

## NEEDLE EXCHANGE PROGRAMS: IS BALTIMORE A BUST?

*This paper is the second in a series about needle exchange programs and law enforcement. For additional information about this, and other publications, contact the Center for Innovative Public Policies, Inc. 7913 NW 83<sup>rd</sup> Street, Tamarac, Florida 33321-1727, (954) 726-5322, or visit CIPP's web site at [www.cipp.org](http://www.cipp.org).*

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### Needle Exchange and Baltimore: What's the Significance?

A recent Drug Enforcement Administration's (DEA) report named Baltimore as the heroin capital of the United States.<sup>1</sup> According to DEA, 3 percent of Baltimore's population, 60,000 people, is addicted to drugs. The heroin death rate surpassed the homicide rate in 1999.<sup>2</sup> Baltimore Police estimate that drugs are a factor in eight out of every 10 homicides.<sup>3</sup>

Fueling the crisis is daily sales of \$1.5 million of pure South American heroin. The DEA says that the drug problem in Baltimore is worse than other cities because of an entrenched drug culture prevalent in entire families and spanning generations.

The DEA additionally reports:<sup>4</sup>

*"Kids learn early: Make \$5.25 frying greasy onion rings for the fat fools at Burger King, or hang out on the corners, on the playgrounds, outside the blitzkreiged rowhouses, where bullets may be an occasional hazard, but it's otherwise easy to sell drugs for way above minimum wages....Try \$600, \$800 a night – more around the first of the month when the checks come in." [Baltimore Sun](#), 12/7/99, "A Quick*

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- Baltimore has one of the most severe crack (cocaine) problems in the United States.<sup>1</sup>

***What's a Needle Exchange Program (NEP)?***

*NEPs operate in a variety of ways, but typically offer intravenous drug users (IDUs) a clean needle in exchange for a used needle.*

*The dilemma is this: how do we justify the need for reducing the spread of disease while at the same time providing the tools that feed an addiction?*

*For more information see: "Needle Exchange Programs: Considerations for Criminal Justice", Center for Innovative Public Policies, Inc., July 2000,*

- The use of the club drug "ecstasy" has rapidly increased, particularly among suburban users.
- Baltimore leads the country in drug-related emergency room admissions.

These statistics point to a community in crisis – including the spread of blood-borne diseases such as hepatitis and HIV in intravenous drug users (IDUs). With the challenge of making citizens safer, Baltimore's willingness to implement more far-reaching and innovative programs to both curb the drug problem and the accompanying increase in disease is understandable.

### **NEPs and Public Health**

Reducing the spread of HIV and other blood-borne diseases through intravenous drug use (IDU) transmitted is a national concern. There is debate about how to address the multiple issues of law enforcement, public safety and addiction treatment. One parts of an overall plan to address addiction are needle exchange programs. In 1998, the estimated number of syringes

exchanged in the United States' 113 needle exchange programs was 19.4 million, an increase of almost 11% from the previous year.<sup>5</sup>

The foundation of the debate about the efficacy of needle exchange programs is: do NEPs:

- Increase drug use?
- Increase crime in areas where they operate?
- Increase the number of dirty needles in areas where they operate?
- Encourage children to use drugs?
- Increase rather than decrease the spread of HIV?

The dilemma for law enforcement is how to enforce the laws regarding syringes, while not becoming a party to the spread of HIV and other blood borne diseases. Can police and public health peacefully coexist about the issue?

While numerous studies have answered each of these questions – no increase in drug abuse, no increase in crime, no increase in dirty needles, no impact on encouraging drug use by children, and reduction of the spread of blood borne diseases, the debate continues.

As the debate continues, the most frequently mentioned community is Baltimore. Both sides point to Baltimore as the best proof that NEPs do, or do not work. What is the rhetoric? What is the reality?

### **The Birth of the Baltimore NEP**

For seven years, Baltimore's Mayor, Kurt Schmoke, talked about drug policy reform.<sup>6</sup> In 1993, AIDS had become a city-wide epidemic. The numbers of new AIDS cases were appalling, causing the city's officials to examine all alternatives, including NEPs. The data showed that:<sup>7</sup>

- 61 percent of new AIDS cases were among IDUs;
- an additional 8 percent of new AIDS cases were among sexual partners of IDUs; and
- three percent among of new AIDS cases involved the babies of IDUs or their sexual partners.

Four new people every day were being infected with HIV,<sup>8</sup> and Mayor Schmoke wanted action. The Mayor, together with the Baltimore City Health Department Director, Dr. Peter Beilenson, gathered information about NEPs in Europe and the United States. This research led to a legislative initiative to secure an exemption to the state drug paraphernalia laws to allow a NEP to operate in Baltimore. Maryland law prohibited possessing, distributing or selling needles or syringes if there was reason to believe they would be used with controlled or dangerous substances.

After failed attempts in 1992 and 1993, Mayor Schmoke made NEPs his top priority with the Maryland state legislature.<sup>9</sup> The City's 1994 legislative lobbying emphasized that: (1) Baltimore had a public health crisis; and (2) HIV prevention could result in significant savings in medical costs. According to Drug Strategies, each HIV infection prevented saves at least \$150,000 in direct medical costs.<sup>10</sup>

Significant to the success of this initiative was that Baltimore was not asking the state to fund the program - it would pay for the program itself. The city also pledged to create up to 200 new drug treatment slots for NEP clients.<sup>11</sup>

In May 1994, Maryland Governor William Donald Schaefer signed the law permitting Baltimore to operate NEPs.

NEP supporters were careful to secure community buy-in for these new programs. The results according to Dr. Beilenson, “[w]e had the reverse of a NIMBY (not in my back yard) problem. We had communities asking for needle exchange programs to be located in their community.”<sup>12</sup> Mayor Schmoke appointed an advisory committee to recommend a protocol for

NEPs. Included on this committee were members of state and local police.<sup>13</sup> A protocol was established and, in August 1994, the Baltimore NEP began.

*As of May 2000, the Baltimore NEP had 10,548 registrants. In May 2000, alone, the NEP had collected 43,507 syringes and dispensed 37,800. Baltimore Sun, “Exchange of Faith: Baltimore Needle Van Hands Out Clean Syringes, Safety, Advice, Encouragement and an Occasional Shot at Redemption”, Michael Ollove,*

The City Health Department also had solid support from the Police Department. “The Chief of Police was involved in the planning and the District Commanders attended briefings on the program and have expressed support.”<sup>14</sup> A year later, in 1995, community attitudes toward NEPs in Baltimore were assessed through household interviews. The result? Overall, 65 percent favored a NEP in Baltimore.<sup>15</sup>

One of the NEP’s aims was to provide the bridge to treatment for those registered with the program. Significantly, Baltimore’s NEPs also offered these services:<sup>16</sup>

- drug treatment referral;
- HIV counseling and treatment;
- TB skin testing and referrals to chest clinic;
- Syphilis serology; and
- referral to sexually-transmitted disease (STD) clinic.

During its first year, the Baltimore City Health Department expected the NEP to serve 700 to 1,000 participants. The NEP exceeded all expectations, enrolling 8,300 persons by 1999.

### **Report Card on Baltimore’s NEP**

Before its fifth anniversary, the Baltimore NEP had about 8,300 registrants and dispensed 2.2 million needles.<sup>17</sup> The program operates two vans that visit eight sites around the city. But Baltimore was not satisfied with simply running this program.

Ongoing evaluation played a significant role in the program. These evaluations, funded through a series of studies by The National Institutes of Health, the National Academy of Sciences, and the Centers for Disease Control and Prevention, and conducted by the Johns Hopkins University School of Public Health examined the impact of the NEP in the community.

In particular, the research reviewed the issues about NEPs. Did the Baltimore NEP:

- Increase crime?
- Increase the number of dirty needles?
- Increase drug use?
- Increase, rather than decrease, the spread of HIV?
- Encourage children to use drugs?

In July 1999, the Baltimore City Department of Health released findings from the on-going evaluation.

### ***Did Crime Increase?***

No. "Changes in overall crime levels were no different in the parts of the city with needle exchange compared to other areas in the city, nor were there differences according to specific types of crimes (e.g., drug-related arrests, economically-motivated crimes, violence, resisting arrests)."<sup>18</sup> Arrest patterns were found not to be significantly different in areas served by the NEP than in other areas of the study.<sup>19</sup> This held true for cocaine and heroin possession, as well as burglaries, prostitution, and other crime linked to drug activities.<sup>20</sup> Indeed, break-ins and burglaries (considered to be economically-motivated crimes related to drug use), fell by 11 percent in needle exchange areas but increased by 8 percent in non-needle exchange areas.<sup>21</sup>

### ***Did the Number of Dirty Needles Increase in NEP Areas?***

No. In fact, there was a significant drop in the number of dirty needles in areas around NEPs compared to other areas with heavy drug users.<sup>22</sup> "The mean number of needles per 100 trash items per block dropped from 2.42 in one year to 1.30 two years later."<sup>23</sup>

### ***Did Drug Use Increase?***

No. "Evaluation results indicate that there is a 20 percent reduction in the frequency of drug use among program participants."<sup>24</sup> In addition, NEPs offered a 'bridge to treatment.' Approximately 1,500 IDUs have entered drug treatment programs.<sup>25</sup> Participation in the NEP was significantly linked to entering treatment programs for HIV

positive and HIV negative IDUs. Critical to supporting this bridge is the availability of treatment slots for those wanting them.

### ***Was There an Increase in the Spread of HIV?***

No. After more than eight years of follow-up study of IDUs, HIV incidence decreased by 35 percent after the opening of the Baltimore NEP.<sup>26</sup> The study showed a 70 percent decrease in HIV seroconversion (when an individual moves from being HIV to HIV positive) among IDUs that utilized the NEP on a regular basis.<sup>27</sup> Reduction in the incidence of HIV was accompanied by reduction in high risk behaviors:<sup>28</sup>

- A decrease in the number of needles being obtained from the black market;
- A decrease in the number of needles discarded in the street;
- A decrease in the use of someone else's needles;
- A decrease in lending needles to someone else;
- A decrease in daily injection frequency;
- A decrease in the number of injections per syringe; but
- An increase in the percentage of participants enrolled in drug treatment.

### ***Were Children Encouraged to Use Drugs?***

No. Teenagers say they are much more influenced by parents and peers using drugs than by NEPs.<sup>29</sup> Research in Baltimore documented that teens seeing IDUs at a NEP were more likely to be discouraged rather than encouraged to use drugs. Ninth and tenth grade students in Baltimore were asked what makes them want to use drugs and what makes them want to stay away from drugs. Their answers provide valuable insight<sup>30</sup>:

- 47 percent said they were more likely to want to use drugs if their friends use drugs.
- 44 percent said seeing their parents use drugs would encourage them to use drugs.
- 42 percent said seeing a person at a NEP would not matter one way or the other.
- 47 percent said seeing a person at a NEP would make them want to stay away from drugs. 11 percent said seeing a person at a NEP would encourage them to use drugs.

Besides not encouraging drug use, the Baltimore NEP has not been a source of needles for younger IDUs. The average age of the participants is 41 years old and only one out of 5,300 clients was under the age of 18.<sup>31</sup>

A recent study published in the American Journal of Public Health found that 80% of needle exchange participants in Baltimore did not share needles with others, an improvement from 70% in 1990.<sup>32</sup>

These statistics suggest that the reality of Baltimore's NEP is in conflict with those who in law enforcement circles who cite Baltimore's NEP as contributing to Baltimore's drug problems. Perhaps Baltimore's City Health Department Director, Peter Bielsonson, was right when he said, "it's not the science that's in question, it's the politics."<sup>33</sup>

### **Baltimore's Police on NEPs: In Their Own Words**

Public health, public safety experts, and policy specialists have weighed in with their opinions about NEPs. Federal government officials, including former Secretary of Health and Human Services Donna Shalala and former Drug Czar Barry McCaffrey, have debated the merits of NEPs and more of the same is expected during the Bush administration.<sup>34</sup> The national law enforcement position against needle exchange programs was maintained by General McCaffrey, as well as two national police/law enforcement membership organizations.<sup>35</sup>

But what do Baltimore police officers who work daily with NEPs think about NEPs? How do the police officers feel who are working in one district where a Baltimore NEP van operates?

Acceptance of NEPs has not been automatic nor is it universal. In 1996, a pilot project to install drop boxes for dirty needles was initiated in East Baltimore. The project, called Operation Red Box, used three surplus mail boxes as dirty needle drop boxes. Focus groups were held before and after the project started. Police participated in these focus groups, with officers expressing opposition to the project at the "pre-intervention" focus groups. "I mean, if we do all this, we might as well make it legal."<sup>36</sup> In the final analysis, however, after the boxes had been in operation for about six months, there was a change in the officers' attitude toward the boxes. "This support in part resulted from anecdotal evidence of fewer discarded needles in public places after the red boxes were placed in the community."<sup>37</sup> Police officers reported using the boxes to dispose of confiscated needles.<sup>38</sup>

In interviews with officers working in the Southern District of the Baltimore Police Department (the district where a NEP van operates), the officers seemed less worried about themselves and more worried about those they serve. "I've seen kids walking barefoot on the street in the summer, if it (the NEP) stops someone from getting stuck with a dirty needle, then I am for it."<sup>39</sup>

What are the officers on the front lines saying about NEPs? Here are some thoughts in their own words<sup>40</sup>:

- "The NEP doesn't make our district any better or any worse than other drug infested parts on Baltimore."

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- “If it stops the spread of disease, then I’m for it.”
- “If it stops needles on the street, then I’m for it.”
- “The NEP is like spitting at a forest fire to put it out.”
- “If a NEP prevents just one person from getting stuck by a dirty needle, that’s good.”

The officers expressed frustration, caught between a duty to uphold the law and a desire to stop the spread of a disease like HIV. Not one officer articulated anything but sympathy for IDUs and most expressed a desire to help. “When you give a junkie a needle, aren’t you telling him you don’t care about him?”<sup>41</sup> But the officers also knew that those handing out clean needles can lead IDUs to treatment and other services.

Of additional significant concern is the risk of police officers contracting HIV or hepatitis from a needle stick. A recent study found that, “needle stick injuries constitute a major occupational health problem in large at-risk populations including police officers in metropolitan settings.”<sup>42</sup> NEPs help increase the likelihood, in the experience of Baltimore police officers’ interviewed that IDUs will tell them about their needles prior to searches, and that needles will be less prevalent in public places, thereby improving officer safety. One Police Chief put it this way. “I may agree or disagree philosophically with NEPs, but if it keeps my officers safe, I may need to put my philosophy aside.”<sup>43</sup>

### **Is Baltimore a Bust?**

NEPs are not the answer for every community. A NEP is but one part of a larger strategy to reduce the spread of blood-borne disease in Baltimore. As crime goes down, as the incidence of HIV goes down, as more IDUs opt for treatment rather than a fix, resources are freed up for other city priorities.

Whether or not NEPs exist, addicts will continue to inject drugs. After five years with the NEP operating in Baltimore the spread of HIV is down, the number of discarded dirty needles is down, intravenous drug use is down, and more IUDs are in treatment.

Baltimore provides a tragic, yet unique, environment to see the impact of a needle exchange program. Federally funded studies by Johns Hopkins University provide clear data showing how NEPs can be an effective part of a community’s response, without jeopardizing the safety of citizens and police. The issue of NEPs may no longer be a question of science but of philosophy.

**A Matter of Dollars and Sense**

*There are 650,000 residents in the City of Baltimore. Every year, police make 90,000 arrests of 60,000 individuals; 85-90 % of the arrests are drug-related and 90 percent of the drug-related arrests are nonviolent. Most of these crimes are property crimes committed to feed the perpetrators' drug addiction.*

*The average heroin addict has 225 crime days in a year. The cost of the daily habit of an addict is between \$50 and \$75. That means it costs one billion dollars a year to support the drug habit of Baltimore's 60,000 addicts. Of that one billion dollars, about half comes from illegally obtained funds. Experts suggest that the one billion-dollar figure underestimates by two-thirds the real costs – making the cost to the city of about three billion dollars a year.*

*Remarks by Peter Bielensohn, M. D., M.P.H., Director, Baltimore City Health Department, Annual Meeting, Police Executive Research Forum, Washington, D. C. May 12, 2000.*

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**ENDNOTES**

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39 The authors conducted a two day site visit in Baltimore meeting, talking and interviewing police officers in the Southern District, Baltimore Police Department in December 1999. Eleven interviews were conducted, including the District Commander, two lieutenants, two sergeants, and six patrol officers. Their remarks were provided on our promise of anonymity.

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