

## NEEDLE EXCHANGE

### A Pilot Program to Reduce AIDS Among Intravenous Drug Users

Approximately 12,000 intravenous drug users (IVDU's) live in King County. Approximately 9% are already infected with the human immunodeficiency virus (HIV), the virus that causes AIDS, primarily through sharing the equipment they use to inject drugs.

In New York City, the rate of infection grew from approximately 9% to over 50% in two years. Intravenous drug use is the direct and indirect cause of 8 out of 10 reported cases of AIDS among heterosexuals and children in New York City.

What is the SKCDPH proposed needle exchange program?

It is a program in which new sterile needles and syringes are exchanged for used ones so that IVDU's can slow the spread of HIV. Making sterile needles more available is just one step toward reducing the spread of HIV. The proposed program will include drug counseling and intensive education on how to change the drug and sex behaviors that put IVDU's at risk of getting or giving the AIDS virus.

Why is such a program necessary in King County?

It is very important that we stop the spread of AIDS and other blood-borne diseases among IVDU's, their sexual partners, and their newborn children. A needle exchange program is just one of a variety of measures that we must try. It may help in several ways:

- 1) It can help addicts reduce the needle-sharing and sexual behaviors that spreads AIDS. Education and counseling has been shown to help IVDU's change their high-risk behavior, and needle exchange programs increase access to this population.
- 2) It can help us motivate addicts to seek treatment. By establishing on going contact with people at high risk of HIV infections, we will have more chances to make referrals to drug treatment and other services.
- 3) Closer relations with active drug users will help us learn how to reduce the drug-related risks of infection with HIV.

Is needle exchange being tried elsewhere?

Yes. Needle exchange programs are in place in Europe, New York City, Portland, Oregon, and Tacoma, Washington and are being developed in Vancouver and Victoria, British Columbia. European data seem to indicate that they have helped slow the spread of AIDS virus infection among IV drug users. Research does suggest that drug users would try to avoid getting infected by using clean needles if there were available. The needle exchange pilot project will see if this is possible in King County.

Is needle exchange illegal?

There are differing opinions on whether a needle exchange program violates RCW 69.50.412 (the paraphernalia section of the Uniform Control Substances Act). It is the prevailing opinion that the statute has no apparent exception for health care providers. While a needle exchange program would not seem to violate the spirit of the statute, it would appear to violate its specific language.

It does not necessarily follow that the King County Prosecuting Attorney would prosecute Health Department staff operating the program. The Seattle Police Department have indicated that they do not think the project is illegal and they do not intend to arrest individuals participating in a needles/syringes exchange; if there are no arrests, there can be no prosecutions. Therefore, as long as the program is housed in Seattle, it appears that Health Department staff will be safe from arrest and prosecution.

Dennis Braddock, State Representative of the 42nd Legislative District and co-sponsor of the State AIDS Omnibus Bill, believes that needle exchange is legal under State Bill 6221. In a letter to Pierce County, he gave the following reasons for his opinion.

- (1) When the Legislature was deliberating the Omnibus AIDS Legislation (SB 6221), it recognized that the future "at risk" population was not only the gay and bisexual males, but, increasingly, the intravenous (IV) drug user. Further, Committee was informed that the availability of clean needle exchange programs had great potential for controlling the disease.
- (2) In discussions with committee members, we considered enumerating the types of "materials" in the law, but decided against such drafting because by mentioning some "materials" the Legislature might be construed as excluding others. This would have been extremely problematic because AIDS is such a relatively new disease and the best intervention methods may be yet to come.
- (3) The members realized that being somewhat non-specific regarding which "materials" to be included has the consequence of providing extraordinary broad authority. On the other hand, the members wanted to provide some flexibility to the service providers. Further, the members were more willing to do so because the authority is given exclusively to the AIDS services networks. There are only six networks and they are run by local health officers. Currently, there are 31 LHOs in the state and all hold M.D. degrees with specialized training in public health. Collectively, they enjoy a great deal of respect and trust from the Legislature. Our final decisions, to grant a certain degree of discretion to these distinguished individuals, was less troublesome than if it were granted to a unknown number of less qualified persons.

Wouldn't drug treatment programs be more effective than needle exchange?

Yes. Immediate access to drug treatment for all who want it is the best way to prevent the spread of AIDS among IVDU's, their sex partners, and their children. But there are more IVDU's who want treatment in King County than there are publically supported treatment slots. A person wishing to enter a publically supported methadone treatment program must wait for weeks. During this time, he or she is almost certain to continue to inject drugs, possibly sharing needles, and thereby contributing to the spread of AIDS. It is also true that some IVDU's are not ready to accept treatment.

Doesn't the needle exchange pilot give addicts the message that King County encourages drug use?

No. If anything, the message that this program gives IVDU's is that King County cares about reducing the spread of AIDS among all of its citizens. Research has not shown an increase in drug use in areas where needle exchange programs are in effect. Experts across the country have agreed that the time has come for trial needle exchange programs.

Is this pilot study King County's only response to the problem of IV drug use and AIDS?

No. The SKCDPH uses a mix of education and therapeutic methods to break the link between IV drug use and AIDS. No single strategy will be effective against this complex problem. King County has taken a number of steps to increase drug treatment slots and will continue to expand other approaches, including enhanced educational efforts; assigning community health outreach workers (CHOW's) to neighborhoods where drug use is high; the "bleach and teach" program that teaches IVDU's how to sterilize their "works"; intervention programs that bring AIDS prevention messages to drug users and their partners; heterosexuals; adolescents; and voluntary anonymous risk-reduction counseling and testing.

How will King County pay for a needle exchange program?

In 1989, the SKCDPH will fund the program with existing City and County dollars. In 1990, we will request supplemental local funding. Fortunately, initiating the program is relatively inexpensive and does not require capital dollars. An ideal program would be most efficiently operated out of a mobile van.

What do public health experts say about this investigation?

"If providing free needles will stop (AIDS), it is fine with me....No country should go to a massive program until we try it on a pilot basis."  
C. Everett Koop, M.D., U.S. Surgeon General

"I strongly support the recommendation of the Seattle-King County Department of Public Health, that the Department undertake a pilot needles/syringes exchange program."  
King Holmes, M.D., Director, University of Washington Center for AIDS and STD

"We are at a point in our battle against AIDS that demands extraordinary efforts, and no reasonable prospective weapon should be cast aside without at least a trial."  
David Axelrod, M.D., New York State Commissioner of Health

"Intravenous drug abuse holds the key to the future of the AIDS epidemic. Because no information is available from the United States that measures the effects of a needle exchange program, and because of the gravity of the AIDS epidemic, this study is both needed and justified."  
Stephen C. Joseph, M.D., M.P.H., New York City Commissioner of Health

"I now support a pilot project because I firmly believe that all of us charged with protecting the public health have a clear responsibility to provide leadership...especially when the consequences affect the whole community."  
Bailus Walker, Jr., M.D., President of the American Public Health Association

"Evaluation of the effectiveness of providing sterile needles and equipment to drug abusers in certain circumstances is an essential part of planning a prevention strategy."  
Confronting AIDS, Update 1988, National Academy of Sciences

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