Needles in haystacks

Presentation to Irish Needle Exchange Forum

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Aim of presentation

- To explore the difficulties associated with the diffusion of needle exchange provision for injecting drug users across the Irish healthcare system, while setting this exploration in the wider context of the harm reduction movement both nationally and globally

The historical background

- Injecting drug use was virtually unknown in Ireland until Dublin's 'opiate epidemic' of 1979-1983
- This was rapidly followed by the advent of HIV and the realization that this new virus was being transmitted through equipment sharing between injecting drug users
- Prior to this, all Irish drug treatment systems were geared towards abstinence - so that healthcare and criminal justice sectors were of one mind on the ideal of promoting a drug-free lifestyle

Harm Reduction Internationally

- Some countries had previous experience of harm reduction, e.g. 'the British system' (1928-1968), or the Dutch system from 1976 onwards
- Harm reduction challenged the main negative stereotypes of drug users – utterly deviant and incapable of rational behaviour
- It legitimized healthcare interventions aimed at reducing drug-related damage, without necessarily having abstinence as their ultimate goal
- For heroin users methadone maintenance became the standard form of harm reduction, but all for injecting drug users needle exchange was another strategy commonly mooted- not just for HIV but also for HBC prevention

Controversy about Harm Reduction

- With few exceptions, most countries experienced public controversy about the morality of harm reduction – condoning and facilitating illegal and immoral acts?
- The public health pragmatism of harm reduction did not convince all those involved in drug policy – who tended to see specific harm reduction practices as 'the thin end of the wedge'
- Critics frequently hedged their bets – 'it compromises our shared values about the evils of drug and it doesn't work'

Needle exchange as harm reduction

- The phrase conventionally refers to programmes which offer injecting drug users clean needles and syringes (plus additional paraphernalia) and health education/promotion - all with a view to preventing the spread of blood-borne viruses
- Technically, the evidence is clear on the value of needle exchange in preventing HIV transmission, but much less clear on its value in relation to HCV
- To its critics, the research evidence demonstrates that needle exchange is a failure; to its supporters, the evidence suggests the necessity to expand provision and make it more accessible

Harm Reduction in Ireland

- Butler and Mayock (2005) argued that the main defining feature of Ireland's introduction of harm reduction was the covert, incremental nature of the policy process and its overall ambiguity- relatively little public debate and no explicit announcement of the replacement of abstinence as a policy goal
- This argument, while not seeing Irish political culture as unique, suggested that the divisive nature of public debates on divorce and abortion during the 1980s put politicians off a national debate on harm reduction
- If we had a national debate and a referendum now (2009) on needle exchange, how would it go?

Drug Policy Documents and Needle Exchange

- *Government Strategy to Prevent Drug Misuse* (1991) contained no reference to needle exchange, despite the fact that needle exchange had been available in Dublin from the Eastern Health Board's *AIDS Resource Centre* at Baggot St., Dublin
- *The First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (Rabbitte Report)* (1996) contained no reference to needle exchange
- *Building on Experience: National Drugs Strategy 2001-2008* had minimal reference to topic, but one 'action' called for review of availability and another for pilot community pharmacy needle exchange scheme
- *National Drugs Strategy 2009-2016* noted limited availability (in 5 out of 10 RDTFs and 13 out of 14 LDTFs), but announced that the community pharmacy scheme would start with funds from Elton John Foundation

Needle exchange in Ireland: the present position

- Excellent review (Cox and Robinson, 2008) published by NDST/NACD clarifying regional variations in needle exchange provision
- Nonetheless, it seems that provision is most developed in those areas with the highest prevalence of injecting drug use
- Urban centres outside of Dublin and rural areas generally still have a low incidence / prevalence of injecting heroin use (and a still lower rate of injecting cocaine use) – confirmed in reports from National Drug Treatment Reporting System

Diffusing needle exchange to rural Ireland: ideological issues

- Needle exchange, in the words of Michael McDowell, is an example of 'moral fuzziness'; and is deeply offensive to the sensibilities of many Irish citizens
- It does not have the moral or ideological neutrality of most health interventions, and perhaps its promoters should remember this – especially in recessionary times
- Drug injectors as health service users continue to be a stigmatized group, and aggressive public opposition to the siting of services (the NIMBY factor) remains a constant threat
- How publicly and explicitly should the case for needle exchange diffusion be presented?

Diffusing needle exchange to rural Ireland: logistical issues

- Because of the relatively small numbers of drug injectors in rural areas and provincial towns, centre-based needle exchanges are impractical
- Vending machines have advantages but also many disadvantages – e.g. high visibility
- Outreach services – workers and mobile units offer flexibility and have many advantages
- Community pharmacy schemes, on balance, seem to have many advantages, but need to be supported and evaluated in areas with a low density of injectors

Conclusion

- The evidence for the use of needle exchange is generally supportive of its value in reducing transmission of blood-borne viruses, and in Ireland the high prevalence of HBC infection amongst drug injectors makes its use all the more compelling
- Nonetheless, policy and practice is bedevilled by wider controversies about 'wars on drugs' and continuing moral unease about service provision which appears to 'trap' its clients in lifelong drug dependency
- Ideally, from a public health perspective, one would like to see its use strengthened in urban areas which have the greatest density of drug injectors, but it would also seem important to make it accessible to drug injectors all over Ireland – whether in rural districts, provincial towns or cities outside the Greater Dublin Area
- Such diffusion should take into consideration the ideological and logistical issues already mentioned here