



Local Opinion: Arizona Should Use Needle Exchange to Combat HIV

Dr. Jeffrey Singer

September 9, 2019

The Centers for Disease Control and Prevention estimate 40,000 new cases of HIV every year, and a major source of these cases is needle sharing among non-medical users of IV drugs. Last Summer, CDC Director Robert Redfield told reporters in Arizona that Maricopa County is among 50 local jurisdictions in the U.S. responsible for nearly half of the country's newly diagnosed cases of HIV.

There are at least four needle exchange programs operating in Arizona. Technically they are all illegal because of Arizona's anti-paraphernalia laws. They are funded completely privately, but because they are illegal, they cannot openly fundraise or announce their presence to IV drug users. And they depend upon police officers humanely turning a blind eye to their activities.

To stop the spread of HIV and other infectious diseases, Arizona needs to rethink its restrictive laws.

Not listed among the 50 jurisdictions the CDC mentioned is Cabell County in West Virginia, long a hotbed of IV drug use, which announced this week that an alarming 74 new cases of HIV have been reported since January 2018.

Arizona, West Virginia and many other states have stepped up efforts to combat overdose deaths by expanding access to treatment with methadone, buprenorphine, and other forms of rehabilitation and by making naloxone more widely available. But these efforts target treating people with substance use disorder and only indirectly and inadequately stop the spread of HIV among those who continue to use and share contaminated needles.

The CDC has long endorsed syringe services programs, also known as needle exchange programs, as a proven method for reducing the spread of HIV, and even assists communities to set them up. A systematic review conducted by the CDC in 2013 confirmed that needle exchange programs reduced the prevalence of HIV and hepatitis infections.

A 2014 systematic review and meta-analysis found needle exchange programs found an overall reduction in HIV transmission of 34%.

While most research on needle exchange programs has centered on their efficacy in reducing HIV and hepatitis, recently needle exchange programs started distributing the overdose antidote naloxone along with test strips to screen for the presence of fentanyl in the drugs users buy on the black market. Fentanyl test strips, available from a Canadian manufacturer, are considered

illegal drug paraphernalia in Arizona, but are legal life savers in many other states. These additional services provided by needle exchange programs should work to reduce overdose deaths in addition to cases of HIV.

Cabell County opened a state-funded needle exchange program a little over two years ago, working in conjunction with Marshall University School of Medicine, also located in the county. The medical director of the county health department suggested the outbreak would have been much worse without the program.

As of 2019, anti-paraphernalia laws have been reformed or repealed in 28 states and the District of Columbia, allowing needle exchange programs to function. With the CDC designating Maricopa County a leading locus of HIV outbreaks, it becomes more urgent than ever to reform Arizona's drug paraphernalia laws so the existing needle exchange programs can do their job more effectively and out in the open and new programs can develop to meet arising needs. There are plenty of dedicated people who want to help reduce overdoses and eradicate HIV. The paraphernalia laws stand in their way.

Dr. Jeffrey Singer is a surgeon in Phoenix and a senior fellow with the Cato Institute.