

## Needle Exchange Info

### Disease Transmission

- ◆ Sharing needles can transmit diseases such as Hepatitis C and HIV. Approximately 1,200 people are infected with HIV in Maine and approximately 20,000 are infected with Hepatitis C. *Source: Maine CDC* Treatment for both diseases is expensive. Hepatitis C treatment requires up to a year of treatment and HIV treatment lasts a lifetime.
- ◆ From a study of the Baltimore Needle Exchange: The study found that 80 percent of needle exchange participants no longer shared needles. “The rate of (needle) sharing has dropped dramatically for people who visit a needle exchange.” *Study co-author T. W. Valente, quoted in Reuters News Report, March 12, 2001. Study published in American Journal of Public Health, March issue.*
- ◆ According to Dr. Harold Varmus, then-Director of the National Institutes of Health, "An exhaustive review of the science in this area indicates that needle exchange programs can be an effective component in the global effort to end the epidemic of HIV disease." *Source: Varmus, Harold, MD, Director of the National Institutes of Health, Press release from Department of Health and Human Services, (April 20, 1998).*
- ◆ Needle exchanges offer the community a way to get potentially dangerous needles off the street and disposed of properly. The number of used needles taken in by most Maine needle exchanges exceeded the number of clean needles distributed. *Sources: 2005 & 2006 data from Eastern Maine AIDS Network & Dayspring AIDS Support Services.*
- ◆ Needle exchanges offer IV drug users a safe means to prevent disease. They offer many things: referrals to drug treatment and/ or counseling, HIV and Hepatitis prevention materials, instruction on wound care and safe needle disposal and referrals to medical and social services available in the community. *Sources: Eastern Maine AIDS Network, Portland Public Health and Dayspring AIDS Support Services.*
- ◆ Between 1991 and 1997, the U.S. Government funded seven reports on clean needle programs for persons who inject drugs. The reports are unanimous in their conclusions that clean needle programs reduce HIV transmission, and none find that clean needle programs cause rates of drug use to increase. *Sources: National Commission on AIDS, The Twin Epidemics of Substance Abuse and HIV (Washington DC: National Commission on*

*AIDS, 1991); General Accounting Office, Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy (Washington DC: US Government Printing Office, 1993); Lurie, P. & Reingold, A.L., et al., The Public Health Impact of Needle Exchange Programs in the United States and Abroad (San Francisco, CA: University of California, 1993); Satcher, David, MD, (Note to Jo Ivey Bouffard), The Clinton Administration's Internal Reviews of Research on Needle Exchange Programs (Atlanta, GA: Centers for Disease Control, December 10, 1993); National Research Council and Institute of Medicine, Normand, J., Vlahov, D. & Moses, L. (eds.), Preventing HIV Transmission: The Role of Sterile Needles and Bleach (Washington DC: National Academy Press, 1995); Office of Technology Assessment of the U.S. Congress, The Effectiveness of AIDS Prevention Efforts (Springfield, VA: National Technology Information Service, 1995); National Institutes of Health Consensus Panel, Interventions to Prevent HIV Risk Behaviors (Kensington, MD: National Institutes of Health Consensus Program Information Center, February 1997).*

### *Other States*

- ◆ Almost every state in the US now has a syringe access law or pending legislation. *Source: Temple University, Beasley School of Law, Project on Harm Reduction in the Health Care System website.*

### *Relationship between needles and drug use*

- ◆ Needle exchanges are not a tacit approval of illegal drug use; they often bridge the gap between using drugs and seeking treatment. "...The data on needle exchange in the United States are consistent with the conclusion that these programs do not encourage drug use and.....Other data show that NEPs help people stop drug use through referral to drug treatment programs." *Source: Vlahov, David, PhD and Benjamin Junge, MHS, "The Role of Needle Exchange Programs in HIV Prevention," Public Health Reports, Volume 113, Supplement 1, June 1998, pp.75-80.*
- ◆ "After reviewing all of the research to date, the senior scientists of the Department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs." *Source: US Surgeon General Dr. David Satcher, Department of Health and Human Services, [Evidence-Based Findings on the Efficacy of Syringe Exchange Programs: An Analysis from the Assistant Secretary for Health and Surgeon General of the Scientific Research Completed Since April 1998](#) (Washington, DC: DHHS, 2000), as accessed at <http://www.harmreduction.org/research/surgeongenrev/surgreview.html>, on May 11, 2005.*

*Access to clean needles*

- ◆ 80% of study participants who reported sharing needles or works requested a desire to exchange more than 10 syringes at a time. 76% of study participants using a pharmacy to obtain clean syringes reported having experienced problems obtaining them from the pharmacy. *Based on results from a 2006 survey of 173 IV drug users in Maine.*
  
- ◆ The American Academy of Pediatrics (AAP) is calling on its members to support the establishment of needle-exchange programs to prevent the spread of AIDS among IV-drug users. "Pediatricians should advocate for unencumbered access to sterile syringes and improved knowledge about decontamination of injection equipment," the newly revised statement said. Source: February 2006 issue of the Journal *Pediatrics*.