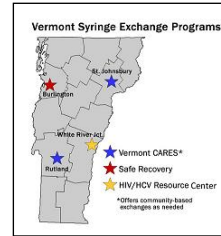


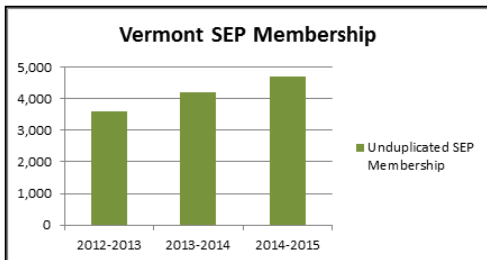
# Syringe Exchange Programs in VT: Effectiveness and Opportunities

## Background

Syringe exchange programs (SEPs) are public health initiatives that supply free, sterile syringes, and collect and properly dispose of used syringes. SEPs are proven to reduce the transmission of blood-borne pathogens including the human immunodeficiency virus (HIV), the hepatitis B virus (HBV) and the hepatitis C virus (HCV) while also reducing injection drug user (IDU) health risks and linking IDUs to treatment and care.<sup>1</sup>



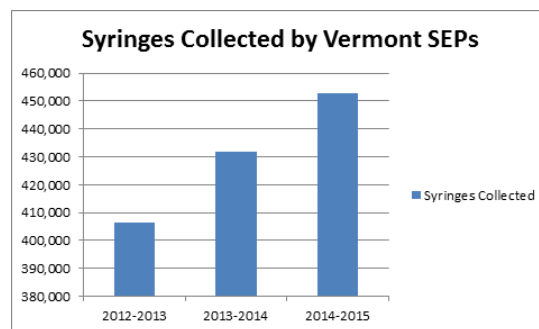
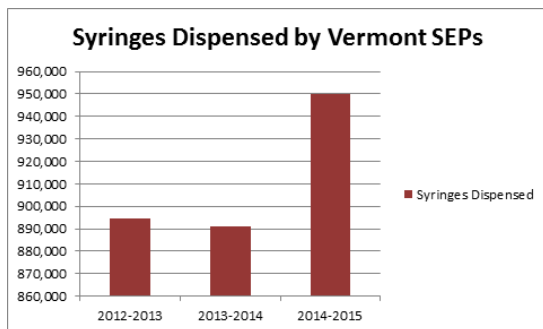
## Vermont SEP Activities



SEPs have been an integral part of Vermont’s HIV/HCV prevention landscape since 1998, with membership increasing consistently on an annual basis. SEPs provide a rare opportunity to connect active injection drug users with comprehensive risk reduction services including: referrals for substance abuse treatment; access to safer sex supplies; HIV and HCV testing; overdose prevention education and related resources. Referrals for recommended vaccines and for follow-up medical care are provided as needed.

\*Information reported by SEP sites via Health Department Quarterly Status Reports

- Testing for HIV and HCV is offered to all SEP members. Since 2012, 1,064 HIV tests and 727 HCV tests have been given to high risk individuals who are also given referrals for follow up medical care if needed, and education to prevent transmission.
- All Vermont-based SEPs offer harm reduction education and referrals to health care services with particular emphasis on referrals to drug treatment programs. Harm reduction is a set of strategies and practices adopted by providers and patients designed to reduce the negative consequences associated with injection drug use.
- Naloxone kits are offered to all SEP members. Naloxone (also called Narcan) is a valuable new tool that reverses the effects of an opioid overdose. SEP members are offered the kits along with training on how to administer the life-saving nasal spray.
- All Vermont SEPs track the number of clean syringes that are distributed and the number of used syringes that are collected annually, and both are increasing over time. Vermont SEP sites allow new members to access syringes on their first visit without exchange, which partially accounts for the disparity between syringes dispensed and syringes collected. Further, community-based syringe disposal sites and proper disposal education are provided.



\*Syringe exchange information reported by SEP sites via Health Department Quarterly Status Report

<sup>1</sup> All, W. H. O. (2004). "Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users." Technical paper and policy brief available at: <http://www.who.int/hiv/topics/idu/needles/en/>

## Effectiveness of Syringe Exchange Programs

- Reducing Sharing of Dirty Needles – An article published in the *American Journal of Public Health* found that having access to sterile syringes was associated with substantial reductions in syringe borrowing, syringe lending, and HIV incidence among injection drug users. The authors concluded: "... these findings suggest that the impact of SEPs may be maximized by ensuring a focus on syringe distribution rather than syringe exchange and by decentralizing SEPs and removing restrictive syringe exchange policies."<sup>2</sup>
- Disease Prevention – There is compelling evidence that increasing the availability and use of sterile syringes for injecting drug users contributes substantially to reduced rates of HIV and HCV transmission. In 2004, the World Health Organization (WHO) commissioned a review of over 200 studies that assessed the impact of SEPs on rates of HIV transmission.<sup>3</sup> This review found decreases in HIV infection rates where SEPs existed, increases in places without programs, and: "... no convincing evidence of major unintended negative consequences of programs providing sterile [SEPs] injecting equipment to injection drug users, such as initiation of injecting among people who have not injected previously, or an increase in the duration or frequency of illicit drug use or drug injection."<sup>4</sup> Implementing SEPs was one of the primary responses to the 2015 HIV and HCV outbreak in rural Indiana, a community similar in population and demographics to Vermont, during which 184<sup>5</sup> new cases of HIV were identified among IDUs, about 80 percent of which were also found to have HCV.<sup>6</sup>
- Harm Reduction and Treatment – According to a 2004 publication from the WHO, there is evidence that SEPs can increase recruitment into drug treatment, and possibly also into primary health care.<sup>7</sup> A 1995 Seattle study found that participants in SEPs were five times more likely to enter drug treatment than non-participant injecting drug users.<sup>8</sup>
- Reduction in Health Care Spending – SEPs have proven to be an economically efficient way to prevent illness and drive down health care spending. An analysis of the cost effectiveness of approved SEPs in New York State found that over a 12 month period of time, an estimated 87 HIV infections were prevented as a direct result of SEPs. The cost of treating someone for HIV over the course of his/her life would be about \$379,668. The total cost averted was estimated at \$33,031,116.<sup>9</sup>

For further information please contact the Infectious Disease Section at 802-863-7240.

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2 Kerr, T., Small, W., Buchner, C., Zhang, R., Li, K., Montaner, J., & Wood, E. (2010). "Syringe sharing and HIV incidence among injection drug users and increased access to sterile syringes." *Am J Public Health*, 100(8), 1449-1453.

3 IBID., 2004

4 IBID., 2004

5 Indiana State Department of Health website <http://www.in.gov/isdh/26649.htm>

6 Strathdee, S. A., & Beyrer, C. (2015). "Threading the Needle—How to Stop the HIV Outbreak in Rural Indiana." *New England Journal of Medicine*, 373(5), 397-399.

7 All, W. H. O. (2004). "Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users." Technical paper and policy brief available at: <http://www.who.int/hiv/topics/idu/needles/en/>.

8 Hagan, H, Jarlais, DC, Friedman, SR, Purchase, D, and Alter, MJ. "Reduced risk of hepatitis B and hepatitis C among injection drug users in the Tacoma syringe exchange program." *Am J Public Health*. 1995 November; 85(11): 1531–1537.

9 Laufer, F. N. (2001). "Cost-effectiveness of syringe exchange as an HIV prevention strategy." *Journal of Acquired Immune Deficiency Syndromes*, 28(3), 273-278. <http://www.ncbi.nlm.nih.gov/pubmed/11694836>.