

## Syringe Exchange Programs: Protecting Communities, Promoting Healthier Behavior

Thirty-six percent of all HIV diagnoses in the United States are associated with injection drug use, making it the second leading cause of HIV transmission.<sup>1</sup> And Ohio is not immune: as of 2005, over 1,700 individuals living with HIV/AIDS in the state were exposed to the virus through shared injection equipment or sexual contact with an injection drug user.<sup>2</sup> Hepatitis C virus (HCV), similarly spread through shared injection equipment, is also a serious threat to public safety. An estimated 70-90% of injection drug users are infected with HCV, and it is estimated that there are currently 200,000 Ohioans now living with HCV. A comprehensive HIV prevention strategy must lower transmission rates among the estimated one million injection drug users in the United States. Policymakers must protect our communities by supporting safe, effective, and evidence-based strategies, such as syringe exchange programs, to prevent the transmission of bloodborne pathogens.

### Safe and effective strategies must be implemented to reduce harmful behavior

*Empirical evidence shows that access to sterile syringes successfully reduces the spread of HIV.*

- Only 7% of injection drug users have direct access to syringe exchange programs.<sup>3</sup>
- Over a five-year period, researchers studying cities with and without syringe exchange found that having a program was linked to a *decrease* in HIV infection rates by 5.8 percent annually.<sup>4</sup>
  - ✓ Those without saw infection rates *increase* by 5.9 percent each year.
- Had syringe exchange programs been available throughout the U.S. in 1987, it is estimated that between 9,544 and 20,995 infections could have been averted by the year 2000.<sup>5</sup>
  - ✓ According to the Institute of Medicine of the National Academy of Sciences, “*For injection drug users who cannot or will not stop injecting drugs, the once-only use of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission.*”<sup>6</sup>
- Syringe exchange is cost-effective. The average lifetime cost of HIV care is \$618,900, while a clean syringe costs less than \$1.<sup>7</sup>

### Syringe exchange programs protect communities *without increasing drug use*

- The Centers for Disease Control, the Government Accountability Office, the U.S. Department of Health and Human Services, and numerous other government agencies have all concluded that syringe exchange programs reduce HIV transmission without evidence of increased drug use.<sup>8</sup>
  - ✓ Syringe exchange programs are not associated with an increase in illicit drug use, recruitment of new drug users, an increase in discarded syringes in the community or an increase in the frequency of injection among current IDUs.<sup>9</sup>
- Effective programs have reduced the number of available or discarded needles in public areas.
  - ✓ Monitoring of international and domestically-run programs has shown that on average, 9 out of 10 distributed needles are returned to the primary syringe exchange location.<sup>10</sup>
  - ✓ The Washington State Supreme Court found that Tacoma’s exchange program made communities safer, cleaned up streets formerly littered with discarded syringes, and directly resulted in the enrollment of 300+ drug users in treatment programs during its first four years.<sup>11</sup>

Syringe Exchange:  
A Safe and Cost-Effective Way to Combat Disease

<sup>1</sup> Centers for Disease Control Fact Sheet: Drug-Associated HIV Transmission Continues in the United States. Available at <http://www.cdc.gov/hiv/resources/Factsheets/idu.htm>. May 2002.

<sup>2</sup> Ohio Department of Health. HIV/AIDS Statistical Summary. Available at <http://www.odh.ohio.gov/healthStats/disease/hivsum/hivsum.aspx>. December 2005.

<sup>3</sup> Snead, J., Downing, M., Lorvick, J., et al. Secondary syringe exchange among injection drug users. *Journal of Urban Health*. 2003;80(2):330-348.

<sup>4</sup> Hurley, S.F., Jolley, D.J. & Kaldor, J.M. Effectiveness of needle-exchange programmes for prevention of HIV infection. *Lancet*. 1997;349:1797-1800.

<sup>5</sup> Lurie, P. & Drucker, E. An opportunity lost: HIV infections associated with lack of a national needle-exchange programme in the USA. *The Lancet*. 1997;349:9052.

<sup>6</sup> Normand J., Vlahov D., Moses L.E., eds. Preventing HIV Transmission: the Role of Sterile Needles and Bleach. Washington (DC): National Academy Press, 1995.

<sup>7</sup> Schackman, B.R., et al. The lifetime cost of current human immunodeficiency virus care in the united states. *Medical Care*. 2006;44(11):990-997. Projected life expectancy of 24.2 years, with treatment at an undiscounted cost. With drug manufacturers’ discounts, cost is estimated at \$385,200.

<sup>8</sup> Wodack, A. & Cooney, A. Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of international evidence. *Substance Use and Misuse*. 2006;41:777-813.

<sup>9</sup> World Health Organization. Effectiveness of Sterile Needle and Syringe Programming in reducing HIV/AIDS Among Injecting Drug Users. 2004.

<sup>10</sup> Ksobiech, K. Return rates for needle exchange programs: a common criticism answered. *Harm Reduction Journal*. 2004;1(2).

<sup>11</sup> Spokane Health Dist. v. Brockett, 839 P.2d 324, 326 (Wash. 1992).

- Injection drug user interaction with syringe exchange also has positive behavioral effects, including a reduction in the likelihood that an individual will share, borrow or lend injection equipment.<sup>12</sup>
  - ✓ Syringe exchange builds a bridge to drug treatment and other prevention and primary care services.

### **This proven strategy is already saving lives across the country**

*Ohio communities should join together to safely combat the spread of HIV.*

- As of 2007, 185+ syringe exchange programs operated in 36 States and Washington, D.C. and more than ever are now offering on-site medical services.<sup>13</sup>
  - ✓ Over 22 million used syringes were successfully exchanged in the U.S. in 2005.<sup>13</sup>
- Cleveland has safely and effectively provided exchange services at the Free Clinic since 1995, when Cleveland's Mayor issued an emergency health order as a response to rising HIV infection rates.
  - ✓ Stressing comprehensive solutions to injection drug use, the clinic offers access to risk reduction resources, HIV and HCV counseling and testing, TB testing, and mental health and drug treatment services.
  - ✓ It is the only legal syringe exchange program operating in the state of Ohio.

### **Allow Ohioans to benefit from evidence-based HIV prevention programs**

- Representative Tyrone Yates has introduced legislation to counter the transmission of HIV.
  - ✓ House Bill No. 570 would provide an "affirmative defense" for individuals possessing a syringe "for the purpose of having a clean needle to avoid HIV exposure."<sup>14</sup>

### **End the outdated ban on federal funding**

- In 2007, President Bush signed legislation that ended the 9-year local ban on Washington, DC using public funds (non-federal dollars) to run its own syringe-exchange programs.<sup>15</sup>
- We should maintain this momentum and end the federal ban on funding for syringe exchange programs in the U.S. in order to ensure access to evidence-based programs across the country.

### **Raymond's story**

At age fifteen Raymond started injecting drugs. He used illicit drugs for eighteen years. He has now been clean and sober for eighteen years. Raymond overcame his drug use, but cannot overcome hepatitis C, which he contracted by sharing a contaminated syringe. He did not have access to a syringe exchange program, but tried to obtain clean injection equipment, using needles that had been discarded by diabetics because he knew that they had only been used once. Unfortunately, he used whatever was available, despite its condition.

When Raymond reflects on his many years of drug use, he marvels that not one U.S. city in which he lived offered legal syringe exchange. He wishes that they had. He argues that they could have kept him as healthy as possible by reducing the likelihood of hepatitis C or HIV infection. In fact, Raymond thinks syringe exchange programs can lead users to seek detoxification, especially if treatment information is made available. Syringe exchange provides "contact with someone who may be giving you a clean needle on the day you want to go into drug detox." Raymond had to find his path to sobriety without this contact, and contracted an incurable, but preventable, illness. He believes syringe exchange programs would greatly help others hoping to get clean and sober, while keeping them, and their loved ones, safer in the process.

- **End the federal ban on funding for syringe exchange programs by supporting H.R. 6680, 'Community AIDS and Hepatitis Prevention Act'**
- **Pass Ohio House Bill No. 570 and allow the distribution of clean syringes for the purpose of reducing the transmission of HIV**
- **State and local leaders should pursue options to follow Cleveland's successful example of how to save lives *without* increasing drug use**

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<sup>12</sup> Ksobiech, K. A meta-analysis of needle sharing, lending, and borrowing behaviors of needle exchange program attendees. *AIDS Prevention and Education*. 2003;15:257-268.

<sup>13</sup> Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*. 2007;56(44):1164-1167.

<sup>14</sup> H.B. No. 570, 127<sup>th</sup> Ohio General Assembly, Regular Session (2008).

<sup>15</sup> Drug Policy Alliance. "Congress Lifts Washington, DC Syringe Funding Ban." <http://www.drugpolicy.org/news/pressroom/pressrelease/pr122607.cfm> December 2007.