



## Needle exchanges save lives. How could Arizona health officials say they don't?

Tony Rivero

August 16, 2019

In the midst of the continuing overdose epidemic, the Arizona Department of Health Services is showing its ignorance.

Shot in the Dark, Phoenix's largest needle exchange, may close because it doesn't have the resources to keep pace with demand. Yet a department spokesperson told The Arizona Republic that these programs – which the state has yet to authorize – do “not have an immediate impact on reducing deaths.”

This is not only a falsehood disproved by 30 years of research, but this misleading information leaves our state lagging behind the efforts of the current presidential administration and many other conservative states.

They do more than exchange needles

Needle exchanges do save lives. One of my constituents, Michelle Hamby, lost two children to overdose. Her daughter Breana was only 25 when she died of an overdose in 2013 at home.

Michelle told me that if Breana had utilized a needle exchange before she died, not only would it have prevented her from contracting hepatitis C, but she would have had the chance to receive information on overdose prevention strategies, a referral to drug treatment, and Narcan to take home.

Instead, Breana needlessly died, leaving behind a 2-year-old daughter and a family that has never recovered from her death.

Shot in the Dark prevented nearly 2,900 overdose deaths – and that's just in 2018. The syringe is only a small component of what programs like this offer, though they are perhaps the most cost-effective tools to prevent expensive HIV and hepatitis infections spread through shared needles.

Needle exchanges encourage personal responsibility among people struggling with drug use. They build trust, and they help drug users understand drug treatment and overdose prevention options, often from people who have been in their shoes.

Studies show that people who go to needle exchanges are more likely to stop injecting and to be successful in drug treatment. The 2018 Arizona Opioid Epidemic Act aims to reduce drug use, distribute naloxone to those at risk and provide easier access to treatment.

This is exactly what the law intends

If these programs are proven to accomplish exactly what the new law intends, then why is our state health department misleading Arizonans on the dire necessity of needle exchanges?

The crisis in Arizona has not decreased or even plateaued. We are still losing more Arizonans to overdose every year, and the wreckage of substance use is expanding.

Our state is now seeing hepatitis A, hepatitis C and syphilis explosions, all heavily related to injection drug use. Needle exchanges can help mitigate by offering hepatitis vaccines, STD screenings and referrals to medical treatment.

But as needle exchanges are shut out of the solution, babies are dying of congenital syphilis and Arizonans are spending \$450,000 per each new HIV diagnosis and more than \$20,000 to treat one case of hepatitis C, which could have been prevented with a 7-cent syringe.

In 2018, the bill I introduced to authorize needle exchanges passed the House unanimously, with strong bipartisan support. But politics got in the way of good policy, and the bill has yet to cross the finish line.

When needle exchange legislation passed in Indiana, Mike Pence showed the firm leadership needed as governor to authorize these programs. It's about time this state's leadership does the same. Arizona needs to be brought up to speed with the recommendations of President Trump, the U.S. surgeon general, the CDC, Cato Institute and the rest of the country on this issue.

Needle exchanges save lives right now, and the Arizona Department of Health Services needs to be held accountable for standing in the way of effective overdose and disease prevention.