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Needle Exchange Programs: The Bottom Line for Jails

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Introduction – The Face of the HIV/AIDS Epidemic

While the incidence of HIV/AIDS is declining in the United States, this disease "continues to be far more prevalent among inmates than in the total U.S. population." It is estimated that 2.2 percent of all jail inmates are HIV positive, with the highest infection rates centered in large, urban jails.

But these statistics are not news to jail administrators who battle the added burdens these inmates place on the jail medical costs and the health and safety of jail staff. Jail medical costs continue to rise notwithstanding findings that inmates with HIV, AIDS and TB are still, "seriously under served in terms of medical care, drug treatment and psycho-social services."

While statistics on jail inmate medical costs nationally are not specifically maintained, the U.S. Department of Justice's Bureau of Justice Statistics (BJS) reports this data for prisons. BJS reported for 1996 that state corrections systems devoted, on average, 11.6 percent of annual operating budgets to inmate medical costs. That is a staggering 2.45 billion dollars a year. In 1994, a reported $11,011,269,000 was spent by local governments on corrections. Using the prison data to estimate jail medical expenditures, a conservative estimate is that jails spend 1.3 billion dollars a year on inmate medical costs.

Inmates with more serious and chronic medical conditions, requiring more medical capacity and financial resources, will continue to enter jails. The public debate about universal health care, access to on-demand drug treatment and insurance coverage of treatment for mental illness all impact the inmate health care delivery system and health care costs. Jail administrators have choices. They can wait for others to make decisions that impact their jail's bottom line and then react to them, or jail professionals can be proactive and work together with public health officials to effectuate policies that ultimately improve conditions and address the costs of inmate medical care in their jails. Since whatever happens in the community will shortly arrive in the jail, administrators need to follow and influence the various public health debates as they ultimately relate to jail medical service.

Anatomy of an Issue

One issue that jail administrators can impact is the transmission of blood-borne diseases through injection drug use (IDU). Proposed strategies for fighting the "war on drugs" and the accompanying incidence of blood-borne disease, have included legalization of drugs and government control and sale of illegal drugs as a way to regulate costs and control demand.

Perhaps the most hotly debated harm reduction strategy to the twin epidemic of HIV and drug addiction is the use of needle exchange programs (NEPs). NEPs allow injection drug users to exchange used/dirty needles for a clean one without fear of criminal consequences, while simultaneously having the chance to interact with drug treatment professionals.

The AIDS epidemic had its beginnings in 1981 and injection drug use has been a prominent contributor to the magnitude of this health crisis. In some communities, injection drug use has accounted for 60 percent of reported AIDS cases and nearly 40 percent of all reported AIDS cases were connected to injection drug use. Often the new AIDS victims are the sex partners and the children of injection drug users.

In addition to Health and Human Services (HHS) Secretary Donna Shalala, many public health and medical organizations endorse NEPs as an effective component of a comprehensive HIV prevention program. At the same time, some public safety organizations, following the lead of the Director of the Office of National Drug Control Policy, Barry McCaffrey, have rejected NEPs.

Striking a balance between "feeding an addiction" and preventing the spread of a fatal disease seems to be at the very core of communities' struggle with NEPs. In addition, by turning a blind eye to the various needle exchange laws, pharmacy regulations that restrict access to syringes and current drug paraphernalia laws, criminal justice professionals are placed in a position that runs contrary to their sworn duty.

Hampden County (Massachusetts) District Attorney William Bennett captured this dilemma, "I do not understand how I can support the use of drugs by providing needles and prosecute someone who uses them."

On the other hand, enforcement of drug paraphernalia laws impacts how some IDUs [injection drug users] make decisions about using sterile needles, resulting in the spread of AIDS. A female heroin addict was "asked why she did not carry sterile syringes to use when she injected drugs: ‘Because, she answered, I would rather get AIDS than go to jail.’ "

What Is an NEP and How Does It Operate?

While there is no single way to distribute clean needles to IDUs, certain common traits mark this HIV prevention strategy. Typically, NEPs offer IDUs a non-threatening, public location to bring a dirty needle and exchange it for a sterile one. At the same time, these users can be encouraged and supported in taking advantage of treatment options, medical care and other services. In fact, the United States Conference of Mayors suggests that referral to treatment is perhaps the most overlooked and most vital role NEPs play.

John Parker, the first person to distribute clean needles in the United States, estimates that he has been "arrested 27 times in seven states." This approach brought NEPs into the forefront and underscored the connection between injection drug use and the spread of AIDS. Ultimately, some NEPs were established after much community coalition-building. Still other NEPs that were once illegal have been legitimized and actually receive funding from local governments. Yet, in 1992, less than half of new NEPs were legal. Today, several NEPs receive government or foundation funding while some, (Boulder, Colorado’s NEP, for example) are operated by the local Department of Health.

There have been five different bans on the use of federal dollars to fund NEPs. Most recently, Health and Human Services Secretary Shalala supported lifting the ban while Drug Czar, Barry McCaffrey, opposed it. Ultimately, the Clinton administration decided to continue the ban reasoning that it was best to have local communities that implement NEPs use their own dollars to support them. Although the federal ban on funding NEPs remains, federal money may be used to conduct studies of NEPs. These funds are used by researchers to summarize current information and collect new data "so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use."

The Science of NEPs

Much research has been conducted about NEPs and their impact on illegal drug use. These studies suggest three public health benefits: "reduction in risk behavior; reduction in the incidence of HIV and other blood-borne infections; and greater access to drug treatment and other HIV prevention services." Indeed, after reviewing all of the research, HHS determined "that there is conclusive evidence that needle 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."

Risk reduction. Behaviors of IDUs before and after participation in a NEP have been compared. Studies reveal a significant drop in high risk behavior. There is less sharing of drug paraphernalia and more use of sterile needles. In Baltimore, when comparing behaviors over a two week period following enrollment in the NEP, self reported lending of used needles decreased from 34 percent to 15.5 percent. So did borrowing syringes (down from 23.2 percent to 11.1 percent).

Incidence reduction. Recent studies described in the National Research Council’s review of NEPs found direct evidence of substantially lower rates of new HIV infection among New York City IDUs. Researchers credited the New Haven NEP with a 33 percent reduction in HIV incidence. The connection between NEPs and reduced infection is not limited to HIV. In Pierce County, Washington, research indicates that Hepatitis B and C cases attributable to injection use declined by more than 75 percent within two years after a NEP was established. After eight years of follow-up in the ALIVE study of IDUs, HIV incidence decreased 35 percent after the opening of the NEP in Baltimore City. These findings suggest a community-wide effect of the NEP in Baltimore.

The bigger picture. NEPs serve as conduits to drug treatment and other HIV and drug prevention services. They have become a "necessary component of a broader, more comprehensive HIV prevention plan." In Baltimore, for example, the number of IDUs participating in drug treatment went up from 8 percent to 18.8 percent.

NEPs: the ultimate enabler? Opponents to NEPs maintain that exchanges of syringes only serves to encourage illegal drug use. That in "feeding the addiction" NEPs are feeding the epidemic. However, scientific data now available has established the utility of needle exchange programs in reducing new HIV infections with no evidence of increasing injection drug use." One explanation for this phenomenon rests with the psychology of addiction. "Drug use is driven by physiological and psychological dependency, as well as the availability of the drug itself, rather than the means to administer it." In fact, studies in New York, Portland and San Francisco where NEPs operate, report level or decreased injection drug use. And in Baltimore, when comparing crime trends in NEP areas to non-NEP neighborhoods, no significant differences were found in any drug-related arrest categories such as drug possession, economically motivated crimes, resisting arrest or violence. In fact, no differences in the incidence of crime were found at all.

The Bottom Line for Jail Administrators

Until cures are found for blood-borne diseases like HIV and Hepatitis B, prevention is the only way to fight them. There is no magic bullet in this effort and NEPs are but one harm reduction strategy in a mosaic of methods. To be sure, NEPs are not appropriate for every community. A case-by-case analysis should be made by the community, public health officials and criminal justice professionals as this option is considered.

Jail administrators can influence debates on public policy in their community. Regardless of which side of this issue jail administrators finds themselves, it is important to understand both sides of the debate and be armed with current and accurate information. As the de facto "other public health facility" in most communities, jails must take a leadership role in shaping an effective harm reduction strategy to battle the spread of blood borne diseases.

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