

Summary

Washington State's syringe exchange infrastructure is in jeopardy at a time when heroin use, Hepatitis C infection rates, and overdose deaths have increased, especially among young adults age 18-29.¹ The ban on federal funding for syringe exchange remains in place, and private resources are limited. Research shows that public support is vital if Washington's syringe services programs (SSPs) are to continue the front-line disease prevention, public safety, and cost saving measures they have afforded our state for more than 25 years.

With the expansion of healthcare access, we have an unprecedented opportunity to improve the health status of drug users through coordination of disease prevention, health promotion, mental health, substance abuse, and law enforcement services. **Toward this end, we request the Governor and Legislature direct the Department of Health, Department of Social and Health Services, and the Health Care Authority to develop, in coordination with the WA Council of Police and Sheriffs, SSPs, and syringe exchange participants, a comprehensive plan to address the social determinants of health and the leading causes of morbidity and mortality facing drug users in our state. Stakeholders are currently drafting specific language for this directive.**

Background

Washington has the fifth lowest HIV rate in the country due in part to early intervention among injecting drug users (IDUs).² Since 1988, a network of 20 syringe exchange programs run by health departments and community based organizations has emerged statewide, providing a level of disease prevention unparalleled nationally.

Scores of studies demonstrate conclusively that SSPs prevent the spread of HIV, promote public health and safety, and save millions of dollars in treatment costs without increasing drug use or crime. One study shows that every \$1 invested in SSPs saves \$3-\$7 in HIV treatment costs alone.³ Perhaps most convincing is the percentage of HIV infections in Washington State attributable to injection drug use, which fell from 9% to 7% between 1982 and 2013.⁴ By comparison, the national average in 2010 was 25.2%.⁵

This success has resulted in a tenuous funding environment for Washington's SSPs. In biennium 2013-15, Department of Health reallocated HIV prevention funds to areas of the state with higher HIV incidence rates, thus ending direct state funding for 7 SSPs in areas with low to moderate HIV rates. In light of increasing trends in heroin use, Hepatitis C infection rates, and overdose deaths in these areas it is critical that the SSP infrastructure remain intact as a platform to address these issues.

SSPs are a vital point of access to drug treatment, mental health, primary care, and social services for the most vulnerable, hard-to-reach populations. Several SSPs are now leveraging this access to assist injectors with enrollment in Medicaid and qualified health plans on behalf of the WA Health Benefits Exchange. Washington cannot afford to let this access point to health care and prevention services for drug users lapse. **We must recognize the role syringe exchange has to play in the continuum of whole person care.**

Prevention is never perfect, and never over.

Dave Purchase

Founder, Pt. Defiance AIDS Projects

Citations

- 1 Banta-Green, C.J., (2013) The emergence of heroin among young adults across WA State, Alcohol and Drug Abuse Institute (ADAI), University of Washington
- 2 Kaiser Family Foundation State Health Facts, Estimated Numbers of AIDS Diagnoses Among Adults and Adolescents, by Transmission Category (2010)
- 3 Nguyen, T.Q., et al, "Increasing investment in syringe exchange is cost-saving HIV prevention: modeling hypothetical syringe coverage levels in the United States", 19th International AIDS Conference, Washington DC, Abstract MOAE0204
- 4 HIV/AIDS Epidemiology Unit, Public Health – Seattle & King County and the Infectious Disease Assessment Unit, Washington State Department of Health. HIV/AIDS Epidemiology Report, First Half 2013: Volume 82
- 5 Kaiser Family Foundation State Health Facts, Estimated Numbers of AIDS Diagnoses Among Adults and Adolescents, by Transmission Category (2010)

- Heroin use has increased, especially among young people, who are transitioning from prescription meds to injecting drugs.¹
- Overdose is a major problem, with heroin- and prescription painkiller-caused overdoses doubling in WA over the past ten years.¹
- Viral hepatitis is estimated to be very high among injectors; 30% infection rates in young injectors to 70-90% infection rates in injectors over 30.¹
- Washington State was an early adopter of syringe exchange to curb transmission of HIV and Hepatitis among drug injectors. Its rate of cumulative AIDS cases attributable to injecting drug use is the fifth lowest in the nation.²
- Every **\$1** invested in syringe exchange saves **\$3-7 in HIV treatment costs.**³

Citations

¹ UW Alcohol&Drug Abuse Institute, "Heroin Trends Across WA State" (ADAI Info Brief). Prepared by Caleb Banta-Green, PhD, MPH, MSW, June 2013 <http://adai.uw.edu/pubs/Info-Briefs/ADAI-IB-2013-02.pdf>. Retrieved January 13, 2014

² Kaiser Family Foundation State Facts, Estimated Numbers of AIDS Diagnosis among Adults and Adolescents by transmission category (2010). Available at <http://kff.org/hivaids/state-indicator/estimated-numbers-of-aids-diagnoses-adults-and-adolescents-by-transmission-category/?state=WA>

³ T.Q. Nguyen et al "Increasing investment in syringe exchange is cost-saving HIV prevention: modeling hypothetical syringe coverage levels in the United States", 19th International AIDS Conference, Washington DC, Abstract MOAE0204

*An ounce of
prevention is worth
a pound of cure.*

Benjamin Franklin