Overview of Evidence for Sterile Syringe Access

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Working Definition of Harm Reduction

Harm Reduction:
A set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.
Syringe Access Programs

• Programs that provide syringes and needles to injection drug users (IDUs) - whether through a process of exchange, distribution or any other variation - as *Syringe Access Programs (SAPs)*. This term encompasses programs otherwise referred to as needle exchange programs (NEPs), syringe exchange programs (SEPs), needle and syringe programs (NSPs), syringe services programs (SSPs), clean needle programs (CNPs) and other commonly used terms.
Sterile Syringe Access: history and timeline

- First started in Holland in response to hepatitis B outbreak in the 1980s
- First legal program in United States started in Tacoma, Washington in 1988
- Now over 200 programs operate in 40 states
- In US, rooted in AIDS activism and advocacy
What is the need?

• One third of people with HIV in the United States were infected through injection drug use.

• Every year, another 8,000 people are newly infected with HIV through sharing contaminated syringes.

• Every year, another 15,000 are newly infected with hepatitis C through sharing syringes & other injection equipment.

• Younger injection drug users generally become infected with hepatitis C within two years
Key points in research: syringe access does not...

- Syringe access does not encourage drug use
- Syringe access does not increase crime rates
- Syringe access does not increase needlestick injuries in the community
Syringe Access Does....

- Syringe access reduces HIV and viral hepatitis infection.

- Syringe access leads to an increase in drug treatment programs

- Syringe access links participants to drug treatment, medical care, housing, and other social services.
Syringe Access is the cornerstone of HCV prevention

- Prior to large scale implementation of syringe exchange, hepatitis C prevalence rates were at an all-time high of 91% among IDU in NYC.
- HCV prevalence among IDUs who began injecting after syringe exchange implementation is far below saturation, at 56% prevalence, but is still a major concern.

Official US Positions: United States Department of Health & Human Service

- **Action Plan for the Prevention, Care & Treatment of Viral Hepatitis; 5/12/11:**
  Strategy 5.2.2

  - *Coordinate federal, state, and local resources to expand and enhance IDU access to sterile syringes and hepatitis prevention interventions.*

HHS Actions to Be Initiated

Actions to Be Initiated:

• Develop policy guidance to help states and municipalities remove barriers to receipt of comprehensive syringe services.

• Promote partnerships with pharmacists to increase access to syringe service programs.
National HIV/AIDS Strategy for the United States
July 2010

• “Studies have found that providing sterilized equipment to injection drug users substantially reduces risk of HIV infection, increases the probability that they will initiate drug treatment, and does not increase drug use. (p.16)”
“In partnership with the White House Office of National AIDS Policy, ONDCP will issue policy guidance to States, tribes, and communities on how to implement needle exchange programs in the context of comprehensive, recovery-oriented public health systems that also offer intravenous drug users treatment for addiction, other medical care, and testing for HIV and hepatitis B and C.” (p. 40)
US Surgeon General
February 2011

• “The Surgeon General of the United States Public Health Service, VADM Regina Benjamin, M.D., M.B.A., has determined that a demonstration needle exchange program (or more appropriately called syringe services program or SSP) would be effective in reducing drug abuse and the risk of infection with the etiologic agent for acquired immune deficiency syndrome.”
Centers for Disease Control & Prevention (CDC)

• “The cost per HIV infection prevented by SEPs has been calculated at $4,000 to $12,000, considerably less than the estimated $190,000 medical costs of treating a person infected with HIV.”
National Institutes of Health (NIH):

• “An impressive body of evidence suggests powerful effects from needle exchange programs... Studies show reduction in risk behavior as high as 80%, with estimates of a 30% or greater reduction of HIV in injection drug users.”
Selected Supporters of Syringe Access Programs

- American Medical Association
- American Academy of Pediatrics
- American Nurses Association
- American Public Health Association
- American Pharmaceutical Association
- American Psychologists Association
- American Red Cross
- Council of State and Territorial Epidemiologists
- National Black Caucus of State Legislators
- National Black Police Officers Association
- National Alliance of State and Territorial AIDS Directors
- National Association of State Alcohol and Drug Abuse Directors
- U.S. Conference of Mayors
For more information:

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