4-30-2017

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Recommended Citation

Tomas, David, "Attitudes Towards Harm Reduction Programs" (2017). *Undergraduate Honors Theses*. 56.
https://ir.lib.uwo.ca/psychK_uht/56

Attitudes Towards Harm Reduction Programs

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Honours Thesis

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April 2017

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Abstract

The current study aimed to investigate reasons for supporting harm reduction approaches to treating drug addiction. The study used Brickman et al.'s (1982) models of helping as a framework to determine the relationship between where a participant attributed the responsibility for the problem and solution to drug addiction and support for particular approaches to treating drug addiction. It was hypothesized that 1) attributing the responsibility for the problem but not the solution on the drug user will predict greater support for the discipline approach of treating addiction, 2) attributing the responsibility for the problem and solution on the drug user will predict greater support for the support group approach, 3) attributing the responsibility for the solution but not the problem on the drug user will predict greater support for the harm reduction approach. Participants for this study consisted of 96 undergraduate students (27 male, 69 female) from a Canadian university. Participants completed surveys to assess their support of each drug treatment approach, and to gauge their attribution of responsibility of drug addiction. Results indicated that individuals did not differentiate between responsibility for the problem and solution, thus not supporting the hypotheses. This may demonstrate that, in the context of drug addiction, responsibility for the problem and solution are viewed as one and the same. Overall, attributing responsibility for the problem and solution on external sources predicted more helping.

Attitudes Towards Harm Reduction Programs

Drugs and drug addiction have been a highly politicized issue in recent history, prompting much debate over legality of some drugs and health concerns associated with drug use. Due to the adverse societal consequences that arise from drug addiction, such as increases crime rates (Dauvergne, 2009), many different approaches have been taken to deal with this issue, all having various outcomes in terms of effectiveness and negative side effects. The distinct outcomes of these different approaches exemplify the need to understand why some individuals do or do not support specific approaches of helping. Attributions of factors such as controllability of the problem have been shown to predict help-giving behaviour (Weiner, 1980), which may illuminate some of the reasons particular approaches of helping are supported over others. The goal of the present study is to examine whether where one attributes responsibility for the problem and solution to drug addiction may predict support for particular addiction treatment methods.

To combat the prevalence of drug addiction in communities, a few different approaches have been implemented that target drug addiction in different ways. These approaches include the "discipline" approach, the "support group" approach, and the "harm reduction" approach. For the purpose of this study, the label "discipline approach" is used to describe solutions that encompass the abstinence-only approach to drugs, including the current "War on Drugs" methodology used in handling drug addiction. This approach's goal is to eradicate illegal drug use by promoting a zero tolerance, abstinence-only attitude toward illegal drugs, as well as implementing harsher punishments on those convicted of using, selling, and manufacturing illegal drugs. The support group approach includes the use of group therapy techniques, like Narcotics Anonymous (NA), that involve an addict regularly attending meetings with others who

have similar experiences and discussing their difficulties and progress with one another, while usually following a step-by-step program to help them overcome their addiction. Lastly, the harm reduction approach to treating drug addiction involves targeting and minimising the negative consequences surrounding illegal drug use, such as poverty or disease, while also promoting compassion and dignity with the treatment of drug users.

One of the ways in which these approaches differ in their efforts to curb the use of illegal drugs is where the responsibility is attributed for both the problem and solution to the drug addiction. Brickman et al. (1982) outlined four models of helping, each differing on 2 dimensions - where they attribute the responsibility for the problem (either on the individual or other), and where they attribute the responsibility for the solution (either on the individual or other). The attributions can play a vital role determining whether help will be given or refused. A meta-analysis conducted by Rudolph et al. (2004) found that where individuals attribute responsibility had a significant impact in predicting helping behavior. Attributions have also been found to predict support for types of help that are more or less empowering for the outgroup (Jackson & Esses, 2000; Nadler, 2002).

In the context of drug addiction in particular, the problem can be defined as the inability for the user to stop using drugs, while the solution can be defined as stopping the use of drugs. This study will be focusing on 3 of the 4 models of helping outlined by Brickman et al. (1982), each coinciding with a particular form of treating drug addiction.

The discipline approach is the most widely used approach in most parts of the world. A major component of this method is the "War on Drugs" mentality that many nations have adopted. In 1971, President of the United States Richard Nixon declared the "War on Drugs," naming illegal drug use and the distribution of illegal drugs public enemy number one in the

country (Payan, 2013). The War on Drugs is meant to be an all-out offensive on those that use the illegal drugs, as well as those that supply and manufacture the drugs. Strict punishments are administered with the intention to deter current and future drug users. Studies today have shown that this discipline approach to dealing with drug addiction has actually had immense negative impacts on many aspects of society, one of which being a increase of arrests and incarceration of non-violent drug offenders (Cotter et al., 2015). The discipline approach has also led to a surge in prominence of drug cartels around the world. Mexico and neighbouring South American countries have seen a drastic rise in power of drug cartels responsible for manufacturing and smuggling illegal drugs across border-lines. It is estimated that 164, 000 have been murdered in drug-related crimes in Mexico alone between 2007 and 2014 (Powell, 2014). In 2006, The National Drug Intelligence Center estimated that drug cartels from Mexico and Colombia generated between $8.3 and $24.9 billion in drug earnings from the United States (Cook, 2008).

The discipline approach would be categorized under Brickman et al.'s (1982) enlightenment model of helping. This model attributes the responsibility for the problem on the drug user and the responsibility for the solution on someone else. In other words, in this model of help, recipients are thought to need direction or 'enlightenment' from an authority. Although Brickman et al.'s (1984) article states that support group programs like Alcoholics/Narcotics Anonymous would be an example of this model of help, the current study's position is that the discipline approach more accurately represents the enlightenment model. The reasoning behind this is because in the discipline approach, the drug users are held responsible for why their problem of drug addiction exists. However, the drug users may not be seen as competent enough to solve the problem on their own, thereby requiring agencies with power, like law enforcement, to intervene in the situation by eliminating the supply of drugs around the user and administering

punishments to deter future use, thus requiring the drug users to submit to these agencies. Therefore, the responsibility for the solution is attributed not to the drug user, but the law enforcement agencies, while the problem remains associated with the drug user. The enlightenment model of helping would exemplify dependency oriented help (Nadler, 2002) because it provides the recipients with the complete solution, rather than granting them the ability to solve their own problems. The discipline approach does not empower the low status drug users to take action and change their own lives, but rather completely depends on the actions of the high status external group (i.e. law enforcement). This type of response perpetuates the dependency that the recipients have on the higher status group.

The support group approach offers some advantages over the other approaches. Unlike some other methods, support groups are very accessible to those in need. Because they require very little in terms of accommodation, they are easily implemented into communities. They also require minimal finances in order to operate, adding to the ease of availability. Support groups like Narcotics Anonymous (NA) have been shown to be effective in treating patients when used in addition with psychiatric treatment (Chappel, 1992). Support groups do have an effect on drug use within 6 months of completing the program, however there a significant decline in abstinence from drug use in those that completed the treatment after 1 or 2 years (Alford et al., 1991), demonstrating the high recidivism rates associated with this approach. The high recidivism rates may in part be due to the approach's sole reliance on the drug user to maintain the regiment and regularly attend meetings. Therefore, this approach attributes the responsibility for the solution on the drug user. Moreover, support groups such as NA consist of step-by-step programs designed to help the drug user come to terms and cope with their drug use problem, thus attributing the responsibility for the problem on the drug user. Attributing the responsibility

for both the problem and solution on the drug user reflects Brickman et al.'s (1982) moral model of helping. As mentioned previously, Brickman et al. (1982) views support groups such as NA as reflecting the enlightenment model, due to how support groups will often look to religious higher powers as responsible for their solutions. Contrarily, this study attributes the responsibility to the drug user due to the rising separation of religiousness from the programs in the group therapies, and the push for more secular programs over the past few decades (Ellis & Schoenfeld, 1990).

The harm reduction approach to treating drug addiction can be viewed as an alternative method to dealing with negative consequences that arise from drug use. The aim of harm reduction is to reduce the negative impacts that surround drug use, while also treating drug users with respect and compassion. One example of a harm reduction method that is commonly utilized is needle exchange programs. These programs are meant to provide drug users who use needles to inject drugs with clean needles, and allow them to safely dispose of the used ones. It is estimated that in 2013, 1.65 million problem drug users that injected their drugs were living with HIV (United Nations Office on Drugs and Crime, 2015). By increasing the accessibility of clean needles, the probability of drug users contracting or passing on blood-borne diseases such as HIV are lowered, reducing the overall prevalence of the illness in the community (Hurley et al., 1997). The city of Vancouver, Canada has one such program in place. In 1996, about 40% of the city's drug users reported sharing needles, but by 2011, that figure dropped to 1.7% due to the availability of clean needles (Hyshka et al., 2012). Some reservations surrounding the possible implementation of such programs may be that they could increase the rate of injecting drugs. However, research has shown that existence of needle exchange programs is not associated with increases in injection use and does not encourage non-injection drug users to begin using injections (Guydish et al., 1993).

In addition to providing clean needles, some communities have also established safe-injection sites. These sites are designed to provide drug users with a safe and hygienic place to use the drugs, while also providing clean utensils and supervised medical care. Countries that have implemented this form of harm reduction reported significant reductions in needle sharing and death from drug overdoses, as well as increased enrollment to addiction treatment therapies (Logan & Marlatt, 2010). Opioid replacement strategies, such as methadone, can also be used in these settings. Methadone offers a clean and controlled alternative to other opioids that would have otherwise been obtained illegally. Using methadone, in conjunction with counselling, has been shown to aid in patient's becoming sober and transitioning to a drug-free lifestyle (Potik, 2007).

The harm reduction approach attributes the responsibility for the problem on external factors, and the responsibility for the final solution on the drug user, representing the compensatory model of helping. The approach hopes that the reduction of the harmful consequences will promote a greater opportunity for sobriety to be achieved by the drug user. The main goal of the approach is to eliminate the societal implications that arise from drug use. The focus on ending the drug addiction itself becomes secondary to reducing the negative effects that stem from the addiction. This approach holds societal factors mainly responsible for the reason the drug users are unable to achieve sobriety. By eliminating barriers such as blood-borne diseases (through needle exchange programs) and the need to spend money on illegal drugs (through opioid replacement strategies), drug users become more equipped to deal with their addiction and find the appropriate help if needed. This method does not aim to directly end the addiction, but instead empower the drug user so they may be able to find a solution to the problem. Therefore, this model of helping can also be considered autonomy oriented helping

because it empowers the drug users to seek sobriety by removing the obstacles that would hinder their ability to conquer their addiction (Nadler, 2002).

The current study used survey questionnaires in order to gauge support for each of the approaches of treating drug addiction, as well as where the participants attribute the responsibility for the problem and solution to drug addiction. Due to the aforementioned relationships between Brickman et al.'s models of helping and the different approaches of drug addiction treatment, it is hypothesized that 1) attributing the responsibility for the problem but not the solution on the drug user will predict greater support for the discipline approach of treating addiction, 2) attributing the responsibility for the problem and solution on the drug user will predict greater support for the support group approach, 3) attributing the responsibility for the solution but not the problem on the drug user will predict greater support for the harm reduction approach.

Method

Participants

Participants consisted of 96 undergraduate students enrolled in Psychology 1000 and 2000 level courses at a Canadian University. Twenty-seven participants were male and 69 were female. Ninety-five percent of participants were between the ages of 18-24. Participants were recruited from a survey website dedicated to research participation at the host university and were able to receive up to 2.5% bonus marks for completing a related assignment. Participants were free to withdraw at any time from the study and still receive credit for the written assignment. All interested students were eligible to take part in the study.

Materials

Information on drug treatment methods. Participants read a brief summary of the harm reduction, discipline, and support group approaches and the associated goals as they pertain to treating drug use (see Appendix A). This article includes the examples of methadone clinics and needles exchange programs to explain the harm reduction approach, as well Narcotics Anonymous as an example of a support group. This material was created specifically for the present study.

Support for drug treatment methods. After each explanation of the approaches, participants are asked "Do you support the use of the [drug treatment approach]?" to which they would answer using a 7 point scale from -3 (Definitely NO) to +3 (Definitely YES).

Addiction treatment method questionnaire. This questionnaire, created specifically for this research, consists of 12-items designed to measure the participant's level of support of the harm reduction, discipline, or support group approaches (see Appendix B). Participants respond to each statement using a 7 point Likert-style scale with response options ranging from 1 (Strongly disagree) to 7 (Strongly agree). Statements on this scale include "Using government funds to finance the needle exchange program is a misuse of taxpayer money," and "The needle exchange program will have a positive effect on the community as a whole." Items 1-4 are in reference to harm reduction, items 5-8 are in reference to discipline, and items 9-12 are in reference to support groups. Additionally, items 2, 3, 7, 8, 10 and 12 are scored in reverse to control for acquiescence. The score for the participant's level of support of the three drug treatment methods is calculated by averaging the scores for each of the items relating to each approach, including the corresponding item regarding support for the treatment approach in the Support for Drug Treatment Methods questionnaire. Reliability analysis conducted on this

measure revealed a Cronbach's α = .82 for Harm Reduction, α = .71 for Discipline, and α = .64

for Support Group.

Attribution of responsibility for problem and solution questionnaire. This

questionnaire, created specifically for this research, consists of 8-items designed to measure the

dimensions of attributing responsibility for the problem and solution to the individual or to

external factors (see Appendix C). Each item is a statement that the participant responds to using

a 7 point Likert-style scale with response options ranging from 1 (Strongly disagree) to 7

(Strongly agree). Items include statements such as "Drug users are capable of solving their

problems on their own," and "It is important to help drug users with the issues they are dealing

with." Items 1 and 6 pertain to attributing responsibility of the problem to the individual. Items 4

and 7 pertain to attributing responsibility of the problem to external factors. Items 2 and 3 pertain

to attributing responsibility of the solution to the individual. Lastly, items 5 and 8 pertain to

attributing responsibility of the solution to something external. Scores are calculated by

averaging the items that pertain to each particular attribution. Reliability analysis conducted on

this measure revealed a Cronbach's α = .74 for the attribution of the problem, and α = .64 for

attribution of the solution.

Procedure

Participants for this study were recruited through a posting on a website dedicated to

research participation for psychology students at the host university. Participants were then able

to choose a timeslot when the survey would be made available to them through a link to the

Qualtrics survey website. Because the survey was online, participants were able to complete the

survey wherever they chose, on a computer or mobile device. Before beginning the survey,

participants were asked to read the information page. They were then able to continue to the

survey by pressing a button acknowledging that they have read the information and agreed to participate in the study. Participants first read and answered the Information on Drug Treatment Methods to ensure they have a base knowledge on what each of the drug treatment methods are. Participants were then presented with the Addiction Treatment Method questionnaire, followed by the Attribution of Responsibility for Problem and Solution questionnaire. Lastly, participants were asked their sex and age range. After completing all the questionnaires, participants were shown the Research Feedback form, where they were debriefed on the hypotheses of the study and thanked for their participation. They were eligible to complete an assignment that would grant them a bonus course credit.

Results

Frequencies were conducted on the variables to identify possible errors in input (none were identified). Of the original 108 participants, 12 were eliminated due to lack of responses, leaving 96 participants (27 male, 69 female) in total, with 95% falling in the age range of 18-24. A principle component analysis using varimax rotation conducted on the harm reduction, discipline, and support group items revealed that responses to the three types of helping did differentiate, with 3 factors extracted with eigenvalues over 1. Items loaded on the expected facts at .40 or better. A principal components analysis using varimax rotation conducted on the items pertaining to the attribution of responsibility revealed a single factor solution, meaning the variables Responsibility for the Problem and Responsibility for the Solution are part of the same factor.

Reliability analyses were conducted on the 5 measures. The Harm Reduction Support scale, which consisted of the 5 items pertaining to harm reduction, revealed a Cronbach's α = .82. A new variable called Harm ($M = 4.54$, $SD = 1.19$) was created by averaging the scores on

the 5 items. The Discipline support scale, which consisted of 5 items pertaining to the discipline approach, revealed a Cronbach's α = .68. By eliminating one item from this scale, the Cronbach's α increased to .71. A new variable called Discipline ($M = 3.92$, $SD = 1.17$) was created by averaging the scores on the 4 items. The Support Group scale, which consisted of 5 items pertaining to support groups, revealed a Cronbach's α = .59. By eliminating one item from this scale, the Cronbach's α increased to .64. A new variable called Support Group ($M = 5.20$, $SD = 0.91$) was created by averaging the scores on the 4 items. The Responsibility for the Problem scale, which consisted of 4 items, revealed a Cronbach's α = .74. A new variable called Problem ($M = 3.28$, $SD = 1.09$) was created by averaging the scores on the 4 items. The Responsibility for the Solution scale, which consisted of 4 items, revealed a Cronbach's α = .64. A new variable called Solution ($M = 2.73$, $SD = 0.91$) was created by averaging the scores on the 4 items.

A one-factor Repeated Measures ANOVA conducted on participants' levels of support for the drug treatment approaches revealed a statistically significant difference in means, $F (2, 190) = 28.63$, $p < .001$. The support group approach ($M = 5.20$, $SD = 0.91$) was the most highly supported treatment method, followed by the harm reduction approach ($M = 4.54$, $SD = 1.19$), and lastly the discipline approach ($M = 3.92$, $SD = 1.17$). All individual mean comparisons were significant at $p < .05$ or better using the Bonferroni technique for mean comparisons.

A correlational analysis was conducted on the variables Harm, Discipline, Support Group, Problem, and Solution. Refer to Table 1 for correlations. There was a strong positive correlation between the variables Problem and Solution, $r (94) = .71$, $p < .001$. Due to the inability to differentiate between the variables Problem and Solution, the hypotheses for this study were not supported. The results showed that attributing the responsibility of the problem

Table 1
Descriptive Statistics for and Correlations among Measures Used in the Study

	Problem	Solution	Harm	Discipline	Support Group
Problem	3.28 (1.09)	.71**	-.49**	.54**	-.39**
Solution		2.73 (0.91)	-.42**	.39**	-.46**
Harm			4.54 (1.19)	-.51**	.39**
Discipline				3.92 (1.17)	-.19
Support Group					5.20 (0.91)

Note. Numbers on the diagonal are Means and Standard Deviations. Numbers in parentheses are standard deviations. ** $p < .01$

and solution on external factors predicted support for both the harm reduction and support group approach, while attributing the responsibility on the user predicted support for the discipline approach.

Discussion

One of the most notable findings from the results of this study was the lack of support for Brickman et al.'s (1982) models of attributions. It was found that participants did not distinguish between the responsibility for the problem and responsibility for the solution. Both of these variables were shown to reflect a single factor. The responsibility for the problem and solution also had a strong positive correlation, further demonstrating how tightly intertwined these two variables are. The results also demonstrated significant differences in the overall levels of support for each of the drug treatment approaches. The support group approach was revealed to have significantly higher levels of support than the two other approaches, followed by the harm reduction approach, and lastly the discipline approach.

Due to the inability to differentiate between the attribution of responsibility variables for problem and solution, the hypotheses for this study were not supported. Rather than reflecting Brickman et al.'s (1982) attribution models, the results were more in line with the attributional theory of interpersonal behavior put forth by Weiner (2012). As opposed to Brickman et al.'s (1982) model in which responsibility for the problem and solution were seen as separate variables that could be attributed to two different places, Weiner's (2012) model does not differentiate between the problem and solution, and instead focuses on whether the stigmatized person in need of help (i.e. the drug user) is viewed as responsible for their problem. If the drug user is seen as responsible for their problem, this would illicit feelings of anger, thus resulting in the behavioral reaction of neglect or unwillingness to help the drug user. If the drug user is not

considered responsible for the problem, this would illicit feelings of sympathy that promote prosocial behaviour such as helping. This theory is reflected in the correlations found between where the responsibility was attributed and the approaches to addiction treatment. Both the harm reduction and support group approaches were found have a moderate positive correlation with attributing responsibility to external sources, which Wiener (2012) would associate with willingness to provide help. This is in line the harm reduction and support group approaches' primary goal of helping those with drug addiction. Support for the discipline approach correlated with attributing responsibility to the drug user, which reflects the unwillingness of directly helping the individual that accompanies the discipline approach.

The original hypotheses for this study relied heavily on the logical connection between where one attributes responsibility for the problems and solutions to drug addiction and the type of response endorsed. However, due to the support found for Wiener's (2012) model of attributions, it may be that emotions play a much more prevalent role in the decision-making process. This would be consistent with prior research that has found that those with more negative attitudes towards drug users are more likely to oppose the implementation of policies aimed at helping them (Barry et al., 2014).

Analysis of the overall support for each of the drug addiction treatment approaches revealed significant differences between the three approaches. The discipline approach was found to be the least supported method. This finding could possibly highlight a shift in public opinion on drug treatment approaches, with greater support being given to the more humanistic approaches such as harm reduction methods and support groups, and less to the discipline approach, which relies heavily on punishments and fear of prosecution to deter illegal drug use. Another possible explanation of this finding could be related to the participant demographic for

this study. Because the participants consisted solely of university students, the level of education may play a role in their attitudes toward drug addiction. Previous research has shown that individuals with a college education, or a higher level of education associated with drug addiction, are more likely to support the idea that recovery from drug addiction is only likely if the drug user seeks help from others, such as experts and trained professionals (Broadus et al., 2010). This may explain the high levels of support of approaches that rely on drug users getting help from others around them.

As previously mentioned, a limitation of this study was a lack of diversity in the demographics of the participants. The participants mostly consisted of young adults between the ages of 18 and 24, all of which were university students. This could be a potential source of bias, especially when trying to generalize the results to the general public. Given the time and resources, it may have been more beneficial to obtain a sample of ranging ages, as well as education levels, to examine possible relations between these variables. Another possible limitation of the study was the online delivery of the survey. Participants could potentially respond without fully reading the statements in order to skip ahead to the assignment that would grant them bonus credits in their psychology course. Reversing some of the items on the questionnaires made finding participants who did not fully read questions before answering easier by ensuring scores given to specific items logically related to one another. Moreover, because the participants were students enrolled in a psychology class, they may have had greater appreciation and interest in completing the survey as intended. Lastly, because of the correlational nature of this study, causation cannot be inferred. Although the correlations have been interpreted as suggesting that attributions shape helping, it is also possible that a third variable such as the amount education on the topics may shape people's stance on both variables.

If one were informed on the biological nature of drug addiction, it may influence them to see the drug user as being unable to control their problem, thus attributing responsibility elsewhere. Additionally, if one was familiar with the proven results of each of the treatment approaches, if may influence them to show greater support for methods that have been empirically proven to be effective in reducing drug addiction and its consequences.

Research in the field of drug addiction can be incredibly beneficial for the betterment of society as a whole. The particular area of research the present study is focused on can help illuminate how the general public feels towards certain programs designed to tackle drug addiction, as well as research into how the drug users are perceived by those individuals. This research has potential in indentifying the most correct and effective means of introducing drug addiction treatment methods into communities in order to receive the support needed from the public, as opposed to backlash that could hinder the full implementation of the treatment method. Research in this area may also be able to determine the most effective methods of educating the public on these treatment approaches, as education on these matters can influence support of more empirically proven methods of treating drug addiction, like harm reduction approaches for instance (Broadus et al., 2010).

There are many directions to take future research in this area. Certain variables could potentially be worth examining in conjunction with attitudes towards particular drug treatment programs. Because Weiner's (2012) model was supported in this study, examining how one emotionally feels toward drug users may yield interesting results. The attributional model suggested that feelings of anger would lead to not wanting to help, while sympathetic feelings would. This may be worth assessing in order to seek further confirmation of Wiener's (2012) attributional model. In addition, personal experience with drug addiction (either in a loved one or

in the individual them self) has been shown to affect attitudes towards drug users and harm reduction approaches by increasing support of the programs and sympathizing with those afflicted (Barral et al., 2015). This may be found to be a mitigating variable in determining support for certain approaches. Other variables that may be worth examining are age, socioeconomic status, education level, social dominance orientation (Sidanius & Pratto, 1999), and religiosity. The present study was unable to obtain a diverse age range of participants, so there may be effects of this variable that could not be assessed with the current sample. Social dominance orientation and religiosity could potentially lead to an individual believing that a drug user is responsible for their own doing, which could hypothetically lead to less willingness to help the stigmatized group. Examining these variables more closely may contribute to interesting discoveries in this area.

To conclude, although the original attributional model that the hypotheses were based on was not supported in this context, there were still some significant findings from this study. Attributions of responsibility were found to not differentiate between problem and solution, but rather are viewed as one and the same by individuals. This showed support for Wiener's (2012) attributional theory that posits that it is perceived responsibility of the problem that will predict helping behaviours for the drug users. While most research focuses on the effectiveness of the drug treatment programs, the goal of this study was to determine why individuals support certain drug treatment programs over others. This type of research can pave the way for effective addiction treatment programs being successfully implemented in communities, and lead to a reduction in the overall prevalence of illegal drug use and all the negative repercussions that accompany it.

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Appendix A

Information on Drug Treatment Approaches

The Discipline Approach

The traditional approach to dealing with illicit drug use is the discipline approach, whereby the main goal is to eradicate illegal drugs by attacking the supply and arresting and punishing illegal drug users. This approach relies heavily on law enforcement agencies being able to effectively limit the production or importation of illegal drugs, as well being able to discourage further drug use in the community. There is also a heavy reliance on the assumption that those who are punished for using drugs will not continue the behaviour.

Do you support the use of the discipline approach? Please circle the number that best reflects your opinion:

Definitely NO   -3   -2   -1   0   +1   +2   +3   Definitely YES

The Support Group Approach

Another common approach to dealing with drug addiction is the use of support groups. Support groups like Alcoholics Anonymous and Narcotics Anonymous exist for many forms of addiction including gambling and sex addiction. The goal of these groups is to help the user accept that he or she is an addict and to move past that realization to achieve a healthy lifestyle. This method utilizes a group setting of individuals who are going through similar circumstances, to facilitate conversation so they may relate to one another in a judgement free setting. Some of these support groups have religious backgrounds to them, while others are more secular to appeal to those who may not be as religious.

Do you support the use of the support group approach? Please circle the number that best reflects your opinion:

Definitely NO   -3   -2   -1   0   +1   +2   +3   Definitely YES

The Harm Reduction Approach

A third approach to dealing with drug addiction is known as the harm reduction approach. Harm reduction is defined as an approach to treating the negative effects associated with drug use. The harm reduction approach does not aim to punish the users of drugs, but to

lessen the negative consequences surrounding drug use that affect both the user and the community. One form of harm reduction is methadone clinics. Methadone is used as an opioid substitute treatment. The goal of this treatment method is to replace the illegal drug that the user is currently using with methadone. Because methadone can be carefully administered in clean facilities, the users will no longer have to use their drugs in the street and other dangerous places. Similar to methadone clinics, some countries have implemented the use of safe injection sites that are designed to provide the user with a safe and hygienic place to use drugs. Another example of a harm reduction approach is the needle exchange program. This is a program in which drug users who use needles are able to deposit their used needles into a secure deposit box, and be given brand new, clean needles to use, without being arrested or questioned for the usage. The goal of this approach is to decrease the prevalence of diseases and viruses that can be passed through the use of contaminated needles.

Do you support the use of the harm reduction approach? Please circle the number that best reflects your opinion:

Definitely NO   -3   -2   -1   0   +1   +2   +3   Definitely YES

Appendix B

Addiction Treatment Method Questionnaire

The statements below are in reference to implementing a government-funded needle exchange program in local pharmacies in various places around the community. You will probably agree with some and disagree with others. Please rate how much you agree or disagree with the statements by using the following scale:

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

_____1. Implementing a needle exchange program is a good idea.

_____2. Using government funds to finance the needle exchange program is a misuse of taxpayer money.*

_____3. Supplying drug users with the tools needed to do drugs is a mistake.*

_____4. The needle exchange program will have a positive effect on the community as a whole.

_____5. There should be serious legal consequences for everyone who uses drugs.

_____6. The government should focus on spending money to stop the supply of drugs.

_____7. Putting drug users in jail will not help their drug addiction.*

_____8. Attacking the supply of drugs is a fruitless effort.*

_____9. Using support groups will most likely yield the best results for the drug user.

_____10. Support groups are more than likely to end in the drug user relapsing.*

_____11. Support groups should be considered the main method of treating drug addiction.

_____12. Government resources should not be spent on creating support groups.*

*items are scored in reverse

Appendix C

Attribution of Responsibility for Problem and Solution Questionnaire

Please rate the following statements by using the following scale.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

_____1. Drug users' troubles are their own making.

_____2. Drug users are capable of solving their problems on their own.

_____3. Drug users are ultimately responsible for their own fate.

_____4. Addiction is usually caused by things that are outside of the control of the addicted person.

_____5. It is important to help drug users with the issues they are dealing with.

_____6. Most of a drug users' problems are their own doing.

_____7. Societal factors play a big role in the problems some drug users face.

_____8. Drug users should seek help from others when facing a dilemma.