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PROJECT ON ACCOUNTABLE JUSTICE

## Policy and Practice Review: Needle Exchange Programs

Britain's "Iron Lady" has passed. History will remember Margaret Thatcher as one of the most controversial and influential leaders of our time. In a move seemingly incongruous to her staunch conservatism, she launched the first national needle exchange program to prevent an epidemic of HIV/AIDS transmission among addicts. Her steely eye fell at least upon the data, if not the compassion.

Dispensing needles is illegal in Florida, even in the context of public health.<sup>1</sup> But the Florida Legislature is currently revisiting this policy in a limited and deliberative fashion. As a resource to the public and in policy deliberations, the FSU Project on Accountable Justice has undertaken a brief review of the past 30 years' literature on Needle Exchange Programs and what, if any, potential such a program in Florida would have to advance or negatively impact public safety.

Across the board, we find overwhelming positive implications for public health and public safety.

### **What Are Needle and/or Syringe Exchange Programs?**

Found in at least 32 states in a variety of designs, Needle Exchange Programs provide clean needles in exchange for used needles to injection drug users for the purpose of reducing the transmission of HIV/AIDS and other blood-borne illness.

Exchange programs also provide a host of educational materials, treatment and counseling referrals, HIV/AIDS testing, and other risk-reducing supplies like alcohol pads, clean syringes, tourniquets, and condoms also aimed to reduce the transmission of blood-borne diseases.

*Centers for Disease Control and Prevention and  
2011 National Survey of Syringe Exchange Programs*

*CDC Information found at:*

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a4.htm>

*National Survey Found at:*

[http://www.nasen.org/site\\_media/files/bis2011/2011-survey-results-presentation-final.pptx](http://www.nasen.org/site_media/files/bis2011/2011-survey-results-presentation-final.pptx)

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<sup>1</sup> Section 893.147, Florida Statutes

## Previous Studies

As reported by George Mason University, “Every single medical, scientific and legal body ever to look at the data has come down in favor of it (needle exchange programs).”<sup>2</sup>

The following is a sampling of organizations whose research concludes positive effects from needle exchange programs: The Institute of Medicine, the National Institutes on Health, the Centers for Disease Control and Prevention, the American Bar Association, the American Medical Association, the American Psychological Association, the American Society on Addiction Medicine the American Public Health Association, the World Health Organization, Britain’s Advisory Council on the Misuse of Drugs, the United Nations Office of Drug Control, the Joint United Nations Programme on HIV/AIDS the Office of Technology Assessment of the U.S. Congress and both President Bush's and President Clinton's AIDS Advisory Commissions, the U.S. Surgeon General and many others.<sup>3</sup>

## Needle Exchange Programs Benefit Law Enforcement Safety & Reduce Public Risk

Exchange programs have been shown to increase the safe disposal of dirty needles, protecting law enforcement, healthcare workers, and the public from exposure of needle-stick incidents. Research by University of Miami students, the impetus for the Legislature’s current attention, reveals Miami has eight times more needles littering the streets than does San Francisco. San Francisco is home to four programs that distribute clean injection supplies.<sup>4</sup>

While program specifications vary greatly, a 2011 survey of 110 participating needle exchange programs across the country reports an 85% exchange rate. That is, for each clean needle distributed, there were approximately .85 dirty needles turned back in to the same program.<sup>5</sup>

Concern over increases in crime rates in areas with needle has also been reviewed. There is evidence that needle exchange programs reduce crime or show no increase in crime.<sup>6</sup>

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<sup>2</sup> George Mason University, Stats Article, *Needle Injection and the New Drug Czar*, 2008. Accessed at [http://stats.org/stories/2008/needle\\_exchange\\_drug\\_czar\\_dec03\\_08.html](http://stats.org/stories/2008/needle_exchange_drug_czar_dec03_08.html). Links to other reports hyperlinked on this document in electronic format.

<sup>3</sup> Centers for Disease Control and Prevention, “*Syringe Exchange Programs—United States, 2005*,” MMWR Weekly, 2007. Accessed at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a4.htm>

<sup>5</sup> George Mason University, Stats Article, *Needle Injection and the New Drug Czar*, 2008. Accessed at [http://stats.org/stories/2008/needle\\_exchange\\_drug\\_czar\\_dec03\\_08.html](http://stats.org/stories/2008/needle_exchange_drug_czar_dec03_08.html). Links to other reports hyperlinked on this document in electronic format.

<sup>4</sup> Tookes, H. E., Kral, A. H., Wenger, L. D., Cardenas, G. A., Martinez, A. N., Sherman, R. L., Pereyra, M., Forrest, D. W., LaLota, M., & Metsch, L. R. (2012). A Comparison of Syringe Disposal Practices Among Injection Drug Users in a City with Versus a City Without Needle and Syringe Programs. *Drug and Alcohol Dependence*, 123, 255-259.

<sup>5</sup> North American Needle Exchange Program, 2011 National Survey of Syringe Exchange Programs: Summary of Results. Accessed at: [http://www.nasen.org/site\\_media/files/bis2011/2011-survey-results-presentation-final.pptx](http://www.nasen.org/site_media/files/bis2011/2011-survey-results-presentation-final.pptx)

Additional research does not support the concept of the exchange site serving as the hub of drug networking.<sup>7</sup>

### **Needle Exchange Programs Save Public Dollars**

Florida is home to more than 90,000 injection drug users, 19% with HIV and at least 23,000 with Hepatitis-C. The expense in health costs for *lifetime* treatment for HIV is upwards of \$600,000,<sup>8</sup> for Hep-C, more than \$300,000.<sup>9</sup> Street addicts do not have health insurance.

The quantified cost savings and cost avoidances realized through exchange programs vary greatly from study to study depending upon a host of factors including program size, local infection and drug use rates, number of needles dispensed, etc. However, along with actual economic evaluations that find savings, the “relatively low cost of NEPs [Needle Exchange Programs] compared to the extremely high treatment costs of new infections means presumptions of cost-savings to society as a whole appear to be justified in many circumstances.”<sup>10</sup> A review for the International AIDS conference in 2012 estimates a savings of at least \$3 dollars in averted costs for every \$1 dollar invested in expanding needle and syringe programs.<sup>11</sup>

### **Needle Exchange Programs are Rational**

There is a natural tendency to look upon the dispensing of clean needles as an endorsement of drug use—an act that is not only illegal, but immoral.

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<sup>6</sup>Marx, Melissa. Trends in Crime and the Introduction of a Needle Exchange Program. *American Journal of Public Health*. Vol. 90, No.12, 2000. Accessed at: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.90.12.1933>

<sup>7</sup>Junge, Benjamin. Syringe Exchange not associated with social network formation: results from Baltimore. *AIDS*, Vol. 14, No.4, 2004. Accessed at: <http://www2.newpaltz.edu/~jungeb/Downloadables/Junge%20et%20al,%202000,%20Syringe%20Exchange%20Not%20Associated.pdf>

<sup>8</sup>Schackman, B. R., Gebo, K. A., Walensky, R. P., Losina, E., Muccio, T., Sax, P. E., Weinstein, M. C., Seage, G. R., Moore, R. D., & Feedberg, K. A. (2006). The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States. *Medical Care*, 44, 990-997.

<sup>9</sup>The C. Everett Koop Institute, Dartmouth Medical School. Hepatitis C: An Epidemic for Anyone, Associated Health Costs—U.S. Accessed at: <http://www.epidemic.org/thefacts/theepidemic/USHealthCareCosts/>.

<sup>10</sup>Sapienza, Dan. *Needle Exchange Program Analysis: Research Analysis Prepared for the Health District of Northern Larimer County*, May 2012. Accessed at: [http://www.healthdistrict.org/policy/2012/Needle\\_Exchange\\_Analysis\\_05-16-12.pdf](http://www.healthdistrict.org/policy/2012/Needle_Exchange_Analysis_05-16-12.pdf)

<sup>11</sup>Nguyen, T.Q., Weir, B.W., Pinkerton, S.D., Des Jarlais, D.C., & Holtgrave, D. (July 23, 2012). Increasing investment in syringe exchange is cost-saving HIV prevention: modeling hypothetical syringe coverage levels in the United States (MOAE0204). Presented at the XIX International AIDS Conference, Washington D.C. Session. Accessed at <http://pag.aids2012.org/session.aspx?s=198#4>

Research has yet to answer the question of morality, but the facts do not support that needle dispensing encourages drug use.

Drug addicts do not quit using because their needle is dirty. In study after study after study, including in Florida, with 29% of users reusing their needle during their last injection, and 64%<sup>12</sup> reporting using needles previously used by someone else--they inject and contract and spread diseases with dirty needles. The U.S. General Accounting Office and others<sup>13</sup> have repeatedly shown, "strong evidence" that exchange programs do not increase drug use broadly, or individually.<sup>14</sup>

"Studies have searched for and found no convincing evidence of...unintended complications...: greater injection frequency, increased illicit drug use..." or other consequences, thus fulfilling the WHO criteria, "absence of negative consequences."

World Health Organization

As reported by the Centers for Disease Control and Prevention,<sup>15</sup> exchange programs almost always include additional related prevention and educational materials as well as referrals to treatment and counseling services.<sup>16</sup> Studies have observed that participation in needle exchange programs reflects an increased likelihood that addicts will enter and remain in drug treatment.<sup>17</sup>

As an integral component to comprehensive public health package, one that includes education, treatment, and counseling, exchange programs work and may serve as a lifeline to addicts who would otherwise not seek help.

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<sup>12</sup> Florida Department of Health, Bureau of HIV/AIDS. 2012

<sup>13</sup> World Health Organization. *Effectiveness of Sterile Needle and Exchange Programming in Reducing HIV/AIDS Among Injecting Drug Users*. Evidence for Technical Papers. 2004.

<sup>14</sup> GAO. *Needle Exchange Programs: Research Suggests Promise on AIDS Prevention Strategy*. 1993.

<sup>15</sup> Centers for Disease Control and Prevention, "Syringe Exchange Programs—United States, 2005," *MMWR Weekly*, 2007. Accessed at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a4.htm>

<sup>16</sup> For example, 97% of the 102 U.S. programs surveyed reported dispensing condoms, 97% alcohol pads, 81% HIV counseling and testing, and 86% substance abuse treatment referral. Centers for Disease Control and Prevention, "Syringe Exchange Programs—United States, 2005," *MMWR Weekly*, 2007. Accessed at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a4.htm> Table 2 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a4.htm#tab2>

<sup>17</sup> World Health Organization. *Effectiveness of Sterile Needle and Exchange Programming in Reducing HIV/AIDS Among Injecting Drug Users*. Evidence for Technical Papers. 2004.

## Needle Exchange Programs Work

Exchange programs can be found in as many as 35 states, most countries in Europe, and Australia and New Zealand. Needle exchange programs have been effective in reducing injecting risk behaviors by as much as 80% and HIV incidence among IV drug users by 30%.<sup>18</sup> One international study compared HIV rates in addicts in 99 cities around the globe. In cities with needle programs, HIV fell by 18.6%. In cities without, HIV grew 8.1%.<sup>19</sup> The introduction and expansion of needle exchange programs in New York City has been associated with reversing an epidemic that saw more than 50% of users infected with HIV.<sup>20</sup>

The political dynamics and economic realities of exchange programs were summed up by Texas Republican Sen. Bob Duell, in similar deliberations in our conservative sister state, "At one time, I was opposed, but I looked at the data...How could I argue with that?...It costs us a fortune to treat HIV and hepatitis C. It's breaking the budget."<sup>21</sup>

Consider the public cost of lifetime treatment of a drug addict: hundreds of thousands of dollars. The cost of a clean needle is less than a dollar.

Sen. Duell notes an additional spiritual argument, "I look at it from a Christian viewpoint. What would Jesus do? ...[Addicts] are God's children, too...this puts them in touch with someone who might reach them. The very act of handing them clean needles says, Your life has value to me."

Consider Prime Minister Thatcher's experiment.

### Evidence Continues to Support the Efficacy of Needle and Syringe Exchange Programs

Since 2007, the year Washington, D.C. began implementing needle exchange as a public health strategy, annually hundreds of thousands of needles have been exchanged and kept off the streets (340,000 in 2011 and 550,000 in 2012).

During this same period, the number of HIV cases linked to intravenous drug use dropped by 80 percent while the rate of new HIV cases was cut in half.

*Annual Epidemiology and Surveillance Report*,  
District of Columbia Department of Health,  
Accessed at: <http://doh.dc.gov>

<sup>18</sup> National Institutes of Health, Interventions to Prevent HIV Consensus Statement,

<sup>19</sup> MacDonald M, Law M, Kaldor J, Hales J, Dore GJ. 2003. Effectiveness of needle and syringe programmes for preventing HIV transmission. *International Journal of Drug Policy* *Sterile Syringe Access for Injection Drug Users in the 21st Century: Progress and Prospects*. As reported by George Mason University, Stat Article at [http://stats.org/stories/2008/needle\\_exchange\\_drug\\_czar\\_dec03\\_08.html](http://stats.org/stories/2008/needle_exchange_drug_czar_dec03_08.html).

<sup>20</sup> Des Jarlais DC, Perlis T, Kamyar A, et al. HIV Incidence Among Injection Drug Users in New York City, 1990 to 2002: Use of Serologic Test Algorithm to Assess Expansion of HIV Prevention Services. *Am J Public Health*. 2005;95:1439-1444.

<sup>21</sup> Martin, William. "Guest Column: The Conservative Case for Needle Exchange." *The Texas Tribune*, February 11, 2011. Accessed at <http://www.texastribune.org/texas-legislature/texas-legislature/why-texas-should-allow-needle-exchange-for-addicts/>

In Great Britain, where Mrs. Thatcher's wild idea has stood the test of time, an HIV epidemic of needle users never reached more than 1% of HIV infected addicts, while we continue to struggle.<sup>22</sup>

## Conclusion

Numerous studies reviewed by PAJ indicate needle exchange programs are a positive component to a larger public health/public safety package. Evidence shows needle exchange programs: 1) reduce HIV/AIDS transmission; 2) reduce injection risk behaviors, including needle sharing and improper disposal; and 3) reduce and avoid public health costs. At the same time, our review also found that areas of concern, including increased crime and drug use, could not be substantiated in available research.

As with any major policy decision, the devil is in the details--in implementation. With an abundance of research, evidence, and best practices from around the world, should Florida decide to add a Needle Exchange Program(s) to her health-and public-safety portfolio, there is no need to re-invent the wheel. More than three decades of research and experimentation provide a pragmatic and deliberate path from which to launch.

Resources are available to guide decision making both in policy and practice, including publications in evidence-based best practices.<sup>23</sup> Of course, throughout every point in the process--from design to implementation to evaluation to expansion--evidence should continue to guide decision making.

## One Final Observation: The Role of Public Safety in Needle Exchange Programs

It is understandable that anxiety and mission confusion emerge in discussions of public safety, crime, and the involvement of law enforcement—or lack thereof—of a community's needle exchange program. The following extract summarizes the very natural dilemma.

Striking a balance between 'feeding an addiction' and preventing the spread of a fatal disease seems to be the core struggle police officials have with NEPs. The dilemma for law enforcement is the possibility of having to enforce laws restricting an intravenous

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<sup>22</sup> George Mason University, Stats Article, *Needle Injection and the New Drug Czar*, 2008. Accessed at [http://stats.org/stories/2008/needle\\_exchange\\_drug\\_czar\\_dec03\\_08.html](http://stats.org/stories/2008/needle_exchange_drug_czar_dec03_08.html).

<sup>23</sup> Reviewed examples found at: [http://www.cdph.ca.gov/programs/Documents/US\\_SEP\\_rec\\_final\\_report.pdf](http://www.cdph.ca.gov/programs/Documents/US_SEP_rec_final_report.pdf) and <http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/additional-best-practice-documents/>

drug user's (IDU) access to clean needles, while at the same time acknowledging that these very restrictions contribute to the spread of HIV in their community.

To be caught between a public health crisis and the need to appear that they are not backing away from enforcement of illegal drug use is troubling for police.

Contributing to this controversy is conflicting information and data, community standards, the concern about the "message" given to children, and often the absence of a cohesive, coordinated, and comprehensive local policy to address the community's drug, abuse issues.

Extracted from: *Needle Exchange Programs: Considerations for Criminal Justice*,  
The Center for Innovative Public Policies accessed at: <http://www.cipp.org/pdf/criminal.pdf>

To view public safety and public health professionals as "opponents" is to doom the long-term potential for implementation of needle exchanges and other strategies. These two entities are both essential in their important collaboration to combat the pernicious societal impact of drug addiction.

At their core, the mission of both public safety and public health is to protect the public. It is therefore not merely desirable, but critical to any successful program to actively integrate public safety, police and other law enforcement, in the thoughtful planning and implementation of Florida's strategy for needle exchange programs.

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This Project on Accountable Justice Review was written by Deborah Brodsky, Director

**ABOUT FSU PROJECT ON ACCOUNTABLE JUSTICE:** The mission of the Florida State University Project on Accountable Justice (PAJ) is to advance public safety through evidence-based practices and policies in Florida and beyond. PAJ is a collaborative public policy research laboratory determined to find answers through data and across a spectrum of academic disciplines for practical application in juvenile and criminal justice policy deliberations. With a distinguished Executive Committee guiding the operation, PAJ facilitates research, public education and dialogue to provide reform options that turn Florida and the nation from a trajectory of expensive and outmoded practices of mass incarceration and poor performance to stopping victimization, turning countless lives around, rebuilding families, saving billions of taxpayer dollars and, ultimately, enhancing safety and vitality in communities across our country.

PAJ is a partnership of Florida State University, Baylor University, St. Petersburg College, and Tallahassee Community College.

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