REACH RESEARCH, EVALUATION & ANALYSIS FOR COMMUNITY HEALTH

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

BRIEF FACT SHEET

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.

Syringe Services Programs effectively prevent the spread of devastating infectious diseases including HIV and HCV. In one study demonstrating the success of SSPs, 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%. In another study conducted in New York after SSP implementation, HIV prevalence among injection drug users had fallen from 54% at the height of the AIDS epidemic to just 3% in 2012. 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.

SSPs discourage the use of injection drugs and promote patient referral to substance treatment. Studies have found that participants of SSPs have reduced drug use frequency compared to those who do not participate in SSPs.

Crime rates do not increase in areas with SSPs and such programs may even reduce the motivation for commonly drug-related crimes (burglary, theft, etc.) thereby reducing criminal activity in areas with SSPs.

SSPs are a cost-saving policy solution to preventing risky drug use and the spread of infectious diseases: experts at the CDC advise that preventing one case of HIV could save Nebraska over $400,000. These researchers have also shown that preventing one case of HIV through the operation of an SSP costs only $4,000–$12,000.

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. In 2009 alone, the lifetime costs of 105 new diagnoses of HIV in Nebraska amounted to $39 million.

Nebraska taxpayers would also not have to bear the burden of the costs of implementing SSPs: Funding resources have been made available to the state through 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.

To authorize SSPs in Nebraska, legislators must amend §28-441 to exempt from paraphernalia charges those users who obtain a syringe or needle from a medical professional. Further policymaking should also be done to explicitly authorize and regulate syringe services programs implemented in our Nebraska communities to ensure reporting, safe practices, and treatment referrals.