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The end of the needle age in Józsefváros

What will happen to us without Blue Point?

It caused quite some uproar when, effective from 31 December, Józsefváros² terminated its partnership with Blue Point Foundation, the organization distributing sterile needles to drug users. A part of the media and four civil organizations attempted to fluff up the case of the survival of the needle exchange program in Magdolna street into a matter of national interest. Ferenc Dávid, project leader at Blue Point Foundation forecast an outright AIDS explosion within one-two years. But who is at risk, and to what extent? Seeking clarification, our questions were answered by Dr. Eszter Újhelyi, the head of the Molecular Biological Laboratory of the Unified Szent László and Szent István Hospitals.

Will there be an AIDS explosion?

A total of 2402 HIV infected persons were diagnosed in Hungary between 1985 and 2013, and only 23 of them were intravenous drug users, and they were also essentially “imported” cases, i.e. foreigners. 20 cases were diagnosed before 2007. If this was attributable to the success of the needle exchange program, then there would have been no increase in hepatitis C. However, while the prevalence of that was a mere 30-40 percent among intravenous drug users in the nineties, it increased to more than 70 percent today.

Why is hepatitis C spreading so much?

There was a large study made on the basis of self-reported data by inmates in prisons in 2012. Every fourth intravenous drug user was infected with hepatitis C, while every sixth virus carrier reported that they had never used intravenous drugs. Tattooing also represents a substantial risk as it is usually drawn onto the bodies of inmates using needles that are used by others, too. The “explosion” is also related to altered sexual habits, which definitely promote the transmission of infection. The bulk of new hepatitis C infections is with homosexuals. There are so called dark rooms in recently opened “gay” bars where everything can happen. They also use stimulants including narcotics for their excessive sexual life. Not classical drugs, but for example a party drug called poppers, which, by the way, is a leather cleaning product that men inhale. But occasionally they would use intravenous drugs as well. We had a HIV-positive, moreover hepatitis C carrying homosexual patient who told that he was using intravenous drugs before partying. He usually makes sure that he has his own needle, but is he is high, it happens that they use each other’s needles. It is likely that there are intravenous drug users among “gays” as well, but they don’t admit, however, they make no secret of their homosexuality.

¹ http://www.jozsefvaros.hu/hir/1411/mi_lesz_velunk_kek_pont_nelkul/

² Colloquial name of District 8 of Budapest

What epidemic may break out in Józsefváros if there is no needle exchange program?

None. Namely, the number of hepatitis C carrier increased twofold amongst intravenous drug users while the assumed successful needle exchange program was running. But not even that became an epidemic. Not even the participants of the needle exchange program use sterile needles only. During a study made in the Dzsombuj³ in Ferencváros the participants admitted that they often do share the needles after all, when they are in a state that they no longer weigh things.

Do they check returned needles?

Nobody checks them. There is only the amount of blood in the needle that can transmit the infection, however, it is not enough for laboratory tests.

Is there no access to sterile needles without a needle exchange program?

If someone goes into a pharmacy, they can easily buy some. When AIDS appeared in Hungary, the disease did not spread among intravenous drug users because – with regard to diabetics – sterile needles and syringes were available in pharmacies for a few cents already back then. But because this was not the case in many other countries; that was why needle exchange programs emerged there, which means that as many sterile needles are handed out as the number of used needles that the person returns. However, in Hungary they hand out about five every day even if none is returned.

What risk do discarded needles represent?

Getting pricked by a contaminated needle carries a lot of danger. There is a huge number of bacteria on the ground that may cause infection or sepsis through needle prick. Fortunately, the HIV virus dies off quite quickly, however, hepatitis B and C don't, these live on in the syringe. We in this hospital also treat a doctor who works in a different hospital, who accidentally injured themselves with the needle of a drug user and contracted hepatitis. We had to test several cleaners from Józsefváros who had suffered needle prick accidents. If public workers are injured, who will bear responsibility? Blue Point perhaps? This can also be about indemnification for damages.

When is the infection discovered?

Hepatitis B can be diagnosed two months, hepatitis C three months after the actual infection by a routine serological test, however, approximately six months must lapse, as there can be spontaneous clearance of the virus. Then follows interferon treatment in the form of injections administered into the abdomen. The virus strain common with intravenous drug users, genotype 3, usually reacts

³ An area of District 9 of Budapest infamous for poor health conditions and sanitation, high density of poverty and Roma families.

quite well to it, most people are healed completely. But the rate of cure is only 40 percent with other genotypes spreading in the general population. If a child is infected, then no interferon treatment is possible as there are too many side effects. We must wait until he or she grows up.

Those who praise themselves as needle exchange but are actually needle distributors have indeed a huge responsibility in this. Józsefváros will not assist this in the future, however, ÁNTSZ⁴ may have a few more directly inquisitive words.

⁴ National Public Health and Medical Office