

Syringe Exchange as HIV and Hepatitis Prevention

Sharing used syringes, needles, and other injection equipment spreads HIV and hepatitis B and C. People who inject drugs sometimes share syringes if they don't have clean (sterile) syringes. This exposes the person injecting to the blood of anyone who used the syringe or equipment before them.

Sharing syringes is the main reason people who inject drugs become infected with HIV and hepatitis C. There are more than 60,000 Texans currently living with HIV/AIDS. More than 14,000 Texans, or about 23 percent, were injecting drug users when they became infected with HIV. About 240,000 cases, or about 60 percent, of hepatitis C in Texas are linked to sharing syringes. In fact, 50 to 90 percent of HIV-infected injection drug users are also infected with hepatitis C.

What is syringe exchange?

Syringe exchange programs (SEPs) provide clean syringes in exchange for used syringes and allow used syringes to be disposed of safely. SEPs also provide HIV, STD and hepatitis prevention education and counseling; referrals for HIV, STD and hepatitis testing; hepatitis A and B vaccination; referrals for substance abuse treatment services; and referrals to primary health care and education services.

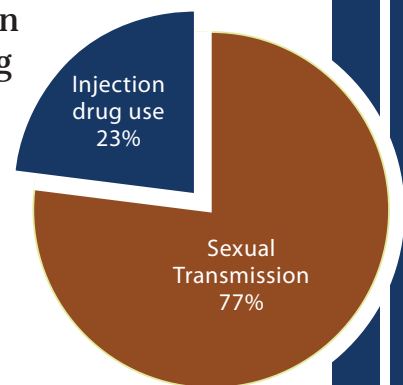
The legal status of syringe exchange.

Current state law makes Texas one of the remaining states in the U.S. unable to use this powerful and proven prevention tool. Texas criminalizes both the possession of syringes and the distribution of clean syringes.

Does syringe exchange work?

The scientific consensus is yes. In areas with SEPs, the number of new cases of HIV and hepatitis B and C has been significantly reduced. Between 1991 and 2000, the federal government funded eight major reports on the effectiveness of SEPs in preventing HIV among injecting drug users. The reports concluded that SEPs slowed the spread of injection-related HIV without increasing drug use.

A study of 81 cities around the world compared HIV infection rates among injecting drug users in cities that had SEPs with cities that did not have SEPs. On average, HIV infection rates increased 5.9 percent per year in the 52 cities without SEPs. In the 29 cities with SEPs, HIV infection rates decreased 5.8 percent per year.



Reported Risk of Adults Living with HIV/AIDS in Texas (2007)

Numerous studies indicate that SEPs do not increase drug use or crime, but do increase the use of substance abuse treatment services. SEPs reduce the sharing of syringes by as much as 80 percent and are documented to lower the number of needle stick injuries among law enforcement personnel.

The impact of syringe exchange.

Syringe exchange has been shown to reduce HIV infection among those who inject drugs by as much as 33 percent. If implemented in Texas, this would translate to a possible reduction of 100 or more cases each year. People who inject drugs are far more likely to become infected with hepatitis than HIV, therefore, it is believed that SEP can be an important hepatitis C prevention intervention as well. Every infection prevented through syringe exchange further decreases the spread of HIV and hepatitis C.

The cost of HIV and Hepatitis.

As HIV and hepatitis infections decrease, so do medical costs. HIV and hepatitis cost Texans millions of dollars in treatment and thousands of years of productive life. The average lifetime cost of medical care for a person with HIV/AIDS is \$380,000. Hepatitis care and treatment through Medicaid costs Texans nearly \$25.9 million per year. Cost savings for both HIV and hepatitis would increase each year as new infections are avoided through continued syringe exchange.

What has happened in cities that started SEPs?

- New Haven, Connecticut, saw an estimated 33 percent reduction in HIV infection rates among drug users, **without** an increase in the level of substance abuse.
- A study in Tacoma, Washington found that injecting drug users who did not use a SEP were six times more likely to get hepatitis B and seven times more likely to get hepatitis C than injecting drug users who were using a SEP.
- In New York City, the HIV infection rate among injecting drug users decreased from 54 percent, two years before the city's first legal SEPs were established, to 13 percent 11 years later.

More than 14,000 Texans got HIV when they were injecting drug users.

About 240,000 cases of hepatitis C in Texas are linked to sharing syringes.

Preventing 100 new cases of HIV would save \$38,000,000 in medical costs.

Syringe exchange could prevent 100 new cases of HIV per year in Texas.

A study comparing 81 cities found the HIV infection rate decreased 5.8% per year in cities with SEPs and increased by 5.9% in cities without SEPs.

The cost-effectiveness of syringe exchange is estimated to be between \$3,000 and \$50,000 per HIV infection prevented.