What’s The Point?

Puncture pundits square off on devilish data

May 1, 1998 By Scott Hess

Call it a syringe-swap-supporter’s nightmare and a “Just Say No”-er’s dream come true. The riddling results of a Montreal needle-exchange study, published in December’s *American Journal of Epidemiology*, stoked major flames in both camps. What’s the dope? Researchers led by Julie Bruneau of the University of Montreal found that intravenous-drug users (IDUs) who got their works at city needle-exchange programs got HIV more often than people who copped their needles elsewhere, including over the counter in pharmacies -- that’s legal in Montreal. Nearly 1,600 IDUs were eyeballed for 21 months, and 89 got HIV; the probability for a needle-exchanger was more than double that of a non-NEPer -- 33 percent to 13 percent. Despite the data, Montreal health authorities have upped the number of syringe services. Bruneau is quick to caution against conclusions from this specific study that NEPs in general cause seroconversion. “We are beyond the question of whether needle exchange works,” she told *POZ*. “It is part of a puzzle in a prevention strategy.”

David Vlahov, PhD
Professor of Epidemiology, Johns Hopkins School of Public Health
“The data reflect a unique set of circumstances in that the exchange was open for restricted hours late at night in Montreal’s red-light district. The comparison group had access to sterile needles through pharmacies -- not available in most places in the United States. So the higher rates of HIV among NEP users reflects a subgroup at much higher risk who were less likely to use other sources for sterile needles. The study is instructive in recognizing that NEPs are aimed at the highest-risk individuals -- so it is better at showing who NEPs attract rather than how well they work.”

Peter Lurie, MD
Assistant Research Scientist, University of Michigan
“Those opposed to NEPs have been exploiting the results of this study for years, even as it remained unpublished. My concern is that the Family Research Council and members of Congress will distort the findings in an attempt to permanently cut off federal funding for NEPs. The research is subject to misinterpretation by less than scrupulous, politically driven people. The public policy conclusions I draw from the study: NEPs should not have caps, there should be more of them, and they are ideal places to offer risk-reduction efforts. While it was important that the study be published, whether that info outweighs the political costs is another matter.”

Vince Marrone

Director of Public Policy, The Lindesmith Center, New York City
“Two things to keep in mind about the Montreal study: Program attendees were much more likely to engage in high-risk activities, including sharing syringes and having unprotected sex. And the study wasn’t designed to evaluate the efficacy of NEPs, but rather to ’observe’ differences between IDUs who did and did not frequent them. As a result, the only fair conclusion is that individuals who share syringes and engage in unsafe sex are at high risk for HIV infection.”

Dr. Bart Majoor
Clinical Psychologist, St. Ann’s Corner of Harm Reduction, New York City
“This particular Montreal NEP was small and open odd hours -- from 9 pm to 4 am. What that tells me is, it’s reaching the highest-risk IDUs -- like street prostitutes -- who don’t have time to go to a pharmacy. The life they live is very hasty. They go to NEPs for more than needles, like a cup of coffee or relaxation. This study doesn’t show that NEPs don’t work, but that we have to look at harm reduction and how it works. The lesson learned: More needles and no limits on distribution. The one-to-one rule in needle exchange isn’t at all connected to the reality.”

Alan Clear
Executive Director, Harm Reduction Coalition, New York City
“We need to look at how this data can inform the program design and how they can improve the work they do with IDUs. Whether it’s increase syringes or HIV education, there needs to be a self-awareness of what an NEP supplies -- a meeting place for IDUs where networks can form. Unless the program is able to get sound prevention messages into those networks, there will be problems.”

Steffanie Strathdee, PhD
Director of Epidemiology, British Columbia Center for Excellence for HIV/AIDS
“First, the findings do not suggest NEPs are harmful -- far from it. But the results are not surprising. In cities like Montreal, Vancouver, San Francisco and Baltimore, IDUs who attend NEPs are precisely those who practice the riskiest behaviors. If these behaviors are not taken into account, one could draw the erroneous conclusion that NEPs don’t work. And they do work. One only has to look at the mounting evidence supporting NEPs, including six U.S. government-commissioned reports.”

Shepherd Smith
Founder, Americans For a Sound AIDS/HIV Policy, Virginia
“The results should surprise no one. It seems logical that if individuals have access to free needles, that doesn’t then make them more responsible in respect to those needles. Too much hope was put into NEPs being successful, and certainly this study calls for a more objective look at their benefits.”

Victor Zonana
Spokesperson, U.S. Department of Health and Human Services
“No comment.”

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