

# NORTH CAROLINA LAW ENFORCEMENT GUIDE TO SYRINGE EXCHANGE PROGRAMS

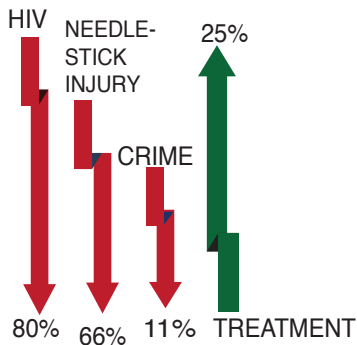
## What are Syringe Exchange Programs (SEPs)?



SEPs offer a range of social services to people who struggle with addiction, including access to drug treatment, housing, employment opportunities, and sterile syringes. These programs protect users and the public from the spread of disease such as HIV and hepatitis C and also collect used syringes from the community to dispose of them safely. SEPs do NOT increase or encourage drug use. In fact, people who participate in SEPs are five times more likely to enter an addiction treatment program than non-participants.

## How do SEPs Benefit Law Enforcement?

SEPs are shown to lower needle-stick injuries to LEOs by 66%, decrease hepatitis C and HIV transmission rates by 50-80%, and lower crime rates by 11% by connecting people caught up in the criminal justice system to social services programs. They are also extremely effective at connecting hard-to-reach populations to drug treatment.



*“Statistic show that syringe exchange programs greatly reduce the number of persons contracting HIV and Hepatitis and increase the safety of the officers on the street by reducing the number of them who are exposed to ‘dirty’ needles. I would also hope that the exchange programs would lead to more people to seek treatment and result in fewer persons overdosing. This epidemic of IV drug abuse has reached such dangerous levels that we should consider all options in an attempt to help the communities we serve.”*

**-Donnie Varnell, Special Agent in Charge,  
North Carolina State Bureau of Investigation**

## FAST FACTS ON SYRINGE EXCHANGE PROGRAMS



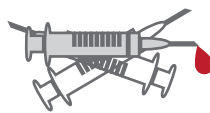
NC taxpayers paid \$50 million for Hep C treatment and \$117 million for HIV treatment in 2014 alone



SEPs prevent the spread of HIV, HCV and HBV, reducing the taxpayer burden for these diseases. A sterile syringe could prevent these diseases for 7 cents



Crime decreases in areas with a SEP because participants are connected to housing, food pantries and other social services



SEPs collect discarded needles and dispose of them safely, thereby reducing the number of syringes in public areas



There is available funding from private foundations to cover the costs of a SEP. NC taxpayers won't have to foot the bill.



SEPs reduce needle-stick injury to law enforcement by 66%



SEPs are a gateway to drug treatment. SEP participants are 5 times more likely to enter treatment than non-participants



SEPs decrease hepatitis C transmission among people who inject drugs by as much as 50%. HIV injection rates have decreased by as much as 80% in areas with SEPs

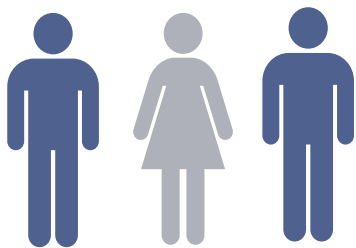
For more information, visit [www.nchrc.org](http://www.nchrc.org)



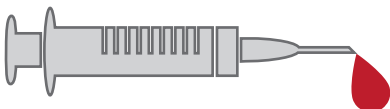
# LAW ENFORCEMENT CONCERNS

# RESEARCH

- *Not Enough Drug Users Enter Treatment* → SEPs are a gateway to drug treatment. SEP participants are 5 times more likely to enter treatment than non-participants <sup>1</sup>
- *Increases in Drug-Related Crime* → Crime decreases in SEP areas because participants are connected to drug treatment, housing, food pantries and other social services. In Baltimore neighborhoods with syringe exchange have experienced an 11% decrease in crime compared to those without syringe exchange, who saw an 8% increase in criminal activity <sup>1</sup>
- *Increases in Drug Use* → SEPs DO NOT cause any increase in drug use. In fact, they decrease drug use by connecting people to treatment <sup>2</sup>
- *Needle-stick Injury* → SEPs lower needle-stick injury to law enforcement by 66% <sup>3</sup>
- *Increases in HIV, HCV and HBV among populations in frequent contact with law enforcement* → SEPs decrease hepatitis C transmission among people who inject drugs by as much as 50%. HIV injection rates have decreased by as much as 80% in areas with SEPs <sup>5</sup>
- *Discarded Needles in the Street* → SEPs collect discarded needles and dispose of them safely, thereby reducing the number of syringes in public areas <sup>4</sup>
- *Taxpayers foot the bill for HIV and HCV treatment. In 2014 alone NC taxpayers paid \$50 million for HCV treatment and \$117 million for HIV treatment for the uninsured.* → SEPs prevent the spread of HIV, HCV and HBV, reducing the taxpayer burden for these diseases. The lifetime cost of treating HIV is \$385,000-619,000, while HCV costs \$100,000 - 300,000. <sup>6</sup> A sterile syringe could prevent these diseases for 7 cents
- *Taxpayers should not have to pay for syringes for injection drug users* → There is available funding from private foundations to cover the costs of a SEP. NC taxpayers won't have to foot the bill.



**ONE in THREE** officers will be stuck by a **SYRINGE** during their career



*“Law enforcement has been at the front lines of the drug problem and has witnessed the devastating effects of drug use and abuse. We are seeing more people use heroin, more people inject prescription drugs, and more people get sick from diseases like HIV and hepatitis C. Although the enforcement of drug laws is and always will be an integral part of police work, we also realize that we will not solely arrest our way out of this problem. I support syringe exchange programs because they are shown to lower the rates of disease and help connect drug users to the treatment that they need to combat this epidemic.”*

**- Chief Bill Hollingsed, Waynesville Police Department**

<sup>1</sup> Center for Innovative Public Policies. Needle Exchange Programs: Is Baltimore a Bust? Tamarac, FL: CIPP; April 2001.

<sup>2</sup> Institute of Medicine. Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries. An Assessment of the Evidence. Washington, D.C.: National Academies Press; 2006.

<sup>3</sup> Groseclose, S.L. et al., “Impact of increased legal access to needles and syringes on practices of injecting-drug users and police officers—Connecticut, 1992-1993,” *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology*, vol. 10. no. 1, 1995, p. 82–89.

<sup>4</sup> Turner, K. et al. “The impact of needle and syringe provision and opiate substitution therapy on the incidence of hepatitis C virus in injecting drug users: pooling of UK evidence,” *Addiction*, E-publication ahead of print, 2011.

<sup>5</sup> Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: A 2-year follow-up. *American Journal of Public Health*. 2000;90(6):936–939. Schackman, B.R., Gebo, K.A., & Walensky, R.P. et al. (November 2006). The lifetime cost of current Human Immunodeficiency Virus care in the United States. *Medical Care*, 44(11), 990-997.

<sup>6</sup> Mizuno, Y. et al. (2006). Correlates of health care utilization among HIV-seropositive injection drug users. *AIDS Care*, 18(5):417-25.