

10/18/16

Melissa Federman

**Treuhart Chair for Health Planning, The Center for Community Solutions, and Director,
AIDS Funding Collaborative**

Public Health and Recovery Intervention Through Needle Exchange

While the opiate crisis continues in our communities unabated, a group of stakeholders meet this month to discuss one way to intervene that may be unexpected – providing clean needles to those who inject drugs. The clean needles will be exchanged for used needles that individuals bring to an exchange site.

Needle exchange programs, also known as syringe exchange or syringe access programs, have been in existence for several decades and in Cleveland for 20 years. They became legal in Ohio in 2015, the same year a federal ban on funding these programs was lifted. Prior to Ohio statute changes, exchanges were legalized jurisdiction-by-jurisdiction through emergency public health order, as Cleveland's was, to prevent HIV.

Ohio experiences about 1,000 new HIV infections annually. In Cuyahoga County the number has ranged from 200 to 220 for the last decade but jumped to 232 in 2015, with an increase in infection attributed to injection drug use.

Exchanges keep used and potentially infectious needles off the streets because "dirty" needles have value – they can be legally exchanged for new, clean ones. Exchanges make it less likely that needles will be shared or simply tossed where anyone can pick them up.

Exchanges also connect clients with critical primary care and recovery resources, vaccines, naloxone – an overdose prevention medication – and health treatment, information and screenings. Clients can also be connected to pre exposure prophylaxis (PrEP) – an anti HIV medication that when taken daily is over 95% effective in preventing HIV infection. Needle exchanges make good public health and economic sense. They are effective in preventing HIV, Hepatitis B and Hepatitis C transmission, which can occur when contaminated needles are shared, and they save money by avoiding the cost of addressing these infections and their consequences. Moreover, new clients to a needle exchange have been found to be five times more likely to enter drug treatment programs than those who do not use an exchange.

By state statute, an exchange program is to be planned by a diverse group representing the community it will serve. Local health authorities, HIV prevention organizations, alcohol, drug addiction and mental health services (ADAMHS) boards, local law enforcement and prosecutors, as well as residents, people in recovery, and those who would use an exchange are identified as partners to participate in the planning of an exchange program.

While needle exchange has existed in Cleveland for some time, this is the first local process to inform exchange program approval since the law change in 2015. Other jurisdictions in Ohio are encouraged to start conversations in their communities as well, to understand the benefits of establishing such a program to their residents.