

# Why Amend Colorado's Current Paraphernalia Law?

## Public Health Awareness Task Force

Issued Dec. 13, 2008

### The Problem

The sharing of syringes is a public health threat as blood-borne diseases such as hepatitis B and C, and HIV continue to be spread through shared contaminated syringes. Those who are using contaminated syringes may in turn spread most of these blood-borne pathogens to their sexual partners and unborn children.

- In Colorado there are 11,500 such persons at risk of sharing syringes. (1)
- Between 2004 and 2008, approximately 21% of Coloradans with HIV and nearly 19% of all Coloradans living with AIDS were infected via syringe sharing. (2)
- An estimated 240,600 Coloradoans have ever been infected with hepatitis B. (3)
- An estimated minimum 76,000 Coloradans have been infected with hepatitis C with evidence that this number grossly under-estimates the true disease burden in our state. 70-85% of those with hepatitis C have chronic life long infections. (4)
- The Centers for Disease Control report that drug-related sharing of syringes is the most common route of transmission for hepatitis C. (5)
- An estimated minimal 11.5 million non-medical injections occurred in Colorado last year. (6)
- A study among injection drug users in Denver found that 76% of those tested had been infected by hepatitis C. (7)

### The Solution

#### **Syringe Exchange programs protect Colorado communities!**

Syringe exchange programs (SEPs) protect health by providing clean syringes and collecting used syringes. SEPs remove syringes that present a hazard to law enforcement officers, emergency medical technicians, firefighters, and sanitation workers. SEPs remove syringes from places where children and families gather.

Most SEPs operate comprehensive health education and prevention programs that decrease syringe sharing, reduce HIV and viral hepatitis, while increasing entry to addiction treatment, mental health and primary care services.

#### **Medical and Scientific Communities Support Needle Exchange**

All scientific research shows that syringe exchange programs effectively reduce HIV, do not promote drug abuse, and increase drug treatment entry.

Hundreds of national and international studies on SEPs have been conducted and conclude that SEPs do not appear to increase drug use, increase neighborhood crime, or increase syringe litter in the communities that are home to these programs.

The World Health Organization  
endorses Syringe Exchange Programs

### Endorsements

- World Health Organization
- U.S. Department of Health and Human Services
- National Institutes of Health
- U.S. Government Accounting Office
- American Medical Association
- American Public Health Assoc.
- American Pharmaceutical Assoc.
- American Nurses Association
- National Academy of Sciences
- American Academy, Pediatrics
- American Academy of HIV Medicine
- National Association of People with AIDS
- Nat'l Minority AIDS Council
- Nat'l Institute on Drug Abuse
- National Academy of Sciences
- National Research Council
- New York Academy, Medicine
- Latino Commission On AIDS
- Johns Hopkins School of Public Health

### Other Endorsements

- NAACP
- National Urban League
- Episcopal Church (USA)
- United Church of Christ (USA)
- Unitarian Universalist (USA)
- Union for Reform Judaism-USA
- The Presbyterian Church (USA)

## A syringe program has a high Return on Investment for Colorado

SEPs can decrease healthcare costs; including HIV and hepatitis B & C treatment, reduce dependence on public support services, and substantially increase both quantity and quality of years for program participants.

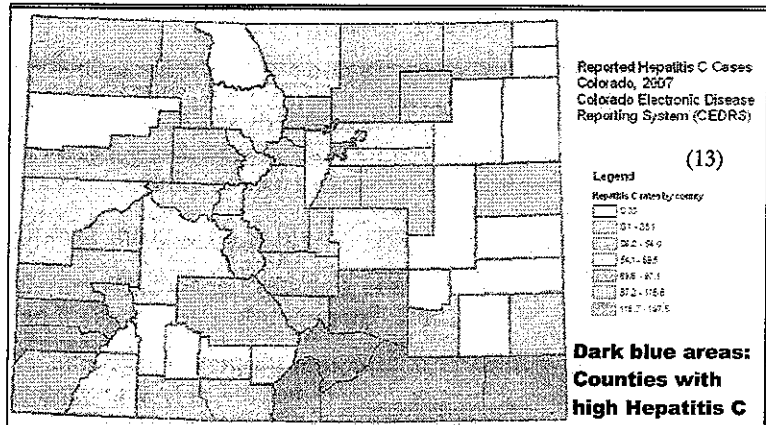
- A single case of HIV infection can cost up to \$618,900 over the lifetime of the affected individual. (8)
- The Centers for Disease Control has calculated that Syringe Exchange Programs cost only \$4,000 to \$12,000 to prevent an HIV infection and is "considerably less than the high costs of treatment". (9)
- For those requiring treatment, a single month's supply of hepatitis B medication may cost more than \$2400 (10); between \$2400-2700 for individuals being treated for hepatitis C. (11)
- Hepatitis C is the most common cause for liver transplant in the U.S.- cost are up to \$520,000. (12)

Thus prevention of even a single HIV or hepatitis C infection represents a large savings for shrinking budgets in addition to the suffering avoided at the personal, family and community levels.

**A person who avoids being infected with HIV is expected to gain an additional 15-20 life years.**

**Years of life lost to hepatitis C is lower than for those with HIV, however avoiding hepatitis C's chronic conditions is an expected additional 6 years of quality of life.**

**U.S. Surgeon General David Satcher: SEPs as part of a "comprehensive strategy, reduce the transmission of HIV and does not encourage the use of illegal drugs" On March 17, 2000, issued statement (14)**



## **Myths and Facts about Clean Syringe Exchange**

**\*Myth: Increased access to sterile syringes promotes drug use.**

**Fact: A wealth of evidence demonstrates that clean syringe programs do not encourage drug use.**

In 1998, the United States Department of Health and Human Services certified that syringe availability does not encourage drug use.

In its 1997 Consensus Statement, the National Institutes of Health reported that "a preponderance of evidence shows either no change or increased drug use" after participation in syringe exchange programs.

**Overwhelming evidence in support of syringe availability has persuaded a multitude of organizations to endorse related initiatives.** They include: U.S. Department of Health and Human Services, National Institutes of Health, The World Health Organization, American Medical Association, American Public Health Association, American Pharmaceutical Association, National Academy of Sciences, American Academy of Pediatrics, American Academy of HIV Medicine, National Minority AIDS Council, National Institute on Drug Abuse, and many more!

**\*Myth: There is no hard evidence that syringe exchange programs work**

**Fact: U.S. Surgeon General & former Director of Centers for Disease Control, David Satcher has reviewed the evidence and found it to be sound**

Misinformation including opinion editorials by those against syringe exchange contradicts the peer-reviewed scientific studies that demonstrate the effectiveness of clean syringe exchange programs. In response, the U.S. Surgeon General reviewed all peer-reviewed, scientific studies of clean syringe programs and issued a report on March 17, 2000 stating, "Syringe exchange programs, are 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".

**\*Myth: There will be an increase of crime in syringe exchange program neighborhoods**

**Fact: There is no consistent association between living close to SEPs and violence**

A reduction in economically-motivated crimes in Baltimore has been established in areas where SEPs operate despite rising crime trends in areas surrounding SEPs. Harlem study showed that there was no significant association between distance of Harlem syringe exchange programs and reported fights, neighborhood robbery in the last 6 months, or economically-related personal robberies. (Needle exchange programs and experience of violence in an inner city neighborhood. J Acquir Immune Defic Syndr. 2001).

**\*Myth: There will be more syringes in the community**

**Fact: Providing clean syringes does not lead to more "dirty" syringes in the community.**

While SEP critics argue that syringe programs do nothing more than increase the number of syringes in circulation, the evidence does not support that assertion. This common criticism has been addressed in several publications suggesting that there is a relative balance between SEP needles distributed, and the number of needles returned to SEPs. (Return Rates for Needle Exchange Programs: A Common Criticism Answered. Harm Reduction Journal. 2004). A Baltimore study found that the number of discarded, potentially contaminated syringes decreased by over half in areas proximate to clean syringe exchange programs (Discarded Needles Do Not Increase Soon After the Opening of a Needle Exchange Program. American Journal of Epidemiology. 1997)

**\*Myth: Law Enforcement and Public Health cannot coexist**

**Fact: Police and Public Health can work together if communication and negotiation happens**

Baltimore police officers interviewed, felt that syringe exchange programs help increase the likelihood, that arrestees will alert them to syringes prior to searches, and that syringes will be less prevalent in public places, thereby improving officer safety. One Police Chief put it this way, "I may agree or disagree philosophically with SEPs, but if it keeps my officers safe, I may need to put my philosophy aside".

**\*Myth: Syringe exchange programs (SEPs) do not reduce HIV: Vancouver & Montreal**

**Fact: Significant scientific evidence shows that SEPs reduce risk of HIV**

An association between clean syringe exchange attendance and higher HIV prevalence rates in Vancouver and Montreal from the mid 1990's has been misinterpreted by critics with little to no medical or public health training. Original Vancouver and Montreal researchers have gone back to prove that their previous reports were misinterpreted.

**\*Misinterpretation of Vancouver Data:**

Previous Research Conclusions reported an initial period of stable, low HIV prevalence, and a rapid increase in HIV infection in Vancouver since September 1994. (Needle exchange is not enough: lessons from the Vancouver injecting drug use study. AIDS. 1997.)

Two years later the same authors of the above article issued the following report...

Follow-up Research Conclusions found no evidence that syringe exchange is causally associated with HIV transmission. The increase of HIV rates was that more clients with HIV were receiving services demonstrating that SEPs may be a valuable opportunity to provide additional preventive/support services to these difficult-to-reach individuals. **THE OBSERVED ASSOCIATION SHOULD NOT BE CITED AS EVIDENCE THAT NEP (SEP) MAY PROMOTE THE SPREAD OF HIV.** (Do needle exchange programs increase the spread of HIV among injection drug users?. AIDS. 1999.)

**\*Misinterpretation of Montreal Data:**

Previous Research Conclusions reported that Montreal syringe exchange clients appeared to have higher seroconversion rates than NEP nonusers. (High Rates of HIV Infection among Injection Drug Users Participating in Needle Exchange Programs in Montreal: Results of a Cohort Study. American Journal of Epidemiology, 1997.)

Follow-up Research Conclusions: After 1995, no association was found between syringe exchange attendance and HIV seroconversion. The situation had changed since 1995 after sufficient syringes became available to prevent HIV transmission. (Changes in HIV Seroconversion Rates of IDUs Attending Needle Exchange Programs in Montreal. Canadian Journal of Infectious Diseases, May 1999.)

**\*Myth: A Colorado syringe exchange will be like Zurich's Needle Park**

**Fact: Comparing a Colorado clean syringe exchange program and Zurich's needle park is comparing apples to oranges.**

U.S. clean syringe programs and Zurich, Switzerland's Needle Park social experiment are completely different in design. SEPs have been proven to successfully reduce HIV and other blood-borne pathogens, reduce amount of injection, and increase access to addiction treatment programs.