

Needle Exchange: A Brief History

A Publication from The Kaiser Forums; Sponsored by The Henry J. Kaiser Family Foundation

Sandra D. Lane, R.N., Ph.D., M.P.H., Assistant Professor, Department of Anthropology, Case Western Reserve University. Cleveland, Ohio, and the Needle Exchange Program Evaluation Project* Edited by: Jeff Stryker, Center for AIDS Prevention Studies University of California- San Francisco; Mark Smith, M.D., M.B.A.

Needle exchange programs emerged as a way to address rapidly increasing rates of infection with the human immunodeficiency virus (HIV) and other infections among injection drug users. In many parts of the United States, such programs have been illegal, often unwelcome in the very communities hardest hit by injection drug use, and opposed by leaders in public health and drug treatment.

The social history of how and why these programs developed not only provides a context for evaluating the public health costs and benefits of needle exchange but also illustrates the interaction of public health officials, community and activist groups, the legal system, and the government in establishing health policy regarding this very controversial issue.

*In addition to Sandra Lane, members of the Needle Exchange Program Evaluation Project include Benjamin Bowser, Ph.D.; Donna Chen, M.P.H.; Pamela DeCarlo, B.A.; Joseph Guydish, Ph.D., M.P.H.; T. Stephen Jones, M.D.; James G. Kahn, M.D., M.P.H.; Philip R. Lee, M.D.; Peter Lurie, M.D., M.P.H.; Arthur L. Reingold, M.D.; and James Sorenson, Ph.D.

The Advent of Programs

Distribution of clean needles to injection drug users was considered long before needle exchange became a formal process. Lt. Reggie Lyells of the Berkeley Police Department in California recalls first hearing about the distribution of sterile needles to injection drug users; the year was 1970 and the place was San Francisco State University. "In those days," he says, "giving away needles was a way to deal with yellow jaundice and abscesses from shooting heroin" (Reggie Lyells, personal communication, 1992). Patricia Case, one of the early organizers of San Francisco's needle exchange program, remembers the early days of the HIV epidemic at San Francisco General Hospital. Doctors and nurses would leave a ten-pack of syringes in view of someone they knew was injecting drugs, then walk out of the room (Patricia Case, personal communication, 1992).

Studies by Des Jarlais¹ and Friedman² in New York City in the mid-1980s indicated that a growing number of injection drug users were concerned about their risk of injection-related HIV transmission, and that more than half of those studied were trying various strategies to avoid infection.³ The demand for clean injection equipment became so great that an underground market developed. In some cases, used needles and syringes were rinsed and repackaged so they would appear to be sterile, and then were sold on the street to unsuspecting customers.⁴

Needle Exchange in the Netherlands

In the summer of 1984, the Amsterdam Junkiebond, a drug-users advocacy group, began exchanging needles and syringes with support from the Municipal Health Service. Although Dutch law permits over-the-counter sales of needles and syringes, members of the Junkiebond became concerned that a decision by a pharmacist in inner-city Amsterdam not to sell syringes to injection drug users would result in an outbreak of hepatitis B.⁵ One of the program's objectives was harm reduction. This approach recognizes that many drug users fail to abstain totally, and it tries to reduce the risk that injection drug users pose to themselves and others.⁶ A second objective was to provide anonymous, accessible service, which has become part of a low-threshold approach. News of the program spread via international conferences. Health professionals, researchers, and activists in North America spearheading the fight against the acquired immune deficiency syndrome (AIDS) widely discussed the evaluations of the Amsterdam program conducted by Ernst Buning and colleagues.⁷

Needle Exchange in North America

The first person to distribute injection equipment publicly in the United States was Jon Parker, a former injection drug user. Parker was earning his master's degree in public health at Yale University in New Haven, Conn., when one of his professors commented that addicts should not be the focus of HIV prevention efforts because they would not change their behavior. This comment angered Parker so much that he began meeting with injection drug users to warn them of the dangers of HIV transmission. At one of these meetings in Boston, Mass., in late 1986, a user brought in seven sterile syringes and gave them to others. In November 1986, Parker began distributing--and later exchanging--needles and syringes on the streets of New Haven and Boston, Mass.

Some of the early needle exchange programs in this country were established explicitly as acts of civil disobedience. A major goal was to publicly test the prescription laws (Patricia Case, personal communication, 1992). Parker has challenged these laws perhaps more than anyone in the United States. He has been arrested dozens of times in eight states, and has publicly challenged the law in all eleven states where it was or still is illegal to purchase needles and syringes without a prescription (Jon Parker, personal communication, 1992).

Tacoma, Wash.

The first needle exchange program to operate with some community consensus was organized by Dave Purchase in Tacoma, Wash. In April 1988, Purchase, an activist with extensive experience in directing drug rehabilitation programs, informed the mayor, public officials, and others whom he thought might be politically affected that he planned to begin a program. In August of that year, he set up a table in downtown Tacoma to exchange needles and syringes. The program, originally funded by the Mahatma Kane-Jeeves Memorial Dope Fiend Trust, which consisted of Purchase and other private donors, grew into the Point Defiance AIDS Project and operates under contract with the local department of public health.

San Francisco, Calif., and New York, N.Y.

In November 1988, two additional exchange programs emerged, one in San Francisco and the other in New York City. San Francisco's Prevention Point opened on the Day of the Dead--November 2, 1988. Its goal, expressed by Director George Clark, is "one life"--that is, if one life can be saved, the effort will have been worthwhile. From the beginning, the volunteer staff has consisted of activists involved in outreach to injection drug users (George Clark, personal communication, 1992). Prevention Point started with two teams, one roving and one stationary, that have since expanded to five. Its approach involves five or six volunteers standing in a row; clients file past, exchanging needles and syringes, and collecting condoms, cotton, alcohol wipes, and bleach. The program serves hundreds of clients each week.

Although the City and County of San Francisco tolerate Prevention Point, it is illegal according to state law. On March 12, 1993, Mayor Frank Jordan declared a state of public-health emergency in San Francisco, a move that gives him the power to legalize the needle exchange program and provide funds to it. State authorities have not challenged this action. The program was launched as an explicit act of civil disobedience. One of the original staff members explained how this factor may have contributed to the program's effectiveness:

The clients...observed us taking a risk of arrest, which in the [drug-using] community has tremendous social meaning. And we did it night after night. The night [in October 1989] after the earthquake in San Francisco, we were there with flashlights....So, when they saw this behavior with people they perceived [as having] something to lose, they perceived that we were more like them. They were carrying heroin in their pockets, they were illegal; we were carrying needles, we were illegal. And there was a reduction in the social distance (Patricia Case, personal communication, 1992).

The first New York City exchange opened on November 7, 1988, as an experimental program run by the health department. This government-sanctioned effort differed considerably from underground programs. Much controversy and political give and take accompanied its formation.* This resulted in a high-threshold program: Injection drug users were accepted into the program only if they agreed to enter treatment, and they could participate only until a treatment slot became available. Each received one syringe imprinted with a health department logo. Only one syringe could be exchanged on each visit.

* For more background on the politics of the needle exchange program in New York City, see the paper in this book entitled, "The Politics," by David Kirp and Ronald [Baver](#).

Clients also received a laminated photo-identification card imprinted with a code number. Because there were difficulties housing the exchange, it was located in the health department headquarters, far from most clients' neighborhoods and near the court and police department.

Then-Mayor Edward Koch supported the program, which Mayor David Dinkins closed in 1990, shortly after his election, in response to vocal opposition from community leaders. Despite the formidable obstacles, 294 clients used the exchange during its year of operation, although few injection drug users obtained large numbers of needles and syringes.

After the decision to close the exchange, community activists who were concerned about rising rates of HIV infection made considerable efforts to build community consensus. An important strategy in achieving this consensus was explicitly linking needle exchange with drug treatment, housing, and other services. These efforts, aided in part by Yale Prof. Edward Kaplan's evaluation of the needle exchange program in New Haven, which claimed success in reducing HIV transmission, led to a policy shift allowing legal needle exchange. The Dinkins Administration's adamant opposition became cautious support.

Portland, Oreg.

Outside In, a social service agency in Portland, Oreg., for homeless youth, might have preceded Tacoma in launching a needle exchange program but for unexpected problems with liability insurance, which delayed the launch until November 1, 1989. In a letter, the insurer explained that it had decided to withdraw coverage because the company did not want to go against the wishes of the president of the United States. President Bush, in response to questions, had expressed his opposition to needle exchange. Program Director Kathy Oliver located a new insurance carrier, sought and received help from the county board of commissioners to cover the additional \$30,000 cost of liability insurance, and obtained a grant from the American Foundation for AIDS Research to pay for services. That accomplished, the program began.

It started with a fixed site in an Outside In building and subsequently added a second fixed site in a downtown cafe. The program came close to shutting down because recent statewide budget cuts severely reduced Outside In's funding at the same time the grant from the American Foundation for AIDS Research was running out. However, Outside In obtained another grant from Photographers and Friends United Against AIDS, a New York City philanthropy. These funds and a second grant from the American Foundation for AIDS Research have enabled Outside In to continue operating.

Seattle, Wash.

In March 1989, ACT UP Seattle (the AIDS Coalition to Unleash Power) informed the King County Department of Public Health that it was starting a needle exchange program and wanted the department to operate it. After six weeks of operation, the health department did just that. The program, which the department also funds, now has three locations and five full-time staff (needle exchange program staff, personal communication, 1992).

New Haven, Conn.

New Haven's needle exchange program, which also is operated by the New Haven Department of Health, got under way on November 13, 1990. Members of the New Haven Mayor's Task Force on AIDS had been working for four years to gain community support and to pass legislation allowing the pilot program to begin. The program operates in a mobile van donated by Yale University (Elaine O'Keefe, personal communication, 1992). New Haven's evaluation of exchanged needles has had a wide impact on public policy. New York City Mayor Dinkins cited the evaluation as a factor in his policy reversal, and public-health policy makers and elected officials have mentioned it in a number of cities during site visits.

Canada

Canada's programs were inspired in part by data about the very high rates of HIV infection among drug users in Edinburgh, Scotland, and New York City that were presented at the 1988 AIDS conference in Stockholm (Betsy MacKenzie, personal communication, 1992). Public health leaders believed that the low rates of HIV infection among Canada's drug-injecting population offered an opportunity to take action. In 1989, the Canadian federal government offered to help fund comprehensive pilot programs that would include needle exchange services. Five provinces--

Ontario, British Columbia, Quebec, Alberta, and Manitoba--accepted the federal matching funds (Betsy MacKenzie, personal communication, 1992). In Toronto, Vancouver, and Montreal, the three cities that the research team with the Needle Exchange Program Evaluation Project visited, exchanges have been co-funded by city, provincial, and federal sources. They operate legally, most of them through community-based organizations that subcontract with the local health department (the exception is Toronto, where the department of public health runs the largest program).

Conclusion

A number of themes can be traced in the development of needle exchange programs. Increasingly, the general public and public health leaders accept harm reduction as a reasonable strategy. Although many remain unconvinced that these programs can reduce HIV transmission, there is greater willingness to adopt pilot programs to test needle exchange as an intervention; several states are considering legislation that would authorize pilot programs. As part of this movement, there is a trend toward legal changes in existing prescription law to allow over-the-counter sales of needles and syringes.

Needle exchange programs are receiving more city and even state funds, and federal funds recently were allocated for program evaluation. As legal acceptance grows, more public aid will likely become available for programs that are linked to comprehensive drug treatment and have a strategy for drug abuse prevention.

There is a trend toward institutionalization in needle exchange programs; some might even call it bureaucratization. Many programs launched by committed volunteers now employ paid staff and must deal with such issues as health insurance, union policies, overtime, and vacations.

In a few programs, liability concerns limit the ways that volunteers can help needle exchanges. In some cases, activists continue to work with the program, and instead of worrying about getting arrested, they now worry about writing quarterly reports. Other needle exchange programs are staffed by health professionals. While professionalization may lend a certain legitimacy to a program, it may also expand the social distance between clients and staff, leading to more formal relationships. While this is a risk, it has not happened in every case. New Haven's program, for example, is quite institutionalized, but by hiring individuals--some of them former drug users--from the various communities, and by providing service through a mobile van that stops in accessible locations, it has tried to combine the informal warmth of the activist groups with a formal, public health intervention.

References

1. Des Jarlais, D.C., Friedman, S.R., Strug, A. "AIDS Among Intravenous Drug Users: A Socio-cultural Perspective." In *Social Dimensions of AIDS: Methods and Theory*, edited by D.A. Feldman, T.A. Johnson. New York, N.Y.:Praeger Publishing Co., 1986.
 2. Friedman, S.R., Des Jarlais, D.C., Sotharan, J.L., et al. AIDS and self-organization among intravenous drug users. *International Journal of the Addictions* 1987;22:201-219.
 3. National Institute on Drug Abuse. *The Sharing of Drug Injection Equipment and the AIDS Epidemic in New York City: The First Decade*. Washington, D.C.:NIDA;1988: 160-174.
 4. Des Jarlais, D.C., Friedman, S.R., Hopkins, W. Risk reduction for the acquired immunodeficiency syndrome among intravenous drug users. *Annals of Internal Medicine* 1985; 103:755-759.
 5. Buning, E.C. Effects of Amsterdam needle and syringe exchange. *International Journal of the Addictions* 1991;26: 1303-1311.
 6. Van Ameijden, E.J. The harm reduction approach and risk factors for human immunodeficiency virus (HIV) seroconversion in injection drug users, Amsterdam. *American Journal of Epidemiology* 1992;136:236-242.
 7. Buning, E.C., Coutinho, R.A., van Brussel, G.H., et al. Preventing AIDS in drug addicts in Amsterdam. *Lancet* 1986;1:1435.
- 930901
HKFNE009

