Hepatitis C & Syringe Exchange In North Carolina
ABOUT THE NCHRC

The North Carolina Harm Reduction Coalition (NCHRC) is a statewide nonprofit that engages in grassroots advocacy, resource development, coalition building, and direct services for those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis. NCHRC also provides resources and support to law enforcement, public health and provider communities.

STRATEGIC PLAN

Addressing Problematic Drug Use In Our State & Communities

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide drug overdose prevention education and access to naloxone.</td>
<td>HIV/HCV and needle-stick injury prevention programs</td>
<td>Law Enforcement Assisted Diversion Programs (LEAD)</td>
<td>Law Enforcement advocacy for greater drug treatment resources</td>
</tr>
</tbody>
</table>
Pills to Heroin in North Carolina

- Early 2000’s saw an increase in the number of people addicted to prescription pills.

- In 2008, drug overdose deaths surpassed auto fatalities as leading cause of accidental death nationwide. State, Local, and National Governments began to crack down on prescription opiate use, leading to a sharp increase in heroin use.
Heroin Deaths in North Carolina
2008 - 2014

402% Increase
In Heroin Related Deaths From 2010 - 2014
Increase in Heroin Use Led to a Rise In Injection Drug Use
Hepatitis C Rate of Infection Up 700% In 10 years

Acute HCV Rates North Carolina Vs. United States 2003 - 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>North Carolina</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>2004</td>
<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>2005</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>2006</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>2007</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>2008</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>2009</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>2010</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>2011</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>2012</td>
<td>0.8</td>
<td>0.7</td>
</tr>
</tbody>
</table>
Lack of Syringe Exchange Programs Adds Up To Big Costs.

An epidemic of injection drug use—largely prescription painkillers—in parts of rural America is leading to an alarming surge in cases of HIV infection and hepatitis C virus (HCV). In the first four months of 2015, Scott County, Indiana, registered 135 new HIV cases, compared to an average of five cases in a typical year. A hallmark of this epidemic is the large number of people infected with both HIV and HCV through the sharing of contaminated needles. States with the highest rates of opioid abuse tend to be those with high rates of hepatitis C, and Scott County borders Kentucky, which has the highest HCV rate in the nation. These infections—and the price tag that comes with them—could have been prevented. Syringe services programs (SSPs) are proven to be a highly effective—and cost-effective—method of infectious disease prevention. As this infographic shows, the long-term cost of treating those who contract HIV or HCV far outstrips the cost of syringe services programs. In addition, states with high rates of HCV and no syringe services programs may be vulnerable to the next HIV outbreak.

The cost of the current outbreak (in 5 months) already eclipses the annual average cost of treating HIV/HCV infections in Scott County.

**THE SCOTT COUNTY OUTBREAK**

**TREATMENT COSTS VS. COST OF SYRINGE EXCHANGE PROGRAMS**

<table>
<thead>
<tr>
<th>SSP</th>
<th>Total HIV/HCV costs</th>
<th>Average annual cost of $1M</th>
<th>Average annual cost of one SSP</th>
<th>Total HIV/HCV costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>135</td>
<td>$48 M</td>
<td>$64 M*</td>
<td>$529x</td>
<td>$64 M*</td>
</tr>
<tr>
<td>114</td>
<td>$57 M*</td>
<td>$64 M*</td>
<td>$529x</td>
<td>$64 M*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with HIV and HCV:</td>
<td>$135,000</td>
<td>$713,800</td>
<td>$5,600</td>
<td></td>
</tr>
</tbody>
</table>

* Costs estimated based on potential rise in new HIV/HCV diagnoses in Scott County.
Financial Cost of IV Drug Use & Related Infections

- HIV/AIDS costs between $385,000 to $620,000 per person to treat
- Hepatitis C costs between $100,000 to $500,000 per person to treat
- In 2009, the CDC estimated that due to HIV prevention efforts in the United States, over $129,000,000,000 had been saved in treatment costs with 361,878 HIV infections averted.
### Annual Cost of HCV & HIV Medications to North Carolina Medicaid
#### 2013 & 2014

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis C Medications</th>
<th>HIV/AIDS Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicaid</strong></td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td><strong>Paid Amount</strong></td>
<td>$8,068,113</td>
<td>$50,840,276</td>
</tr>
<tr>
<td><strong>Medicaid</strong></td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td><strong>Paid Amount</strong></td>
<td>$65,612,098</td>
<td>$70,016,283</td>
</tr>
<tr>
<td><strong>ADAP</strong> (AIDS Drug Assistance Program)</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td><strong>Paid Amount</strong></td>
<td>$40,454,317</td>
<td>$47,059,921</td>
</tr>
<tr>
<td><strong>Total Paid</strong></td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>$114,134,528</td>
<td>$167,916,480</td>
</tr>
</tbody>
</table>

**530% INCREASE**

In the cost of Hepatitis C treatment from 2013-2014
Difficulties With Syringe Access & Syringe Disposal

Most North Carolina pharmacies have stopped selling syringes because they incorrectly believe that selling syringes to non-medical/IV drug users will encourage drug use.

Common Methods of Syringe Disposal

- Throwing syringes in the trash
- Tossing syringes out of the car window
- Flushing syringes down the toilet

Common Methods of Syringe Acquisition

- Sharing syringes with friends
- Looking for syringes outside on the ground
- Rooting through trash cans
- Re-using old syringes 50+ times!
SOLVING
The Hepatitis C Crisis
Syringe Exchange Programs 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 also protect users and the public from the spread of diseases such as HIV and Hepatitis C by collecting used syringes from the community to dispose of them safely.
Public Health Benefits

Syringe Exchange Programs lower the incidence of HIV infection by up to 80% and Hepatitis C infection by up to 50%
Law Enforcement Benefits

Syringe Exchange Programs decrease Law Enforcement needle-stick injuries by 66%
Public Safety Benefits

Syringe Exchange Programs decrease crime by 11% through programs that connect persons who use drugs to public and private social services.
“When I was a heroin user, I visited the syringe access program every day for clean needles. Every day I saw information about community resources and drug treatment. These programs plant seeds of thinking about health and recovery. They tell you about community resources so that when you are ready to stop using drugs you know exactly where to go.”

Mike Page - Former heroin user who entered drug treatment through a syringe exchange program.

Deerased Drug Use & Recovery Referral

Participants in Syringe Exchange Programs are five times more likely to enter drug treatment than non-participants.
Community Benefits

Syringe Exchange Programs decrease the amount of needles that are discarded in public places.
A $.07 syringe can prevent a $630,000 HIV infection.
Underground Syringe Exchange Programs Operating in North Carolina

**TRIAD**
Triad Syringe Exchange
High Point & Winston Salem, NC
Years In Operation: 1999 - Present
Syringes Distributed (2014): 20,000 - 25,000
Syringes Collected (2014): 1,800
# Referred to Treatment: 30

**ASHEVILLE**
Needle Exchange Program of Asheville
Asheville & Western NC
Years In Operation: 1994 - Present
Syringes Distributed (2014): 300,000
Syringes Collected (2014): 30,000 - 45,000
# Referred to Treatment: 830

**GREENSBORO**
Greensboro Syringe Exchange
Greensboro, NC
Years In Operation: 2008 - Present
Syringes Distributed (2014): 400,000
Syringes Collected (2014): 25,000
# Referred to Treatment: 675-1150

**KUAN YIN**
Kuan Yin Syringe Exchange
Raleigh, Durham & Chapel Hill
Years In Operation: 2012 - Present
Syringes Distributed (2014): 1,000
Syringes Collected (2014): 0
# Referred to Treatment: 10-15

**SEA-EX**
Southeastern Syringe Exchange
Fayetteville, NC
Years In Operation: 2007 - Present
Syringes Distributed (2014): 9,756
Syringes Collected (2014): 10,973
# Referred to Treatment: 473
North Carolina Law Enforcement
Syringe Exchange Program Support

“I’m in favor of syringe exchange programs to reduce the number of HIV and hepatitis C cases in the community. This is a public health issue. These programs would help the citizens of our state [who struggle with addiction] and protect others from injuries with dirty needles.”

Chief Marty Sumner, High Point Police Department

“Law enforcement has been at the front lines of the drug problem and has witnessed the devastating effects of drug use and abuse. 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

“I support syringe access programs because they offer numerous benefits to law enforcement: needle-stick injury reduction, HIV and hepatitis C reduction among populations we interact with, and a resource where law enforcement can refer problematic drug users for treatment and social services.”

Captain PJ Murray, Winston Salem Police Department

“Over the past few years, we have seen a tragic surge in deaths due to opioid overdose. Along with the escalation of injectable drugs comes the increased opportunity for needle sticks. With preventative measures such as improving syringe access, we are protecting the health and safety of law enforcement officers. Of course, I support any measures to keep our officers safe.”

Sheriff Neil Elks, Pitt County Sheriff’s Office

“I can’t see how anyone could be against syringe exchange programs. Syringes are a public safety issue and exchange programs would cut down on the number of cases of HIV and hepatitis C. They would also reduce first responder’s exposure to needle-stick injury and connect subjects to treatment resources during contact with the exchange.”

Chief Kevin Brinkley, Nags Head Police Dept.

“Anyone who supports naloxone as a tool to save lives should support syringe exchange programs as well. They both give people a second chance. I would support having a syringe exchange program in my county, especially if people get treatment information along with clean syringes.”

Sheriff Doug Doughtie, Dare County Sheriff’s Office
TIME TO ACT

Syringe Exchange Programs could prevent major viral outbreaks in North Carolina, increase Law Enforcement Safety, and connect drug users to community resources and treatment.

THE TIME TO ACT IS NOW!
Contact the NCHRC

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QUESTIONS?