

SWAPPING NEEDLES



States Fight an Epidemic with Clean Syringes

Some states are turning to controversial syringe exchange programs that target mostly intravenous drug users to prevent the spread of deadly disease such as HIV/AIDS and hepatitis C. While some states fund the programs using tax dollars, some states are simply passing legislation to allow them. In other states, the programs are illegal.

By Mikel Chavers



Jerome King, executive director for the Well of Hope Drop In Center in Paterson, N.J., runs one of four pilot syringe exchange programs in the state. Photo credit: Mikel Chavers.

In Paterson, N.J., a young man in his 20s walked in the door of the Well of Hope Drop In Center for the first time. You could sense his nervousness. He wasn't quite sure what to expect. But he did know one thing—he needed new needles.

The center hosts a syringe exchange program where people—mostly injection drug users addicted to heroin—can get clean needles. Access to new needles can decrease the risk of contracting a deadly disease like HIV.

“How can I help you today?” an attendant at the center’s door asked.

“I’m here for the needle exchange,” the young man said quietly.

“Have you been here before?” the attendant asked.

“No, this is my first time,” came the man’s quiet response.

But Jerome King, executive director of the center, is happy to see a new client.

“For me, when individuals come to the program, I get giddy. I actually smile. I’m laughing—I’m happy,” King said. “Because I know that (the syringe exchange) is working and I know people

are now benefitting from a service that is valuable to reduce the spread of diseases—not just HIV, but also hepatitis and other blood-borne pathogens.”

Programs like the one in Paterson and the other nearly 190 syringe exchanges around the country, according to the North American Syringe Exchange Network, are all aimed at reducing the spread of deadly and costly diseases like HIV/AIDS and hepatitis C.

In targeting drug users, sex workers and transgender people, as well as other high-risk groups, some states are focusing prevention and harm reduction efforts on the populations engaged in the riskiest behavior.

Most clients for syringe exchange programs are injection drug users.

“What we’ve seen over the years is not only does (syringe exchange) work, but it’s probably the most effective way to prevent HIV,” said Allan Clear, executive director of the Harm Reduction Coalition, an advocacy organization tackling health issues that affect those impacted by drug use. “But because we’re working with drug users—it’s still in the margins.”

And that sums up much of the controversy surrounding syringe exchange programs.

Some states such as New York and California fund needle swap programs using taxpayer dollars to pay for syringes. Other states’ programs rely solely on private donations—such as the Well of Hope Drop In Center’s syringe exchange program and the other three exchanges in New Jersey.

Still other states do not allow syringe exchange programs to exist under state law.

Advocates Say Politics Stand in the Way

“The controversy is solely political,” said David Purchase, executive director of the North American Syringe Exchange Network, an organization that tracks the programs. “It’s all political and it’s about who the services are targeted to. For at least 30 years, it’s been political dogma that drug use in and of itself is evil and (drug users) should all go to jail or treatment.”

Christine Todd Whitman, former governor of New Jersey, publicly opposed syringe exchange programs during her time as governor from 1994 to 2001. In a 1998 letter to her Advisory Council on AIDS, she said, “I believe needle exchange programs send the wrong message to our children because they seem to condone illegal drug use and contradict our efforts to reduce illegal drug use.”

Other politicians feel the same way, calling syringe exchanges immoral.

But some contend that needle exchange programs are a more effective way to prevent the spread of HIV/AIDS. They cite studies showing that syringe exchange programs reduce the spread of HIV, don't increase substance abuse and actually increase enrollment in drug treatment.

And yes, some views against syringe exchange are changing, Purchase said. But “at glacial speeds perhaps.”

Meanwhile, thousands of people are infected with HIV/AIDS by sharing or using dirty needles. According to the latest data from the Centers for Disease Control and Prevention, injection drug use was the number three reason adults and adolescents get HIV, behind male-to-male sexual contact and high-risk heterosexual contact.

States Fight an Epidemic

Of the top five states for AIDS cases from the beginning of the epidemic through 2006—New York, California, Florida, Texas and New Jersey—the reported cases of HIV infections increased in only New Jersey and Florida. *(For more on the CDC's new HIV/AIDS statistics please see the State Source on page 7.)*

In fact, in Passaic County where Paterson, N.J., is located, 43 percent of men got HIV/AIDS from injection drug use as of Dec. 31, according to the latest statistics from the New Jersey Department of Health and Senior Services. That's the top reason for the spread of the disease among men, according to those statistics. Injection drug use is also the culprit for the majority of female HIV/AIDS cases, causing 41 percent of the cases, according to the department.

New Jersey's Blood-Borne Pathogen Harm Reduction Act, signed by Gov. Jon Corzine in December 2006, allows up

to six cities in the state to establish pilot syringe exchange programs. So far there are four programs, the newest of which is in Newark.

The syringe exchange program in Paterson opened Jan. 30. Since then, Paterson's program has grown from 20 participants to 90 today, King said.

And although Paterson's client numbers are growing, some like King and Pam Lynch, quality assurance coordinator for the agency that runs the Newark syringe exchange, argue that New Jersey could do a better job of fighting the epidemic with more funding for the exchange programs. Because the state doesn't fund them, King's program is running on \$75,000—that's for “as long as it lasts,” King said.

States' syringe exchange programs also cannot use federal funding. The federal ban on CDC funding for needle exchange has been in place since 1988.

Instead, New Jersey is providing funding to the University of Medicine and Dentistry of New Jersey in Newark to evaluate the state's pilot syringe exchange programs. Those funds equipped the state's pilot syringe exchanges with tablet computers to gather data on clients and to track the needles.

But Lynch and King expressed their frustration with the absence of state funding to the syringe exchange programs themselves.

“Though we already know that this is working in every other place that has it—but they have to see it in New Jersey work,” King said. “So once they see it, they can't ignore it—hopefully they'll support it and fund it.”

Case managers like Dawn Rankl give clients special identification cards allowing them to legally carry syringes; in New Jersey it's illegal to have syringes without a prescription. If participants are stopped by the police and do not have the card, they could be arrested.

And Rankl understands the importance of syringe access even for drug users. Not only does it help prevent the spread of disease, she said, it can help reduce the problem of damaged veins. After a needle is used multiple times, its point barbs like a fishing lure. Infections and abscesses can be caused by the bent needles, resulting in costly emergency room visits.

The Case for Syringe Exchange

“Most of these people, they don't really feel good about what they're doing anyway,” Lynch said. “When you're an injection drug user, you're already doing enough of a number on yourself in your head—because there's nothing out there telling you that this behavior is socially acceptable.”

What these people don't need is someone telling them when to quit and constantly reminding them what they're doing is not good, she said. “All the providers that these people typically encounter—whether it's the emergency room, whether it's WIC, whether it's different medical settings or whatever—they're constantly getting messages about their drug use and questions about when they're going to stop.”

For most, the feeling of judgment is all too common. They are stigmatized, King said.

Getting clean needles leads to other things, King said. “They think we're going to stigmatize them and treat them poorly—and we don't do that because we're not here to pass judgment.”

Clients ask for referrals to drug rehab and other services. “They credit that on how they're treated when they come in here,” King said. “You're instilling something in someone who has been ignored, mistreated, and now you're showing some concern and care—and that builds esteem.”

Funding Syringe Exchange in New York

And some states that use state funding for syringe exchange, such as California, New York and New Mexico, also offer a wide variety of complimentary harm reduction services—the term used to describe programs and other services that seek to reduce harm to individuals and to society.

“Injection drug use is one part of it, but there are a lot of things that go along with injection drug use,” said Dan O'Connell, deputy director for HIV Prevention and Program Evaluation for the New York State Department of Health. That's why New York's syringe exchange programs

are more like one-stop shops for drug users, steroid and hormone injectors, offering a wide variety of educational programs, outreach, case management, therapy, counseling and referrals.

“Our regulations surrounding needle exchange programs look for a comprehensive model,” O’Connell said. “State funding is the difference between distributing thousands of syringes and millions of syringes.”

New York provides \$5.6 million a year for syringe exchange and related services—a total of 17 programs in the state. The programs are credited with a 50 percent to 70 percent reduction in HIV transmissions among intravenous drug users, according to the New York State Health Department.

O’Connell said state funding can make a syringe exchange program more successful. “These programs can be pretty controversial,” he said. “But you don’t want them running without adequate oversight. Without the money, you can technically do syringe exchange with someone standing there handing them out, but the needs of people are so much more than that.”

And New York City’s Positive Health Project, just steps away from Times Square, Penn Station and the Port Authority bus terminal, is more than just a needle swap. The place not only offers syringe exchange to more than 6,000 clients, it also provides services ranging from AIDS testing to acupuncture to help manage drug cravings, and from support groups to mental health services.

The main level houses the syringe exchange for injection drug users. The room is bare with almost no furniture, and the stainless steel cart in the corner includes a shiny tray for dirty needles and big metal tongs. Behind the cart, there’s all kinds of supplies—including new syringes, small bottle cap-sized basins called cookers for mixing drugs, sterile water, condoms, alcohol pads, biohazard containers for dirty needles and more.

Robert Childs, a public health operations manager at the center, believes Positive Health Project gets to the root of the problem with its comprehensive

list of services—helping clients stay safe and disease-free as well as to break the chains of an addiction that may rule their lives.

The center offers mental health counseling and therapy with a psychologist on site, treating the underlying problems to drug abuse and addiction. For example, one client turned to drugs because she was being physically abused at home, Childs said. The center was able to treat her domestic violence issue as well.

“We only see people when they’re in their worst phases in life normally,” Childs said. “Most of the people who come here—they kind of graduate from the services and move on.”

Positive Health Project also does peer-delivered syringe exchange where drug users who have recently quit, sex workers who leave the business or drug users who only use drugs occasionally and not during working hours, help deliver clean syringes to hard-to-reach populations who would never come into a syringe exchange program for help.

“We give them syringes because they have social networks that we don’t touch because amazingly some drug users still consider us ‘the man’ because we’re linked to the government,” Childs said.

But despite New York’s long list of services associated with syringe exchange programs, challenges still exist.

“I could argue public health until I’m blue in the face—most people don’t care,” Childs said. “They’re like, ‘it’s a drug user, why should I help that person? Why should I care?’”

And Childs said when talking to politicians, it has to be about cost-savings. One syringe costs around 5 cents—treating a person with HIV costs hundreds of thousands of dollars.

In addition to political challenges, Childs said most people object to syringe exchange programs because they think the programs will increase crime, drug use and the number of dirty needles on the streets.

New York provides safe disposal kiosks at pharmacies and other public sites so people can toss used needles safely.

In New Jersey, King had an individual come in and return 65 dirty needles and

most clients bring anywhere from 10 to 40 used syringes back.

Connecting with Law Enforcement

But because clients often bring back their dirty syringes in red sharps containers provided by the centers, police still harass program participants—sometimes ignoring the special identification card the clients carry allowing them to have syringes.

Even as recently as March, King had to call the police department about a client who had been arrested for carrying needles, even after showing his card.

That same type of harassment by police occurs in New York City, even though the syringe exchange programs have been operating legally since the early 1990s, Childs said.

Involving local police departments with syringe exchange programs is vital. “That will either make or break a program,” said Sonny Leeper of Albuquerque, N.M., a retired police captain.

When Leeper was a police officer years ago working the narcotics beat, officers would stop an individual and would always ask if the person had needles or drugs on them. But before the syringe exchange programs came along, people weren’t honest because they were afraid of going to jail for carrying needles.

“They’d lie to us about diseases and needles,” Leeper said. “They would jeopardize our health by doing that.” Because officers would search a person, the potential for an accidental needle stick was always looming, he said.

“When the (syringe exchange) program came on board, they are more honest with the officers,” Leeper said.

New Mexico’s syringe exchange programs were authorized by the 1998 New Mexico Harm Reduction Act, which created and funded the programs. The programs were started to keep HIV from exploding in the injection drug community and to quell the spread of hepatitis C—which was the primary issue in New Mexico, said Bernie Lieving, director of New Mexico’s Harm Reduction Program.

Dawn Rankl, a case manager with the syringe exchange program in Paterson, N.J., helps track client information using a tablet computer and gives out special identification cards so the program's participants can legally carry needles without a prescription. Photo credit: Mikel Chavers.



Donna Gordon, left, and Jose Quiles, right, work at the syringe exchange housed in New York City's Positive Health Project. Quiles said working at the exchange is a meaningful job. "Some of us have the same background of drug using. We understand," he said. Photo credit: Mikel Chavers.



Today there are 45 public health offices and 13 community-based organizations or individuals providing harm reduction services—which includes syringe exchange, according to Lieving.

"We have a public health law that acknowledges implicitly that we're never going to stop legal or illegal drug use and the important thing to do is take care of our community members who use illegal drugs—but seeing them as community members whose health is important to us," Lieving said.

The 2008 fiscal year budget included \$1.4 million for harm reduction services, which is synonymous with syringe exchange, and that may be increased to \$1.5 million next year, Lieving said.

So far, New Mexico's programs have exchanged more than 8 million syringes, Lieving said. And the programs are a part of the nomenclature in the state—even for local law enforcement.

Building on his experience in New Mexico syringe exchange programs, Leeper travels the country training officers in conjunction with local syringe exchange programs through his company, Law Enforcement Training. Although it might seem like a hard sell to an officer who is charged with keeping the law, Leeper said it really isn't.

"When the sites are put in, there are less dirty needles on the street," Leeper said. "When you start informing officers and giving them that kind of information, it's not about allowing someone carrying a needle to shoot up, this is more about public health, what you might be subjected to and what your family might be subjected to."

—Mikel Chavers is associate editor of *State News* magazine.

Syringe Exchange in the U.S.

- n There are an estimated 186 syringe exchange programs in 36 states, the Indian Nations, Puerto Rico and Washington, D.C., as of November 2007, according to the North American Syringe Exchange Network, a Tacoma, Wash.-based organization that tracks the programs. That count is based on the number of programs that run syringe exchanges—not cities or exchange sites, according to David Purchase, director of the network. For example, while the 19 programs in Washington are considered separate entities, the multiple exchanges run by the health department in New Mexico are counted as one syringe exchange program.
- n Of the 186 syringe exchange programs, approximately half operate legally, Purchase said.
- n Early syringe exchange programs in the U.S. began as underground operations in the 1980s. In New York City, for example, syringe exchange workers would walk the streets with buckets containing clean needles and other supplies shouting, "Free Works!" to attract drug users, according to Allan Clear of the Harm Reduction Coalition.
- n Texas became the most recent state to legalize syringe exchange programs. A provision allowing one pilot program in Bexar County passed in Senate Bill 10, the Medicaid omnibus bill in June 2007.
- n For more about the ban on federal funding for syringe exchange, check out the CSG blog, Capitol Comments. Go to www.csg.org and click on the blog link.



Starting a Needle Swap

Top advice from Robert Childs, public health operations manager, New York City's Positive Health Project:

- n #1 Have patience.
- n #2 "Understanding the public health arguments won't work—you have to go to financial arguments," Childs said. "If I'm talking to a politician, it has to be about the money." One syringe costs around 5 cents—it costs \$600,000 to treat a new HIV infection, he said.
- n #3 Go to other programs and observe. "Go where your population lives," Childs said. "Hold focus groups."