



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 doubled¹, 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 2014². 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 2014³ 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 use⁴. 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 returned⁵.

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-participants⁶.

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 injury⁷. 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 SEPs¹⁰.

How do SEPs save taxpayer money?

The lifetime cost of treating an HIV-positive person is estimated to be between \$385,200 and \$618,900¹¹, while hepatitis C costs \$100,000-\$500,000¹² 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



recent analysis, every dollar spent on SEPs would save at least an estimated three dollars in treatment costs averted¹³.

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 activity¹⁴.

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

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.

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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.

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