



A Needle Exchange Program: What's In It For Police?

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Needle exchange programs (NEPs) are one part of a comprehensive public health strategy to address the spread of blood-borne diseases in intravenous drug users (IDUs). NEPs exchange dirty, used needles for clean ones, and provide IDUs with a gateway to treatment and other services.

During a panel on needle exchange programs at the PERF Annual Meeting in May, a police chief asked, "Why should I give a darn?" about needle exchange programs.

The chief's question was very reasonable. Many police chiefs are grappling now, or will grapple in the future, with needle exchange programs as part of a harm reduction strategy for their communities. Science clearly documents that such programs prevent fatal blood-borne diseases.¹ The dilemma for police is that the NEPs also provide the means for intravenous drug users to inject illegal drugs. Some feel that the "science" behind NEPs has been lost in the controversy. Among the questions being asked are:

- Do NEPs increase drug use and encourage an immigration of drug users from adjacent communities?
- Does crime increase in areas where NEPs operate?
- Will the number of dirty needles increase in areas where NEPs operate?
- Will government support of NEPs send the wrong message to kids about using drugs?

Background

In 1998, the estimated number of syringes exchanged in the United States as part of NEPs was **19.4 million**, an increase of almost 11% from the previous year. One hundred and thirteen NEPs are operating in at least 30 states, some legal, some not. The most recent survey of NEPs found that 25 percent of the programs responding were "illegal-underground," meaning that they operate in a state with a prescription law and do not have formal support of local elected officials. Twenty-two percent of programs reported that they were "illegal-tolerated," meaning that they operate in a state with a prescription law and received a formal vote of support of approval of a local elected body. Fifty-three percent of program considered themselves to be "legal" meaning they operate in a state that has no law requiring a prescription to purchase a hypodermic syringe or has an exception to the law allowing the NEP to operate. Furthermore, the survey reported that the number of "legal" programs has grown from 33 in 1995 to 59 in 1998.²

Yet, until recently, police have mostly heard anecdotal evidence in favor of or against NEPs, despite the long history of scientific research supporting NEPs as one part of HIV/AIDS prevention. For example, during the last five years, Johns Hopkins University's School of Public Health conducted several studies based on Baltimore's NEPs. The results of these studies offer some answers.

Baltimore's Bottom Line

The City of Baltimore is often cited by those who wish to make a case for, or against the efficacy of needle exchange programs. To explore this "Baltimore Connection" further, a panel at PERF's Annual Meeting, May 2000, heard the facts about Baltimore's experience with their needle exchange program.

The City of Baltimore operates its NEPs from two vans at seven sites, including one pharmacy. The results of their program are as follows:

- A Bridge to Treatment: Approximately 1,500 IDUs have entered drug treatment programs.³
- AIDS and HIV Decline: Based on more than eight years of follow-up in Baltimore's ALIVE study of IDUs, HIV incidence decreased 35% after the opening of the NEP in Baltimore City.⁴
- Arrest patterns found not to be significantly different in areas served by the NEP program than in other areas of the city. This held true for cocaine and heroin possession, as well as burglaries, prostitution and other crimes linked to drug activities.⁵

- Fewer Incidents of Dirty Needles: There was a significant drop in the number of dirty needles in the areas around the NEPs compared to other areas with heavy drug users because the IDUs exchange their dirty needles for clean ones.⁶
- No Adverse Impact on Kids: Johns Hopkins University researchers interviewed 1000 high school students about what influences them to use drugs. Their answer as reported in this major study? Peers, family and friends are the biggest influences. The students surveyed said NEPs were as likely to encourage them to use drugs as anti-drug ads were to discourage them from using.⁷
- No Magnet Effect: Eighty-five percent of the clients served by the NEPs resided in the same zip code. NEPs did not attract IDUs from other communities.⁸

The bottom line in Baltimore? Where NEPs operate, the rate of HIV infection is down and crime has not gone up. The presence of dirty needles is down, and 1,500 IDUs used NEPs as a bridge to treatment.

Is Baltimore a fluke? The Hawaii Department of Health also funds an NEP and reports similar success rates. Rates of HIV infection among IDUs in the areas served by these NEPs dropped from 5 percent in 1989 to 1.1 percent in 1994. That rate held steady from 1994 to 1996. From 1993 until 1996, 74 percent of Hawaii's NEP clients reported they did not share needles. Additionally, only 18% of the AIDS cases reported in Hawaii during 1997 were related to drug injectors, as compared to one-third of reported new cases throughout the rest of the United States.⁹

The Cost of Not Giving a Darn

According to Peter Beilenson, MD, M.P.H, Director, Public Health Department, City of Baltimore during his presentation at the PERF 2000 Annual Meeting, there are 650,000 residents in Baltimore. Every year, police make 90,000 arrests of 60,000 individuals. Of these arrests, 85 to 90 percent are drug related and 90 percent of the drug-related arrests are for non-violent offenses -- property crimes committed to feed drug addiction.

The average heroin addict has 225 days during which they commit crimes each year to support a daily habit of between \$50 and \$75. That means the illicit use of drugs cost the citizens of Baltimore \$1 billion per year for the city's 60,000 addicts. Of that billion dollars, about half comes from illegally obtained funds. Experts also suggest that the \$1 billion figure represents one-third of the real cost. The cost of not giving a darn? It's about \$3 billion per year.

What's In It for Police?

Cambridge, Massachusetts operates a NEP. Cambridge Police Commissioner Ronnie Watson reported during the panel on needle exchange programs at the PERF Annual Meeting, that the existence of NEPs had no impact on crime in Cambridge, no impact on his department's ability to make drug arrests and no impact on their ability to police. The arrest ratio is the same as it was before the NEP began operating.

NEPs are but one small part of a larger strategy to reduce rates of HIV infection in Cambridge. The program also frees up resources for other endeavors.

What's in it for police? NEPs decrease the likelihood that a dirty needle will stick police officers. As noted above, the existence of NEPs help drive down the presence of dirty needles because IDUs need a dirty needle to exchange for a clean one. Likewise, IDUs feel safer telling officers when they have a needle on their person if they are a NEP client.

The Last Word

NEPs have been a highly charged topic of debate among policing professionals. Perhaps now is the time to examine this issue with less passion and more focus on the existing strong body of scientific data as we attempt to ascertain what course of action is ultimately in our communities' best interest.

Meanwhile, the indisputable fact remains that whether or not NEPs exist, addicts will continue to use drugs, and dirty needles will continue to be a health hazard for the public and a safety concern for officers. The question of NEPs appears no longer to be a question of science, but rather a question of politics.

As one police chief said at the conclusion of the PERF workshop, "I may agree or disagree philosophically with NEPs, but if it keeps my officers safe, I may need to put my philosophy aside."

More information on needle exchange programs, contact cipporg@aol.com

- 1 Department of Health and Human Services, Press Release, April 20, 1998, and National Institutes of Health, *Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors*, March 1997.
- 2 Dr. Denise Paone, Beth Israel Hospital, New York, New York, Presentation to the North American Syringe Exchange Conference X, Portland, Oregon, April 27, 2000.
- 3 Strathdee, Steffanie, Ph.D., David D. Celetano, ScD, Nina Shah, MSc., Cynthia Lyles, PhD, Veronica A. Stambolis, MA, Grace Mccalino, MPH, Kenrad Nelson, MD and David Vlahov, PhD., *Needle-Exchange Attendance and Health Care Utilization Promote Entry into Detoxification*, *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 76, Number 4, December 1999.
- 4 Strathdee, Steffanie, Ph.D., Association Professor, Johns Hopkins University, School of Public Health and Hygiene, *Summary of Research Findings in Support of Needle Exchange Programs*, December 13, 1999 and Vertefeuille., M. Tun W., Huettner, S. Strathdee, S. Vlahov, D., Decline in self-reported high risk injection-related behaviors among HIV seropositive participants in the Baltimore Needle Exchange Program, Presented at the 127th Annual Meeting of the American Public Health Association, Chicago, Ill., 1999.
- 5 "Needle Program No Spur to Crime", *The Baltimore Sun*, March 30, 1999.
- 6 Doherty, M., Garfein, R., Vlahov, D., Junge, B., Rathouz, Pr., Galai, N., Anthony, J., and Beilenson, P., *Discarded Needles Do Not Increase Soon After the Opening of a Needle Exchange Program*. *American Journal of Epidemiology* 1997, 145 (3): 730 – 736.
- 7 Marx, MS, Beilenson, P., Alexander, CA, Safaeian, M., Vlahov, D. *Attitudes of Adolescents about Illicit Drug Use and Needle Exchange Programs: Final Program: 10th International Conference on Reduction of Drug-Related Harm*, Geneva, Switzerland. May 21 – 25, 1999.
- 8 Peter Beilenson, MD, M.P.H., Remarks to Police Executive Research Forum Annual Meeting, Washington, D. C., May 12, 2000.
- 9 *Report Says Hawaii's Syringe Exchange Program Works*, Press Release, Hawaii Department of Health, February 12, 1998.

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