

# Understanding the sources of resistance to heroin-assisted treatment in the US public health community

Rob MacCoun  
Stanford University

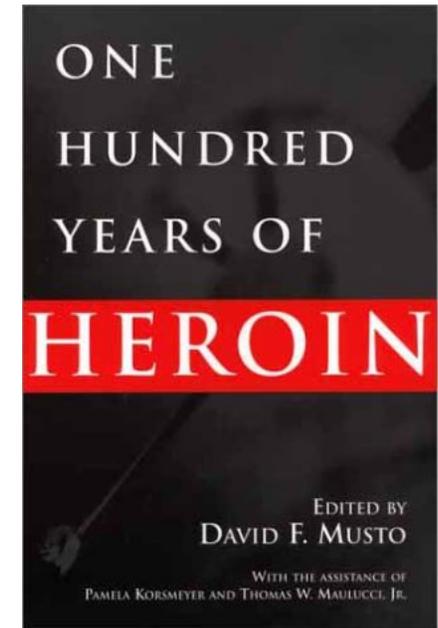
Stockholm Symposium, 10 June 2019

2002

10

Heroin Maintenance:  
Is a U.S. Experiment Needed?

*Peter Reuter and Robert MacCoun*



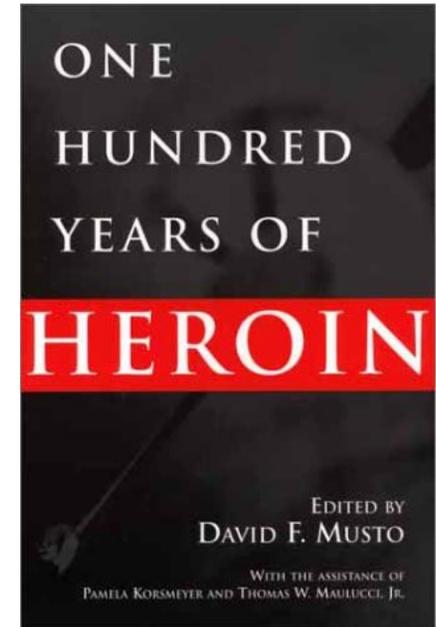
“It is not merely drug hawks, unsympathetic to the plight of dependent drug users, who believe this notion is both morally and pragmatically flawed; even researchers, long involved in drug treatment and clearly very concerned about addicts’ wellbeing, have been antagonistic. The prospects are bleak indeed.”

2002

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Heroin Maintenance:  
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Nevertheless, “[w]e believe that a reasonable case can be made for a US trial. The recent Swiss trials, for all the methodological weaknesses of their evaluation, provide evidence of feasibility and a prima facia case for effectiveness. The downside risks of a trial in the United States seem slight and the potential benefits substantial.”

# Considerable new evidence since 2002:

## *Major reviews*

- Strang, Groshkova, and Metrebian (EMCDDA, 2012): “strong evidence...in support of the efficacy of treatment with fully supervised self-administered injectable heroin”
- Smart (RAND, 2018): “Evidence from the ten RCTs reviewed indicates that supervised injectable HAT with optional oral methadone can offer benefits over oral methadone alone for treating opioid use disorder (OUD) among individuals who have tried traditional treatment modalities...”

2011

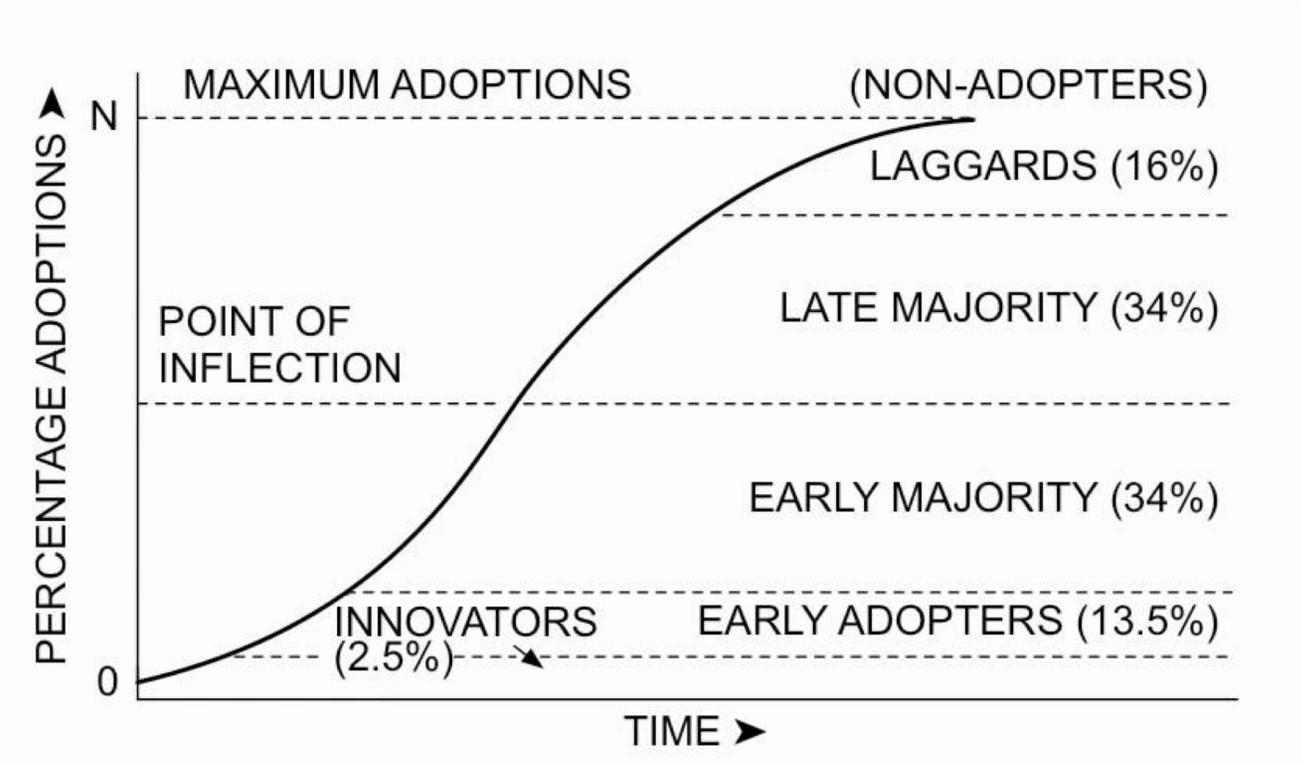
“...the underlying theory of the intervention has held up. The provision of heroin can be done safely, and it has positive effects on those enrolled in the program...”

## Assessing Drug Prohibition and Its Alternatives: A Guide for Agnostics

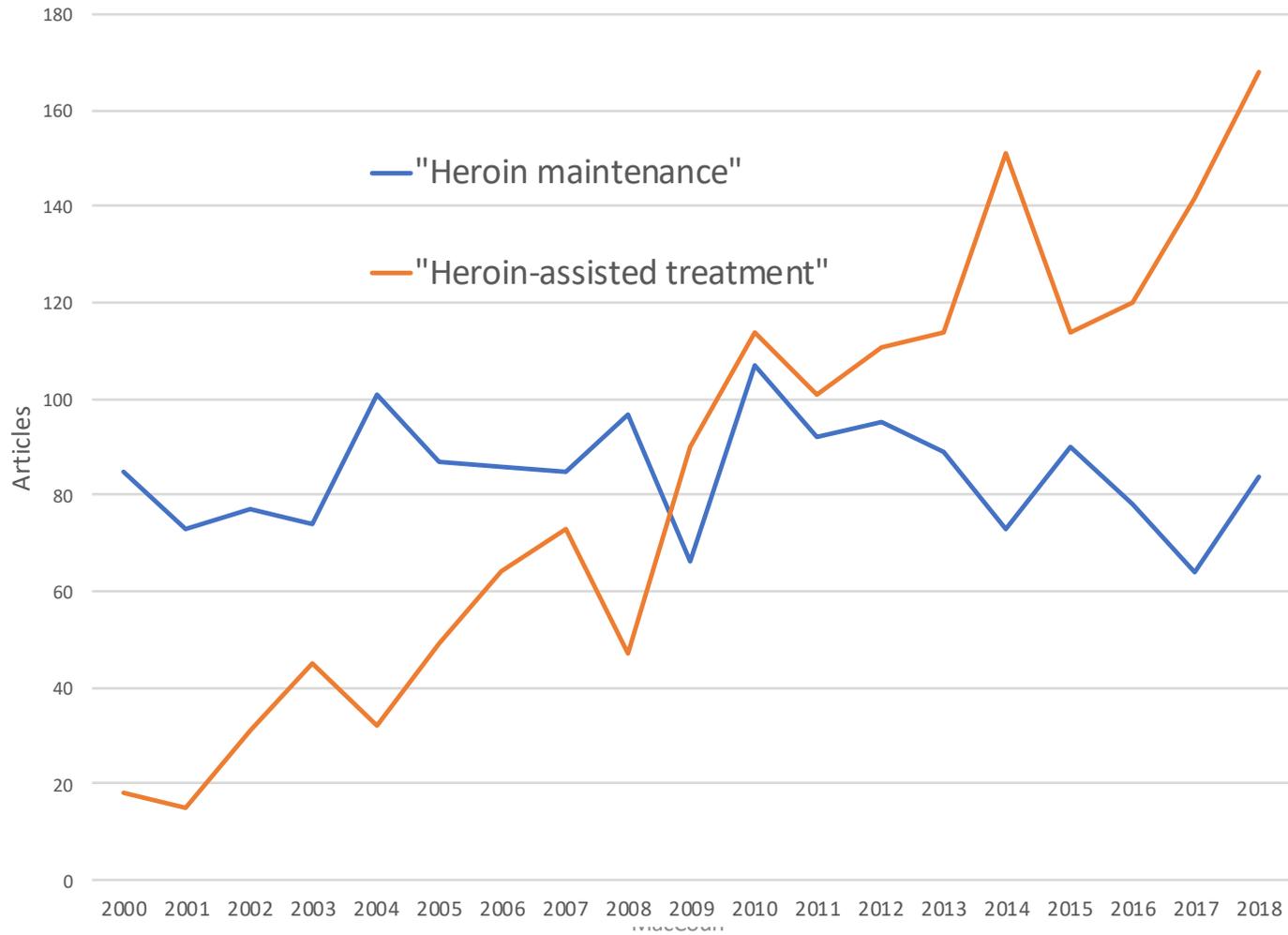
Robert J. MacCoun<sup>1</sup> and Peter Reuter<sup>2</sup>

Annu. Rev. Law Soc. Sci. 2011. 7:61–78

# Standard diffusion-of-innovation pattern



## Google Scholar entries, 2000-2018



6/10/19

# Sources of resistance: Empirical?

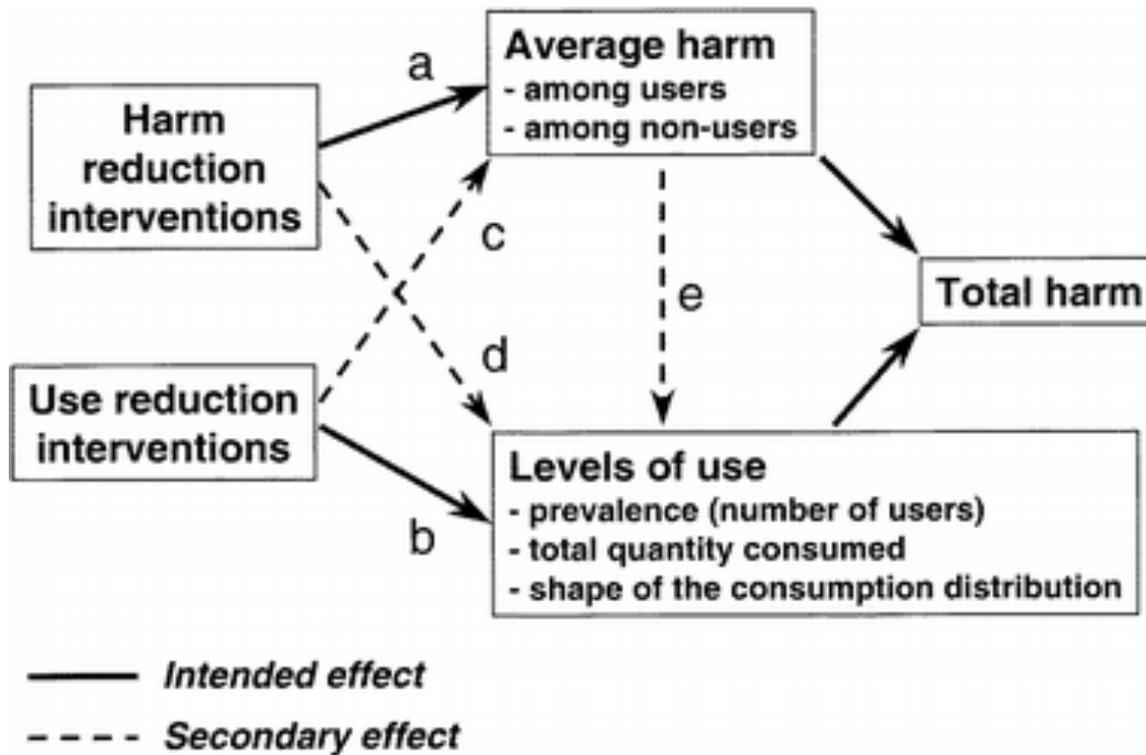
- Compares favorably with other interventions in widespread use
- Studies aren't perfect, but neither are studies of traditional treatment modalities
- Not a panacea: e.g., some won't participate
- Strongest critique (in my view) is rarely evoked by skeptics:
  - ***We don't have a lot of direct evidence on effect of HAT on initiation and escalation rates of non-clients***

**Table 1**  
*Overlapping Drug Control Strategies*

Strategy	Goal
Supply reduction	Reduce total supply of drugs
Demand reduction	Reduce total demand for drugs
Prevalence reduction	Reduce total number of drug users
Quantity reduction	Reduce total quantity consumed
Micro harm reduction	Reduce average harm per use of drugs
Macro harm reduction	Reduce total drug-related harm

**MacCoun, R. J. (1998). Toward a psychology of harm reduction. *American Psychologist*, 53(11), 1199-1208.**

## Use Reduction and Harm Reduction: An Integrative Framework



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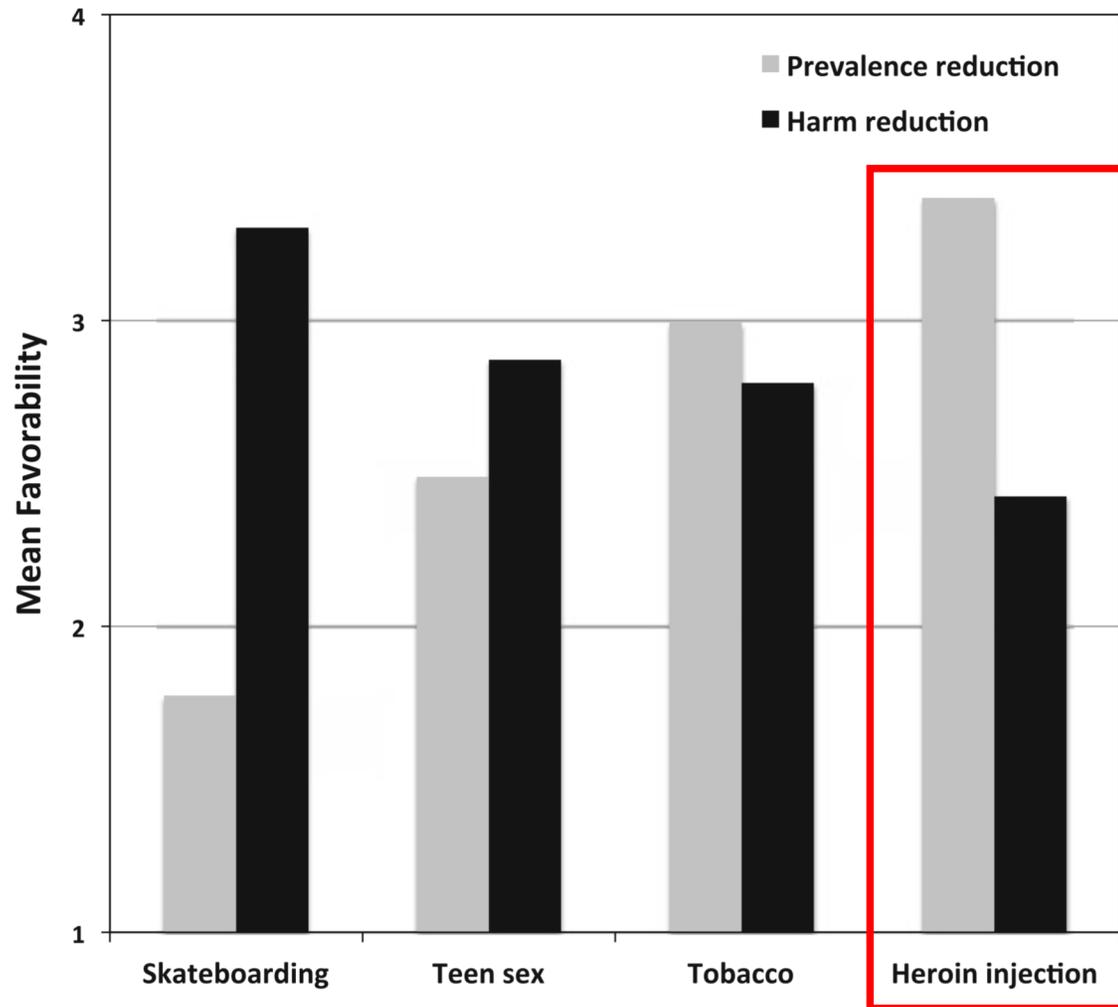
Crim Law and Philos (2013) 7:83–98  
DOI 10.1007/s11572-012-9154-0

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ORIGINAL PAPER

# **Moral Outrage and Opposition to Harm Reduction**

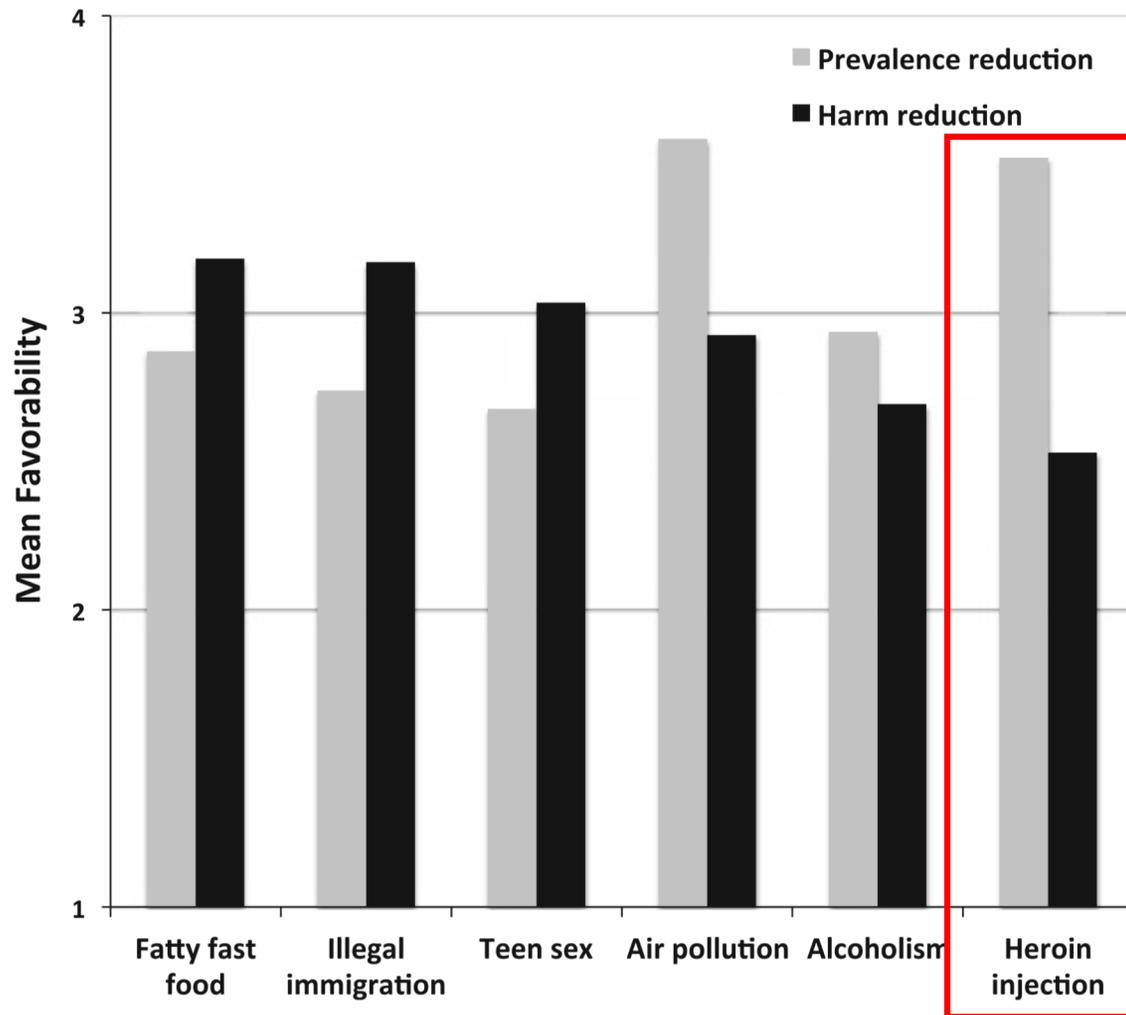
**Robert J. MacCoun**



1<sup>st</sup> survey

N = 1,050  
California  
adults

76% resp rate



2nd survey

N = 993

California

Adults

*24% resp rate*

# Why oppose harm reduction?

- **Not correlated with perceived harm**
  - *i.e., not consequentialist?*

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  - **be older**
  - **be conservative**

# Why oppose harm reduction?

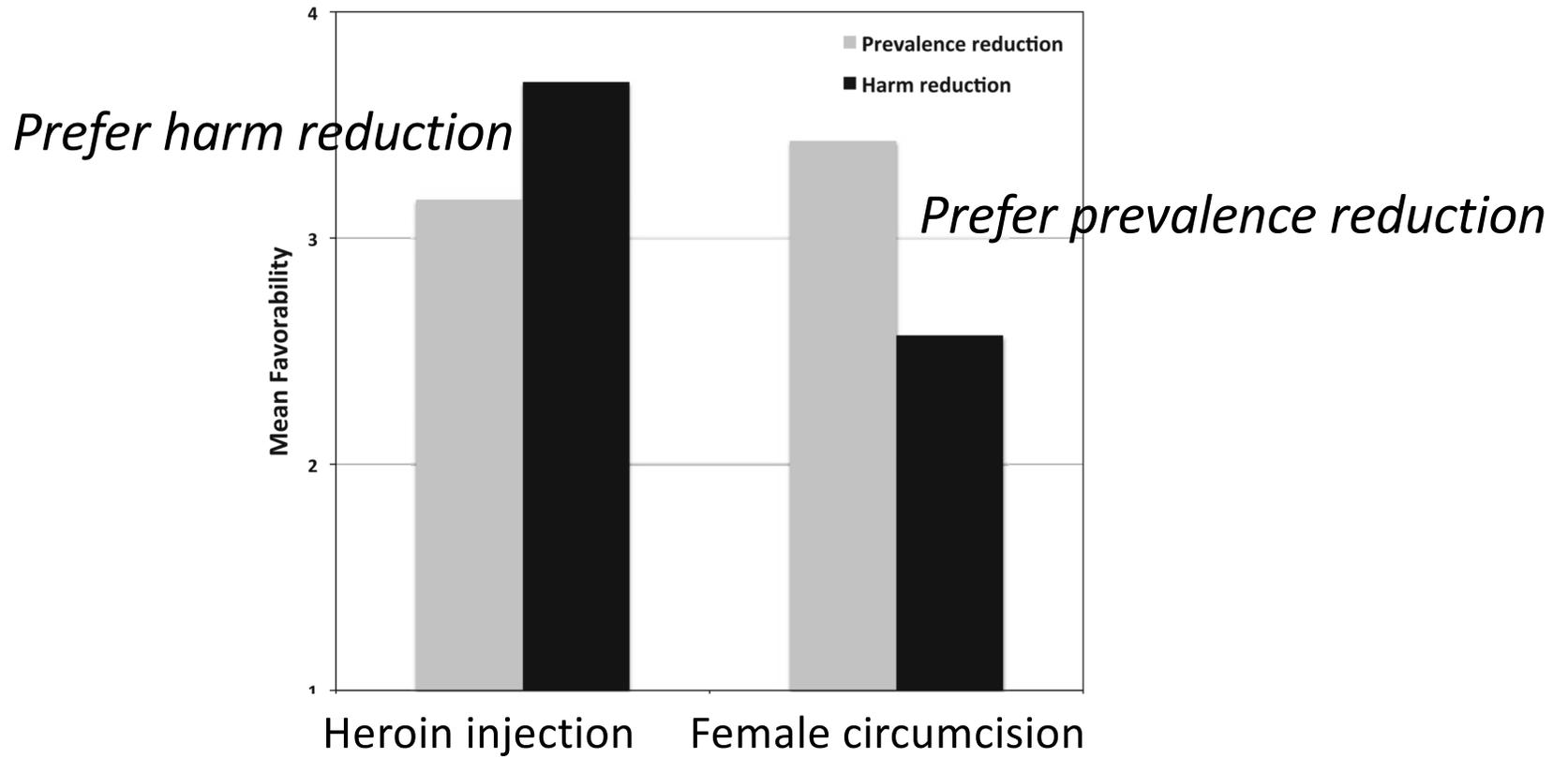
- Not correlated with perceived harm
  - *i.e., not consequentialist?*
- Not correlated with "no one else's business"
  - *i.e., not libertarianism-vs.-paternalism?*
- **Opponents tended to:**
  - be older
  - be conservative
  - **see the risky behavior as "immoral"**
  - **report feeling "disgusted" by the behavior**

# Subsequent research

- I found that Berkeley liberals (who strongly support needle exchange) tended to oppose one form of harm reduction:

*2004 NY Times article*

*Italian gynecologist proposes minimally invasive version of ritual female circumcision for African families*



**Fig. 3** Endorsement of prevalence reduction and harm reduction as responses to risky behaviors in Study 3. Behaviors are arrayed in decreasing order of support for harm reduction

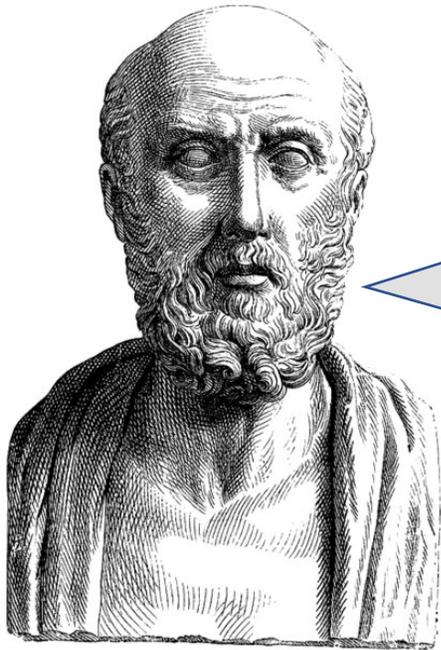
**Table 2** Predictors of policy preferences in Study 3

	Support for prevalence reduction		Support for harm reduction		Relative preference (PR–HR)	
	Eq. 1	Eq. 2	Eq. 1	Eq. 2	Eq. 1	Eq. 2
Gender	−0.05	0.04	−0.03	−0.08	−0.01	0.08
Domain	0.15	−0.05	−0.62***	−0.36***	0.51	0.22
Moral outrage (immoral, angry, sad, disgusted)		0.56***		−0.44***		0.61***
Risk management (harmful to self, harmful to others, should quit)		0.27		0.13		0.06

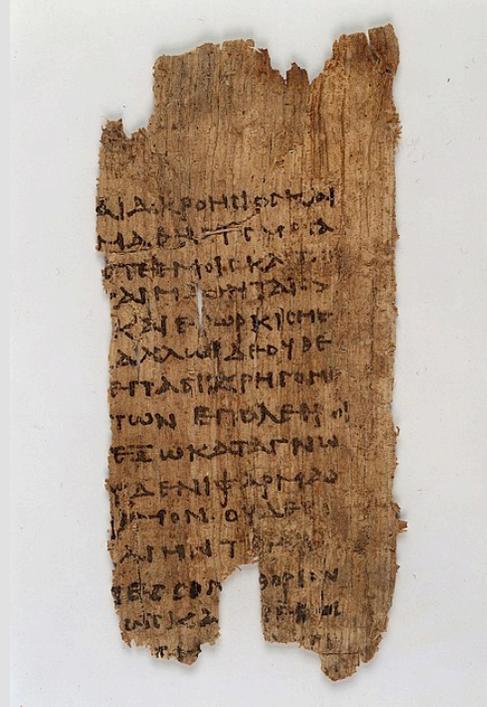
\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$

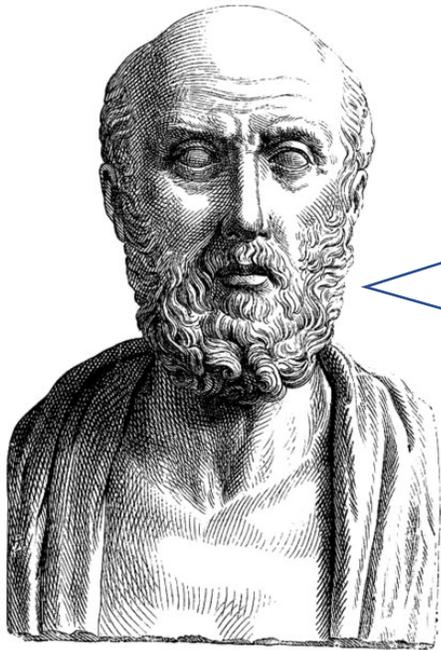
# Are health care providers different?

- In one sense, no
  - Susceptible to same psychological reactions as anyone else
- In another sense, maybe
  - Self-selected population – more educated, perhaps more altruistic
  - Heavily socialized into professional norms and codes of conduct



Hippocrates





Hippocrates

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. **Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course.**

# Principles of medical ethics

- Respect for patient's **autonomy** (informed consent)
- **Justice** (fair treatment across classes of patients)
- **Beneficence** (doing good for the patient)
- When possible, **do no harm**

## Multiple Constraint Satisfaction in **Judging**

*Jennifer K. Robbennolt, Robert J. MacCoun,  
and John M. Darley*

The Psychology of  
Judicial Decision-Making

Edited by  
David Klein and Gregory Mitchell

“A sophisticated understanding of judicial decision making should explicitly incorporate the notion that judges simultaneously attempt to further numerous, disparate, and often conflicting, objectives.”

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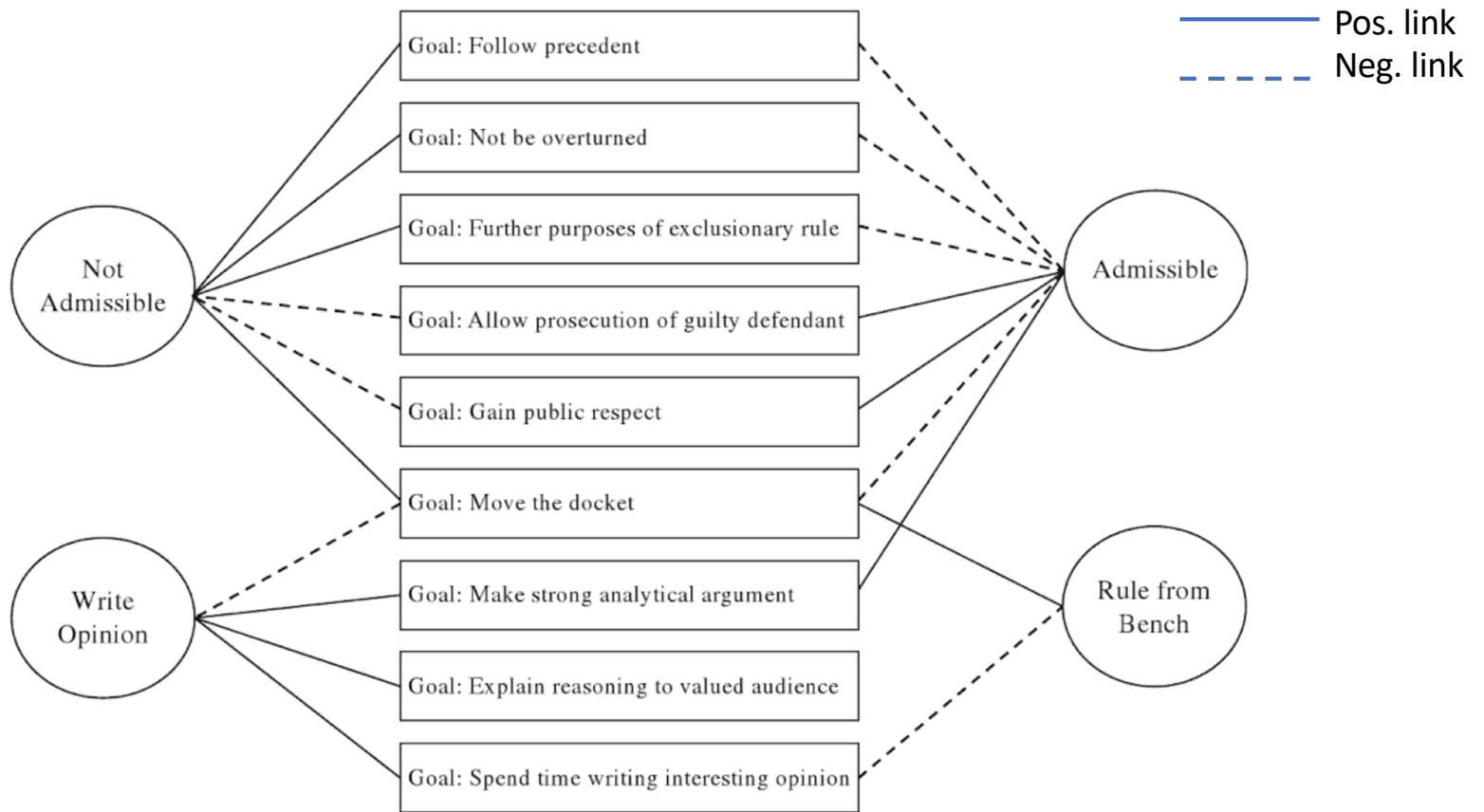
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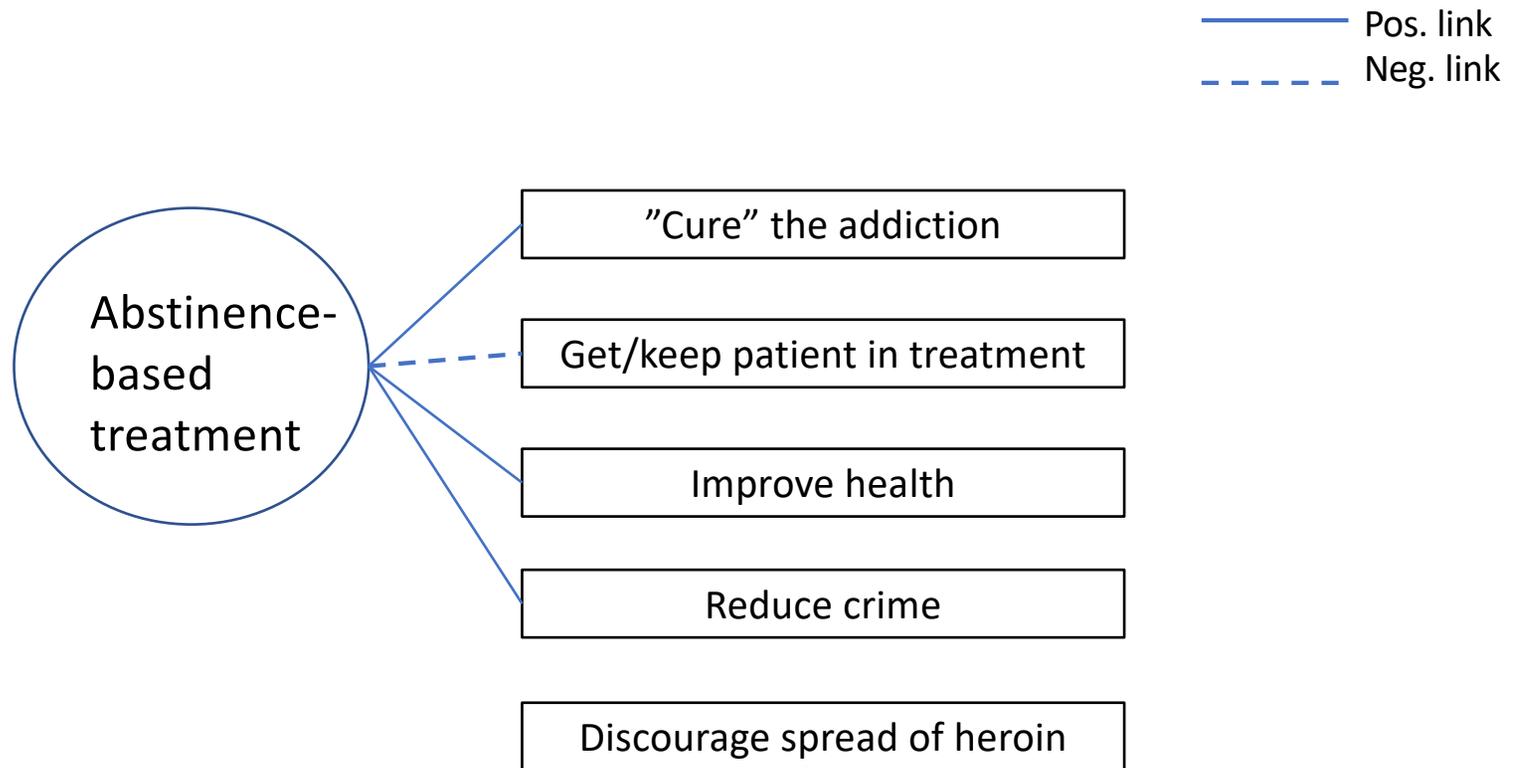
“Constrain satisfaction network” (neural net)



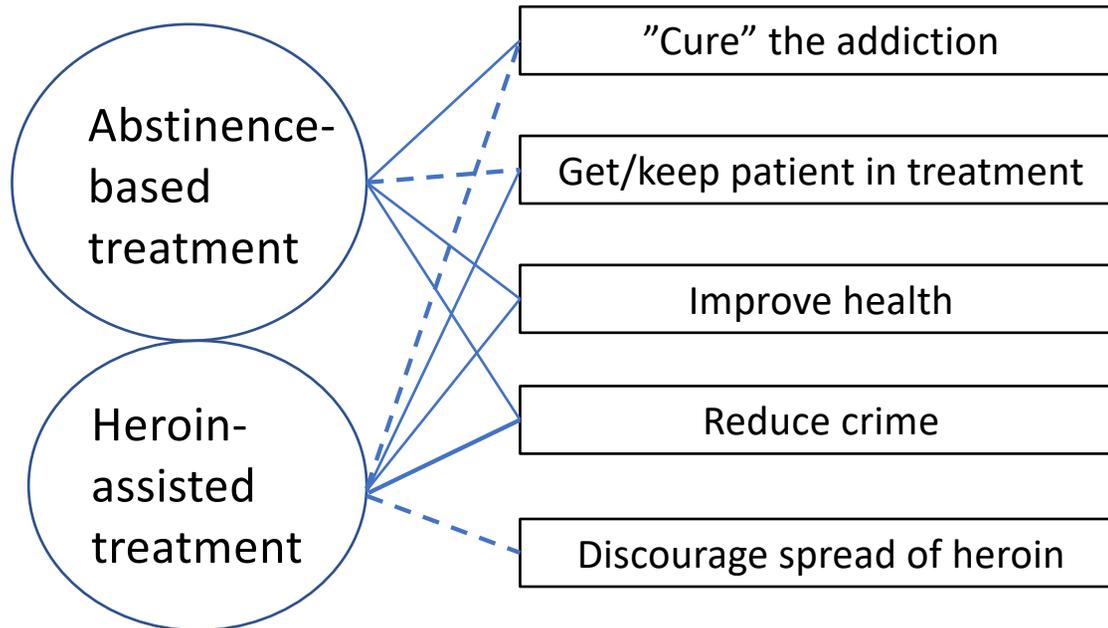
**Figure 2.1** Parallel constraint satisfaction model of judicial decision.

# How do people deal with ambivalence?

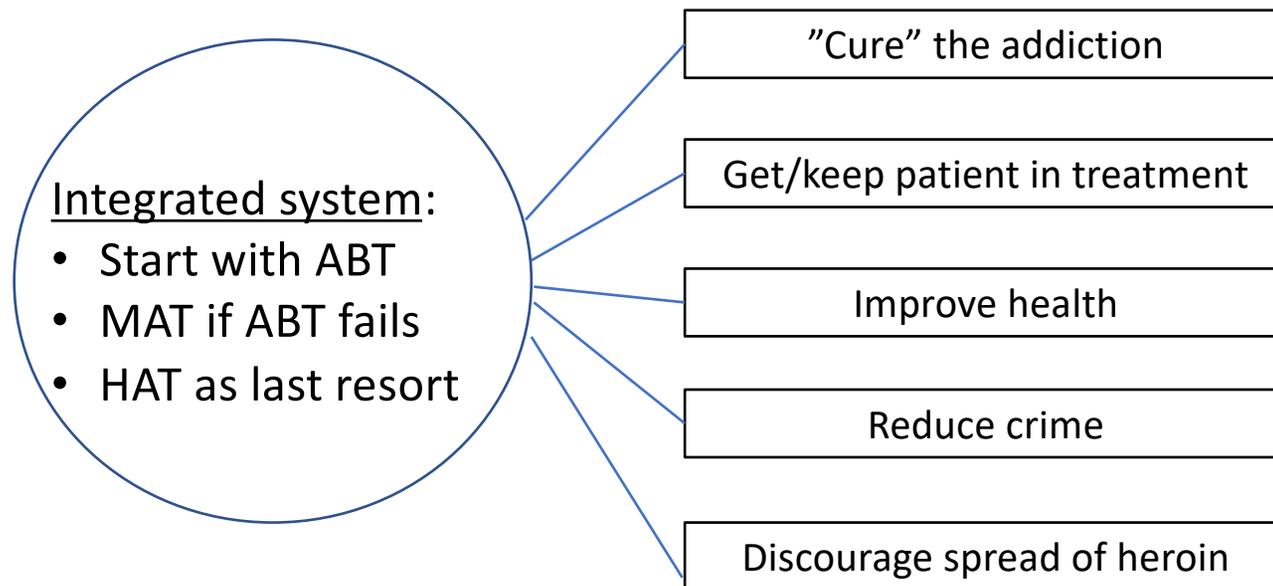
- Explicitly acknowledging tradeoffs is aversive...
- ...so people prefer not to acknowledge them
- Can make dissonant cognitions consonant by adopting new integrative perspective



— Pos. link  
- - - Neg. link



— Pos. link  
- - - Neg. link



## Use Reduction and Harm Reduction: An Integrative Framework

