

GUEST COMMENTARY OPINION

# Needle-exchange program vital for Orange County | Commentary

By IAN MOTIE AND ALEX GARTLAND  
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In this 2019 photo, Jose Garcia, an injection drug user, deposits used needles into a container at the IDEA exchange, in Miami. The University of Miami pilot program allows users to exchange used syringes for clean ones in order to avoid the transmission of blood-borne diseases. (File Photo / AP)

In 1988, Tacoma, Wash., opened its doors to the nation's first needle exchange program or NEP, a site where people who inject drugs could safely dispose and exchange their contaminated syringes and needles for sterile supplies. Over 30 years later, Florida joined 38 other states with state-legalized NEPs when Gov. Ron DeSantis signed the Infectious Disease Elimination Act (IDEA) to allow all Florida counties to establish their own NEP.



Ian Motie (Mike Samie / Courtesy photo)

The success of Miami's pilot IDEA Exchange had convinced state legislators and our governor that this intervention was indeed effective at reducing HIV transmission, successfully getting program participants into treatment centers, and, most importantly, preventing the loss of life from fatal opioid overdoses.

Since the bill's passage, several counties, including Palm Beach, Alachua, Leon, Manatee and Hillsborough, have already begun laying the groundwork to start their own needle exchange. Yet although Orange County is one of the areas most dramatically affected by the opioid epidemic, we have yet to begin the process towards creating a NEP.



In the context of this ongoing opioid epidemic, the incidence of HIV in Orange County has risen to become the second-highest within the state of Florida, preceded by Miami-Dade County. Orange County has also become one of the only counties to see a progressive increase in opioid overdose rates since 2012. Of particular note, Miami-Dade County also saw a progressive increase in overdose rates until 2016, when that trend began to decrease. That year not-so-surprisingly coincided with the year that Miami started their own pilot needle program.

Alexander Gartland (Courtesy photo)

In 2016, the Legislature gave Miami-Dade County authorization to begin its own pilot program, aptly named “the IDEA Exchange.” Since its creation, they have served over 1,000 participants, made over 300 drug treatment referrals, connected participants to testing and treatment for HIV, Hepatitis C, and other STDs, and have distributed over 1,000 units of Narcan.

The importance of the last provision cannot be overstated, as each unit of Narcan represents an overdose reversal, and thus a life saved. In fact, the decrease in opioid overdose-related deaths within the county can almost entirely be credited to this measure.

The nature and success of NEPs are not unique to Miami and have been studied at great length by the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), both of which support these programs as an evidence-based intervention to preventing disease transmission among people who use injection drugs. Both organizations also found that these programs did not show an increase in drug use.

Detractors have repeatedly cited “drug use encouragement” as a reason against adopting these programs, but studies conducted in countries throughout the world have continually disproved this notion.

While also seen as a win-win in the public health sector, these programs also represent a cost-saving intervention for all parties involved. Florida needle exchange programs can only use private funding, and thus will not divert public dollars from drug treatment.

Furthermore, these programs have been shown to save lifetime costs of over \$400,000 per HIV case prevented and nearly \$20,000 per each Hepatitis C case prevented.

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The use of contaminated needles can also lead to severe and costly medical complications such as endocarditis and septic arthritis. In treating such cases, a single hospital admission costs each taxpayer over \$100,000, with that number amounting to nearly \$250 million over the course of one year. Meanwhile, dispensing needles and syringes amounts to nearly ten cents per unit.

As we complete our clinical rotations for medical school in the various locales throughout Orange County, we have been struck at how this public health crisis continues to affect its citizens.

It is abundantly clear that the opioid epidemic continues to exploit the at-risk population of Orange County, whether through disease transmission or fatal overdose. As a community, we can address this crisis through harm reduction intervention by adopting an ordinance to allow for a needle exchange program in Orange County and create an initial access to care for those who need it the most.

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