Needle-Exchange Programs (NEPs)

**Purpose of NEPs**
The goal of needle exchange programs is to provide drug users with direct services that limit the spread of infectious disease via contaminated needles. The use of the same needle by various people has the potential to transmit blood-borne pathogens resulting in diseases including hepatitis B and C, malaria, and human immunodeficiency virus (HIV) (Strathdee & Vlahov, 2001). Needle-exchange programs allow for users to exchange used and potentially contaminated needles for sterile ones, with the intention of lessening the number of contaminated paraphernalia, eventually leading to a reduction of such diseases.

From a public health perspective, it is imperative to reduce the transmission of diseases regardless of their source. Especially those who engage in illicit drug use involving needles are at an elevated risk of such illnesses (Hathaway & Tousaw, 2008). Research has shown that needle-exchange programs have the potential to lower infections, but controversy still exists. This controversy is rooted in the differing viewpoints of whether drug use is a moral and criminal problem or if it is a medical problem that requires prevention and treatment (Strathdee & Vlahov, 2001).

**Existing Research**
In a meta-analysis, authors examined three separate studies in different cities over ten-year periods. This allowed for a large and diverse group to be assessed for the continuous occurrence of infection before and after participation in the needle-exchange programs. The results of this study showed that the prevalence of hepatitis C within participants decreased due to the reduction of shared needles (Holtzman et al., 2009).

The results of NEPs have been witnessed on a global scale. In another study, researchers showed that in 29 cities with NEPs, the prevalence of HIV decreased on average by 5.8 percent per year. On the other hand, in 51 cities without established NEPs, HIV prevalence increased by an average of 5.9 percent per year (Strathdee & Vlahov, 2001).

While the preponderance of evidence supports the notion that NEPs reduce infections, there are a few that have not shown positive effects (Hagan, et al., 1999). However, these studies have serious confounds that could not be ruled out by the study design. For example, in the aforementioned study, the highest incidence of infection occurred among current needle exchange program participants. The authors discussed that a possible reason for this result was that the needle exchange was located in a part of Seattle where there was a higher concentration of compulsive drug users. Participation in the exchange program may have increased the risk of hepatitis B and C by bringing participants into frequent contact with those who routinely shared injection equipment (Hagan et al., 1999).

**Indiana’s Need for NEPs**
Indiana communities facing increased rates of HIV and hepatitis C have been granted the opportunity to offer needle exchange programs in counties where a public health
emergency has been declared. As of April 2015, Governor Mike Pence declared a state of emergency in response to an outbreak of HIV in Scott County. Carrying needles in Indiana for nonmedical purposes was a felony punishable by up to 3 years in prison. The law has been temporarily lifted and allows for the existence of exchange programs. (Strathdee & Beyrer, 2015). A public health emergency is valid for one year before communities must renew the declaration request with the state to extend the needle-exchange program. Individuals can now receive clean needles but only after registering for the program by providing their initials and date of birth.

Government officials within the area were skeptical at first but after learning more about similar programs elsewhere, they now hope that it can slow the spread of HIV within Scott County.

Monroe County has also started its own needle exchange program. The Monroe County Health Department (MCHD) has contracted with an organization known as the Indiana Recovery Alliance (IRA), which provides services including clean needles and educational literature about HIV and vein health. The MCHD oversees the program but the IRA interacts with those who wish to gain access to clean needles.

Four Indiana counties that have received state approval for needle exchange programs include Fayette, Madison, Scott, and Monroe. According to Beth Meyerson, co-director of the Rural Center for AIDS/STD Prevention at Indiana University, more than 20 other Indiana counties may implement needle-exchanges in the near future.

References


