The Atlantic: The War on Drug Users: Are Syringe Exchanges Immoral?
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A syringe exchange program. Gustau Nacarino/Reuters

For nearly four decades, Elizabeth Owens injected heroin in shooting galleries across New York City, handing over a bag of dope for the privilege to enter, and then a dollar or two for a needle that had been used, perhaps dozens of times, by other people.

Then, in 2008, a friend told her about a van on 149th Street that was dispensing clean syringes in exchange for dirty ones. Owens went to check it out, and her life changed. "I found people with resources, people that were caring," she said. The staff at the program didn't just give her clean syringes; they also told her who to contact to get help. She entered a rehabilitation program, and hasn't used drugs in over two years.
Programs like these, called syringe exchanges, are internationally credited with dramatically reducing HIV and hepatitis infections among injection drug users. They've also been proven to link addicted people to care (PDF), save taxpayers millions of dollars in health care costs, and help keep syringes off the streets, protecting both cops and kids.

Cindy G., 52, spent decades sharing needles with others, sharpening dull ones on emery boards and taking them from diabetic friends.

But amid the ruckus of the most recent culture-war battles -- over Planned Parenthood dollars and contraception coverage -- Congress quietly passed an amendment that prohibits the use of federal money for syringe exchanges. For 21 years, the United States had banned the use of federal funds for these programs. AIDS activists spent two decades fighting that ban, and in 2009, President Obama overturned it. Yet in a matter of months a few social conservatives managed to reinstate it. How did this happen?

In short: Politics. Despite the data, some still struggle with the idea of helping drug users inject, arguing that these programs hurt society by encouraging addiction and promoting a no-work, dependent-on-the system lifestyle. Congressman Hal Rogers (R-KY) is chair of the House appropriations committee and played a key role in the decision to reinstate the ban. "Chairman Rogers ... is concerned that needle exchange programs only encourage drug addicts to remain addicted to drugs and perpetuate the cycle of drug crime," Jennifer Hing, a spokeswoman, explained.

But many advocates for syringe exchanges say that in allowing an outdated moral agenda to trump science, politicians like Rogers are launching a misguided attack on both drug users and taxpayers in general. Eight federally-funded research reports have concluded that these programs reduce HIV transmission without increasing the use of illicit drugs. In New York City, the rate of new HIV infections among drug users fell 80 percent after the city implemented syringe exchanges. And the cost savings from such programs have been enormous: A clean syringe costs about $0.97 (PDF), according to Human Rights Watch. The average lifetime cost for treating HIV, in contrast, is around $300,000.

What’s more, advocates reject the idea that syringe exchanges are immoral. The vast majority of syringe exchange programs are not just anonymous offices where drug users pick up equipment. These programs host support clubs, link people to housing and health care, and serve as meeting spaces for individuals to learn about their rights. For drug users accustomed to daily rejection by family, friends, and society, syringe exchanges are often the last outposts of acceptance, the only places where they can recover their dignity.

"This is where we learn to stop seeing ourselves as just a bunch of drug users," said Cindy G., 52, who spent decades sharing needles with others, sharpening dull ones on emery boards and taking
them from diabetic friends. She now participates in the exchange program run by VOCAL-New York, where she helped start a woman's support group. "What's insane is that there are so many people that can't or won't be able to use them."

Indeed, many current and former drug users say that the saddest element of the funding ban is the lost opportunity for people to create new, productive lives. Take Owens: She was once "just a body walking around," sleeping in Washington Square Park, shooting up in apartments that reeked of dried blood and burning metal, watching one friend after another die of AIDS and overdose. Now, she's a peer educator with a New York City-based non-profit, and for a $100 weekly stipend she traverses the city, convincing drug users to seek help.

"I found a job that I can do that I know is helping the community," she said. "Imagine how many people who are out there that want to change, but don't know where to start."

*Human Rights Watch* estimates that just three percent of the estimated one billion illicit drug injections that take place each year are covered by syringe programs. Thanks to spending cuts, nearly all of the nation's approximately 220 syringe exchanges are crying for money; and the federal funding ban will only exacerbate the situation. The ban will hit hardest in the Southeast, where there are the "least number of programs and the greatest need for them," according to Dr. Don Des Jarlais, a leading researcher on drug-user issues.

Internationally, nearly all high-income countries support exchanges on a national scale. Even conservative politicians in other nations (think *Margaret Thatcher* in Britain) have thrown their weight behind them. Now, the challenge for syringe exchange advocates in the U.S. will be convincing the last holdouts -- like Rogers -- that supporting these programs doesn't just make sound economic sense -- but is the ethical move to make.

"It simply doesn't make sense to turn our backs on approaches that are working so well," said Chris Collins, vice president and director of public policy at *amfAR*, a research organization dedicated to ending AIDS. "If the moral agenda is advancing public health, taking needles off the street, protecting police officers, and helping people get the care they need, then syringe exchange programs make sense."
Needle swaps: ‘We’re in crisis’

*Funding shrinks while demand increases*

John Stucke, The Spokesman-Review

Lynn Everson, needle exchange coordinator for the Spokane Regional Health District, oversees the exchange as a participant drops off two of his 200 syringes into a dispenser at the health building.

Drug addicts will swap more than 1 million dirty needles for clean syringes this year as narcotics use soars.

The number of needle exchanges logged by the Spokane Regional Health District is unprecedented and affirms what doctors, counselors and police have been saying for several years: The stresses of job losses, deep service cuts by government and a ready supply of cheap drugs is taking a toll on the vulnerable.

Public health agencies have been cobbling together money to buy clean needles so that drug users can avoid infection with HIV, hepatitis C or a host of other skin and bacterial diseases from using contaminated needles.

“We’re in crisis,” said Lynn Everson, coordinator of the health district’s needle exchange program.

In 2009 her office exchanged about 500,000 needles. In 2011 the number ballooned to 968,000.

This year her office expects to trade more than 1 million.

“When we’re distressed, we retreat to what we know,” Everson said. “For some people that means family or friends.

“For people with drugs in their past … they often go back.”

On Monday afternoon people lined up outside her office. They brought plastic grocery bags and small boxes full of used syringes, disposing them into large red pails and later leaving with packages of fresh needles.

Last year Everson estimated that 1,400 people used the needle program. Each of those likely exchanged needles for at least one or two other users too ashamed, afraid or busy.

Volunteers logged 600 hours to help make it all work.
One 44-year-old woman, who asked that her name be withheld, has been coming to the needle exchange office twice a month for the past year.

Her ex-husband beat her so badly years ago that she doesn’t work and qualifies for disability pay.

Worse, she said, he hooked her on heroin.

“I know that ultimately the addiction is my choice,” she said. “But I had to survive. It’s so hard.”

She wants to enroll in the county’s methadone program, which is designed to wean addicts from heroin and other opiates such as prescription painkillers. The program slots for Medicaid patients are full, however, and the wait list is long. She lacks the money to pay for private drug rehabilitation.

She has avoided HIV infection and other diseases because of the availability of free, clean needles.

Whether it is addiction to cheap heroin or more expensive prescription painkillers, narcotics use often has a deadly aftermath.

In Spokane County the death rate from prescription drug overdoses is 12.8 per 100,000 people, according to health records. That’s double the rate of King County and higher than the statewide average of 7.1 deaths per 100,000 people.

Though needle exchanges prompt accusations of enabling drug users, public health officials stand behind the controversial programs.

Dr. Joel McCullough said his agency is tasked with trying to keep people healthy and fighting the spread of disease.

The needle exchange program helps do that, he said.

“Drug addiction is an issue that is very difficult for us to do anything about,” McCullough said.

Communities tend to put higher priorities on other programs.

“We have to operate in the world as it is, not as we want it to be,” McCullough said.

As state funding for the needle exchange program has shrunk by a third to about $90,000 annually, McCullough has directed staff to backfill the losses with local dollars and find savings wherever possible.

Similar programs across the country have been widely credited with curbing the number of new HIV infections among injection drug users.
Local data comparing five-year spans in the 1990s and 2000s found the number of new HIV/AIDS cases among needle users fell from 19 percent to 11 percent, said Lisa St. John, the district’s HIV/AIDS program manager.

The local health district had pinned some hopes for new funding on federal dollars.

Congress, however, reinstated its ban on syringe exchange funding even as the federal Centers for Disease Control and Prevention completed a recent study that noted the continued vulnerability of injection drug users contracting HIV/AIDS.

McCullough said while the ban deflated one possible source of funding, the district would keep trying to fight the spread of HIV/AIDS with other public and private agencies that contributed volunteer hours, in-kind services and money.

“Fighting (HIV/AIDS) is a multisector effort,” he said. “Needle exchange is one part of it. An important part.”
It took AIDS activists 21 years to get Congress to restore federal funding for local programs that supply clean needles to drug users. It's taken Republicans a couple of months of hardball negotiations to get the ban reinstated.

Legislation to fund government operations for 2012, which President Obama is about to sign, includes an amendment prohibiting federal spending on needle exchanges in both domestic and international programs. That was the law from 1988 until December 2009, when Obama signed a Democratic-sponsored appropriations bill lifting the restrictions.

The ban will have no immediate impact in San Francisco, where the AIDS Foundation leads a group of contractors that use city funds and private donations to hand out about 2.5 million sterile needles per year. But backers of the programs say it's a big step backward for public health.

"Reinstating the ban is murderous. It's saying that people who use drugs should contract fatal and expensive diseases and die," said Laura Thomas, San Francisco director of the Drug Policy Alliance and a volunteer in a local needle-exchange program for the last 15 years.

The city, which spent $1.2 million on needle exchanges last year, decided not to apply for federal funds when they became available in 2010 because they didn't appear to be a stable revenue source in light of "the volatile economic and political climate," said Israel Nieves-Rivera, a program director at the Department of Public Health.

Preventing expansion

But he said the absence of federal support, and the elimination of state AIDS funding in 2009, will prevent counties from expanding their needle-exchange programs to reach everyone in need.

That's the case in Marin County, where the Marin AIDS Project uses $16,000 in private contributions to distribute 65,000 needles a year at its San Rafael office.

Director Jennifer Malone said the project has received a $28,500 grant from the federal Centers for Disease Control for 2012 and was planning to use it to resume needle exchanges for high-risk populations in West and South Marin and Novato. Those exchanges ended when the state cut off AIDS funding.
She said the federal restrictions mean the money can be used only for AIDS education and testing and not needle distribution. Although a new California law will allow drug users to buy up to 30 needles at a time at a pharmacy without a prescription, Malone said they’re much more likely to obtain clean syringes in the free programs.

"Exchanges are anonymous, which feels more accessible to people, and you can exchange much larger numbers of syringes," she said, observing that individuals often pick up needles for multiple users. "I hope there’s some change at the federal level."

**Infection rates cut**

Researchers have found that sharing of contaminated needles by drug users is a major source of infectious diseases like AIDS and hepatitis C, which are reduced by the distribution of clean syringes.

A 1997 study said HIV infection rates had dropped by 5.8 percent in 29 cities around the world with needle-exchange programs, and increased by 5.9 percent in 52 cities without them. A report in 2000 by David Satcher, surgeon general under President George H.W. Bush, said the programs reduce HIV transmission among vulnerable populations without increasing drug use.

Opponents argue, however, that needle exchanges encourage the use of dangerous drugs and that federal funding undercuts the government's antidrug message.

The funding ban was sponsored in 1988 by the late Sen. Jesse Helms, R-N.C., and renewed annually for 21 years. It was removed in 2009 in a close vote that largely followed party lines, but House Republicans used the issue as a bargaining chip this year on a $1 trillion bill that had to be passed to avert a government shutdown.

Republican leaders initially demanded wholesale concessions from Obama as the price of approval, including elimination of funding for the new federal health care and bank-regulation laws and a ban on federal regulation of greenhouse gases.

They settled Dec. 15 for a more modest agreement that included a continued ban on federal and local funding for poor women's abortions in Washington, D.C., and a renewal of the prohibition on federal spending for needle exchanges.

The legislation was "the product of a tough negotiation," said White House spokesman Adam Abrams. "To reach a compromise, we had to accept certain provisions that we oppose and these are two of them."

That didn't satisfy advocates like Bill Piper of the Drug Policy Alliance. Thousands of preventable diseases, he said, will be the responsibility of "the Republicans who insisted on restoring the ban, and the Democrats who didn't fight hard enough to oppose it."

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