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<http://www.wsj.com/articles/needle-exchanges-gain-currency-amid-hiv-hepatitis-infections-in-drug-users-1427673026>

HEALTH POLICY

Needle Exchanges Gain Currency

As infections spread among intravenous drug users, officials reconsider syringe exchanges



A syringe on the ground last week in Indiana's Scott County, which has seen a surge in HIV cases linked to drug use.

PHOTO: CHRISTOPHER FRYER/NEWS AND TRIBUNE/ASSOCIATED PRESS

By **ARIAN CAMPO-FLORES** and **JEANNE WHALEN**

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Evidence that HIV and hepatitis C are spreading among intravenous drug users is prompting more state and local officials to consider setting up needle exchanges—including some who had been resistant to such programs.

The problem comes in tandem with rising intravenous use of heroin and prescription painkillers nationwide.

In Kentucky, Democratic Gov. Steve Beshear last week signed a bill into law aimed at combating the state's epidemic of heroin and painkiller abuse. One provision allows local health departments to set up needle exchanges after obtaining approval from city and county governments.

And in Indiana, a surge in HIV cases linked to injecting the prescription painkiller Opana in a rural county prompted Republican Gov. Mike Pence to declare a public-health emergency last week. He issued an executive order authorizing the temporary dispensing of clean needles in Scott County, near the Kentucky border, despite his personal opposition to such programs and a state law barring them.

Exchanges allow drug users to anonymously obtain clean syringes and dispose of used ones. The aim is to help people avoid sharing needles that may be contaminated with viruses or other pathogens.

EARLIER COVERAGE

- Drug Use at Work Roils Firms (<http://www.wsj.com/articles/use-of-heroin-and-other-opioid-drugs-at-work-roils-firms-1413158177>) (Oct. 12, 2014)
- States Expand Access to Overdose-Reversal Drug (<http://www.wsj.com/articles/states-expand-access-to-overdose-reversal-drug-1409247874>) (Aug. 28, 2014)
- Heroin Use, and Deaths, Rise (<http://www.wsj.com/articles/SB10001424052702304851104579361250012275942>) (Feb. 3, 2014)
- Heroin Makes a Comeback (<http://www.wsj.com/articles/SB10001424127887323997004578640531575133750>) (Aug. 8, 2013)

Political opposition to such exchanges can run deep, especially in conservative areas. While backers contend the programs reduce the transmission of disease and potentially connect addicts with treatment programs, opponents say they sanction drug use and dissuade users from seeking help.

Now, “the opiate epidemic is changing the political calculus around syringe exchanges,” said Daniel Raymond, policy director at the Harm Reduction Coalition, an advocacy organization on health issues related to drug use.

Other states and municipalities have helped pave the way for needle exchanges. In the past few years, Nevada passed a measure allowing them, while two cities in Ohio have set them up—Cincinnati and Portsmouth, both on the Kentucky border. This year, Florida lawmakers are weighing a proposal to launch a pilot needle-exchange program in Miami-Dade County.

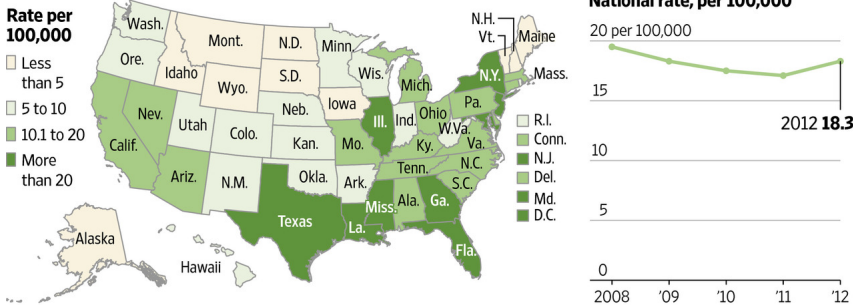
The U.S. has about 200 syringe programs in 33 states and the District of Columbia, according to the North American Syringe Exchange Network, a nonprofit. The White House Office of National Drug Control Policy supports such exchanges. Federal funding for them is banned by law, but they can receive local, state and not-for-profit funding.

While the HIV outbreak in Indiana alarms public-health experts, many worry more about hepatitis C. It spreads more easily among people who share needles and other injection equipment than HIV does, because it can live outside the body longer, said Kathie Kane-Willis, director of the Illinois Consortium on Drug Policy. Hepatitis C can survive outside the body for at least 16 hours, and possibly up to four days, the Centers for Disease Control and Prevention said; HIV doesn't survive long outside the body.

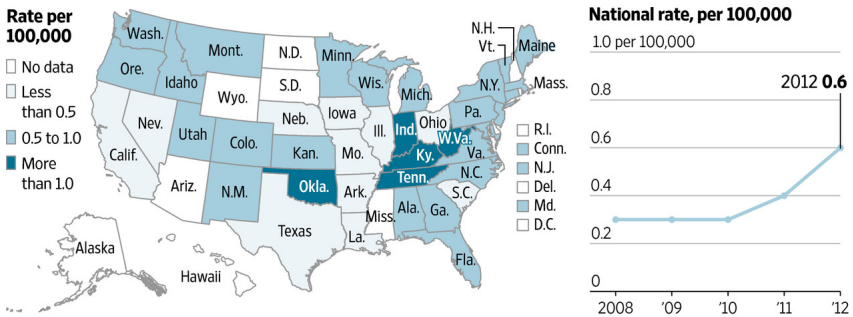
Growing Problem

HIV and hepatitis C infections have risen recently. With hepatitis C, many acute infections go unreported and usually progress to chronic hepatitis C, a long-term illness affecting an estimated 2.7 million Americans.

New diagnoses of HIV, 2012 (47,746 nationwide)



Reported cases of acute hepatitis C, 2012 (1,778 nationwide)



Note: Data for 2012 are most recent available. Source: Centers for Disease Control and Prevention THE WALL STREET JOURNAL.

Hepatitis C, which attacks the liver and sometimes leads to cirrhosis or liver cancer, can be expensive to treat. New drugs have hit the market in the past year that are highly effective at curing patients, but their high price—\$84,000 for a 12-week course of treatment—has made them unaffordable for many. That is particularly the case for those lacking insurance, or covered by programs such as Medicaid that have restricted access to the drugs due to cost.

Injection drug use is the most common mode of

transmission for hepatitis C, public-health officials say. Accurate infection rates are difficult to determine because of a lack of infrastructure and funding for surveillance, according to a 2013 report by the Office of HIV/AIDS and Infectious Disease Policy, part of the Department of Health and Human Services.

A 2012 CDC report estimated that 7% of new HIV diagnoses that year were the result of injecting drugs. A recently released study conducted by the CDC in 20 cities in 2012 tested more than 10,000 people who injected drugs and found that 11% of them tested positive for HIV.

While these studies focused on HIV, there is much overlap between HIV and hepatitis C: An estimated 50% to 90% of HIV-infected people who use injection drugs also are infected with hepatitis C, according to the CDC.

The agency estimates 2.7 million Americans have chronic hepatitis C infection, while about 1.2 million have HIV infection.



A sign offering free HIV testing in front of the Scott County Health Department office in Scottsburg, Ind., last week. *PHOTO: NEWS AND TRIBUNE/ASSOCIATED PRESS*

In Kentucky, the number of people discharged from hospitals with a dual diagnosis of hepatitis and dependence on opioids, such as heroin or oxycodone, soared to more than 1,500 in 2012 from 39 in 2000, said Van Ingram, executive director of the Kentucky Office of Drug Control Policy and a supporter of needle exchanges. He said that virtually all the opioid users who relied on one treatment hotline in the state said they used the drugs intravenously, which provides a faster and stronger high.

With the new state law in place, the Lexington-Fayette County Health Department is pushing ahead with a plan to implement a needle exchange. “There’s no question that needle exchanges have a positive impact by reducing the spread of HIV and hepatitis,” said Dr. Rice Leach, the county health commissioner.

In Indiana, state Rep. Ed Clere, the GOP head of the House Public Health Committee, introduced an amendment to a health bill last week that would clear the way for needle exchanges in other counties grappling with high rates of hepatitis C or HIV infection. “There’s still a lot of resistance to it,” he said. “But I think the current crisis has brought attention to this issue.”

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