

# Needle in Your Eye:

A Response to the *Telegram & Gazette*  
in Defense of Needle-Exchange Programs

In December of 1995, Worcester City Council decided, after many months of debate, to vote down the idea of a needle exchange program (NEP). The practical and good service this program would have provided were outweighed by the fear of the intravenous drug user (IDU) population.

"A [NEP] is a folly. The needle-exchange idea is a big fat lie perpetrated on cities around the world... In order to stop the spread of AIDS among drug addicts, you must first get to the root of the problem by forcing them out of drugs. Trying to stop the spread of AIDS by catering to junkies within the city neighborhoods is absurd." This statement was taken from the August 18th

Worcester T&G editorial, when this issue was coming up for debate in the city council. A lack of research and broad-based statements such as these perpetuate the myths surrounding NEPs.

The HIV virus is one of the most epidemiologically deadly and socially devastating diseases to afflict humans this century. The impact this disease is having on human society has just begun to be recognized. The first communities, and those that are the high risk groups,

affected by the spread of AIDS have been IV drug users and the gay community. It is only now that more so-called "traditional" communities have begun to feel the full repercussions of this horrible disease. As of June 30th, 1991 there were 182,834 AIDS cases reported to the Center for Disease Control. Of these cases 58,879 (32%) were associated with illegal drug use.<sup>1</sup> It is estimated, however, that at least one million people are HIV positive in the United States.

## Glossary:

*needle-exchange program*: any program in which IV drug users can exchange used needles for sterile ones; often free of charge and state-run.

*immunodeficiency*: of or pertaining to weakness or illness in the body's methods of disease and/or infection.

*AIDS*: Acquired Immune Deficiency Syndrome; currently incurable.

*HIV*: Human Immunodeficiency Virus, the virus widely believed to cause AIDS.

*HIV positive*: state of having detectable levels of HIV in one's body.

*seropositivity*: state of having detectable traces of a virus in the bloodstream.

So why does this disease, in contrast to other epidemics, create a need for "exceptional" policies to combat this time bomb? First is the fact that there is no cure for this disease. Because of the HIV virus' ability to mutate quickly, the search for a vaccine has been futile. Secondly, because of its long incubation time in the human body, the chance of transmission is greatly increased. Finally, we as a society must recognize that our initial response to this disease was far from satisfactory, because of the social stigma associated with AIDS, and the primary populations that it originally targeted.

"Prevention of the spread

of the human immunodeficiency virus (HIV) must take priority over any perceived risk of increasing drug use."<sup>2</sup> This drastic statement was released in 1986 by the Scottish committee on HIV infection. They released this statement when it was noticed that there was a rapid rise of HIV infection in the IDU community. NEPs are necessary not only to combat the spread of AIDS, but also to change the behavior of IDUs.

Studies showing the effectiveness of NEPs have been published world wide. *The Medical Journal of Australia* has reported some of the most conclusive tests. They showed that out of the first three hundred needles collected at a NEP in Sydney, Australia, 1% (3) were shown to be positive for HIV antibodies. Further more, they also correlated the drop in seropositivity in more liberal cities that had NEPs, compared to cities that did not have NEPs. They reported that in such cities as New York City and Edinburgh, Scotland, that 59% and 69.7% of all IDUs were HIV positive, respectively. In cities such as Glasgow, Scotland, and Amsterdam, Belgium, which have adopted NEPs, there were reports of seropositivity as low as 4.5% and 3.4% respectively.<sup>3</sup> To go even further, the NEP program in New Haven, Connecticut, which has been looked at as

a model for other programs in the United States, has proven that it is a success. A group at Yale University estimates that there has been a drop of at least 33% in the rate of new HIV infections.<sup>4</sup>

While NEPs will not cure junkies of their habit, other valuable social programs can exist within the NEP distribution centers. First, education on drug use and the HIV virus can be taught. Also, testing and various support services can be made available. In the long run, by providing these services, the city of Worcester will be better off both financially and socially.

## NOTES:

1. Chu, Susan et al., *American Journal of Drug and Alcohol Abuse*, vol. 19, p. 399, December 1993.

2. Moss, A.R., *British Medical Journal*, vol. 294, p. 389, 1987.

3. Wodak, Alex et al., *The Medical Journal of Australia*, vol. 147, .275-6, 1987.

4. Friedman, Dorian, *U.S. News & World Report*, p. 24, March 29, 1993.

## ABOUT THE AUTHOR:

Judah Gold-Markel is a second-semester Senior who is majoring in Bio-Chemistry and Dance. His interest in community health issues was sparked by a surly nurse in Boston's Fallon Venereal Clinic, and also by Patrick Derr's Medical Ethics class. •