

# Cost Effectiveness of Syringe Access Programs

Health advocates call on Congress and the Administration to support syringe access programs as an essential strategy to prevent hepatitis C and HIV infection, and lower health care costs.

- **Pay for HIV prevention now or AIDS later:** Since the AIDS epidemic began, injection drug use has directly and indirectly accounted for more than one-third (36%) of AIDS cases in the United States; this equates to more than 354,000 people. The Journal of the American Medical Association credits syringe exchange with helping to lower HIV incidence by 80% among people who inject drugs. *Hall HI, Song R., Rhodes P. et al., "Estimation of HIV Incidence in the United States." Journal of the American Medical Association, 6 August 2008; 300(5): 520-529.*
- **Access to sterile syringes spares lives and saves taxpayer money:** The Institute of Medicine has concluded that: "the cost-effectiveness of needle exchange is estimated to range from \$3,000 to \$50,000 per HIV infection prevented." The cost of a sterile syringe can be as little as 97 cents. *Centers for Disease Control and Prevention, Syringe Exchange Programs 2005.*
- **Syringe access programs lower health care costs:** The estimated lifetime cost of treating an HIV positive person is between \$385,200 and \$618,900. *Schackman BR., Gebo KA., Walensky RP et al., "The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States." Medical Care, November 2006, 44(11); 990-997*
- **The majority of hepatitis C cases are related to injection drug use:** Injection drug use accounts for 68% of current hepatitis c infections in the U.S. *Alter MJ. Prevention of spread of hepatitis C. Hepatology 2002; 36:S93-98.*
- **The costs of treating hepatitis C are staggering:** California's Office of Statewide Health Planning and Development estimated total hospitalization costs associated with liver disease in patients infected with HCV. For just one year, 2006, the total hospital costs in California alone was 1.4 billion dollars. *CA Office of Statewide Health Planning and Development, 2009.*
- **Syringe access programs are the cornerstone of hepatitis C prevention:** Prior to large scale implementation of syringe exchange, hepatitis C prevalence rates were at an all-time high of 91% among IDU in NYC. HCV prevalence among IDUs who began injecting after syringe exchange implementation is far below saturation, at 56% prevalence, but is still a major concern. *Des Jarlais, D Reducing HIV and HCV Transmission among Injecting Drug Users in New York, Presentation May 10, 2008, International Harm Reduction Conference.*
- **Syringe access programs provide an essential link to health services for uninsured and marginal populations that do not have access to traditional health care:** A long term California study found that 76% of program participants received their medical and preventive services exclusively through SEPs, including hepatitis prevention services. *Heinzerling KG et al (2006). Unmet need for recommended preventive health services among clients of California syringe exchange programs: implications for quality improvement. Drug and Alcohol Dependence 81 (2006) 167-78.*

