

Syringe Exchange: One Approach to Preventing Drug-related HIV Infection

A policy discussion paper prepared by the Canadian Centre on Substance Abuse (CCSA) National Working Group on Policy

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A. Background

1. Context

The development of substance abuse policies can be usefully viewed within the context of a health promotion framework. According to this framework, a central goal of health policy is to promote and protect the public health. These goals can be achieved by adopting strategies directed toward the maintenance and enhancement of health, avoidance of risk and the reduction of harm. Health promotion and harm reduction strategies and policies must address the full continuum of risk of developing substance abuse problems, and are more effective if they involve collaboration between the groups and agencies concerned.

According to the concept of harm reduction, the primary focus of drug policy should be on decreasing the negative consequences of drug use. Harm reduction aims to reduce drug-related health and social problems among individuals, families and communities. Harm reduction strategies are based on a hierarchy of goals where immediate and achievable goals take priority. The approach selected may or may not include abstinence as a goal.

Within a health promotion and harm reduction framework, slowing the spread of Human Immunodeficiency Virus (HIV) among injection drug users is a priority issue. Agencies in numerous countries have adopted the position that every effort must be made to prevent the spread of HIV by and among injection drug users and that drug policies should not compromise these efforts.

Injection drug use is a primary risk factor for the transmission of the Human Immunodeficiency Virus (HIV) and thus a major contributor to the incidence of Acquired Immune Deficiency Syndrome (AIDS). In Canada, injection drug use is second only to homosexual/bisexual activity as a means of HIV transmission in men and second only to heterosexual acquisition in women. Transmission occurs through the transfer of blood from one person to another by sharing uncleaned syringes.

Approximately 100,000 injection drug users in Canada are now at risk for HIV infection. These persons are concentrated, for the most part, in the metropolitan areas of Montreal, Toronto and Vancouver, but there are injection drug users in most areas of Canada, rural and urban.

Traditionally, heroin has been the primary drug administered by injection in Canada; Talwin and Ritalin have also been popular injectables at various times in different parts of the country. Over the last several years, cocaine has been used increasingly by injection drug users, either on its own or in combination with heroin. There is also increasing nonmedical use of anabolic steroids by athletes, dancers and the general male population throughout Canada. In such cases, steroids are used to promote strength and for appearance-enhancing purposes, despite the risk of side-effects.

Risk of HIV infection is not limited to the injection drug user but also exists for their sexual partners; at least 40% of injection drug users are in relationships with non-users. Because HIV infection can spread from injection drug users to sexual partners and because approximately one-third of injection drug users are female, there is a

risk that babies will be infected through perinatal transmission of the virus. The possibility of transmission to the non-injecting community is increased by the fact that some injection drug users exchange sex for money or drugs and, while frequently used in such transactions, condoms are not always utilized.

Preventing the spread of HIV by and among injection drug users is thus a key element in reducing the incidence of AIDS. Measures taken to contain the spread of HIV will also help to control the spread of other infections, such as hepatitis, which can be transmitted through sharing of injecting equipment.

2. Syringe Exchange - One Prevention Strategy

There are several strategies for limiting the spread of HIV and other infections by and among injection drug users. These include bleach kits, provision of smokable drugs and methadone maintenance and other forms of treatment. One approach that has been adopted because of its ease and low-relative cost is syringe or needle exchange. Because bleach does not kill the hepatitis viruses and is not always effective in killing HIV, provision of sterile syringes has become the approach of choice to ensure that injection drug users are using clean injection equipment. It is also a way of establishing contact with drug users and thus is a cost-effective means of providing education, counselling and access to treatment and other services.

Syringe exchanges opened unofficially in Canada in 1987, with the first official exchange opening in Vancouver in March of 1989. Services were initially provided through fixed sites and street outreach, as well as limited representation at other agencies providing services to drug users in downtown areas. Over time, mobile vans have been added to services in several cities. Kits containing needles, bleach and condoms are distributed through these agencies.

Between 1989 and 1993, the Federal government cost-shared pilot outreach programs based on a multifaceted services model in five provinces. Over this time there has also been a rapid growth in other outreach programs that include syringe exchange. Programs are now operating in the Yukon, the North West Territories, Calgary, Edmonton, and Halifax as well as in a number of communities in Quebec, BC and Ontario. To date, there are more than 30 syringe exchanges in rural and urban areas in Canada, with many more under development. In addition, there are now numerous clinics, pharmacies and other facilities that provide syringe exchange services.

3. Syringe Exchange - Does it work?

Syringe exchanges are successful at reaching large numbers of injection drug users, many of whom are not in touch with other services and who have had little formal help with drug problems. Research from around the world, including nine sites in Canada, supports the efficacy of syringe exchange.

There is now direct evidence that increasing the availability of clean injection equipment slows the spread of HIV, and indirect evidence that limited access to supplies of needles and syringes accelerates it. Both forms of evidence demonstrate that access to sterile injecting equipment and outreach in conjunction with

development of trust between health care officials and injection drug users are critical in limiting the spread of HIV infection.

Many studies have shown that the majority of injection drug users will change their behaviour to reduce their risk of HIV infection and that they are motivated to seek help in changing their behaviour. Although some studies have shown that those who have attended exchanges are themselves a higher risk group than are non-attenders, behaviour change has been shown to occur more often among attenders of needle exchanges than amongst non-attenders. There is no evidence of increased drug use in any of the communities where syringe exchanges are now operating.

B. Issues

1. Competing Philosophies

The arguments for and against syringe exchange programs are based in part on different assumptions about the injection drug using population. Proponents of needle exchange programs claim that these are important symbolically as a means of bridging a gap between the drug using community and service agencies. They argue that syringe exchange should not be viewed as condoning drug use but rather as reaching out to users. Proponents argue that a substantial proportion of injection drug users are willing and able to change their behaviour to minimize the risk of HIV infection and that sustained behaviour change will be more likely if appropriate, culturally relevant educational messages and services are available. They maintain that drug users, even those who are severely drug dependent, have some control over drug use behaviour. The high level of participation in syringe exchange programs supports this view. The requirement that syringes be exchanged helps to ensure that syringes are kept off the streets. Other public health measures, including disposal units and education programs, can help to ensure that used syringes pose a minimal health risk.

Opponents of needle exchange argue that the official distribution of needles to injection drug users gives the wrong message. It is claimed that needle distribution gives the appearance that public officials condone illegal drug use and thus implies that it is socially acceptable. Opponents argue that the distribution of syringes will lead to increased drug use. They also argue that provision of syringes will result in used syringes being disposed of in areas where children can pick them up, risking HIV infection from needlestick injury.

The public health stance with respect to syringe exchange has long been concrete and clear: it is appropriate to act vigorously to minimize immediate harm, even if the action might involve some risk of future harm. Syringe exchange is clearly within this tradition.

At the political level, syringe exchange is often controversial because of legal concerns. In Canada, the legal barriers, such as those posed by current paraphernalia and other drug laws, are more perceived than real. For example, clean syringes are exempt from paraphernalia charges under current legislation.

2. Maximizing Effectiveness

Not all drug users take advantage of syringe exchange programs, nor are all programs equally effective in reducing the spread of HIV infection. Some of the limiting factors are:

- a) Evidence from several countries indicates that syringe exchange is not successful in reaching women, young users, and new users.
- b) The initial preoccupation with delivering syringes has often resulted in insufficient attention being paid to helping people change their behaviour regarding sexual practices, drug use and syringe sharing.
- c) Many drug users are uncomfortable about approaching exchanges in the first instance or subsequently accessing other support services.

However, studies of syringe exchanges around the world suggest several factors important for maximizing effectiveness. These include:

- a) Having the exchange physically close to where injection drug users live and having it open at appropriate times.
- b) Informal agreements with the police to take a non-confrontational approach with the clients.
- c) Supportive local community and public health programs.
- d) A staff that is acceptable to and comfortable with injection drug users.
- e) Appropriate information and counselling concerning drug use, sexual practices and HIV; that is, a package of services must be made available to users.

3. Partnerships

Like other health promotion strategies, harm reduction programs are more effective if they involve cooperation among the various groups and agencies concerned. Those who need to be included in effective syringe-exchange partnerships are law enforcement officials, public health departments, addiction agencies, neighbourhood groups, and drug users themselves. It is important not only to include many different groups in forming such partnerships but also to ensure that their concerns are understood and, wherever possible, addressed.

4. The Role of Pharmacies

Pharmacists can play an important role in helping to prevent the spread of HIV through the sale of clean needles and syringes to drug users. Pharmacies can also provide a site for dirty needle disposal. Pharmacies are located in almost every neighbourhood and are therefore accessible to everyone. Pharmacists are also in a position to provide public health education to customers who request needles and syringes, to check for apparent problems related to injection practices, and to discuss possibilities for addiction treatment and testing for HIV.

Pharmacists can face a number of potential problems in serving injection drug users: an increased risk of theft; the alienation of other customers; or an increase in the number of needles discarded unsafely in the neighbourhood. However, by restricting the inventory of syringes to the dispensing area, being personally involved in each sale, and working in cooperation with other public health programs and treatment services, the pharmacist can minimize these risks.

Traditionally, pharmacists have been reluctant to sell needles to known or suspected drug users or to make disposable syringes available. More recently, however, an increasing number of pharmacists have responded to the AIDS problem by selling needles and syringes on request. This change in approach was facilitated in the late 1980s by the Canadian Pharmaceutical Association's recommendation to increase the availability of needles and syringes. A number of provincial regulatory bodies have since liberalized their policies in this regard.

C. Policy Recommendations

1. Efforts to prevent the spread of HIV and other infections by and among injection drug users should be given high priority by governments and concerned organizations.
2. As a key element in preventing the spread of HIV by injection drug users, syringe exchange programs that are culturally sensitive and readily accessible should be established wherever they are needed in Canada. Consideration should also be given to steroid users and other groups, such as diabetics, who may need access to free syringes.
3. Syringe exchange programs should be viewed as only one element in a comprehensive strategy to reduce harms among injection drug users; a multifaceted public health approach to injection drug use is needed throughout the country.
4. A climate of acceptance and understanding of the role of syringe exchanges in AIDS prevention should be created through increased collaboration between public health authorities, community groups, law enforcement and government officials, regulatory bodies, and pharmacists.
5. Opportunities for the safe disposal of used syringes should be increased in all communities at all relevant levels and sites through the implementation of comprehensive local plans.
6. Pharmacists should be encouraged to sell syringes to injection drug users. Pharmacists should consider the public health benefits of selling syringes and weigh those benefits against the risks to the individual pharmacy.
7. Manufacturers and distributors of syringes should be encouraged to develop packaging that incorporates warnings about the spread of AIDS and hepatitis and diagram instructions regarding the safe disposal of their product.
8. In the absence of syringe exchange, full-strength bleach (although limited in effectiveness) should be made available to injection drug users so that they can reduce the risk of infection from non-sterile equipment.

9. More research should be undertaken to:

- a) determine the effectiveness of syringe exchange programs;
- b) determine the most effective ways of reaching drug injectors who are young, are female or are new or infrequent users;
- c) determine the incidence of injection drug use and the characteristics of injection drug users, including steroid users;
- d) find effective means of destroying HIV and hepatitis in injection equipment;
- e) find effective methods for encouraging individuals not to begin to inject drugs and for assisting individuals to stop injecting;
- f) improve patterns of referral between different kinds of services;
- g) improve outreach practices.

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