

10.7 First randomised study should reassure needle exchange doubters

Findings Attempts to evaluate needle exchange have been hampered by the risk that outcomes are due not to exchange, but to differences between injectors who choose to use the services and those who do not. Now the first randomised trial has overcome this problem and helped answer a major question about needle exchange – whether it reduces risk behaviour at the cost of promoting injecting.

Reports ① and ② are from a study in Anchorage, Alaska, which randomly assigned 600 injectors to training in how to buy needles and syringes from pharmacies or to receive a card entitling them to use two local exchanges. The exchange group could also use pharmacies but the pharmacy group could not use the exchanges. Typically participants were single, male, unemployed cocaine injectors. For report ①, six months later 422 reported how they had obtained equipment during that period. About a quarter who could have used the exchanges had done so but it was enough to increase the proportion who had used safe sources (ie, exchanges or pharmacies) to 33% compared to 21% in the pharmacy-only group.

Report ② showed that this had occurred without increased injecting or drug use. At the six- and the 12-month follow-ups both groups had made roughly equal reductions in past-month injection frequency and in the proportions of urine tests showing recent cocaine or heroin use. Though statistically insignificant, such differences as there were favoured the exchange group, who reduced injection frequency more quickly and made greater reductions in cocaine use.

In context The weight of international evidence is that exchanges reduce infection risk behaviours and HIV spread, save far more money than they cost, and do so without increasing the number of injectors or the frequency with which they inject.

Randomisation makes the featured study a unique addition to this literature, convincingly confirming that in this case opening exchanges did not promote injecting or drug use. Another report has shown that among those who could use the two exchanges, those who actually did were far more likely to be very frequent injectors who had recently shared injecting equipment, demonstrating the ‘magnet effect’ which makes exchanges seem ineffective because they attract high risk injectors. However, the reports provide little direct evidence of risk reduction. There is no indication of the exchanges’ impact on syringe/needle sharing nor do we know how many who used the exchanges or pharmacies *also* used potentially contaminated equipment and how often. The gap of 12% in use of safe sources is not large, but given easy access to pharmacy supplies, a large value-added effect is not to be expected. This effect may have been constrained by strict one-for-one exchange, by the fact that the exchange group were not also trained to buy from pharmacies, and because the exchanges did not increase treatment uptake.

LINKS [Hepatitis C and needle exchange](#), parts 1, 2, 3 and 4
Nuggets 8.2 5.8 1.8 1.7

Practice implications Rather than suggesting new policy directions, the study reinforces recommendations in official policy documents for increased access to needle exchange to curb hepatitis C and to reverse recent rises in syringe sharing ➤ [Additional reading](#). Even more so than before, authorities can now support needle exchange in the knowledge that it does not promote drug use or injecting, that overall it reduces the risk of infection with blood-borne diseases, conserves health resources, and can be worthwhile even where pharmacies sell equipment to injectors. The key tasks are to increase the coverage of exchange services and to sensitively use their contacts with injectors to further promote risk reduction without alienating attenders ➤ [Hepatitis C and needle exchange](#).

Featured studies ① Fisher D.G. *et al.* “Injection drug users’ use of pharmacies for purchasing needles in Anchorage, Alaska.” *International Journal of Drug Policy*: 2003, 14(5–6), p. 381–387 ② Fisher D.G. *et al.* “Needle exchange and injection drug use frequency: a randomized clinical trial.” *Journal of Acquired Immune Deficiency Syndromes*: 2003, 33(2), p. 199–205 Copies: apply DrugScope.

Additional reading ① [Hepatitis C strategy for England](#). Department of Health. Download from www.doh.gov.uk/cmo/hcvstrategy ② Health Protection Agency [etc]. [Shooting up; infections among injecting drug users in the United Kingdom 2002](#). 2003. Download from www.hpa.org.uk.

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