Evidence Supporting the Validity of Harm Reduction Strategies in Public Health Efforts for HIV and HCV Prevention Among Drug Injectors

These articles demonstrate the overwhelming support for syringe exchange activities by research and public health professionals. In our area legal syringe activities have been allowed in Sacramento City and Yolo County since 2007 without complaints or controversy. These activities are a logical addition to the disease prevention strategies of Sacramento I am asking the board to consider making a recommendation to the Board of Supervisors that they vote to allow legal syringe exchange in the County of Sacramento.

Peter Simpson

Syringe/Needle Exchange Programs Impact Summaries

1. **Fact Sheet for Law Enforcement Syringe Exchange Programs in California: An Overview (2005)**

Syringe exchange programs (SEPs) have been operating in California, providing sterile syringes, collecting used syringes, and acting as a point of access to health education and care for injection drug users (IDUs) since the late 1980s. In 2000, legislation went into effect (Assembly Bill [AB] 136 (Mazzoni, Chapter 762, Statutes of 1999) which authorized the establishment of SEPs in counties or cities that declared a local state of emergency. In 2005, Governor Arnold Schwarzenegger signed AB 547 (Berg, Chapter 692, Statutes of 2005) which simplified the process for local authorization of SEPs by eliminating the need to declare a local state of emergency.

Currently:

There are 37 SEPs operating in California, more than in any other state.

Seventeen County Boards of Supervisors and four City Councils have authorized SEPs.

California SEPs operate with modest budgets and provide a wide range of services, including HIV testing and risk-reduction counseling, provision of sterile injection

equipment, and referrals to drug treatment, housing, and mental health services.

Research and Evaluation: The CalSEP Study, 2000-2004:[1]

The Centers for Disease Control and Prevention-funded California Syringe Exchange Program Study (CalSEP), found that 20 out of 24 programs evaluated in 2004 operated with budgets of less than $100,000 per year.

Eighty-three percent of programs participating in the study offer HIV counseling and testing on site, and 63 percent offer HCV counseling. All SEPs offered safer sex and safer injection materials, first aid, and referrals to drug treatment. Many SEPs offered overdose prevention education and materials.

In a survey of 75 clients recruited from 25 California SEPs, more than 90 percent would recommend SEPs to friends with similar needs.

For most SEP clients, contact with SEPs was the only contact IDUs had with health care or social services of any kind, indicating that SEPs are effectively reaching this hard-to-reach population with necessary services. The CalSEP study found that of ten recommended preventive services received, 76 percent were received from SEPs.

Additional Research Findings:

A study of 81 cities around the world compared HIV infection rates among IDUs in cities that had SEPs to cities that did not. **In the 29 cities with SEPs, HIV infection rates decreased by an average of 5.8 percent per year. In the 52 cities without SEPs, HIV infection rates increased by 5.9 percent per year. The study concluded that there is strong evidence that SEPs lead to lower levels of HIV among IDUs.**[2]

Researchers studying a San Francisco SEP found that the program did not encourage drug use, either by recruiting young or new IDUs, or by increasing drug use of ongoing users.

1 Bluthenthal, R. Syringe Exchange Program Diversity and Correlates of HIV Risk: Preliminary results from the California Syringe Exchange Program Study. Presentation to the California Department of Health Services, Office of AIDS, April 22, 2003. Sacramento, CA.

2 Hurley, S.F., Jolley, D.J., Kaldor, J.M. Effectiveness of needle-exchange programmes for prevention of HIV infection. Lancet 1997; 349:1797-1800.

Office of AIDS 2 June 2011 California Department of Public Health Office of AIDS 3 June 2011 California Department of Public Health
3 Watters, J.K., Estilo, M.J., Clark, G.L., et al. Syringe and needle exchange as HIV/AIDS prevention for injection drug users. Journal of the American Medical Association 1994; 271:115-120.
4 Cohen, D.A., Wu, S-Y., Farley, T.A. Cost-effective allocation of government funds to prevent HIV infection. Health Affairs 2005; 24:915-926.
5 Molitor, F., Aguirre, A., Crump, C., Caldwell, R. Estimated HIV infections prevented and related cost savings as a result of the California Prevention for HIV Positives Persons (PHIPP) Project. National HIV Prevention Conference. June 12-15, 2005 (abstract no. M1-E0102).
6 Lurie, P., Drucker, E. An opportunity lost: HIV infections associated with lack of a national needle-exchange programme in the USA. Lancet. 1997; 349:604-608.
7 Report from the NIH Consensus Development Conference. February 1997.
8 National Institutes of Health. Consensus development statement. Interventions to prevent HIV risk behaviors, February 11-13, 1997; 7-8.

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2. 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 needle distribution 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 is at http://www.samhsa.gov/ssp/, last accessed April 14, 2014.

   Source:

   National Commission on AIDS, The Twin Epidemics of Substance Abuse and HIV (Washington DC: National Commission on AIDS, 1991); General Accounting Office, Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy (Washington DC: US Government Printing Office, 1993); Lurie, P. & Reingold, A.L., et al., The Public Health Impact of Needle Exchange Programs in the United States and Abroad (San Francisco, CA: University of California, 1993); Satcher, David, MD, (Note to Jo Ivey Bouffard), The Clinton Administration's Internal Reviews of Research on Needle Exchange Programs (Atlanta, GA: Centers for Disease Control, December 10, 1993); National Research Council and Institute of Medicine, Normand, J., Vlahov, D. & Moses, L. (eds.), Preventing HIV Transmission: The Role of Sterile Needles and Bleach (Washington DC: National Academy Press, 1995); Office of Technology Assessment of the U.S. Congress, The Effectiveness of AIDS Prevention Efforts (Springfield, VA: National Technology Information Service, 1995); National Institutes of Health Consensus Panel, Interventions to Prevent HIV Risk Behaviors (Kensington, MD: National Institutes of Health Consensus Program Information Center, February 1997).

3. In 1998, Donna Shalala, then Secretary of Health and Human Services in the Clinton Administration, stated: "**A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs.**"

Source:

Shalala, D.E., Secretary, Department of Health and Human Services, Press release from Department of Health and Human Services (April 20, 1998).
http://archive.hhs.gov/news/press/1998pres/980420a.html

4. *(NIDA Director Nora Volkow on SEPs and HIV)* "While it is not feasible to do a randomized controlled trial of the effectiveness of needle or syringe exchange programs (NEPs/SEPs) in reducing HIV incidence, the majority of studies have shown that **NEPs/SEPs are strongly associated with reductions in the spread of HIV when used as a component of comprehensive approach to HIV prevention.** NEPs/SEPs increase the availability of sterile syringes and other injection equipment, and for exchange participants, this decreases the fraction of needles in circulation that are contaminated. This lower fraction of contaminated needles reduces the risk of injection with a contaminated needle and lowers the risk of HIV transmission.
"In addition to decreasing HIV infected needles in circulation through the physical exchange of syringes, most NEPs/SEPs are part of a comprehensive HIV prevention effort that may include education on risk reduction, and referral to drug addiction treatment, job or other social services, and these interventions may be responsible for a significant part of the overall effectiveness of NEPs/SEPs. NEPs/SEPs also provide an opportunity to reach out to populations that are often difficult to engage in treatment."

Source:

Nora Volkow, Director, US National Institute on Drug Abuse, correspondence with Allan Clear, "NIH Response on Harm Reduction and Needle Exchange," Aug. 4, 2004.
http://proxy.baremetal.com/csdp.org/research/re_souderzerhou.pdf
http://hepcproject.typepad.com/hep_c_project/2004/09/re_souderzerhou.htm...

5. *(US Surgeon General's Determination of Effectiveness of Syringe Exchange Programs, 2011)*

"The Surgeon General of the United States Public Health Service, VADM Regina Benjamin, M.D., M.B.A., has determined that a demonstration **needle exchange program (or more appropriately called syringe services program or SSP) would be effective in reducing drug abuse and the risk of infection with the etiologic agent for HIV**. This determination reflects the scientific evidence supporting the important public health benefit of SSPs, and is necessary to meet the statutory requirement permitting the expenditure of Substance Abuse Prevention and Treatment (SAPT) Block Grant funds for SSPs."

Source:

Sebelius, Kathleen, Secretary of Health and Human Services, "Determination That a Demonstration Needle Exchange Program Would be Effective in Reducing Drug Abuse and the Risk of Acquired Immune Deficiency Syndrome Infection Among Intravenous Drug Users," Federal Register, February 23, 2011, Vol. 76, No. 36, p. 10038.

6. ***(SEPs and Entry Into Drug Treatment)*** According to a 1997 statement by the National Institutes of Health, "**individuals in areas with needle exchange programs have an increased likelihood of entering drug treatment programs.**"

   Source:

   National Institutes of Health Consensus Panel, Interventions to Prevent HIV Risk Behaviors (Kensington, MD: NIH Consensus Program Information Center, February 1997), p. 6.
   http://consensus.nih.gov/1997/1997PreventHIVRisk104html.htm

7. ***(US Surgeon General's Determination of Effectiveness of Syringe Exchange Programs)*** "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.**"

   Source:

   US Surgeon General Dr. David Satcher, Department of Health and Human Services, "Evidence-Based Findings on the Efficacy of Syringe Exchange Programs: An Analysis from the Assistant Secretary for Health and Surgeon General of the Scientific Research Completed Since April 1998," (Washington, DC: Dept. of Health and Human Services, 2000), p. 11.
   http://home.mchsi.com/~apclc/8fedstudies2.pdf

- See more at: http://drugwarfacts.org/cms/Syringe_Exchange#sthash.QFZRgYML.dpuf