



# Promoting a Public Health Approach to Dealing with the Opioid Crisis

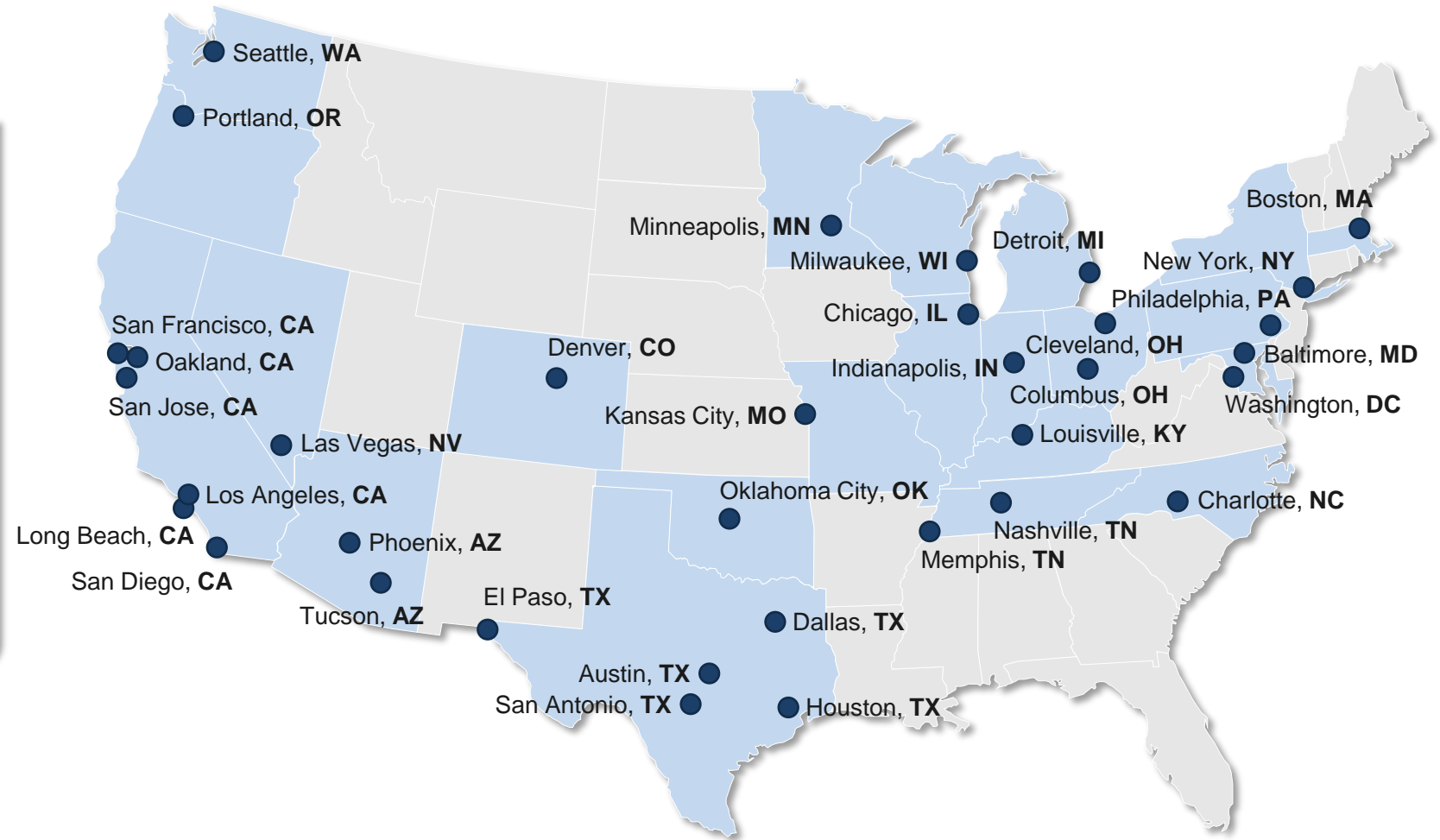
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Key findings from an online survey of voters living in large cities



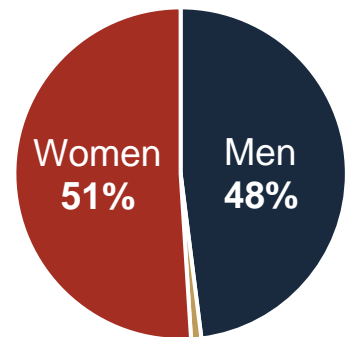
# Methodology

- An online survey among 1,004 city residents registered to vote in BCHC's 35 member cities:
  - Interviewing conducted March 6-14, 2025.
  - Credibility interval is  $\pm 3.09$  percentage points for the full sample, with higher tolerances for subgroups



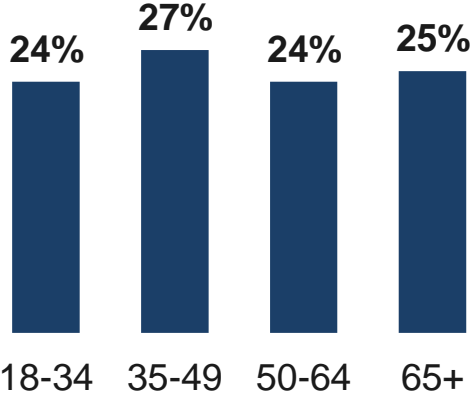
# Profile of City Residents

Gender

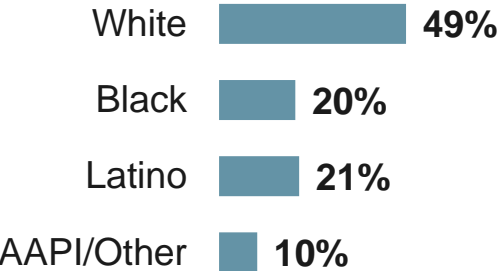


Non-binary 1%

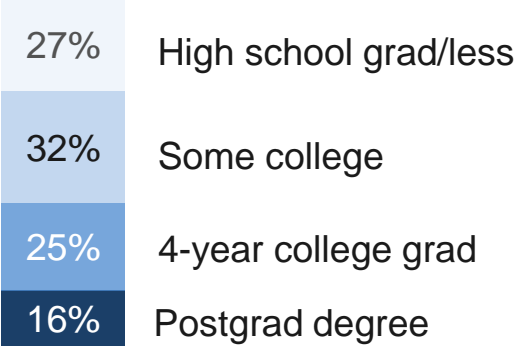
Age



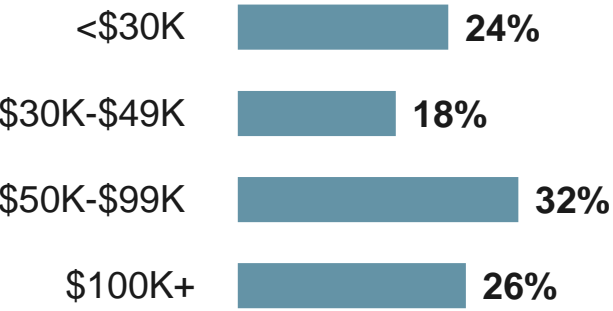
Race



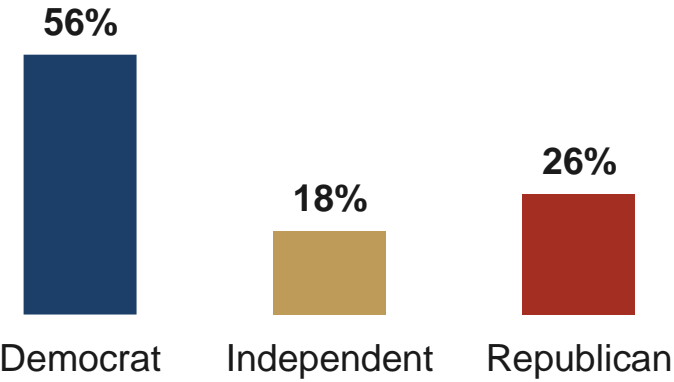
Education



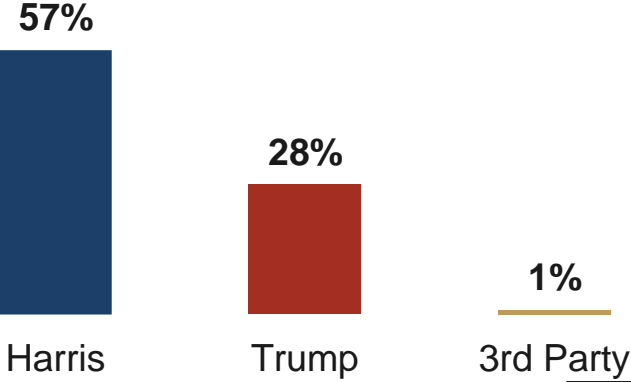
Income



Party ID



2024 Vote



# Overview of Findings

1

**The mood and support for public health in big cities has not changed much from spring of last year.** City residents view homelessness and drugs as bad issues in their cities and consider crime a top-priority issue for their cities to address.

2

**City residents are split on whether drug use is a choice or a health issue, but most favor a public health approach to drug addiction and overdoses.** Even though not every city resident can agree that using and becoming addicted to drugs should be treated as a health issue, they are in agreement by a 2:1 margin that we need a public health, not punitive, approach to fix this issue in their cities.

3

**City residents are broadly supportive of harm reduction.** When we individually test harm reduction approaches, majorities are generally comfortable with each one even for controversial ones like overdose prevention centers and harm reduction kiosks. Naloxone availability, fentanyl test strips, and addiction medications stand out from the others in comfort and importance of actions.

4

**When we test harm reduction as a concept, acceptance is quite high BUT also very soft.** Nearly 8 in 10 support their city using harm reduction, but intensity is low—only 32% say “definitely,” while 46% lean in favor. This pattern also holds across individual HR actions, where overall comfort is high, but the “very” comfortable percent is low.

5

**The benefits of harm reduction are credible, but again the intensity is on the low side.** Over 60% find each potential benefit of harm reduction credible, but far fewer believe it will definitely deliver, even for top benefits like treating drug users as humans and saving lives by preventing overdose deaths (both 85% will do this, 44% definitely will).

6

**The two criticisms with the most traction are that it enables drug use and NIMBYism concerns.** These two concerns were the strongest opposition messages, and while not as strong as “our messages,” over one-third found them very convincing. Concerns about enabling are also the most volunteered answer.

# Strategic Recommendations

1

**Harm reduction's ability to save people's lives is central.** At every point in the survey, voters find the lives saved via harm reduction credible and compelling—this should be the centerpiece of all communications.

2

**Our messaging narrative boils down to three points:**

- a) Harm reduction treats people who use drugs as HUMANS and focuses on SAVING LIVES.
- b) By keeping people alive, harm reduction provides a BRIDGE TO RECOVERY for when people are ready to receive help.
- c) Harm reduction is part of a COMPLETE STRATEGY that focuses on saving lives and providing a bridge to recovery in the short-term, while investing in long-term solutions like expanding mental health, increasing affordable housing, and creating more well-paying jobs.

3

**The faces and stories of real people helped by harm reduction make a world of difference.** Two short videos of people telling their stories drive all of the positive movement in the survey. Voters want policies that treat drug users as human beings; illustrating the real-world impacts of harm reduction is transformative, especially for voters who are ambivalent about HR.

4

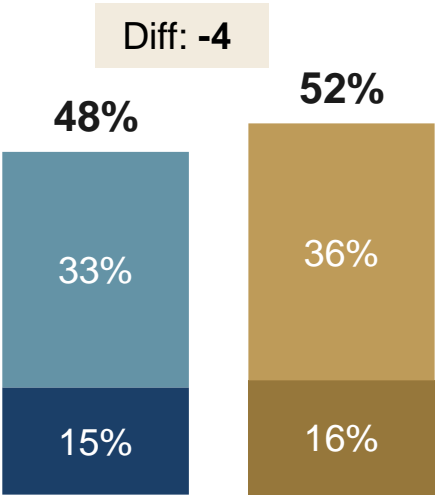
**It needs to be clear that HR efforts will be focused in the areas where drug use is most prevalent.** NIMBYism is our biggest problem—voters want to save lives, but they are extremely wary of HR actions that will “encourage drug use” in their neighborhoods. Making clear that harm reduction will be centered in neighborhoods where drug users congregate could help alleviate this concern.

# **The Current Mood in Big Cities**

# Confidence in what the next year will bring has shifted along partisan lines.

*How do you feel about what the next year or so will be like for you and your family?*

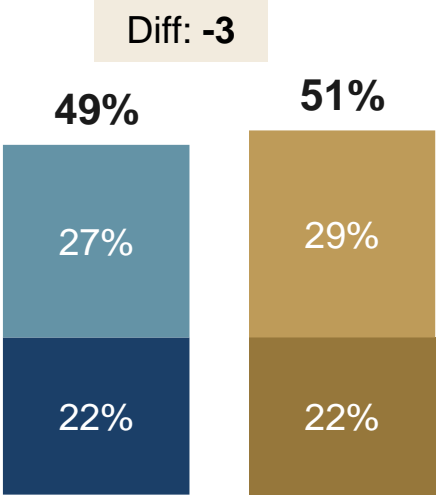
■ Somewhat confident and positive  
■ Very confident and positive



May 2024

Diff: -4

■ Somewhat concerned and worried  
■ Very concerned and worried



March 2025

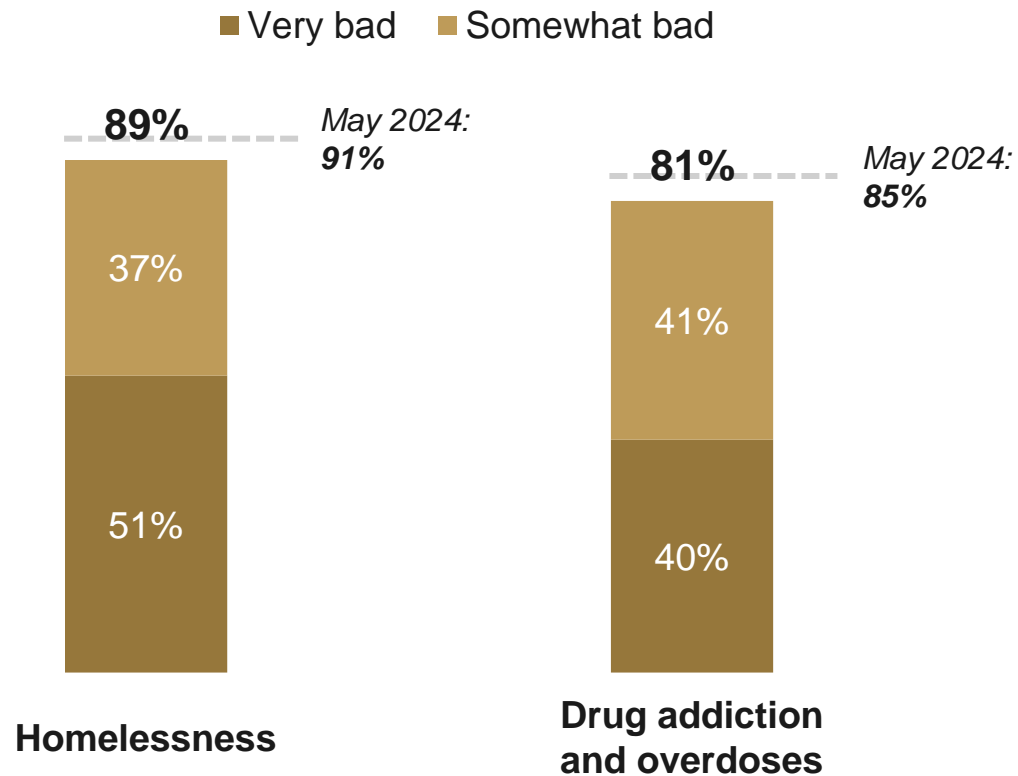
Diff: -3

CONFIDENT -  
CONCERNED

	May 2024	March 2025
Liberal Democrats	-3	-46
Non-liberal Democrats	+4	-14
Independents	0	+8
Less conservative Republicans	-9	+42
Very conservative Republicans	-50	+80

# Homelessness and drugs continue to be viewed as serious problems.

*How would you rate these problems in your city today?*



% VERY BAD	Homelessness %	Drug addiction and overdoses %
All city residents	51	40
Democrats	53	39
Independents	56	41
Republicans	45	42
White residents	45	35
Black residents	60	53
Latino residents	57	42
Less than \$50k	59	47
\$50k-75k	61	38
\$75k-100k	48	42
More than \$100k	36	30
Northeast	40	44
Midwest	45	36
Texas	39	33
Rest of South	55	45
California	67	42
Rest of West	63	45



# A public health approach to address homelessness's and addiction's “underlying problems” is still considered the best path forward.

*Which of the following do you think is the best approach for...?*

■ Fixing underlying problems

■ Lean underlying problems

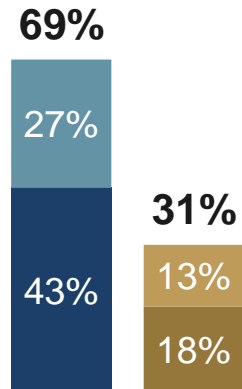
■ Lean getting tough

■ Getting tough

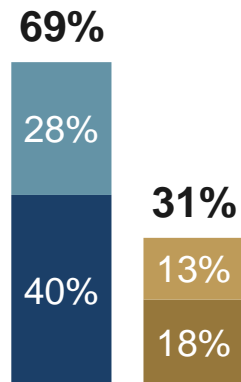
## Your city overall

Diff: +39

Diff: +37



May 2024

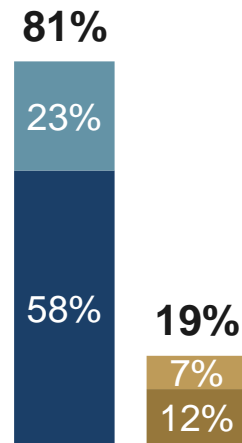


March 2025

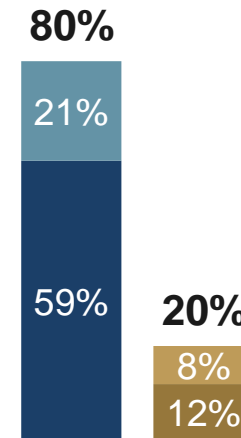
## Homelessness

Diff: +63

Diff: +60



May 2024

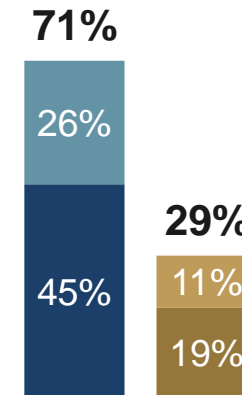


March 2025

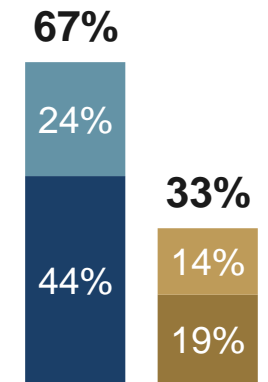
## Drug addiction and overdoses

Diff: +41

Diff: +35



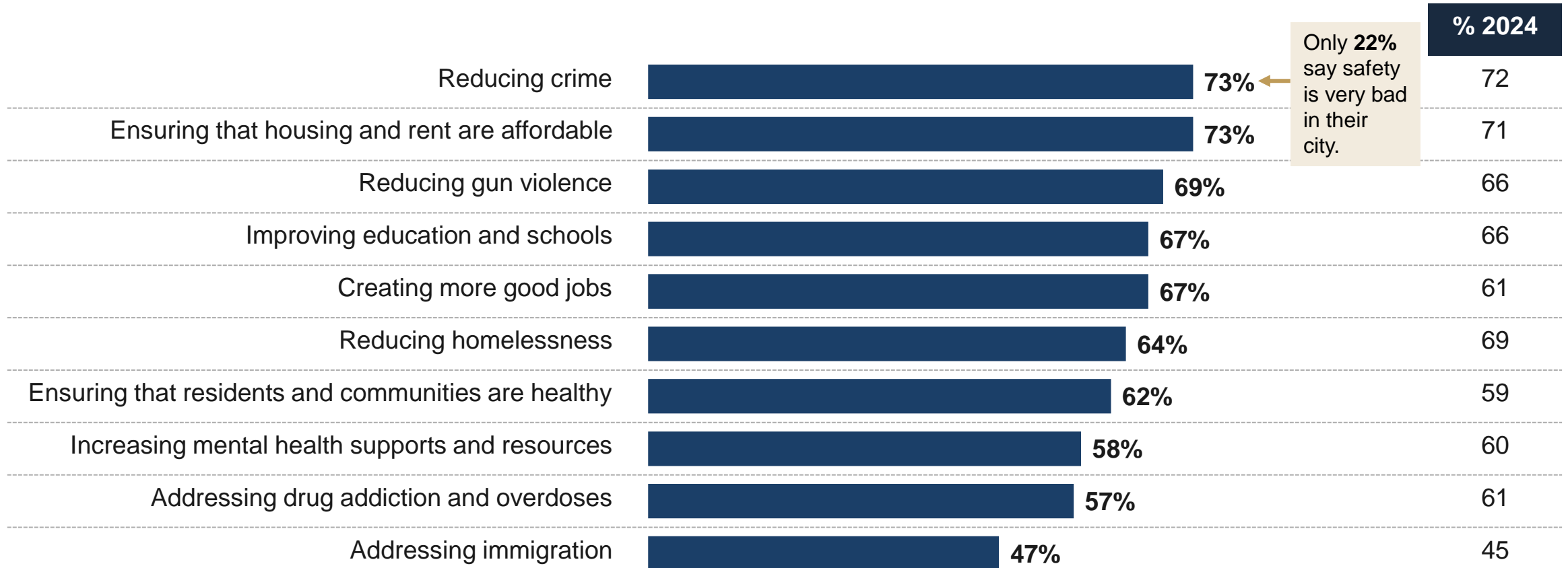
May 2024



March 2025

# Crime and housing affordability are the top priority issues.

*% who say the issue should be a top priority (8-10 on scale) for their city to address:*



# Perceptions of crime and safety as issues are not the same, especially in cities with the worst-rated crime.

*This is a VERY bad problem in my city today:*

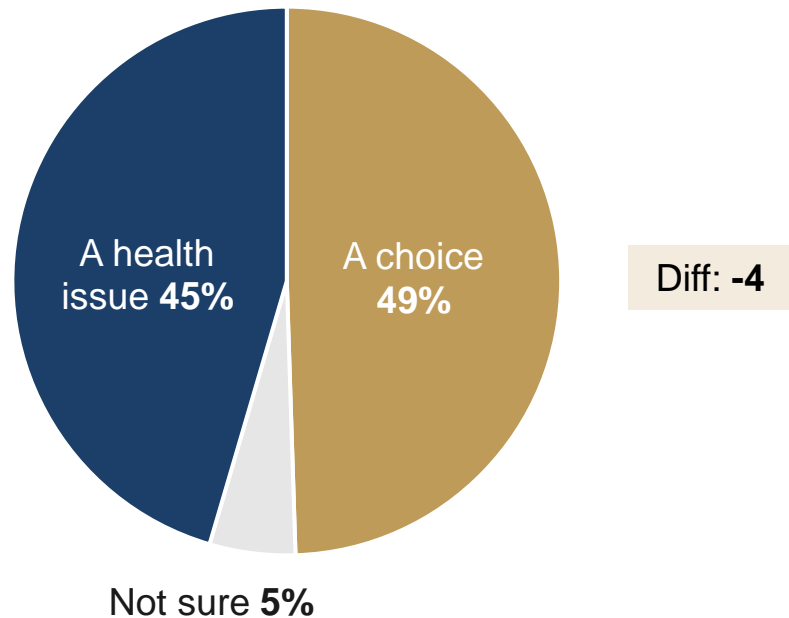
	Crime % (May 2024)	Safety % (March 2025)	Net Difference +/-
All city residents	49	22	-27
Liberal Democrats	39	15	-24
Non-liberal Democrats	57	22	-35
Independents	51	28	-23
Republicans	55	25	-30
White residents	48	19	-29
Black residents	63	33	-30
Latino residents	42	18	-24
Less than \$50k	58	24	-34
\$50k-75k	47	21	-26
\$75k-100k	45	23	-22
More than \$100k	38	18	-20
Northeast	63	28	-35
Midwest	63	26	-37
Texas	40	19	-21
Rest of South	68	21	-47
California	41	17	-24
Rest of West	29	17	-12

# Residents are split on whether drug use is a choice or a health issue.

*Which of the following statements do you agree with more?*

**STATEMENT A:** Using drugs is a choice, not simply a health condition, and when a person misuses or abuses substances they know full well that they risk becoming addicted.

**STATEMENT B:** Using and becoming addicted to drugs is a health issue, not simply a choice, and it should be treated like any other chronic disease.



	Health issue %	Choice %	Net Diff +/-
Democrats	54	40	+13
Independents	38	57	-18
Republicans	32	64	-31
White residents	48	47	+1
Black residents	42	50	-7
Latino residents	43	53	-10
Men 18-49	47	49	-2
Men 50+	41	56	-15
Women 18-49	49	46	+3
Women 50+	44	47	-3
Northeast	47	46	+1
Midwest	44	48	-3
Texas	43	47	-4
Rest of South	49	51	-2
California	42	56	-14
Rest of West	48	49	-1

# **Reactions to Harm Reduction**

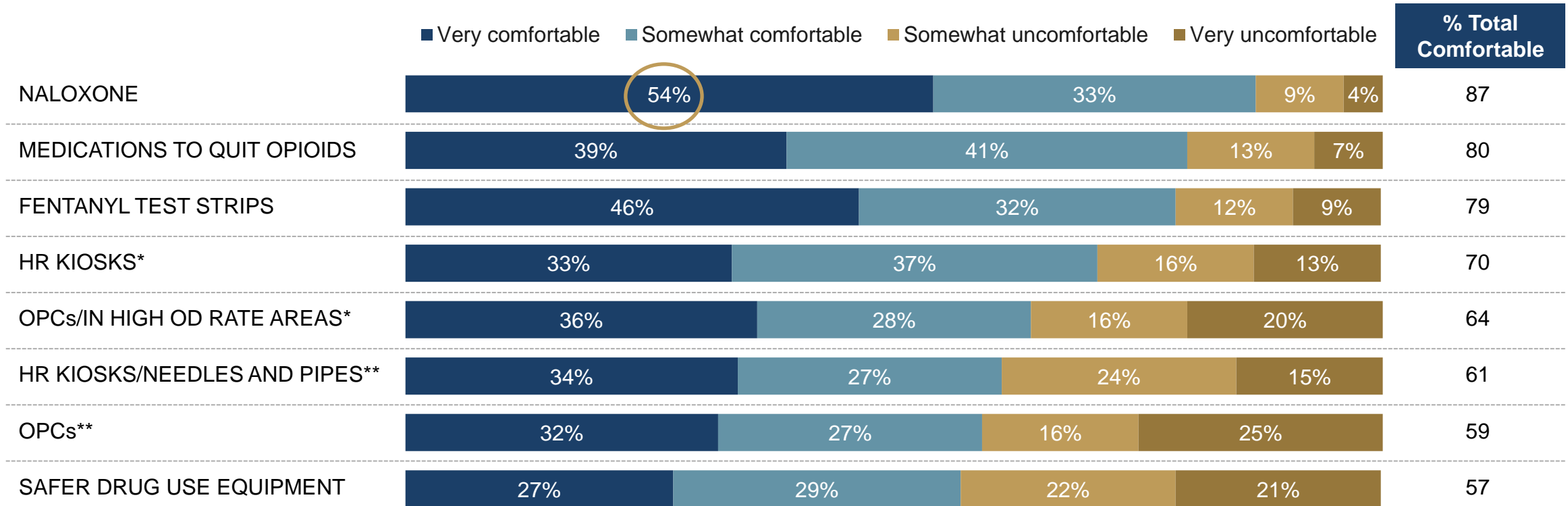
# We asked city residents about their level of comfort with different harm reduction actions.

<b>NALOXONE</b>	Make available naloxone (sometimes referred to as Narcan) - a medication that reverses overdoses immediately - especially in communities with high overdose rates.
<b>MEDICATIONS TO QUIT OPIOIDS</b>	Prescribe and create easier access to medications like methadone and buprenorphine to help people who use opioids or similar drugs to be able to quit.
<b>FENTANYL TEST STRIPS</b>	Offer test strips to people using drugs to help them detect even small amounts of fentanyl in drugs they are using and reduce their risk of an overdose death.
<b>SAFER DRUG USE EQUIPMENT</b>	Conduct outreach to people using drugs by providing safer drug use equipment, such as clean and new syringes, tin foil, and pipes, to prevent the spread of disease associated with drug use.
<b>HR KIOSKS*</b>	Put free kiosks stocked with naloxone (sometimes referred to as Narcan), fentanyl test strips, condoms, and first aid kits in areas with high overdose rates to provide supplies that can prevent overdose deaths and the spread of disease. *
<b>HR KIOSKS/ NEEDLES AND PIPES**</b>	Put free kiosks stocked with naloxone (sometimes referred to as Narcan), fentanyl test strips, sterile needles and pipes, condoms, and first aid kits in areas with high overdose rates to provide supplies that can prevent overdose deaths and the spread of disease. **
<b>OPCs**</b>	Open overdose prevention centers which are supervised facilities where people bring their own drugs to use in a safer, controlled environment, with trained staff who can provide sterile supplies, overdose intervention, and connections to other health and supportive services. **
<b>OPCs/IN HIGH OD RATE AREAS*</b>	Open overdose prevention centers in communities with high overdose rates. These are supervised facilities where people bring their own drugs to use in a safer, controlled environment, with trained staff who can provide sterile supplies, overdose intervention, and connections to other health and supportive services. *

% Heard a lot/fair amount about actions	
All	19%
Northeast	36%
Midwest	16%
Texas	11%
Rest of South	9%
California	29%
Rest of West	12%

# Majorities generally express comfort with these actions—especially with those that save lives—but support is soft in most cases.

*How comfortable are you with these actions to prevent drug overdose deaths, diseases, and infections from drug use?*



\*Asked of one-half of respondents.

\*\*Asked of one-half of respondents.

# To build comfort with these actions, it will be important to speak to city voters who are more likely to view drug use as a choice.

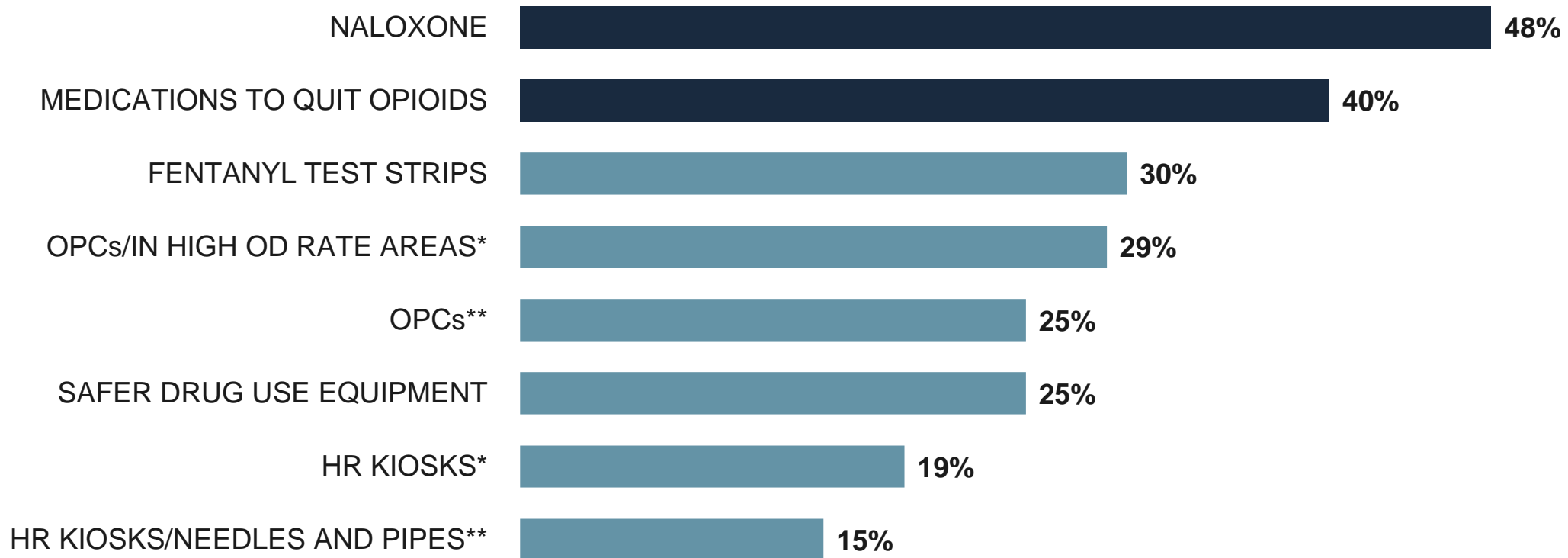
*Comfort with actions to prevent drug overdose deaths, diseases, and infections from drug use.*

COMFORTABLE WITH	All 6	4-5	2-3	0-1
% of population	37%	33%	20%	10%
Partisanship	Predominately Democratic	Predominately Democratic	Lean Democratic	Lean Republican
Age	Skew younger	Mostly representative	Skew older	Skew older
Issue priorities	Large number of TOP priorities	Large number of TOP priorities	Jobs, housing affordability, crime, and gun violence	Crime and gun violence
Issues lens on drug use	Health issue	Split	Choice	Choice
Policy solution on drug use	Public health	Public health	Lean public health	Split on approach



# Two harm reduction actions stand out to voters as the most important: naloxone and medications to help people quit opioids.

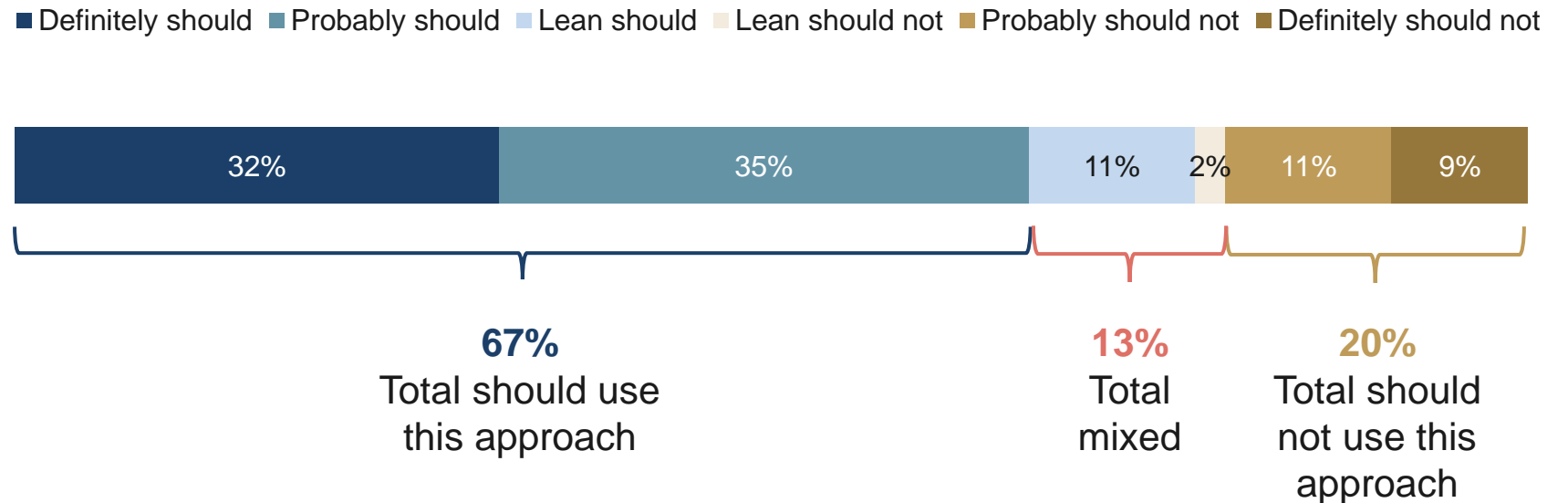
*Top TWO most important actions to prevent drug overdose deaths, diseases, and infections from drug use*



# Acceptance of harm reduction as a concept is quite high, but also soft.

A public health approach to help people who use drugs stay healthier and safer, is sometimes known as “harm reduction.” It recognizes that, realistically, people do use drugs and it focuses on providing support without punishing people or requiring them to stop using to get help. Its main goal is to prevent drug overdose deaths and the spread of diseases associated with drug use like HIV and hepatitis C. By meeting people “where they are”, this public health approach can reduce stigma, encourage safer drug use, and connect people to health and social services to potentially save their lives.

*Should your city use a public health approach to prevent drug overdose deaths, diseases, and infections from drug use?*



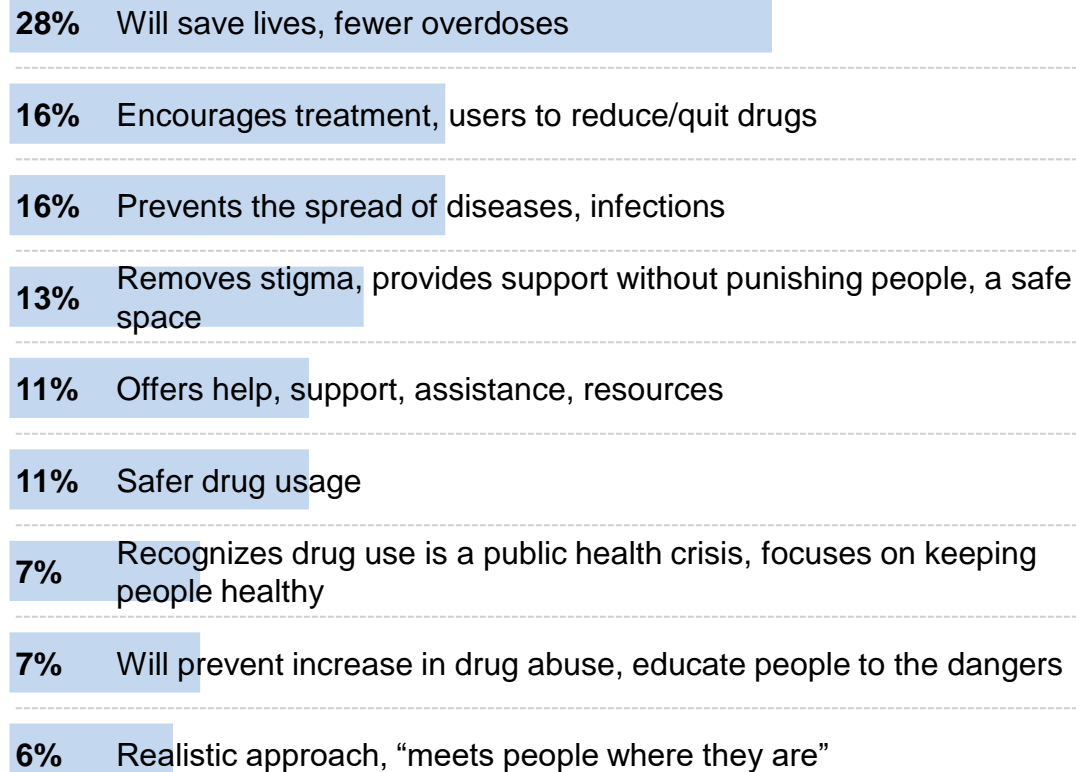
# It will be important to strengthen the intensity of support for harm reduction across all demographics.

*Should your city use a public health approach to prevent drug overdose deaths, diseases, and infections from drug use?*

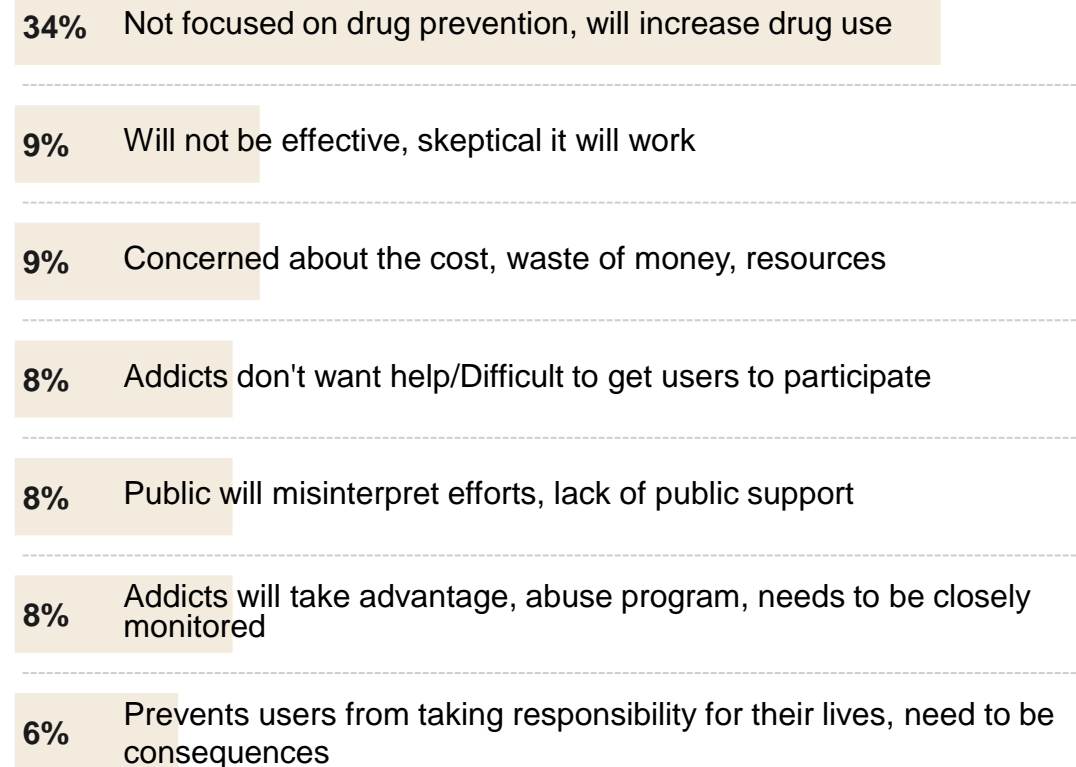
	Definitely should use %	Probably should use %	Mixed %
All city residents	32	35	13
Democrats	36	39	11
Independents	28	33	17
Republicans	27	28	15
Ages 18 to 34	38	41	10
Ages 35 to 49	36	34	12
Ages 50 to 64	26	31	17
Ages 65+	27	34	13
White residents	36	31	11
Black residents	33	40	12
Latino residents	29	38	13
High school/less	32	37	13
Some college	30	36	14
College grads	30	33	11
Postgrads	39	33	12
Northeast	43	31	8
Midwest	33	35	15
Texas	24	41	16
Rest of South	26	33	20
California	38	36	7
Rest of West	26	34	14
Choice lens	26	31	15
Health issue lens	40	39	10

# In their own words, saving lives is the biggest benefit of this approach and enabling drug use the biggest concern.

## Biggest benefits:



## Biggest concerns:



# When we provide a list of potential benefits, most find them believable. BUT, intensity is still low.

*Do you think these actions to prevent drug overdose deaths, diseases, and infections from drug use do this?*

	Definitely does this	Probably does this		% Probably should use HR	% Mixed on HR use
Treat people who use drugs as human beings who deserve our help	44%	42%	<b>85%</b>	91	83
Save lives by preventing overdose deaths	44%	41%	<b>85%</b>	89	85
Prevent the spread of infectious disease	37%	45%	<b>82%</b>	88	77
Improve addiction treatment success by giving people who use drugs opportunities to enter treatment when they are most ready to commit to it	35%	44%	<b>80%</b>	87	76
Create opportunities for those who use drugs to get connected to other services, such as health or housing support	31%	48%	<b>79%</b>	86	71
Treat addiction as a health issue and give people who use drugs the tools to protect their health as best as possible	34%	43%	<b>77%</b>	88	64
Make our communities safer by decreasing public drug use and connecting people who use drugs with health services	32%	44%	<b>76%</b>	83	70
Reduce costs in our healthcare system by getting people help so they don't end up in the emergency room because of overdose	31%	40%	<b>71%</b>	79	68
Reduce costs in the criminal justice system by lowering the need for police responses, court cases, and incarcerations	26%	40%	<b>66%</b>	74	63

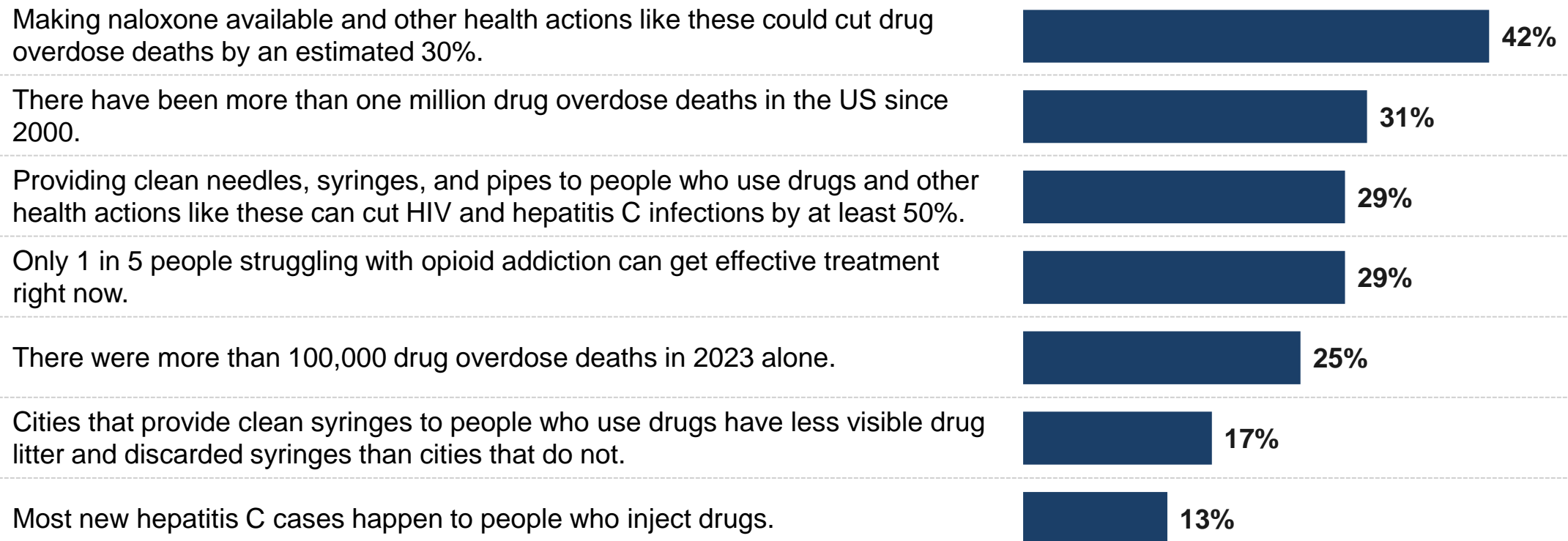
# From this list, saving lives is once again chosen as the most important benefit, especially with soft supporters.

## Top *THREE* most important benefits

		Probably should use HR %	Mixed on HR use %
Save lives by preventing overdose deaths	44%	49	44
Treat people who use drugs as human beings who deserve our help	38%	37	32
Improve addiction treatment success by giving people who use drugs opportunities to enter treatment when they are most ready to commit to it	36%	37	36
Make our communities safer by decreasing public drug use and connecting people who use drugs with health services	34%	37	32
Prevent the spread of infectious disease	33%	32	48
Treat addiction as a health issue and give people who use drugs the tools to protect their health as best as possible	30%	32	22
Create opportunities for those who use drugs to get connected to other services, such as health or housing support	30%	33	17
Reduce costs in our healthcare system by getting people help so they don't end up in the emergency room because of overdose	25%	24	30
Reduce costs in the criminal justice system by lowering the need for police responses, court cases, and incarcerations	19%	17	20

# The statistic for *preventing future* deaths is much more compelling than those citing *past* deaths.

*Top TWO best examples why these actions are important*

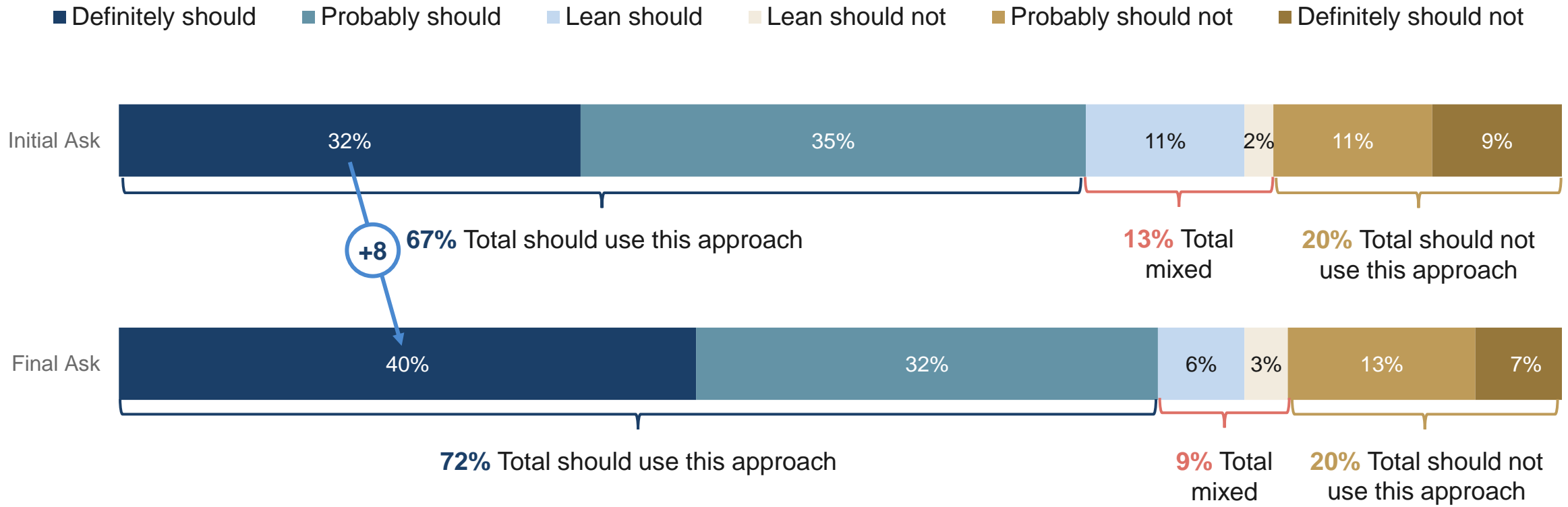


# **Messaging on Harm Reduction**



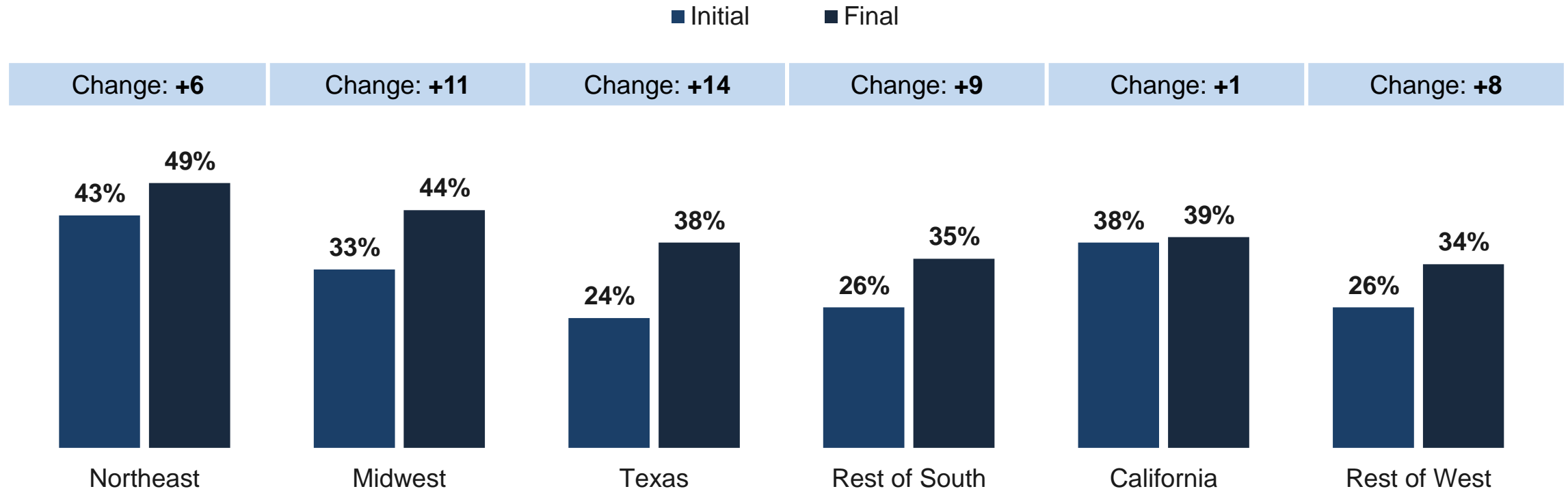
# After messaging, we get a +8 gain in the number of city voters who think their city should definitely use harm reduction.

*Should your city use a public health approach to prevent drug overdose deaths, diseases, and infections from drug use?*



# We make the most significant gains with city residents in the Midwest and South.

*My city should DEFINITELY use a public health approach to prevent drug overdose deaths, diseases, and infections from drug use.*



**Our strongest movement came from older women, Democrats, and people who view drug use as a health issue.**

*My city should DEFINITELY use a public health approach to prevent drug overdose deaths, diseases, and infections from drug use.*

	Initial %	Final %	Change +/-
All city residents	32	40	+8
Democrats	36	49	+13
Independents	28	30	+2
Republicans	27	29	+2
Men 18-49	35	45	+10
Men 50+	27	28	+1
Women 18-49	38	43	+5
Women 50+	27	43	+16
White residents	36	45	+9
Black residents	33	39	+6
Latino residents	29	37	+8
High school/less	32	43	+11
Some college	30	38	+8
College grads	30	34	+4
Postgrads	39	49	+10
Choice lens	26	29	+3
Health lens	40	54	+14
Experience with drugs	35	46	+11
No experience with drugs	28	35	+7

# We tested nine messages that make the case for harm reduction.

<b>SHORT/ LONG +COMPLETE STRATEGY*</b>	There are multiple causes behind the overdose crisis, so we need a complete strategy that includes short-term and long-term solutions. Cities that accept this reality are making real progress by embracing a complete strategy that includes saving lives in the short term with naloxone, fentanyl test strips, and overdose prevention centers, while in the long term, expanding mental health and substance use treatment options, increasing affordable housing, and creating more well-paying jobs.
<b>BRIDGE TO RECOVERY</b>	Not everyone will be ready for treatment to help them overcome an addiction. But we all know how much someone's circumstances can change in a month or a year, and by then they may be more willing to accept help. These actions give people the chance to get to that next day, next month, or next year so they can get help when they are ready to.
<b>COMPLETE STRATEGY**</b>	We have to stop pretending that drug use is some other neighborhood's problem. True community safety won't happen until we admit that drug use and overdoses happen everywhere. Cities that accept this reality are making real progress by embracing a complete strategy that includes saving lives with naloxone, fentanyl test strips, and overdose prevention centers, while also expanding mental health and substance use treatment options, increasing affordable housing, and creating more good-paying jobs.
<b>SAVES LIVES</b>	Let's face it: people didn't start using drugs because naloxone and fentanyl test strips are available. But they are living to see another day because naloxone and fentanyl test strips are available. That's another day when health workers can get them the help they need, including appropriate treatment.
<b>SAFETY TOOL</b>	We're surrounded by all sorts of danger every day and we keep tools on hand to protect us in case the worst happens. Fastening our seat belt protects us in a car accident. Keeping smoke alarms working in our homes protects us in case of fire. Similarly, making naloxone and fentanyl test strips available to people who use drugs and other actions like these can save someone's life if they overdose.

# We tested nine messages that make the case for harm reduction (*cont'd*).

## HUMANS NOT CRIMINALS

Sweeping people off the streets or forcing them into treatment won't solve our city's issues. We should treat people who use drugs as people, rather than criminals. We cannot control the actions of people who use drugs, but this approach reduces the chances that they will die if they do.

## SAFER COMMUNITIES

We all want to live in safe communities. Overdose prevention centers, making naloxone and fentanyl test strips available to people who use drugs, and other actions like these have both contributed to the decrease in overdose deaths we've seen in the last couple of years and reduced public drug use in neighborhoods.

## REALITY

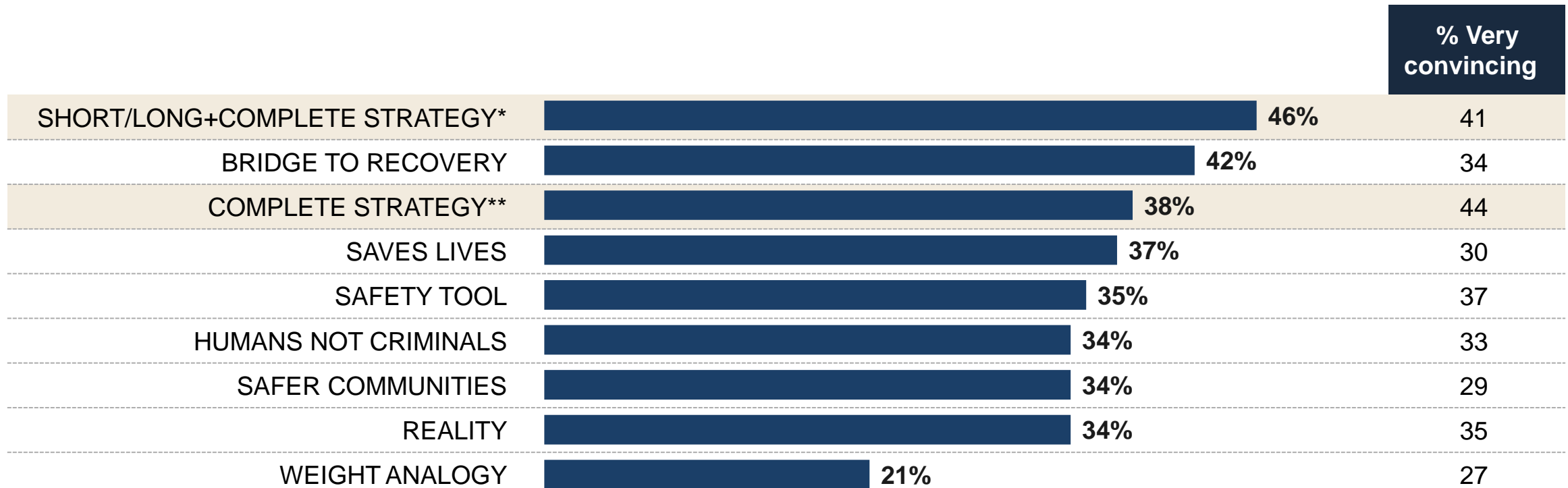
Like it or not, there will always be people who use drugs. Keeping everyone as safe and healthy as possible in this reality means making drug use safer. Making naloxone and fentanyl test strips available and creating overdose prevention centers won't stop someone from using, but they will make it less likely that they will die if they do. We need to take steps like this at the end of the day to keep people from dying.

## WEIGHT ANALOGY

Some people take medications like Ozempic and Wegovy for weight issues. Doctors may want us to exercise every day and eat a healthy diet, but not everyone does so. Weight loss drugs get them to a healthier place. Likewise, some people can't just stop using drugs because it's nearly impossible due to addiction or genetics. We have tools like these for drug use and weight loss to help get people to a healthier place.

# When asked to choose the best overall case for harm reduction, the complete strategy with short + long term frame and bridge to recovery rise to the top.

*Top THREE reasons that are most important to support these actions to prevent drug overdose deaths, diseases, and infections from drug use.*



# Focusing on a complete strategy and/or bridge to recovery is compelling across geographies.

*Top THREE most important reasons to support these actions*

Northeast	Midwest	Texas
SHORT / LONG+COMPLETE STRATEGY (48%)	SAFER COMMUNITIES (45%)	SHORT / LONG+COMPLETE STRATEGY (53%)
HUMANS NOT CRIMINALS (42%)	BRIDGE TO RECOVERY (43%)	BRIDGE TO RECOVERY (42%)
SAFETY TOOL (39%)	SHORT / LONG+COMPLETE STRATEGY (42%)	COMPLETE STRATEGY (38%)
	COMPLETE STRATEGY (42%)	SAFETY TOOL (38%)

Rest of South	California	Rest of West
BRIDGE TO RECOVERY (44%)	BRIDGE TO RECOVERY (51%)	SHORT / LONG+COMPLETE STRATEGY (56%)
SAVES LIVES (43%)	SAFETY TOOL (42%)	BRIDGE TO RECOVERY (44%)
SHORT / LONG+COMPLETE STRATEGY (36%)	REALITY (40%)	COMPLETE STRATEGY (39%)

# The youngest city residents like that harm reduction treats drug users as humans not criminals.

*Top THREE most important reasons to support these actions*

Ages 18-34	Ages 35-49	Ages 50-64	Ages 65+
HUMANS NOT CRIMINALS (47%)	SHORT / LONG+COMPLETE STRATEGY (48%)	SHORT / LONG+COMPLETE STRATEGY (48%)	COMPLETE STRATEGY (49%)
SHORT / LONG+COMPLETE STRATEGY (44%)	BRIDGE TO RECOVERY (41%)	BRIDGE TO RECOVERY (41%)	SHORT / LONG+COMPLETE STRATEGY (46%)
SAFETY TOOL (43%)	SAFER COMMUNITIES (38%)	SAVES LIVES (41%)	BRIDGE TO RECOVERY (43%)
COMPLETE STRATEGY (43%)			
BRIDGE TO RECOVERY (43%)			
White residents	Black residents	Latino residents	
SHORT / LONG+COMPLETE STRATEGY (47%)	COMPLETE STRATEGY (42%)	SHORT / LONG+COMPLETE STRATEGY (49%)	
BRIDGE TO RECOVERY (39%)	SHORT / LONG+COMPLETE STRATEGY (41%)	BRIDGE TO RECOVERY (48%)	
SAVES LIVES (37%)	BRIDGE TO RECOVERY (41%)	SAVES LIVES (40%)	



# The community safety message is important for the key swing group of independents.

*Top THREE most important reasons to support these actions*

Liberal Democrats	Non-liberal Democrats	Independents	Republicans
COMPLETE STRATEGY (52%)	SHORT / LONG+COMPLETE STRATEGY (51%)	SHORT / LONG+COMPLETE STRATEGY (41%)	SHORT / LONG+COMPLETE STRATEGY (42%)
SHORT / LONG+COMPLETE STRATEGY (50%)	BRIDGE TO RECOVERY (41%)	BRIDGE TO RECOVERY (41%)	BRIDGE TO RECOVERY (37%)
BRIDGE TO RECOVERY (47%)	SAFETY TOOL (41%)	SAFER COMMUNITIES (38%)	SAVES LIVES (36%)
			REALITY (36%)

# The safety tool argument is an important reason to support harm reduction for two key attitudinal groups.

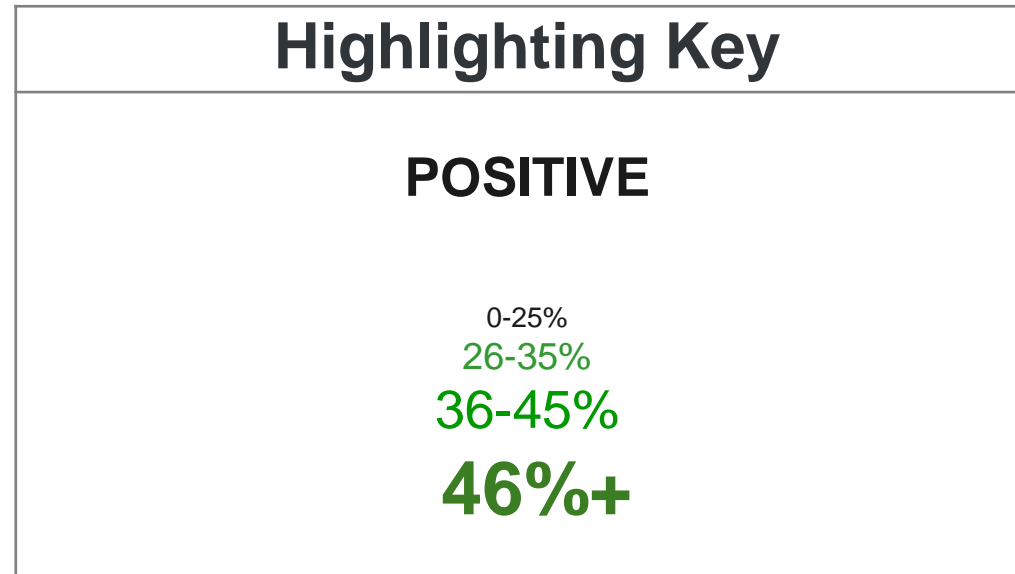
*Top THREE most important reasons to support these actions*

Probably should use HR	Mixed on HR use	Should use HR / open to criticisms	Choice lens on drug use	Crime only TOP priority
SHORT / LONG+COMPLETE STRATEGY (52%)	BRIDGE TO RECOVERY (44%)	SHORT / LONG+COMPLETE STRATEGY (46%)	BRIDGE TO RECOVERY (41%)	SHORT / LONG+COMPLETE STRATEGY (51%)
BRIDGE TO RECOVERY (52%)	COMPLETE STRATEGY (43%)	BRIDGE TO RECOVERY (43%)	SHORT / LONG+COMPLETE STRATEGY (39%)	COMPLETE STRATEGY (37%)
REALITY (38%)	SAVES LIVES (40%)	SAFETY TOOL (43%)	SAFETY TOOL (37%)	BRIDGE TO RECOVERY (35%)

# Messaging Key

Respondents were asked to read the message statement they found to be the MOST important reason to support actions to prevent drug overdose deaths, diseases, and infections from drug use and highlight specific words or phrases that made them feel positive or that they found especially compelling. Larger words correspond to greater percentages of respondents highlighting that word.

Words that stood out to respondents in a **POSITIVE** way are highlighted in **GREEN**.



# The strongest messages highlight that harm reduction gives people who use drugs the tools and opportunities to be able to change and better themselves.

## Short/Long+Complete Strategy

There are multiple causes behind the overdose crisis, so we need a **complete strategy** that **includes short-term and long-term solutions.** Cities that accept this reality are making real progress by **embracing a complete strategy** that includes **saving lives** in the **short term** with naloxone, fentanyl test strips, and **overdose prevention** centers, while in the long term, **expanding mental health** and **substance use treatment options,** **increasing affordable housing,** and **creating more well-paying jobs.**

## Bridge to Recovery

Not everyone will be ready for treatment to help them overcome an addiction. But we all know how much **someone's circumstances can change** in **a month** or **a year**, and by then they may be **more willing** to **accept help.** These actions **give people the chance** to **get** to that next day, next month, or next year so they can **get help** when they are **ready** to.

# Human-centered language also resonates well – focused on saving lives and treating people who use drugs as people.

## Humans Not Criminals

Sweeping people off the streets or forcing them into treatment won't solve our city's issues. We should treat

people who use drugs as people, rather than criminals.

We cannot control the actions of people who use drugs, but this approach reduces the chances that they will die if they do.

## Safety Tool

We're surrounded by all sorts of danger every day and we keep tools on hand to protect us in case the worst happens.

Fastening our seat belt protects us in a car accident.

Keeping smoke alarms working in our homes protects us in case of fire. Similarly, making naloxone and fentanyl test strips available to people who use drugs and other actions

like these can save someone's life if they overdose.

# A NIMBY criticism of harm reduction has the most traction, but an enabling and values criticism also has sway with one-third of city residents.

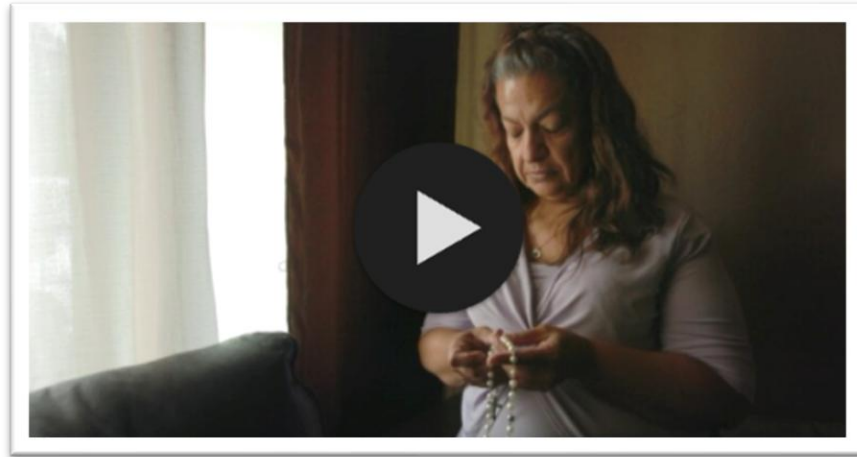
*This is a VERY convincing reason to oppose these actions to prevent drug overdose deaths, diseases, and infections from drug use:*

		Probably should use HR %	Mixed on HR use %
38%	<b>[NIMBY]</b> We all want actions that help prevent drug overdose deaths, but we don't want them to encourage drug use in neighborhoods with young families, seniors, and businesses that rely on people feeling safe. If we want our cities to thrive, we need actions that don't threaten to lower property values, hurt local businesses, or hurt our own neighborhoods.	28	45
33%	<b>[ENABLING]</b> These actions are not a long-term solution for addressing drug overdose deaths in cities. Because it does not require people to get treatment for addiction, it enables people who use drugs like heroin, fentanyl, or meth to continue using these drugs even after overdosing.	22	32
32%	<b>[VALUES]</b> These actions go against the values I want in my community and for families. Free needles, overdose prevention centers, and the other actions suggest that using hard drugs is okay, when we know that it is illegal and wrong. We don't want to send the wrong message, especially to kids in our community.	23	36
27%	<b>[LESS SAFE]</b> These actions will make our communities less safe. Distributing naloxone and fentanyl test strips and setting up overdose prevention centers that allow people to keep using in communities with high overdose rates will only attract more drug users to those communities. This will increase drug-related crime, public disturbances, and make our neighborhoods more dangerous.	17	31
18%	<b>[TRUST]</b> Law enforcement officers are better equipped than health workers and social workers to solve our city's drug problem. Police are the ones who respond to the crime and safety issues that drugs cause. It's good that health workers have the goal of saving drug users' lives, but the priority should be on police who have the goal of keeping neighborhood residents safe.	10	19

# Half of respondents also saw two videos on harm reduction with personal stories.

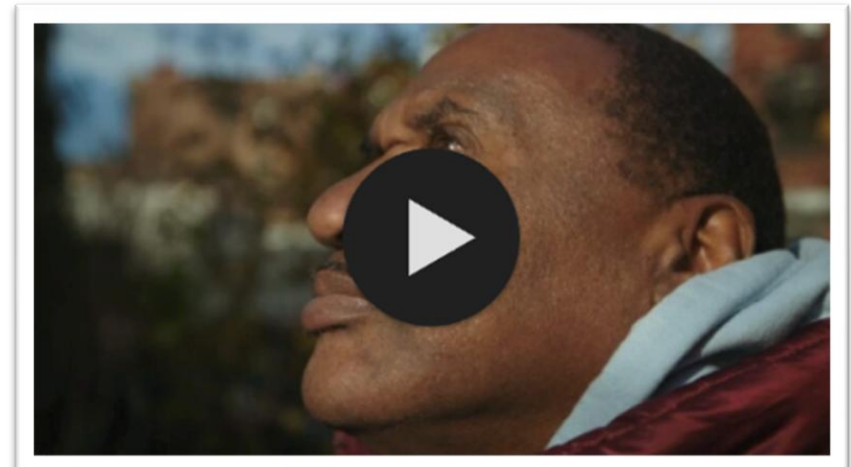
**Versa's story on how harm reduction would have saved her son's life from a drug overdose**

*(2:04 minutes)*



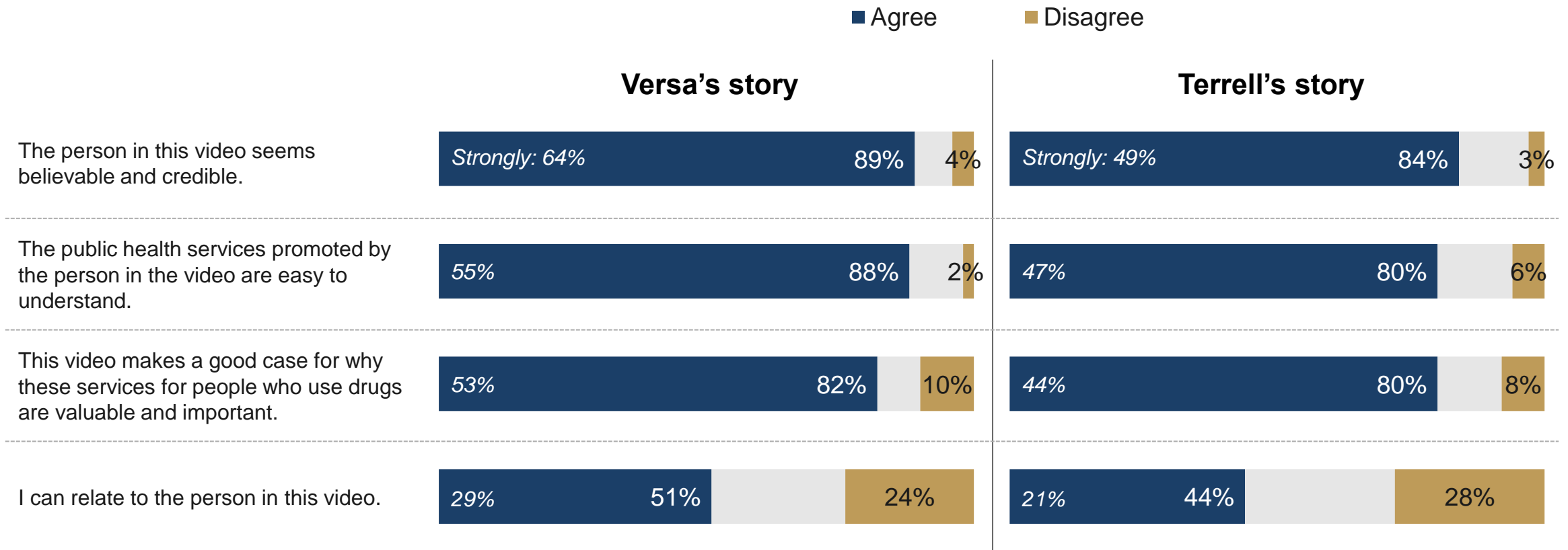
**Terrell's story on how he found community and recovery through harm reduction**

*(0:30 seconds)*



# Both made an effective case for harm reduction, but Versa's story was the strongest.

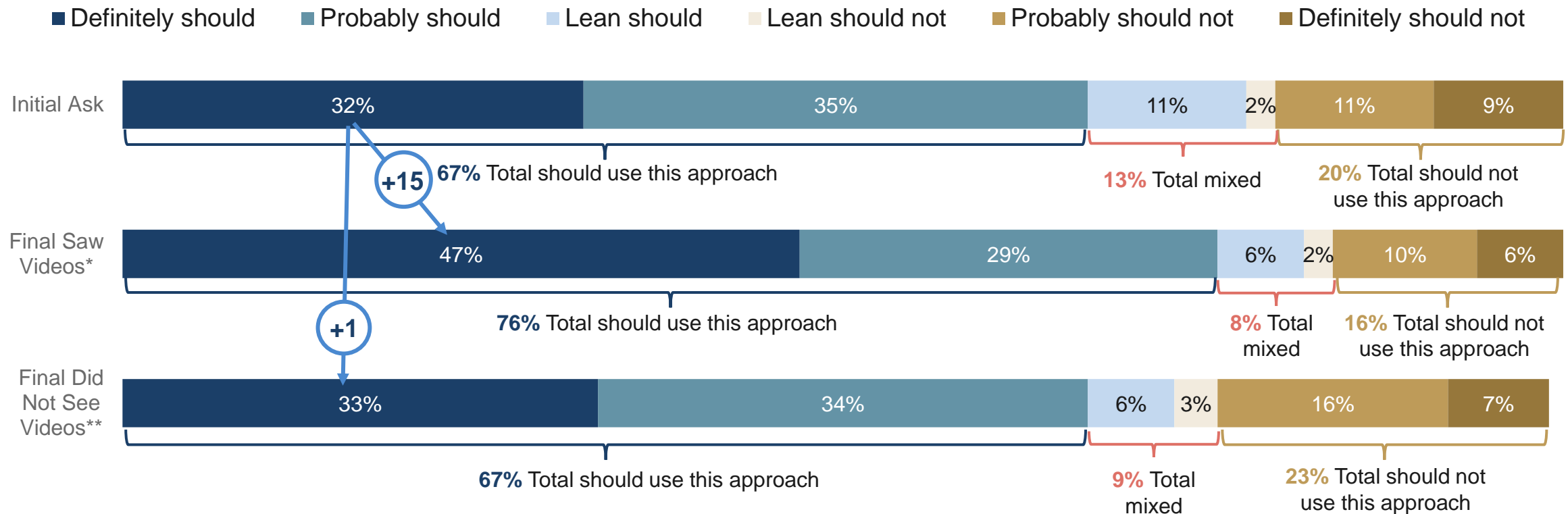
*After watching the video, how much do you agree or disagree with the following:*





# Watching the videos with strong emotional appeals in addition to written messaging move a significant number to strong support for harm reduction.

*Should your city use a public health approach to prevent drug overdose deaths, diseases, and infections from drug use?*

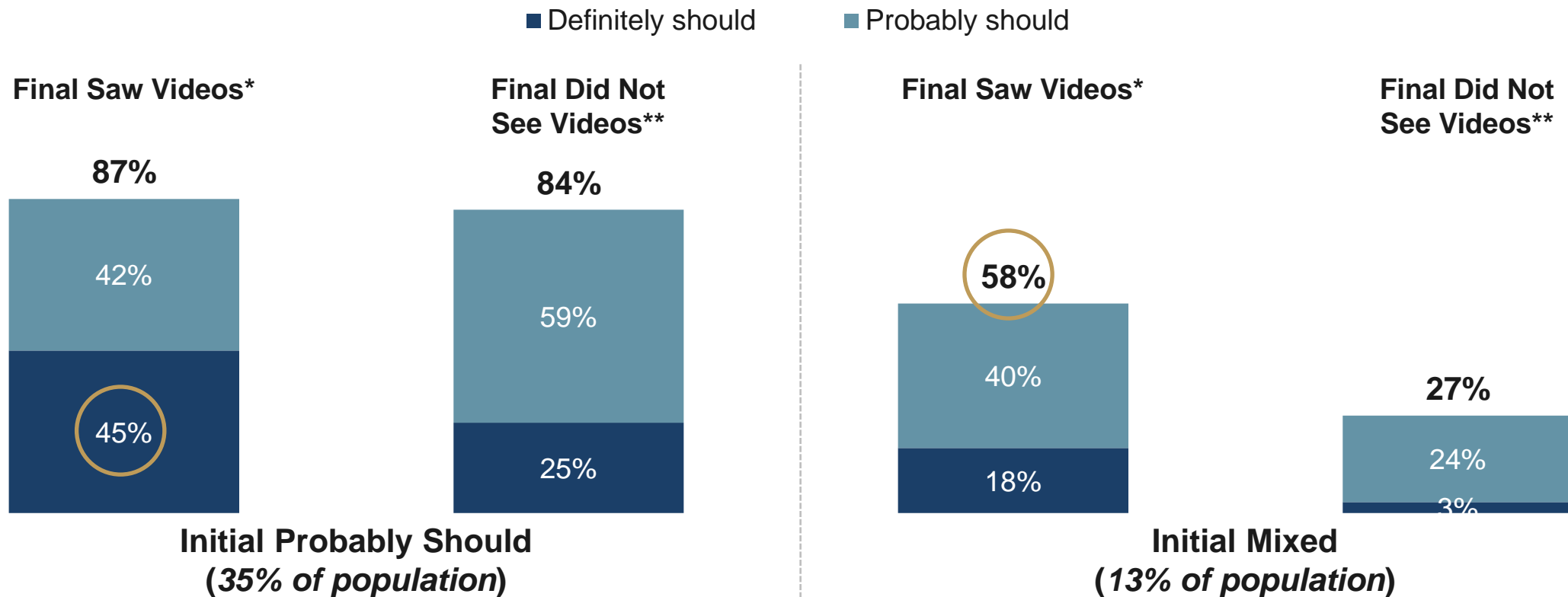


\* Asked of one-half of respondents. These respondents saw the two harm reduction videos.

\*\* Asked of one-half of respondents. These respondents did not see the two harm reduction videos.

# Personal stories of harm reduction moved soft supporters and leaners toward stronger support of the approach.

*FINAL ASK: My city SHOULD use a public health approach to prevent drug overdose deaths, diseases, and infections from drug use.*



\* Asked of one-half of respondents. These respondents saw the two harm reduction videos.

\*\* Asked of one-half of respondents. These respondents did not see the two harm reduction videos.

# Focusing on a bridge to recovery for drug users, rather than reducing public drug use, is a stronger response to criticisms of OPCs as enabling.

**Both Samples: Enabling** Overdose prevention centers only enable people who use drugs to continue using by providing a safe space for them to use, even after overdosing. Our cities should instead only spend those resources on rehabilitation centers, mental health services, or other treatment options that require drug users to stop using as a first step.

**Half Sample A: Path to Recovery** Overdose prevention centers are not about enabling people to use drugs but enabling people to survive through a difficult health issue so they can ultimately get the support they need. They provide a non-judgmental, safe space for drug users, encouraging them to seek treatment and support, and offering a path to recovery. Trained professionals help keep these individuals alive while also connecting them to mental health support, addiction treatment, and social services.

**Half Sample B: Reduce Public Use** There will always be people who use drugs in our cities. By offering a safe space for drug use with trained professionals, overdose prevention centers reduce drug consumption in public areas, minimizing the negative impact of visible drug use, litter, and discarded needles in our communities.

*Which of the statements do you agree with more?*

