

## Syringe Exchange and HIV/AIDS

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### Background and History

The Centers for Disease Control and Prevention (CDC) estimate that one to 1.2 million people are currently living with HIV in the United States. In 2005, CDC reported that there have been an estimated 952,629 AIDS cases in the U.S. Twenty-five percent of these cases are attributed to direct risk factors related to injecting drug use. When drug associated mother-to-child HIV transmission and transmission through sexual contact with an injection drug user are included, more than one third of all reported AIDS can be related to injecting drug use.<sup>1</sup> The Substance Abuse and Mental Health Services Administration estimates that an average of 354,000 people may be injecting drugs every year.<sup>2</sup>

There is overwhelming evidence that syringe exchange programs (SEPs) work: they prevent the transmission of HIV and do not promote substance use. Since 1989, Congress has banned the use of federal funds for Syringe Exchange Programs. In 1998, Secretary of Health and Human Services (HHS) Donna Shalala certified that based on extensive scientific research, syringe exchange programs are an effective component of a comprehensive strategy to reduce HIV transmission and do not encourage the use of illegal drugs, but the Clinton administration did not remove the ban.<sup>3</sup> Shalala reaffirmed this position in 2000.<sup>4</sup> In June 2007, the House voted to lift a ban on local funding for SEPs in Washington, DC. The Senate has also voted to lift the local ban in past years. This step signifies an increased awareness in Congress of the necessity for expanding syringe exchange programs. Nonetheless, to date the ban on federal funding and local District of Columbia funding for SEPs persists.

Former U.S. Surgeon General David Satcher, the American Medical Association, the American Bar Association, the American Public Health Association, and the National Conference of Mayors all support lifting the federal ban on funding syringe exchange programs. Support for SEPs also comes from the U.S. public. In 2001, the Kaiser Family Foundation reported that 58% of Americans favor syringe exchange.<sup>5</sup> In 2003 the International Journal of Drug Policy reported that as many as 66% of Americans favor syringe exchange programs.<sup>6</sup>

### Syringe Exchange Programs Work

Syringe exchange programs first began in 1983 in Europe in an attempt to cut down HIV and Hepatitis B transmissions. According to the North American Syringe Exchange Network, SEPs have been created in 36 States, many Indian Nations, Washington DC, and Puerto Rico, to minimize the risk of HIV infection among injecting drug users. There are currently 212 Syringe exchange programs in the United States.<sup>7</sup> In addition to syringe exchange, these SEPs often provide drug treatment referrals, methadone clinics, peer education and HIV prevention programs.

Numerous studies in the United States and abroad have determined that SEPs are effective in reducing HIV transmission among substance users. In 1996, Washington DC established a syringe exchange program with private funding which reached an estimated 2,000 substance users and reduced syringe sharing by two-thirds. The rate of new AIDS cases diagnosed among Intravenous Drug Users (IDUs) dropped by 73% in comparison to a 52% drop in Washington DC's overall AIDS case rate.<sup>8</sup> More recently, a 2005 study published in *The Lancet* found that in cities with syringe exchange programs HIV infection rates decreased by 5.8% per year, as compared to a national increase of 5.9% per year.<sup>9</sup> In New Haven Connecticut, the SEP not only cut down on syringe sharing and HIV infections, but also led to fewer syringes being discarded, decreasing the public health hazard of accidental infection from needle sticks with contaminated syringes.<sup>10</sup>

A December 2005 CDC Fact Sheet reports that the National Institutes of Health (NIH) and the Institute of Medicine (IOM) concluded that syringe exchange programs contribute to 80% reductions in risk behaviors in injecting drug users and a 30% or greater reduction of HIV transmission.<sup>11</sup> NIH also concluded that there is a preponderance of evidence to show that syringe exchange programs do not encourage increased substance abuse.

### Syringe Exchange Programs Provide Vital Care to Hard to Reach Populations

In a 2002 survey of 126 SEPs, 87% provided male condoms, 76% female condoms, 88% alcohol pads, and 68% bleach. Seventy-seven percent provided referrals for substance-abuse treatment and 72% offered on-site testing and counseling for HIV. About a third provided care or testing for hepatitis. Most SEPs provided information and education on hepatitis A, B, and C, HIV/AIDS prevention, safer injection practice, vein care, STD prevention, male and female condom use, and abscess treatment.<sup>12</sup> Another study of an abscess treatment clinic in an Oakland, CA SEP found that it could treat abscesses for an average of \$5 per abscess. Left untreated, costs were estimated at up to \$360 (excluding medications and physician fees). The study shows that SEPs are a good way to provide education and care to the hard to reach population of substance users, providing the opportunity to seek testing, treatment, and rehabilitation.<sup>13</sup>

### Syringe Exchange Programs Do Not Encourage Substance Abuse and Can Increase Access to Substance Abuse Treatment

Hundreds of studies of SEPs have been conducted and summarized in a series of eight federally funded reports over the last two decades. Each of the eight reports has concluded that SEPs reduce the number of new HIV infections and do not lead to increased drug use among injecting drug users or society as a whole. SEPs not only decrease drug use but also provide connections to drug treatment to IDUs who seek it. A study of a syringe exchange program in Baltimore indicated SEPs that are closely linked and integrated with drug treatment programs have high levels of retention for substance abuse treatment. The study showed that SEPs assist

injecting drug users to abstain from drug use if the SEP is linked to needed services and drug treatment facilities.<sup>14</sup>

### Syringe Exchange Programs Are Cost Effective

In a New York study, seven SEPs exchanged 1,667,682 syringes in a year, with an annual cost of \$1,822,426. The study determines that over the course of the year, the SEPs prevented 87 infections, saving \$7.6 million in HIV treatment costs.<sup>15</sup> Considering that as many as 33 people are infected with HIV each day due to contaminated syringe equipment, if only two of those HIV infections are prevented through clean syringes, funding for SEPs would be cost effective. Researchers estimate the cost for SEPs to prevent HIV infections among injecting drug users, their partners, and family members is between \$4,000 and \$12,000 per avoided HIV infection. Considering the lifetime cost of treating a person living with HIV/AIDS is approximately \$619,000, SEPs could result in significant cost savings per averted infection.<sup>16</sup> National support for syringe exchange could save tens of thousands of lives and billions of dollars.

### Conclusion

Syringe exchange programs save lives and are an integral part of combating the spread of HIV/AIDS. SEPs do not increase drug use, but instead encourage education, teach safer injection practices, and refer IDUs to treatment programs. Addiction should not be a death sentence, and SEPs provide the best way to reach an ostracized at risk population. It is undeniable that we can lower HIV rates through SEPs without increasing substance abuse. AIDS Action supports lifting the federal ban on all syringe exchange programs, including the restrictions placed on Washington DC.

<sup>1</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2002, updated 2007). *Drug-Associated HIV Transmission Continues in the United States*. Retrieved October, 2007 from [www.cdc.gov/hiv/resources/factsheets/idu.htm](http://www.cdc.gov/hiv/resources/factsheets/idu.htm).

<sup>2</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) (April, 2005). *The NSDUH Report: Injection Drug Use Update: 2002 and 2003*. Retrieved October, 2007 from <http://www.oas.samhsa.gov/2k5/ivdrug/ivdrug.cfm>.

<sup>3</sup> Shalala, Donna E. (April, 1998). Retrieved October, 2007, from <http://www.hhs.gov/news/press/1998pres/980420a.html>.

<sup>4</sup> Shalala, Donna E. (March, 2000). Retrieved October, 2007, from <http://www.dogwoodcenter.org/references/Shalala00.html>.

<sup>5</sup> Aragon, Regina, Kates, Jennifer, Greene, Liberty, & Hoff, Tina (2001). *The AIDS Epidemic At 20 Years: The View From America*, p.27. *The Kaiser Family Foundation*. Retrieved October, 2007, from <http://www.kff.org/hiv/aids/upload/The-AIDS-Epidemic-at-20-Years-THE-VIEW-FROM-AMERICA-Survey.pdf>.

<sup>6</sup> Vernick, Jon S., Burris, Scott, & Strathdee, Steffania A (2003). Public Opinion About Syringe Exchange Programmes in the USA: An Analysis of National Surveys. *International Journal of Drug Policy*, 14, 431-435.

<sup>7</sup> Estimate provided to AIDS Action by the North American Syringe Exchange Network (NASEN), June 2007.

<sup>8</sup> amfAR, The Foundation for AIDS Research (2005). *Needle Exchange in the District of Columbia*. Retrieved October 19, 2007, from

[http://www.amfar.org/binary-data/AMFAR\\_PPOLICY\\_BINARY/binary\\_file/1.pdf](http://www.amfar.org/binary-data/AMFAR_PPOLICY_BINARY/binary_file/1.pdf).

<sup>9</sup> Hurley, S., Jolly, D.J., & Kaldor, J.M. (1997). Effectiveness of Needle-Exchange Programmes for Prevention of HIV Infection. *The Lancet*, 349, 1797-1800.

<sup>10</sup> Khoshnood, K., Blankenship, K.M., Pollack, H.M., Roan C.T., & Altice, F.L. (2000). Syringe Source, Use, and Discard Among Injection-Drug Users in New Haven, Connecticut. *AIDS Public Policy Journal*, 15, 88-94.

<sup>11</sup> United States Center for Disease Control, Department of Health and Human Services (2005). *Syringe Exchange Programs*. Retrieved July, 2007 from [www.cdc.gov/odu/facts/AED\\_IDU\\_SYR.pdf](http://www.cdc.gov/odu/facts/AED_IDU_SYR.pdf).

<sup>12</sup> United States Center for Disease Control, Department of Health and Human Services (2005). *Update Syringe Exchange Programs--- United States, 2002*. Retrieved October, 2007 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5427a1.htm>

<sup>13</sup> Grau, Lauretta (2002). Expanding Harm Reduction Services Through Wound and Abscess Treatment. *American Journal of Public Health*, 92(12), 1915-1917.

<sup>14</sup> Brooner, Robert (1998). Drug Abuse Treatment Success Among Needle Exchange Participants. *Public Health Reports* 113, 129-139.

<sup>15</sup> Laufer, F.N. Cost-Effectiveness of Syringe Exchange as an HIV Prevention Strategy (2001). *Journal of Acquired Immune Deficiency Syndromes*, 15(3-4), 88-94.

<sup>16</sup> Schackman, B. et al. (2006) The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States. *Medical Care*, 44(11)