IOWA CODE

124.414 Drug paraphernalia. 1. a. As used in this section, "drug paraphernalia" means all equipment, products, or materials of any kind used or attempted to be used in combination with a controlled substance, except those items used in combination with the lawful use of a controlled substance, to knowingly or intentionally and primarily do any of the following: (1) Manufacture a controlled substance. (2) Inject, ingest, inhale, or otherwise introduce into the human body a controlled substance. (3) Test the strength, effectiveness, or purity of a controlled substance. (4) Enhance the effect of a controlled substance. b. "Drug paraphernalia" does not include hypodermic needles or syringes if manufactured, delivered, sold, or possessed for a lawful purpose. 2. It is unlawful for any person to knowingly or intentionally manufacture, deliver, sell, or possess drug paraphernalia. 3. A person who violates this section commits a simple misdemeanor. 2000 Acts, ch 1144, §4

PROPOSED BILL LANGUAGE TO PROTECT LAW ENFORCEMENT AND PREVENT DISEASE:

"Section 1. Section 124.414, subsection 1, paragraph b, Code 2017, is amended to read as follows:
b. 'drug paraphernalia' does not include hypodermic needles or syringes if manufactured, delivered, sold, or possessed for a lawful purpose. 'lawful purpose' includes hypodermic needles or syringes delivered, sold, or possessed through an approved needle exchange program established pursuant to rules adopted by the department of public health."

GETTING TO THE POINT!

Syringe Exchange Programs & North Carolina

"After reviewing all of the research to date, the senior scientists of the Department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs."

Dr. David Satcher, U.S. Dept. of Health & Human Services

What are Syringe Exchange Programs (SEPs)?

SEPs collect used and potentially contaminated syringes from people who inject drugs and exchange them for sterile syringes and access to social services, including substance addiction treatment.

Why does North Carolina need SEPs?

North Carolina is experiencing a rapid rise in injection drug use, leading to increases in hepatitis C infections. Over the past four years acute hepatitis C cases have more than doubled[1] , and the cost of treating North Carolina Medicaid patients with chronic hepatitis C rose from around 8 million dollars in 2013 to over 50 million in 2014[2]. These costs will continue to rise, creating an additional burden on NC taxpayers unless we act now. Also, heroin deaths rose 565% between 2010 and 2014[3] and programs are needed to help people who struggle with addiction to seek treatment.

How can SEPs help NC's problem with drugs, overdose, Hepatitis C and taxes?

Decades of research show that SEPs are effective at lowering rates of HIV and hepatitis C, connecting drug users to treatment, preventing deaths from drug overdose, and offering a range of health and supportive services, including referrals to programs for food, housing and employment.

Do SEPs encourage drug use?

NO. Decades of scientific evidence have concluded that SEPs DO NOT cause any increase in drug use[4]. In fact, many studies have demonstrated that SEPs decrease drug use by connecting people who use drugs to treatment.

Do people who use drugs actually return syringes to Syringe Exchange Programs?

YES. Research indicates that over 90% of syringes distributed by SEPs are returned[5].

How do SEPs connect people to drug treatment?

People who use drugs are often marginalized and encounter numerous barriers when seeking drug treatment. SEPs act as a gateway to treatment by helping SEP clients connect to resources and navigate the complex application process. In fact, research indicates that SEP participants are five times more likely to enter drug treatment than non-participants[6].

How do SEPs benefit law enforcement?

It is also estimated that one in three officers will be stuck by a syringe during their career and 28% will suffer more than one needle-stick injury[7]. SEPs are proven to lower needle-stick injury to law enforcement by 66%[8].

How do SEPs decrease HIV, hepatitis C and hepatitis B among injection drug users?

SEPs decrease the transmission of bloodborne disease by decreasing the likelihood that people who inject drugs will share syringes and by collecting used syringes from the community and properly disposing of them. Studies show that SEPs decrease hepatitis C transmission among people who inject drugs by as much as 50%[9]. HIV infection rates have decreased among people who inject drugs by as much as 80% in areas with SEPs[10].

How do SEPs save taxpayer money?

The lifetime cost of treating an HIV-positive person is estimated to be between $385,200 and $618,900[11], while hepatitis C costs $100,000-$500,000[12] to treat . Since most people who inject drugs are uninsured or reliant on programs such as Medicaid, taxpayers bear most of this cost. With individual needles and syringes costing less than 50 cents, it is far cheaper to prevent a new case of HIV than to assume many years of treatment costs. According to a

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recent analysis, every dollar spent on SEPs would save at least an estimated three dollars in treatment costs averted[13].

How do SEPs decrease crime?

SEPs decrease crime by connecting participants to drug treatment, housing, food pantries and other social services. In one study, Baltimore neighborhoods with syringe exchange programs experienced an 11% decrease in crime compared to those without syringe exchange, which saw an 8% increase in criminal activity[14].

How many states have SEPs?

Twenty states in the U.S. explicitly authorize SEPs, including Kentucky, Indiana and Nebraska. Georgia and West Virginia also have SEPs in some major cities.

North Carolina Law Enforcement Who Support Syringe Exchange Programs

"I'm in favor of syringe exchange programs to reduce the number of HIV and hepatitis C cases in the community. This is a public health issue. These programs would help the citizens of our state [who struggle with addiction] and protect others from injuries with dirty needles."
Chief Marty Sumner, High Point Police Department

"Law enforcement has been at the front lines of the drug problem and has witnessed the devastating effects of drug use and abuse. Although the enforcement of drug laws is and always will be an integral part of police work, we also realize that we will not solely arrest our way out of this problem. I support syringe exchange programs because they are shown to lower the rates of disease and help connect drug users to the treatment that they need to combat this epidemic."
Chief Bill Hollingsed, Waynesville Police Department

"Over the past few years, we have seen a tragic surge in deaths due to opioid overdose. Along with the escalation of injectable drugs comes the increased opportunity for needle sticks. With preventative measures such as improving syringe access, we are protecting the health and safety of law enforcement officers. Of course, I support any measures to keep our officers safe."
Sheriff Neil Elks, Pitt County Sheriff's Office

"I can't see how anyone could be against syringe exchange programs. Syringes are a public safety issue and exchange programs would cut down on the number of cases of HIV and hepatitis C. They would also reduce first responder's exposure to needle-stick injury and connect subjects to treatment resources during contact with the exchange."
Chief Kevin Brinkley, Nags Head Police Department

"Anyone who supports naloxone as a tool to save lives should support syringe exchange programs as well. They both give people a second chance. I would support having a syringe exchange program in my county, especially if people get treatment information along with clean syringes."
Sheriff Doug Doughtie, Dare County Sheriff's Office

"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 Police Department

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1 NC Department of Health and Human Services surveillance data

2 NC Department of Health and Human Services surveillance data

3 NC Injury Prevention Branch.

4 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.

5 Ksobiech, K, 2004, Harm Reduction Journal. Return Rates for Needle Exchange Programs: A common criticism answered. http://www.harmreductionjournal.com/content/1/1/2

6 Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER., "Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors," Journal of Substance Abuse Treatment, vol. 19, 2000, p. 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 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.

10 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.

11 Schackman, B.R., Gebo, K.A., & Walensky, R.P. et al. (November 2006). The lifetime cost of current Human Immunodeficiency Virus care in the United States. Medical Care, 44(11), 990-997.

12 Mizuno, Y. et al. (2006). Correlates of health care utilization among HIV-seropositive injection drug users. AIDS Care,18(5):417-25.

13 Nguyen, T.Q., Weir, B.W., Pinkerton, S.D., Des Jarlais, D.C., & Holtgrave, D. (July 23, 2012). Increasing investment in syringe exchange is cost-saving HIV prevention: modeling hypothetical syringe coverage levels in the United States (MOAE0204). Presented at the XIX International AIDS Conference, Washington D.C. Session available online at http://pag.aids2012.org/session.aspx?s=198. (date last accessed: December 11, 2012)

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

GETTING TO THE POINT!

Syringe Exchange Program Myths & The Facts

Between 1991 and 1997, the US Government funded seven reports on clean needle programs for persons who inject drugs. The reports are unanimous in their conclusions that clean needle programs reduce HIV transmission, and none found that clean needle programs caused rates of drug use to increase. The federal Department of Health and Human Services currently maintains a webpage on the effectiveness of syringe exchange programs: http://www.samhsa.gov/ssp/

MYTH: Syringe Exchange Programs (SEPs) encourage, enable, and increase drug use

FACT: Decades of scientific evidence, including from health organizations such as the World Health Organization and the American Medical Association, have concluded that SEPs DO NOT cause any increase in drug use. In fact, many studies have demonstrated that SEPs decrease drug use by connecting otherwise marginalized people to treatment. It is estimated that SEP participants are five times more likely to enter drug treatment than non-participants.

MYTH: SEPs increase crime

FACT: Crime actually decreases in SEP areas because participants are connected to drug treatment, housing, food pantries and other social services. In one study, Baltimore neighborhoods with syringe exchange programs experienced an 11% decrease in crime compared to those without syringe exchange, which saw an 8% increase in criminal activity.

MYTH: Persons who use drugs will not return used syringes to a SEP

FACT: Research indicates that over 90% of syringes distributed by SEPs are returned. In Baltimore, SEPs helped reduce the number of improperly discarded syringes in the community by almost 50 percent. In Portland, Oregon, the number of improperly discarded syringes dropped by almost two-thirds after the implementation of an SEP.

MYTH: SEPs do not have public support

FACT: Numerous national medical and public health organizations support SEPs, including the American Medical Association, the American Public Health Association, the National Academy of Sciences, and the American Academy of Pediatrics. So too do leading global bodies such as the World Health Organization (WHO), the World Bank, and the International Red Cross-Red Crescent Society. The American Bar Association strongly supports SSPs, as does the U.S. Conference of Mayors.

MYTH: Only "blue" states have SEPs

FACT: With the current crisis around rising rates of injection drug use, HIV and hepatitis C, several "red" states have explicitly authorized SEPs, including Kentucky, West Virginia, Indiana, and Nebraska.

MYTH: SEPs lead to more discarded syringes in the community

Fact: SEPs actually decrease the number of syringes discarded in public areas because over 90% of program participants turn in syringes to the SEP. Also, if people do not fear being charged for possession of a syringe by law enforcement, they are more likely to carry sharps containers for syringe disposal, instead of discarding used syringes in trash cans, flushing them down the toilet, or throwing them out the window of a car.

MYTH: Law Enforcement Don't Support SEPs

Fact: Many NC Chiefs and Sheriffs have come out on record in support of syringe exchange programs, including Sheriff Elks of Pitt County, Sheriff Doughtie of Dare County, Chief Sumner of High Point, Chief Brinkley of Nags Head, Chief Hollingsed of Waynesville, Chief Cueto of Duck, Chief Barone of Statesville, and Chief Rountree of Winston Salem.

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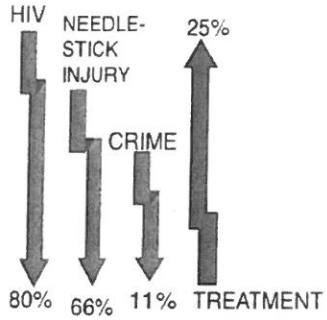
NORTH CAROLINA
LAW ENFORCEMENT GUIDE TO SYRINGE EXCHANGE PROGRAMS

What are Syringe Exchange Programs (SEPs)?

SEPs offer a range of social services to people who struggle with addiction, including access to drug treatment, housing, employment opportunities, and sterile syringes. These programs protect users and the public from the spread of disease such as HIV and hepatitis C and also collect used syringes from the community to dispose of them safely. SEPs do NOT increase or encourage drug use. In fact, people who participate in SEPs are five times more likely to enter an addiction treatment program than non-participants.

How do SEPs Benefit Law Enforcement?

SEPs are shown to lower needle-stick injuries to LEOs by 66%, decrease hepatitis C and HIV transmission rates by 50-80%, and lower crime rates by 11% by connecting people caught up in the criminal justice system to social services programs. They are also extremely effective at connecting hard-to-reach populations to drug treatment.



"Statistic 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."

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FAST FACTS ON SYRINGE EXCHANGE PROGRAMS

NC taxpayers paid $50 million for Hep C treatment and $117 million for HIV treatment in 2014 alone

SEPs prevent the spread of HIV, HCV and HBV, reducing the taxpayer burden for these diseases. A sterile syringe could prevent these diseases for 7 cents

Crime decreases in areas with a SEP because participants are connected to housing, food pantries and other social services

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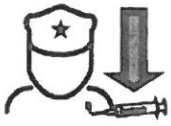
There is available funding from private foundations to cover the costs of a SEP. NC taxpayers won't have to foot the bill.



SEPs reduce needle-stick injury to law enforcement by 66%

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SEPs decrease hepatitis C transmission among people who inject drugs by as much as 50%. HIV injection rates have decreased by as much as 80% in areas with SEPs

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LAW ENFORCEMENT CONCERNS

RESEARCH

Not Enough Drug Users Enter Treatment	SEPs are a gateway to drug treatment. SEP participants are 5 times more likely to enter treatment than non-participants [1]
Increases in Drug-Related Crime →	Crime decreases in SEP areas because participants are connected to drug treatment, housing, food pantries and other social services. In Baltimore neighborhoods with syringe exchange have experienced an 11% decrease in crime compared to those without syringe exchange, who saw an 8% increase in criminal activity [1]
Increases in Drug Use →	SEPs DO NOT cause any increase in drug use. In fact, they decrease drug use by connecting people to treatment [2]
Needle-stick Injury →	SEPs lower needle-stick injury to law enforcement by 66% [3]
Increases in HIV, HCV and HBV among populations in frequent contact with law enforcement →	SEPs decrease hepatitis C transmission among people who inject drugs by as much as 50%. HIV injection rates have decreased by as much as 80% in areas with SEPs [3]
Discarded Needles in the Street →	SEPs collect discarded needles and dispose of them safely, thereby reducing the number of syringes in public areas [4]
Taxpayers foot the bill for HIV and HCV treatment. In 2014 alone NC taxpayers paid $50 million for HCV treatment and $117 million for HIV treatment for the uninsured. →	SEPs prevent the spread of HIV, HCV and HBV, reducing the taxpayer burden for these diseases. The lifetime cost of treating HIV is $385,000-619,000 , while HCV costs $100,000 - 300,000. [5] [6] A sterile syringe could prevent these diseases for 7 cents
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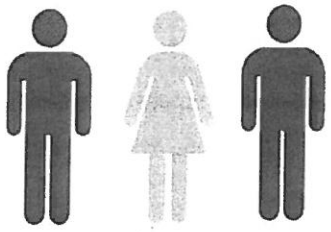
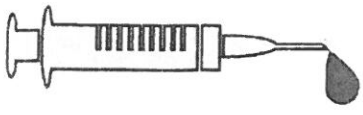


ONE in THREE officers will be stuck by a SYRINGE during their career



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5 Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: A 2-year follow-up. American Journal of Public Health. 2000;90(6):936–939.
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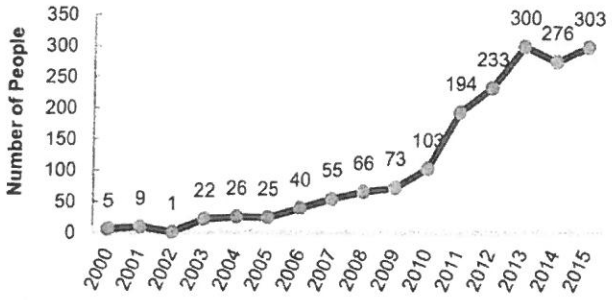
Hepatitis C Virus
ON THE RISE: YOUNG ADULTS

IDPH Iowa Department of Public Health

WHAT IS HEPATITIS C?

Hepatitis C is a liver disease caused by the Hepatitis C Virus (HCV). HCV is the most common blood-borne illness in the United States, and new cases are on the rise. Hepatitis C can cause serious health problems including liver damage, cirrhosis, liver cancer, and even death.[1]

HCV IN YOUNG ADULTS AGES 30 AND YOUNGER IS ON THE RISE IN IOWA



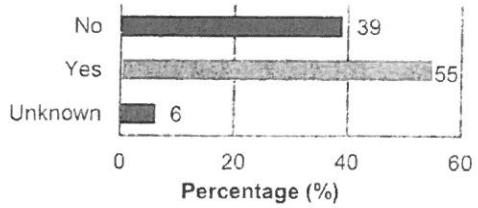
WHY ARE YOUNG ADULTS GETTING HEPATITIS C?

Injection drug use is a primary driver for increases in new, young hepatitis C cases. Particularly, the recent increase in abuse of prescription and non-prescription opioids is fueling an outbreak of hepatitis C among people 30 and under.

HEPATITIS C AND INJECTION DRUG USE

HCV can spread easily through surfaces, equipment, or objects contaminated with infected blood. People who inject drugs can acquire and spread hepatitis C through contaminated needles, syringes, water, cotton, and other equipment.[2] Of the youth and young adults ages 30 and under reported diagnosed in 2015, data on injection drug use was collected for 69% (208). Among those, 55% of people reported injection drug use.

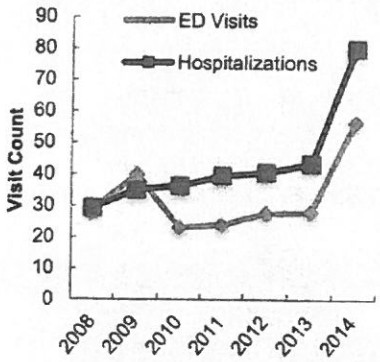
Injection drug use among adults living with HCV who are 30 years of age or younger



HEROIN AND OPIOIDS

In Iowa, rates of heroin and opioid-related overdoses have increased greatly over the last 10 years. Emergency department (ED) visits related to opioid overdoses have increased by roughly 253%, and ED visits from heroin have increased 2,500% from 2003 through 2014 for people less than 35 years of age.

Opioid-Related Emergency Dept. Visits and Hospitalizations



Youth and young adults who report ever having injected drugs should be tested for Hepatitis C.

For more information on hepatitis C virus and to view the recently released Hepatitis C Iowa Profile please visit:
http://idph.iowa.gov/hivstdhep/hep/hep-c

Bureau of HIV, STD, and Hepatitis
Iowa Department of Public Health
321 E 12th St.
Des Moines, IA, 50319-0075

Issued December 2016

[1]Centers for Disease Control and Prevention. http://www.cdc.gov/hepatitis/hcv/cfaq.htm
[2]Centers for Disease Control and Prevention. https://www.cdc.gov/hepatitis/hcv/pdfs/factsheet-pwid.pdf

NORTH CAROLINA
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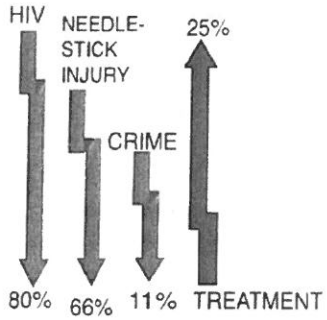
SEPs are shown to lower needle-stick injuries to LEOs by 66%, decrease hepatitis C and HIV transmission rates by 50-80%, and lower crime rates by 11% by connecting people caught up in the criminal justice system to social services programs. They are also extremely effective at connecting hard-to-reach populations to drug treatment.



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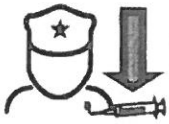

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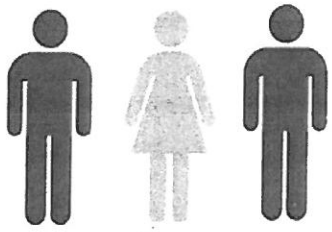

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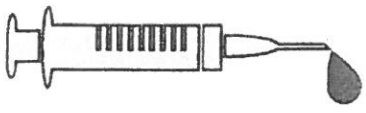

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1 Center for Innovative Public Policies. Needle Exchange Programs: Is Baltimore a Bust? Tamarac, Fl.: CIPP; April 2001.

2 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.

3 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.

4 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.

5 Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: A 2-year follow-up. American Journal of Public Health. 2000;90(6):936–939.
Schackman, B.R., Gebo, K.A., & Walensky, R.P. et al. (November 2006). The lifetime cost of current Human Immunodeficiency Virus care in the United States. Medical Care, 44(11), 990-997.

6 Mizuno, Y. et al. (2006). Correlates of health care utilization among HIV-seropositive injection drug users. AIDS Care, 18(5):417-25.

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FACT SHEET

Public Safety, Law Enforcement, and Syringe Exchange

Numerous scientific studies demonstrate that syringe exchange programs (SEPs) can play an important role in reducing HIV and viral hepatitis infection and advancing public safety, including the safety of law enforcement officials. For 21 years, federal law prohibited the use of federal funds for SEPs. While the ban was lifted in 2009, several state and local health authorities sought and used federal funds for SEPs as part of a broader approach to preventing HIV infections.

Background

More than 1.1 million people are living with HIV in the U.S., according to estimates from the Centers for Disease Control and Prevention (CDC). Injection drug users (IDUs) account for approximately 19 percent of all infections (209,000 cases) and 12 percent of all new HIV infections in 2006.[1] When implemented as part of a comprehensive HIV/AIDS prevention strategy, SEPs are an effective public health approach to reducing the spread of HIV/AIDS and other blood-borne diseases in communities across the U.S.[2,3,4] Research shows that SEPs promote public health and safety by taking syringes off the streets and protecting law enforcement personnel from needle stick injuries, which can result in the transmission of diseases such as HIV/AIDS and hepatitis C. These programs also importantly link IDUs to substance abuse treatment programs and serve as an entry point into other health services, including HIV and STD testing and entry into care and treatment programs.[5]

Studies have also established that SEPs do not increase crime or drug use and provide a gateway to drug treatment and HIV prevention services.[6]

SEPs Protect Law Enforcement Personnel from Needle Stick Injuries

"In the cities that have adopted needle exchange programs, there is a dramatic reduction in needle sticks to firefighters who crawl on their hands and knees through smoke filled rooms to search for victims."

—Charles Aughenbaugh, Jr., President, New Jersey Deputy Fire Chiefs Association, Retired Deputy Fire Chief, March 2011

- A study of police officers in San Diego found that nearly 30 percent had been stuck by a needle at one point in their careers, with more than 27 percent of those injured experiencing two or more needle stick injuries.[7]
- A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing SEPs.[10]

SEPs Promote Public Health and Safety by Taking Syringes off the Streets

"SEPs take dirty needles off the streets and increase the safety of our police officers."

—Bob Scott, former Captain, Sheriff's Office, Macon County, N.C., February 2011

- SEPs reduce the circulation of contaminated syringes among IDUs, educating and informing participants about the safe disposal of used syringes.[11,12]

- In many states, SEPs actively encourage participants to return as many used syringes as possible.[13] As a result, the majority of syringes distributed by SEPs are returned.[14] A Baltimore study demonstrated that SEPs helped to reduce the number of improperly discarded syringes by almost 50 percent.[15]

- Studies demonstrate that the availability of SEPs in communities results in increased safe disposal of used syringes. For instance, in Portland, Oregon, the number of improperly discarded syringes dropped by almost two-thirds after the implementation of a SEP.[16] In 2000, approximately 3.5 million syringes were recovered in San Francisco and safely disposed of as infectious waste.[17]

SEPs Do Not Increase Crime or Drug Use

> *"Based upon the literature that's been presented to me, SEPs do not appear to increase crime and/or drug abuse but rather greatly enhance officer and public safety."*
>
> —Cpl/Deputy Sheriff D. A. Jackson, Background Investigator, Guildford County Sheriff's Office, Greensboro, N.C., March 2011

- SEPs do not encourage the initiation of drug use nor do they increase the frequency of drug use among current users,[18] according to an assessment by the Institute of Medicine.

- The presence of SEPs in communities does not expand drug-related networks or increase crime rates.[19] On the contrary, research has found that neighborhoods in Baltimore with SEPs experienced an 11 percent decrease in break-ins and burglaries, whereas areas of the city without SEPs experienced an 8 percent increase in crime.[20] Another study conducted in Baltimore demonstrated that the number of arrests did not increase after the establishment of SEPs.[21]

- One study found that new SEP participants are five times more likely to enter a drug treatment program than non-participants.[22] Researchers also found that IDUs who had participated in the exchange were more likely than IDUs who had not participated to reduce or stop injecting.[23]

Conclusion

SEPs are a cornerstone of prevention efforts to protect the health and safety of police officers, fire fighters, other civil servants, and the public by helping to reduce the transmission of blood-borne diseases, including HIV/AIDS. They are also a critical component of a comprehensive approach to preventing HIV infection, as highlighted in the U.S. National HIV/AIDS Strategy.[24] Since the implementation of SEPs in the late 1980s, new HIV infections among IDUs have declined overall by 80 percent.[25] Effectively addressing injection drug use and HIV/AIDS requires a coordinated partnership between health providers, law enforcement, and communities.

About Syringe Exchange Programs

> *"SSPs [syringe services programs] are widely considered to be an effective way of reducing HIV transmission among individuals who inject illicit drugs and there is ample evidence that SSPs also promote entry and retention into treatment."*
>
> —Office of U.S. Surgeon General Dr. Regina Benjamin, *Federal Register*, February 2011

IDUs represent a significant percentage of new HIV infections and nearly 20 percent of all persons living with HIV in the U.S. SEPs are one important component of a comprehensive HIV prevention effort for IDUs that includes education on risk reduction, HIV testing, referral to drug addiction treatment, and referral to other medical and social services.

SEPs provide a safe and accessible method for IDUs to exchange used syringes for sterile ones, lowering the risk of HIV transmission and increasing public safety.[26] Similar to hospitals and other healthcare settings, SEPs collect used syringes in special puncture-proof containers. These containers are safely disposed of according to special hazardous waste disposal procedures. There are currently approximately 211 exchange programs operating one or more exchange sites in 32 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations.[27] For more information and a summary of SEP research, please visit, www.samhsa.gov/ssp.

SYRINGE EXCHANGE PROGRAM STUDIES

Abdala N., Stephens, P.C., Griffith, B.P., & Heimer R. (1999). Survival of HIV-1 in Syringes. *J. Acquir Immune Defic Syndr Hum Retrovirol*, 1999 Jan 1;20(1);73-80.

Bailey, S.L., Huo, D., Garfein, R.S., & Ouellet, L.J. (2000). The use of needle exchange by young injection drug users. *Journal of Acquired Immune Deficiency Syndromes*, 34(1), 67-70.

Bluthenthal, R.N., Anderson, R., Flynn, N.M., & Kral, A.H. (2007). Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug and Alcohol Dependence*, 89(2-3), 214-222.

Bluthenthal, R.N., Kral, A.H., Erringer, E.A., & Edlin, B.R. Use of an illegal syringe exchange and injection-related risk behaviors among street–recruited injection drug users in Oakland, California, 1992-1995. *Journal of AIDS and Human Retrovirology*, 1998.

Bluthenthal, R.N., Kral, A.H., Gee, L., Erringer, E.A., & Edlin, B.R. (2000). The effect of syringe exchange use on high-risk injection drug users: A cohort study. *AIDS*, 14, 605-611.

Bluthenthal, R.N., Malik, M.R., Grau, L.E., Singer, M., Marshall, P., & Heimer, R. (2004). Sterile syringe access conditions and variations in HIV risk among drug injectors in three cities. *Addiction*, 99, 1136-1146.

Bluthenthal, R.N., Ridgeway, G., Schell, T., Anderson, R., Flynn, N.M., & Kral, A.H. (2007). Examination of the association between syringe exchange program (SEP) dispensation policy and SEP client-level syringe coverage among injection drug users. *Addiction*, 102, 638-646.

Braine, N., Des Jarlais, D.C., Ahmad, S., Purchase, D., & Turner, C. (2004). Long-term effects of syringe exchange on risk behavior and HIV prevention. *AIDS Education and Prevention*, 16(3), 264–275.

Broadhead, R., Van Hulst, Y., & Heckthorn, D. Termination of an established needle exchange: A study of claims and their impact. Social Problems, 1999; Vol. 46, No.1:48-66

Brooner, R., Kidorf, M., King, V., Bielenson, P., Svikis, D., & Vlahov, D. A drug abuse treatment success among needle exchange participants. Public Health Reports, 113; Supplement 1: pp. 130-139, June 1998.

Bruneau, J., Lachance, N., et al. Changes in HIV Secroconversion Rates of IDU's Attending needle exchange programs in Montreal: The Saint-Luc Cohort. *Canadian Journal of Infectious Diseases*, (Supplement) May 1999.

Cao, W., & Treloar, C. (2006). Comparison of needle and syringe programme attendees and non-attendees from a high drug-using area in Sydney, New South Wales. *Drug and Alcohol Review*, 25(5), 439–444.

Syringe Exchange Program Studies

Centers for Disease Control and Prevention. Update: Syringe exchange programs – United States, 1997. Morbidity and Mortality Weekly Report, August 14, 1998, Vol 47 (31); 652-655.

Coffin, P.O., Latka, M.H., Latkin, C. Wu, Y., Purcell, D.W., Metsch, L., Gomez, C., & Gourevitch, M.N. (2007). Safe syringe disposal is related to safe syringe access among HIV-positive injection drug users. *AIDS Behavior*, 11, 652-662.

Des Jarlais, D.C., Perlis, T., Friedman, S.R., Deren, S., et al. Declining seroprevalence in a very large HIV epidemic; Injecting Drug Users in New York City, 1991 to 1996. *American Journal of Public Health*, 88(12): 1801-1806, 1998.

Des Jarlais, D.C., Arasteh, K., McKnight, C., Ringer, M., & Friedman, S.R. (2010). Syringe exchange, injecting and intranasal drug use. *Addiction*, 105, 155-158.

Des Jarlais, D.C., Asareth, K., Hagan, H., McKnight, C., Perlman, D.C., & Friedman, S.R. (2009). Persistence and change in disparities in HIV infection among injection drug users in New York City after large-scale syringe exchange programs. *American Journal of Public Health*, 99(S2), S445-S451.

Des Jarlais, D.C., Perlis, T., Arasteh, K., Torian, L.V., Hagan, H., Beatrice, S., Smith, L., Wethers, J., Milliken, J., Mildvan, D., Yancovitz, S., & Friedman, S.R. (2005). HIV incidence among injection drug users in New York City, 1990 to 2002: Use of serologic test algorithm to assess expansion of HIV prevention services. *American Journal of Public Health*, 95(8), 1439-1445.

Des Jarlais, D.C., Perlis, T., Arasteh, K., Torian, L.V., Hagan, H., Beatrice, S., Smith, L., Wethers, J., Milliken, J., Mildvan, D., Yancovitz, S., & Friedman, S.R. (2005). Reductions in hepatitis C virus and HIV infections among injecting drug users in New York City, 1990–2001. *AIDS*, 19(S3), S20-S25.

Desimone, J. (2005). Needle exchange programs and drug injection behavior. *Journal of Policy Analysis and Management*, 24 (3), 559–577.

Fisher, D., Fenaughty, A.M., Cagle, H.H., & Wells, R.S. (2003). Needle exchange and injection drug use frequency: A randomized clinical trial. *Journal of Acquired Immune Deficiency Syndromes*, 33, 199-205.

Hagan, H., McGough, J.P., Thiede, H., Hopkins, S.G., Weiss, N.S., & Alexander, E. R. (2000). Volunteer bias in non-randomized evaluations of the efficacy of needle exchange programs. *Journal of Urban Health,* 77(1), 103-112.

Hagan, H., McGough, J.P., Thiede, H., Weiss, N., Hopkins, S., & Russell, A. (1999). Syringe exchange and risk of infection with hepatitis B and C viruses. *American Journal of Epidemiology*, 149, 203-213.

Hagan, H., McGough, J.P., Thiede, H., Hopkins, S.G., Duchin, J., & Alexander, E.R. (2000). Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *Journal of Substance Abuse Treatment,* 19, 247-252.

Heimer, R., Khoshnood, K., Bigg, D., Guydish, J., & Junge, B. Syringe use and reuse: Syringe exchange programs in four cities. *Journal of Acquired Immunodeficiency Syndromes and Human Retrovirology*. 1998: 18(Suppl 1); S37-S44.

Heimer, R. (2008). Community coverage and HIV prevention: Assessing metrics for estimating HIV incidence through syringe exchange. *International Journal of Drug Policy*, 19(S1), S65-S73.

Henderson, L.A., Vlahov, D., Celentano, D.D., & Strathdee, S.A. (2003). Readiness for cessation of drug use among recent attenders and nonattenders of a needle exchange program. *Journal of Acquired Immune Deficiency Syndromes*, 32, 229–237.

Holtgrave, D.R., Pinkerton, S.D., Jones, T.S., Lurie, P., & Vlahov, D. (1998). Cost and cost-effectiveness of increasing access to sterile syringes and needles as an HIV prevention intervention in the United States. *Journal of Acquire Immune Deficiency Syndrome Human Retrovirol* 1998:18. Supplement 1:5 133-8.

Holtzman, D., Barry, V., Ouellet, L.J., Des Jarlais, D.C., Vlahov, D., Golub, E.T., Hudson, S.M., & Garfein, R.S. (2009). The influence of needle exchange programs on injection risk behaviors and infection with hepatitis C virus among young injection drug users in select cities in the United States, 1994–2004. *Preventive Medicine*, 49, 68-73.

Huo, D., Bailey, S.L., & Ouellet, L.J. (2006). Cessation of injection drug use and change in injection frequency: The Chicago needle exchange evaluation study. *Addiction*, 101, 1606-1613.

Huo, D., Bailey, S.L., Hershow, R.C., & Oullet, L. (2005). Drug use and HIV risk practices of secondary and primary needle exchange users. *AIDS Education and Prevention*, 17(2), 170-184.

Huo, D., & Ouellet, L. J. (2007). Needle exchange and injection-related risk behaviors in Chicago: A longitudinal study. *Journal of Acquired Immune Deficiency Syndromes,* 45, 108–114.

Junge, B., Vlahov, D., Riley, E., Huettner, S., Brown, M., & Beilenson, P. Pharmacy access to sterile syringes for injection drug users; attitudes of participants in a syringe exchange program. *Journal of American Pharmacy Association*. 1999 Jan-Feb;39(1);17-22.

Kahn, J. Economic evaluation of primary HIV prevention in injection drug users. In Holtgrave D., edit; Handbook of Economic Evaluation HIV Prevention Programs. Plenum Press, New York: 1998.

Kidorf, M., Disney, E., King, V., & Kolodner, K. (2005). Challenges in motivating treatment enrollment in community syringe exchange participants. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 82(3), 456-467.

Kidorf, M., & King, V.L. (2008). Expanding the public health benefits of syringe exchange programs. *Canadian Journal of Psychiatry*, 53(8), 487-495.

Kidorf, M., King, V.L., Neufield, K., Peirce, C., Kolodner, K., & Brooner, R.K. (2009). Improving substance abuse treatment enrollment in community syringe exchangers. *Addiction*, 104, 786-795.

Kidorf, M., King, V.L., Peirce, J., Burke, C., Kolodner, K., & Brooner, R.K. (2010). Psychiatric distress, risk behavior, and treatment enrollment among syringe exchange participants. *Addictive Behaviors* [article available electronically ahead of press].

Ksobiech, K. (2003). A meta-analysis of needle sharing, lending, and borrowing behaviors of needle exchange program attenders. *AIDS Education and Prevention*, 15(3), 257-268.

Latkin, C.A., Davey, M.A., & Hua, W. (2006). Needle exchange program utilization and entry into drug user treatment: Is there a long-term connection in Baltimore, Maryland? *Substance Use & Misuse*, 41, 1991–2001.

Longshore, D., Bluthenthal, R.N., & Stein, M.D. (2001). Needle exchange program attendance and injection risk in Providence, Rhode Island. *AIDS Education and Prevention*, 13(1), 78–90.

Marmor, M., Shore, R.E., Titus, S., Chen, X., & Des Jarlais, D.C. (2000). Drug injection rates and needle-exchange use in New York City, 1991-1996. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 77(3), 359-368.

Neaigus, A., Zhao, M.V., Gyarmathy, A., Cisek, L., Friedman, S.R., & Baxter, R.C. (2008). Greater drug injecting risk for HIV, HBV, and HCV infection in a city where syringe exchange and pharmacy syringe distribution are illegal. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 85(3), 309-322.

Neufeld, K., King, V., Peirce, J., Kolodner, K., Brooner, R., & Kidorf, M. (2008). A comparison of one-year substance abuse treatment outcomes in community syringe exchange participants versus other referrals. *Drug and Alcohol Dependence*, 97(1-2), 122-129.

Paone, D., Cooper, H., Alperen, J., Shi Q., & Des Jarlais, D.C. HIV risk behaviors of current sex workers attending syringe exchange: The experiences of women in five US cities. AIDS CARE 1999; 11 (3): 269-280.

Paone, D., Clark, J. Shi, Q., Purchase, D., & Des Jarlais, D.C. Syringe exchange in the United States, 1996: A national profile. *American Journal of Public Health.* 1999 Jan; 89 (1):43-6.

Rich, J.D., Hogan, J.W., Wolf, F., DeLong, A., Zaller, N.D., Mehrotra, M., & Reinert, S. (2007). Lower syringe sharing and re-use after syringe legalization in Rhode Island. *Drug and Alcohol Dependence,* 89, 292-297.

Riley, E., Beilenson, P., Vlahov, D., Smith, L., Koenig, M., Jones, T.S., & Doherty, M. Operation Red Box: A pilot project of needle and syringe drop boxes for injection drug users in East Baltimore. *Journal Acquire Immune Deficiency Syndrome Human Retrovirol,* 1998; 18 Supplement 1: S120-5

Riley, E.D., Safaeian, M., Strathdee, S.A., Brooner, R.K., Beilenson, P., & Vlahov, D. (2002). Drug user treatment referrals and entry among participants of a needle exchange program. *Substance Use & Misuse*, 37(14), 1869-1886.

Robles, R., Colon, H., Matos, T., Finlinson, H., Munoz, A., Marrero, C., Garcial, M., & Reyes, J. Syringe and Needle Exchange as HIC/AIDS Prevention for Injection Drug Users in Puerto Rico. Health Policy, 1998; Vol. 45: 209-220.

Schechter, M., Strathdee, S., Cornelisse, P.G.A., Willoughby, B.C., & Schechter, M.T. Do needle exchange programs increase the spread of HIV among injection drug users: An investigation of the Vancouver outbreak. AIDS 1999 Apr 16;13(6):F45-51

Strathdee, S., Celentano, D., Shah, N., Lyles C., Stambolis, V., Macalino, G., Nelson, K., & Vlahov, D. (1999). Needle exchange attendance and health care utilization promote entry in detoxification. *Journal of Urban Health.* 76(4), 448-460.

Wodak, A., & Cooney, A. (2006). Do needle syringe programs reduce HIV infection among injecting drug users: A comprehensive review of the international evidence. *Substance Use and Misuse*, 41, 777-813.