

Harm Reduction as an Ethical Basis for Needle Exchange Programs: A Case-Study Analysis for Stanislaus County

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Harm reduction philosophy begins with the principles of Pragmatism first outlined by William James. It is a life exercise, cultivating practices whose focus is geared toward well-being, rather than traditionalist or moralizing attitudes. Often the term ‘harm reduction’ is applied in a context of drug use or safe sexual practices, but can spread to encompass nearly any behavior. The phrase denotes a starting point; instead of letting an idealistic moral model guide us into stigmatizing and criminalizing drug use or other illicit activities, proponents of harm reduction begin their work *in the world, where we find ourselves*. With respect to drug use, harm reductionists begin with the client, rather than expecting the client to conform to program abstinence expectations. It is about acknowledging that the issue is here before us in the shape of a human, not a concept. In this way, harm reduction philosophy indicates a starting point. It is a ground from which our options are made to include the patient, taking into account the reality of his or her situation without allowing our ideals to take ownership of it. This emphasis on the actual situation, rather than on an idyllic future state of affairs, shifts us to a realistic paradigm focused on the patient and premised on his or her autonomy.

Drug policy in the United States emphasizes criminalization or abstinence-only rehabilitation. Both of these approaches rest first on the notions that drug use is part of a moral dichotomy in which all substance use is criminal, and the lives of the users have little or no value. Secondly, US drug policy does not recognize that the prevalence of illicit substances has little to do with federal drug policy. Attempting to eliminate drug use entirely rather than reduce its harmful effects has proven ineffective, as addiction, disease

and profit are impervious to legislation and even incarceration.

In contrast, the philosophy of harm reduction intervenes in the middle of the diseased addict-prisoner/abstinent upstanding citizen polarity by indicating the differences and subtleties among illicit substances, as well as advocating for the needs of each individual user. This approach, pragmatic in nature, tells us that there are other ways of dealing with the ills produced by drug use. One of these approaches focuses on the user and his or her loved ones, setting realistic goals for “any positive change” that reduces the harm done to these parties. In the case of injection drug addiction, especially to the heroin and methamphetamine so common in Stanislaus county, it is important to begin with the users themselves, evaluating behavior on the basis of helpful or harmful, instead of the ineffective morally right or wrong models. Starting from the point of the user and his or her actions allows us to move out of an idealistic framework, which sets the stage for failure. Instead, we enter into the realm of consequences: what is helpful or harmful for me and my community, and how can I alleviate the unwanted consequences of my illicit behavior? The behaviors themselves are not evil unless they result in physical or emotional harm to oneself or others. Needle and syringe exchange programs have played a key role in ameliorating the harmful effects of injection drug use by providing clean needles to IDUs (injection drug users) in exchange for used “dirties”. Needle exchange volunteers are responsible for providing sterile works (injection equipment) to drug users, as well as properly disposing of used syringes and providing access to medical care or recovery services without forcing a client to

immediately make abstinence their way of life. Loosening our grip on the imaginary “drug free” world creates a space in which users can feel comfortable setting their own goals with the realistic hope of successfully reaching those goals. This in turn reduces the ill effects of drug use on the user and his or her community without the need to criminalize or stigmatize.

What follows is a case study of the syringe exchange program in Stanislaus County and the reactions from the community as well as law enforcement, which have colored the issue of health and addiction in the Valley until today.



In September 2008, the Stanislaus County Board of Supervisors convened to respond to a report by the civil grand jury recommending the implementation of a syringe exchange program to curb the spread of the most common chronic blood borne disease in the county: hepatitis C virus (HCV). The report, citing the provisions laid out by Assembly Bill 547, would have allowed the Public Health Department to provide one-for-one exchange services throughout the county (Stanislaus County Civil Grand Jury, 2008). The report was submitted to the Board of Supervisors for review and was returned with a unanimous no vote, effectively keeping needle exchange illegal in Stanislaus County.

What were some of the reasons for the Board of Supervisors’ refusal to authorize

needle exchange? Many mistakenly believed that the program would promote drug use, increase the incidence of discarded needles in residential areas, or make injection drug users less likely to enter treatment programs. Cost also seemed to be a source of anxiety. All of the above concerns should have been put to rest by a review of the Civil Grand Jury’s 2008 Report, which explicitly cites medical research from Joanna Berton Martinez’ report titled “Science-Based Literature on Syringe Exchange Programs, 1996-2007” stating SEPs do reduce HIV and HCV transmission, as well as increase enrollment in drug treatment programs without increasing risky behaviors or promoting substance abuse.

In a county where the spread of hepatitis C is rampant (an average of thirteen new cases reported each week), something must be done to curb its prevalence. “The Stanislaus County Civil Grand Jury’s review determined from examining the existing legislation, studies, hearing testimony of expert witnesses and other resources, that a syringe exchange program is the best of the prevention measures available against the spread of Hepatitis C and other blood-borne pathogens”. After hearing testimony from members of both sides of this debate, Supervisor Bill O’Brien was quoted in the Modesto Bee saying he felt that the spread of the disease was “a relatively small health problem for the county,” compared to obesity, heart disease, and depression—all of which, it should be noted, are related causal factors that reinforce one another in the move toward declining health—moreover, these conditions while serious, are *not communicable*. In a county with approximately 500-600 *reported* infections of *one* potentially fatal communicable disease per year (HCV), it does seem absurd to divert such a vast amount of resources to conditions that are not infectious and can be ameliorated with simple lifestyle changes, such as regular exercise and a balanced diet.

It could be argued that the HCV affecting injection drug users is also preventable through changes in lifestyle. This view misses the crucial point that injection drug use, which is often centered on opiates or methamphetamines, is highly addictive and the diseases resulting from high-risk practices can and do spread. Infections like HIV and HCV do not discriminate based on the race, class, or previous drug use of their host or the host's sexual partners, family members, healthcare providers, etc. and the high numbers of those surveyed who stated they didn't know how they contracted the disease could be an indication that not all of those infected are themselves IDUs. Again, syringe exchange programs not only relegate the spread of disease among drug users but throughout the general population. Infectious disease affects entire communities, not just populations with high risk.

The Civil Grand Jury report stated the following: that syringe exchange programs were the most effective option for a county in which HCV is spreading so rapidly. That Stanislaus County should work with the department of Public Health and the Hepatitis C Task Force to fully implement what was called the Stanislaus County Hepatitis C Strategic Plan, the goal of which was "to reduce the number of people newly infected with Hepatitis C in Stanislaus County". The 2-year plan, initiated in 2006, would create prevention-based education programs for at-risk groups and the general public. They would be geared toward IDUs, law enforcement, and public health professionals, with a focus on prevention and treatment. By 2008, however, the plan had still not achieved its culmination in the form of a syringe exchange program, and this is when the Board of Supervisors met to vote on the recommendation of the Civil Grand Jury. With the support of local experts, including health officer John Walker, Health Services Agency Director Mary Ann Lee and

Behavioral Health and Recovery Services Director Denise Hunt—all professionals well-acquainted with the various facets of the issue—the Board was urged to consider the benefits of the exchange program. On the other side, law enforcement (who also stand to benefit from the presence of sharps containers and sterile syringes during a search) opposed the idea, in contrast to an earlier letter from the Stanislaus County Police Chief, Sheriff and District Attorney's Associations stating "We do believe there may be merit in a needle exchange program, depending on the structure employed" on August 10, 2006. In the Board of Supervisors' meeting, county Sherriff Adam Christianson said "a syringe exchange program enables people to continue with their drug addiction" and District Attorney Birgit Fladager felt the program would send the wrong message to young people that "drugs aren't so bad or the county will take care of them if they become addicted". The data presented in the Civil Grand Jury's report explicitly addresses the falsehood of such dogmatic beliefs. After reviewing numerous studies, the Civil Grand Jury and cities elsewhere determined that needle exchange programs did not promote drug use, and "the quantity and frequency of injected drugs actually decreased in participants who utilized the syringe exchange program". Studies have also shown that SEPs make users more likely to enter treatment programs, as they open a dialogue between health professionals and at-risk populations who otherwise would not have access to recovery services. For many people, the on-site medical care provided by SEPs is their only contact with medical professionals.

The Hepatitis Research Foundation figures the lifetime healthcare costs for an individual HIV or HCV-infected drug user at over \$250,000 for HIV, \$100,000 for hepatitis C without a liver transplant, and an extra \$280,000 with transplant. The stark contrast of less than a dollar (\$.97) for a sterile syringe

vs. hundreds of thousands of dollars for the consequences of shared injection equipment makes the most effective choice seem obvious for the county of Stanislaus. The program would have been funded by state and private entities without placing financial burden on the county. The rate of HCV infection here in Stanislaus County is disproportionately high compared to the rest of California. If we know SEPs can reduce the spread of this disease, is it not a duty of the Board of Supervisors to put these programs into effect? The data shows that, when combined with medical treatment and access to recovery services, NEPs not only reduce the number of new blood borne infections, but also decrease the daily number of injections (and by extension, the incidence of shared injection equipment) resulting in fewer cases of disease.

Though the Board of Supervisors' official mission is to "serve the public interest by promoting public health, safety, welfare and the local economy in an efficient, cost-effective manner" (quoted by the Civil Grand Jury), clearly its failure to authorize a syringe exchange program for the county was not aligned with these principles; nor did this decision occur in a vacuum. The moralistic political climate in the Valley helped facilitate and reinforce the idea that prohibiting needle exchange was a necessary step to preserve the health of the community, when in fact the opposite was true. The Board of Supervisors meeting was held to respond to a problem deemed urgent by the Civil Grand Jury, Stanislaus Public Health Department, Hepatitis C Task Force, Local AIDS Advisory Implementation Group, and Advisory Board for Substance Abuse Programs, as well as law enforcement, healthcare professionals, and sanitation workers—all of whom regularly come into direct contact with used syringes as part of their job description. The outlying benefits of disease control for users and non-users alike seemed to have no bearing on the decision, which was seen as a way of bringing

aid into the lives of the undeserving by reducing the harm of high-risk behavior. When the Board of Supervisors neglected to implement a public health-oriented program designed to curb the spread of disease, they effectively sent the message that not only are they ignorant of the facts and benefits of needle exchange, but they also demonstrate complete apathy and lack of concern for the communities they are purported to serve.

Instead of waiting, blindly accepting the Board's decision and hoping for a later opportunity to check ideology with reason, community members took action. The information was out, and local activists responded to the Board of Supervisors' impotence by taking the action they deemed necessary to improve the health of the county. An exchange began. The unauthorized Modesto Needle Exchange operated out of Mono Park (also known as Needle Park because of the numerous used syringes littering the ground there) in Modesto's Airport District for a few brief months before it was shut down and its volunteers arrested in a sting operation orchestrated by misinformed and confused county law enforcement, the leaders of which had first officially supported and then vocally opposed NEPs at the Board of Supervisor's meeting. On April 11th, 2009, undercover officers approached the program, performed an exchange, and shortly after the two volunteers were arrested in the presence of eight to ten officers and a drug dog. The "Mono Park 2" as they are now known, have been charged with possession and distribution of drug paraphernalia and each faces up to a year in jail. One of the volunteers, a single mother, also lost her job with the Stanislaus County drug and alcohol education and prevention program. Her teaching credential is suspended. "Imagine, a teacher in San Francisco could be doing just what I did, and there would be no problem," she said. As of this writing, the trial is still pending (May 2009). The next hearing decides whether the

defendants will be allowed to use a medical necessity defense to argue their case, a tactic which has had mixed success in other cities across the U.S.

Programs like this are clearly necessary, especially in the Central Valley, where blood-borne pathogens like HIV and hepatitis C are abnormally common. Many opponents of syringe exchange see the addict as a derelict responsible for the degeneration of a society in which purity and standardized values could otherwise reign supreme. This, it may be believed, justifies neglecting the needs of the human who uses drugs, sending the message that there will be zero tolerance for illicit substance use. At the same time, prohibiting access to sterile injection equipment effectively sentences users to death or disease, cutting them off from vital medical care, recovery services, and syringe disposal sites.

The case of the Mono Park 2 illustrates one of the difficulties in moving forward with NEPs across the state. Because the programs are legal within the state of California does not mean they are automatically authorized in every county, where municipalities can override the state's recommendation. Taking into account places like Stanislaus where the politically conservative mindset has made

local authorization exceedingly difficult, some advocates of harm reduction believe a statewide mandate is necessary to expand the protections of needle exchange. Hilary McQuie, Oakland-based Western director of the Harm Reduction Coalition said, "Requiring local authorization means we have to deal with 54 jurisdictions instead of just one, and the politics makes it really difficult in conservative places like Fresno or Modesto. It will be really difficult to get syringe exchange approved in Modesto without a statewide mandate".

Despite the financial benefits, the disease control, and the ethical concerns, the county of Stanislaus joined the ranks of forty other counties across the state whose decision makers place abstraction and dogma above the health of the populace. Now two people concerned about the health of their communities face serious consequences for attempting to do what county government would not. The public encouraged, if not obligated, to take action in defense of their community's health with or without institutional aid. If we have done our homework and are moved by the data, we have no choice but to mobilize to promote autonomy and well-being.



Syringes collected from the Airport District in Modesto
Photo courtesy Emily Renteria