

DAILY NEWS

Safe injection sites: Coronavirus underlines why they make sense

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As cases of COVID-19 infections and fatalities begin to surge, an aggressive testing campaign is finally getting underway across the nation. Americans are urged to practice “social distancing,” self-quarantining and tele-working. Unfortunately, these essential public health strategies are not reaching the growing population of people addicted to injectable drugs, threatening everyone’s health.

Needle exchange programs and safe injection sites bring these desperately-needed interventions to that community. These facilities ensure that drug users are given clean, sanitized needles. And, perhaps most importantly, they can ensure that these users are tested for COVID-19.

Many people who inject drugs are immunocompromised, malnourished, and live on the streets. They are therefore more vulnerable to a severe and fatal infection. They are a difficult population for public health workers to reach. They are not getting tested, so those who carry or are infected by the virus are not distancing themselves from the general public. The compulsive need to acquire their addictive substance makes “social distancing” and self-quarantining impossible.

Needle exchange programs and safe injection sites are proven harm reduction strategies. Both strategies reduce cases of HIV, hepatitis and soft-tissue infections. Both reduce overdose deaths: Needle exchange programs do so by distributing the overdose antidote naloxone to users, while safe consumption sites have people standing nearby with the antidote. Both provide fentanyl test strips so users can determine if the heroin or other opioid they bought contains fentanyl, often viewed as a dangerous contaminant. Both have been shown to bring those with substance use disorder into

But the most crucial feature of these programs during the coronavirus pandemic is that these programs offer testing. Needle exchange and safe consumption sites currently offer testing for HIV, hepatitis, and sexually transmitted diseases. But now they can also test for the coronavirus. And this will benefit the entire population.

Drug users who are severely ill and test positive can be hospitalized in isolation and prevent the spread of the virus.

Those not sick enough for hospitalization can be quarantined. Their quarantine would be much more likely to succeed — and much more humane — if medication-assisted treatment with methadone or buprenorphine was provided. Methadone and buprenorphine prevent withdrawal symptoms by binding to the same receptors to which heroin and other opioids bind, preventing the horrible withdrawal symptoms feared by people addicted to opioids and reducing craving as

well. An added benefit from quarantining on MAT is that, when the quarantine is lifted, many of the patients may decide to continue with the MAT and work toward recovery.

Methadone and buprenorphine have been shown to be the most effective means of treating substance use disorder. Methadone has been used for this since the 1960s, and buprenorphine since 2002. Needle exchange programs have been found to effectively reduce communicable diseases since the 1970s. Safe injection facilities have been doing so since the 1980s.

Advocates for harm reduction strategies to drug abuse and addiction often meet resistance from policymakers who fear that such strategies only “enable” continued drug use. Doctors see harm reduction as a nonjudgmental means of reducing the damage sustained by people who engage in behavior or make lifestyle choices that we might think is wrong or dangerous, because our principal mission is to reduce harm. Much of everyday medical practice in developed countries amounts to harm reduction.

The advent of the COVID-19 pandemic shows needle exchange and safe injection sites in a different light. Not only do they reduce harm to people who inject drugs, but by helping to test for and control the spread of the coronavirus they reduce harm to us all.

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