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AIDS AND NARCOTIC LAW ENFORCEMENT

JUN 1 1988

The Situation in New Jersey

Unlike the rest of the country, over half of New Jersey's AIDS cases are IV drug users. A test for the presence of antibodies to HIV (the AIDS virus) among almost 1,000 former users, while in drug treatment programs, allowed us to estimate that over half of all chronic IV drug users in the Jersey City-Newark area have been infected with HIV. As the distance from this area increases, and one travels south in the State, the number of infected users decreases, down to approximately 2% in southern New Jersey.

Based on our estimates of the prevalence of IV drug use, we can assume that about 10,000 users in northern New Jersey have already been infected with HIV. We have every expectation that as the virus continues to spread, virtually all IV drug users in northern New Jersey will become infected. The virus is likely to spread south, with the same result. Infected drug users spread the virus through needle sharing activity and through sexual contact.

The major mode of transmission within the drug using community is through the sharing of nonsterile hypodermic equipment. Drug addicts share their "works" (typically a lcc disposable insulin syringe) for three reasons:

- Needle sharing is part of the group culture, as are sharing marijuana joints or wine bottles in other groups.
- Clean works are difficult to obtain because of the New Jersey statute which prevents their sale without a prescription.
- Possession of works is a violation of the drug paraphernalia statute.

These forces together create an environment in which virtually all users frequently share their works. Some addicts rent their works to others, usually for \$1. The street cost for new works, still packaged, is \$2-3 when available. Because they are difficult to obtain, users maintain the same works for months.

Shooting galleries, where users go to purchase and inject heroin on the spot, provide works by the proprietor. One set of works may be used by 20 or more addicts within a single day, with only the most rudimentary attempts at cleaning them between users. This situation, and our knowledge that approximately half of users have yet developed antibodies to the virus, suggests that the virus is not easily transmitted.

Risks to Law Enforcement Officers

Law enforcement officers, most particularly those assigned to narcotics and vice, are subject to contact with IV drug users. This contact carries a risk of potential exposure to HIV which must be a consideration in police practice.

During a typical arrest of an IV user, there is physical contact. Usually this involves contact with the body of the user by the officer's hands.

During or after an arrest the user might resist, with the potential for violent contact which could result in the officer's skin surface being broken. If the

activity associated with a skin break involves a potential exchange of body fluid, there is an increased risk. Two examples are fist contact with the teeth, and/or the user biting the officer.

During a search, the officer is liable to find a set of works concealed on the person of the user or, for that matter, just about anywhere. It's not uncommon for a user to carry a needle in the mouth, or taped to any concealed part of the body in addition to the obvious places (e.g. pockets). If the officer is careless he/she could be jabbed by the needle.

When any of these events occur, there are two immediate concerns. First, how great is the risk of infection; and second, what steps can be taken to reduce the risk. AIDS is the most carefully monitored health problem at present, and we can say with certainty that there are no known cases in which the virus has been transmitted through "casual contact," including instances where there is skin contact without exchange of body fluids.

In fact, it appears that HIV is not at all hardy. It does not seem to pose a threat once it is outside the skin. Our skin is the first line of defense against such disease agents in the environment. Essentially, the skin "seals" many agents in or out. The skin of an infected individual seals in the agent, while the converse is true for non-infected individuals; the skin seals out the agent. This virus becomes a threat only when it gets past the skin, either through mucous membranes or through direct contact with our tissue under the skin, such as through needle sharing.

Our knowledge of disease transmission allows that there is a theoretical potential for infection if two areas of broken skin come in contact. Cautious health care professionals should take protective action when coming in contact with open sores on the body of any individual by wearing disposable, plastic gloves. If contact were direct, without gloves, the hands or any other place of contact should be washed carefully and thoroughly. Such contact is not an issue of grave concern, but the police officer should take the same precautions that the health care professional would take in similar situations!

An accidental needle jab with a needle used by someone known to have the virus is assumed to be a greater risk. The Centers for Disease Control (CDC) has been carefully monitoring health care workers who have been exposed to AIDS cases or HIV infected blood through accidental needle jabs. Among these 1,758 individuals who have been monitored for over three years, none have developed AIDS and only three have become HIV antibody positive as a probable result of occupational exposure.

As of May, 1987 the Centers for Disease Control has reported HIV infection in three additional health care workers following non-needle-stick exposures to infected blood. Although these three cases represent rare events, they reemphasize the need for health-care workers, law enforcement officers, etc. to **adhere rigorously to existing infection control recommendations for minimizing the risk of exposure to blood and body fluids** (see resource list on back).

In fact, the Hepatitis Type B (serum) virus, with similar modes of transmission, seems to be far more hardy than HIV. The known risks of hepatitis infection from needle jabs or broken skin contact are far greater for the narcotic law enforcement officer than the potential risk of HIV infection in the same situations.

Still, the potential risk of AIDS and the severity of the consequences are great enough to warrant caution. Obviously, one precaution is to perform all searches with care. Assume that a needle could be concealed anywhere. The officer can reduce his/her risk by asking the suspect if he/she has a needle in his/her possession. (However, remember that possession of hypodermic equipment without a prescription, and possession of drug paraphernalia are both crimes in the State of New Jersey). After patting down for weapons, the suspect can be told to remove everything from his/her pockets before a detailed search is made.

If the officer is accidentally jabbed by a needle during a search, he/she should wash the site thoroughly with soap and water or, if available, 70% alcohol or an iodine solution. The officer should also see a physician for general wound care. The jab should be reported as part of the incident, specifying the identity of the suspect who had possession of the needle.

In summary, the narcotics law enforcement officer is at very low risk for becoming infected with HIV under the usual circumstances of contact with IV drug users during arrest and search. At the same time, it is wise to take precautions. Using disposable, plastic gloves during a body search is a cautious and safe practice, whenever the situation allows. Most important, the officer should cleanse any wound and seek medical attention in all instances where the skin is broken, either by needle jab or assault, and include the details of any such event in the incident report.

RESOURCES:

CDC. Supplement: Recommendations for
Prevention of HIV Transmission in
Health-Care Settings.
MMWR 1987; 25:35-185.

CDC. Summary: Recommendations for Preventing
Transmission of Infections with HTLV-III/LAV
in the Workplace. MMWR 1985;45:681-93.

Surgeon General's Report on Acquired Immune Deficiency Syndrome

U.S. Department of Health & Human Services
P.O. Box 14252
Washington, DC 20044 (Free)

Facts About AIDS: A Law Enforcement Guide

New Jersey Department of Health
AIDS Education & Prevention
CN 360
Trenton, NJ 08625-0360 (Limited quantities)

NJ AIDS HOTLINE

1-800-624-2377

New Jersey Department of Health
Division of Narcotic and Drug Abuse Control
AIDS Prevention Unit