

“RISE”

Needle Exchange Program



Myth vs. FACT

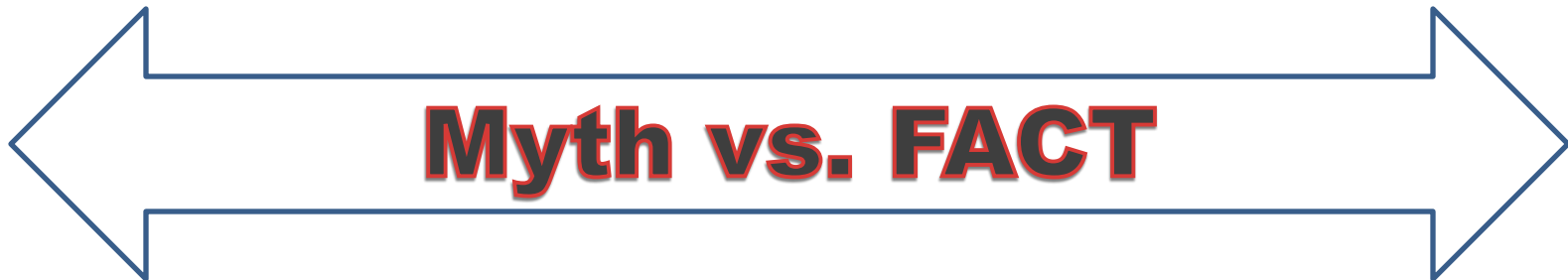
“RISE”

REFERRAL

INTERVENTION

SAFETY

EDUICATION



Myth:

Needle Exchange Programs (NEP's) only give out needles

FACT CHECK

NEPs provide a variety of syringe exchange services throughout the country

The Evidence:

- NEPs distribute free sterile syringes to injection drug users (IDUs), which reduces the likelihood of shared injection equipment.¹
- NEPs safely dispose of used needles, a service not typically provided by distributors such as pharmacies.
- NEPs make neighborhoods safer by reducing needle-stick injuries.¹



¹amfAR, Federal Funding for Syringe Services Programs: Saving Money, Promoting Public Safety, and Improving Public Health. Available at: http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/issue-brief-federal-funding-for-syringe-service-programs.pdf.

²amfAR Syringe Exchange Program Coverage Map. Available from: Available at: http://www.amfar.org/uploadedFiles/_amfarorg/Articles/In_The_Community/2013/July%202013%20SEP%20Map%20.pdf

Myth:

Needle Exchange Programs (NEPs) only give out needles

FACT CHECK

NEPs provide a variety of syringe exchange services throughout the country



The Evidence:

- In Baltimore, NEPs helped reduce the number of improperly discarded syringes by almost **50%**.¹
- In Portland, Oregon, the implementation of NEPs reduced the number of improperly discarded syringes by **two-thirds**.²

¹Doherty, M.C., Junge, B., Rathouz, P., Garfein, R.S., Riley, E., & Vlahov, D. (2000). The effect of a needle exchange program on numbers of discarded needles: A 2-year follow-up. *American Journal of Public Health, 90*(6), 936-939.

²Oliver, K.J., Friedman, S.R., Maynard, H., Magnuson, L., & Des Jarlais, D.C. (1992). Impact of a needle exchange program on potentially infectious syringes in public places. *Journal of Acquired Immune Deficiency Syndromes, 5*, 534-535.

³Tookes, H.E., et al. (2012). A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. *Drug and Alcohol Dependence, 123*(1-3), 255-9.

Myth:

Needle Exchange Programs (NEP's) only give out needles

FACT CHECK

NEPs provide a variety of services in addition to syringe exchange¹

The Evidence:

Selected Services Offered by SSPs Nationwide in 2010

- Referral for SUD/MAT treatment, mental health and medical care¹
- Education and referral for HIV, hepatitis C, and STIs (injection drug users are twice as likely as the general public not to know their HIV status)^{1,2}
- Distribution of safer sex supplies.¹
- Information and resources to prevent death from drug overdose³
- Case management



¹Des Jarlais, D.C., Guardino, V., Nugent, A., Arasteh, K., & Purchase, D. (2012). (unpublished data) 2010 National Survey of Syringe Exchange Programs: Summary of Results. North American Syringe Exchange Network. Available at: <http://nasen.org/news/2012/jul/05/2010-beth-israel-survey-results-summary/>.

²National Minority AIDS Council. Federal funding for syringe exchange. Available from: harmreduction.org/wp-content/uploads/2012/01/Syringe-Exchange-June-4-NMAC.pdf

³Des Jarlais, D.C., Guardino, V., Nugent, A., Arasteh, K., & Purchase, D. 2011 National Survey of Syringe Exchange Programs: Summary of Results. Presented at the 9th National Harm Reduction Conference: "From Public Health to Social Justice," Portland, OR, November, 2012.

Myth:

NEPs increase injection drug use and undermine public safety

FACT CHECK

Statistics show that NEP services improve public health and safety

The Evidence:

- In New York City, the growth of NEPs from 1990 to 2001 was associated with a 78% decrease in HIV prevalence among IDUs.¹
- During this time period, the same population saw a decrease in the prevalence of hepatitis C from 90% to 63%²
- One study showed that within 6 months of using federally-funded NEPs, clients saw a **45% increase in employment**. In addition, clients were 25% more likely to have been successfully referred to mental health treatment and prescribed medication.³

¹Des Jarlais, DC, et al. (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: 1439-444.

²Des Jarlais, D.C., et al. (2005). Reductions in hepatitis C virus and HIV infections among injecting drug users in New York City, 1990-2001. *AIDS*, 19(suppl 3), S20-S25.

³Silverman, B., Thompson, D., Baxter, B., Jimenez, A.D., Hart, C., & Hartfield, C. (July 25, 2012). First federal support for community based syringe exchange programs: A panel presentation by SAMHSA grantees (Poster--WEPE234). Presented at the International AIDS Conference Poster Session, Washington, D.C. Poster and abstract available online at <http://pag.aids2012.org/abstracts.aspx?aid=20133>. (date last accessed: December 12, 2012).

⁴New Jersey Syringe Access Program Demonstration Project. (January 2010). Interim report: Implementation of P.L. 2006, c.99, "Blood-borne Disease Harm Reduction Act." Available online at http://www.state.nj.us/health/aids/documents/nj_sep_evaluation.pdf. (date last accessed: December 12, 2012).

Myth:

NEPs increase injection drug use and undermine public safety

FACT CHECK

NEPs connect IDUs with treatment and are associated with reduced crime

The Evidence:

- In Seattle, IDUs who had used NEPs were more likely to report a significant decrease (>75%) in injection drug use, to stop using injection drugs, and to remain in treatment than IDUs who had never used NEPs.²
- The same study in Seattle found that new users of the NEPs were five times more likely to enter drug treatment than individuals who never utilized the program.²

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

²Hagan, H. et al. (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.

Myth:

NEPs increase injection drug use and undermine public safety

FACT CHECK

NEPs promote public safety

The Evidence:

- Needle stick injuries to law enforcement are a common occurrence. In San Diego, nearly 30% of officers have been stuck by a needle.¹
- In Connecticut, police officer needle stick injuries were reduced by two-thirds after the establishment of NEPs.³



¹Lorentz, J., Hill, J., & Samini, B. (2000). Occupational needle stick injuries in a metropolitan police force. *American Journal of Preventive Medicine*, 18, 146–150.

²NCHRC. NC Study Reveals that Law Enforcement Want to Reform Paraphernalia Laws. Available at <http://www.nchrc.org/law-enforcement/north-carolina-law-enforcement-attitudes-towards-syringe-decriminalization/>

³Groseclose, S.L., Weinstein, B., Jones, T.S., Valleroy, L.A., Fehrs, L.J., & Kassler, W.J. (1995). 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* 10(1): 82-89.

Myth:

NEPs increase injection drug use and undermine public safety

FACT CHECK

NEPs promote public safety

Expert Observation:

“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 in search of victims.”

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



Myth:

Supporting injection drug users is not an efficient use of public resources

FACT CHECK

We can save money by alleviating IDU reliance on public sector resources¹

The Evidence:

- HIV-positive IDUs often rely on Medicaid programs for their health care. This means that taxpayers bear the lion's share of treatment costs associated with new infections related to drug use.¹
- The lifetime cost of treating an HIV-positive person can be as high as \$619,000.00
- With needles and syringes costing less than 50 cents each, it is far cheaper to prevent a new case of HIV than to assume many years of treatment costs.¹

¹amfAR, Federal Funding for Syringe Services Programs: Saving Money, Promoting Public Safety, and Improving Public Health. Available at: http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/issue-brief-federal-funding-for-syringe-service-programs.pdf.

²Schackman, B.R., Gebo, K. A., & Walensky, R.P. et al. (2006). The lifetime cost of current Human Immunodeficiency Virus care in the United States. *Medical Care*, 44(11), 990-997.

Myth:

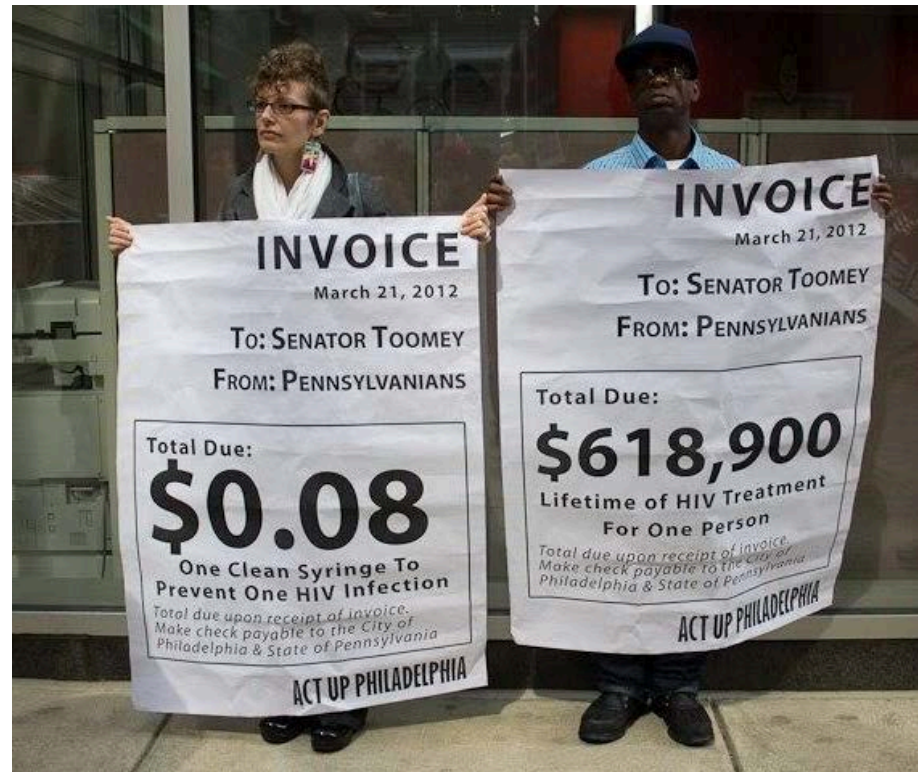
Supporting injection drug users is not an efficient use of public resources

FACT CHECK

NEPs are highly cost-effective

The Evidence:

Every dollar invested in NEPs results in **\$3-7 in savings** just by preventing new HIV infections.¹



¹Nguyen, T. Q., Weir, B. W., Pinkerton, S. D., Des Jarlais, D.C., & Holtgrave, D. (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/PAGMaterial/PPT/1064_1420/nsepcostsavingsiac2012.pptx.

Myth:

Supporting injection drug users is not an efficient use of public resources

FACT CHECK

NEPs are highly cost-effective

The Evidence:

Positive impact of funding NEPs

A recent study has shown that an investment of \$64 million would result in an estimated **\$193 million in savings** by preventing 500 new HIV infections.¹



¹Nguyen, T. Q., Weir, B. W., Pinkerton, S. D., Des Jarlais, D.C., & Holtgrave, D. (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/Abstracts.aspx?SID=198&AID=17268>.

Myth:

Supporting injection drug users is not an efficient use of public resources

FACT CHECK

NEPs are highly cost-effective

The Evidence:

- King County (Washington State) spent \$1.1 million on NEPs in 2008. If HIV was prevented among only 1% of IDUs in King County, the resulting savings in HIV treatment costs will be \$70 million.³



¹AIDS Foundation of Chicago. AFC Statement on Federal Funding Ban for Syringe Exchanges. Retrieved from: <http://www.aidschicago.org/national-news/416-afc-statement-on-federal-funding-ban-for-syringe-exchanges>.

²AIDS Action Committee. President Obama's Fiscal 2013 Budget Demonstrates Commitment To Ending HIV/AIDS Epidemic In America. Available at: <http://www.aac.org/media/releases/president-obamas-fiscal-2013.html>.

³Public Health – Seattle & King County Needle Exchange Program. Available at: <http://www.kingcounty.gov/healthservices/health/communicable/hiv/resources/aboutnx.aspx>.

Myth:

Injection drug use is limited and a problem of the past

FACT CHECK

Injection drug use is expanding among non-traditional drugs such as prescription drugs¹

The Evidence:

- Individuals using prescription drugs non-medically may turn to injection as a more efficient method of drug delivery.¹ Additionally, the high cost of prescription drugs and crackdown on prescription drug use can cause IDUs to transition to heroin use.²
- Heroin use has increased dramatically nationwide in the past several years. Whereas in 2007, SAMHSA reported there to be 373,000 recent heroin users in the US, **this number jumped to 669,000 in 2012.**⁴

¹Havens, J., Walker, R., Leukefeld, C. (2007). Prevalence of opioid analgesic injection among rural nonmedical opioid analgesic users. *Drug and Alcohol Dependence* 87, 98-102. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/16959437>.

²Elinson, Z., & Campo-Flores, A. (2013). Heroin Makes a Comeback. *The Wall Street Journal*. <http://online.wsj.com/article/SB10001424127887323997004578640531575133750.html>.

³Muhuri, P.K., Gfroerer, J.C., & Davis, M.C. (2013). Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. SAMHSA, CBHSQ Data Review. <http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf>

⁴Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

Myth:

Addicts hide away from society because they want to continue to use drugs.

FACT CHECK

People with addictions often feel hopeless and want help, but are unaware of treatment availability.

The Evidence:

In rural communities mobile NEPs represent a critical tool in reaching drug users in outlying areas. Mobile services can meet users where they are and provide intervention and motivation to promote change.



¹amfAR, Federal Funding for Syringe Services Programs: Saving Money, Promoting Public Safety, and Improving Public Health. Available at: http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/issue-brief-federal-funding-for-syringe-service-programs.pdf

²Available at: <http://news.medill.northwestern.edu/chicago/news.aspx?id=86315>

Myth:

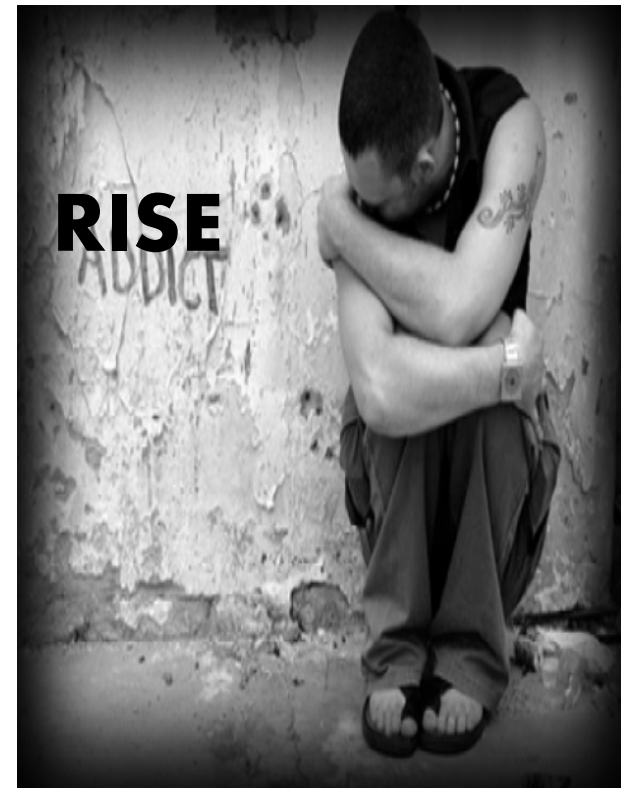
HIV impacts all injection drug users equally, regardless of race or ethnicity

FACT CHECK

NEPs help reduce health disparities among IDUs by increasing access to health services

The Evidence:

NEPs represent a critical tool for minimizing HIV risks and addressing health disparities by reaching the IDU community with vital syringe and health services.¹



¹amfAR, Federal Funding for Syringe Services Programs: Saving Money, Promoting Public Safety, and Improving Public Health. Available at: http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/issue-brief-federal-funding-for-syringe-service-programs.pdf

²Available at: <http://news.medill.northwestern.edu/chicago/news.aspx?id=86315>

Myth:

NEPs do not enjoy broad popular and professional support

FACT CHECK

State, local, and faith-based organizations around the country already support NEPs

The Evidence:

The following organizations support NEPs:

Skagit County Public Health and Community Services

- American Academy of Family Physicians
- American Bar Association
- American Medical Association
- American Public Health Association
- American Society of Addiction Medicine
- International Red Cross-Red Crescent Society
- NAACP
- National Institute on Drug Abuse
- Office of National Drug Control Policy
- World Health Organization

NEPs also enjoy support from faith communities, including:

- **Christ the King Church**
- **Episcopal Church**
- **National Council on Jewish Women**
- **Presbyterian Church of the United States**
- **Society of Christian Ethics**
- **Union for Reform Judaism**
- **Unitarian Universalist Association**
- **United Church of Christ**

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NEPs do not enjoy broad popular and professional support

FACT CHECK

State, local, and faith-based organizations around the country already support NEPs

Expert Observation:

"Syringe decriminalization and exchange is ...an issue of compassion and justice... As people of faith, we are called to be the embodiment of that compassion and instruments of that justice in this world to offer an eternal hope. The hope that someone may live another day. The hope that they may be reconciled with their family. The hope that they can live a life free of disease. The hope that they might choose to find treatment. The hope that with that one more day, they might find their own hope for a future outside of their addiction."

- Pastor James Sizemore, Lead Pastor, Catalyst Community Church, Fayetteville, North Carolina

NEPs FACTS Summary

The Evidence:

- **NEPs save lives** by preventing the spread of HIV and by serving as a bridge to other services, including drug treatment.
- **NEPs are good for everyone:** IDUs, first-responders, law enforcement, and general public safety.
- In light of prescription drug misuse and its expansion into injection drugs, **the need for NEPs is greater than ever.**
- **NEPs can reduce health disparities** between racial and ethnic groups by increasing access to health care.
- **NEPs enjoy broad support** from medical, legal, public health, faith, and local communities.

Phoenix Recovery Services, LLC

**THE
“RISE”
PROJECT**



A division of Phoenix Recovery Services, LLC