

DIFFERING ATTITUDES TOWARDS HARM REDUCTION AMONGST SOCIAL WORK PROFESSIONALS IN THREE GEOGRAPHICAL AREAS IN SWEDEN

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Background:

Social work professionals (SWPs) are primary institutional contacts for people who use drugs. Their attitudes towards interventions and treatment goals impact their treatment recommendations. Access to harm reduction (HR) interventions such as needle exchange, overdose prevention, and opioid substitution therapy has developed disparately within Sweden. We aimed to compare attitudes towards HR amongst SWPs in three areas, defining access in Malmö as “high”, Gothenburg as “medium”, and Gävleborg as “low”.

Methods:

We conducted a survey of SWPs working with people who use drugs, utilizing the Harm Reduction Acceptability Scale to assess attitudes towards HR philosophy and treatment goals. Lower scores (scale of 1-5) indicate more positive attitudes. A one-way ANOVA with Tukey’s HSD Test for multiple comparisons was performed to assess the effect of location on mean score. ANCOVA was used to control for other variables, such as gender, age, education, managerial role, and meeting with clients.

Results:

There were 206 valid survey responses, (Malmö: 78, Gothenburg: 81, Gävleborg: 47). Mean scores were Malmö: 2.04, Gothenburg 2.16, Gävleborg 2.57. The overall mean score (2.2) indicated positive attitudes towards HR. ANOVA revealed a significant difference ($F(2, 205) = 10.9, p = < .001$) between groups. Post-hoc testing found that the mean was significantly higher in Gävleborg ($p = < .001$) than the other two areas. Differences remained significant when controlling for other variables.

Conclusion:

Despite overall positive attitudes, opinions were geographically stratified. Results indicated that attitudes reflected the local differences in HR development and access, suggesting that SWPs who were more exposed to HR had more positive attitudes. This impacts the types of advice and services clients have access to, ultimately influencing health outcomes such as risk of overdose or infection with HCV and/or HIV. Professional development interventions should be implemented to address negative attitudes. This will increase equality of care throughout the country.

Disclosure of Interest Statement:

The authors report no conflicts of interest.