

# **Needle Exchange Programs --- Solutions or not?**

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Acquired Immune Deficiency Syndrome (AIDS) was first described in the U.S. in 1981, but the Human Immunodeficiency Virus (HIV), which causes AIDS, was not discovered until 1983 (Wendy Holmes, 2003, p.19). Since HIV was discovered, it has spread rapidly. HIV is a global epidemic, new cases are found everyday. According to the joint United Nations Program on HIV/AIDS in 2007, there are 33.2 million people living with HIV in the world and for every 7.5 seconds, there is a new HIV infection worldwide. 7950 people die each day due to AIDS (as cited in World Vision Canada News Centre). It is fatal, and has a serious impact on the social and economic structure of many countries. The high infection rate and the negative effects on the economy which are caused by HIV are too large to be ignored. The governments and many organizations have put a lot of efforts on trying to eradicate or reduce HIV.

There is no method known to cure HIV infection nor is there a vaccine to prevent it nowadays (Wendy Holmes, 2003, p.25-26). Therefore, prevention might be the better way to decrease the HIV cases. HIV spreads in 3 ways: (1) through sexual intercourse, (2) through blood, and (3) from mother to child. By implementing a preventing program that helps to reduce the chance of transmission through even one of these three ways, individuals can avoid being at risk of HIV infection.

HIV spreads very easily between people who inject drugs together and share needles, syringes, and other injecting equipment. Blood drawn back into the syringe can pass directly into the bloodstream of the next person to use the syringe, so infection is almost certain. In Canada, almost half of the new HIV infections were among injection drug users (Point for point: Canada's needle exchange programs, 2004). As a result, needle exchange programs were introduced to the public to provide clean needles and syringes for injection drug users in order to prevent HIV infections.

Needle exchange programs are based on harm reduction. They intend to be a progressive alternative to the prohibition of injection drug use. The needle exchange program was initially used by the Netherlands to prevent the outbreak of hepatitis A (Needle exchange facts, 2001). Then other countries have adapted these programs for the AIDS pandemic. In the program, injection drug users exchange their used needles or syringes to the new ones in the participating clinics or organizations. In some cities, people can obtain sterile needles and syringes without exchanging their used ones. This lets the injection drug users to not have to share the needles. In addition to the needle exchange, the drug users can also have other services such as HIV testing. Using clean needles and being tested regularly, the drug users are able to reduce the chance to be infected by HIV and to transmit HIV to others as well.

Needle exchange programs are generally believed to be able to decrease the HIV transmission. These programs are designed specifically for the addicted injection drug users. They are usually among the group of high risk of HIV infections because they are not protected from those 3 ways of transmission of HIV. For example, some of them not only share the needles and syringes but also use sex in order to obtain funds for drugs. With unsafe sex, they could be infected by HIV and pregnant, and hence transmit HIV to their babies. Therefore, providing clean needles and syringes might be the root of

preventing HIV infection for the injection drug users.

An AIDS sufferer in North America can spend over \$1.3 million in the lifetime on the treatment of AIDS (Point for point: Canada's needle exchange programs, 2004). Compared to such high health-care costs, providing sterile needles is an inexpensive method of prevention. In addition to the direct costs of health-care, there are some indirect costs to the society such as human capital losses and labor force losses. Infected people might miss work occasionally and still remain on their positions, but as the AIDS progresses, they are too weak to work and have to leave the workforce. Their family members who take care of them might also not be able to work. Thus, the whole family will be affected by this situation. For instance, because of the lack of money, the children are not able to go to school or do not have enough nutrition. Therefore, needle exchange programs might not be able to eradicate HIV, but it can lighten the burden on medical resources and high social cost due to AIDS.

However, there are some concerns about needle exchange programs. They criticize that “such programs encourage people to use illegal drugs and result in more needles being dumped in public places” (Point for point: Canada's needle exchange programs, 2004). Besides drug users can obtain the needles and syringes easily, they can spend more money saved from free needles on buying drugs. Also, the drug dealers are able to distribute clean needles together with the drugs. This situation results in the increase of infection drug use with cocaine and heroin. Fears that the easy availability of clean needles causes people to oppose needle exchange programs.

In addition, some people also believe that needle exchange programs cannot control what injection drug users do so the programs will not affect the prevalence of HIV. The executive director of Edmonton's street works needle program said “while someone might be diligent in exchanging needles and having clean ones when they shoot up, they might not use a condom when they have a sex” (Point for point: Canada's needle exchange programs, 2004). Also, some drug users know that needle sharing is a route of HIV infection but sometimes they share needles because of the overwhelming need for an instant drug fix. The inconvenience of exchanging needles makes them continue to use the contaminated needles. These cause HIV rates remain the same for the area with needle exchange programs. As a result, many people think that the health care services and education for HIV transmission should be the priorities rather than needle exchange programs for the pandemic of AIDS.

A study by the University of Pennsylvania shows that AIDS is not the primary cause of death for injection drug users (as cited in Evans). Most of them die due to overdose, homicide, heart, or liver disease, or kidney failure (as cited in Evans). Thus, clean needles might not prevent drug users from dying. However, this study only focuses on the population of injection drug users. It ignores that infected drug users can also transmit HIV to the non-drug users. In fact, even though infected people do not die due to HIV, the costs of treatment and health care to either them or society are too large to be neglected. Therefore, the opinion against needle exchange programs should not simply rely on the reasons of causing the death of drug users.

“The enforcement of antidrug policies and the creation of needle exchange programs are in direct conflict” (Yole G. Sills, 1994, p.149). In many countries or provinces/states, there is a law to prohibiting people from carrying sterile needles. The police may identify and arrest the people who go to clinics to exchange their used needles to the sterile ones for the reason of possessing sterile needles. If people are afraid of this, needle exchange programs will become ineffective. Hence, an agreement between needle exchange program and police administrations will be needed to overcome this issue.

The New York City program is the largest and most successful in North America. Since the 1980s, half of New York’s injection drug users carry HIV (Brent Staples, 2004). Since the syringe exchange programs were legalized and funded in New York in 1992, the infection rate among the city’s injection drug users has dropped from about 50 percent to a little more than 15 percent (Brent Staples, 2004). Also, a study published by the Health Outcomes International in Australia, and released at the HIV Medicine conference in Sydney, compared HIV prevalence in 103 cities. The infection rate in the cities with needle programs declined by 18.6 percent, but increased by 8.1 percent in the other cities without such programs (as cited in Totaro). Australia’s needle exchange programs have prevented 25,000 new HIV infections in 10 years (as cited in Totaro). In addition, hundreds of studies of needle exchange programs show that the programs reduce the new HIV infections and do not lead to the increases of drug use (Sanchez). From these statistics, Needle exchange programs prevent the HIV transmission and do not promote substance use.

Despite overwhelming international evidence that HIV infection rates among injection drug users can be reduced with comprehensive needle exchange programs, many people are still concerned about providing access to injecting equipment will result in some unfavourable consequences such as an increase in the frequency of drug use. We need needle exchange programs but the difficulties is how the government get the public to support the program that is considered to be illegal, ineffective, or immoral by many people. Also, if the government put all the money and energy into providing needles and ignore the risks of unsafe sex then they give the wrong impression to the public. Therefore, a needle exchange program is necessary to reduce HIV infections but the HIV prevention education and the HIV treatment are equal important.

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