completed a two-page, voluntary and anonymous survey. The instrument was intended to evaluate officer attitudes toward the SSP, use of discretion when arresting for possession of a syringe, experience and concern with needle stick injuries, and anticipated impact of the SSP on the community.

To capture attitudes following the presentation, researchers modified select items from the Opioid Overdose Attitudes Scale (Williams et al., 2013) to measure perceived ability to collaborate with the SSP (competence), concerns dealing with SSP participants (concerns), and willingness to engage with the SSP (readiness). Descriptive statistics of survey results are provided and means tests (t-tests) were performed to check for statistical significance between groups. Qualitative data were collected via two open response sections of the survey. This open response data was recorded from each survey and coded into major themes by a researcher using NVivo qualitative analysis software. Identifying major themes contextualized individual officer responses and provided insight into common concerns that might affect program success.

3. Results

In total, 446 officers attended the Marion County Safe Syringe Access and Support training presentations, with an average of 18 officers per roll call (Range 4–30), which was approximately half of all eligible Indianapolis Metropolitan PD officers (estimated at 900 during the time of the study) (Indy.gov, 2019); 339 surveys were completed (76.0%). Typically, officers had approximately 12 years of experience (Range < 1 year to 39 years). Most officers surveyed (n = 303; 89.4%) indicated they had arrested an individual for unlawful possession of a syringe— more than a quarter (n = 86; 28.4%) reported this occurring with the past month, and 71.9% (n = 218) in the past year. Approximately half (n = 152, 50.2%) reported they could have used discretion to not arrest that individual. Nearly half (n = 156; 46.0%) of officers reported someone in their personal life (family, friends, etc.) has a substance use disorder, and 7.1% (n = 24) reported having experienced a needle stick injury while on duty. Most officers (n = 291; 85.8%) felt it was important other officers receive the training.

3.1. Attitudes toward syringe services programs

Officers were asked a series of 4-point Likert scale agreement items based on the Opioid Overdose Attitudes Scale constructs of competency, concern, and readiness regarding engagement with SSP participants. The results of these items are presented in Table 1, with responses aggregated into agree and disagree categories, and illustrates generally positive attitudes of the SSP among respondents. In total, 80.6% (n = 273) and 80.3% (n = 272) of officers agreed or strongly agreed the program would help reduce HCV and HIV respectively, 73.5% (n = 249) felt the program would be good for the community, and 64.9% (n = 220) felt it would be good for law enforcement. Furthermore, 84.7% (n = 287) of officers indicated a desire to help PWIDs, 82.0% (n = 278) agreed they would be able interact effectively with an SSP participant, and 71.1% (n = 241) agreed PWID at risk for spreading infectious disease should have access to clean syringes. Nearly three-quarters of officers (74.3%; n = 252) agreed they would refer suspected PWIDs to the SSP, and 67.0% (n = 227) indicated they would know how to assist PWIDs in acquiring and disposing of syringes.

Nearly two-thirds of officers surveyed (65.2%; n = 221) agreed they had a generally positive attitude toward the SSP; however, several responses still showed issues regarding implementation. For example, nearly half (48.1%; n = 163) reported knowing very little about SSPs while more than half (54.0%; n = 156) indicated the SSP would promote drug use. Further, over half of officers (51.3%; n = 174) stated they would continue to arrest SSP participants for illegal possession of a syringe. There was no statistically significant variation in these attitudinal responses by years served in law enforcement or knowing someone with a substance use disorder. However, officers who

experienced a past needle stick injury were significantly more likely to report the SSP would promote drug use (2.9 vs. 2.6; $t=2.4$, $p=.02$, 95% CI = .05-.63), have negative impressions of the SSP (2.7 vs. 2.3; $t=2.5$, $p=.02$, 95% CI = .07-.68), agree they would arrest based solely on syringe possession (3.1 vs. 2.6; $t=2.7$, $p=.01$, 95% CI = .13-.93), and disagree with wanting to help PWIDs (2.3 vs. 2.0; $t=2.0$, $p=.05$, 95% CI = .03-.57).

3.2. Qualitative data results

In addition to Likert scale items, the survey included two open-ended questions. The first question asked whether officers could use their discretion when arresting an individual for illegal possession of a syringe. Officers could indicate “yes”, “no”, or “N/A” (never arrested an individual for unlawful possession of a syringe) and were asked to describe the circumstances determining use of discretion for the arrest. Approximately 83.4% ($n=283$) of survey respondents answered this question.

Of those who reported “yes” to use of discretion ($n=144$, 50.8%), the most common theme that emerged was a desire to hold PWID accountable for the consequences of their actions ($n=28$, 19.4%). Officers who used discretion to not arrest stated suspect cooperation played a large part in their decision: “On at least 2 occasions I did not arrest when suspect informed me of the syringe,” and “I am even lenient towards loaded needle IF they cooperate in giving me dealer information.” Other themes included a reassertion of police authority to use discretion ($n=23$, 16.0% “Any arrest is officer’s discretion”), the ability to destroy the syringe without arrest ($n=17$, 11.8%), the need to consider all circumstances ($n=16$, 11.1%), whether the syringe contained or was accompanied by narcotics ($n=13$, 9.0%), and whether the run began as an overdose or medical emergency run ($n=9$, 6.3%).

Of the officers who indicated “no” to use of discretion ($n=139$, 49.1%), the most common reason was the presence of narcotics ($n=38$, 27.3%). Another reason was the belief officers have no discretion in the presence of a felony ($n=29$, 20.9%). A third reason for lack of discretion was the consideration of extenuating circumstances ($n=20$, 14.4%): “They were involved in a serious accident. They struck another vehicle, causing injury after shooting up.” Other themes included legal considerations ($n=18$, 12.9%, “With the other charges they were facing, it wasn’t possible to use discretion”) and generally holding PWID accountable for the consequences of their actions ($n=12$, 8.6%).

The second open-ended question asked officers for additional feedback, questions, or concerns about the SSP program training. Of officers who completed a survey, approximately 35.4% ($n=120$) answered this question. The most common theme was positive feedback for the program ($n=20$, 16.7%). Officers also praised the training presentation itself: “Good training and informative.” However, lack of understanding about important aspects of the program and implications for officers on the street also emerged as a theme ($n=17$, 12.2%): “Include a more in-depth portion for legal implications affecting officers when they encounter an individual involved in this program.” Officers had specific questions and concerns about data presented during the training: “Where does the 60% come from in reduced needle sticks?” and “I do not see how this helps with overdose or helps people get into treatment.” Other themes were concerns about condoning drug use ($n=10$, 7.2%) and discarded syringes in the community ($n=8$, 5.8%), stigmatizing beliefs about PWID ($n=4$, 2.9%), and requests for more training and updates on the SSP ($n=4$, 2.9%). Other themes included concerns about condoning drug use ($n=10$, 7.2%) and discarded syringes in the community ($n=8$, 5.8%), stigmatizing beliefs about PWID ($n=4$, 2.9%), and requests for more training and updates on the SSP ($n=4$, 2.9%).

4. Discussion

Findings demonstrate Indianapolis Metropolitan PD officers are

generally supportive of the Safe Syringe Access and Support Program and its goal of reducing infectious disease.

However, quantitative data indicate that even after training, almost half of officers indicated knowing little about SSPs, suggesting needed improvements to the information presented during future SSP trainings. Consistent with current literature, those who experienced a past needle stick injury were more likely to be critical of the program (Cepeda et al., 2017). This finding suggests officers with experience of needle stick injury may need additional, more tailored training or education to reduce concerns and promote understanding of SSPs and PWID (Watson et al., 2018). Trainings at future roll calls, or perhaps as early as academy, should incorporate harm reduction strategies to address occupational safety concerns and increase officer support (Beletsky et al., 2011; Silverman et al., 2012). Further, these trainings should use evidence-based models, such as the Safety and Health Integration in the Enforcement of Laws and Drugs model that provides harm reduction and public health education for police (Northeastern University School of Law, 2019).

In Marion County, Indiana syringe possession is a felony, creating difficulty for law enforcement who see themselves as being tasked with upholding the law while, at the same time, supporting a program that gives participants illegal syringes. Qualitative data from this study provide context regarding circumstances affecting use of officer discretion when encountering someone who possesses an illegal syringe. Many officers indicated they cannot use discretion in these arrests because they are unable to do so in the presence of a felony, either by law or Indianapolis Metropolitan PD general orders; however, no such law or order exists in Marion County. Additional education regarding use of discretion when interacting with SSP participants is needed as this can greatly impact program success. Moreover, future research will need to focus on whether these trainings had the desired outcome of reducing syringe-related arrests (Watson et al., 2018).

Overall findings indicate positive attitudes toward SSPs among police officers and a willingness to help PWID. Public health agencies looking to implement SSPs should consider the legality of SSPs and syringe possession in their jurisdiction when preparing training materials as to provide officers with the most appropriate information. Agencies must also develop comprehensive trainings to address common officer concerns and misconceptions regarding SSPs, PWID, and harm reduction strategies to improve officer support and overall program outcomes. Further, it is important public health agencies work in collaboration with police officers to develop an educational intervention that suits the needs of both organizations.

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Contributors

ES wrote initial drafts of the manuscript; BR contributed to the design of the study and analyzed quantitative data; SRP designed the data collection instrument and analyzed qualitative data;

KB contributed toward writing the manuscript; PH assisted with quantitative data analysis; MW contributed to study implementation. All authors helped with data collection and read and approved the final manuscript.

Declaration of Competing Interest

No conflict declared.

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