

Needle exchange leaders cheer relaxed federal funding ban

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In this April 21, 2015 file photo, signs are displayed for the needle exchange program at the Austin Community Outreach Center in Austin, Ind. Advocates are praising Congress' recent softening of a longtime ban on federal dollars going to needle exchanges amid growing intravenous drug abuse that's spreading hepatitis and HIV in many states. (AP Photo/Darron Cummings)

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abuse that's spreading hepatitis and HIV in many states.

The new rules, which were in the spending bill signed last month by President Barack Obama, say that federal money still can't go to buying clean needles but can be used for other program costs in communities deemed "at risk" for significant increases in hepatitis C or an HIV outbreak.

Advocates say exchanges, which provide IV drug users with clean needles and collect used ones to reduce needle-sharing that spreads diseases among users, also help get some users into drug-treatment programs.

The change is significant, because it was backed by several Republicans who previously opposed federal funding. U.S. Rep. Hal Rogers, a Kentucky Republican who heads the House Appropriations Committee, spearheaded the change because he and others realized something needed to be done to address the growing outbreaks and mounting medical costs, Rogers' spokeswoman Danielle Smoot said.

"We can't ignore the growing crisis. It's happening and we've got to make changes, and hopefully this will help save lives," she said.

Rogers' state is experiencing hepatitis C outbreaks and has the nation's highest rate of acute hepatitis C. To the north of Kentucky's biggest city, Louisville, southeast Indiana saw a record HIV outbreak fueled largely by people abusing a prescription painkiller.



In this April 21, 2015 file photo, new needles which clients can get as part of the needle exchange program at the Austin Community Outreach Center are displayed in Austin, Ind. Advocates are praising Congress' recent softening of a longtime ban on federal dollars going to needle exchanges amid growing intravenous drug abuse that's spreading hepatitis and HIV in many states. (AP Photo/Darron Cummings, File)

There were about 200 needle-exchange programs in place in 33 U.S. states in 2014, according to The Foundation for AIDS Research.

The softened federal ban should help many of those exchanges pay employees' salaries, purchase vans to deliver clean needles to users and rent office space, said Daniel Raymond, policy director for the New York-based Harm Reduction Coalition, which provides training and technical assistance for needle exchanges across the nation.

"It's definitely a victory and I think it's a workable compromise," he said.

While the change will eventually bring millions of federal dollars into the needle exchanges, the exact amount and the number of programs won't be known for a year or more, said William McColl, director of health policy with the Washington-based advocacy group AIDS United.

The move is especially important for cash-strapped rural areas of states like Kentucky, Indiana, West Virginia and Ohio—all of which are dealing with outbreaks tied to heroin addiction and abuse of other opioids.

"They're the ones who have been struggling and the federal ban has been a huge barrier," Raymond said.

Four Appalachian states—Kentucky, Tennessee, West Virginia and Virginia—saw the rate of hepatitis C more than tripled between 2006 and 2012, the Centers for Disease Control said in a report released last year, and researchers have warned an HIV epidemic would likely follow if nothing is done.

That type of epidemic came to rural southeastern Indiana, where more than 180 people have tested positive for HIV. Nearly all of those cases have been in Scott County about 30 miles north of Louisville, Kentucky, in an outbreak driven largely by needle-sharing among people injecting a liquefied form of the prescription painkiller Opana.

Indiana Gov. Mike Pence, a conservative Republican who had long opposed needle exchanges as part of drug-control efforts, signed a new law last spring that gave Indiana's health commissioner authority to approve local needle exchange programs.

To date, exchanges have been approved for four Indiana counties. More than 20 other Indiana counties are planning to seek state approval for exchanges of their own and Congress' move could give some of Indiana's

exchanges a boost, said Beth Meyerson, co-director of the Rural Center for AIDS/STD Prevention at Indiana University.

"For us in Indiana, and likely everywhere else, this is huge news because it allows our programs to apply for funding once it becomes available," she said.

In Kentucky, the Legislature passed a law last year that allowed local communities to set up needle exchange programs, but only the state's two largest cities, Louisville and Lexington, have so far.

Smaller counties in eastern Kentucky, which has been devastated by prescription drug abuse, have hesitated because of funding barriers and moral objections; conservatives have long believed that needle exchanges enable drug abuse.

Russ Read, founder of the Kentucky Harm Reduction Coalition, hopes Congress' shift might send a message to local politicians and health officials.

"There's just so much fear in some of these counties," he said. "Now that the feds are on board, I think that'll maybe loosen up the purse strings, and loosen up the attitudes."

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