Report on

NEEDLE EXCHANGE PROGRAMS AND DEREGULATION OF NEEDLES AND SYRINGES

The New York State
AIDS Advisory Council

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CONTENTS

E Members of the Subcommittee on Harm Reduction of the New York State AIDS Advisory Council and Members of the full New York State AIDS Advisory Council

Introduction

The AIDS Advisory Council's Subcommittee on Harm Reduction was formed early in 1996 with an initial mandate to consider issues relating to clean needle availability and HIV prevention, including the deregulation of the sale and possession of syringes proposed by bills pending in the New York State legislature. The 15-member Subcommittee met in March and April to review the current status of needle exchange programs, the available research on needle exchange, and the effects of deregulation in other states, and to make recommendations to the Council with respect to this legislation.

The Subcommittee consisted of researchers, program planners, administrators, community organization directors, and consumers (see Appendix E). Members heard presentations from a number of invited guests with expertise in needle exchange and deregulation and considered published papers and other documents.

The recommendations contained in this report were developed by the Subcommittee and represent the unanimous opinion of the full New York State AIDS Advisory Council.

Injecting drug use and HIV infection

The interdependence of the HIV and drug use epidemics has been recognized since the early years of AIDS case reporting, and New York has long been recognized as an epicenter of both. By 1988, injecting drug use had surpassed all other risk factors as a cause of new cases of AIDS in New York State, and it continues to be the single most important cause of HIV infection.

The impact of injecting drug use on the spread of the HIV epidemic in New York is difficult to overstate. As of January 31, 1996, sharing of HIV-contaminated needles among drug users, sex with HIV-infected injecting drug users, and births to mothers whose HIV infection is attributable to these risks had together resulted in almost 60% of the nearly 97,000 cumulative AIDS cases in men, women, and children in New York. These risks were responsible for less than 42% of total AIDS cases at the end of 1990.

Injecting drug use has been a particularly powerful factor in the HIV epidemic among minority communities, women, and children. About 75% of all AIDS cases in women and 85% of cases among children with a known risk factor are attributed to injecting drug use (IDU) or sex with an IDU partner by the woman or mother. Approximately 65% of all AIDS cases in African-Americans and Hispanics and nearly 75% of cases in these populations in recent years are IDU-related.[1]

Estimates suggest that there are at least 200,000 injecting drug users in New York City alone[2] with a total of about 250,000 in New York State. Injectable drugs include heroin, cocaine, and other substances. Many individuals use several different drugs, injectable and non-injectable,

often simultaneously. About 50% of injecting drug users are believed to be HIV-positive. A blind study of clients entering methadone maintenance treatment in New York State in 1994 found that 40% of those who had injected drugs during the past year were HIV-positive and 52% of those who had ever shared needles were positive.[3]

Calls for collaboration between the public health and drug treatment communities, for integration of these services, for expanded drug treatment facilities, and for education to overcome public and professional antipathy to serious drug treatment efforts have been a continual refrain at every level -- from reports such as those of the National Conference on HIV and Substance Abuse (1990), the National Research Council (1990), the National Commission on AIDS (1991), and the Citizens Commission on AIDS (1988)[4], to scholarly articles,[5] testimony before legislative committees, state and local program evaluations, and the opinions of providers, outreach workers, program planners, substance users, and people living with HIV.

The New York State AIDS Advisory Council has long been among those calling for greater attention to HIV prevention among injecting and non-injecting drug using populations. It has supported a number of strategies, including needle exchange, designed to reduce the risk of HIV infection for injecting drug users and its subsequent transmission to their sexual partners and children.

New York State law and proposed modifications

Even early in the epidemic, drug users understood that there was a risk of HIV infection from sharing needles.[6] However, New York remains one of only nine states that require a prescription for the purchase and possession of syringes, making access to a steady supply of clean needles impossible for many drug users. Under Section 3381 of existing New York State public health law (see Appendix A), it is illegal to sell, possess, or give to another person a hypodermic syringe or needle without a prescription or authorization from the Commissioner of Health. Sections of the general business law and insurance law echo these restrictions.

Needle exchange programs currently operate under individual waivers from State law. Part 80.135 of Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (see Appendix A), in effect as an emergency measure since May 1992 and as a permanent regulation since October 1993, provides that needle exchange programs may obtain, possess, and distribute hypodermic syringes and needles without prescription when authorized by the Commissioner for the purpose of preventing the transmission of HIV.

Each needle exchange program must submit a waiver plan according to guidelines developed by the New York State Department of Health AIDS Institute. The plan must demonstrate need and support for the program within the designated community, the ability of the non-profit community organization or governmental entity to effectively design, organize, and administer the program, and its intent and ability to provide comprehensive harm reduction services. Waivers from the law proscribing possession and distribution without a prescription are for a

two-year renewable period. Active program participants may obtain and possess needles distributed by the program provided they do not attempt to sell or give them to others. The programs are required to train staff, ensure security, establish community advisory boards, develop policies and procedures for the operation and evaluation of the program, keep careful records, and adhere to a long list of other stipulations.

On February 1, 1995, New York State Senate Bill 1998/Assembly Bill 2810 (see Appendix B) was introduced to amend the public health, general business, and insurance laws with respect to the sale and possession of needles and syringes. Introduction of the bill was predicated on "compelling evidence that the availability of clean hypodermic syringes and needles significantly reduces the transmission of HIV," and the view that "New York's law banning non-prescription sale and possession of hypodermics is, therefore, a major contributor to the HIV/AIDS epidemic."[7]

This bill decriminalizing needles and syringes would allow non-prescription distribution to and possession by persons over 18 through licensed pharmacies and health care facilities and through regulated needle exchange programs. It would further allow the provision of needles and syringes to others by persons who obtained them in these ways, provided they are not sold and are given only to persons over 18. The bill requires a safety insert with information on the proper use and disposal of needles and syringes, the risks and methods for preventing blood-borne diseases, and a toll-free number for HIV information.

Needle exchange programs

The first program in which injecting drug users returned used syringes and received clean ones was established in Amsterdam in 1984 to reduce the spread of Hepatitis B. Syringe exchange programs rapidly became an important method to prevent HIV transmission and are now used in many countries for that purpose.

Needle exchange programs are based on the premises that access to sterile needles will significantly reduce needle sharing and thus HIV transmission, will afford an opportunity for other forms of HIV prevention education, and will increase access to HIV, medical, social, and drug treatment services. Together with HIV prevention counseling, bleach kits, condoms, and referrals, needle exchange is part of the approach termed harm reduction, which recognizes the urgency of reducing HIV infection rates among substance users who are not ready for drug treatment, who relapse after treatment, whose multi-drug use is not comprehensively addressed by treatment programs, or for whom there is no available drug treatment program. Harm reduction services are designed to help injecting drug users along an individually paced developmental path toward greater and greater risk reduction.
Currently, 86 syringe exchange programs are active in 24 states of the U.S. and in Puerto Rico.[8] In New York, the Comprehensive Harm Reduction Syringe Exchange Initiative (see Appendix C) was established in 1992 by the New York State Department of Health AIDS Institute, which retains oversight responsibility for 11 syringe exchange programs, each administering from one to five of the 26 sites in the Initiative. Other program applications are in the approval process but cannot be supported with State funds because of insufficient resources for needle exchange.

Funding for the Harm Reduction Initiative consists of $1.5 million from New York State, $540,000 from the Centers for Disease Control and Prevention, and $800,000 in funds from Ryan White Title I. Currently, although federal money can be used for harm reduction initiatives, Congress prohibits the use of federal funds specifically for needle exchange programs and research on them, pending confirmation by the Surgeon General that they help prevent the spread of HIV and do not encourage the use of drugs.[9] This restriction has not been lifted despite the submission of reports to Congress as early as October 1993 affirming that no association with increased drug use had been found[10] and despite the results of studies demonstrating reduced drug-related HIV risk behavior among needle exchange participants. (See section below describing research on needle exchange programs.)

In the 1996-97 contract year, New York's Harm Reduction Initiative will serve an estimated 30,000 to 40,000 injecting drug users, constituting about 14% of the estimated New York State IDU population. Through December 31, 1995, program enrollment was more than 39,000, with 71% males and 21% females. Participants are 42% Hispanic, 28% African-American, and 24% white. The average number of years injecting drugs is 17. Nearly half of participants are currently in drug treatment; nearly 80% have been at some time.

Since the start of the Initiative, the programs have distributed more than 4.2 million syringes and collected more than 3.6 million, for an 86% return rate. The programs have made more than 4,500 referrals to drug treatment services, including detoxification, methadone maintenance, and residential drug treatment.

Research on needle exchange programs

Harm reduction models incorporating needle exchange have generated controversy and resistance by some community groups and drug treatment programs, who have argued that making clean syringes available and teaching safe injecting techniques will encourage greater drug use, are inconsistent with public health messages stressing abstinence, and appear to sanction an illegal activity.

More than 50 studies have evaluated various aspects of needle exchange programs in the U.S. and abroad.[11] None has found an increase in injection drug use associated with these programs, neither in IV drug use among existing users nor in the number of injecting drug users in a given population. By contrast, programs have demonstrated a significant decrease in needle sharing. Further, at least two U.S. studies have found evidence to suggest that reduced sharing of needles is contributing to lower rates of HIV infection among participants in needle exchange programs compared to non-participant injecting drug users.[12]

As early as January of 1989, an American Public Health Association report recommended that policy makers consider needle exchange as one of a number of strategies shown to be effective in reducing the risk of HIV infection. The report noted that "There is no evidence that such programs entice individuals to initiate drug use. The evidence from existing programs suggests otherwise." The report further admonishes, "Failing to apply effective means of disease control because of moral disapproval of persons whose activities place them at risk denies such individuals protection to which they are entitled."[13]

A 1993 report of the U.S. General Accounting Office,[14] reviewing studies of syringe exchange programs, found no evidence of increase in injecting drug use and some evidence of a decrease. It also found that drug related risk behavior for HIV was reduced and referrals to drug treatment increased among needle exchange program participants. A National Research Council Panel on Needle Exchange and Bleach Distribution Programs, mandated in 1992 to study the effects of these programs on drug use behavior and the spread of HIV, noted in its 1995 report that lowering the number of HIV contaminated needles in circulation lowers the risk of new HIV infection. The report concluded, "There is no credible evidence to date that drug use is increased among participants as a result of programs that provide legal access to sterile equipment.....and (programs) do not increase the number of new initiates to injection drug use."[15]

Other literature and program reviews concur with these findings. A 1995 bibliographic review by Drs. Denise Paone and Don Des Jarlais, et al, concluded, "studies have consistently shown that participants in syringe exchange programs have significantly reduced their drug use risk behavior, that syringe exchange is not associated with increasing the number of IDUs in a local population, nor is participation associated with increasing frequency of drug use. Moreover, recent studies have shown that syringe exchange has a protective effect against blood borne viruses (HIV, Hepatitis B and C)." Program participants have a long history of drug injection, giving no credence to fears that clean needle availability entices people to initiate drug use.[16]

A San Francisco study found that among needle exchange program participants, frequency of daily injections declined from 1.9 to .7, their average age increased, and the percent of people new to drug injection fell from 3% to 1%. [17]

The first study attempting to assess the impact of needle exchange programs on HIV infection rates constructed a mathematical model to predict HIV rates based on testing of returned needles in the New Haven needle exchange programs. This 1992 model, using HIV contamination rates, the length of time needles were in circulation, and other data, found a decrease in needle sharing and estimated a consequent 33% reduction in the HIV infection rate for program participants.[18] The methodology was validated by the U.S. General Accounting Office as well as by a 1993 study of needle exchange programs conducted by the University of California for the Centers for Disease Control and Prevention. That report concluded "These models suggest that needle exchange programs can prevent significant numbers of infections among clients of the programs, their drug and sex partners, and their children."[19]

Research in New York

In New York, evaluation of needle exchange programs began in 1992 and is conducted by Drs. Des Jarlais and Paone (see Appendix C). Unpublished data show that in the month prior to program participation, 22% of IDUs shared syringes, compared to 8% of program participants in the 30 days prior to the research interview (a 62% decrease). While participants had injected drugs an average of 97 times per month prior to entering the program, they had reduced drug use to 89 injections in the month prior to the interview. The use of alcohol pads increased from 33% to 89%.

Testing program participants directly, the researchers found a 1.6% rate of HIV seroconversion per year among New York syringe exchange program participants, compared to rates of 4.7 to 7.2% in studies of high frequency IDUs not in exchange programs.[20] Thus, needle exchange programs in New York are associated with and may be responsible for a 66% to 77% decline in rates of new HIV infection. Decreased drug related HIV risk behavior and stable or reduced rates of HIV infection among needle exchange program participants have been reported from European studies published and presented at HIV/AIDS conferences since 1990.[21]

Although many research questions remain unanswered, results to date have demonstrated the effective role that needle exchange programs play in the range of drug abuse services. Although needle exchange is only one component of the harm reduction strategy, it is the most important. A recent data review by the National Research Council and Institute of Medicine (within the National Academy of Sciences) noted that "epidemiological studies have not demonstrated a significant protective effect against HIV infection for injection drug users who report consistent use of bleach to decontaminate needles and syringes previously used by others. Consequently, substantial uncertainty now exists.....concerning the value of bleach disinfection as a public health intervention.....(It is) to be used when injection drug users have no safer alternatives.....For injecting drug users who cannot or will not stop injecting drugs, the once-only use of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission."[22]

Syringe exchange programs in New York have expanded the number of sites, hours of operation, and range of services to accommodate rapidly increasing enrollment. They are now operating at capacity and face a variety of important challenges: training and retaining staff, building organizational infrastructure, establishing more effective liaison with community boards, law enforcement agencies, and community organizations, evaluating program models and settings, further improving syringe return rates, reaching underserved populations such as women and terminally ill people, and integrating syringe exchange into existing health services.

However, despite increased support, needle exchange programs still currently serve only a small portion of the IDU population. Even enormous expansion of these programs could not quickly, and probably would not ever, be able to maintain and distribute a sufficient supply of clean needles for all injecting drug users in the State. Programs could not remain open 24 hours a day at sites convenient to all drug users, and all potential participants would not be willing to enroll and appear regularly at exchange sites regardless of their location. Further, considerable additional funding and administrative resources would be needed for even moderate program expansion, preferably through grant support that could effectively oversee program development, monitoring, and evaluation within each community.

Deregulation of needles and syringes

The most efficient way to make sterile needles available to injecting drug users and others who need them regularly, such as diabetics, is to allow their sale and free distribution without prescription and to decriminalize possession.

Forty-one states permit the purchase of needles, although only 5 states allow both sale and possession, without a prescription. Other restrictions regarding sale and possession vary. Many states also have drug paraphernalia laws that prohibit the possession and distribution of syringes. New York has both types of law.

Recent experience with the deregulation of needles in Connecticut, where sales in pharmacies and lawful possession of up to 10 needles have been permitted without prescription since 1992, is instructive. One study (see Appendix C), of the impact of the law on pharmacies, found that during a single survey month 83% of pharmacies sold syringes without prescription under the new law, and sales increased dramatically (from 460 to 2,482 syringes) in areas with a high prevalence of injecting drug use. The researchers noted, "Connecticut is one of only five states permitting *both* nonprescription syringe purchase and possession. Thus, individuals may be more likely to purchase nonprescription syringes at pharmacies, knowing that they can also legally possess them. On the other hand, access to sterile syringes through pharmacy purchase may be lower in Connecticut than in other states....(since) No other state permitting nonprescription syringe purchase or possession limits the number of syringes." They further noted that used syringe disposal problems were associated with the reluctance of a few pharmacies to sell nonprescription syringes. As a result, an educational syringe disposal leaflet was developed for distribution to IDUs.

The study concluded, "Purchasing sterile syringes at pharmacies can provide an inexpensive and effective intervention with IDUs. Pharmacies are located in most neighborhoods, are open many hours, and are staffed by health professionals. States and other jurisdictions should modify or repeal laws that restrict access to sterile syringes as part of a strategy for reducing HIV transmission among IDUs."[23]

A second Connecticut study (see Appendix C), of the impact of deregulation on injecting drug users and police officers, found that IDUs reported a 39% decrease in needle sharing, a figure the authors consider conservative. This result is consistent with data from Washington State and other studies. Purchase of syringes on the street decreased, according to the Connecticut IDU survey, from 74% prior to deregulation to 28% after, with a corresponding increase in purchases of pharmacy syringes from 19% to 78%. Needle stick injuries to police officers also decreased. The study concluded, "Our data suggest that when legal restrictions on both the purchase and possession of syringes are removed, IDUs will change their syringe-purchasing practices and their syringe-sharing behaviors in ways that can reduce HIV transmission."[24]

This conclusion is consistent with data from a 1991 Maryland study on HIV infection rates among IDUs who were also diabetic and thus had consistent access to sterile needles. The HIV seroprevalence in this group was 9.8% compared to 24.3% for nondiabetic IV drug users with similar patterns of drug use and sexual practices. Diabetic IV drug users generally did not share injection equipment and did not frequent shooting galleries. The study concluded that the lower HIV infection rate was "most likely due to their safer injection practices afforded by their ready access to sterile injection equipment."[25]

Cost effectiveness

The economics of deregulation also bear scrutiny. Existing syringe laws are infrequently used and thus can have only a negligible effect on injecting drug use while giving powerful impetus to the spread of HIV infection. In New York, cases in which syringe possession was the most serious charge represented less than 1% of total 1995 drug related arrests and convictions.[26] Time spent on these cases could have been devoted to more serious crime. In looking at the economic impact of existing syringe laws, the law enforcement costs for these 1,147 arrests and 320 convictions must be added to the health care costs for that portion of the 6,000 new IDU-related AIDS cases in the State in 1995 that could have been prevented by access to sterile injection equipment.

At a lifetime Medicaid cost of $109,000 for each injecting drug user with HIV/AIDS, the state and local share for the 75% who rely on Medicaid will be more than $54,000 per case, or a total of $245 million for new 1995 AIDS cases alone. That does not include expenses for grant-funded and non-medical services, expected increases for expensive new treatments, or the cost of pediatric HIV care.

If needle deregulation effected only a 20% reduction in new IDU-related AIDS cases for one year, the state and local Medicaid savings would be more than $49 million. A 50% reduction would result in a projected savings of $122.6 million.[27] While similar reductions might conceivably be achieved through substantial expansion of needle exchange programs, the cost of the programs would be subtracted from the overall savings. By contrast, deregulation of needles and syringes would require no expenditure to achieve these Medicaid savings.

In addition, harm reduction programs offering needle exchange serve as a bridge to drug treatment. Average monthly New York State enrollment in methadone and drug-free treatment programs in 1994 was under 54,000,[28] with programs functioning above 90% capacity. The number of drug treatment slots in the state has not changed significantly in the past 20 years. Expansion of drug treatment capability is critical to any strategy aimed at reducing both HIV infection and the health and social costs of injecting drug use independent of HIV. Although waiting lists for drug treatment are often still long, many drug users are not willing to enter drug treatment programs and many others relapse after treatment. Consistent access to sterile needles and syringes is a public health intervention that can substantially reduce HIV risk regardless of drug treatment availability or effectiveness.

Recognizing the already costly and tragic consequences of high HIV infection rates among injecting drug users, the inadequacy of existing drug treatment facilities, and the reality of some degree of continuing drug abuse regardless of treatment availability, public and professional support has been building for needle deregulation and syringe exchange as HIV prevention measures.

Support for clean needle availability

The success of needle exchange programs specifically in reducing needle sharing and other behavior associated with high risk for HIV transmission has elicited support for these programs from major professional HIV and health care agencies, such as city and state health departments and substance abuse divisions, scientific organizations, and national review panels cited above.

Support for also revising state laws to allow greater access to sterile needles and syringes has come from the American Medical Association, the American Psychiatric Association, the American Public Health Association, the American Society of Addiction Medicine, the American Association of Social Workers, and the National Association of Substance Abuse Trainers and Educators, in addition to the National Commission on AIDS and the National Academy of Sciences.[29]

At a meeting sponsored by The Association of State and Territorial Health Officials, with the co-sponsorship of the National Association of State Alcohol and Drug Abuse Directors, the National Alliance of State and Territorial AIDS Directors, the Substance Abuse and Mental Health Services Administration, and the Centers for Disease Control and Prevention, participants called for the following measures, among others, to decrease HIV infection rates in injecting drug users: 1) increased availability of drug treatment programs, 2) clear public statements by health agencies that drug users who inject should use new, sterile syringes, 3) support for deregulation of syringes by removing prescription requirements and removing syringes from drug paraphernalia laws, and 4) promotion of federal and state funding for syringe exchange programs.[30]

While needle deregulation would allow purchase of sterile syringes, needle exchange programs are also needed to continue to offer clean syringes to those unable to purchase syringes and to provide counseling about other HIV risk reduction methods for individuals and families and referrals to health, social service, and drug treatment services.

In New Jersey, the Governor's Advisory Council on AIDS has recently submitted recommendations supporting the sale or distribution of hypodermic syringes and needles without prescription by licensed pharmacies and state-approved needle exchange programs and advising removal of syringes and needles from drug paraphernalia laws. The report recommends development of a needle disposal system, the integration of needle exchange programs with drug treatment programs, training for law enforcement personnel, and a public awareness campaign. (See Appendix D for these recommendations and the dissenting view of some Council members.)

In New York, there has been editorial support for needle exchange programs and needle deregulation from a number of newspapers, including the New York Times, New York Newsday, El Diario, the Syracuse Herald-Journal, the Rochester Democrat and Chronicle, and the Buffalo News. Public support for needle exchange programs has increased in communities where programs are located as people learn more about the benefits of clean needle accessibility and the lack of any risk of increased drug use. HIV program managers and evaluators have increasingly stressed the importance of clean needle availability as an HIV prevention tool for injection drug users and the need for greater interaction with community boards, law enforcement agencies, and other health care facilities. Currently, organizations that are part of the Coalition for AIDS Prevention, a group working to deregulate the sale and possession of needles, include 38 hospital and community-based HIV service providers.[31]

Maximizing the effectiveness of needle exchange programs and syringe deregulation as HIV prevention strategies will depend on educational outreach to a broad variety of groups: the

public, health educators, physicians, pharmacies, clinics, hospitals, health care administrators, community organizations, drug treatment programs, shooting gallery owners, and injecting drug users themselves. It will also require the development of policy and procedures to insure the safe disposal of needles and syringes.

These tasks must be rapidly undertaken and accomplished if New York is to reduce the rate of new infection in injecting drug users, their sexual partners, and their children, thus taking a substantial step toward decreasing the AIDS caseload in New York State.

The report of a 1994 meeting on needle exchange sponsored by the United States Conference of Mayors notes, “As days, weeks, months, and years are spend debating needle exchange and other methods of increasing the availability of sterile injection equipment, HIV continues to spread. Participants expressed frustration at the lack of leadership from policymakers and public health officials and the low priority that seems to have been given to injection drug users and services targeting this population.”[32]

Recommendations

It is the opinion of the New York State AIDS Advisory Council that needle exchange programs have demonstrated their efficacy as a strategy to reduce drug related risk behavior that facilitates HIV transmission and that they should be supported, expanded, and fully integrated into existing and developing health care systems. In order to employ all possible measures to decrease HIV transmission through injection drug use, the Council further supports the removal of legal prohibitions against the sale, distribution, and possession of needles and syringes.

Specifically, it recommends the following:

1. Section 3381 of the Public Health Law should be amended to:

a. Permit hypodermic needles and syringes to be sold or furnished by pharmacies, Article 28 health care facilities, physicians, and needle exchange programs without a prescription,

b. Permit adults 18 or older to obtain and possess hypodermic needles and syringes without a prescription,

c. Permit an individual to give legally obtained needles and syringes to another adult 18 or older.

2. The Department of Health should be authorized to take appropriate steps to insure the safe disposal of hypodermic needles and syringes. These should include:

a. Providing for the education of needle and syringe users about proper disposal. The Commissioner should consider a range of educational methods for this purpose, including package inserts, posters for display in pharmacies and other sale or distribution sites, and brochures for distribution with needles and syringes,

b. Requiring hospitals to make provisions to accept hypodermic needles and syringes from individuals,

c. Creating additional safe needle disposal options for individuals, including self-disposal systems and public disposal sites, possibly located where needles are sold or furnished.

3. The Department of Health should revise its regulations governing needle exchange programs to allow for secondary distribution and for the distribution of clean needles and syringes in congregate areas where injection drug use occurs, such as shooting galleries.

4. The Department of Health should expand needle exchange programs from their current capacity serving approximately 14% of the State's injection drug users to a level that would enable them to reach all individuals in New York City and State who need access to these services.

5. The State should increase funding for needle exchange programs to:

a. Permit access for all injection drug users in New York City and State,

b. Permit more intensive one-on-one interventions for those enrolled to maximize HIV risk reduction and increase the number of referrals to drug treatment, health care, and social services.

6. The State should insure the availability on demand of drug treatment services for all individuals who seek them, including pregnant women. These services should include a full range of modalities for treatment of users of any type of injectable drug.

7. The State should require effective, bi-directional links between needle exchange programs and providers offering health care and support services to injection drug users and HIV-infected individuals. The State should insure coordination of these services through agencies at all levels of government and full integration of needle exchange programs into existing and developing health care systems.

8. The Department of Health, together with other agencies of State government, should expand outreach, liaison, and education directed to law enforcement agencies to increase their understanding of clean needle and syringe availability and needle exchange programs as effective public health measures and to elicit their cooperation in supporting these programs.

9. The Department of Health should implement a public information campaign to explain the benefits of clean needle and syringe availability and to expand awareness among injecting drug users of needle exchange programs and, pending recommended changes in the law, of non-prescription access to needles and syringes.

10. The Department of Health should support ongoing evaluation of needle exchange programs in order to insure continuous improvement in their effectiveness at reducing risk behavior among injecting drug users and their ability to reach the full spectrum of potential participants. If recommended changes in the law are implemented, the Department should initiate evaluation of their independent and/or synergistic impact on reducing risk behavior among injecting drug users.

11. The federal government should remove restrictions on the use of federal funds for needle exchange activities.

WHY SUPPORT ACCESS TO STERILE NEEDLES AND SYRINGES ?

Injection drug use is the single most important cause of HIV infection, driving the epidemic among women, children, and people of color.

Drug treatment can't solve the problem.
New York has an estimated 250,000 injecting drug users and a capacity of just over 50,000 drug treatment slots. Even if drug treatment were available to all, many drug users are not ready to enter drug treatment, inject multiple drugs, or relapse after treatment.

Harm reduction programs (needle exchange, HIV counseling, bleach kits, condoms, and referrals to health, social service, and drug treatment services) are effective.
Participants in New York needle exchange programs reduced needle sharing by 62%. They had rates of new HIV infection 66-77% lower than among non-participating frequent injecting drug users. Bleach disinfection, an alternative when new, sterile needles are not available, increased significantly. Counseling helped participants to further reduce risk and gain access to health care and drug treatment services.

Access to sterile needles and syringes is the most critical factor in reducing HIV among injecting drug users, their sexual partners, and their children.
Both legal purchase and possession of sterile needles and free distribution through needle exchange programs and at other sites are needed to decrease needle sharing. HIV risk reduction and safe needle disposal information would accompany purchase and distribution.

Access to sterile needles and syringes does not increase individual or community levels of drug use.
No study has shown any increase in numbers of injecting drug users in a community or increase in individual drug use associated with needle exchange programs. In New York, frequency of drug injection decreased among needle exchange program participants, and there is no evidence that the programs attract people new to injecting drug use.

Deregulation of needles and syringes is cost effective.
Deregulation costs virtually nothing. Yet if it produced a 20% reduction in one year's new IDU-related AIDS cases, it would save over $49 million in state and local Medicaid costs alone. A 50% reduction could save more than $122 million.

Deregulation and needle exchange programs are supported by the country's major health professional organizations and agencies.
National panels and commissions, federal health agencies, service providers, and community organizations strongly support access to sterile needles and syringes to prevent HIV.

Notes

[1] New York State Department of Health, Division of HIV Epidemiology.

[2] New York State Alcoholism and Substance Abuses Services, cited in New York City 1996 Plan Update for Alcoholism and Substance Abuse Services, p. 23.

[3] AIDS in New York State, 1994, p. 28.

[4] "Collaboration between substance abuse prevention and treatment and public health care is critical given the alarming statistics linking the twin epidemics of drug abuse and AIDS/HIV infection." The National Conference on HIV and Substance Abuse: State/Federal Strategies, November 1990, Executive Summary, xiii.

"Substance use plays a major role in the transmission of HIV-disease -- indeed, a much larger role that has been generally recognized. Clearly, our nation's drug control policies must recognize this inextricable linkage between drugs and HIV disease and be designed to address the two aggressively and simultaneously." Report of the National Commission on AIDS, "The Twin Epidemics of Substance Use and HIV," July 1991, p. 6.

"Because neither a vaccine nor a cure for HIV infection appears likely in the near future, planning is needed for the long term to limit the spread of HIV among drug injectors, their sexual partners, and the their potential offspring." National Research Council, Miller, H, Turner, C, and Moses, L, "AIDS: The Second Decade," The National Academy Press, 1990.

"We must marshal the broad public support, the necessary funding, and the leadership of each community and sector to share in the effort to break the link between AIDS and IV drug use." The Citizens Commission on AIDS for New York City and Northern New Jersey, "AIDS and Drug Use: Breaking the Link," September 1988, p. 2. (This Commission included 86 academic, religious, and health care leaders, community boards, politicians, service providers, and organizations in New York and New Jersey.)

[5] Gostin, L, "The Interconnectedness of Drug Dependency and AIDS," Harvard Civil Rights-Civil Liberties Law Review, Vol.26, 1991, 113-184. This is one among many articles on this subject.

[6] Des Jarlais, DC, et al. "HIV-1 infection among intravenous drug users in Manhattan, New York City, from 1977 through 1987." JAMA, 1989; 261:1008-1012.

[7] State of New York Senate Bill 1998/Assembly Bill 2810, February 1, 1995, page 1.

[8] Telephone communication from the North American Syringe Exchange Network, Tacoma, Washington, April 18, 1996.

[9] General Provisions of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1993.

[10] Lurie, P, Reingold, AL, et al, "The Public Health Impact of Needle Exchange Programs in the United States and Abroad," prepared by the University of California, Berkeley and San Francisco, for the Centers for Disease Control and Prevention, October 1993, Vol. 1, p. 14-15.

[11] See bibliography in "Syringe Exchange: HIV Prevention, Key Findings, and Future Directions," Paone, D, Des Jarlais, DC, et al, The International Journal of the Addictions, 1995, 30(12), 1647-1683.

[12] Kaplan, EH, and Heimer, R, "HIV prevalence among intravenous drug users: Model-based estimates from New Haven's Legal Needle Exchange," Journal of Acquired Immune Deficiency Syndromes, 1992, 5:163-169; and "HIV incidence among needle exchange participants: Estimates from Syringe Tracking and Testing Data," 1994, 7:182-189 ; and preliminary unpublished findings from ongoing research by Paone, D, and Des Jarlais, D on New York State needle exchange programs.

[13] "Illicit Drug Use and HIV Infection," a Report of the Special Initiative on AIDS of the American Public Health Association, January 1989, p. 8.

[14] U.S. General Accounting Office, "Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy," Report to the Chairman, Select Committee on Narcotics Abuse and Control, U.S. House of Representatives, 1993.

[15] Report of the Panel on Needle Exchange and Bleach Distribution Programs, National Research Council and Institute of Medicine, "Preventing HIV Transmission: The Role of Sterile Needles and Bleach," eds. Normand, J, Vlahov, D, and Moses, LE, 1995, executive summary, p. 4.

[16] Paone, D, Des Jarlais DC, op cit., p.1651 and 1655; and Lurie, P, Reingold, AL, op cit.

[17] Walters, JK, Estilo MJ, et al, "Syringe and needle exchange as HIV/AIDS prevention for injecting drug users," Journal of the American Medical Association, 1994, 271:115-120.

[18] Kaplan, EH, and Heimer, R, op cit.

[19] Lurie, P, Reingold, AL, et al, op cit., executive summary, p. v.

[20] "Status of Syringe Exchange/Harm Reduction Programs in New York State: Briefing Paper," The AIDS Institute, New York State Department of Health, December 1995, p.13; and presentation to the AIDS Advisory Council Subcommittee on Harm Reduction, March 22, 1996.

[21] Paone, D, Des Jarlais, DC, et al, op cit., p. 1649; and presentations at annual international HIV/AIDS conferences.

[22] "Preventing HIV Transmission: The Role of Sterile Needles and Bleach," op cit, executive summary p. 5 and p. 2.

[23] "Impact of Increased Legal Access to Needles and Syringes on Community Pharmacies' Needle and Syringe Sales -- Connecticut, 1992-1993," Valleroy, LA, Weinstein, B, et al, Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, 1995, 10:73-81.

[24] "Impact of Increased Legal Access to Needles and Syringes on Practices of Injecting-Drug Users and Police Officers -- Connecticut, 1992-1993," Groseclose, SL, Weinstein, B, et al, Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, 1995, 10:82-89.

[25] Nelson, KE, Vlahov, D, et al, "Human Immunodeficiency Virus Infection in Diabetic Intravenous Drug Users," JAMA, October 23/30, 1991, 266:16, 2259-2261.

[26] New York State Division of Criminal Justice Services.

[27] Materials compiled for the New York State AIDS Advisory Council Subcommittee on Harm Reduction from information supplied by the Departments of Social Services and Health.

[28] New York State Office of Alcoholism and Substance Abuse Services.

[29] Materials compiled for the New York State AIDS Advisory Council Subcommittee on Harm Reduction.

[30] Mulligan, David H, Report from the Association of State and Territorial Health Officials meeting, "Preventing HIV Infection among Drug Injectors: the Role of Sterile Syringes and Substance Abuse Treatment," December 4, 1995, p. 3-4.

[31] Materials compiled for the New York State AIDS Advisory Council Subcommittee on Harm Reduction.

[32] U.S. Conference of Mayors, Local Needle Exchange Forum, "Needle Exchange: Moving Beyond the Controversy," 1994, p. 19.

APPENDICES

A Existing New York State public health law and regulations pertaining to the sale, possession, and distribution of needles and syringes.

New York State Public Health Law, §3381.

Official Compilation of Codes, Rules, and Regulations of the State of New York, Title 10, §80.135.

B Senate Bill 1998/Assembly Bill 2810 to deregulate the possession and distribution of needles and syringes, February 1, 1995.

C Research

"Status of Syringe Exchange/Harm Reduction Programs in New York State: Briefing Paper," AIDS Institute, New York State Department of Health, December 1995.

"Syringe Exchange: HIV Prevention, Key Findings, and Future Directions," Paone, D, Des Jarlais, DC, et al, The International Journal of the Addictions, 1995, 30(12), 1647-1683.

"Impact of Increased Legal Access to Needles and Syringes on Community Pharmacies' Needle and Syringe Sales -- Connecticut, 1992-1993," Valleroy, LA, Weinstein, B, et al, Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, 1995, 10:73-81.

"Impact of Increased Legal Access to Needles and Syringes on Practices of Injecting-Drug Users and Police Officers -- Connecticut, 1992-1993," Groseclose, SL, Weinstein, B, et al, Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, 1995, 10:82-89.

D New Jersey Governor's Advisory Council on AIDS Recommendation Supporting Clean Needle Availability and Recommendation Opposing Clean Needle Availability, April 1996.

E Members of the Subcommittee on Harm Reduction of the New York State AIDS Advisory Council