

FREQUENTLY ASKED QUESTIONS ABOUT COMPREHENSIVE HARM REDUCTION IN VIRGINIA

WHAT IS COMPREHENSIVE HARM REDUCTION?

Harm reduction is a public health strategy to reduce negative health outcomes for persons who engage in behaviors that put them and others at risk for disease or injury. Comprehensive Harm Reduction (CHR) for persons who inject drugs includes, but is not limited to, provision of sterile hypodermic needles and syringes and collection of used hypodermic needles and syringes. CHR, also called needle exchange, syringe services, or syringe access, can decrease the spread of HIV and hepatitis. CHR programs provide other services such as testing, access to naloxone to reverse overdoses, and linkage to drug treatment, mental health, medical and social services. Studies show that CHRs can decrease Hepatitis C (HCV) transmission among people who inject drugs by as much as 50%¹ and decrease HIV infection by as much as 80%².

WHY DOES VIRGINIA NEED CHR PROGRAMS?

Injecting opioids can transmit life-threatening infections such as HIV, Hepatitis B virus (HBV), and HCV when equipment used for injection, such as hypodermic needles and syringes, is shared. Data indicate that 25% of persons who inject drugs become infected with HCV within two years of starting to inject, showing how easily infections spread when equipment is shared³. Over 8,000 cases of HCV were reported in Virginia during 2015, about 2,000 more cases than in the previous year. Over the last decade in Virginia, the percentage of newly reported HCV cases in persons under 30 years of age has steadily increased. In November 2016, State Health Commissioner Marissa J. Levine declared the opioid addiction crisis a public health emergency in Virginia.

WHAT ABOUT HIV? While Virginia has not seen an increase in HIV due to injecting behaviors, some

areas of the state are at risk. In a follow up to an HIV outbreak in rural Indiana attributed to injection drug use, the Centers for Disease Control and Prevention conducted an analysis to identify counties across the United States at risk for a similar outbreak. Eight counties in Virginia rank in the top 5% of the most vulnerable counties nationwide, and Virginia ranks eighth in the nation for the highest number of counties at risk. Providing CHR programs in vulnerable areas could prevent a similar outbreak in Virginia.

DOES PROVIDING NEEDLES AND SYRINGES

ENCOURAGE DRUG USE? No. Years of scientific research show that CHR programs do not increase drug use⁴. In addition, many studies show that these programs help decrease drug use. People who participate in CHR programs are five times more likely to enter drug treatment than those who don't.⁵

DO PEOPLE WHO USE DRUGS ACTUALLY RETURN THEIR USED SYRINGES AND NEEDLES?

Yes. Research indicates that over 90% of syringes distributed are returned⁶.

DO CHR PROGRAMS AFFECT CRIME? A study in Baltimore, MD compared crime in CHR program areas with crime in non-program areas^{7,8}. There was no change in thefts and burglaries in the CHR program areas, while an increase in these crimes was seen in the non-program areas. Arrests for violent crimes decreased in the CHR program areas and increased in the non-program areas. CHR programs can help decrease crime by connecting people to drug treatment, housing, and social services.

HOW DO CHR PROGRAMS IMPACT LAW

ENFORCEMENT AND FIRST RESPONDERS? CHR programs promote public health and safety by taking used syringes off the streets and protecting

police, fire personnel, and other first responders from needle stick injuries. A study in San Diego, CA showed that nearly 30% of police officers had been stuck by a needle at some point in their careers⁹ and a study in Connecticut found that needle stick injuries were reduced by 2/3 after CHR programs were implemented¹⁰.

WHAT LEGAL PROTECTIONS ARE IN PLACE FOR CHR PROGRAM PARTICIPANTS?

CHR participants do not have legal protection from controlled paraphernalia possession laws in Virginia. CHR programs must issue cards to all CHR clients that identifies them as participants in a CHR program and verifies that needles and syringes in their possession were obtained from that program. These cards do not eliminate the risk that a participant could be arrested for possessing hypodermic needles and syringes; therefore, establishing a strong working relationship with local government and law enforcement is key to a successful CHR program.

DO CHR PROGRAMS SAVE TAXPAYERS MONEY?

Yes. The estimated lifetime treatment costs per person infected with HIV at age 35 is \$326,500, and for HCV it ranges from \$100,000-\$280,000 per person.^{11, 12} A 2015 analysis in Washington, DC estimated 120 cases of HIV infection were averted in a two-year period, resulting in a net approximate savings of \$44.3 million.¹²

WHERE CAN I GET MORE INFORMATION? For questions about HIV or hepatitis, contact the Division of Disease Prevention Hotline at 1-800-533-4148, or by email at hiv-stdhotline@vdh.virginia.gov.

For more information about Comprehensive Harm Reduction in Virginia, please visit <http://www.vdh.virginia.gov/disease-prevention/chr/>.

For more information about opioid addiction, please visit <http://www.vdh.virginia.gov/commissioner/opioid-addiction-in-virginia/>.

If you or someone you know needs help with addiction, please visit <http://vaaware.com/> or call the National Helpline at 1-800-662-HELP (4357).

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