

This is Lieutenant Roger McCort of The Salvation Army in Eureka with today's Community Comment.

I have previously gone on record as supporting free public needle exchanges, but as such programs have increased their footprint in Northern California their opponents have pointed to some negative effects and have begun to call for closing them down. What are the pros and cons of exchange programs, and should they be rethought in the face of new challenges?

Let's start with what a needle exchange is and what it is intended to do.

At an exchange site, intravenous drug users can obtain new, sterile needles to use. They can turn in used syringes and other paraphernalia for proper disposal. At many sites, testing for drug additives which might cause a fatal overdose is available. Tests for bloodborne diseases such as HIV or hepatitis, education about treatment and recovery options, and overdose reversal services are common as well.

In short, the entire focus of a needle exchange program is to improve the health of drug users, while hopefully influencing them to seek recovery through whichever regional services are available.

Since there were over 71,000 deaths in the US from overdoses last year, these programs seem to be a necessary step towards keeping people alive and moving them towards getting help with their addiction.

Here are the common objections: We are enabling drug users instead of forcing them into treatment. We are spending tax dollars to help people who won't help themselves. And needle exchanges put more needles into the system, which then get abandoned by irresponsible and uncaring drug users, making piles of dangerous trash which threaten everyone and harm our environment.

The question of enabling is debatable. Sadly, you cannot force recovery on someone. The reasons for drug use are numerous and varied. Stronger drugs, like opioids and heroin, often can't be quit cold without potentially fatal withdrawal. Is keeping someone alive while you work on eliminating their barriers to recovery enabling or helping? I'm going to side with helping. Studies done in areas with exchange programs show no increase in new users and a notable, if not dramatic, decrease in overall IV drug use.

Do needle exchanges devour tax dollars? Absolutely. All public health programs take money to run, and programs which supply – at public cost – actual goods like needles, syringes,

sharps containers and the like, can be expensive. But studies over the last 30 years, since the first exchange opened in the United States, consistently show there is a savings of six dollars or more for every dollar spent on an exchange program. Is that worth it? My wallet says yes. In more rural areas, such as Humboldt County, there is also a decline in emergency room and other medical services when we keep drug users from clogging our already stressed system. That's good for all of us.

Finally, do all these needles make a larger mess? From what I see, yes, they can. While there is a high return rate, there are a lot of needles showing up on our streets, in our parks, and on the beaches around us. This is not okay. If every exchange program would ask their clients to volunteer to help on periodic cleanup crews, they could mitigate the problem. A few volunteers and one staff hour a week would help keep our community safe.

We all agree that something needs to be done. Responsible needle exchanges could be that thing.

Grace and peace to you. This has been Lt. Roger McCort with the KINS Community Comment.