

An Overview of Needle-Exchange Programs

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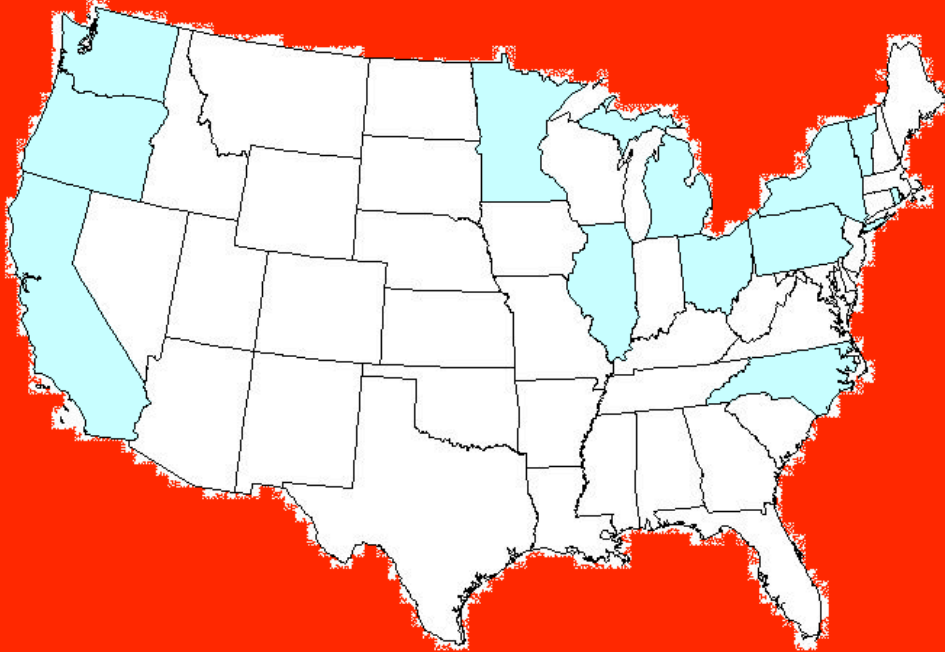
What are Needle-Exchange Programs?

- A **needle-exchange program** is a controversial social policy, based on the philosophy of harm reduction, whereby people can obtain hypodermic needles, and syringes without a prescription for little or no cost. They may require the exchange of a *dirty* (used) needle for the clean needle, and education on drug abuse and blood-borne diseases may be provided. As the primary function of such services is to disseminate clean injecting equipment (safe disposal of used equipment is a secondary aim) the more accurate term needle and syringe program is sometimes used.
- The idea is to prevent the reuse and sharing of contaminated needles. **Needle sharing is a major cause of the spread of certain diseases**, notably HIV and hepatitis C. In the United States a third of all new **HIV infections** can be traced to needle sharing and almost 50% of long-term addicts have hepatitis C. The provision of a needle exchange therefore provides a social benefit in reducing health costs and also provides a means to dispose of used needles in a safe manner

How and why did NEPs develop?

- The first NEP was established in **Amsterdam, the Netherlands** in 1984 by a drug users advocacy group called the Junkie Union
- The first person to distribute drug injection equipment publicly in the US was Jon Parker, in New Haven, CT and Boston, MA in November 1986 (Dan Waldorf, personal communication, September 1, 1992)
- The **first US NEP** to provide comprehensive services was established in **Tacoma, WA** in 1988.
- As of September 1, 1993 there are **at least 37 NEPs operating in 30 US cities**. In addition, we are aware of three states (Florida, Minnesota, and Arkansas) and two cities (Cincinnati, OH and Baltimore, MD) that are considering opening programs.
- NEPs, such as those in **New Haven and Portland, OR** were established only after prolonged periods of community consensus-building.

NEPs in the United States:



- **Washington**
 - Blue Mountain Heart to Heart
- **Oregon**
 - Roseburg Risk Reduction
- **California**
 - Santa Clara County HIV/AIDS Program Call toll free 1-888-308-1110
- **Minnesota**
 - Access Works! St. Paul, MN
- **Michigan**
 - HAS, Inc. Grand Rapids, MI
- **Illinois**
 - Chicago Recovery Alliance
- **Ohio**
 - No Harm, Inc.
- **Pennsylvania**
 - Prevention Point Philadelphia
- **New York**
 - ADAPT
- **Vermont**
 - Vermont Cares
- **Rhode Island**
 - ENCORE; Providence RI
- **Connecticut**
- **North Carolina**
 - The Wright Focus Group

The most successful NEP... New Haven, CT

- In 1990 health officials in New Haven established a needle exchange program to prevent the rapid spread of HIV among its injecting drug user population.**
- The program provides users with a clean syringe for every one they return, along with a kit to clean the syringe after use, condoms and HIV education.**
- The staff of the program can also provide drug treatment referrals upon request (Thompson 55-56).**
- This program is extremely important because a group of Yale researchers has been tracking the program's exchanged syringes and collecting data since it was started (Heimer 214).**

And they found...

Data collected from New Haven, CT Program:

- A total of 26,789 sterile syringes were handed out to 1,091 program participants from November 1990 to December 1991 (Heimer 215). About 57 percent of the program syringes were returned, which is considered normal based on the rates of returned syringes of other programs. During this time the percentage of HIV positive syringes dropped from nearly 64 percent to about 48 percent (Heimer 216). A report of the change is documented in table 1:

Table 1

Month	No Tested	No. HIV+	%HIV+
Nov-Dec 1991	274	517	63.9
Jan 1991	160	91	56.9
Feb-Apr 91	347	141	40.6
May-July 91	343	139	40.5
Aug-Oct 91	398	166	41.7
Nov-Dec 91	338	164	48.5

Source: Adapted from Heimer et al. 216.

Conclusions from the New Haven Program

- **We argue that the New Haven Program was successful leading to the stability of the HIV positive occurrence rate among its injecting drug user population.**
- **Also the Yale research group has calculated that the program has led to "a drop of at least 33 percent in the rate of new HIV infections" (Friedman 24).**
- **The United States still does not have a national needle-exchange program. In order for it to be successful, it would need to track the syringes like the New Haven Program does.**

Do NEPs increase drug use?

- Less than 15% of intravenous drug users are in treatment on any given day.
- There is no evidence to support the claim that NEPs increase drug use among individuals or levels of drug use in communities.
- A 1997 study done by the National Institute of Health showed that NEPs do not encourage new drug users.
- All NEPs advise and encourage drug treatment.
- NEPs are not associated with a change in injection frequency among NEP clients.

The Need for NEPs

- NEPs are necessary because of the large number of people becoming infected with HIV through the use of contaminated needles.
- One estimate claims that 9 out of 10 cases of heterosexual transmission of HIV in New York City are related to sex with a drug user.
- At least 33 Americans are infected with HIV every day through a contaminated needle.
- Many studies also show that areas with NEPs have an increased number of people entering into drug treatment programs.
- Other diseases such as Hepatitis B and C can also be transmitted via contaminated needles.
- NEPs also help to reduce the number of contaminated needles discarded in public places since clients must turn in a needle to get a clean one.
- The number of discarded syringes in the vicinity of the Portland NEP decreased by almost two-thirds after the NEP opened.

Financial Aspects of NEPs

- Portland NEP yearly cost: \$775,000
- Amount to treat one infection: \$200,000
- If only 5 infections are prevented, the program pays for itself.
- In 1997, approximately \$833 million of government money was spent to treat people infected with HIV as a result of IV drug use. (most people infected do not have health insurance and thus rely on governmental support for treatment)

Intravenous Drug Use and HIV Transmission

- Intravenous drug use provides an extremely efficient pathway for HIV transmission. It is easier to catch the virus by using a contaminated needle than by having unprotected sex with an infected person.
- Over 1/3 of all new HIV cases are caused by intravenous drug use.
- Approximately 57% of all cases in women and 31% of all cases in men are a direct or indirect result of injected drugs.
- At least half of infections in newborn infants are because of a parent's drug use.
- HIV is spread very rapidly among needle sharers. People within these social circles that do not use needles often become infected through sex with a needle user.
- Studies at the University of Texas at Dallas, among others, show that a person with HIV is the most contagious during the first weeks to months of their infection. This is also the time when the person is most likely to be continuing to share needles and the cycle of infecting others is continued.
- By the time a member of a drug using social circle has been tested and diagnosed, many other people have already been infected.

Legal Barriers

- In 1988, NC Republican Senator Jesse Helms sponsored a ban on using federal funds for needle exchange programs.
- The Clinton administration agreed that NEPs do not encourage drug use and help stop the spread of HIV yet refused to lift the ban on funding.
- George W. Bush made it clear that he opposed NEPs when he was campaigning for the presidency. His administration does not discuss NEP and instead focuses on other methods of prevention such as the use of condoms and abstinence-only education.
- Many government leaders shy away from the topic of needle exchange programs because of the controversy involved and fears of losing positions as a result of promoting, or even discussing, NEPs.
- Over half of NEPs in the United States are technically illegal but are still permitted.
- Others operate “underground”.
- It is illegal to buy needles and syringes without a prescription in many states and therefore NEPs are illegal in these states.

Social Barriers

- Needle Exchange Programs are highly controversial. Many people argue against these programs, contributing to the lack of both federal and state funding.
- The concept of distributing needles for drug users goes against the moral beliefs of our country.
- Many people argue that supporting needle exchange programs sets a negative example for the children of America. How can we tell children not to do drugs while supporting members of the community in their drug habits?
- Other people argue against these programs because using tax dollars to support them takes away from other, more pressing issues such as education.
- Many advocates for the underprivileged and homeless populations believe that the money used for these programs would be better spent in providing shelter, food, and clothing for those in need.
- Still others claim that more money should be spent on drug treatment programs, such as methadone clinics, that help stop drug use instead of NEPs that seem to condone drug use.

The Public's Opinion

- In spite of the social and legal arguments against NEPs, a poll by the Kaiser Family Foundation showed that 66% of Americans support needle exchange programs.
- An additional poll conducted by the Lindesmith Center-Drug Policy Foundation indicated that 71% of Americans support lifting the ban on the use of federal funds for NEPs.
- Public Health, social, and medical organizations such as the , the American Medical Association, the American Bar Association, the American Public Health Association, and the National Conference of Mayors are also in favor of lifting the ban.

Conclusion

- Needle exchange programs are a vital component in HIV/AIDS prevention.
- NEPs, combined with counseling, drug treatment, and education about other prevention methods help to reduce the rates of new HIV infection as well as reducing the use of intravenous drugs.
- According to the Substance Abuse and Mental Health Administration, there are approximately 2.4 million people in the United States using intravenous drugs. HIV spreads rapidly through these communities. NEPs are necessary to save the lives of these people and the people surrounding them.

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