

Background

More than 1.1 million people in the United States are living with HIV,¹ while 4.2 million have confirmed cases of viral hepatitis B or C.² Beginning in 2015, over 230 cases of HIV emerged in Scott County, the worst HIV outbreak in US history, with new cases continuing to be diagnosed to this day.³ Law enforcement officers are particularly at risk for HIV and viral hepatitis transmission.

In one study, **1 in 3 officers reported being stuck by a syringe during their career**, and 28% reported receiving more than one stick, most commonly during pat-downs and searches.⁴ Empirical data has shown that one of the most effective ways to reduce the incidence of needlestick injuries to first responders,⁵ as well as to reduce the spread of HIV and viral hepatitis, is to amend state laws that restrict public access to syringes. While it may seem counterintuitive, allowing people access to syringes, whether for diabetic insulin or drug injection, is proven not only to reduce needlestick injuries to law enforcement⁶ and to

curb the spread of blood borne disease,⁷ but is also shown to reduce crime and drug use in areas where such laws have been enacted.⁸

[Insert Law Enforcement Quotes Here]

Public Safety Concerns

Just as fear of arrest prevents many drug users and diabetics from declaring their syringes to an officer, it also discourages the safe disposal of used injection equipment. Some people who carry syringes, both drug users and diabetics, dispose of their injection equipment immediately after use — in public parks, bathrooms, housing units, etc., instead of running the risk of being arrested, **even if they have committed no crime.**⁹ Some cities have taken steps to clean up their public areas with laws such as the First Responder & Community Protection Act. These laws have greatly reduced the numbers of syringes left in public places, as users are able to safely dispose of needles in approved biohazard containers without fear of arrest.¹⁰

Many first responders are concerned that the First Responder & Community Protection Act

¹ CDC. HIV in the United States (fact sheet). July 2010. <http://www.cdc.gov/hiv/resources/factsheets/PDF/us.pdf>.

² CDC, "Surveillance for Acute Viral Hepatitis — United States, 2007," *Morbidity and Mortality Weekly Report: Surveillance Summaries*, vol. 53, no. SS03, May 22, 2009, <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5803a1.htm>.

³ Abert, Chris. "HR Resources." Indiana Recovery Alliance Harm Reduction. September 02, 2018. Accessed October 10, 2018. <http://indianarecoveryalliance.org/>.

⁴ Lorentz, J., Hill, J. & Samini, B. "Occupational needle stick injuries in a metropolitan police force," *American Journal of Preventive Medicine*, vol. 18, 2000, p. 146–150. See also Foundation for AIDS Research (amFAR), "Fact Sheet: Public Safety, Law Enforcement, and Syringe Exchange," May 2011, http://www.amfar.org/uploadedFiles/In_the_Community/Publications/fact%20sheet%20Syringe%20Exchange%2011.pdf?n=9491.

⁵ 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. McCampbell, SW & Rubin PN, "A needle exchange program: What's in it for police?," *Police Executive Research Forum*, vol 14, no. 10, 2000.

⁶ Ibid.

⁷ Jarlais D., et al. "Reductions in hepatitis C virus and HIV infections among injecting drug users in New York City, 1990-2001," *AIDS*, vol. 19, no. 3, 2005.

⁸ 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; Marx MA, et al., "Trends in crime and the introduction of a needle exchange program," *American Journal of Public Health*, vol. 90, no. 12, 2000, p. 1933–6.

⁹ See e.g. 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*, vol. 90, no. 6, 2000, p. 936–939.

¹⁰ Ibid.

may encourage drug use or lead to higher crime rates. Empirical study demonstrates that **removing legal barriers to syringe access does not increase drug use nor crime**, and in multiple cases, is associated with a decrease in both.¹¹

Economic Concerns

Preventing the spread of HIV and viral hepatitis through the First Responder & Community Protection Act is cost-effective. The average lifetime **cost of treatment for hepatitis C ranges from \$100,000 to \$300,000**, while liver transplants can cost up to \$500,000.¹² Compare that to the price of prevention — **a sterile syringe costs just \$0.07**.¹³

Currently, officers who are stuck by potentially contaminated needles undergo expensive post-exposure prophylaxis treatments to prevent the acquisition of HIV, a financial burden to departments and taxpayers. With preventative measures such as the First Responder & Community Protection Act, fewer needlesticks occur and departments have more funds available for department supplies and officer benefits.

It's not only drug users who may be in possession of syringes. Approximately 578,000-738,000 of Hoosier residents are diabetics who may inject insulin with syringes.¹⁴ Under the current law, diabetics can also be arrested for possession of a syringe if the law enforcement member they interact with believes they have evidence that they will use it for

illegal drugs. These circumstances make them more likely to reuse syringes and put them at risk for HIV and viral hepatitis. This problem is especially apparent in African American communities. A study by Research Triangle Institute reported that African Americans are eight times less likely to be sold a syringe at a pharmacy, leaving black diabetics more likely to re-use or share potentially contaminated syringes.¹⁵

Recommendations

Indiana deserves clean communities, safe streets and first responders who come home safe and healthy to their families at the end of the day. The First Responder & Community Protection Act can be a part of efforts to protect the health and safety of first responders and the public. Removing legal barriers to syringe access laws has been shown to drastically reduce the spread of HIV and viral hepatitis and to **reduce needle sticks to police officers by 66%**.¹⁶ In areas with laws such as the First Responder & Community Protection Act, crime has gone down and more people living with substance use disorder have been connected with services, including treatment.^{17 18 19 20}

¹¹ Marx MA, et al. Trends in crime and the introduction of a needle exchange program. *American*

¹² The C. Everett Koop Institute of Dartmouth Medical School, "Hepatitis C: Associated Health Costs - United States," 2011, <http://www.epidemic.org/thefacts/theEpidemic/USHealthCareCosts/>.

¹³ NASEN's mission." NASEN - North American Syringe Exchange Network. Accessed October 10, 2018. <http://www.nasen.org/>.

¹⁴ "Statistics by State." American Diabetes Association. Accessed October 10, 2018. <http://www.diabetes.org/diabetes-basics/statistics/state.html>.

¹⁵ Costenbader, Zule, Comes. Racial difference in acquisition of syringes from pharmacies under conditions of legal but restricted sales. *International Journal of Drug Policy* (2010), doi: 10.1016/j.drugpo.2009.12.006.

¹⁶ 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.

¹⁷ See e.g. 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*, vol. 90, no. 6, 2000, p. 936–939.

¹⁸ Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER., "Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors," *Journal of Substance Abuse Treatment*, vol. 19, 2000, p. 247–252.

¹⁹ Doherty MC, et al., "Discarded needles do not increase soon after the opening of a needle exchange program," *American Journal of Epidemiology*, vol. 145, no. 8, 1997, p. 730–7.

The good news for Indiana is that first responder personnel have responded positively to training on harm reduction and advocacy. By effectively addressing syringe access, injection drug use, hepatitis and HIV/AIDS through cooperative partnership, we can better protect first responders, public health providers and the communities we serve in Indiana.

Glossary

First Responders

A person employed in the public sector – EMT, firefighter, police, volunteer EMS—whose duties include provision of immediate medical care in the event of an emergency.²¹

Needlestick Injuries

Needlestick injuries are wounds caused by needles that accidentally puncture the skin.²² Injuries are a hazard for people who may be exposed to hypodermic syringes and other equipment.²³ When this equipment is not disposed of in a proper way, needles can hide in

linen/garbage bags, which could injure other workers unexpectedly.²⁴

Hepatitis C

Hepatitis C is a liver infection caused by hepatitis C virus.²⁵ This infection can range from a mild, short term illness, to a lifelong, chronic condition.²⁶

HIV

HIV stands for human immunodeficiency virus and, unlike other viruses, the human body cannot eradicate it completely.²⁷ HIV attacks the body's immune system, and makes an individual more likely to get other infections.²⁸ Although there is no effective cure that exists, HIV can be controlled with treatments such as antiretroviral therapy (ART).²⁹

Syringe

Intravenous drug use involves injecting a substance into the body with a syringe.³⁰ During an injection, blood enters the needle and syringe, which could potentially contain blood with HIV or Hep C viruses in it.³¹ Some people who carry syringes, may improperly dispose of them because of fear of punitive consequences, which could result in an accidental needlestick injury.³²

²⁰ Strathdee, et al. Facilitating entry into drug treatment among injection drug users referred from a needle exchange program. *Drug and Alcohol Dependence*. 2006;83:225-232. 13. Harm Reduction Coalition. Syringe Exchange Programs: Reducing the Risks of Needlestick Injuries. New York: Harm Reduction Coalition; 2006.

²¹ *Mosby's Medical Dictionary, 8th edition*. S.v. "first responder." Retrieved October 9 2018 from <https://medical-dictionary.thefreedictionary.com/first+responder>

²² United States Department of Labor. "Hospital ETool: Healthcare Wide Hazards - Needlestick/Sharps Injuries." Occupational Safety and Health Administration. Accessed October 10, 2018. <https://www.osha.gov/SLTC/etools/hospital/hazards/sharps/sharps.html>.

²³ Ibid.

²⁴ Ibid.

²⁵ "Viral Hepatitis." Centers for Disease Control and Prevention. June 12, 2018. Accessed October 10, 2018. <https://www.cdc.gov/hepatitis/hcv/cfaq.htm>.

²⁶ Ibid.

²⁷ CDC. "What Are HIV and AIDS?" HIV.gov. February 21, 2018. Accessed October 10, 2018.

<https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>

²⁸ Ibid.

²⁹ Ibid.

³⁰ "Sharing Needles to Inject Drugs and HIV." AVERT. February 09, 2018. Accessed October 10, 2018.

<https://www.avert.org/hiv-transmission-prevention/injecting-drugs>.

³¹ Ibid.

³² See e.g. 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*, vol. 90, no. 6, 2000, p. 936–939.