

FAQ: Increasing Safe Access to Harm Reduction Supplies

Possession of drug paraphernalia is a criminal offenses in the District. Criminalization of sterile supplies leads to arrests, overdoses, and the spread of disease. The Council should work to decriminalize paraphernalia and increase public health and safety.

Why do we need to increase access to sterile supplies in the District?

- Use, possession, possession with intent to deliver, sale and distribution of paraphernalia are arrestable offenses in the District of Columbia. Possession of paraphernalia is the most common offense and is a misdemeanor, punishable by up to 6 months imprisonment and/or \$1,000 fine.¹ There were over 7,000 paraphernalia arrests from 2010-2016.

We already have syringe exchanges, isn't that enough?

- Despite the overwhelming success of our syringe programs, current paraphernalia laws prohibit them from distributing life-saving supplies like fentanyl testing kits and safer smoking kits, and from expanding core services like syringe access.²
- Our programs are fantastic, but they cannot serve the needs of every drug user – yet they are the primary avenue to access sterile supplies.
- When supplies are illegal, even registered exchange participants fear harassment and arrest. This leads to risky behaviors like syringe reuse, sharing, & improper disposal.
- The federal government can easily halt funding through the appropriations process.³

Are sterile syringes and other drug use items available in other cities?

- Yes. Most states allow some type of access to sterile syringes to prevent the spread of HIV/AIDS, hepatitis C and other blood-borne diseases either through decriminalization of syringes, syringe access programs or non-prescription sale of syringes in pharmacies.⁴
- Many jurisdictions allow the distribution of sterile items (safer smoking kits) used to inhale drugs in order to reduce the spread of hepatitis C and other diseases.
- An increasing amount of jurisdictions are encouraging the use of testing (checking) kits.

Will access to supplies reduce overdose deaths?

- Yes. Currently drug testing (or checking) kits are paraphernalia and are illegal. Such kits allow individuals to check drugs for deadly adulterants. Providing users with kits saves lives and allows public health officials to track deadly trends, like fentanyl, in the drug supply.
- A recent study in Vancouver showed that drug checking works. Of drugs checked, 79% contained fentanyl, and those who checked drugs prior to use were 10 times more likely to reduce their dose and were 25% less likely to overdose.⁵

Will access to sterile supplies reduce disease transmission?

- Yes. Every scientific and medical organization to study the issue has concluded that sterile syringe access reduces the spread of HIV, hepatitis C, and other blood-borne diseases.
- A worldwide survey found that HIV rates among injection drug users decreased by 5.8% per year in cities with syringe access programs, and increased by 5.9% a year in cities without.⁶
- Syringe access programs also reduce the spread of hepatitis. Participants in a Tacoma, Washington syringe access program were 6 to 7 times less likely to contract hepatitis B or C.⁷ A New Haven, Connecticut syringe access program was associated with a 33% reduction in HIV incidence and a similar reduction in hepatitis B.⁸
- Non-injection drug use is associated with high rates of hepatitis C.⁹ Studies of Canadian programs to distribute safer smoking kits found they significantly reduced risky behaviors like supply sharing that spread MRSA, HIV, hepatitis B and hepatitis C.¹⁰

Does access to sterile supplies increase or encourage drug use?

- No. Seven U.S. government funded studies concur that access to sterile syringes reduces the spread of HIV and does not increase drug use.¹¹

Does access to sterile supplies increase improperly discarded syringes?

- No. A major evaluation was done by the New York Academy of Medicine after New York State changed its law to allow for non-prescription sale of syringes in pharmacies. The report found no increase in improperly discarded syringes, no increase in accidental needle sticks among law enforcement or sanitation workers, no increase in criminal activity and no increase in drug use after the law changed.¹²

Does access to sterile supplies increase crime or criminal activity?

- No. No study has ever found an increase in crime associated with the establishment of a syringe access program. A 1993 review of 16 syringe access programs reported no evidence of increased crime.¹³

Will access to sterile supplies hinder existing harm reduction and drug treatment efforts?

- No. This legislation will allow our existing syringe exchange programs to be even more effective and offer more services; in fact they are supporters of this legislation.
- Access to sterile supplies is associated with increased treatment uptake. Access programs provide a bridge to drug treatment and other social services for drug users, with staff providing clients referrals to drug treatment, medical services, and other social services.

What is the economic impact of sterile supply access?

- Economic impact studies and cost benefit analyses show that access to sterile supplies saves money, largely from averted HIV, hepatitis B, and hepatitis C infections.¹⁴
- A sterile needle costs about 10¢ wholesale and 50¢ retail. Lifetime AIDS care for one person costs about \$618,000.¹⁵
- A safer smoking kits costs about 59¢. The yearly cost for a Winnipeg distribution program was approximately \$14,000. Annual care for one person with hepatitis C infection is \$10,000, with a lifetime cost of \$100,000. Preventing only one case of hepatitis C infection annually translates into enormous savings.¹⁶

¹ DC Code § 48-904.10

² DC Code § 48-1101 - 48-1104 & §§ 48-1121 - 48-1121

³ *Washington Post*. Study: Needle-exchange program leads to big drop in D.C. HIV infections. September 2015. Find at: https://www.washingtonpost.com/local/dc-politics/study-needle-exchange-program-leads-to-big-drop-in-dc-hiv-infections/2015/09/02/ce383e14-51a5-11e5-9812-92d5948a40f8_story.html?utm_term=.f1cafb3e10bf

⁴ Scott Burris, Steffanie A. Strathdee, Jon S. Vernick. Lethal Injections: The Law, Science, and Politics of Syringe Access for Injection Drug Users. University of San Francisco Law Review. Summer 2003.

⁵ Vancouver Coastal Health. News release: Drug checking at Insite shows potential for preventing fentanyl-related overdoses. May 2017. Find at: <http://www.vch.ca/about-us/news/news-releases/drug-checking-at-insite-shows-potential-for-preventing-fentanyl-related-overdoses>

⁶ S.F. Hurley, D. J. Jolley, J.M. Kaldor, Effectiveness of Needle-Exchange Programmes for Prevention of HIV Infection, *Lancet* 349:1797 (1997)

⁷ 1 H. Hagen, D.C. Des Jarlais, S. R. Friedman, D Purchases, M.J. Alter. Reduced Risk of Hepatitis B and Hepatitis C Among Injection Drug Users in the Tacoma Syringe Exchange Program. *American Journal of Public Health*. 85:1531-1537 (1995).

⁸ 2 E.H. Kaplan. Probability Models of Needle Exchange. *Operations Research*. 43:558-569 (1995); R. Heimer, K. Khoshnood, F.B. Jariwala, B. Duncan, Y. Harima. Hepatitis in Used Syringes: The Limits of Sensitivity of Techniques to Detect HBV DNA, HCV RNA, and Antibodies to HB Core and HCV Antigens. *Journal of Infectious Diseases*. 173:997-1000 (1996).

⁹ Tortu, McMahon, Pouget & Hamid, 2004; Scheinmann, Lelutiu-Weinberger, Stern, Jarlais, Flom & Strauss, 2007.

¹⁰ City of Ottawa Public Health. Evaluation Report: Safer Crack Use Initiative. October 2006. Find at: http://www.ohrdp.ca/wp-content/uploads/pdf/Final_Crack_Report_ES_f.pdf

¹¹ National Commission on AIDS, *The Twin Epidemics of Substance Abuse and HIV* (Washington DC: National Commission on AIDS, 1991); General Accounting Office, *Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy* (Washington DC: US Government Printing Office, 1993); Lurie, P. & Reingold, A.L., et al., *The Public Health Impact of Needle Exchange Programs in the United States and Abroad* (San Francisco, CA: University of California, 1993); Satcher, David, MD, (Note to Jo Ivey Bouffard), *The Clinton Administration's Internal Reviews of Research on Needle Exchange Programs* (Atlanta, GA: Centers for Disease Control, December 10, 1993); National Research Council and Institute of Medicine, Normand, J., Vlahov, D. & Moses, L. (eds.), *Preventing HIV Transmission: The Role of Sterile Needles and Bleach* (Washington DC: National Academy Press, 1995); Office of Technology Assessment of the U.S. Congress, *The Effectiveness of AIDS Prevention Efforts* (Springfield, VA: National Technology Information Service, 1995); National Institutes of Health Consensus Panel, *Interventions to Prevent HIV Risk Behaviors* (Kensington, MD: National Institutes of Health Consensus Program Information Center, February 1997).

¹² New York Academy of Medicine. New York State Expanded Syringe Access Demonstration Program Evaluation. January 15, 2003

¹³ P. Lurie, A.L. Reingold, B. Bowser (eds). *The Public Health Impact of Needle Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations* (1993).

¹⁴ Australian Commonwealth Department of Health and Aging. *Return on Investment in Needle and Syringe Programs in Australia*. 200

¹⁵ Schackman, Bruce R., et al. *The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States*. *Medical Care*. 44 (11):990-997 (2006).

¹⁶ Winnipeg Regional Health Authority, Population and Public Health Program. Safer Crack Use Kit Distribution in the Winnipeg Health Region. October 2012. Find at: <http://sagecollection.ca/en/system/files/scukdistributioninthewinnipeghealthregion-revisedoct2012.pdf>