The Libertarian Party of Oregon Wishes to Dispel Myths about the purported Benefits of Needle Exchange Programs (NEP's)

The Libertarian Party of Oregon has not taken a formal position on this bill, as it brings into conflict the liberties of property use rights against the harms to others caused by public drug use and syringe waste.

That said, we would like to counter common arguments by bill proponents that Needle Exchange Programs and Syringe Distribution "save lives" in terms of bloodborne pathogens. This is an assertion not supported by the medical literature – in fact **Needle Exchange Users are 22.5 times more likely to become HIV positive and 2-3 times more likely to become Hep. B and Hep C positive than nonusers[1].** There is some evidence these programs can lead to linkage to substance use disorder treatment services, but the primary function and justification of these programs has been debunked.

The concept of free and public Needle Exchange Programs was laid out in a 1988 book published by the National Academy of Science called "Confronting AIDS."[2] Specifically, the concept was drafted by a CDC Epidemic Intelligence Officer named Dr. Donald Francis whom, in retrospect, was more of a social engineer and propagandist. For example, he was the main source for journalist Randy Shilts in the book "And the Band Played On," but as a 2004 Rutgers University Sociologist named Michelle Cochrane pointed out, he frequently fed the press false, misleading, and distorted information about AIDS in order to use fear to move the public into action[3]. In any case the 1988 recommendation had no scientific backing and given the billions spent by the CDC on AIDS through 1995, the value of Needle Exchanges has become unquestioned Dogma in the AIDS Establishment fueled by billions of dollars in funds given annually to NGO's who must tout the CDC's line to retain their funding.

We could fully support publicly funded NEP's if they worked – but the best designed and to this day definitive studies of NEPs[4] completed in the late 1990's found they actually have the opposite effect.

The Relevant Studies are Gibson (2001), Bruneau (1997), Des Jarlais (1996), Hagan (1999), and Schechter (1999). The most commonly cited paper is Des Jarlais found a 3.5-5.8 times greater risk of becoming HIV positive in non HIV users. Des Jarlais was not a study. It was a meta-analysis with a short follow up of 6.5-9.7 months. One historical data source used only non NEP users and in two current studies one included only NEP users. There were major differences in race, sex, age, and frequency of injection.

Strathdee and Schecter, on the other hand reported on the same outbreak of HIV in Vancouver/BC among IVDUs in 1996-1997 with an NEP present. Strathdee found 23 of the 24 who became HIV positive reported the NEP was the source of their needles. Schechter studied 694 IVDU's and found the cumulative incidence of becoming HIV positive was significantly elevated in frequent NEP attendees (11.8 vs 6.2).

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[1] Crowe, David "Needle Exchange Progams and HIV: An Investigation into the evidence that needle exchange programs reduce the risk of HIV and other infectious diseases" *Conquering Addictions Together* Coquitlam, BC [Conference Presentation, March 2014] DOI:10.13140/2.1.4096.0800

[2] Institute of Medicine "Confronting AIDS" National Academies Press (1988) https://www.ncbi.nlm.nih.gov/books/NBK218877/

[3] Cochrane, Michelle "When AIDS Began" Rutgers University Press (2004).

[4] Modern studies of NEP's are problematic because of the widespread confounding variable of ARV therapy. Studies in the 1990's control for this variable as ARV therapy was not widely available among NEP users.

The most damning study of NEP's is Bruneau (1997). To this date it is the longest and best designed of all NEP studies. It was a designed study in Montreal with a single NEP available. The follow up lasted from 1985-1995. Table 5 shows the risk of becoming HIV+ is 10.2-22.9 times greater for exclusive NEP users compared to non users. Bruneau left her own data out of her own abstract, and the study is seldom cited in spite of its quality.

Holly Hagen in Seattle achieved similar results in 1999 with a designed study of a single cohort. Regular NEP users wer 1.81 times more likely to become Hep B + than non-users and 1.3 times more likely to become Hep C positive than non-users.

We would like to observe that for injecting drug users, Hep B can be controlled by a highly effective vaccine, and that the health impacts of injection drug use are far worse than Hep C, which may cause hepatitis in 30 years less than 20% of the time assuming the patient doesn't die of injection drug use in the intervening 30 years. Dr. Ronald Koretz, a Hepatitis C expert at UCLA has stated the public health establishment should not be testing for nor treating Hepatitis C because the modern Protease Inhibitors are likely to cause net harm[5] and there is no proof they actually extend life[6].

Common sense states that giving addicts the tools to feed their addiction is enabling, and in Oregon addicts can purchase sterile syringes over the counter at any pharmacy for the cost of collecting five bottle drop cans. The North American HIV epidemic was over by 1985 before significant government funding was available, and per Dr. James Chin of the World Health Organization, public funding of HIV/AIDS programs including syringe exchanges is unlikely to have any significant effect in the developed world[7]. Oregon has been throwing money at syringe exchange programs for 30 years, but HIV prevlance today is the same as it was in 2000 when the state started keeping track – not because the state was interested in public health, but because that was the year the federal Ryan White funding formula changed making Oregon eligible. In other words, the OHA predecessor agency got dollar signs in its eyes.

What we ultimately wish to point out is that supporters of Syringe Exchanges are blinded by both conscious and unconscious bias. We witnessed this with 'covid' where grown educated adults could not interpret and reinterpret scientific data because they wanted to be "better," dig in their heals, and get off on a power trip.

Common Sense says giving addicts the tools to feed their addiction is inherently enabling, and we agree, especially when it is the taxpayer footing the bill. In Oregon, sensible policy allows anyone to walk into a pharmacy and purchase an insulin syringe without a prescription in exchange for five discarded cans or bottles. Perhaps if we charged a 10 cent syringe deposit as well, we would see less litter in our communities.

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[5] https://www.healio.com/news/hepatology/20160413/expert-svr-does-not-equate-to-a-cure-in-hcv

[6] https://www.cochrane.org/evidence/CD012143_direct-acting-antivirals-chronic-hepatitis-c

[7] Chin, James "The AIDS Pandemic: The Collision of Epidemiology and Political Correctness" CRC Press (2007)