
July 2018

# Syringe Service Programs: Effective Tool to Prevent Spread of HIV

A federal study shows that needle sharing plummeted in Austin, Indiana after people who inject drugs began using a syringe exchange started in response to the largest HIV outbreak ever to hit rural America. Austin–population 4,200–was the epicenter of the Scott County outbreak that was caused by intravenous drug use and now includes 230 cases of HIV.

In response, Scott County opened a needle exchange in downtown Austin in April 2015 and provides free HIV testing, educational information, counseling, and drug treatment. Centers for Disease Control and Prevention (CDC) researchers asked 124 injection drug users in Scott County about needle sharing before and after the exchange was established. They found the percent of people who shared syringes dropped from 74 to 22 percent. They also found 86 percent of those surveyed

in 2016–including 98 percent of those with HIV–used the needle exchange, and 82 percent disposed of spent needles safely in sharps containers.

According to the CDC, the lifetime treatment cost of an HIV infection was estimated at **$379,668 per person** in 2017. This being the case, the cost to the state of Indiana could reach **$87,323,640** to provide lifetime medical care to the 230 individuals living with HIV. Several studies on cost effectiveness of syringe service programs estimate a return on investment of $7.58 for every $1 spent.

Although Massachusetts has not seen an overall increase in the number of new HIV diagnoses, the number of new diagnoses attributed to people who inject drugs has increased in recent years–most notably in Lawrence and Lowell. The Department of Public Health's (DPH) preliminary data shows 52 new HIV cases in 2017 in the northeast region among injection drug users compared to 23 in 2016.

Officials say the spike has come after a decade of increasing injection drug use that hasn't coincided with significant transmission of HIV. After seeing the first spike in 2016 in HIV cases in the northeast region, DPH expanded its screening outreach among injection drug users, quadrupled the number of needle exchange programs across the state, and deployed mobile outreach units to homeless shelters and programs serving people at risk. They have also requested assistance from CDC in determining the underlying causes of these clusters of infection.

Twenty sanctioned syringe service programs in Massachusetts provide clean syringes, HIV/Hepatitis C testing, and links to care and treatment for those seeking help:

| City | Agency | Contact | Phone | Email |
|---|---|---|---|---|
| Boston | Boston Public Health Commission | Sara Mackin | (617) 534-3967 | smackin@bphc.org |
| Cambridge | AIDS Action Committee | Meghan Hynes | (617) 599-0256 | mhynes@aac.org |
| Brockton | BAMSI | Jesse Pack | (508) 580-0219 x318 | jessepack@bamsi.org |
| Holyoke | Tapestry | Liz Whynott | (413) 586-0310 | lwhynott@tapestryhealth.org |
| Northampton | Tapestry | Liz Whynott | (413) 586-0310 | lwhynott@tapestryhealth.org |
| Provincetown | AIDS Support Group | Katie Riconda | (508) 778-1954 | kriconda@asgcc.org |
| Worcester | AIDS Project Worcester | Martha Akstin | (508) 755-3773 ext 14 | makstin@aidsprojectworcester.org |

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|---|---|---|---|---|
| Chelsea | MAPS/Health Innovations | Mary Wheeler | (339) 987-2388 | mwheeler@healthinnovationsinc.com |
| Dartmouth | Seven Hills Behavioral Health | Connie Rocha-Mimoso | (508) 999-4159 Ext 3720 | cmimoso@sevenhills.org |
| Fairhaven | Seven Hills Behavioral Health | Connie Rocha-Mimoso | (508) 999-4159 x 3720 | cmimoso@sevenhills.org |
| Fall River | Seven Hills Behavioral Health | Connie Rocha-Mimoso | (508) 999-4159 x 3720 | cmimoso@sevenhills.org |
| Gloucester | North Shore AIDS Project | Kara Blake | (978) 865-3924 | kblake@healthproject.org |
| Greenfield | Tapestry | Liz Whynott | (413) 586-0310 | lwhynott@tapestryhealth.org |
| Lawrence | Greater Lawrence Family Health Center | Irvin Atkins | (978) 685-7663 x 8503 | iatkins@glfhc.org |
| Lynn | Lynn CHC, MAPS/Health Innovations | Mary Wheeler | (339) 987-2388 | mwheeler@healthinnovationsinc.com |
| North Adams | Tapestry | Liz Whynott | (413) 586-0310 | lwhynott@tapestryhealth.org |
| Pittsfield | Berkshire Medical | Michael Perreault | (413) 447-2340 | mperreault@bhs1.org |
| Salem | MAPS/Health Innovations | Mary Wheeler | (339) 987-2388 | mwheeler@healthinnovationsinc.com |
| Taunton | Seven Hills Behavioral Health | Connie Rocha-Mimoso | (508) 999-4159 x 3720 | cmimoso@sevenhills.org |
| Wareham | Seven Hills Behavioral Health | Connie Rocha-Mimoso | (508) 999-4159 x 3720 | cmimoso@sevenhills.org |

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## Expanding Access to Narcan is Only Part of the

# Solution

There is no question the U.S. is experiencing an overdose epidemic that has never been rivaled. The Centers for Disease Control reports the increase in deaths from synthetic drugs such as fentanyl has driven down the average life expectancy in America.

In April 2018, the U.S. Surgeon General issued an advisory encouraging everyone to carry Narcan. Narcan in itself is not the answer to opioid epidemic; however, it is part of the continuum of care. At a basic level, the longer we are able to keep individuals alive, the more chances they have at being successful in recovery. But, evidence-based treatment has to be readily available and affordable.

As the U.S. continues to struggle with the opioid epidemic, expanding access to effective treatment for opioid use disorder is a major public health priority. Identifying effective policy tools to expand access to care is critically important, yet most programs across the U.S. don't offer evidence-based treatment, such as methadone, buprenorphine or vivitrol–even where there is access to treatment. A survey of 345 addiction treatment facilities reported that 34 percent of the facilities used pharmacotherapy for opioid use disorder, and an analysis of programs participating in the National Drug Abuse Treatment Clinical Trials Network found that only 10 percent of opioid use disorder patients received opioid agonist or opioid antagonist therapy.

Massachusetts has been a leader in fighting the opioid epidemic. Overdose fatalities declined by 8.3 percent in 2017 compared to the previous year. Investment and increased access to treatment programs, a tighter prescription monitoring program, and expanded access to medication assisted treatment could have contributed, along with naloxone, to the decline in fatal overdoses.

The impact of access to Narcan appears to be related to evidence-based treatment availability. In the best-case scenario, saving someone's life with naloxone gives them a chance to get treatment. However, that can only happen if treatment programs are available for everyone who needs the services. State targeted funding was associated with increased program-level adoption of oral naltrexone and buprenorphine, and therefore may be a viable policy lever for increasing access to opioid use disorder medications. Given the historically low rates of opioid use disorder medication adoption in treatment programs, single-state agency targeted funding is a potentially important tool to reduce mortality and morbidity associated with opioid disorders and misuse.

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- HIV/AIDS Care Integration
- Medication-Assisted Treatment
- Opioid Overdose Prevention
- Viral Hepatitis Care Integration

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