

MOVING BEYOND THE IMPASSE

Catholics Should Support Use of Federal Funding for Needle Exchange Programs

Last March, I was invited to meet with health staffers from various congressional representatives in Washington, D.C., to discuss the moral imperatives of supporting needle exchange programs, which increase the availability of sterile syringes with the goal of preventing Hepatitis B and C, HIV and other blood-borne infections. My invitation came from the Interfaith Drug Policy Initiative, which is working in collaboration with the Drug Policy Alliance. As a way of introducing health staffers to the voices of faith communities in regard to these initiatives, I spoke about the needle exchange program endorsement from the Society of Christian Ethics and explained the position of the U.S. Catholic Church.

Joining me in this meeting were William Martin, M.Div., Ph.D., senior fellow for religion and public policy at the James Baker Institute, Houston, Texas; Michael Bell, D.Min., senior pastor at Peace Baptist Church; John B. Johnson, domestic policy analyst for the Episcopal Church Office of Governmental Relations; and Charles Thomas, executive director, Interfaith Drug Policy Initiative, all based in Washington, D.C.

WHY SHOULD WE CARE?

The time for us to change restrictive laws on needle exchange programs is now, and as Catholics, we must stand in favor of programs that reduce harm to those who are vulnerable on account of addictions. At present, states receive federal monies to distribute to or fund, depending on state population and local epidemic trends, a variety of HIV-prevention programs. These monies, as is true of other federal subsidies, include restrictions and appropriations riders. Among these restrictions is a ban on the use of federal monies for needle exchange programs.¹

If lifting the federal ban that prohibits states from using their HIV monies for recognizably

effective prevention programs results in a 10 percent reduction of HIV and other blood-borne infection in the United States, where at present 18 to 20 percent of new HIV infections result from injecting drug use, then we will have saved some from HIV and have done what is right.² In the words of the Jan. 8, 2000, resolution of the Society of Christian Ethics:

“Whereas the sharing of contaminated needles during injection drug use is becoming one of the dominant modes of HIV transmission in the U.S. ... and ...

Whereas studies ... have demonstrated that:

- Needle exchange programs do not increase drug use among addicts
- Do not lead to injection behavior in non-addicts
- Save lives by decreasing HIV infections ...

Whereas most major religions, including the Christian tradition, are concerned for the preservation of human life and dignity, ...

Be it resolved that the Society of Christian Ethics publicly endorses and encourages the development of needle exchange programs in the United States which:

- Are established with the support of local communities.
- Are one-for-one exchange programs which do not increase the number of needles in circulation.
- Provide linkages to medical care, detoxification and drug treatment.”³

The basis of this resolution rests in the faith traditions of Judaism, Christianity and Islam particularly in their care, following the commands of God in Leviticus and Deuteronomy, for the



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widow, the orphan and the sojourner in their midst. Today, we recognize this command extends to all those people who are vulnerable, especially those without voice (and therefore without power) to bring their concerns to the public arena and to have a hearing there. The Catholic tradition refers to applications of this command by making a preferential option for the poor, for our purposes here, injecting drug users and those with whom they are intimate are these poor. The Society of Christian Ethics is a fairly conservative group of ethicists, who move cautiously before issuing anything like a public resolution, and the organization's actions warrant the attention of U.S. Catholics and action by them to both reduce and prevent the harms associated with blood-borne infections.

It is often true of their teachings on moral matters, the bishops chose their words carefully to avoid closing a debate before its time.

Support of needle exchange programs rests also on the ethical demands of justice to prevent harm and protect the innocent — surely the foundation of all our laws. Persons who use injecting drugs and those who are related to them either as co-users, sex partners or children deserve the equal protections of the law to reduce and/or remove the potential harms of risk to life through needle exchange-preventable Hepatitis B and Hepatitis C, HIV, and other blood-borne infections.

To do anything less is to fail to act to save human lives, to fail to acknowledge the dignity of every human life, and to fail to respond in solidarity to those who are marginalized on account of an addiction that places them and their associates at risk of life, limb and love.

THE VIEW OF THE BISHOPS

What does the church say? As early as 1989 (two years after their first statement on the epidemic in "The Many Faces of AIDS: A Gospel Response"), the National Conference of Catholic Bishops (now the United States Conference of Catholic Bishops) recognized the connection between sharing and/or re-using needles and HIV infection. The bishops have repeated this recognition in literature that they provide as Sunday parish bulletin inserts for World AIDS Day commemo-

rations and other occasions to answer questions about HIV/AIDS.⁴ In "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis," the bishops wrote:

"Education and treatment aimed at changing behavior are the best way to control the spread of HIV among intravenous drug users and to prevent passage of the virus to their sexual partners and to children in the womb. Although some argue that distribution of sterile needles should be promoted, we question this approach for both moral and practical reasons:

- More drug use might result while fewer intravenous drug users might seek treatment.
- Poor monitoring could lead to the increased spread of HIV infection through the use of contaminated needles.
- Distribution of sterile needles and syringes would send the message that intravenous drug use can be made safe. But IV drug users mutilate and destroy their veins, introduce infection through contaminated skin, inject substances that often contain lethal impurities, and risk death from overdoses.

A better approach to the drug epidemic would be increased government support for outreach and drug treatment programs."⁵

The bishops were, rightly, cautious about the distribution of sterile needles. This caution, not rejection, is indicated by the word "question" in their statement. As is often true of their teachings on moral matters, the bishops chose their words carefully to avoid closing a debate before its time.

SUPPORTING NEEDLE EXCHANGE PROGRAMS

Today, we know without a shadow of doubt that needle exchange programs do not increase drug use among users. Rather, exchange programs are the start of treatment for many users. Although needle exchange program administrators and personnel may not be "on the streets or in shooting galleries," they could easily monitor the number of dirty needles brought for the one-for-one exchange with clean needles that would reduce the likelihood of dirty needle transmission. And to answer the bishops' last question, needle exchange programs do not send a message to those who may be vulnerable to the temptation

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to start injecting drugs and that the practice is safe and/or morally OK. Rather, the message is "increased government support for outreach and drug treatment programs," and our care for those who would use them.

Nothing in the church's tradition prevents it from endorsing needle exchange programs; in fact, much of the tradition arguably defends efforts that reduce if not prevent harm, regardless of the nature of that harm. Nothing prevents responsible Catholics or the hierarchy from encouraging the government to lift the ban on states using federal monies in needle exchange programs. Nothing prevents church-sponsored health care institutions from participating in this type of activity, especially where these programs operate within already existing care, detoxification and long-term treatment services.

The impasse on needle exchange programs has left many injecting drug users and those with whom they are intimate at risk of HIV infection: 242,000 injecting drug users have HIV; 18 to 20 percent of HIV infections are attributable to needle sharing; 75 percent of women and children with HIV were infected by some association with needle sharing, that is, from a partner or caregiver; about 6,800 people are infected with HIV and 5,700 people die of AIDS every day in the United States.⁶

Needle exchange programs could reduce these infections and this cause of death. Let's move beyond the impasse to a proactive stance to lift the federal ban on spending federal monies, endorse existing programs and establish programs

in Catholic health institutions throughout the United States.

Why now? Because tomorrow is too late for too many. ■



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NOTES

1. *AIDS Amendments to Health Omnibus Extension Act of 1988*, Public Law 100-607, 100th Congress, (Nov. 4, 1988); *Ryan White CARE Act of 1990*, Public Law 101-381, 104th Congress, (Aug. 18, 1990); and *Department of Health and Human Services Appropriations Act, 2008*, Public Law 110-161, 110th Congress (Dec. 26, 2007).
2. Centers for Disease Control and Prevention, "Cases of HIV infection and AIDS in the United States and Dependent Areas, 2006, HIV/AIDS Surveillance Report, vol. 18, Section 3: Persons Living with HIV/AIDS, AIDS, or HIV Infection (Not AIDS), Table 9: Estimated numbers of persons living with HIV/AIDS at the end of 2006 ... " and "Cases of HIV Infection and AIDS in the United States, 2001, vol. 13, no. 2, Table 15: Pediatric AIDS cases by exposure category and race/ethnicity and Table 17: Adult/adolescent AIDS cases by single and multiple exposure categories," both reports available at www.cdc.gov.
3. Society of Christian Ethics, "Business Meeting Minutes, Jan. 8, 2000," www.scethics.org.
4. United States Conference of Catholic Bishops, "World AIDS Day, December 1: About HIV and AIDS," www.usccb.org.
5. National Conference of Catholic Bishops, "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis," 1990, www.usccb.org.
6. The Henry J. Kaiser Family Foundation, "HIV/AIDS Policy Fact Sheet," October 2008, www.kff.org.