



Syringe Access Programs in Arizona **Reducing HIV, Crime, and Drug Use**

“Statistics show that syringe exchange programs greatly reduce the number of persons contracting HIV and Hepatitis and increase the safety of the officers on the street by reducing the number of them who are exposed to ‘dirty’ needles. I would also hope that the exchange programs would lead to more people to seek treatment and result in fewer persons overdosing. This epidemic of IV drug abuse has reached such dangerous levels that we should consider all options in an attempt to help the communities we serve.”

-Donnie Varnell, Special Agent in Charge, North Carolina State Bureau of Investigation

What are syringe access programs (SAPs)?

SAPs are public health programs that collect used and potentially contaminated syringes from people who inject drugs, and exchange them for sterile syringes and referrals to social services, including drug addiction treatment and housing. Most SAPs provide other services such as condoms, risk reduction counseling, and overdose prevention materials. SAPs use the proven philosophy of “harm reduction” to motivate positive change and create safer communities.

Why does Arizona need SAPs?

Arizona is experiencing an unprecedented rise in injection drug use, leading to increases in Hepatitis C and overdose deaths. In Maricopa County from 2013 to 2015 there was a 27% increase in new Hepatitis C cases, with an estimated 77,000¹ Arizonans currently living with the infection. Although it is legal to sell syringes², very few pharmacies in the state do so. This creates an environment of pervasive needle sharing among individuals who are unable to stop using, putting the public at risk of an HIV epidemic.

SAPs also provide a unique opportunity to engage with drug users who do not access any other social services. This enables drug users to receive referrals to resources like drug treatment, health care, and housing from outreach workers who they trust.

Don't SAPs just enable drug use?

No! Decades of scientific evidence have concluded that SAPs do not cause an increase in drug use³. Some studies have shown that SAPs decrease drug use by connecting people who use drugs to treatment⁴. It has also been shown that drug users who had participated in a syringe access program were more likely than non-participants to reduce or stop injecting⁵.

How do SAPs connect people to drug treatment?

People who use drugs are often marginalized and encounter numerous barriers when seeking drug treatment. SAPs act as a gateway to treatment by helping SAP clients connect to resources and navigate the complex application process. In fact, research indicates that SAP participants are five times more likely to enter drug treatment than non-participants⁶.

How do SAPs benefit law enforcement?

It is estimated that one in three police officers will be stuck by a syringe during their career, and 28% will suffer more than one needle-stick injury⁷. SAPs are proven to lower needle-stick injuries to law enforcement by 66%⁸.

Do SAPs really reduce crime?

SAPs decrease crime by connecting participants to drug treatment, housing, food pantries, and other social services. In one study, Baltimore neighborhoods with SAPs experienced an 11% decrease in crime, compared to those without SAPs, which saw an 8% increase in criminal activity⁹.



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How do SAPs decrease HIV and Hepatitis C?

SAPs decrease the transmission of blood borne disease by decreasing the likelihood that people who inject drugs will share syringes, and by collecting used syringes from the community to properly dispose of them. An estimated 50-80% of drug users become infected with Hepatitis C within five years of their first drug injection¹⁰. Studies show that SAPs decrease hepatitis C transmission among drug injectors by as much as 50%¹¹. Areas with SAPs have enjoyed an 80% decrease in new HIV infections among people who inject drugs¹². Less infections means fewer infected needles in circulation, creating a safer environment for the broader public.

How do SAPs save taxpayer money?

The lifetime cost of treating person living with HIV is estimated to be between \$385,000-\$618,900, while hepatitis C costs \$100,000-\$500,000 to treat. Since many people who inject drugs are uninsured or reliant on programs like Medicaid, taxpayers bear most of this cost. With individual syringes costing just pennies, it is far cheaper to prevent a new case of HIV or Hepatitis than to assume many years of treatment costs. According to a recent analysis, every dollar spent on SAPs would save an estimated three to seven dollars in treatment costs averted.

Who else has SAPs?

Thirty-three states in the US operate SAPs, including Kentucky, Indiana, and West Virginia. Many cities in states without authorized SAPs have enacted formal and informal resolutions to allow SAPs to operate.

What happened in Indiana?

In early 2015 during a routine exam, a pregnant woman in Austin, IN was diagnosed with HIV. Through disease investigation, 170 individuals were found to be newly infected with HIV in a town of only 4200 residents with 5 prior new HIV infections in the last decade. The rapid spread of HIV was attributed to injection drug use in a state whose governor had openly stated he would never allow SAPs. The CDC and other organizations established SAPs in Indiana with the blessing of the governor, and the outbreak was contained. Syringe access programs were fast-tracked for approval in the state legislature and several SAPs have now formed in the state.

"I used to be an officer in a city in Connecticut that ran an active, successful syringe exchange program. I saw first hand that the program reduced the number of dirty syringes in circulation and the number of accidental needle-sticks suffered by first responders. Syringe exchange programs are a good way for those dealing with addiction to avoid diseases and to get information on treatment options." Chief John Cueto, Town of Duck, NC Police Department



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¹ Estimates of People with Hepatitis C in Arizona, National Viral Hepatitis Roundtable.

² Temple University of the Commonwealth System of Higher Education, Beasley School of Law, Project on Harm Reduction in the Health Care System, Prescribing and Dispensing Injection Equipment in Arizona, 1999.

³ Institute of Medicine. Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries. An Assessment of the Evidence. Washington, D.C.: National Academies Press; 2006.

⁴ World Health Organization, Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Technical Paper. 2004

⁵ Hou et al., Cessation of injection drug use and change in injection frequency. *Addiction*. 2006;101:1606-1613

⁶ Hagan et al., Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *J. Subst Abuse Treat*. 2000;19:247-252

⁷ Lorenz, J., Hill, J & Samini, B. (2000). Occupational Needle-stick Injury in a Metropolitan Police Force. *American Journal of Preventative Medicine*, 18, 146-150.

⁸ Groseclose, 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," *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology*, vol. 10. no. 1, 1995, p. 82-89.

⁹ Center for Innovative Public Policies. Needle Exchange Programs: Is Baltimore a Bust? Tamarac, FL: CIPP; April 2001.

¹⁰ CDC. (September 2002). Fact sheet: Viral hepatitis and injection drug users.

¹¹ Turner, K. et al. "The impact of needle and syringe provision and opiate substitution therapy on the

incidence of hepatitis C virus in injecting drug users: pooling of UK evidence," *Addiction*, E-publication ahead of print, 2011.

¹² Des Jarlais, D.C., Arasteh, K., & Friedman, S. R. (2011). HIV among drug users at Beth Israel Medical Center, New York City, the first 25 years. *Substance Use & Misuse*, 46(2-3), 131-139.

