

SYRINGE EXCHANGE PROGRAMS

Health and Safety Experts Call on Congress to Support Syringe Access

Increasing SEP funding by 10% would result in \$193 million in HIV treatment cost savings.

Syringe Access Prevents HIV and Viral Hepatitis Infection

Infected needles result in 3,000 to 5,000 transmissions of HIV each year and an estimated 10,000 transmissions of the hepatitis C virus in the United States.^{1,2} Syringe Exchange Programs (SEPs) are a proven and cost-effective approach for preventing transmission of HIV and viral hepatitis among people who inject drugs (PWID), reducing risk of “accidental sticks” to sanitation workers and police, and engaging PWID in substance abuse treatment programs. The current ban on use of federal funds for the support of SEPs limits the success of public health initiatives focused on people who inject drugs, and puts public safety and sanitation workers at risk of infection by limiting resources for safe disposal of used needles. To help achieve the end of HIV in the United States and stop further spread of hepatitis C, Congress must remove the ban on federal funding for SEP and support implementation locally.

SEPs Help Injection Drug Users Access Health Care and Substance Abuse Treatment

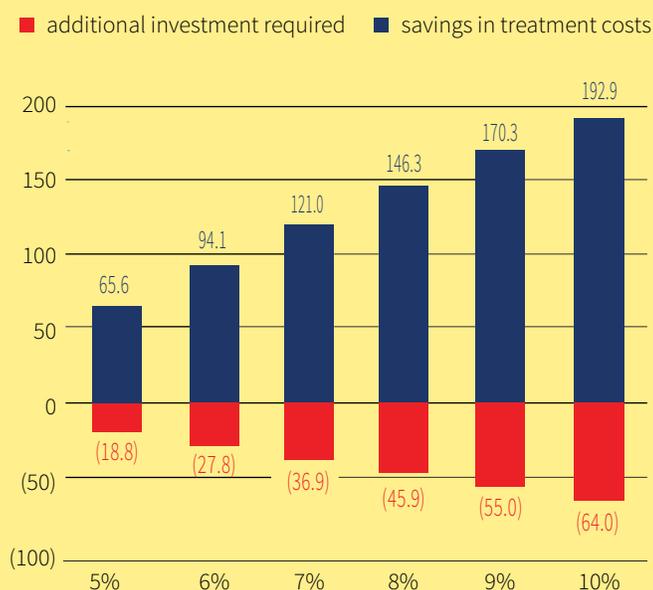
SEPs not only ensure the safe disposal of infected needles but also offer the opportunity to provide comprehensive prevention resources, education and referral to other medical and social services. Services often incorporated into SEPs include HIV and hepatitis C counseling, testing and education to reduce sexual and drug use-related health risks. SEPs are an effective way to link injection drug users with other public health services, including screening and treatment for tuberculosis and sexually transmitted infections.³ Perhaps most important, they help people who inject drugs to access drug addiction treatment programs, increasing substance abuse treatment enrollment and retention and are associated with “substantially reduced injecting or cessation of injecting.”⁴ In fact, eight federal studies have shown that SEPs do not promote or result in increased drug use.⁵

SEPs Are Cost-Effective

SEPs have repeatedly been shown to be cost-effective. According to a 2005 Centers for Disease Control and Prevention study, the



ADDITIONAL INVESTMENT REQUIRED PER YEAR & SAVINGS IN HIV TREATMENT COSTS (MILLION 2011 USD) FOR EACH SEP COVERAGE LEVEL



Source: Nguyen, T.Q., Weir, B.W., Pinkerton, S.D., Des Jarlais, D.C., and Holtgrave, D. (July 23, 2012). *Increasing investment in syringe exchange is cost-saving HIV prevention: modeling hypothetical syringe coverage levels in the United States* (MOAE0204 Oral Abstract). Presented at the XIX International AIDS Conference, Washington D.C. (Date last accessed: December 11, 2012.)

cost to prevent one HIV infection by SEPs has been calculated at \$4,000–\$12,000, considerably less than the estimated \$379,668 lifetime costs of treating a person infected with HIV.⁶ Increasing SEP funding by 10% would cost about \$64 million, but would result in \$193 million in HIV treatment cost savings and prevent an estimated 500 new HIV cases.⁷ Similar cost savings in relation

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to the effectiveness of SEPs at preventing hepatitis C have also been demonstrated. For example, an Australian study estimated that between 1991 and 2000, SEPs prevented 21,000 hepatitis C infections, avoiding nearly \$738 million in lifetime hepatitis C treatment costs.⁸

SEPs Protect the Public, Sanitation Workers and Police

“Accidental sticks” from contaminated syringes are possible when syringes have not been properly discarded. In San Diego, for example, more than 30% of officers have experienced a needle stick during their careers.⁹ Used syringes on the streets also pose a risk to sanitation workers and the public, including children. SEPs, however, can protect the public and others from “accidental sticks” and infection. SEPs offer the opportunity to directly dispose of used needles in a safe manner and educate PWID on proper disposal. In fact, in Baltimore, two years after the introduction of a SEP, researchers found that 50% less needles were discarded on the street.¹⁰ SEPs can also create a legal system that allows PWID to tell police that they have syringes, helping officers avoid injuries from needle sticks during searches or pat downs.¹¹

Congress Should Enhance Local Decision-making and End the Federal Ban on SEPs in FY 2015

There are currently 194 syringe exchange programs in the United States, operating in 33 states, the District of Columbia and Puerto Rico (an unfortunate loss of 9 much-needed exchanges since 2012).¹² Yet since 1988 (except in fiscal years 2010 and 2011), Congress has added a rider to the Labor, Health and Human Services, Education and Related Agencies Appropriations bill forbidding the use of federal funds for syringe exchange. This ban overrides the judgment of state and local officials tasked with preventing HIV and responding to local needs, restricting them from deciding to use federal funding for syringe exchanges despite the strong evidence that it cost-effectively prevents HIV and hepatitis C. Ending the ban on the use of federal funds to support syringe exchanges would restore the ability of states and localities to better prevent HIV and hepatitis C in their communities.

¹ Centers for Disease Control and Prevention (CDC). HIV surveillance report: diagnoses of HIV infection in the United States and dependent areas, 2011. February 2013. www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf

² CDC. Viral hepatitis surveillance United States, 2011. www.cdc.gov/hepatitis/Statistics/2011Surveillance/PDFs/2011HepSurveillanceRpt.pdf

³ CDC. Syringe exchange programs. December 2005. www.cdc.gov/IDU/facts/AED_IDU_SYR.pdf

⁴ World Health Organization (WHO). Evidence for action technical papers: effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. 2004. www.emro.who.int/aiecf/web301.pdf

⁵ National Commission on AIDS. The twin epidemics of substance use and HIV. July 1991. <http://harmreduction.org/wp-content/uploads/2012/01/NationalCommissiononAIDS1991.pdf>; U.S. General Accounting Office. Needles exchange programs. March 1993. <http://archive.gao.gov/d44t15/148846.pdf>; CDC. The public health impact of needle exchange programs in the United States and Abroad. 1993. <http://caps.ucsf.edu/uploads/pubs/reports/pdf/NEPReportSummary1993.pdf>; Office of Technology Policy Assessment, U.S. Congress. The effectiveness of AIDS prevention efforts. September 1995. http://govinfo.library.unt.edu/ota/Ota_1/DATA/1995/9556.PDF; Normand J, et al., National Research Council, Institute of Medicine. Preventing HIV transmission: the role of sterile needles and bleach. 1995. http://www.nap.edu/openbook.php?record_id=4975&page=R1; National Institutes of Health Consensus Panel. Interventions to prevent HIV risk behaviors. 1997. <http://consensus.nih.gov/1997/1997PreventHIVRisk104html.htm>; Ruiz MS, et al., Institute of Medicine, National Academy of Sciences. No time to lose. 2014. www.nap.edu/openbook.php?record_id=9964&page=R1

⁶ CDC. HIV cost-effectiveness. www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/

⁷ Nguyen TQ, et al. Increasing investment in syringe exchange is cost-saving HIV prevention: modeling hypothetical syringe coverage levels in the United States. August 2012. XIX International AIDS Conference. <http://pag.aids2012.org/Abstracts.aspx?AID=17268>

⁸ Trust for America's Health. Reducing infectious diseases in the U.S.: focus on HIV/AIDS and hepatitis. April 2009. <http://healthyamericans.org/assets/files/InfectiousDisease050709.pdf>

⁹ Lorentz J, et al. Occupational needlestick injuries in a metropolitan police force. *Am J Prev Med.* 2000. www.ncbi.nlm.nih.gov/pubmed/10698245

¹⁰ Doherty MC, et al. The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up. *Am J Public Health.* June 2000. www.ncbi.nlm.nih.gov/pmc/articles/PMC1446248/

¹¹ The Foundation for AIDS Research (amfar). Public safety, law enforcement, and syringe exchange. March 2013. www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/fact%20sheet%20Syringe%20Exchange%20031913.pdf

¹² amfar, North American Syringe Exchange Network, Beth Israel Medical Center. Syringe exchange program coverage in the United States, 2014. http://www.amfar.org/uploadedFiles/_amfarorg/On_the_Hill/2014-SSP-Map-7-17-14.pdf