



## **INDIANA SYRINGE SERVICES PROGRAMS SAVE LIVES, MONEY**

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June 22, 2017

The national opioid epidemic threatens to unravel two decades of progress toward reducing the spread of HIV. This is an outcome Indiana cannot afford.

Since 2015, 219 people in rural Scott County have been diagnosed with HIV, and nearly 95 percent of those individuals are co-infected with hepatitis C. These are staggering statistics that represent 219 lives and a community that are forever changed. Yet the toll would be much worse if not for the syringe service program (SSP), or syringe exchange, that has provided testing and connections to treatment and medical care.

Syringe exchanges aren't pretty. They make people uncomfortable. But the opioid epidemic is far uglier. It affects the student athlete who gets hooked on the pain pills he was prescribed for a sports injury. It affects the grandmother with chronic pain issues. The faces of this epidemic are our children, our friends, our neighbors. As a state, we owe it to Hoosiers to do everything in our power to protect them from this scourge.

It's a daunting task that extends far beyond Scott County. Indiana ranks 15<sup>th</sup> in the country for fatal overdoses, according to the Centers for Disease Control and Prevention (CDC). Non-fatal emergency department visits due to opioid overdoses jumped 80 percent between 2010 and 2015. The number of acute hepatitis C cases, which directly correlate with injection drug use, soared by 400 percent over the same period.

We need every tool at our disposal to fight this epidemic. That is why Governor Eric J. Holcomb, on his first day in office, created the position of Executive Director for Drug Prevention, Treatment and Enforcement. It's why he signed legislation to limit first-time opioid prescriptions. And it's why Indiana law allows local communities to decide whether syringe service programs are right for them as part of a comprehensive effort that includes connections to treatment and medical care.

No matter how uncomfortable syringe service programs make us, they are proven to save lives, both by preventing the spread of diseases like HIV and hepatitis C and by connecting people to treatment that can put them on a path to recovery.

To date, eight Indiana counties have SSPs in place, with nearly 2,800 participants. All of these Hoosiers now have access to testing for disease and referrals to housing, health insurance and social services, and more importantly, to treatment. More than 800 people across the state have engaged in substance abuse treatment as a result of the connections made through a syringe

service program. This includes 137 people in Allen County, where the SSP is just seven months old, and 119 in rural Fayette County.

Syringe service programs do not increase drug use and in fact do the opposite. Studies have found that people who participate in SSPs are up to five times more likely to enter treatment for substance use disorder than people who inject drugs but don't participate in a syringe service program. SSPs also are proven to help reduce the incidence of injection. In Scott County, a study by the CDC and Indiana State Department of Health found significant reductions of injection-related risk behaviors after the syringe service program opened.

Illegal drug use is just that – illegal. But we must also acknowledge that addiction is a chronic disease that changes the brain, not a moral failure. We cannot afford to separate public health and public safety concerns, as we have done for decades, if we are to win this fight. Our communities will be healthier and safer only when we come together in a united front.

The CDC estimates that every case of HIV costs up to \$400,000 over that individual's lifetime. In Scott County alone, more than 300 people who were identified as being at risk during the outbreak investigation remain free of HIV. That amounts to more than \$120 million in potential savings to Indiana taxpayers – savings largely attributable to the connections being made through the syringe exchange program.

Yes, syringe service programs make people uncomfortable. Their results, however, should not. Without SSPs, we will continue to see this opioid epidemic spread further throughout our state. That's the very thing that everyone can agree we want to prevent.

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