



North Carolina Law Enforcement Guide to Needlestick Prevention and Public Safety

Background

More than 1.1 million people in the United States are living with HIV,¹ while 4.2 million have confirmed cases of viral hepatitis B or C.² North Carolina has one of the highest incidences of HIV infection in the United States, with 35,000 infected people, a rate 41% higher than the national average,³ and experts estimate 1 in 12 North Carolinians are infected with viral hepatitis.⁴ The HIV and hepatitis epidemics are particularly pronounced among people who inject drugs (PWIDs), who account for 12% of the HIV positive population nationally and 20% in North Carolina since the epidemic's beginning in the late 1980s.⁵ Local hepatitis statistics are much worse. A 2009 study by the Research Triangle Institute indicated that as many as 51% of PWIDs in North Carolina may be infected with hepatitis C.⁶

Law enforcement officers are particularly at risk for HIV and viral hepatitis transmission. In one study, 1 in 3 officers reported being stuck by a syringe during their career, and 28% reported receiving more than one stick, most commonly during pat-downs and searches.⁷ Considering the frequent contact between PWIDs and law enforcement, officers should be aware of potential dangers and know how to protect themselves, their fellow officers and the public from the further spread of these illnesses.

Empirical data has shown that one of the most effective ways to reduce the incidence of needlestick injuries to law enforcement,⁸ as well

as to reduce the spread of HIV and viral hepatitis, is to amend state laws that restrict public access to syringes. While it may seem counter-intuitive, allowing people access to syringes, whether for diabetic insulin or drug injection, is proven not only to reduce needlestick injuries to law enforcement⁹ and to curb the spread of blood borne disease,¹⁰ but is also shown to reduce crime and drug use in areas where such laws have been enacted.¹¹

"The first law of law enforcement is to come home safe at the end of the day."

–Captain Sonny Leeper, Police Captain,
Albuquerque Police Department

"I've been stuck by needles and cut by broken crack pipes and razors while on duty. We had to search people so quickly, it was easy to touch something dangerous. If one of us got stuck, we might report it to a superior officer so he could write an exposure report, or we might not. I never sought treatment for needlesticks because we were supposed to be tough guys, you know. We'd get cut and move on."

–Jen "Crash" Earls, former police officer
residing in Durham, North Carolina,
January 2012.

What is Syringe Decriminalization?

Syringe decriminalization means removing syringes from the list of items considered “drug paraphernalia.” This law would not decriminalize the possession or use of illegal drugs, but it would help prevent PWIDs and diabetics from re-using or sharing dirty needles that could transmit HIV and viral hepatitis.

Syringe Decriminalization Would Reduce Needlesticks to Law Enforcement

North Carolina law allows for the purchase of syringes at pharmacies, but possession of a syringe with intent to use it to inject illegal substances is a Class A misdemeanor.¹² For this reason, drug users and diabetics are often afraid to declare a syringe to an officer for fear of arrest. This increases the risk of accidental needlesticks to the officer conducting a pat-down or search of the person or property.

One city that reduced legal barriers to syringe access saw a 66% reduction in needlestick injuries to officers,¹³ while reducing the risk of hepatitis C transmission among PWIDs by as much as 50%.¹⁴ HIV infection rates among PWIDs have decreased by 80% in areas that have reformed syringe access laws.¹⁵ In addition, there is a dramatic reduction in needlestick injuries to law enforcement, because syringe carriers are more likely to admit to officers when they are in possession of a syringe, enabling officers to safely dispose of the biohazard without putting themselves at risk for disease through needlesticks. With 1 in 3 officers reporting a needlestick and 28% reporting multiple sticks during their career,¹⁶ syringe decriminalization can go a long way towards protecting our law

enforcement and the public from the spread of blood borne disease.

“One of the main components of a law enforcement officer’s job is to conduct searches. We search people, homes, vehicles, and storage compartments; we stick our hands in places most people wouldn’t think to touch, and in every search we are at risk for needlesticks and contracting infectious diseases. I support harm reduction programs because I’ll advocate for anything that protects my life and the lives of my fellow officers.”

–Cpl./Deputy Sheriff D. A. Jackson,
Guildford County Sheriff’s Office,
Greensboro, NC, March 2011.



Jen Earls

“Getting stuck by a needle was one of the scariest moments of my career...I believe a combination of harm reduction programs and syringe decriminalization will make a vast difference in the lives of law enforcement officers. I think officers need to know how to safely handle paraphernalia and needles. They need to know when to wear gloves and when to take extra precautions.”

–Jen “Crash” Earls, former police officer
residing in Durham, North Carolina
January 2012.



Ron Martin

“There are going to be a myriad of challenges, obstacles and decisions where split-second choices need to be made that could impact that end result, but nothing is more important than going home to your loved ones.”

– Ronald Martin,
former Detective Sergeant,
residing in Raleigh, NC

Syringe Decriminalization Would Reduce Contaminated Syringes in the Community

Just as fear of arrest prevents many drug users and diabetics from declaring their syringes to an officer, it also discourages the safe disposal of used injection equipment. Some people who carry syringes, both drug users and diabetics, dispose of their injection equipment immediately after use — in public parks, bathrooms, housing units, etc., instead of running the risk of being arrested, even if they have committed no crime.¹⁷

The presence of needles potentially contaminated with HIV and viral hepatitis is a major health concern for communities. Some

cities have taken steps to clean up their public areas by passing syringe decriminalization laws. These laws have greatly reduced the numbers of syringes left in public places, as users are able to safely dispose of needles in approved biohazard containers without fear of arrest.¹⁸

“Officers in areas with harm reduction programs are safer because even if they accidentally get stuck by a needle during searches, that needle is less likely to be infected with a disease. I get it.”

– Jeff Riorden, former police officer
residing in Durham, North Carolina,
December 2011.

Syringe Decriminalization Does Not Encourage Drug Use or Crime

Many officers are concerned that decriminalizing syringes may encourage drug use, increase drug networks or lead to higher crime rates; however, numerous studies have proven this NOT to be true. Empirical study demonstrates that removing legal barriers to syringe access does not increase drug use nor crime, and in multiple cases, is actually associated with a decrease in both activities.¹⁹ In Baltimore, neighborhoods with syringe decriminalization have experienced an 11% decrease in crime compared to those without syringe decriminalization, who suffered an 8% increase in criminal activity.²⁰

In addition to reducing crime, in one study, changing laws to improve syringe access increased the number of drug users entering rehabilitation treatment by providing a critical link between users and social services.²¹ Often isolation keeps drug users away from treatment for addiction, STDs, HIV and other diseases. Syringe access programs can serve as a gateway to drug

treatment;²² one study reported that participants in syringe access programs were five times more likely to enter addiction rehabilitation programs than non-participants.²³

“Syringe decriminalization is good in that it helps reduce risks for police officers when they go out on calls. I personally do not believe that syringe decriminalization increases drug use, but make officers safer. This would also be an important health improvement for our communities, because syringe decriminalization is proven to decrease HIV and viral hepatitis B & C .”

–Cynthia Sullivan, Victim Assistance Coordinator, Police Department, Winston-Salem, NC, January 2012.

“Based upon the literature that’s been presented to me, Syringe Decriminalization would not appear to increase crime and/or drug abuse, but rather greatly enhance officer and public safety.”

–Cpl./Deputy Sheriff D. A. Jackson, Guildford County Sheriff’s Office, Greensboro, NC, March 2011.

Cost Effectiveness of Syringe Decriminalization

Preventing the spread of HIV and viral hepatitis through syringe decriminalization is extremely cost-effective. The average lifetime cost of treatment for hepatitis C ranges from \$100,000 to \$300,000, while liver transplants can cost up to half a million dollars.²⁴ Many of North Carolina’s 150,000 people living with hepatitis C are uninsured, leaving taxpayers to pick up the cost, an estimated \$15 to \$45 billion over the lifetime of these patients.²⁵ Compare that to the price of

prevention — a sterile syringe costs just \$0.07.²⁶

Needlesticks are expensive for police departments as well. Currently, officers who are stuck by potentially contaminated needles undergo expensive post-exposure prophylaxis treatments to prevent the acquisition of HIV, a financial burden to departments and tax payers. With preventative measures such as syringe decriminalization, fewer needlesticks occur and departments have more funds available for department supplies and officer benefits.



Bob Scott

“We had an outbreak of hepatitis from sharing syringes. Hepatitis C costs over \$100,000 to treat and over \$400,000 if it requires a liver transplant, thus it was a great expense to the state and the taxpayers of Macon County. Syringe decriminalization could have prevented these costs by providing injection drug users syringe access, encouraged them to safely dispose of their dirty needles off the streets and increased the safety of our law enforcement officers.”

–Bob Scott, former Captain, Macon County Sheriff’s Office, January 2012.



Special Concerns – Diabetics and the Uninsured

It's not only drug users who may be in possession of syringes. While 50,000 North Carolinians use syringes to inject drugs, 648,000-821,000 of North Carolina's residents are diabetics who may inject insulin with syringes.²⁷ As up to 1 in 3 North Carolinians are uninsured, this leaves hundreds of thousands of diabetics, many times more than the number of injection drug users, without easy access to prescriptions for their diabetic needles.²⁸ Under the current law, diabetics can also be arrested for possession of a syringe if the law enforcement member they interact with believes they have evidence that they will use it for illegal drugs. These circumstances make them more likely to re-use syringes and put them at risk for HIV and viral hepatitis. This problem is especially apparent in African American communities. A study by Research Triangle Institute reported that African Americans are eight times less likely to be sold a syringe at a pharmacy, leaving black diabetics more likely to re-use or share potentially contaminated syringes.²⁹

"I am a diabetic and I don't use drugs, but I have to carry a needle to use my insulin and I am afraid of being arrested for it (the needle) because I live in the wrong neighborhood. Sometimes I don't carry my needle and my medicine because I don't want to go to jail."

-J.W., A Resident, Rocky Mount, NC,
September 2010.

Conclusion

North Carolina deserves clean communities, safe streets and law enforcement officers who come home safe and healthy to their families at the end of the day. Syringe decriminalization can be a part of efforts to protect the health and safety of police officers and the public. Removing legal barriers to syringe access laws has been shown to drastically reduce the spread of HIV and viral hepatitis and to reduce needle sticks to police officers by 66%.³⁰ In areas that have decriminalized syringes and improved syringe access, crime has gone down and more drug users have been connected with services, including treatment.^{31 32 33 34} The good news for North Carolina is that law enforcement personnel have responded positively to training on harm reduction and syringe decriminalization advocacy. By effectively addressing syringe access, injection drug use, hepatitis and HIV/AIDS through cooperative partnership, we can better protect law enforcement, public health providers and the communities we serve in North Carolina.

"One needlestick to any North Carolina officer is one too many. Law Enforcement and the communities they serve need to advocate for syringe decriminalization, which can reduce needlesticks to Law Enforcement by 66%."

-Robert Childs, NCHRC Executive Director,
Concord, NC, Police Department Training,



“Syringe Decriminalization takes dirty needles off the streets by allowing drug users and diabetics to dispose of syringes legally and therefore increases the safety of our police officers. Syringe decriminalization saves money and lives, protects law enforcement from needlesticks, and increases public safety. Scientific research strongly supports this policy, as do many in law enforcement. Now is the time to lift legal barriers to decriminalizing syringes.”

—Bob Scott, former Captain,
Macon County Sheriff’s Office, January 2012.

NCHRC Tips for Law Enforcement Safety

RISKY SITUATIONS

- Any time body fluids are present
- Body searches
- Placing your hands anywhere you can not see
- Searching personal effects (purses, backpacks, bags)
- Extrication at auto accidents
- When you are not wearing puncture resistant footwear

RISK REDUCTION TIPS

- Watch not just for syringes, but also for pipes, cookers and plungers too
- Ask PWIDs to put their syringe into a biohazard container
- Wear tough shoes, especially leather; they can protect against sharps on the ground and dropped sharps
- Carry puncture resistant gloves and latex gloves for blood spills
- Have your vaccines for hepatitis A and B up-to-date
- Carry a biohazard container in your vehicle at all times
- Assume that syringe users you encounter have HIV or hepatitis (better safe than sorry)
- Cover your cuts with Band-Aids
- Know your own HIV and hepatitis status
- Treat PWIDs with respect — they’re more likely to return the favor
- Don’t arrest PWIDs for possession of a syringe without evidence of illegal drug use

IF EXPOSED

- Call supervisor
- Clean area with soap and water and cover it with a Band-Aid
- Get post-exposure prophylaxis treatment to reduce the chance of HIV or hepatitis transmission

Advocacy for Change – How You Can Help

During the 2011 NC legislative session, the North Carolina Harm Reduction Coalition worked with Republican and Democratic legislators to introduce HB 601, a bill that would decriminalize syringe possession across the state. The bill continues to garner bipartisan support

and will be reintroduced in the 2012 and/or the 2013 legislative session.

In the meantime, law enforcement personnel and concerned citizens are working to call, write and visit their legislators to let them know that syringe decriminalization is essential to officer safety and public health in North Carolina.

To become involved, contact Robert Childs, Executive Director of the North Carolina Harm Reduction Coalition at robert.bb.childs@gmail.com or (336) 543-8050.

Additional Resources

- North Carolina Harm Reduction Training Video on Law Enforcement Officer Safety <http://vimeo.com/34953934>
- Needlestick Resistant Gloves <http://tinyurl.com/NC-LE-Safety>

What is Harm Reduction?

Harm reduction is a way of preventing disease and promoting health that “meets people where they are” rather than making judgments about where they should be in terms of their personal health and lifestyle. Accepting that not everyone is ready or able to stop risky or illegal behavior, harm reduction focuses on promoting scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors (such as sex work), including distributing condoms, assisting with sterile syringes access (identifying pharmacies that sell syringes to PWIDs), using medications for opioid dependence (such as methadone and buprenorphine), and preventing overdoses through education and services. Harm reduction benefits law enforcement because they decrease the amount of people who have HIV and hepatitis that law enforcement encounter; refer high-risk

people to social services; connect homeless people with housing; help disruptive get people off the street and into drop-in centers; link drug users to drug detox and treatment; decrease needlesticks to officers; and provide law enforcement trainings on needlestick prevention, hepatitis and HIV 101, drug user relations and general drug education.

“Some cops are afraid that harm reduction programs might increase drug use. That’s not the case.”

– Jeff Riorden, former police officer residing in Durham, NC, December 2011.

“Drug addiction is a serious problem, but I believe in helping people. Harm reduction is a win-win situation because not only do these programs help protect officers from needlesticks, they also create an opportunity for dialogue that can lead to rehabilitation for drug users. It’s important for officers to see themselves as part of creating solutions to community issues, and not just booking crimes.”

–Cpl./Deputy Sheriff D. A. Jackson, Guildford County Sheriff’s Office, Greensboro, NC, March 2011.

About North Carolina Harm Reduction Coalition

North Carolina Harm Reduction Coalition (NCHRC) is North Carolina’s only comprehensive harm reduction program. NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for law enforcement and those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis. To learn more, visit us on the web at <http://www.nchrc.org>.

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