



Drug Needles: Bad Policy, Bad Results

CWA of Illinois opposes deregulating the purchase and possession of hypodermic needles. While proponents may bill it as a compassionate solution, it is far likelier to create more human misery.

First, it is wrong to make it easier for people to waste their lives in degrading and dangerous behavior. Second, there is growing evidence that greater availability of needles does not help and might even worsen the situation.

A 10-year federally funded study was done at the John Hopkins University Bloomberg School of Public Health. From 1988 to 1998 researchers tracked a total of 1,800 initially HIV-negative men and women from Baltimore who injected drugs.

They found that the rate of HIV incidence among sexually active homosexual males who injected drugs was 10.4 percent annually, compared with 3.01 percent per year for heterosexual males who shared needles. Among female injection-drug users, 8.1 percent per year contracted HIV through heterosexual sex with infected men. That compared with 4.4 percent infected through needle sharing.

"In the past, we assumed that IDUs [Intravenous Drug Users] who were HIV-positive had been infected with the virus through needle-sharing," says Dr. Steffanie Strathdee of the Johns Hopkins University Bloomberg School of Public Health in Baltimore, who conducted the study. **"Our analysis indicates that sexual behaviors, which we thought were less important among IDUs, really carry a heavy weight in terms of risks for HIV seroconversion for both men and women."**

Vancouver, Canada, has had a drug needle exchange program since 1989. Here is what the Vancouver Sun recently reported: **"Vancouver achieved the distinction in 1997 of having the highest infection rate for those diseases of any city in the developed world."**

A Chicago drug enforcement officer we spoke to said that the use of heroin and other illegal intravenous drugs is increasing in urban areas. He said that individuals were coming from the suburbs to Chicago to buy white heroin. Allowing for the sale of needles without a prescription would greatly add to this growing problem. Furthermore, why should we make it tougher for law enforcement to enforce drug paraphernalia laws?

Another law enforcer we spoke to said that methamphetamine (speed) abuse is rising in rural areas. Methamphetamine is an injected drug. Deregulating syringes would make it easier, not harder, for drug addicts to continue their dangerous habit.

Various large U.S. cities have needle giveaway programs, as do foreign countries like the Netherlands. A report by Dr. Fred J. Payne entitled "An Evidence-Based Review of Needle Exchange Programs," concluded:

"In spite of the frequent assertion that implementing needle and syringe exchange programs ... would be a life-saving measure in the current HIV epidemic, there is little hard evidence to support such a claim ... in the reports garnered by this extended literature search.... To the contrary, the best of these studies indicate that needle exchange programs fail to protect against HIV transmission."

Drug addiction is a scourge on society, breaking up families and causing much grief for parents whose children are users, not to mention adults. Public policy should do nothing to make this problem worse.

Walgreens and Osco assured us that if a patient needing syringes was on file with prescription refills available, anyone could purchase the needles -- even a non-relative.

Individuals who need syringes to administer prescription medicine are, and should be, under the supervision of a doctor. A responsible physician writes prescriptions for syringes and makes sure the patient is administering the medicine properly. This oversight is a needed protection not only for the patient but for the doctor as well. Additionally, keeping syringes available by prescription only will help prevent an increase in illegal non-prescription drug use.

Drug users routinely share contaminated syringes, which contributes to the spread of the HIV and hepatitis C viruses. However, there is conflicting evidence about whether needle giveaways decrease the number of these cases. We are foolish to ignore the likelier outcome of an increase in intravenous drug use.

Which brings us to a bigger problem. Mobile units from Chicago are supplying addicts not only with hypodermic needles but other drug paraphernalia such as heroine cookers, rubber hoses, and how-to brochures. Locations, days of the week and times are available on a Web site. Free brochures give detailed instructions on injecting solid drugs, controlling the shot, position of the needle "for more effective drug delivery," cultivating good veins, using the right drug filters, making a tourniquet to get "a more immediate feeling of the impact of the drug," step-by-step instructions on how to inject salt heroin.

This helps addicts stay addicted -- all in the name of AIDS prevention. And perhaps even more shocking is that this is funded with government money. It is outrageous and immoral that the government would put citizens in the role of subsidizing dangerous and addictive behavior.

CWA of Illinois opposes the deregulation of hypodermic needles. And we strongly urge the Illinois government to strive to get drug users into treatment -- not facilitate their addiction.

Concerned Women for America (CWA) is the nation's largest public policy women's organization. Our mission is to protect families and promote Biblical principles, thereby reversing the decline in moral values in our nation.

Concerned Women for America of Illinois

P. O. Box 188 ♦ Palos Heights, IL, 60463 ♦ Phone: 708-371-7810 ♦ Phone: 708-371-7896 ♦ www.cwfa.org