

Needle Exchange Programs: Policy Recommendations for Maryland

These recommendations were informed by a multi-stakeholder harm reduction meeting held at JHSPH in October 2015 and were developed by meeting participants. They do not necessarily represent the views of The Johns Hopkins University.

Needle exchange programs are designed to reduce the risk of HIV/AIDS, hepatitis C and other infections associated with needle sharing among injection drug users.

Summary of current Maryland state law

During the 2016 Regular Session the General Assembly passed SB97, which repealed the Prince George's County AIDS Prevention Sterile Needle and Syringe Exchange Program and in its place established Opioid-Associated Disease Prevention and Outreach Programs.¹ These new programs will provide substance use outreach, education, and referral to treatment, which includes the exchange of hypodermic needles and syringes by participants for sterile needles and syringes. Local health departments or community-based organizations may apply to the Maryland Department of Health and Mental Hygiene for authorization to operate such a program.

The existing needle and syringe exchange program in Baltimore City remains legally active. Program staff members and participants cannot be found guilty of possessing or distributing drug paraphernalia when the possession or distribution is a direct result of participating in the needle exchange program.²

Research evidence

Nearly 200 needle exchange programs operate nationwide. Baltimore City started its first program in 1994.

- Unsafe needle sharing is significantly reduced in localities with needle exchange programs.³
- Needle exchange programs have been shown to be effective in reducing HIV and hepatitis C infection among injection drug users.⁴
- Public funding of needle exchange programs is associated with a larger number of needles and syringes distributed, which is in turn associated with lower rates of HIV infection in those localities.⁵
- In Baltimore City, HIV infection attributed to drug use has fallen from 62% in 1994 to 12% in 2011, a decrease largely credited to the needle exchange program.⁶
- Studies show that needle exchange programs do not

increase injection drug use.⁷

- One study found that there was no increase in the number of discarded needles two years after implementation of Baltimore City's needle exchange program.⁸

Policy recommendations

- 1) Permit secondary distribution of sterile needles and syringes. Participants should be able to take supplies from the exchange and give to others who are unable to travel to a needle exchange program.
- 2) People participating in needle exchange programs should receive prescriptions for naloxone, a drug that counters the effects of opioid overdose.⁹

Implementation considerations

- Needle exchange programs may be housed in local health departments as well as community based organizations specializing in a broad range of social support services.
- Program staff and participants are currently not immune from prosecution for drug possession crimes.
- Needle exchange programs should include education on risk of HIV and other infections, and referral to substance use treatment and other healthcare and social services.
- Organizations providing needle exchange services must emphasize safe syringe disposal. In Los Angeles, pharmacies often served as a source of sterile syringes, but did not always properly dispose of used syringes.¹⁰
- Police training is necessary to ensure law enforcement officers understand changes in the law, standard operating procedures as well as the purpose and benefits of needle exchange programs. In Baltimore City, research suggests negative encounters between program participants and police continued to influence needle exchange programs' ability to provide services and clients' willingness to participate.¹¹
- New needle exchange programs should be encouraged to provide more than one syringe per exchange.

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- 1 MD. CODE ANN., HEALTH-GEN. §3-105.
 - 2 MD. CODE ANN., HEALTH-GEN. §24-808.
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 - 5 Bramson, H., Des Jarlais, D. C., Arasteh, K., Nugent, A., Guardino, V., Feelemyer, J., & Hodel, D. (2015). State laws, syringe exchange, and HIV among persons who inject drugs in the United States: History and effectiveness. *Journal of Public Health Policy*, 36: 212-230. doi:10.1057/jphp.2014.54
 - 6 Maryland Department of Health and Mental Hygiene. (2012, December). *Baltimore City HIV/AIDS Epidemiological Profile*. Retrieved from <http://phpa.dhmh.maryland.gov/OIDEOR/CHSE/Shared%20Documents/Baltimore-City.pdf>
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 - 8 Doherty, M.C., Junge, B., Rathouz, P., Garfein, R.S., Riley, E., & Vlahov D. (2000). The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up. *American Journal of Public Health*, 90(6): 936-939.
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 - 10 Quinn, B., Chu, D., Wenger, L., Bluthenthal, R.N., & Kral, A.H. (2014). Syringe disposal among people who inject drugs in Los Angeles: the role of sterile syringe source. *Int J Drug Policy*, 5:905-10. doi: 10.1016/j.drugpo.2014.05.008
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