

## **I. METHODOLOGY**

**the polling company™, inc.** is pleased to present to the Drug Policy Alliance of New Jersey the results of a telephone survey of 600 likely voters in New Jersey. The survey was fielded from November 29-December 2, 2003, with computer-assisted telephone interview (CATI) technology at a supervised data collection center.

Once a household was selected for participation, a trained interviewer asked to speak with a person over the age of 18. After determining that the participant was 18 or older, registered to vote in New Jersey, and otherwise eligible to participate, the interviewer began administering the survey.

Interviewers administered the same survey to each participant. Rotational patterns were employed to ensure that responses were not influenced by the order of either the answer categories or the questions. Sampling controls were used to ensure that a proportional and representative number of people were interviewed from key demographic groups, such as age, race and ethnicity, gender, and county.

Additional safeguards were employed to guarantee that respondents were more likely to vote in elections than the average registered voter and yielded a sample of mostly high to medium propensity voters. The original survey instrument was drafted by **the polling company™, inc.** specifically for this project.

The margin of error for the survey is calculated at  $\pm 3.6\%$  at the 95% confidence level, meaning, that the results obtained would differ by no more than 3.6 percentage points in either direction in roughly 19 out of 20 cases had the entire population statewide been surveyed. The margin of error increases when specific subgroups of the population are considered separately.

## **II. INTRODUCTION**

The facts and figures surrounding drug use and the spread of HIV/AIDS and Hepatitis C in New Jersey are staggering:

- The 5<sup>th</sup> highest rate of adult HIV
- The 3<sup>rd</sup> highest rate of pediatric HIV
- The highest rate of women infected with HIV in the nation
- Injection drug use accounts for 46% of all HIV infections
- More the 22,000 children have lost at least one parent to AIDS
- 60% of Hepatitis C cases are a result of injection drug use

### **III. KEY FINDINGS**

**Changing the categorization: treatment, not punishment.** New Jersey voters overwhelmingly view drug abuse as a public health problem (60%), with drug abusers needing treatment (79%) from hospitals (83%) rather than punishment (10%) with jail time (7%).

**Needle exchange programs win approval.** A plurality (35%) of New Jersey voters have a “mostly positive” opinion of needle exchange programs, with 30% offering a “neutral” or “no opinion” and less than one-quarter (24%) having a “mostly negative” opinion. More than half of New Jersey voters (56%) support a needle exchange program in the state, while 37% oppose this type of program.

**Knowledge is power.** After learning numerous facts regarding drug abuse, support among voters for needle exchange programs skyrockets. Each of the following facts were read to voters, and the corresponding percentage of those who said they would then be “more likely” to support the programs follow.

- A clean needle costs 7 cents, while the costs of treating someone with AIDS is \$195,000 and the cost of treating someone with Hepatitis C is \$100,000 58% more likely
- Needle exchange programs prevent the spread of diseases like HIV/AIDS and Hepatitis C 57% more likely
- Injection drug use accounts for 60% of Hepatitis C cases in New Jersey 55% more likely
- Needle exchange programs offer a bridge to drug treatment and social services 53% more likely
- Injection drug use accounts for 50% of all HIV infections in New Jersey 51% more likely

The more voters know, the more they believe drug abuse is an important situation in New Jersey that needs a change in the law, a change in the funding, and a change in the category that people assign to drug abuse within the state. Facts and figures should be repeated at every opportunity and incorporated into all forms of communication to all interested audiences, including lobbying to government officials, outreach to the grassroots, media dissemination, clergy, treatment specialists, and community activists.

**Preparing for Elections.** Voters were asked that if they had no other information about a candidate, would they support an individual who would allow needle exchange programs. Almost half, 49%, would be more likely to vote for such a candidate, while 20% report that the knowledge would make “no difference.”

## **IV. COMPREHENSIVE REPORT AND ANALYSIS**

### **A. Drug Use and Abuse: Taking Responsibility**

Three separate survey questions revealed the decisiveness with which voters in New Jersey categorize drug abuse and addiction. By an 8-to-1 margin, voters say that drug abusers are in need of treatment (79%) rather than punishment (10%). In a separate but related question, people are twice as likely to deem the issue of drug abuse as a public health problem (60%) than a criminal justice problem (28%). Finally, a staggering 83% report that a hospital or treatment center is better suited to help drug abusers manage and cure their addictions than a jail or criminal facility (7%).

- ❖ Tri-partisan support for treatment versus punishment is found among both self-identified and registered Republicans, Democrats, and Independents.

	<b>In your opinion, are people who are abusing drugs more in need of punishment or treatment?</b>	
	<b>PUNISHMENT</b>	<b>TREATMENT</b>
Registered Republicans	13%	<b>78%</b>
Registered Democrats	8%	<b>81%</b>
Registered Independents/Unaffiliated	10%	<b>78%</b>
Self-identified Republicans	15%	<b>73%</b>
Self-identified Democrats	7%	<b>85%</b>
Self-identified Independents	6%	<b>78%</b>

- ❖ Demographic groups most likely to champion treatment over punishment include self-identified liberals (92%), those who have friends that are using drugs (88%), Union County residents (88%), women over the age of 55 (88%) and Jewish voters (86%).
- ❖ Parents were more likely than non-parents to believe drug users deserve treatment rather than punishment (83% versus 71%).
- ❖ Voters most likely to favor hospital care than prison time for treatment are Black men (91%), White women (91%), unmarried women (90%), 18-34 year olds (90%), and Hudson County residents (90%).

- ❖ Groups most likely to deem drug abuse as a public health problem rather than a criminal justice conundrum are Jewish voters (72%), Protestants (69%), those earning \$50,000 - \$70,000 (68%), and Middlesex County residents (68%).
- ❖ As education levels increase, so to does support for drug abuse as a public health issue (less than high school, 47%; high school graduate, 50%, some college, 57%; college graduate, 67%; post graduate, 71%).

## **B. Needle Exchange**

### **1. Positive Reception in the Garden State**

New Jersey voters are not widely split on the issue of needle exchange, and there exists more support than opposition to such programs. When asked “Do you have a mostly positive, mostly negative, or neutral or no opinion of needle exchange programs?” more than one-third (35%) have a “mostly positive” opinion, nearly one-quarter (24%) report a “mostly negative” view, and an additional 30% stake out the middle saying they are “neutral” or have “no opinion.”

- ❖ Groups most likely to have a positive opinion of needle exchange programs are Jewish voters (52%), self-identified liberals (50%), Middlesex County residents (49%), have friends who use syringes (49%), Black men (48%), Hudson County residents, (48%), and Hispanics (47%).

Voters were then asked, “Do you agree or disagree with offering drug users access to clean needles to prevent the spread of HIV and Hepatitis C?” Most agreed, and with notable intensity, (61% agreed, 41% strongly, 20% somewhat). Their support was twice that of those who disagreed (30% disagreed - 9% somewhat, 21% strongly).

Regardless of their response, all voters were queried, in an open-ended fashion, why they answered the way they did to the previous question of agreeing or disagreeing with offering drug users access to clean needles to prevent the spread of HIV and Hepatitis C. The most powerful argument for access to needles is to prevent the spread of disease, while the strongest argument against is the fear that it will encourage more drug users to use needles.

<b><i>Agree (Strongly or Somewhat) (N=368)</i></b>		<b><i>Disagree (Strongly or Somewhat) (N=181)</i></b>	
75%	It prevents the spread of diseases	70%	It will encourage drug users to use needles
14%	If you are unable to stop drug abuse, at least make it safer	3%	It prevents the spread of diseases
4%	It will encourage drug users to use needles	2%	If you are unable to stop drug abuse, at least make it safer
1%	It will reduce the costs of drug abuse	1%	It will reduce the costs of drug abuse
6%	Other	16%	Other
4%	Don't know/Refused	9%	Don't know/Refused

## 2. Opting to Exchange Rather Than Sell

A majority of voters (56%) support a needle exchange program that would allow drug users to present old needles and receive sterile replacements. The intensity is high, with one-third (33%) of respondents strongly supporting such a measure. Opposition stands at 37% (27% strongly, 10% somewhat).

Groups most likely to support exchange programs in New Jersey include:

- those who have a positive opinion of such programs 87%
- Hispanics 77%
- those who have friends who use drugs 67%
- registered Democrats 66%
- self-identified liberals 66%
- believe New Jersey spends too little on drug treatment 66%
- Morris County residents 65%

## 3. The Impact of Knowledge

Respondents were asked two questions, each offering a different piece of information to assess the impact, if any, it had on their opinion of needle exchange programs. As the nearby chart illustrates, *the responses to both questions showed dramatic movement toward a more favorable view of needle exchange programs.* In the first question, which states that medical studies have shown needle exchange programs prevent the spread of diseases, voters are more likely to support such programs by a 4:1 ratio. In the second question, a similar 3.5:1 ratio emerged among those voters who are more likely to support needle exchange programs after learning exchange programs offer a bridge to treatment versus those who disagree.

QUESTION	Knowing this, are you more or less likely to support allowing needle exchange programs or does it make no difference?						
	MORE LIKELY			LESS LIKELY			NO DIFFERENCE
	NET	MUCH	SOME WHAT	NET	MUCH	SOME WHAT	
Q 20: Medical studies have shown that offering needle exchange programs to drug users does not increase drug use, but helps prevent the spread of diseases like HIV/AIDS and Hepatitis C.	57%	36%	21%	14%	12%	2%	27%
Q 21: Studies have shown that needle exchange programs offer a bridge to drug treatment and other social services for injection drug users.	53%	20%	33%	15%	12%	3%	28%

- ❖ The first statement (HIV/AIDS and Hepatitis C) appeals most to women 18-34 years old (81%), Hispanics (77%), Hudson County residents (73%), Morris County residents (72%), and Ocean County residents (72%).
- ❖ The second statement (“Studies with treatment and social services”) resonates most with those who have friends who use syringes (70%), Jewish voters (69%), those who have coworkers using syringes (66%), Hudson County residents (64%), Union County residents (64%), and those with friends who use drugs (64%).

***The “intractables” become the “persuadables.”*** Of those who previously stated they opposed a needle exchange program in New Jersey, 25% are actually more likely to support such a program after learning that it does not increase drug use, but helps prevent the spread of diseases like HIV/AIDS and Hepatitis C. Further 22% are more likely to support upon hearing that such programs offer a bridge to drug treatment and other social services.

***Cost captures their eye.*** The comparable costs between supplying a clean needle and treatment of AIDS and Hepatitis C are the strongest arguments for needle exchange or non-prescription sale programs. Voters were asked three questions to gauge their support of legislation that offers clean syringes.

In all three instances, a majority of voters say they are more likely to support legislation that offers clean syringes if it were to reduce HIV and Hepatitis C infection rates, save money comparable to the costs of treating such patients, and based on the staggering statistics of infection rates in New Jersey.

QUESTION	Would you be more or less likely to support legislation that offers clean syringes ... or would it make no difference?						
	MORE LIKELY			LESS LIKELY			NO DIFFERENCE
	NET	SOME WHAT	MUCH	NET	SOME WHAT	MUCH	
Q 22: If you were to learn that injection drug use accounts for 50% of all HIV infections in New Jersey...	<b>51%</b>	19%	32%	<b>16%</b>	3%	13%	<b>30%</b>
Q 23: And if you were to also learn that 60% of Hepatitis C cases in New Jersey were a result of injection drug use...	<b>55%</b>	20%	35%	<b>15%</b>	3%	2%	<b>27%</b>
Q 24: A clean needle costs about 7 cents, while the cost to treat someone with AIDS is about \$195,000 and the cost of treating someone with Hepatitis C is \$100,000.	<b>58%</b>	20%	38%	<b>14%</b>	1%	13%	<b>23%</b>

- ❖ **Those most likely to be swayed by rising HIV infections** are Hudson County residents (67%), Morris County residents (65%), Hispanics (65%), women 18-34 years old (65%), Jewish voters (62%), self-identified liberals (62%), and registered Democrats (62%, especially those younger than 45 years old 71%).
- ❖ **Reducing Hepatitis C cases influences** Black men (70%), Union County residents (67%), registered and self-identified Democrats 45 years old or older (67%), Jewish voters (66%), registered Democrats (66%), Hudson County residents (65%), Morris County residents (65%), and Hispanics (65%).
- ❖ **Cost counts most to** Morris County residents (72%), 18-34 year olds (69%, especially women 79%), Jewish voters (69%), those who have friends who use syringes (69%), self-identified and registered Democrats 45 years old or older (68% and 67% respectively), and those who have coworkers that use syringes (66%).

### **C. Political Currency**

The “electoral effect” of needle exchange programs was tested in that voters were asked whether a particular candidate’s position on the issue might make them more likely or less likely to support such a candidate. Voters were also invited to respond that it would make “no difference” to them.

Nearly a majority (49%) of voters say that they would return the favor to a politician who supported needle exchange programs; 27% would be less likely. This suggests that precious political currency might be realized by candidates who give voice, visibility, and votes to needle exchange programs.

#### **Question**

If this was the only thing you knew about a candidate, would it make you more or less likely to vote for him or her, or would it make no difference?

Allowed for needle exchange programs

<b>49%</b>	<b><u>MORE LIKELY (NET)</u></b>
28%	MUCH MORE LIKELY
21%	SOMEWHAT MORE LIKELY
<b>27%</b>	<b><u>LESS LIKELY (NET)</u></b>
9%	SOMEWHAT LESS LIKELY
18%	MUCH LESS LIKELY
20%	NO DIFFERENCE
4%	DEPENDS/DON'T KNOW (VOLUNTEERED)
1%	REFUSED (VOLUNTEERED)

- ❖ Those voter groups most likely to vote for a candidate that supports needle exchange include: liberals (67%), Union County residents (63%), Jewish voters, (62%), White women (61%), 18-34 year olds (58%), self-identified Democrats (57%, especially those over the age of 45 58%), Black men (57%), registered Democrats (57%, especially those under the age of 45 60%), unmarried women (56%), women 55 years old and older (56%), and Middlesex County residents (55%).

## **V. CONCLUSION**

***Redefining the Issue.*** Voters believe that drugs are predominantly a public health problem, and that people who use drugs are in need of treatment rather than punishment, and require care at the hospital more than time in prison.

***Needle Exchange is a Good Sell.*** New Jersey voters favor needle exchange programs and agree that such actions will help prevent the spread of infectious diseases. Their support grows in intensity after learning that exchange programs do not increase drug use, offer a bridge to treatment, lower the disease rates, and save money by reducing the number of people who need to be treated for AIDS or Hepatitis C.

***Candidates who Support Needle Exchange are Rewarded by Voters.*** Based on this position alone, 49% of voters are more likely to support a needle exchange proponent, and only 20% of the electorate said it would not move them one way or the other.

## **VI. POSTSCRIPT: JUNE 2004**

On June 2, 2004, the Atlantic City City Council voted 6 to 1 to give preliminary approval for a measure that allows drug users to exchange used needles for clean ones at mobile drug clinics located throughout the city. A final vote on the issue has been proposed for June 16. A 1999 revision in the Criminal Code of New Jersey states that "governmental entities" are exempt from the ban on possessing and distributing needles. Atlantic City is therefore arguing that because they are a governmental entity they have the right to implement needle-exchange programs.

Assemblywomen Loretta Weinberg (D- District 37) has sponsored New Jersey State bill No. 807, removing the legal barriers to sterile syringes and hypodermic needles to prevent spread of blood-borne diseases. The bill would allow the sale of syringes and hypodermic needles, without a prescription, in licensed pharmacies to anyone over the age of 18, and clear the way for syringe exchange programs. Further, New Jersey State Senator Nia Gill (Democrat, District 34) has also filed a bill, (S1623) which would clarify that municipalities may establish sterile syringe access programs. Assemblywoman Weinberg has introduced a companion bill, A2981 in the Assembly. Senator Gill, on the matter of allowing individual municipalities to govern on the issue, states: "This is a health issue. If a municipality feels conditions have reached epidemic proportions, they should be allowed to do needle exchange."<sup>1</sup>

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<sup>1</sup> ("Needle Exchange in New Jersey? Atlantic City Says Yes, Attorney General Says No" [www.stophedruggwar.com](http://www.stophedruggwar.com), May 21, 2004)