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. 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). 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. 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. 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.
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. 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.

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. 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.

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. 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. As a result, needle sharing fell by 85 percent. 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.

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. 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. 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. The cost of HCV treatment ranges from $84,000 to $96,000. Advancing policies that expand access to sterile syringes can contribute to cost saving by reducing the risk for infection among people who inject drugs. 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.
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.

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


