FOIA Number: 2018-0758-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Todd Summers

Subseries:

OA/ID Number: 21080

FolderID:

Folder Title:
Issues - Needle Exchange Program - Baltimore

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	3	3

Written Testimony of Dr. Peter Beilenson
Baltimore City Health Commissioner
to the Subcommittee on National Security, International Affairs and Criminal Justice
of the Congress of the United States
September 18, 1997

Description of the Program

The Needle Exchange Program (NEP) operates out of two 26 foot mobile health recreation vehicles. The program operates at six sites; two in East Baltimore, one in West Baltimore, two in Park Heights and one in Cherry Hill, and is open four days a week. Enrolled clients are able to exchange used needles for sterile needles on a "one-for-one" exchange basis. Clients receive counseling about drug treatment programs, harm reduction in the use of needles, and education regarding HIV, tuberculosis, and sexually transmitted diseases. Blood tests and counseling for HIV, syphilis and skin tests for tuberculosis are also available.

Client placement in drug treatment programs is an important aspect of the NEP. Various drug treatment options are available on demand for interested participants. NEP participants who request treatment are enrolled in a comprehensive drug treatment program at Bon Secours' New Hope Treatment Center, Johns Hopkins Bayview Medical Center or the University of Maryland on demand within 24 hours, depending on the availability of NEP-designated treatment slots.

Funding Sources

FY 96: State/City Targeted Funds:

$250,000 for drug treatment
$310,000 for operation of the needle exchange

Potential Cost-Savings

The average cost of caring for an adult AIDS patient, from the time of diagnosis with AIDS (not HIV infection) to death, is approximately $102,000. Since the vast majority of our clients are either Medicaid eligible or uninsured (and thus, the cost of their care is passed on as uncompensated care), virtually all of AIDS care for this population is borne by state taxpayers. Since the actual program operation will cost about $300,000 to serve an

estimated 6,000 clients, if even three cases of AIDS are prevented, the program will be cost-effective.

Clients Served

Although we estimated during our initial testimony in 1994 that our NEP would serve between 500 and 750 clients in the first year of operation, the program has been far more popular than we anticipated. After the first 36 months of operation, approximately 6,000 clients had registered at one of the six program locations, making over 50,000 visits to exchange over 1.1 million needles. We are currently serving between 325 and 550 new and return clients per week.

Community Acceptance and Police Cooperation

The NEP has been well-accepted by the community, and we have had excellent cooperation from the Baltimore Police Department. There has been only one call for police assistance during the entire period of operation. It is important to note that despite the fact that virtually all of our clients have been in trouble with the law at one time or another, the program is basically self-policed by clients, who have "bought into" the program and have become very supportive of it.

Success in Providing Drug Treatment

Through City funds provided by the Mayor, approximately 90 treatment slots (which will be able to treat about 200 clients per year) have been earmarked for NEP participants. We have discovered some interesting facts about our NEP participants seeking treatment. First, our NEP clients in general, as well as those who seek treatment, tend to be "harder core" addicts than those in the typical Baltimore addict population which has been studied previously. The NEP clients going into treatment are significantly less likely to have been in treatment and have significantly more medical problems than those who enter treatment who are not NEP clients. Despite these facts, NEP clients in treatment are doing as well as non-NEP clients in terms of successful retention in treatment.

The average delay before a client of the NEP can obtain a slot in one of our two dedicated treatment programs is 7-10 days, a significant improvement over the city-wide average delay for non-dedicated treatment slots which is 2-4 weeks for drug-free programs and 2-4 months for methadone maintenance.

Major Preliminary Findings from the Evaluation Study

1. Discarded Needles Do Not Increase After the Opening of Needle Exchange. There was some concern during initial legislative hearings that used needles would be discarded in the areas surrounding the NEP, despite the fact that the program is a one-for-one exchange (i.e. bring in a dirty needle in exchange for a clean, sterile one). In fact, a well-designed study looked at discarded needles around the two program sites compared to other high drug-use areas in the city and found no increase in the number of discarded needles in the areas surrounding the exchange.

2. The Average Age of Needle Exchange Clients is 39 Years Old. Another concern raised by a few of the legislators in hearings was that the program would make it easy for youngsters to get needles. The average age of our clients is 39 years old; and our records show that only two of our 6,000 clients are under 18. Other demographic characteristics of our clients: a) they are predominantly unemployed (92%), African-American (87%), and are very frequent injectors; b) 90% inject at least daily (compared to 40% from a community sample of users); c) heroin and cocaine are the drugs of choice, with over 90% of clients reporting use of both drugs; d) about half of enrollees become active exchangers, returning on average every two weeks for on average 14 needles and syringes.

3. Needle Sharing Is Reduced. Obviously, the major goal of our NEP is to prevent the spread of HIV/AIDS in the injection drug use community. To do that, we need to change our clients' drug use behavior. The preliminary results of our study look promising in this regard. Our clients reported significant drops in the following unsafe drug behaviors after starting the NEP: a) using needles after someone else; b) using cookers after someone else; c) using cotton after someone else; and d) letting a friend use your needle and syringe.

   In addition, prior to the initiation of the NEP, 63% of clients reported their source of needles as the "street", compared to only 39% two weeks after starting the program. The program has also been successful at getting some addicts to stop injecting in "drug houses" or on the street, with 25% more of our clients reporting that they inject in their home two weeks after starting the NEP than prior to joining the program. Also, very importantly, we have found that the average circulation time of our clients' needles has dropped by 33%.

Finally, although some legislators expressed concerns that the program would make it more likely that injection drug users would use more frequently, that <u>has not</u> been the case- our clients report a 22% decrease in their frequency of drug use since joining the NEP.

4. <u>65% of Baltimore City Residents Favor Needle Exchange</u>. In a survey conducted in Baltimore City in October 1995, 65% of the respondents were supportive of needle exchange. Respondents were supportive based on their perception that needle exchange reduces the number of discarded needles on the street, that needle exchange does not increase drug use, and that needle exchange programs decrease the incidence of HIV.

5. <u>Injection Drug Users Care About HIV Prevention</u>. Needle exchange clients were asked about their attitudes and behaviors regarding the desirability and safety of existing needle sources. The findings indicate that the clients clearly have a good understanding of health risks associated with existing needle sources (off the street, shooting galleries) and prefer to use sources that they know to be medically safe.

<u>HIV Seroconversion</u>

The bottom-line goal of this program is to decrease the transmission of HIV. Currently, in Baltimore, the HIV seroconversion rate among injection drug users (IDUs) is about 4% per year. In other words, 4% of IDUs who are HIV-convert to HIV+ each year. If our program is working, we would hope to be able to demonstrate that the seroconversion rate among our NEP clients will be lower than 4%. <u>We are showing a 39.7% decrease in HIV seroconversion among the injection drug using population that we are serving</u>.

SUMMARY

After more than three years of operation, we are very pleased with how the NEP is going. The program is attracting much larger numbers of clients than we expected. The program is well-accepted by these clients as evidenced by the numbers making repeat visits to the NEP and by the way in which our clients self-police the program. The NEP is also well-accepted by the communities in which it operates and by the police, who have been extremely cooperative. Finally, the program is accomplishing its mission of reducing the transmission of HIV among injection drug users, their sexual partners and their offspring. It serves as a much-needed point of access to care for hard-core addicts who otherwise have had virtually no access to drug treatment or other health care.

Peter Beilenson, M.D., M.P.H.
Commissioner of Health
September 1997

Written Testimony of Dr. Peter Beilenson
Baltimore City Health Commissioner
to the Subcommittee on National Security, International Affairs and Criminal Justice
of the Congress of the United States
September 18, 1997

Description of the Program

The Needle Exchange Program (NEP) operates out of two 26 foot mobile health recreation vehicles. The program operates at six sites; two in East Baltimore, one in West Baltimore, two in Park Heights and one in Cherry Hill, and is open four days a week. Enrolled clients are able to exchange used needles for sterile needles on a "one-for-one" exchange basis. Clients receive counseling about drug treatment programs, harm reduction in the use of needles, and education regarding HIV, tuberculosis, and sexually transmitted diseases. Blood tests and counseling for HIV, syphilis and skin tests for tuberculosis are also available.

Client placement in drug treatment programs is an important aspect of the NEP. Various drug treatment options are available on demand for interested participants. NEP participants who request treatment are enrolled in a comprehensive drug treatment program at Bon Secours' New Hope Treatment Center, Johns Hopkins Bayview Medical Center or the University of Maryland on demand within 24 hours, depending on the availability of NEP-designated treatment slots.

Funding Sources

FY 96: State/City Targeted Funds:

$250,000 for drug treatment
$310,000 for operation of the needle exchange

Potential Cost-Savings

The average cost of caring for an adult AIDS patient, from the time of diagnosis with AIDS (not HIV infection) to death, is approximately $102,000. Since the vast majority of our clients are either Medicaid eligible or uninsured (and thus, the cost of their care is passed on as uncompensated care), virtually all of AIDS care for this population is borne by state taxpayers. Since the actual program operation will cost about $300,000 to serve an

estimated 6,000 clients, if even three cases of AIDS are prevented, the program will be cost-effective.

Clients Served

Although we estimated during our initial testimony in 1994 that our NEP would serve between 500 and 750 clients in the first year of operation, the program has been far more popular than we anticipated. After the first 36 months of operation, approximately 6,000 clients had registered at one of the six program locations, making over 50,000 visits to exchange over 1.1 million needles. We are currently serving between 325 and 550 new and return clients per week.

Community Acceptance and Police Cooperation

The NEP has been well-accepted by the community, and we have had excellent cooperation from the Baltimore Police Department. There has been only one call for police assistance during the entire period of operation. It is important to note that despite the fact that virtually all of our clients have been in trouble with the law at one time or another, the program is basically self-policed by clients, who have "bought into" the program and have become very supportive of it.

Success in Providing Drug Treatment

Through City funds provided by the Mayor, approximately 90 treatment slots (which will be able to treat about 200 clients per year) have been earmarked for NEP participants. We have discovered some interesting facts about our NEP participants seeking treatment. First, our NEP clients in general, as well as those who seek treatment, tend to be "harder core" addicts than those in the typical Baltimore addict population which has been studied previously. The NEP clients going into treatment are significantly less likely to have been in treatment and have significantly more medical problems than those who enter treatment who are not NEP clients. Despite these facts, NEP clients in treatment are doing as well as non-NEP clients in terms of successful retention in treatment.

The average delay before a client of the NEP can obtain a slot in one of our two dedicated treatment programs is 7-10 days, a significant improvement over the city-wide average delay for non-dedicated treatment slots which is 2-4 weeks for drug-free programs and 2-4 months for methadone maintenance.

Major Preliminary Findings from the Evaluation Study

1. Discarded Needles Do Not Increase After the Opening of Needle Exchange. There was some concern during initial legislative hearings that used needles would be discarded in the areas surrounding the NEP, despite the fact that the program is a one-for-one exchange (i.e. bring in a dirty needle in exchange for a clean, sterile one). In fact, a well-designed study looked at discarded needles around the two program sites compared to other high drug-use areas in the city and found no increase in the number of discarded needles in the areas surrounding the exchange.

2. The Average Age of Needle Exchange Clients is 39 Years Old. Another concern raised by a few of the legislators in hearings was that the program would make it easy for youngsters to get needles. The average age of our clients is 39 years old; and our records show that only two of our 6,000 clients are under 18. Other demographic characteristics of our clients: a) they are predominantly unemployed (92%), African-American (87%), and are very frequent injectors; b) 90% inject at least daily (compared to 40% from a community sample of users); c) heroin and cocaine are the drugs of choice, with over 90% of clients reporting use of both drugs; d) about half of enrollees become active exchangers, returning on average every two weeks for on average 14 needles and syringes.

3. Needle Sharing Is Reduced. Obviously, the major goal of our NEP is to prevent the spread of HIV/AIDS in the injection drug use community. To do that, we need to change our clients' drug use behavior. The preliminary results of our study look promising in this regard. Our clients reported significant drops in the following unsafe drug behaviors after starting the NEP: a) using needles after someone else; b) using cookers after someone else; c) using cotton after someone else; and d) letting a friend use your needle and syringe.

   In addition, prior to the initiation of the NEP, 63% of clients reported their source of needles as the "street", compared to only 39% two weeks after starting the program. The program has also been successful at getting some addicts to stop injecting in "drug houses" or on the street, with 25% more of our clients reporting that they inject in their home two weeks after starting the NEP than prior to joining the program. Also, very importantly, we have found that the average circulation time of our clients' needles has dropped by 33%.

Finally, although some legislators expressed concerns that the program would make it more likely that injection drug users would use more frequently, that has not been the case- our clients report a 22% decrease in their frequency of drug use since joining the NEP.

4. 65% of Baltimore City Residents Favor Needle Exchange. In a survey conducted in Baltimore City in October 1995, 65% of the respondents were supportive of needle exchange. Respondents were supportive based on their perception that needle exchange reduces the number of discarded needles on the street, that needle exchange does not increase drug use, and that needle exchange programs decrease the incidence of HIV.

5. Injection Drug Users Care About HIV Prevention. Needle exchange clients were asked about their attitudes and behaviors regarding the desirability and safety of existing needle sources. The findings indicate that the clients clearly have a good understanding of health risks associated with existing needle sources (off the street, shooting galleries) and prefer to use sources that they know to be medically safe.

HIV Seroconversion

The bottom-line goal of this program is to decrease the transmission of HIV. Currently, in Baltimore, the HIV seroconversion rate among injection drug users (IDUs) is about 4% per year. In other words, 4% of IDUs who are HIV-convert to HIV+ each year. If our program is working, we would hope to be able to demonstrate that the seroconversion rate among our NEP clients will be lower than 4%. We are showing a 39.7% decrease in HIV seroconversion among the injection drug using population that we are serving.

SUMMARY

After more than three years of operation, we are very pleased with how the NEP is going. The program is attracting much larger numbers of clients than we expected. The program is well-accepted by these clients as evidenced by the numbers making repeat visits to the NEP and by the way in which our clients self-police the program. The NEP is also well-accepted by the communities in which it operates and by the police, who have been extremely cooperative. Finally, the program is accomplishing its mission of reducing the transmission of HIV among injection drug users, their sexual partners and their offspring. It serves as a much-needed point of access to care for hard-core addicts who otherwise have had virtually no access to drug treatment or other health care.

Peter Beilenson, M.D., M.P.H.
Commissioner of Health
September 1997

I. EXECUTIVE SUMMARY

HIV infection among injecting drug users (IDUs) is a major public health problem among IDUs in many countries throughout the world. In particular, it is a problem in the United States, where approximately half of all new HIV infections are occurring among injecting drug users (Holmberg, 1996).

Syringe exchange programs (SEPs) to prevent HIV infection among IDUs have been implemented in almost all industrialized countries and in several developing countries. Research evaluations have shown SEPs to be an effective method of reducing risk behavior and HIV transmission among IDUs (Normand et al., 1995). A pilot syringe exchange was implemented in Hawaii in 1990. In 1992, the Hawaii State Department of Health assumed responsibility for the SEP in the state, with the Community Health Outreach Worker (CHOW) Project designated as the lead agency for SEP work. The legislation governing SEPs in the state requires an annual evaluation report to the Syringe Exchange Oversight Committee (SEOC). This current report covers the year from October 1, 1996 to September 30, 1997.

A variety of data sources have been used in the preparation of this report, including: operational records of the SEPs; the "SEP database," consisting of the brief interviews conducted at each visit by a client to the SEP; the "survey database," consisting of formal baseline and follow-up research interviews conducted with a randomly selected sample of SEP clients; the "referral database," records of referrals of SEP clients to drug abuse treatment programs; and the "surveillance database," consisting of AIDS cases, HIV testing and hepatitis B testing conducted throughout the state. These data sources do not provide complete information about HIV infection among IDUs in Hawaii. The use of multiple data sources and the consistency of the data across the different sources, however, do permit drawing relatively firm conclusions regarding the low levels of risk behavior and HIV infection among IDUs in Hawaii.

The SEP in Hawaii operates out of two fixed sites (both on Oahu) and through five mobile van routes, one on Oahu, one on Maui, one on Kauai, and two on the Big Island of Hawaii. During the early 1990s, the SEP system was

expanding and the number of syringes exchanged increased each year, reaching a peak of 173,671 in 1995. In 1996, the number of syringes exchanged fell to 133,958, due to a combination of loss of high volume clients to death and incarceration and staff turnover at some of the neighbor island sites. In 1997, the number of syringes exchanged increased to 143,715. While the number of syringes exchanged still needs careful monitoring, the change from cocaine to heroin as the predominant drug injected and the decrease in injection frequency among syringe exchange clients (discussed below) also indicate a need for a smaller number of syringes among the clients.

As at most other SEPs throughout the world, many SEP clients exchange not only for themselves, but also for other IDUs. This creates opportunities to use clients as "extended staff" of the SEP, who provide risk reduction education to their peers. During 1997, a formal Peer Educator program was initiated in Maui. Follow-up work with the trained peer educators is currently in process, and the program will be expanded to the Big Island.

The SEP also provides referrals to drug abuse treatment, including direct contracting of treatment services. During 1997, 96 clients were placed in various forms of drug abuse treatment.

The SEP serves a diverse group of IDUs. The clients are 76% male and 24% female. Caucasians comprise the largest ethnic group among SEP clients at 61%, with 12% Asian, 8% Hispanic, 6% Hawaiian/part Hawaiian, 5% Native American, and 4% African-American. Most of the clients have been injecting drugs for long time periods; the mean age is 41.6 years old, and the clients report a mean of 20.3 years since their first drug injection. Housing is a problem for many of the clients, only 51% live in places that they own or rent, and 21% report living "on the streets" or in shelters.

Over the last several years, heroin has replaced cocaine as the drug used by the great majority of SEP clients. Ninety-two per cent of clients report injecting heroin (in the month prior to a research interview), 28% report injecting cocaine, 26% report injecting "speedballs" (a mixture of heroin and cocaine), and 9% report injecting amphetamines. (The sum of the percentages exceeds 100% as many clients report injecting more than one drug in the

previous month.) Non-injecting drug use is also common among SEP clients, with 63% reporting heavy alcohol use, 49% reporting crack cocaine use, and 43% reporting marijuana use in the previous month. The frequency of drug injection has declined over the last several years among SEP clients. Among clients who participated in multiple research interviews (linked by code numbers), 47% had decreased their frequency of injection over time, 40% had maintained the same frequency of injection, and 19% had increased their frequency of injection.

The extent of drug injection and non-injected drug use among SEP clients clearly indicates a great potential for injection and sexual risk behaviors. The amount of injection risk behavior, however, was relatively low. In the 1997 research interviews, 76% of participants reported no unsafe injections in the month prior to the interview, and of the 24% who reported some injections with syringes that had been used by others, 43% reported always using bleach to disinfect the "shared" syringes. Thus, only 13% of the participants should be considered at relatively high risk for syringe-borne HIV infection. A modest percent of SEP clients persist in unsafe injection practices. Of the participants with both baseline and follow-up research interviews, 9% reported injecting with syringes that had been used by others in the one month periods prior to both baseline and follow-up interviews. Among the participants in the research interviews in 1997, 59% reported sexual intercourse in the month prior to the interview. Six per cent of the participants should be considered as at relatively high risk for sexually transmitted HIV (and particularly for other sexually transmitted diseases), in that they reported multiple sexual partners and no use of condoms in the previous month. In a sub-study of male drug injectors who also reported engaging in male-with-male sexual activity (MSM-IDUs), it was found that risk behaviors among this subgroup were substantially higher.

The available HIV data support the conclusions from the risk behavior data that HIV transmission is an uncommon event among injection drug users in Hawaii. The State Health Department operates a system of HIV counseling and testing centers. Among the persons who sought testing at these centers and reported drug injection as a risk behavior, 1.2% were HIV seropositive in 1997. HIV counseling and testing is also conducted at the SEP fixed site at 710 North King Street in Honolulu. Of the 120 HIV tests conducted at this site over the past four years, only one new HIV infection was reported.

The SEP and the CHOW projects are fully integrated, so the budgets for both projects were combined in a benefit/cost analysis. The benefit/cost analysis was undertaken from the perspective of a State government that must either pay for HIV prevention or must pay for the medical costs of treating HIV infection. Data for other possible costs, such as lost productivity or human suffering, were not available, and therefore not included in the analysis. The cost of treating a single HIV infection was estimated to have a present value of $102,000. Given current developments in combination antiviral treatments, this must be considered a conservative estimate. Prevention of a total of seven HIV infections per year would produce a benefit/cost ratio greater than 1.0, and would represent a cost saving for the State. Since many IDUs who become infected with HIV transmit the virus to non-injecting sexual partners, prevention of HIV infection among drug injectors also serves to prevent heterosexual transmission of HIV. Based on current estimates of heterosexual transmission from IDUs, prevention of a total of five infections per year among IDUs would also lead to prevention of an additional two HIV infections among non-injecting heterosexual partners. Thus, if the combined SEP and CHOW projects lead to prevention of five HIV infections per year among drug injectors this would represent a cost saving for the State. Given the low levels of risk behavior among SEP clients, one may have great confidence that the combined SEP and CHOW programs are cost beneficial.

The program is to be commended for supporting a rigorous evaluation effort and for addressing problematic issues noted in previous evaluation reports. The formal evaluation process, including the reports to the SEOC, appears to be an important factor in the continued positive development of the SEP in Hawaii.

Recommendations:

(1) The SEP in Hawaii should be continued. HIV infection and injection risk behavior are relatively low among IDUs in the state. The program provides a number of needed services to drug injectors at risk for HIV infection. Maintaining a skilled and dedicated staff is critical for effective delivery of these services.

(2) National and international studies of hepatitis B and hepatitis C show these infections to be exceedingly high among IDUs. The SEP mission statement should be revised to include a statement concerning hepatitis B and C prevention. Furthermore, the SEP should incorporate information concerning hepatitis B and hepatitis C prevention into all of its standardized educational messages. The SEP is an excellent medium for hepatitis education because a high proportion of hepatitis B and C infections in the United States occur among IDUs and studies have shown that the use of SEPs can reduce hepatitis B and C infections among drug injectors (Normand et al., 1995). Additional data on hepatitis B and C among IDUs in Hawaii should be collected.

(3) Many SEP clients are at risk for sexually transmitted diseases other than HIV. The safe sex education and encouragement of condom use should include specific information about other sexually transmitted diseases.

(4) Future research and program service development should concentrate on hepatitis B and C prevention as well as HIV prevention. The "persistent" unsafe injectors and the MSM-IDUs appear to be particularly important groups for additional research and risk reduction services.