

Investing in the Safety and Health of Nebraska Communities Through the Authorization and Implementation of Syringe Services Programs

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INTRODUCTION

It has been well-documented by researchers that injection drug use and the sharing of dirty equipment are significant, yet preventable, causes of blood-borne diseases like human immunodeficiency virus (HIV) and hepatitis C (HCV).^{1,2}

Scientists have shown that HIV and HCV tend to spread rapidly among social networks of drug injectors through the exchange of injection equipment including needles, cotton, cookers, and syringes.³ The Center for Disease Control and Prevention (CDC) reports that 10% of HIV diagnoses and 68% of HCV infections are attributable to injection drug users' exchange of equipment.^{4,5} Moreover, the CDC also warns that 75% of injection drug users with HIV are co-infected with hepatitis C, a deadly diagnosis which "triples the risk for liver disease, liver failure, and liver-related death."² The spread of infectious diseases like HIV and HCV poses great threats and costs to our state that cannot be overstated: during the decade from 2006 to 2015, 80 injection drug users in Nebraska were diagnosed with HIV, resulting in lifetime treatment costs of approximately \$29.7 million, according to the Department of Health and Human Services (DHHS).^{6,7}

Between 2011 and 2015, Nebraska witnessed a 300% increase in reported hepatitis C cases.⁸ This trend alarmingly mirrors the increase in HCV rates by 364% in the Appalachia region and 400% in Indiana documented by researchers just years earlier.⁹ According to scientists, the acute escalation of HCV and HIV prevalence in these areas has been conflated with the growing opioid crisis as blood-borne diseases are finding heightened opportunities to spread through injection equipment used by opioid users and addicts.⁹⁻¹¹ In fact, researchers who investigated the 2015 HIV outbreak in Indiana found that 87.8% of new patients diagnosed with blood-borne illnesses had injected an opioid named oxycodone.¹¹ A 2016 study conducted by REACH faculty Dr. Kirk Dombrowski, Devan Crawford, and Dr. Bilal Khan titled "Current Rural Drug Use

in the US Midwest" uncovered similar underlying risks present in Nebraska communities that are increasingly impacted by intravenous drug use.¹² An epidemic that has ravaged much of Appalachia and the East Coast, the opioid crisis and opiate-related overdoses have devastated Nebraska as well; REACH faculty found that substance abuse treatment admissions for heroin and prescription opiates increased by 1407% from 2000 to 2015, and overdose deaths caused by opiates are quickly approaching the number of deaths caused by automobile accidents.^{12,13,14} As the opioid crisis spreads and worsens throughout Nebraska and the Midwest, our state must be properly positioned to address the public health risks it presents.

HCV and HIV pose great risks to both rural and urban Nebraska communities. REACH lab has found that rural drug use presents additional risks as the rate of methamphetamine use is higher, more users prefer injection, more users report risk behaviors like sharing equipment, and less users have access to medical services.¹²

Though the use of commonly injected drugs like opioids, heroin, and methamphetamine poses a great risk to our state, scientists warn that Nebraska is still not situated to successfully prevent an outbreak of blood-borne infectious diseases.¹² The Center for Disease Control and Prevention (CDC) Prevention Status Report of 2015 states that Nebraska is failing on a number of national HIV and prescription drug-related policy goals.¹⁵ As a result of Nebraska's lack of a sufficient prescription drug monitoring program and noncompliance with the CDC's suggested HIV testing guidelines, our state is at a higher risk for drug-related epidemics and outbreaks, the report advises.¹⁵ Moreover, the annual Outbreaks report from the Trust for America's Health and Robert Wood Johnson Foundation has

consistently rated Nebraska troublingly low on prevention indicators related to infectious diseases.¹⁶ Though this rating has improved in recent years, researchers remain weary that a significant contributor to our state's high risk of outbreaks and epidemics has not been addressed: Nebraskans' lack of access to clean syringes and needles.¹⁵⁻¹⁸

Experts at organizations including the CDC, DHHS, World Health Organization (WHO), and the American Foundation for AIDS Research (AmfAR), have all endorsed increasing access to clean syringes and needles through syringe services programs, also known as SSPs.^{10,19-23} The CDC defines SSPs as "community-based programs that provide access to sterile needles and syringes free of cost and facilitate safe disposal of used needles and syringes."²³ In the face of increasing risks and costs of drug use and the spread of infectious diseases, research suggests that Nebraska must act quickly to authorize the implementation of syringe services programs in the state.

POLICY IMPLICATIONS

Research suggests that improving access to clean syringes, needles and other resources in Nebraska through the authorization of syringe services programs will benefit the public safety, health, and welfare of the state in numerous ways.

INFECTIOUS DISEASE AND PUBLIC HEALTH

Scientists have found that implementing syringe services programs is an effective policy response to the devastating spread of infectious diseases across the country.^{4,10,20,21} In 2014, the New York Department of Health reported that HIV prevalence among injection drug users had fallen from 54% at the height of the AIDS epidemic to just 3% in 2012.²⁴ In 2012, Hawaii reported having 0 new diagnoses of HIV attributable to injection drug use while thousands of cases were reported throughout the nation.²⁵ Researchers have directly attributed these states' success in preventing the spread of HIV/AIDS to years of SSP implementation.²⁴⁻²⁷

According to researchers at REACH, in Midwestern states like Nebraska and Indiana hepatitis C poses an even more probable threat among injection drug users who generally view the diagnosis as inevitable.¹² Extensive scientific literature consistently shows that SSPs lead to significant decreases in the prevalence of HCV.

In one study—following the implementation of syringe programs—HCV rates among injection drug users decreased from 90% to 63% and co-infection of HIV and HCV, an especially threatening diagnosis, decreased from 53% to 13%.^{24,26} The success of SSPs in preventing HIV and HCV has been seen in replicated scientific results in over thirty states across the country.^{26,27}

Public health experts advise that SSPs also act as a medical gateway to treatment and screening for users at risk of contracting HIV and hepatitis C.^{4,29} Among other public health benefits of SSPs, programs also provide hepatitis A and B vaccination, disposal of dirty needles and syringes, condoms, PreP (HIV prevention medication), and overdose treatment.^{4,24,30} The success of SSPs' prevention and harm reduction programs in effectively improving the public health of the community cannot be overstated. The findings of medical experts greatly indicate that Nebraska would see a decrease in HIV and HCV prevalence, greater protection against outbreaks, and further benefits to the health of our state if we were to authorize SSPs.

DRUG USE AND ADDICTION

According to researchers, services provided through SSPs discourage drug use and reduce the personal and societal risks associated with addiction and substance abuse. Contrary to popular myths, scientists have found that syringe services programs do not increase drug use and are often the first step toward treatment for participants.^{24,29,31-35} The CDC reports that participants of SSPs are five times more likely to enter treatment for substance use than those who have not attended a syringe program.¹⁰ The importance of referrals to treatment is emphasized by experts and researchers due to the many barriers which normally prevent injection drug users from seeking medical advice outside of SSPs.^{34,36,37}

The holistic design of syringe services programs also prioritizes advising participants on the various risks and externalities of substance use. According to experts, participants of SSPs learn vital information about a variety of issues including how to seek treatment, prevent overdoses, find mental health and social services, and reduce risk behaviors that detriment their health.^{4,24,29,30} Education and treatment facilitated by SSPs have already proved to be successful: research has shown that participants of syringe programs report less frequent drug use and a reduction in risk

behaviors following their attendance at SSPs.^{24,32,38} For instance, a study found that New York witnessed an 8% decrease in frequency of injection drug use and a 63% decrease in syringe sharing among SSP participants in the years following the programs' initiation.²⁴ These results consistently confirmed by researchers suggest that Nebraska would not see an increase in drug use following the authorization of such programs, but that more drug users would enter treatment in the state.

CRIME AND PUBLIC SAFETY

According to scientists, crime does not increase in areas which have implemented syringe programs.^{10,35} Over twenty years of evidence from researchers and public officials supports the fact that areas with SSPs are not associated with increased crime, and may even benefit from reduced rates of criminal activity.^{10,22,35,39} For instance, researchers found that Baltimore experienced an 11% decrease in robberies and burglaries—crimes largely associated with the economic needs of drug users—in areas that had recently implemented syringe programs compared to an 8% increase in such rates in areas without SSPs.³⁹ Consequently, law enforcement have often been on the front lines of proposing and supporting syringe programs.^{40,41}

Not only are crime rates unaffected by the programs, but SSPs also promote the safety of the public and police by taking dirty syringes and needles off the streets and promoting the safe disposal of equipment.⁴⁰ Experts say this greatly reduces the risk of accidental needle-stick injuries among the general population which can result in the spread of blood-borne illness.¹⁰ Researchers in Connecticut found that the implementation of SSPs was followed by a 66% decrease in needle-stick injuries to police in the state, a significant improvement given that law enforcement are often at a higher risk for such injuries.^{42,43} Thus, evidence suggests that the public safety of all Nebraskans would be furthered by the authorization of syringe services programs which do not increase crime but result in an safer environment for Nebraska communities.

COST-EFFECTIVENESS AND COST-SAVINGS

According to economists, SSPs are a cost-effective and cost-saving policy response for preventing the spread of infectious diseases.^{6,44-47} Blood-borne infections like HIV and hepatitis C cost the United States millions of dollars in healthcare costs each year.^{6,46,48} The CDC

reported that, in 2009 alone, the lifetime costs of 105 new diagnoses of HIV in Nebraska amounted to \$39 million.⁶ Scientists warn that the costs of treating HCV and HIV/HCV co-infection present additional expenses to the state.^{2,49}

Consequently, HIV and HCV prevention is an essential cost-saving venture: experts at the CDC advise that preventing one case of HIV could save Nebraska over \$400,000.^{6,10} These researchers have also shown that preventing one case of HIV through the operation of an SSP costs only \$4,000–\$12,000.⁶ Thus, the return on investment from implementing SSPs is substantial as the programs are proven to be life-saving and cost-saving.

Reducing the costs of implementing SSPs to the state are the various sources for funding syringe programs available to Nebraska including resources from the CDC, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health (NIH), North American Syringe Exchange Network (NASEN), and AIDS United.⁵⁰ Since 2016, the federal government has also freed funds to be granted directly to state syringe programs. The financial support available to the state further demonstrates that Nebraska's taxpayers would not bear the fiscal burden of implementing SSPs.³⁰

Authorizing SSPs to be implemented in Nebraska would reduce the cost of treating new patients diagnosed with HIV and HCV by millions if only 3 cases of HIV were prevented through an SSP, assuming higher estimates of program costs.^{6,10}

POLICY RECOMMENDATIONS

The first step toward enacting effective harm reduction policy to prevent the spread of HIV, hepatitis C, and other infectious diseases is to amend the state's paraphernalia statute. Nebraska Revised Statute §28-439 currently defines possession of a hypodermic needle or syringe as paraphernalia subject to §28-441, which, in turn, makes it unlawful for an injection drug user to possess a syringe even if it was obtained knowingly through a medical professional with the intent to prevent the spread of infectious diseases.^{51, 52} Since the 1990s, multiple doctors, pharmacists,

and other medical professionals have disclosed to lawmakers that they willingly provide clean needles and syringes to drug users.⁵³ These healthcare providers are aware of the likelihood that dirty equipment will spread infectious diseases and, thus, see it as their duty to prevent an injection drug user from contracting blood-borne diseases.⁵³ Acknowledging this, the legislature passed LB 398 which was signed into law by Governor Mike Johanns in 2001.⁵⁴ This bill amended criminal statute §28-442—which makes unlawful the distribution of paraphernalia, including syringes and needles—so that the law now reads: “this section shall not apply to pharmacists, pharmacist interns, pharmacy technicians, and pharmacy clerks who sell hypodermic syringes or needles for the prevention of the spread of infectious diseases.”^{54,55}

Recognizing that access to clean injection equipment is vital to public safety and the prevention of infectious diseases, the Nebraska legislature should amend statute §28-441 to exempt from paraphernalia charges those users who obtain a syringe or needle from a medical professional. This would increase access to and use of clean equipment by injection drug users, which research suggests would prevent the spread of HIV and HCV. Such a move would be aligned with other perceptive harm reduction strategies of the unicameral including the Good Samaritan provisions which have recently allowed for exemptions from §28-441 in situations of overdoses.⁵²

Secondly, REACH faculty suggest that the legislature should further implement oversight of this distribution of clean syringes by medical professionals. According to testimony by doctors and pharmacists, medical professionals in the state are already legally distributing syringes and needles under the amended statute §28-442.⁵³ To ensure this distribution isn't abused and properly aids the public health and safety of our state, Nebraska legislators should statutorily support the distribution and regulate it thusly.

Beginning in the early 1990s, over 35 states have authorized syringe service programs to operate legally, demonstrating a growing consensus in support of legalizing such life-saving medical services.⁵⁷ Lawmakers have implemented SSPs in many distinct ways, but popular regulations for syringe distribution include those listed below.⁵⁷⁻⁶³ Providing such support and regulation would further ensure the efficacy and over-

sight of these programs.

COMMON REGULATIONS OF SSPs

- Ensuring required education of participants on prevention, safety, and addiction
- Requiring the referral of participants to drug addiction and abuse treatment services
- Enforcing safe disposal of used syringes and needles
- Requiring participants to obtain a waiver, prescription, or other authorization in order to use SSP services
- Allowing access only to those over the age of 18
- Creating an oversight body
- Ensuring required reporting of the program's use and results

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