

# Clean Needles Save Lives

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A CONVERSATION ABOUT NEEDLE EXCHANGE

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# Purpose of this talk

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To provide you with the evidence for and the importance of harm reduction...

... and what you can do to help.



# The Orange County Needle Exchange Program (OCNEP)

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- 501(c)(3) nonprofit
- Volunteer-run anonymous needle exchange
- First program to work with California Department of Public Health for certification
- First program designed by medical students



# Brief definition of NEPs/harm reduction programs

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- Definitions:
  - Harm reduction
  - Needle exchange
- Main goal: prevent HIV and hepatitis C
- Heavily vetted, research tested, and now used internationally



# Need for harm reduction

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- Only 37 programs in California, 228 in the United States
  - Imagine having a single doctor's office for a region the size of the LA, SF and NY metropolitan areas combined
- 62% of California counties do not have NEPs
- Federal funding ban



# Efficacy of needle exchange programs

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POSITIVE AND NEGATIVE CONCEPTIONS OF NEPS



# Injection drug use and hepatitis C and HIV

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- Associated with 75% of hepatitis C cases and 10 – 12% of HIV cases
- NEPs reduce:
  - HIV by 33%
  - Hepatitis B by 61%
  - Hepatitis C by 65%
- More than just needles



# Impacts on drug use

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- Compassion changes lives: “The only people who were kind to me were at the needle exchange”
- Reduces drug use and injection frequency
- Rehab, housing, HIV and HCV testing, safer sex supplies
- More than 3/4 of injection drug users receive all of their health services from needle exchanges
- 49% of referrals result in successful admission





# Public safety

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- Remove needles from circulation
  - Improper disposal 800% higher without an NEP
- Doesn't increase crime
- Doesn't change perceptions of drug use among youth
- Doesn't recruit new users
- Doesn't facilitate drug sales
- Destigmatization is good for everyone!



## Highly cost-effective

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- NEPs save \$538 million annually nationwide just in HIV cases!
- HIV treatment costs \$300,000 - \$500,000 per case
- Hepatitis C treatment costs at least \$100,000 per case
- Syringes cost 9¢
- OCNEP annual budget: \$18,000



# Implementation

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WHAT BARRIERS FACE PEOPLE HOPING TO ESTABLISH NEW PROGRAMS AND HOW MIGHT THEY BE OVERCOME?



# Government-based options

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- Local public health department certification
- State public health department certification
- Positives:
  - Official approval reduces complications
  - Easier integration with social services
- Negatives:
  - Highly political
  - Lengthy approval process
  - Concessions may damage program



# Physician-based programs

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- On-site physicians oversee distribution of syringes
- Positives:
  - Do not require approval
  - Can implement immediately
- Negatives:
  - Require physicians
  - Malpractice
  - Zoning requirements



# Considerations

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- Accessibility of program
- Harassment or arrest of clients
- Harassment or arrest of staff
- Sustainability
- Involvement of IDUs in program
- Source of funding



# How can you help?

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- If you are in public health, facilitate implementation
- Publicly support local NEPs
- Help direct funds towards local NEPs
- Volunteer at programs



# Research questions for NEPs

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POSITIVE AND NEGATIVE CONCEPTIONS OF NEPS





# Overview

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- Research facilitates implementation
- Local needs dictate NEP planning
- Demonstration of need and effect
- Funding opportunities
- Quantitative and qualitative
- IRB



# Considerations

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- Must be in clients' interest
- Gaining trust
- Identifying participants
- Removing coercion
- Incentives
- Understanding of clients' reality



# Demographics

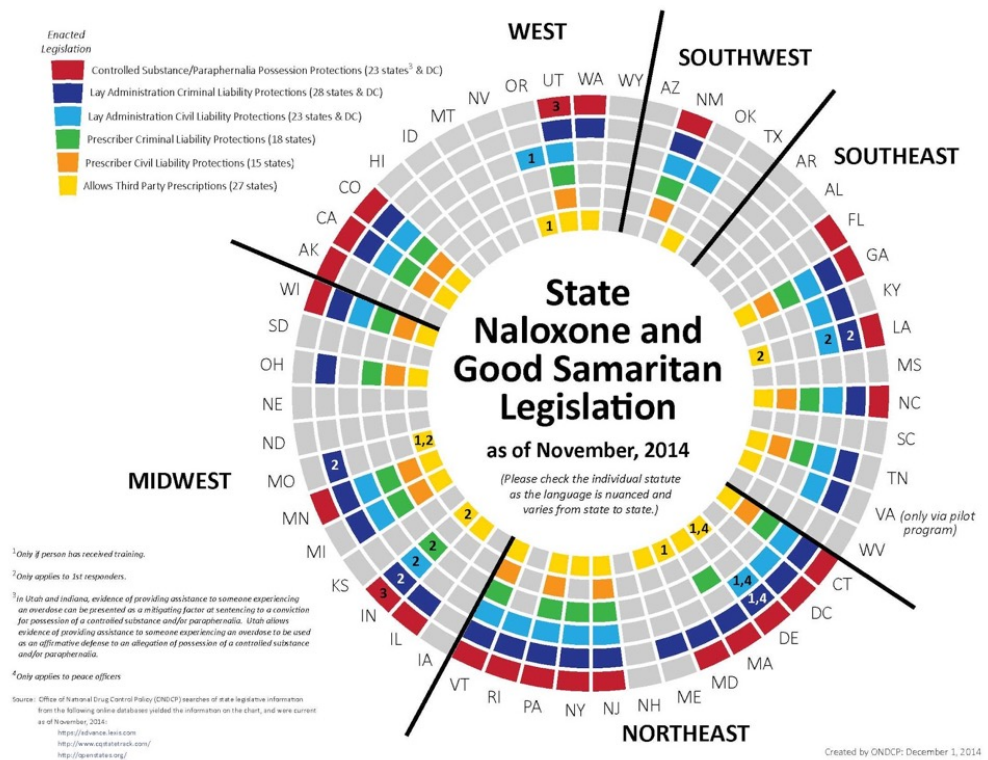
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- Knowing your specific population
- Quantitative and qualitative data
- Facilitated by IDU involvement in program
- Research can reduce fears



# Naloxone

- Incredibly safe opiate overdose reversal drug
- Supplied by many NEPs and community organizations
- California law (AB 635) facilitates this and provides liability protection
- Easier than setting up a NEP, but newer



# Naloxone research

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- Safety and efficacy already well-established
- Some best practices exist
- Newer than NEPs
- Continued need for publication of program outcomes and experiences
- Lots of room for innovation

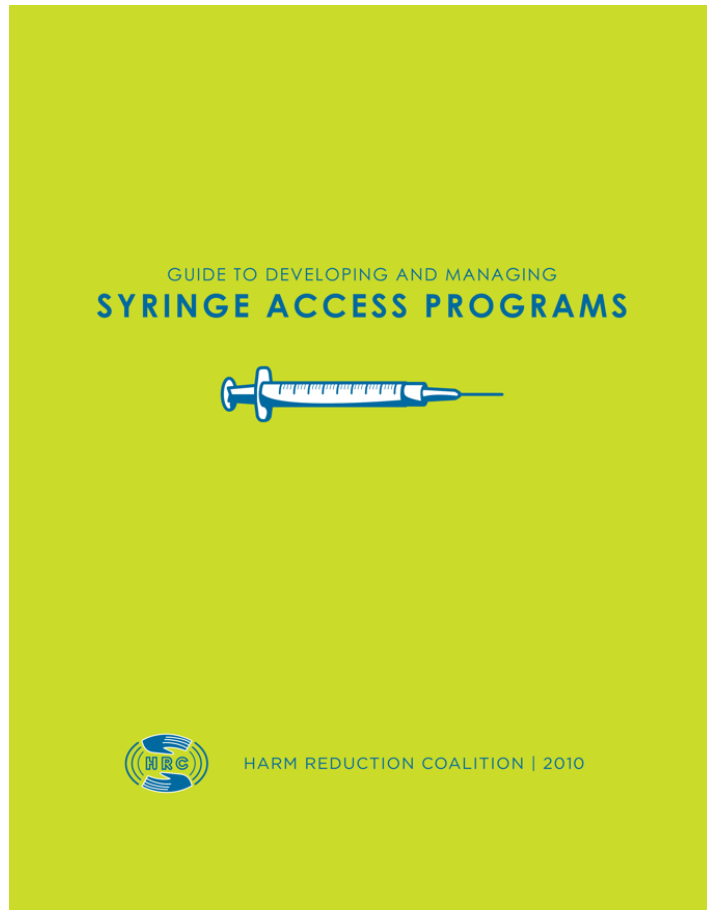


# Conclusion

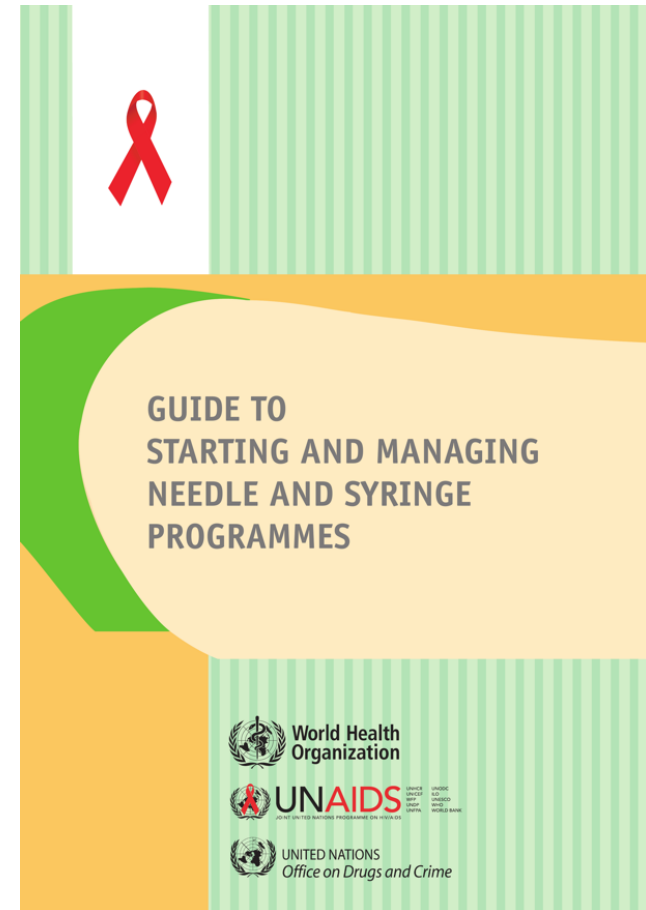
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- NEPs are safe and effective public health programs that save lives
- Government and public health needs to take an active role in facilitating these projects - lives depend on it
- There an urgent need for the development of additional programs
- Supporting programs is easy and everyone can play a role with what ever expertise they have

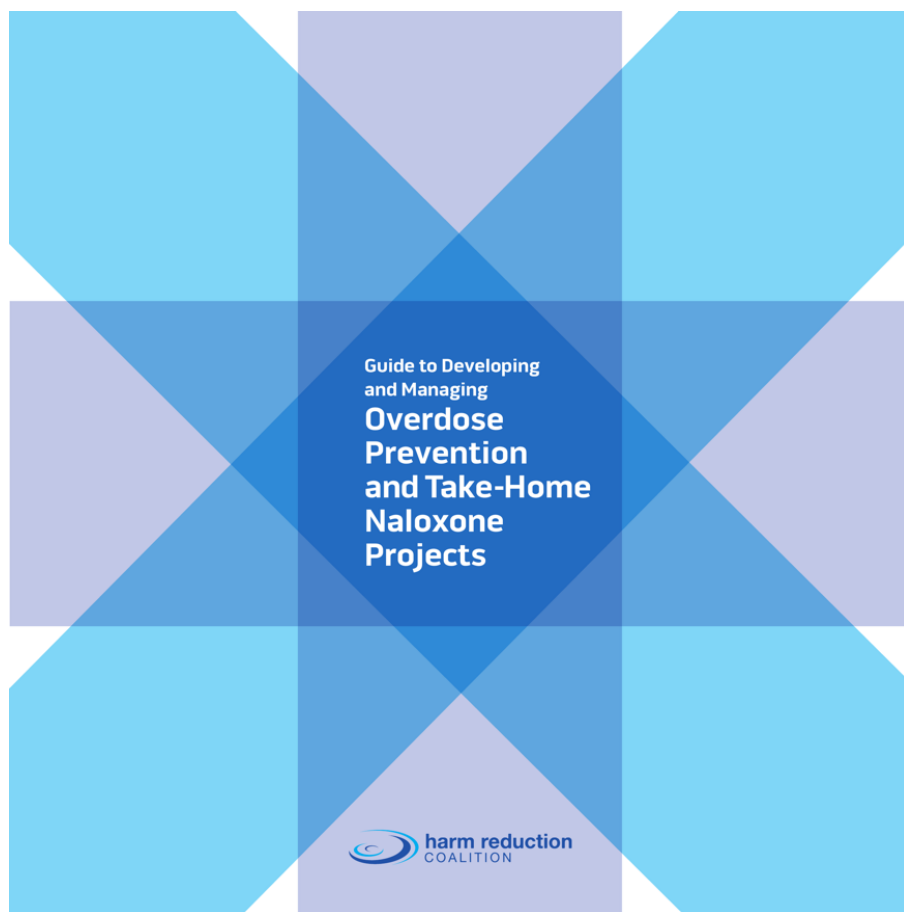




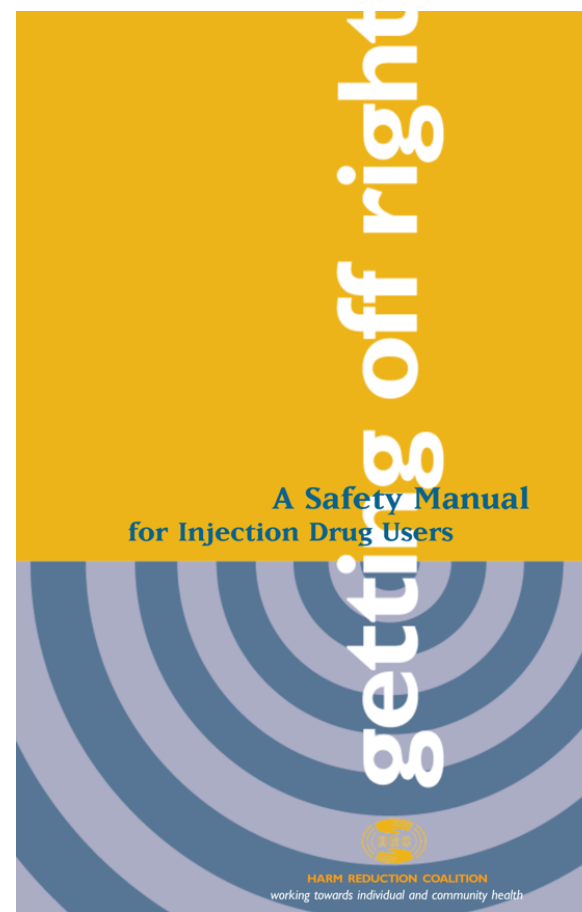
<http://harmreduction.org/shop/guide-to-developing-managing-syringe-access-programs/>



<http://www.who.int/hiv/pub/idu/needleprogram/en/>



<http://harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual/>



<http://harmreduction.org/drugs-and-drug-users/drug-tools/getting-off-right/>



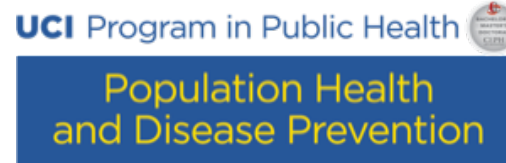
# Final questions?



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Research summary: <http://ocnep.org/research.html>

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