

Commentary

Eric A. Voth, M.D., FACP, Mark L. Kraus*, M.D., FASAM

COMMENTARY

Needle Exchanges Further Challenged

The fraud of needle exchange programs continues. As one of the drug policy experts who has voiced concerns about the effectiveness of needle exchange programs (NEPs) internationally, I continue to contend that there exists an "emperor's clothes" effect around NEPs. It is remarkable that the public health community would accept, relatively *carte blanche*, alleged effectiveness of NEPs without reliable study design, without requisite randomized comparison to treatment, and without factoring the effect of social interventions.

The study by Wood et al. (1) does little to eliminate concerns that policy experts have around the higher incidence of HIV and Hepatitis C in needle exchange programs.

The point is made that one of the reasons for a high HIV incidence of 18% in the NEP users was that those addicts using the NEP daily constituted a sicker and less functional addict population. However, the fact remains that the longer the exposure to the NEP and continuing cocaine use, the greater the risk of HIV conversion. Conversion rates are higher for addicts who take cocaine daily and who also use the NEP daily, but even the non-daily use of cocaine and non-daily NEP use demonstrated increasing risk from 4% at 12 months to 9% at 48 months.

The most vexing question is how would such statistics look if NEPs were compared to aggressive outreach and mandatory intervention and treatment?

The public health community admires the supposed successes of NEPs based on shaky and generally poorly designed research, but when an occasional well-designed evaluation raises questions (2,3), they often scurry to find fault and further rationalize the existence of NEPs.

Unfortunately, the state of the literature does not alleviate concerns about the intrinsic risks and lack of benefit of needle exchange programs. Significant efforts are warranted to reduce the actual use of cocaine and other intravenous drugs.

Eric A. Voth, M.D., FACP

Chairman
The Institute on Global Drug Policy

Editor, The Journal of Global
Drug Policy and Practice.

1. Wood E, Lloyd-Smith E, Li K, Strathdee SA, Small W, Tyndall MW, Montaner JSG, Kerr T. Frequent needle use and incidence in Vancouver, Canada. *Am J. Med* 2007;120:172-179

2. Strathdee SA, Patrick DM, Currie SL, Cornelisse PG, Rekart ML, Montaner JS, et al. Needle exchange is not enough: lessons from the Vancouver Injecting Drug Use Study. *AIDS* 1997;11(8):F59-F65.

3. Bruneau J, Lamothe F, Franco E, Lachance N, Desy M, Soto J, et al. High rates of HIV infection among injection drug users participating in needle exchange programs in Montreal: results of a cohort study. *Am J Epidemiol* 1997;146(12):994-1002.

Table 1

Probability of HIV conversion:

Daily use of cocaine risk of HIV at 12-48 mos:

Daily use of NEP increased from 10% at 12 mos to 13.5 % at 48 mos
Nondaily use of NEP increased from 10% at 12 mos to 17% at 48 mos

Non daily use of cocaine 12-48 mos:

Daily use of NEP 5.5% at 12 mos to 11% at 48 mos
Nondaily use of NEP 4% at 12 mos to 9% at 48 mos