

MONROE COUNTY HEALTH DEPARTMENT

STATEMENT ON SYRINGE EXCHANGE PROGRAMS

August 13, 2015

Syringe Exchange Programs (SEP) use a comprehensive approach to reduce the likelihood that users will share injecting equipment to prevent infections and injury, especially Hepatitis C Virus (HCV). Evidence based programs provide sterile syringes along with education on risk reduction; screening and counseling for HCV, HIV and sexually transmitted infections (STI) and referrals to substance abuse treatment and community services.

DOES MONROE COUNTY NEED A SYRINGE EXCHANGE?

- According to ISDH^a, the number of reported HCV cases in Monroe County has increased by over 50% from 2009 to 2014.
- HCV made up half of non-STI communicable diseases reported in Monroe County in 2013 and 2014.
 - Monroe County was in the top ten of Indiana counties with the highest number of HCV cases in 2014.⁸
- New cases of HCV are primarily caused by injection drug use.^b
 - 95% of HCV clients from Positive Link reported IV drug use.^c
- The CDC^b estimates 80% of people with HIV who inject drugs are co-infected with HCV.
 - ISDH identified HCV as a primary predictor of HIV status in the Scott County, Indiana HIV outbreak.
- Monroe County is ranked 7th of 92 Indiana counties for high cocaine and heroin priority scores.^{7,d}
 - Approximately 25-30% of Monroe County drug court and re-entry court enrollees have a history of IV drug use.
- Heroin overdoses at IU Health Bloomington Hospital increased 433% from 2012–2014 and are projected to increase an additional 54% from 2014–2015.

a) Indiana State Department of Health, b) Centers for Disease Control and Prevention, c) Part of IU Health Bloomington Hospital, d) Priority scores based on number and rates of arrests for possession, manufacture, and sale of opiates as well as treatment rates

CDC Health Advisory

4/24/15

“Urgent action is needed to prevent further HIV and HCV transmission in this area and to investigate and control any similar outbreaks in other communities”

CDC Recommendations for Health Departments:

Ensure those that are actively injecting drugs or at risk for IDU:

- Receive HIV and HCV testing
- Linked to care, counseling, risk reduction, and treatment
- Have access to sterile syringes from a reliable source

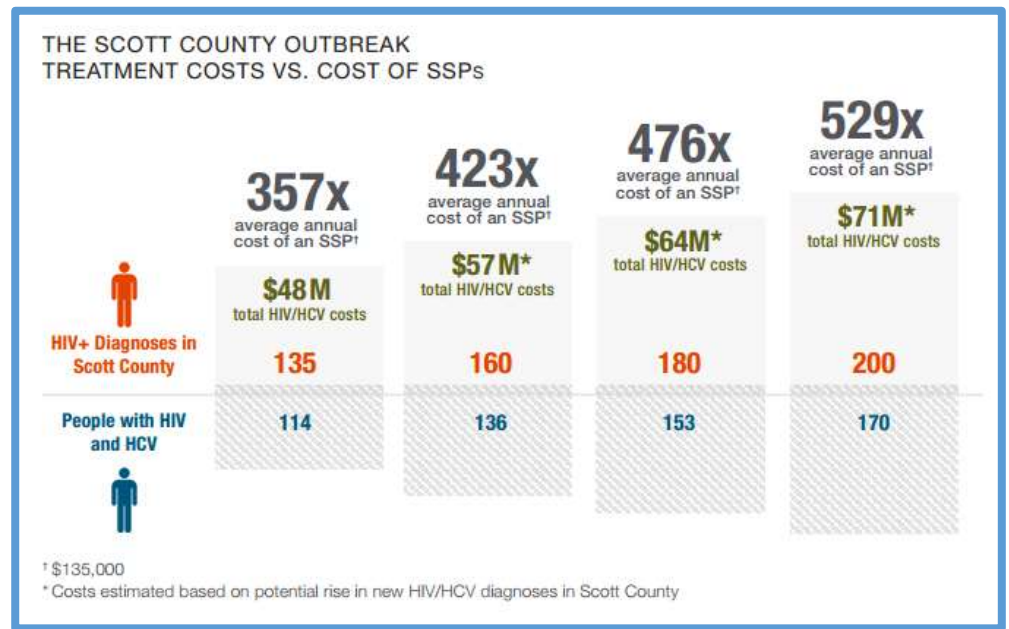
SEP REDUCE INFECTIONS

- According to the National Institute of Health, syringe exchange programs “show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV”.²
- In Washington DC, syringe exchange programs became legal in 2007. The number of HIV cases linked to IDU dropped 80% in the following four years.³
- In New York City, the HCV prevalence from 1990 to 2001 dropped from 90% to 63% after the introduction of syringe exchange programs in the late 80s.¹



COST EFFECTIVENESS

- The cost of a syringe is less than 50 cents. **One study found that for every dollar invested in a preventative SEP, \$3-\$7 will be saved in treatment costs.**¹
- The average cost of a lifetime of medical care for a single HIV infection is \$385,200-\$618,000. New treatments for HCV cost **\$1000 a pill** and a twelve week treatment would cost \$84,000.¹
- Medicaid spent \$4.7 billion in 2014 on HCV treatment.¹ For patients who are unable to receive normal treatments, liver transplants cost over \$730,000.⁴



COMMON MISCONCEPTIONS

MYTHS

Syringe Exchange Programs (SEP) increase drug use.



FACTS

Research shows syringe exchange programs are effective in reducing drug use. After the implementation of Baltimore's SEP, they saw a 20% reduction in drug use frequency and an increase of the SEP's participants entering drug treatment.⁵

SEP increase used needles in the community.



SEP encourage participants to safely dispose of used syringes. They have also been shown to decrease needle sticks in first responders and law enforcement.⁵

SEP increase crime in the community.



Data has shown no significant difference in crime trends or drug trafficking after introduction of syringe exchange programs.⁵

My tax money helps pay for needles.



No federal or state tax dollars can be used to purchase needles. There is currently a ban on federal funds used to purchase syringes.¹

"Nobody should be saying it's only in Scott County," says Beth Meyerson, co-director of IU's Rural Center for AIDS/STD Prevention. "We're not screening elsewhere. We just don't know."⁶

References

- AmfAR, The Foundation for AIDS Research. Retrieved from <http://www.amfar.org/>
- National Institute of Health Consensus Development Statements. Interventions to prevent HIV risk behaviors, February 11-13, 1997: 7-8.
- Austermuhle, M. (2013). Needle exchanges have contributed to decreasing HIV rate, say D.C. officials. *WAMU 88.5 News*. Retrieved from http://wamu.org/news/13/09/25/needle_exchanges_have_contributed_to_decreasing_hiv_rate_say_dc_officials
- Bentley, T. S. (2014). 2014 U.S. organ and tissue transplant cost estimates and discussion. *Milliman Research Report*. Accessed at http://c.ymcdn.com/sites/www.asbmt.org/resource/resmgr/Docs/2014-Milliman_Cost_of_Transp.pdf
- Needle exchange programs: Is Baltimore a bust? (2001). *Center for Innovative Public Policies, Inc.* Accessed at http://www.cipp.org/pdf/BALT_BUST.PDF
- Whalen, J. & Campo-Flores, A. (2015). Rural U.S. struggles to combat IV drug abuse. *Wall Street Journal*.
- Indiana State Epidemiology and Outcomes Workgroup. (2013). The consumption and consequences of alcohol, tobacco, and drugs in Indiana: A state epidemiological profile 2013. *Center for Health Policy at Indiana University-Purdue University Indianapolis*.
- (Indiana State Department of Health, 2015) Spotlight on HIV/STD/Viral Hepatitis, 2014 Indiana Annual Report, January 1, 2015