

Syringe exchange programs prevented thousands of new HIV cases in Philadelphia, Baltimore

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Syringe. Credit: Public Health Image Library at Centers for Disease Control and Prevention

Syringe exchange programs established in Philadelphia and Baltimore

prevented a total of 12,483 new cases of HIV over a ten-year period, according to a study published today. The averted HIV infections also saved both cities millions of dollars every year, according to the researchers.

"Small investments in syringe exchange programs yield large savings in [treatment costs](#)," said Monica S. Ruiz, Ph.D., MPH, an associate professor in the Department of Prevention and Community Health at the George Washington University Milken Institute School of Public Health (Milken Institute SPH) and the principal investigator on the project. "Syringe exchange programs represent a powerful way to stop the spread of HIV, especially in communities struggling to fight the opioid epidemic. "

The new study, published in the *Journal of Acquired Immune Deficiency Syndromes*, may help policymakers nationwide understand the benefits of providing funding for syringe exchange programs. Such programs distribute sterile injection equipment to [injection drug users](#) and thus discourage the practice of sharing needles, which can spread HIV, the virus that causes AIDS.

Ruiz and her colleagues looked at how policy changes allowing for implementation of legal syringe exchange programs in Philadelphia and Baltimore affected the number of new HIV cases over a decade. The researchers used a mathematical modeling technique to estimate how many cases of HIV had been averted after the programs had been set up.

The researchers found that policies to allow syringe exchange programs to operate averted 10,592 new cases of HIV in Philadelphia and 1,891 new cases of HIV in Baltimore over a ten-year period.

Syringe exchange programs help some of the most [vulnerable people](#) in urban, suburban and rural communities avoid HIV infection—a risk

associated with injection drug use. Both Philadelphia and Baltimore have seen a spike of new HIV cases associated with drugs, including heroin and other opioids.

This study showed that the averted HIV cases also saved each city money because most people who inject drugs are covered by public health insurance. Philadelphia saved an estimated \$243 million every year due to the drop in new HIV cases—cases averted by syringe exchange. In Baltimore, the savings amounted to \$62 million annually.

Ruiz and her colleagues also factored in the lifetime cost of treating someone with HIV and the expense associated with setting up a syringe exchange program. They found that the one-year return on investment was nearly \$183 million for Philadelphia. For Baltimore, that same return on investment was estimated at about \$47 million.

Policymakers and public health officials considering a syringe exchange program to reduce the threat posed by the opioid epidemic and HIV should take a hard look at the scientific results in this study and others. A 2015 study by Ruiz showed a syringe exchange program in the District of Columbia prevented 120 new cases of HIV and saved D.C. an estimated \$44 million in just a two-year period.

"Giving injection drug users access to clean syringes can not only help them avoid HIV but often helps them obtain other health services, including access to drug treatment programs," Ruiz said. "Such programs offer communities huge public health and societal benefits, including a reduction in new HIV cases and cost savings to publicly funded HIV care."

The study, "Using Interrupted Time Series Analysis to Measure the Impact of Legalized Syringe Exchange on HIV Diagnoses in Baltimore and Philadelphia," was published as part of a supplement to the *Journal*

of Acquired Immune Deficiency Syndromes (JAIDS).

More information: Monica S. Ruiz et al, Using Interrupted Time Series Analysis to Measure the Impact of Legalized Syringe Exchange on HIV Diagnoses in Baltimore and Philadelphia, *JAIDS Journal of Acquired Immune Deficiency Syndromes* (2019). [DOI: 10.1097/QAI.0000000000002176](https://doi.org/10.1097/QAI.0000000000002176)

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