Syringe Exchange Programs and HIV Prevention in New York City

Injection Drug Use and HIV

Injection drug users (IDUs) are at risk of HIV and other blood-borne viruses through sharing contaminated syringes, other injection equipment, drug solutions, or through unprotected sex.[1] According to the NYC DOHMH, approximately 100,000 - 200,000 IDUs live in New York City - more than any other city in the United States. Syringe exchange programs (SEPs) were established in New York in the early 1990s to prevent HIV transmission by distributing sterile syringes and injection equipment. Research demonstrates that SEPs effectively reduced HIV infection rates in New York City; however, considerable gaps in syringe access persist especially in communities of color. As of 2005, over 22,000 IDUs in New York are living with HIV/AIDS. African Americans and Latinos account for nearly 90% of new HIV diagnoses among IDUs in New York City. Further, HIV-positive injection drugs users die at almost twice the death rate of all people living with HIV in New York.[2] At present, there are 12 New York State-regulated SEPs located in 4 boroughs throughout New York City, exchanging 3 million syringes each year. Both city and state Departments of Health recommend increasing access to sterile syringes through expanding syringe exchange and harm reduction programs.

Syringe Exchange Programs: an effective public health intervention

In 2004, the World Health Organization reviewed more than 200 published studies of (SEPs) and concluded that scientific data "present a compelling case that needle and SEPs substantially and cost effectively reduce the spread of HIV among injection drug users and do so without evidence of exacerbating injection drug use at either individual or societal levels."[4] As a bridge to treatment, SEPs also offer comprehensive, on-site services including HIV testing, case management, medical and mental health treatment, support groups, and food programs.

Reductions in incidence and prevalence:

- Numerous studies throughout the world, including several federally funded studies in the U.S., have concluded that SEPs reduce the transmission of HIV.
- In New York City, the expansion of syringe exchange in the 1990s was associated with dramatic declines in HIV infection between 1990 and 2001, with HIV prevalence among IDUs dropping from 54% to 13%.[5]

Changes in risk behavior/syringe sharing:

- A National Institute of Health report concluded that studies on SEPs "show a reduction in risk behaviors as high as 80% in injection drug users, with estimates of a 30 percent or greater reduction in HIV."[6]
- This research confirms findings from several New York City studies demonstrating that IDUs enrolled in SEPs decreased high-risk injection behavior (using contaminated syringes or sharing other injection equipment such as cookers, cottons, or water) by more than 50%.[7]

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"Syringe exchange programs play a unique role in facilitating engagement of [IDUs] in meaningful prevention interventions and treatment opportunities when implemented as part of a comprehensive HIV prevention and substance abuse strategy."[8]

– U.S. Department of Health and Human Services

Cost-Effectiveness:

- Research demonstrates that SEPs are a cost-effective method of HIV prevention, particularly in areas with high HIV prevalence, such as New York City.[9]
- Data from New York State shows that each HIV infection prevented by an SEP saves over $20,000 in health-care costs.[10]

No negative effects:

- SEPs do not lead to increased drug use, encourage drug users to start injecting, or result in greater crime.
- SEPs reduce injection-related diseases and improve access to drug treatment through referrals to detoxification, rehabilitation and methadone maintenance treatment.[11]

Centers for Disease Control and Prevention Recommendations

The CDC suggests reducing infection rates among IDUs by using a comprehensive approach including increasing access to sterile syringes and addressing high-risk sexual behavior. According to the CDC, IDUs who continue to inject can substantially reduce their risks of acquiring HIV and other blood-borne infections by using a new sterile syringe for every drug injection.[3]

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1 World Health Organization (2004) Evidence for Action Technical Papers: Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injection Drug Users. WHO Department of HIV/AIDS: Switzerland. P. 30. Retrieved from http://www.who.int/hiv/pub/prev_care/en/effectivenesssterileneedle.pdf on 7/18/05.. **2** NYCDOHMH. HIV Epidemiology Program. (2006). HIV/AIDS in New York City, (2004): Injection Drug Users. http://www.nyc.gov/html/doh/html/dires/hivepi.shtml **3**. New Attitudes & Strategies: A Comprehensive Approach to Preventing Blood-Borne Infections Among IDUs. http://www.cdc.gov/idu/idu.htm **4** World Health Organization. Department of HIV/AIDS. (2004). Evidence for Action.... Users. Switzerland. http://www.who.int/hiv/pub/prev_care/en/effectivenesssterileneedle.pdf on (7/18/05). **5** Des Jarlais DC, Perlis T, Arasteh K, Torian LV, Hagan H, Beatrice S, Smith L, Wethers J, Milliken J, Mildvan D, Yancovitz S, Friedman SR. (2005). Reductions in hepatitis C virus and HIV infections among injecting drug users in New York City, 1990-2001. AIDS 19 Suppl 3: S20-25. **6** NIH Study Interventions to Prevent HIV Risk Behaviors. NIH Consensus Statement Online. 1997 Feb 11-13; 15(2):1-49. http://consensus.nih.gov/cons/104/104_statement.pdf. **7** Paone D, Des Jarlais DC, Caloir S, Friedmann PB, Ness I, Friedman SR. (1994). New York City syringe exchange: An overview. *In* Proceedings of the Workshop on Needle Exchange and Bleach Distribution Programs. Washington: National Academy Press. **8** U.S. Department of Health and Human Services (HHS). (2000). Evidence-Based Findings on the Efficacy of Syringe Exchange Programs: An Analysis for the Assistant Secretary for Health and Surgeon General of the Scientific Research Completed Since April 1998. Washington D.C. (March 17, 2000). **9** Cohen DA, Wu SY, Farley TA. (2005). Cost-effective allocation of government funds to prevent HIV infection. Health Affairs 24(5): 915-926 **10** Laufer FN. (2001). Cost-effectiveness of syringe exchange as an HIV prevention strategy. Journal of Acquired Immune Deficiency Syndromes 28(3): 273-278. **11** Wodak A, Cooney A. (2005). Effectiveness of sterile needle and syringe programs. International Journal of Drug Policy 16 (Supplement): S31-S44.

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