

Harm Reduction Policies: are they reasonable?



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Harm Reduction is a public health philosophy concept comprised of a set of practical strategies that seek to minimize negative consequences of drug use. Even though Harm Reduction concept is old, it was organized into a movement in the early eighties as a response to epidemic of hepatitis.¹ Needle exchange programs were established when people understood that this is an effective way to minimize the transmission of deadly dangerous diseases, such as hepatitis and HIV.² There is no universal definition and/or formula for implementation of harm reduction strategies into life because effective policies and interventions shall be designed in such a way as to reflect specific needs of an individual and/or communities.

Harm Reduction Basic Concept³

- ⊕ Harm Reduction concept rests on realistic points of view such as that there have never been and never will be a drug-free society.
- ⊕ Harm Reduction strategies seek pragmatic working solutions to the harm causing drug policies and drug abuse.
- ⊕ Since there are no universal solutions to drug problems, different strategies and their combination may work when applied on individual basis. All interventions have to be scientifically and legally based.
- ⊕ Currently, the success of drug policies is primarily being measured by the change in drug use rates. The effectiveness of Harm Reduction strategies shall primarily be measured by changes in crime, death, and disease rates.
- ⊕ Incarceration/isolation does not substitute treatment. It does not eliminate the issue and does not treat societal problems. From the standpoint of Harm

Reduction concept, treatment of drug addiction by health care professionals and social service organizations is preferable to incarceration.

- ⊕ Some drugs, such as Marijuana, are less harmful than others, such as alcohol and tobacco, and have proven medicinal uses. A Harm Reduction concept emphasizes interventionism based on relativity to harmfulness.
- ⊕ A harm reduction approach emphasizes prevention through education, and not an over-emphasis on prohibition.
- ⊕ A harm reduction principle ensures that those who are affected by drugs and drug policies participate in the creation of policies and programs.

Good vs. Bad

According to a 2001 study conducted at the Center for Disease Control and Prevention, many new exposures to deadly harmful viruses and infections, such HIV and Hepatitis, occur among injecting drug users.⁴

The majority of injection drug users are well aware of the risk of transmission of diseases associated with the needle sharing, but often, there is little they can do to reduce the harm that they cause themselves and the society. Addiction, lack of sterile syringes, and high costs play their role. Certainly, getting addicted to drugs members of the society into treatment and rehabilitation programs would reduce needle-related transmission of harmful diseases, but drug treatment centers often have long waiting lists. Relapses are common as well.⁵

Some US states have regulations requiring a physician's prescription in order to obtain syringes/needles. More than that, one can be arrested for carrying a syringe in his/her pocket.⁶ The question is, against whom/what are we fighting in this war on drugs?

From the stand point of cost-benefit analysis, it is less harmful to provide assistance to addicted members of our society. It is less harmful to provide them with syringes. It will reduce transmission of diseases. It is less harmful to provide them with some other economically based support. Drug addicts pay high price to satisfy their addiction needs. If we will help them to meet their needs while they on the waiting list to a clinic or in a post-relapse state, we will help members of the society and ourselves to cope with the societal problem. As a result, crime, such as robberies will be reduced.

But, the war on drugs continues. Recently, Bush signed “Reducing Americans’ Vulnerability to Ecstasy” (RAVE) bill into law. “The act prohibits ‘knowingly opening, maintaining, managing, controlling, renting, leasing, making available for use, or profiting from any place for the purpose of manufacturing, distributing or using any controlled substance’ “. ⁷ The main purpose of the bill is to eliminate the use of Ecstasy drug that is popular in clubs and dance parties, but the broad language of the law may lead to a similar situation that we had experienced during Prohibition when alcohol producers moved underground and illegal trade developed. The anti-rave law may result in backstreet sites, thus causing more harm than good. ⁸

Drug Paraphernalia Law

As is shown in table 1, today, most states still have and outdated drug paraphernalia^I law. In twenty two states, statutes^{II} and regulations^{III} require that syringes be sold from

^I Drug paraphernalia is defined as any legitimate equipment, material, and/or products that are modified for making, using, and/or concealing illegal drug substances. Generally, drug paraphernalia falls into two categories:

- ⊕ User-specific product: assist drug users in taking or concealing illegal substances.
- ⊕ Dealer -specific products: used for preparation and distribution of illegal substances.

Under the Federal Drug Paraphernalia Statute, it is illegal to possess, import/export, transport, and sell drug paraphernalia.

(Table 1)⁹. Requirements of State Drug Paraphernalia Laws, Syringe Statutes (S) and Regulations (R) in 2002.

Syringe Prescription and other Syringe-Specific Statutes and Regulations Paraphernalia Law Exemptions

State or Territory	Sale from Pharmacy Only (n=22)	Prescription Required (A) (n=14)	Information on Buyer's Purpose Required (n=9)	Record Keeping by Pharmacists Required (B) (n=15)	ID of Purchaser Required (n=11)	Limits on Syringe Display (n=11)	Exempts Some or All Syringes (C) (n=9)	Exempts Some Types of Sellers (D) (n=5)	Omits Reference to Syringes or Injection	Other Significant Exemption (E) (n=3)
AL	S									
AK							No paraphernalia law			
AZ										
AR										
CA	S	S3		S 1, 2, 3:	S: non-RX only	S		P 1, 2		
CO									P	
CT	S	S1		S4, 7		S	P1			
DE		S		S1, 2, 4	S	S				
FL		S2								
GA	R		R			R		P2		
HI								P1, 2, 3		
ID										
IL	S	S		S1, 2	S					
IN	R			R1, 2, 3	R		P2			
IA										P1
KS										
KY		S	S1, 2, 5, 6	S	S					
LA	R		R	R1, 2, 3	R	R				P2
ME	S	S1, 5			S		P			
MD	R		R	R1, 2, 3	R					
MA	S	S		S1, 2, 3	S	S				
MI									P	
MN	S						P			
MS										
MO										

^{II} Statute is a legislative-made law.

^{III} Regulation is a directive issued by an administrative agency.

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MT								P1, 2		
NE										
NV	S	S4							P	
NH	S	S1, 2		S1, 2, 7			P			
NJ	S	S		S1						
NM								P2		
NY	S	S1, 2		S & R1, 3, 7			P3			
NC										
ND										
OH	S		S			S		P1, 2		
OK										
OR							P			
PA		R								
PR							No paraphernalia law			
RI	S					S	P			
SC	S		R	R2	R				P	P3
SD										
TN	R		R			R		P1, 2		
TX										
UT										
VT										
VA	S	S2	S	S1, 2	S	R				
VI	S	S		S1						
WA			S					P2		
WV	R							P2, 3		
WI							P			
WY									P	

SEP=Syringe Exchange Program.

- (A) 1=for >10; 2=<18 years old; 3=except for use with insulin/adrenalin; 4=except for asthma/diabetes; 5=no sales to <18 years old.
- (B) 1=date of sale; 2=type, price, and/or quantity of syringes; 3=signature or name of seller; 4=prescription on file; 5=purchaser name/address; 6=purpose of purchase; 7=for prescription sales only.
- (C) 1=<31; 2=items customarily used to inject lawful substances; 3=legally obtained from pharmacy or SEP.
- (D) 1=physicians; 2=pharmacists; 3=other licensed providers.
- (E) 1=does not include items for medical use; 2=does not include syringes sold for “lawful purposes”; 3=does not cover items for heroin use.

pharmacies only. Fourteen states have statutes requiring a physician's prescription. Among these fourteen states, only California has an exemption, - for insulin type syringes. Nine states have statutes and regulations requiring collection of information about buyer's purpose. Fifteen states have statutes and regulations requiring pharmacists to maintain records of prescriptions and/or information on buyer's purpose. In those states where a prescription is not required, frequently, the duty of obtaining information about syringe use is placed on sellers. Under a paraphernalia law, the law is not violated if a seller does not know that the purchaser will use syringes for administration of illegal substances.¹⁰ Legality of sale of syringes in each state is addressed in table 2. Eleven states have statutes and regulations requiring purchasers to present identification when they buy syringes. Most statutes and regulation are being used in combination that allows for more strict control of syringe sale, and track of purchasers.

(Table 2)¹¹. Legality of Sale of Syringes by a Person Who is Aware That They Will Be Used to Administer Illegal Substances.

Clearly Legal (20 states)	Reasonable Claim to Legality (22 states)	Clearly Illegal (11 states)
AK, CT*, HI*, IN*, LA*, ME*, MN*, MT*, NH*, NM*, NY*, OH*, OR, PR, RI*, SC*, TN*, WV*, WA*, WI	AL*, AR, AZ, CO, FL, ID, IA, KY, MD*, MI, MO, MS, NE, NV*, NC, ND, OK, SD, TX, UT, VA*, WY	CA, DE, DC, GA, IL, KS, MA, NJ, PA, VT, VI

* Sale has a reasonable claim to legality in pharmacy only, or clearly legal.

The legality of practice of prescribing syringes to injection drug users in order to prevent/reduce transmission of diseases is legal in forty-nine states, while sale of prescribed syringes is legal in twenty-eight states¹² (Table 3).

(Table 3)¹³. Legality of Prescription/Sale of Syringes by Prescription With Awareness of Intention That Syringes Will Be Used to Administer Illegal Substances.

Physician Prescription of Sterile Syringes			Pharmacy Sale of Prescribed Syringes		
Clearly Legal (49 states)	Reasonable Claim to Legality (2 states)	Clearly Illegal (2 states)	Clearly Legal (28 states)	Reasonable Claim to Legality (22 states)	Clearly Illegal (3 states)
AL, AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY	OH, OK	DE, KS	AK, CA, CO, CT, HI, IL, IN, LA, ME, MA, MI, MN, MT, NV, NH, NJ, NM, NY, OR, PA, PR, RI, SC, TN, VA, WA, WV, WI	AL, AR, AZ, DC, FL, ID, IA, KY, MD, MS, MO, NE, NC, ND, OH, OK, SD, TX, UT, VT, VI, WY	DE, GA, KS

Efficacy of Syringe Exchange Programs

According to analysis from the Assistant Secretary for Health and Surgeon General, numerous studies have shown that syringe exchange programs^{IV} (SEPs) help to prevent spread of diseases. They help to identify injection drug users and refer them to services that assist them with treatment.¹⁴ Based on studies, half of the syringe exchange programs participants actually entered into treatment programs. In addition, it was reported that frequency of injection drug use

^{IV} The terms syringe programs and needle exchange programs are usually being used interchangeably in characterizing programs that provide services to injection drug users.

among participants decreased, and that syringe exchange programs do not encourage the use of illegal substances. Entrance into detoxification services was positively associated with attendance at a syringe exchange program.¹⁵ Based on the scientific research, well designed syringe exchange programs have shown to be effective in reducing the spread of HIV among injection drug users, their sexual partners, and their children.¹⁶

Syringe Distribution

Syringe exchange programs distribute needles/syringes to injection drug users and dispose used ones. They provide a variety of services, such as referrals, testing, and counseling.¹⁷ With the years, the number of these programs has significantly grown and continues to increase^V (Table 4). For comparison, during the period between 1994-1998,

Table 4¹⁸. Trends of Syringe Exchange Programs (SEPs) between 1994 and 1998.

Characteristics	1994-1995	1996	1997	1998
Number of SEPs known to NASEN	68	101	113	131
Number participating in survey	60	87	100	110
Number of syringes exchanged*	8.0	13.9	17.5	19.4
Number of cities with SEPs	46	71	80	81
Number of states with SEPs	20	28	30	31

* Numbers in millions.

the number of syringe exchange programs participating in the activities survey increased by 83%, while the number of cities with syringe exchange programs increased by 143%.

^V According to North American Syringe Exchange Network (NASEN), the number of known SEPs increased from 131 to 168 in period between 1998 and 2000.

Summary

Harm Reduction concept is a philosophical view that is comprised of a set of practical strategies that seek to minimize negative effects of different variables influencing lives of citizens. Harm Reduction concept is based on cost-benefit analysis. The clash between ideologies continues. Today, many states still have outdated paraphernalia laws despite the fact that scientific research and data show that syringe-exchange programs are effective in reduction of transmission of HIV and other blood-borne diseases; and do not encourage the use of illegal substances.

There is a significant trend in growth of syringe-exchange programs. Their number is steadily increasing. In cooperation of many, there will finally be developed comprehensive public policies based on cost-benefit analysis and pragmatic working solutions to the harm causing drug policies and drug abuse.

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¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

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