

Written Debate Outline
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Debate Objectives

- Present evidence indicating that NEPs and SIS do not effectively reduce opioid-related harm or addiction.
- Highlight the potential negative consequences, such as enabling addiction and undermining abstinence-based approaches.
- Argue for alternative strategies that may be more effective in addressing the opioid epidemic.

Outline of Strategy

Opening Statement

1. Introduce Topic

- a. Address opioid crisis that is occurring in the US
 - i. “Over 75% of the nearly 107,000 drug overdose deaths in 2021 involved an opioid (CDC, 2023).”
 - ii. In the previous year, 10.1 million people abused prescription opioids (DCD, 2023). The programs of NEPs and SIS could very easily perpetuate the number of individuals listed here.
- b. Give reasons why the
 - i. Advocates contend that we may lessen the harm caused by opioid addiction by setting up safe injecting locations and supplying clean needles (Wodak & Cooney, 2006). Although harm reduction is an admirable strategy in theory, there is insufficient empirical data to support its efficacy.

2. Stance

- a. Evidence
 - i. The International Journal of Drug Policy released a study by Wodak and Cooney (2006) that demonstrates the inconclusive outcomes of NEPs in preventing the spread of infectious diseases among drug users. This illustrates the difficulties in creating a solid connection between NEPs and efficient damage reduction.
 - ii. Moreover, the availability of SIS and clean needles may unintentionally encourage drug use.

- iii. The International Journal of Drug Policy paper by DeBeck et al. (2011) addresses the prevalence of drug-related issues and the possible negative impacts that supervised injection sites may have on local populations. Also, there is a cost associated with providing public monies to SIS and NEPs.

3. Conclusion

- a. In conclusion, the data indicates that needle exchange programs and supervised injection sites are ineffective ways to address the opioid epidemic, despite the fact that it is clearly a serious crisis that requires our attention and resources. Serious questions are raised by their harm reduction strategy, lack of conclusive empirical data, tendency to encourage drug use, and effects on communities. In order to combat the opioid epidemic, we need to think about more all-encompassing and scientifically supported solutions that address the underlying reasons of addiction and treat it like the complicated medical disease that it is. It is our responsibility to discover practical answers, ones that offer hope and healing to individuals grappling with addiction, instead of extending the cycle of dependency via well-meaning but ultimately futile initiatives. I am really grateful for your time.

Closing Statement

- a. Example
 - There was a recent city council meeting in Philadelphia that voted on whether SIS should be implemented in the counties. City council member Cindy Bass of the 8th district relayed to the meeting that the problem doesn't lie in the desire to help, but how to help.
 - She brought up pertinent questions:
 - How would one turn away someone who is pregnant? Underage? Or someone who will be behind the wheel following their appointment? Who would be responsible?
 - Furthermore, City council man Jim Harrity stated that "Giving them a place to get high is only keeping them out there longer," said Harrity. "We need to make it easier to get them in to long term treatment."
- b. What the needs are
 - i. What are the needs of the people we are intending to serve? In this case, those who are dealing with addiction.
 - ii. Addiction is a disease.
 - iii. What do you do when you find a disease? You find the symptoms:
 1. An inability to stop
 2. Changes in mood, appetite, and sleep
 3. Continuing despite negative consequences

4. Denial
5. Engaging in risky behaviors
6. Feeling preoccupied with the substance or behavior
7. Legal and financial problems
8. Losing interest in other things you used to enjoy
9. Putting the substance or behavior ahead of other parts of life including family, work, and other responsibilities
- iv. What is the root of addiction? Feelings of lack of belonging, hopelessness, stress, peer pressure, physical and mental pain
- v. Are we truly serving them, and treating addiction what it is-a disease. What is more important, giving them a safe way to practice dangerous behaviors that could affect them long term, or intervening on their behalf by using programs that address the root of the addiction
- vi. The question is this-Are we going to focus on preventing versus reactive care?

Cross Examination

- Considering the limited resources available for addressing the opioid epidemic, can you explain why NEPs and SIS should be prioritized over other prevention and treatment approaches?
- Are there data or studies that compare the cost-effectiveness of harm reduction strategies with alternative interventions?
- How are personal accounts representative of the broader population and not just isolated cases?
- How is integrity as social workers maintained for such policies as this?

Opposition Cross (Potential Questions)

- a. How do you account for the statistics that point to a success in the programs?
 - i. Specifically for the lower rates of HCV and HBV, there was a study in Seattle that needle exchange programs did not show more protection for users in contracting HCV and HBV
 - ii. [“In another review of studies](#) published in August in the International Journal of Drug Policy, the researchers, criminologists from the University of South Wales in the United Kingdom, found that the evidence for supervised injection is not as

strong as previously thought. However, after publication, this article was [retracted](#) by the journal, with the author's consent, because of "methodological weaknesses"

- b. It is also important to note that although a state can allow for needle exchange programs, in states like Florida, if a police stops you and finds drug paraphernalia, you could need a lawyer to defend you in court, although needle exchange programs are in the county.
 - i. There is a gap, or different areas that do not offer them
 1. Creating a problem with law enforcement and criminalization of drugs
 2. If you allow for one and not the other, how is that fair if there is not one located in your area?
 3. There is a disconnect between decriminalization of drugs and needle exchange programs

Expert Opinion

- Autumn Cain
 - Director of Operations, Chattanooga Recovery Center
 - NEP-those programs are necessary for harm reduction; it is for people who are not ready to stop using. It is not encouraging behavior. It helps minimize the spread.
 - SIS is the “kind” thing to do; we don't want them to die, keeps people alive until they are ready for recovery
- Connie Murphy
 - Therapist, LPC
 - Spero Health
 - They offer medical assisted treatment
 - They provide Vivitrol, which helps people recovering from alcohol abuse and opioid dependence
 - Needle exchange programs and supervised sites reduce risk

Key Terms

- NEPs: Needle Exchange Programs are harm reduction initiatives that provide clean, sterile needles and syringes to individuals who inject drugs.
- SIS: Supervised Injection Sites are facilities where individuals can use drugs in a supervised environment.
- HBV-Hepatitis B

- HCV-Hepatitis C
- Seroconversion- “Development of detectable specific antibodies in the blood serum as a result of infection or immunization” (Farlex)

Social Work Values

The social work values that we chose to focus on specifically are the values of social justice, competence, and integrity. We chose social justice because we feel there are more effective ways to provide justice to individuals and their communities concerning this important issue. We selected competence because it is our duty to always learn more and put that information to use. This is a prime example of putting that information to use. Most of all, we feel that maintaining integrity is integral to who we are and what the field of social work calls us to. Integrity in practice refers to adhering to all aspects of the profession's beliefs, ethics, standards, and mission. This is a calling shared by all social workers. We were forced to learn more about a point of view that we may not always agree with through this exercise, and it will be very beneficial when we engage with clients whose thoughts and views may differ from our own in the workplace.

Data Summary

The information used in the opening and closing statements came from the sources that are listed below. Most were online sources with one in-person interview conducted with an individual that is knowledgeable in this specific topic in the Chattanooga area. We found information through websites and through articles found through the Mckee Library database.

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<https://www.networkforphl.org/wp-content/uploads/2020/12/50-State-Survey-Harm-Reduction-Laws-in-the-United-States-final.pdf>