

A black and white photograph of a wooden surface. In the center, there is a torn piece of paper. Below the paper, a syringe with a needle is lying horizontally. To the right of the syringe, a spoon is lying vertically. The background is a light-colored wood grain.

**Government of the District of Columbia  
Code Regarding the Conducting  
of  
Needle Exchange Programs**

**A. COPY OF THE DISTRICT OF COLUMBIA CODE REGARDING THE CONDUCTING OF NEEDLE EXCHANGE PROGRAMS.**

**CHAPTER 11. DRUG PARAPHERNALIA.SUBCHAPTER I. GENERAL.**

**§ 48-1103.01. Needle Exchange Program**

(a) The Mayor is authorized to establish within the Department of Human Services a Needle Exchange Program ("Program"), which may provide clean hypodermic needles and syringes to injecting drug users. Counseling on substance abuse addiction and information on appropriate referrals to drug treatment programs shall be made available to each person to whom a hypodermic needle and syringe is provided. Counseling and information on the Human Immunodeficiency Virus ("HIV") and appropriate referrals for HIV testing and services shall be made available to each person to whom a hypodermic needle and syringe is provided.

(b) The Program authorized by subsection (a) of this section shall be administered by the Commission on Public Health in the Department of Human Services. Only qualified medical officers, registered nurses, counselors, community based organizations, or other qualified individuals specifically designated by the Commissioner of Public Health shall be authorized to exchange hypodermic needles and syringes under the provisions of subsections (c) through (i) of this section.

(c) The Commissioner of Public Health shall provide all persons participating in the Program authorized by subsection (a) of this section with a written statement of the person's participation in the Program, signed by the Commissioner of Public Health, or the Commissioner's designee. No person participating in the Program shall be required to carry such a statement.

(d) Notwithstanding the provisions of § 48-1103 or § 48-904.10, it shall not be unlawful for any person who is participating in the Program authorized by subsection (a) of this section to possess, or for any person authorized by subsection (b) of this section, to deliver any hypodermic syringe or needle distributed as part of the Program.

(e) The District of Columbia, its officers, or employees shall not be liable for any injury or damage resulting from use of, or contact with, any needle exchanged as part of the Program authorized by subsection (a) of this section. (e-1) A community based organization or other qualified individuals designated by the Commissioner of Public Health under subsection (b) of this section shall not be liable for any injury or damage resulting from the use of, or contact with, any needle exchanged as part of

the Program authorized by subsection (a) of this section, unless such injury or damage is a direct result of the gross negligence or intentional misconduct of such community based organization or other qualified individuals.

(f) All needles and syringes distributed by the Commission of Public Health as part of the Program shall be made identifiable through the use of permanent markings, or color coding, or any other method determined by the Commissioner to be effective in identifying the needles and syringes.

(g) The Mayor shall issue an annual evaluation report on the Program. The report shall address the following components:

- (1) Number of Program participants served daily;
- (2) Demographics of Program participants, including age, sex, ethnicity, address or neighborhood of residence, education, and occupation;
- (3) Impact of Program on behaviors which put the individual at risk for HIV transmission;
- (4) Number of materials distributed, including needles, bleach kits, alcohol swabs, and educational materials;
- (5) Impact of Program on incidence of HIV infection in the District. In determining this, the Mayor shall take into account the following factors:
  - (A) Annual HIV infection rates among injecting drug users entering drug treatment programs in the District;
  - (B) Estimates of the HIV infection rate among injecting drug users in the District at the start of the Program year as compared to the rate at the end of the third Program year;
  - (C) The annual number of HIV-positive mothers giving birth in the District;
  - (D) Annual estimates of the HIV infection rate among newborns; and
  - (6) Costs of the Program versus direct and indirect costs of HIV infection and Acquired Immunodeficiency Syndrome ("AIDS") in the District.

(h) Data on Program participants shall be obtained through interviews. The interviews shall be used to obtain the following information:

- (1) Reasons for participating in Program;
  - (2) Drug use history, including type of drug used, frequency of use, method of ingestion, length of time drugs used, and frequency of needle sharing;
  - (3) Sexual behavior and history, including the participant's self-described sexual identity, number of sexual partners in the past 30 days or 6 months, number of sexual partners who were also intravenous drug users, frequency of condom use, and number of times sex was used in exchange for money or drugs;
  - (4) Health assessment, including whether the participant has been tested for HIV infection and whether the results were negative or positive; and
  - (5) Impact of Program on the participant's behavior and attitudes, including any increase or decrease in drug use or needle sharing, changes in high-risk sexual behaviors, or willingness to follow through with drug treatments.
- (i) The Mayor shall explore the

feasibility of establishing a system to test used needles and syringes received by the Commission of Public Health for HIV antibody contamination. The Mayor shall prepare a feasibility report on needle and syringe testing and shall submit this report to the Council for review no later than 120 days after June 30, 1992. If the report finds that needles and syringe testing would be beneficial and feasible to implement, such a system shall be incorporated into the Program.

**§ 48-1104. Property subject to forfeiture**

The following shall be subject to forfeiture immediately, and no property right shall exist in them after a final conviction by a court:

- (1) All books, records, and research, including formulas, microfilm, tapes, and data which are used, or intended for use, in violation of this chapter;
- (2) All money or currency which shall be found in close proximity to drug paraphernalia or which otherwise has been used or intended for use in connection with the manufacture, distribution, delivery, sale, use, dispensing, or possession of drug paraphernalia in violation of § 48-1103; and;
- (3) All drug paraphernalia as defined in §§ 48-1101 and 48-1102 and prohibited in § 48-1103.

**SUBCHAPTER II. PROHIBITION ON DISTRIBUTION OF NEEDLES AND SYRINGES NEAR SCHOOLS**

**§ 48-1121. Distribution of needle or syringe near schools prohibited**

- (a) (1) Effective 120 days after November 22, 2000, it shall be unlawful for any person to distribute any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1,000 feet of a public or private elementary or secondary school (including a public charter school).
- (2) It is stipulated that based on a survey by the Metropolitan Police Department of the District of Columbia that sites at 4th Street Northeast and Rhode Island Avenue Northeast, Southern Avenue Southeast and Central Avenue Southeast, 1st Street Southeast and M Street Southeast, 21st Street Northeast and H Street Northeast, Minnesota Avenue Northeast and Clay Place Northeast, and 15th Street Southeast and Ives Street Southeast are outside the 1,000-foot perimeter. Sites at North Capitol Street and New York Avenue Northeast, Division Avenue Northeast and Foote Street Northeast, Georgia Avenue Northwest and New Hampshire Avenue Northwest, and 15th Street Northeast and A Street Northeast are found to be within the 1,000-foot perimeter.
- (b) The Public Housing Police of the District of Columbia Housing Authority shall prepare a monthly report on activity involving illegal drugs

at or near any public housing site where a needle exchange program is conducted, and shall submit such reports to the Executive Director of the District of Columbia Housing Authority, who shall submit them to the Committees on Appropriations of the House of Representatives and Senate. The Executive Director shall ascertain any concerns of the residents of any public housing site about any needle exchange program conducted on or near the site, and this information shall be included in these reports. The District of Columbia Government shall take appropriate action to require relocation of any such program if so recommended by the police or by a significant number of residents of such site.

## **B. SOME IMPORTANT DEFINITIONS**

### **Harm Reduction**

Harm reduction is a public health philosophy that is the foundation for a number of progressive approaches that are designed to reduce the harms associated with potentially dangerous lifestyle choices. Harm Reduction can be defined as any practice that reduces the risk of injury even though the person in question is unable to abstain from unsafe behaviors that are the basis for likely damaging outcomes. Harm Reduction differs from other more traditional models of behavior modification in that it does not require individuals to completely eliminate their primary coping mechanism until less harmful coping mechanisms are recognized as within reach, applicable and sustainable into the foreseeable future.

### **Needle Exchange Program (NEX)**

Needle exchange programs are a form of Harm Reduction used to reduce the risks associated with the sharing of injection equipment and thereby reducing the transmission of blood borne diseases such as HIV. Injectors frequently report sharing syringes because of difficulties in obtaining them. This is especially true where laws prohibit syringe possession, or where syringes are unavailable when needed. Harm Reduction proponents working at needle exchange programs recognize that many IDUs are unable or unwilling to stop injecting, and that an intervention is necessary to reduce the risk of HIV infection.

There are understandable concerns within many communities that needle exchange programs will encourage existing drug use and facilitate the recruitment of new drug users. As with methadone maintenance however, there is no evidence of increased drug use in any of the communities where syringe exchanges are operating. Estimates from around the world suggest that new recruits are not attracted into drug use by needle exchange programs.

### **Motivational Interviewing**

Motivational interviewing recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. If the counseling is mandated, they may never

have thought of changing the behavior in question. Some may have thought about it but not taken steps to change it. Others, especially those voluntarily seeking counseling, may be actively trying to change their behavior and may have been doing so unsuccessfully for years.

Motivational interviewing is non-judgmental, non-confrontational and non-adversarial. The approach attempts to increase clients' awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behavior in question. Motivational Interviewing seeks to help clients think differently about their behavior and ultimately to consider what might be gained through change.

