

SYRINGE SERVICES PROGRAMS

Improving the Health of People Who Inject Drugs

Syringe Services Programs Prevent HIV and Viral Hepatitis Infection

Infected needles resulted in 2,635 to 3,852 new diagnoses of HIV in 2014.¹ Further, 68% of new hepatitis C infections in 2014

2,635 to 3,852
new diagnoses of HIV in
2014 from
infected needles

were linked to injection drug use.² Syringe Services Programs (SSPs) are a proven and cost-effective approach for preventing transmission of HIV and viral hepatitis among people who inject drugs,³ reducing risk of “accidental sticks” to sanitation workers and police,^{4,5} and engaging people who inject drugs in substance use treatment programs.⁶ As the dual prescription opioid and heroin epidemics continue to grow, funding for SSPs must be scaled up to meet this rapidly increasing need.

SSPs Help People Who Inject Drugs Access Health Care and Substance Use Treatment

SSPs not only ensure the safe disposal of infected needles but also offer the opportunity to provide comprehensive prevention resources, education, and referral to other medical and social services. Services often incorporated into SSPs include HIV and hepatitis C counseling, testing, and education to

reduce sexual and drug use-related health risks. SSPs are an effective way to link people who inject drugs with other public health services, including screening and treatment for tuberculosis and sexually transmitted infections, mental health, case management services, among others.⁷ Perhaps most important, they help people who inject drugs to access drug treatment programs, increasing substance use treatment enrollment and retention, and are associated with “substantially reduced injecting or cessation of injecting.”⁸ In fact, CDC states that SSPs do not increase drug use in the community.⁹

SSPs Are Cost-Effective

SSPs have repeatedly been shown to be cost-effective. According to a 2005 Centers for Disease Control and Prevention study, the cost to prevent one HIV infection through a SSP is calculated at \$4,000–\$12,000, considerably less than the estimated \$379,668 lifetime costs of treating a person infected with HIV.¹⁰ Increasing SSP funding by 10% would cost about \$64 million, but would result in \$193 million in HIV treatment cost savings and prevent an estimated 500 new HIV cases.¹¹ A recent study by the Australian National Center in HIV found that four dollars were returned for every dollar invested in SSPs. In nine years, the study demonstrated a \$907 million net-financial cost-savings, including



substantial savings due to averted hepatitis C transmission.¹²

SSPs Protect the Public, Sanitation Workers, and Police

“Accidental sticks” from contaminated syringes are possible when syringes have not been properly discarded. One study of police officers in San Diego found that 30% of officers have experienced a needle stick during their careers.¹³ Used syringes on the streets also pose a risk to sanitation workers and the public,

Increasing SSP funding by **10%**
would cost about \$64 million, but would
result in **\$193 million** in
HIV treatment cost savings and prevent
an estimated **500** new HIV cases.

including children. SSPs, however, can protect the public and others from “accidental sticks” and infection. SSPs offer the opportunity to directly dispose of used needles in a safe manner and educate people who inject drugs on proper disposal. In fact, in Baltimore, two years after the introduction of an SSP, researchers found that 50% fewer needles were discarded on the street.¹⁴ SSPs can

also create a legal system that allows people who inject drugs to tell police that they have syringes, helping officers avoid injuries from needle sticks during searches or pat downs.¹⁵

such as staff salaries, costs for vans or fixed sites, as well as a variety of other prevention and supportive services. This opens up significant funding streams for communities looking to create new

or expand existing SSPs. States must demonstrate that they are *currently experiencing or are at-risk for experiencing* an injection-related HIV/HCV epidemic in order to qualify for HHS funding.¹⁶

The End of the Funding Ban

In December 2015, Congress lifted the ban on federal funding going to support SSPs. While federal funds still cannot be used to purchase syringes or needles themselves, funds can now be utilized to pay the associated costs of an SSP

Email cba@aidsunited.org to find out more!

Getting to **Zero** The AIDS United Getting to Zero Initiative

The AIDS United Getting to Zero initiative provides no-cost capacity building assistance to CBOs across the country to implement high-impact HIV prevention and strengthen their organizations. Getting to Zero helps CBOs identify the necessary metrics, language, and information to support their local health departments in demonstrating the need for SSP implementation.

Combining the best harm reduction, bio-medical, and organizational change approaches, Getting to Zero delivers technical assistance based on experience and informed and provided by a diverse team of national partners.

¹Centers for Disease Control and Prevention. HIV Surveillance Report, 2014; vol. 26 <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>

²CDC. Viral Hepatitis Surveillance United States, 2014. <https://www.cdc.gov/hepatitis/statistics/2014surveillance/pdfs/2014hepsurveillancerept.pdf>

³Ruiz, M.S., O'Rourke, A. & Allen, S.T. "Impact Evaluation of a Policy Intervention for HIV Prevention in Washington, DC." *AIDS Behav* (2016) 20: 22. doi:10.1007/s10461-015-1143-6

⁴Lorenz, J., Hill, J & Samini, B. (2000). Occupational Needle-stick Injury in a Metropolitan Police Force. *Am J Prev Med*, 18, 146–150.

⁵Groseclose, S.L. et al., "Impact of increased legal access to needles and syringes on practices of injecting-drug users and police officers—Connecticut, 1992–1993," *J Acquir Immune Defic Syndr Hum Retroviral*, vol. 10. no. 1, 1995, p. 82–89.

⁶Hagan H, et al. Reduced injection frequency and increased reentry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *J Subst Abuse Treat*. 2000. <http://www.ncbi.nlm.nih.gov/pubmed/11027894>

⁷CDC. Syringe exchange programs—United States, 2008. *MMWR* 2010;59:1488–91. <http://www.cdc.gov/mmwr/pdf/rr/rr6105.pdf>

⁸World Health Organization (WHO). Evidence for action technical papers: effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. 2004. www.emro.who.int/aiecf/web301.pdf

⁹CDC. Syringe Service Programs FAQ. <http://www.cdc.gov/hiv/risk/ssps.html> and: CDC. HHS Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016: Requesting a Determination of Need in Consultation with CDC. https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-presentation_hhs_ssp_guidance_webinar.pdf

¹⁰CDC. HIV cost-effectiveness. www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/.

¹¹Nguyen TQ, et al. Increasing investment in syringe exchange is cost-saving HIV prevention: modeling hypothetical syringe coverage levels in the United States. August 2012. XIX International AIDS Conference. <http://pag.aids2012.org/Abstracts.aspx?AID=17268>

¹²National Center for HIV. Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009. [http://www.health.gov.au/internet/main/publishing.nsf/Content/A407CF4FECBDC715CA257BF0001F98B2/\\$File/return2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/A407CF4FECBDC715CA257BF0001F98B2/$File/return2.pdf)

¹³Lorentz J, et al. Occupational needlestick injuries in a metropolitan police force. *Am J Prev Med*. 2000. www.ncbi.nlm.nih.gov/pubmed/10698245

¹⁴Doherty MC, et al. The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up. *Am J Public Health*. June 2000. www.ncbi.nlm.nih.gov/pmc/articles/PMC1446248/

¹⁵The Foundation for AIDS Research (amfAR). Public safety, law enforcement, and syringe exchange. March 2013. www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/fact%20sheet%20Syringe%20Exchange%20031413.pdf

¹⁶Department of Health and Human Services. Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016. <https://www.aids.gov/pdf/hhs-ssp-guidance.pdf>