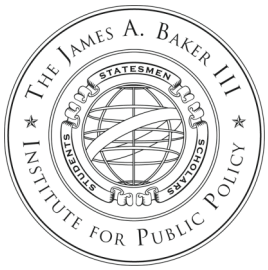

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Needle Exchange Programs: Recommendations for the Next Administration

By

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Overview

No responsible person wants to encourage drug abuse. No fiscally prudent person wants to waste money simply to satisfy a sense of righteous indignation. No compassionate person wants to consign people unnecessarily to death or a living hell. Fortunately, providing injecting drug users with access to sterile syringes allows us to be responsible, prudent, and compassionate—admirable criteria for good public policy.

1. Remove the ban on the use of federal funds to programs and projects that provide sterile syringes to injecting drug users as a proven means of reducing the spread of blood-borne diseases such as HIV/AIDS and hepatitis C.
2. Authorize federal funding and encourage other forms of governmental and nongovernmental funding for programs that increase the availability of sterile syringes to injecting drug users.
3. Allow funds from the President's Emergency Plan for AIDS Relief (PEPFAR) to be used to provide sterile syringes to injecting drug users.

Background

The United States has a serious blood-borne disease problem. Injecting drug users account for a substantial proportion of this problem. By 2002, according to the Centers for Disease Control and Prevention (CDC), 36 percent (270,721) of AIDS cases in the United States had occurred among IDUs, their sexual partners and their offspring; 28 percent of new cases were traceable to IDUs. The proportion appears to be shrinking somewhat; in 2006, approximately 20 percent of new cases were attributable to IDUs. Hepatitis C is also rampant among IDUs in this country; surveys consistently find that between 50 and 80 percent of injectors contract the virus within the first year of needle use and that it is found in the blood of even higher proportions (70–90 percent) of all adult IDUs.

Medical care for infected persons is enormously expensive. A 2005 CDC report estimated that the current lifetime treatment cost of a person with HIV is $210,000. At current rates, approximately 40,000 people are infected with HIV each year. Treating just those who have been infected in the last five years for the rest of their lives, using the CDC figure, will cost an estimated $42 billion. Other well-founded cost estimates are far higher. Treatment for hepatitis C can run to $20,000 to $30,000 per year, with lifetime costs of more than $300,000 for a population six times greater than people living with HIV and AIDS. A high proportion of these costs is borne by Medicaid and other government-funded programs.

Other countries have demonstrated the benefits of needle-exchange programs (NEPs). A ten-year government assessment of an Australian public health program of syringe exchange estimated that NEPs had resulted in the avoidance of 25,000 cases of HIV and 21,000 cases of hepatitis C over the decade of the 1990s. In the year 2000, there were 14.7 new AIDS cases for every 100,000 Americans, compared to just 1.1 new AIDS cases for every 100,000 Australians. Hundreds of needle exchange programs operate in Europe, Canada, China, Malaysia, various Latin American countries, and even in Iran, which has a growing AIDS epidemic. Repeated scientific assessment attests to the positive role NEPs can play in reducing the spread of blood-borne diseases.

Recommendations

Recommendation 1: Remove the ban on the use of federal funds to programs and projects that provide sterile syringes to injecting drug users as a proven means of reducing the spread of blood-borne diseases such as HIV/AIDS and hepatitis C.

In 1997, Congress passed Public Law 105-78, Sec. 505, 506, which prohibited federal funding of "any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug," but contained the qualification that, if the secretary of Health and Human Services were to determine that NEPs can be effective in preventing the spread of AIDS and did not encourage illicit drug use, the ban could be lifted.

Key governmental and professional bodies, including the National Academy of Science, the Centers for Disease Control, the American Medical Association, the Institute of Medicine, the National Institutes of Health, the American Public Health Association, and the American Bar Association have conducted studies and issued reports on the topic of access to clean needles. Without exception, these studies and organizations have endorsed access to clean needles as an effective measure for reducing the incidence of blood-borne diseases and increasing access to treatment for drug users. A 2004 study by the World Health Organization compiled the results of more than 200 assessments from around the world and reached similar conclusions.

Surgeons General C. Everett Koop and David Satcher, National Institutes of Health Director Harold Varmus, Secretary of Health and Human Services Donna Shalala, and former National Institutes of Health Director Elias Zerhouni have all issued statements in agreement with these findings.

Given the overwhelming scientific evidence, the conditions for lifting the ban imposed by Public Law 105-78 have been met.

Recommendation 2: Authorize federal funding and encourage other forms of governmental and non-governmental funding for programs that increase the availability of sterile syringes to injecting drug users.

Approximately 200 NEPs currently operate in the United States. Some are legal; some are not. Some do little more than exchange needles, while others provide various ancillary services and make significant efforts to link addicts to treatment programs.

Although they save far more money than they cost, needle-exchange programs do cost money—for staff, facilities, utilities, and, of course, for needles and other items dispensed to clients. Some programs are well funded; many, perhaps most, operate on shaky financial ground. Lack of federal money and reliance on volunteer staffers make their existence precarious.

Funding NEPs is economically sound. Many people infected with these diseases receive little or no medical treatment, but of those who do, Medicaid or other public funds bear a high proportion of the cost. The net savings for each case of HIV prevented is approximately $300,000, with a similar figure for each case of hepatitis C prevented. Preventing just one case of either disease would save far more than the annual cost of a first-rate needle-exchange program.

Recommendation 3: Allow funds from the President's Emergency Plan for AIDS Relief (PEPFAR) to be used to provide sterile syringes to injecting drug users.

Despite the scientific evidence, PEPFAR has not funded NEPs, even in countries where IDUs account for a much larger proportion of HIV/AIDS cases than in the United States. In some areas, including Russia and its former satellite countries and significant parts of Asia, injecting drug use is believed to be the primary cause of an explosive growth in HIV infections.

All of the arguments listed above apply at least as strongly to funding of NEPs under PEPFAR. In addition, since people in many of the affected countries have little chance of receiving the kind of treatment available in the United States, prevention is even more important.

Conclusion

Though some sincerely question the scientific evidence supporting various forms of needle exchange, the major opposing argument continues to be, "It sends the wrong message." Before we accept that rationale, we need to think about the message sent by opposition to needle exchange: "We know a way to dramatically cut your chances of contracting a deadly disease, then spreading it to others, including your unborn children. It would also dramatically cut the amount of money society is going to have to spend on you and those you infect. But because we believe what you are doing is illegal, immoral, and sinful, we are not going to do what we know works. You are social lepers and, as upright, moral, sincerely religious people, we prefer that you and others in your social orbit die."

Providing injecting drug users with access to sterile syringes allows us to be responsible, prudent, and compassionate—admirable criteria for good public policy.

Read William Martin's "Policy with a Point" 2009 research paper on the Baker Institute Web site for a fuller discussion of this topic at http://www.bakerinstitute.org/publications/DRUG-pub-MartinNeedleExchangeUpdate-011609.pdf.