POLICY BRIEF

Promoting Health and Cost Control in States:

How States Can Improve Community Health & Well-being Through Policy Change

Syringe Access Programs

Background

Across the country, a rise in the misuse of injectable opioids and heroin means more people are at higher risk of contracting infectious diseases from using contaminated syringes.[4] Sharing syringes provides a direct route of transmission for blood-borne diseases such as the hepatitis C virus (HCV), hepatitis B virus (HBV), and human immunodeficiency virus (HIV).[5] Symptoms may not appear for years, meaning individuals who inject drugs may share needles and unknowingly spread diseases to others. Using a sterile syringe for every injection can reduce the risk of acquiring and transmitting diseases, but legal barriers often hinder people from accessing clean needles. Expanding policies that authorize the possession, legal sales, and exchange of sterile syringes can greatly reduce rates of infection.

About half of all states nationwide have laws that allow syringe access programs. The use of heroin and opioids in areas where it is difficult to access sterile syringes has contributed to an increase in HIV and hepatitis infections. In 2016, 3,425 HIV diagnoses (9 percent) were attributed to injection drug use.[6] The highest rates of new HCV diagnoses were in Appalachia, the Midwest, and New England, where a majority of cases were among people under 30 years of age, living in rural areas.[7] Additionally, disparities in diagnoses and treatment of blood-borne diseases persist, where racial and ethnic minorities, sexual minorities, and low-income people remain disproportionately affected. For individuals who inject drugs, these disparities are compounded by stigma, discrimination, and differences in socioeconomic status, all of which impact access to healthcare services and treatment.

Often, injection drug use is viewed as a criminal activity rather than a medical issue that requires treatment. While the decision to make clean needles available can be politically contentious, there is overwhelming evidence that suggests access to clean syringes is an effective strategy to reduce the spread of infectious diseases among individuals who inject drugs.

KEY TAKEAWAYS

What are Syringe Access Programs?

- State policies that authorize the legal sale and exchange of sterile syringes are proven solutions to reduce the rate of infectious diseases among intravenous drug users.

How do Syringe Access Programs Improve Health?

- Syringe access programs are one of the most effective and scientifically based methods for reducing the spread of HIV and hepatitis—and do not contribute to increased drug use.[1, 2, 3]

What is the Economic Impact?

- Syringe access programs can yield cost savings within a year by preventing new cases of HIV and hepatitis and their associated costs for treatment.

JULY 2019

Trust for America's Health
TFAH.ORG

What Are States' Role?

States can prevent the spread of infectious diseases by enacting laws that make it easier for people to access sterile syringes. States have the authority to enact laws associated with distribution or possession of syringes for illegal drug use which include drug paraphernalia, syringe prescriptions, controlled substances, and pharmacy practices.[8] State laws related to syringe access and distribution vary: some states regulate the retail sale of syringes; sometimes a prescription is required; sellers may need certain information from a syringe buyer; and some states vary on whether syringe access programs are even allowed and under what circumstances.[9]

Currently, 30 states and the District of Columbia have laws supporting syringe access programs — some of which have expanded access to clean syringes in response to the opioid epidemic.[10,11,12,13,14,15,16] Other states have chosen to remove legal barriers to syringe access, such as explicitly excluding syringes from the definition of drug paraphernalia, without directly authorizing programs. Even without legislative authorization, many states and localities operate syringe access programs across 40 states, the District of Columbia, and Puerto Rico.[17]

How Do Syringe Access Programs Improve Health?

Syringe access programs are one of the most effective, scientifically based methods for reducing the spread of HIV and hepatitis—and do not contribute to increased drug use or crime.[18,19,20,21] Across the country, syringe access programs have been effective in reducing infections. In 2015, a Public Health Emergency was declared in Scott County, Indiana in response to an HIV outbreak. Many of those with HIV had been sharing syringes and co-infected with HCV. A syringe access program was established as part of the State of Emergency and comprehensive public health response to curb the spread of HIV and HCV.[22] As a result, needle sharing fell by 85 percent.[23] In Washington, DC, following the lift of the congressional ban on syringe access programs, the D.C. Department of Health initiated an access program which resulted in a 70 percent decrease in new HIV cases among injection drug users and a total of 120 HIV cases averted in two years.[24]

Syringe access programs can also reduce the risk of needle stick injuries and limit communities' exposure to contaminated needles. One study found that about 1 in 3 police officers may experience a need stick injury during their career.[25] Many law enforcement officials support

these policies as a harm-reduction strategy and to limit the exposure of emergency workers and community members to contaminated needles.[26] Overcoming the misperception that syringe access programs enable or increase drug use can further reduce disease transmission and save lives.

Syringe Access Programs Reduce Healthcare Costs and Yield a Return on Investment

Evidence suggests that expanding access to syringe access programs can yield cost savings within a year by preventing new infections. Treatment for HIV and viral hepatitis are costly. For example, one person's HIV treatment is estimated to cost $379,000 across their lifetime.[27] The cost of HCV treatment ranges from $84,000 to $96,000.[28] Advancing policies that expand access to sterile syringes can contribute to cost saving by reducing the risk for infection among people who inject drugs.[29] In New York City, for example, the needle-exchange program resulted in a baseline one-year savings to the city of $1,300 to $3,000 per client, reduced HIV treatment costs by $325,000 per case of HIV averted, and averted four to seven HIV infections per 1,000 clients, producing a net cost savings.[30]

TAKEAWAYS FOR MULTIPLE AUDIENCES — COMMUNICATING THE IMPORTANCE AND IMPACT OF SYRINGE ACCESS PROGRAMS

Policymakers

- Expanding access to sterile syringes saves lives and decreases healthcare costs by reducing the risk of spreading and transmitting HIV and hepatitis.
- States have the authority to enact policies that increase access and remove barriers to acquiring sterile syringes.
- Syringe access programs do not contribute to increased drug use and can yield cost savings within a single year.

Public Health Practitioners

- Increased misuse of injectable opioids and heroin means more people are at higher risk of contracting infectious diseases from sharing syringes.
- Sharing syringes provides a direct route of transmission for blood-borne diseases such as hepatitis and HIV.
- Syringe access programs are an effective strategy to lower the risk of infection and can connect participants to other medical services and treatment.

Communities

- Establishing syringe access programs preserves public safety by limiting the exposure of police, emergency workers, and community members to contaminated needles.
- Syringe access programs do not contribute to increased drug use or crime among participants.
- Drug addiction is a brain disease. Injection drug use should be viewed as a medical issue that requires treatment rather than criminal activity.

David Tran

Interested in learning more about Syringe Access Programs and other evidence-based policies? Visit the PHACCS website *to read the full report and other policy briefs for our 13 recommended policies.*

Endnotes

1 Aspinall EJ, Nambiar D, Goldberg DJ, et al. "Are Needle and Syringe Programmes Associated with a Reduction in HIV Transmission Among People Who Inject Drugs: A Systematic Review and Meta-Analysis." *International Journal of Epidemiology,* 43(1), 235–248, 2014. https://www.ncbi.nlm.nih.gov/pubmed/24374889 (accessed December 20, 2018).

2 Institute of Medicine. *Preventing HIV Infection Among Injecting Drug Users in High- Risk Countries. An Assessment of the Evidence.* Washington, DC: National Academies Press, 2006.

3 Volkow N. "Syringe-Exchange Programs Are Part of Effective HIV Prevention." *Nora's Blog,* National Institute of Drug Abuse, December 1, 2016. https://www.drugabuse.gov/about-nida/noras-blog/2016/12/syringeexchangeprograms-are-part-effective-hiv-prevention (accessed December 20, 2018).

4 "Heroin: Overdose Prevention." In: *Centers for Disease Control and Prevention.* https://www.cdc.gov/drugoverdose/opioids/heroin.html (accessed December 20, 2018).

5 "HIV and Injection Drug Use in the United States." In: *Centers for Disease Control and Prevention,* October 27, 2015. https://www.cdc.gov/hiv/risk/idu.html (accessed December 20, 2018).

6 "HIV in the United States." In: *Centers for Disease Control and Prevention,* 2018. https://www.cdc.gov/hiv/statistics/overview/ataglance.html (accessed October 23, 2018).

7 Zibbell JE, Iqbal K, Patel RC, et al. "Increases in Hepatitis C Virus Infection Related to Injection Drug Use Among Persons Aged <30 Years—Kentucky, Tennessee, Virginia, and West Virginia, 2006–2012." *The Morbidity and Mortality Weekly Report,* 64(17): 453–458, 2015. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a2.htm (accessed December 20, 2018).

8 Policy Surveillance Program. "Syringe Distribution Laws." Temple University, 2012–2017. http://lawatlas.org/datasets/syringe-policies-laws-regulating-non-retail-distribution-of-drug-parapherna (accessed December 20, 2018).

9 Policy Surveillance Program. "Syringe Distribution Laws." Temple University, 2012–2017. http://lawatlas.org/datasets/syringe-policies-laws-regulating-non-retail-distribution-of-drug-parapherna (accessed December 20, 2018).

10 "Syringe Services Programs and the Opioid Epidemic." In: *amfAR.* https://www.amfar.org/ssp-opioid-epidemic/ (accessed December 20, 2018)

11 Smith N. "Four States Passed Needle Exchange Legislation in 2015, Two More in 2016." *Nathan Smith's Blog,* the Council of State Governments, May 24, 2016. http://knowledgecenter.csg.org/kc/content/four-states-passed-needle-exchange-legislation-2015-two-more-2016 (accessed December 20, 2018).

12 "What is Syringe Exchange." In: *North Carolina Harm Reduction Coalition.* http://www.nchrc.org/syringe-exchange/ (accessed December 20, 2018).

13 Drug Policy Alliance. Press release: "Governor Terry McAuliffe Legalizes Syringe Access Programs in Virginia." February 23, 2017. http://www.drugpolicy.org/news/2017/02/governor-terry-mcauliffe-legalizes-syringe-access-programs-virginia (accessed December 20, 2018).

14 Monares F. "Bill Allowing Needle and Syringe Exchange Program Becomes Law." *Bozeman Daily Chronicle,* June 2, 2017. http://www.bozemandailychronicle.com/news/mtleg/bill-allowing-needle-and-syringeexchange-program-becomes-law/article_c765d8ab-3e44-581f-a60c-6b4b53cca513.html (accessed December 20, 2018).

15 Associated Press. "Sununu Signs Bill Allowing Needle Exchange Programs." *US News & World Report,* June 16, 2017. https://www.usnews.com/news/best-states/new-hampshire/articles/2017-06-16/sununu-signsbill-allowing-needle-exchange-programs (accessed December 20, 2018).

16 "Syringe Exchange Programs in North Carolina: Information for Law Enforcement." In: *North Carolina Harm Reduction Coalition.* http://ncja.ncdoj.gov/getdoc/ac5819af-9621-433a-8b9c-5cc8ea8337e3/Instructions-for-Law-Enforcement-Syringe-Exchange.aspx (accessed December 20, 2018).

17 "National Opioid Epidemic: Syringe Exchange Programs." In: *amfAR, Opioid & Health Indicators Database,* http://opioid.amfar.org/indicator/num_SSPs (accessed December 20, 2018).

18 Aspinall EJ, Nambiar D, Goldberg DJ, et al. "Are Needle and Syringe Programmes Associated with a Reduction in HIV Transmission Among People Who Inject Drugs: A Systematic Review and Meta-Analysis." *International Journal of Epidemiology,* 43(1), 235–248, 2014. https://www.ncbi.nlm.nih.gov/pubmed/24374889 (accessed December 20, 2018).

19 Institute of Medicine. *Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries. An Assessment of the Evidence.* Washington, DC: National Academies Press, 2006.

20 Volkow N. "Syringe-Exchange Programs Are Part of Effective HIV Prevention." *Nora's Blog,* National Institute of Drug Abuse, December 1, 2016. https://www.drugabuse.gov/about-nida/noras-blog/2016/12/syringe-exchange-programs-are-part-effective-hiv-prevention (accessed December 20, 2018).

21 Marx MA, Crape B, Brookmeyer RS, et al. "Trends In Crime And The Introduction Of A Needle Exchange Program." *American Journal of Public Health,* 90(12): 1933–1936, December 2000.

22 "2015: Tracing Connections in an HIV-1 Outbreak in Indiana: AMD Helps Link HIV Genetic Data to Identify Transmission Clusters." In: *Centers for Disease Control and Prevention,* 2015. https://www.cdc.gov/amd/stories/tracing-connections-hiv.html (accessed December 20, 2018).

23 Patel MR, Combs B, Hall P, et al. "Reduction in Injection Risk Behaviors After Institution of an Emergency Syringe Exchange Program During an HIV Outbreak Among Persons Who Inject Drugs, Indiana 2015." *Open Forum Infectious Diseases,* 2(Suppl 1): 638a, December 2015. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4946556/ (accessed December 20, 2018).

24 Ruiz MS, O'Rourke A, and Allen ST. "Impact Evaluation of a Policy Intervention for HIV Prevention in Washington, DC." *AIDS and Behavior,* 20(1): 22–28, 2016.

25 Lorentz J, Hill L, and Samimi B. "Occupational Needlestick Injuries in a Metropolitan Police Force." *American Journal of Preventive Medicine,* 18(2):146-50, February 2000.

26 Luthra S. "Unable To Arrest Opioid Epidemic, Red States Warm To Needle Exchanges." *Kaiser Health News,* June 14,2017. http://khn.org/news/unable-toarrest-opioid-epidemic-red-states-warm-toneedle-exchanges/ (accessed December 20, 2018).

27 "HIV Cost-Effectiveness." In: *Centers for Disease Control and Prevention,* September 23, 2015. https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html (accessed December 20, 2018).

28 "Syringe Services Programs." In: *Centers for Disease Control and Prevention,* May 17, 2016. https://www.cdc.gov/hiv/risk/ssps.html (accessed December 20, 2018).

29 Nguyen TQ, Weir BW, Des Jarlais DC, et al. "Syringe Exchange in the United States: A National Level Economic Evaluation of Hypothetical Increases in Investment." *AIDS and Behavior,* 18(11): p. 2144–2155, 2014.

30 Belani HK and PA Muennig. "Cost-Effectiveness of Needle and Syringe Exchange for the Prevention of HIV in New York City." *Journal of HIV/AIDS & Social Services,* 7(3): 229–240, 2008.