# FACT SHEET

**Needle Exchange Programs**

## Q: Why does Victoria need a needle exchange?

A: Injection drug use accounted for approximately 27% of newly reported cases of HIV in British Columbia between 2000 and 2006.[i] Southern Vancouver Island has the 3rd highest infection rate out of the 16 health regions in the province, with 10.8 cases per 100,000 in 2006. People who use drugs by injection are at even greater risk for other serious drug-related illnesses, including hepatitis C and overdose.

Countries where needle exchange programs (NEPs) have been implemented have averted HIV epidemics among injecting drug users, while countries that have not implemented these measures have often experienced uncontrolled epidemics. There is strong evidence that if HIV becomes endemic among injecting drug users it can then spread to their sexual partners and children resulting in high mortality rates and large social and economic costs to the entire community. NEPs are inexpensive and cost effective. Studies have shown that a NEP with a modest staff complement will, over a 5-year period, prevent at least 24 HIV infections and provide a cost savings of $1.3 Million.[ii]

A review published by the World Health Organization in 2004 concluded: *There is overwhelming evidence that increasing the availability and utilisation of sterile injecting equipment to injecting drug users contributes substantially to reductions in HIV transmission, and that there is no convincing evidence of major unintended negative consequences of such programs.* [iii]

## Q: What services are provided by needle exchange programs?

A: Needle exchange programs (NEPs) distribute clean needles and safely dispose of used ones for people who use drugs by injection (IDUs) and also generally offer a variety of related services, including referrals into drug treatment and HIV counseling and testing.

Research has shown that different venues attract different types of clients and studies have recommended that offering different venue types to reach participants with differing drug use patterns are important in optimizing harm reduction strategies. Communities that are dispersed across jurisdictions are best served by a combination of options: mobile, street outreach, fixed sites where health services can also be offered, as well as satellite sites, which are other services who offer needle exchange as a service secondary to their primary purpose.[iv]

## Q: How many needles can a person get at a time? Why can't you require people to bring a needle back before they get a new one?

**A:** The BC Centre for Disease Control, is an agency of the Provincial Health Services Authority, sets the harm reduction policy for the province, which all needle exchange providers are required to follow. Whereas there used to be policy requiring a 1 to 1 exchange of used needles for new, it was found that this increased the use of used needles, thereby increasing the spread of HIV and hepatitis C.



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The policy was then changed and needle exchange programs are now required to provide access to whoever needs supplies, distributing as many supplies as the individual client

requires in order to use a clean needle for every injection. Equally, needle exchange providers must strive for 100% recovery, with a strong emphasis placed on encouraging people to either return their used needles and syringes or to dispose of them properly.

In Victoria, there is a Syringe Recovery Working group – made up of representatives from AVI's "rig dig" teams, the City of Victoria Civic Services, VARCS' Mobile X, the Society of Living Intravenous Drug Users (SOLID), and the Downtown Victoria Business Association – who meet every 6 weeks to discuss needle recovery. Together, this group is working to ensure that all needles are disposed of safely.

## Q: If I get poked by an abandoned needle can I get HIV or hepatitis C?[v]

A: Some members of the public have also raised concerns about inappropriately discarded needles and syringes and the possibility of contracting HIV or hepatitis C from a discarded used needle. The probability of a member of the public becoming infected with HIV, hepatitis C or hepatitis B after being pricked by an inappropriately discarded used needle in the community is low, for a variety of reasons:

- The needle often has to pierce clothes or shoes before penetrating the skin
- The needle and syringe may have been exposed to the elements for some time
- HIV is a fragile virus once outside the body, especially when exposed to unfavourable environmental conditions[vi]
- The syringe is likely to contain much less blood than syringes encountered in a healthcare setting.[vii]

A 2003 Australian review of injuries from discarded used needles in the community found the risk of blood borne virus transmission was very low.[viii] Worldwide, there has never been a reported case of a member of the public contracting HIV in this way.[ix] There has been only one published case in the world of hepatitis C transmission after an injury from a discarded used needle in the community.[x]

## Q: What model of needle exchange program will work in Victoria?

A: The high demand for NEP services in Victoria indicates the need for coordinated and expanded distribution model, which include a variety of options for clients, including fixed sites, mobile vans, and street outreach.

The "fixed" site would be part of this model – a model which has been successful in cities such as Calgary, Edmonton, and Ottawa. A site where the primary service is the provision of harm reduction education and supplies can also be a site of access to other services such as street nurses, ACT teams, addictions counsellors, and other education programming. Clients who access a NEP often do not access other health services, so a clinic-like needle exchange setting can operate as a health centre where clients can access health services and the link to other addictions services, such as Detox.



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An integrated model for needle exchange service delivery is much needed in Victoria and it is believed that with several options for needle exchange paired with a public health focused fixed needle exchange site would benefit the entire community.

## Q: Do needle exchange programs increase drug use?

A: Some people think that NEPs promote drug use. However, research on needle exchange shows that this is not true. Rates of HIV infection go down where there are needle exchange programs, and more drug users sign up for treatment programs.

Despite numerous research studies investigating the possibility of serious negative consequences of NEPs, there is no convincing evidence that NEPs increase illicit drug use.[xi] A 2004 review of potential unintended negative consequences associated with NEPs found that the programs:

- Do not encourage more frequent injection of drugs[xii]
- Do not increase syringe lending to other injecting drug users[xiii]
- Do not increase recruitment of new injecting drug users[xiv]
- Do not increase social network formation[xv]
- Do not increase transition from non-injecting drug use to injecting drug use[xvi]
- Do not affect injecting drug users' motivation to reduce drug use.[xvii]

## Q: Does needle exchange reduce the spread of HIV?

A: Drug use is a major factor in the spread of HIV infection. Shared equipment for using drugs can carry HIV and hepatitis, and drug use is linked with unsafe sexual activity.

A study of 81 cities around the world compared HIV infection rates among IDUs in cities that had NEPs with cities that did not have NEPs. In the 52 cities without NEPs, HIV infection rates increased 5.9% per year on average. In the 29 cities with NEPs, HIV infection rates decreased by 5.8% per year. The study concluded that NEPs appear to lead to lower levels of HIV infection among IDUs.[xviii] Currently, the South Island has the 3rd highest HIV infection rate of all the health service delivery areas in British Columbia.

The overwhelming majority of IDUs are aware of the risk of the transmission of HIV and hepatitis C and other diseases if they share contaminated equipment. However, there are not enough needles and syringes available and those available for purchase are often not affordable to IDUs. Even where there are over-the-counter sales of syringes, pharmacists are often unwilling to sell to IDUs.[xix]

Getting IDUs into treatment and off drugs would eliminate needle-related HIV and hepatitis C transmission. Unfortunately, not all people who inject drugs are ready or able to quit. Even those who are highly motivated may find few services available. Drug treatment centres frequently have long waiting lists and relapses are common.[xx]



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