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Support of Needle Exchange Supports the Control in Blood Borne Illness

BARNSTABLE, Mass. - In August 2015, a local woman reported to police that there was a pile of approximately 20 needles and syringes piled at the end of her driveway and her children could not go outside to play, town officials say.

The report - one of many instances of people finding syringes in public places in Barnstable – triggered a strong response from the town. Local police opened an investigation, discovering that the AIDS Support Group of Cape Cod, a well-known public health organization, had been running an unauthorized needle exchange program at 428 South St. in Hyannis, according to records found on file at the Suffolk County Appeals Court of Boston. As part of the investigation, court records show, an undercover police officer visited the program's location and received 100 needles and a drug kit without registration.

As a result, the police notified the Board of Health, which after confirming the program was never authorized, issued a cease and desist order. The ASGCC fought the town's order by filing a civil complaint, arguing that the town did not have lawful authority to issue the order. They also sought a temporary restraining order against the town.

The ASGCC and the Board of Health may have ended up in court to debate the legitimacy and fine details of the needle exchange program run in Hyannis, but this program is not the only one experiencing difficulty. Needle exchange programs are beneficial to users and the community alike, health advocates say, but are often subject to legal quarrels, budget cuts and negative perceptions.

"There's negativity to [needle exchange programs] because people are uncomfortable with doing something that doesn't stop people from injecting drugs right away, but there is a reduction in harm," says Edward H Kaplan, the professor of Public Health at the Yale School of Medicine.

The Good and the Bad

Thomas Mckean, the director of the Public Health Division in the town of Barnstable, became involved in the case at the request of the Barnstable police chief. The Board of Health identified the discarded needles and syringes as a, "public health crisis." The majority of the incorrectly discarded needles were traced to come from the ASGCC.

According to the town, the ASGCC was violating laws by not registering its program with the state and neglecting to have licensed health professionals on staff. After multiple attempts, a representative or member of the ASGCC could not be reached for comment.

A later hearing allowed the ASGCC to continue distribution of needles, syringes and other drug kit supplies to its clientel while further investigation and court hearings took place.

What the Board of Health did not include in its cease and desist order was that the number of registrations for the ASGCC's needle exchange program has increased by the hundreds since it began in Hyannis in 2009. The clients that seek supplies from the program have access to clean needles, syringes and drug kits, eliminating the chance of users contracting HIV, Hepatitis C or other blood-borne illnesses when injecting drugs. The program is also able to distribute Narcan, which counteracts overdoses, and ultimately saves lives.

The Bigger Picture.

About 80 miles east, the AIDS Care Ocean State Prevention Center in Providence, Rhode Island, showcases a similar story about lack of support. AIDS Care Ocean State operates ENCORE Needle

Exchange, the only needle exchange program in Rhode Island. The program has two locations and home delivery. Staff members have a schedule of locations and times where they travel with backpacks stocked with clean supplies to distribute to clients who may not have the means to travel to one of the two established locations. Like the ASGCC, AIDS Care Ocean State distributes Narcan.

Raynald Joseph, the prevention supervisor at AIDS Care Ocean State, recognizes that users may hesitate to register for such programs in fear that publicizing their addiction could lead them to trouble with the law. Participating in needle exchange programs is not illegal, although using the drugs is.

"Our program is anonymous. Clients have unique identifiers," says Joseph. These identifiers are called CTR codes. "It is the first two letters from the first name, first letter from the last name, and birth date."

No medical coverage is necessary to receive services from AIDS Care Ocean State. Those who exchange needles and syringes are offered HIV testing, hepatitis C testing, educational materials, recovery services and referrals to substance abuse treatment.

The ASGCC in Hyannis offered the same services when they received the cease and desist order from the Board of Health.

"We've never received negative feedback or consequence about the program," says Joseph. Despite its well-run facilities and services, Rhode Island's needle exchange program received a funding cut from state legislature resulting in \$65,000 lost. This funding pays for supplies and outreach workers. The program is still operating due to other programs which bring in revenue.

"If business would be cut there would be devastating consequences," says Joseph of the effects of the \$65,000 loss. "Numbers [of infected users] would raise dramatically such as last year's HIV outbreak in Indiana."

The outbreak that Joseph is referring to occurred in Scott County, Indiana, where a needle exchange program did not have the needed support or funding to exist. The only HIV testing facility, a Planned Parenthood, was shut down in 2013. In December of 2014, the number of Scott County residents testing HIV positive was quickly increasing. The number eventually rose to an astonishing 490 infected, according to AIDSVu, a database that partners with the CDC to map AIDS and HIV cases in the United States

In March 2015, Gov. Mike Pence declared a public health emergency for Scott County that allowed a temporary needle exchange program to begin, according to an article in the Indianapolis Star. At the time, needle exchange was illegal in the state of Indiana. After the first program in Scott County was established, and the number of new individuals testing positive for HIV began to decline, the state legalized needle exchange programs. However, the ban on state funding for such programs is still in place, according to the American Medical Association.

A similar situation was recently seen in New Jersey, when Gov. Chris Christie vetoed state funding for the state's needle exchange programs. According to the NJ Spotlight, an online campaign was created on GoFundMe to raise money and awareness for New Jersey's struggling programs. Gov. Christie has since allowed needle exchange programs in New Jersey.

The Road to Recovery.

Among the historical outbreak in Scott County, and allowance for needle exchange programs in both Indiana and New Jersey, more states are beginning to open their doors and provide clean needles and syringes. If needle exchange programs were previously established, many would not test positive for the disease and its cost.

According to AIDS United, a national nonprofit dedicated to ending the AIDS epidemic, infected needles result in 3,000 to 5,000 new cases of HIV in the United States per year. The Center for Disease

Control and Prevention, claims syringe programs are both efficient and cost effective. The average cost of a distributed syringe is 97 cents per year.

With reductions in both cost and blood borne illnesses, needle exchange programs seem to be an easy answer. So why are programs such as the one run by the ASGCC running into trouble?

According to McKean, complaints about the ASGCC's needle exchange programs originated when needles were found incorrectly dispensed throughout the residential town - on sidewalks, driveways, public benches and in parks - by residents of Barnstable. There were so many complaints, that the fire and police departments were trained to properly pick up and discard the needles and syringes. Although ASGCC reports that during its most recent fiscal year, it issued 112,604 syringes and 115,209 syringes were returned, resulting in a return rate of 102 percent. However, the program does not require returning old needles to access new ones.

"If you keep dumping your needles out there, then you're going to lose control of the situation again," says Kaplan. "I don't like the idea of unlimited distribution because it creates unlimited disposal."

Currently, the ASGCC and the board of health are meeting monthly while the case is ongoing in the court system. Bennet H. Klein of Gay & Lesbian Advocates & Defenders, the plaintiff's attorney, could not be reached for comment. The defending attorney, Ruth J. Weil of the Town of Barnstable Law Department, could also not be reached for comment.

"We've been meeting with them monthly working out plans to improve things," says McKean. "such as drop off boxes in town. We now have more locations to drop off needles." He hopes that more drop off boxes will reduce the number of needles and syringes found in parks and on benches.

When supported, funded and legally abiding, needle exchange programs across the United States and the world are reducing the spread of HIV, hepatitis C and other blood borne illnesses. Many

expose users to counseling and rehabilitation. Rather than forcing users to scrounge the streets for infected needles, facilities offer a safe and sterile place to retrieve supplies.

"A lot of people who oppose the programs simply say, 'We should stop people injecting drugs by taking away the supply of needles,'" says Kaplan. "There's this imaginary idea that people who use drugs would not find another way to get them into their body."

Fighting the opioid crisis and the HIV and hepatitis C epidemic are two different battles. It is important to keep blood borne illnesses at bay, even if it includes providing supplies used to inject drugs, experts say.

"It's something that has been proven effective time and time again," says Kaplan. "Nothing gets worse with these needle exchange programs."