



**DENVER**  
ENVIRONMENTAL HEALTH

# Syringe Exchange Program Update

Health & Safety Council Committee  
September 17, 2013

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# TIMELINE

- 1997- Denver City Council approves syringe exchange ordinance.
- May 2010 – SB10-189 signed into law, authorizing County Boards of Health to authorize syringe exchange programs (SEP) within county.
- March 2011 – Denver City Council amends existing ordinance.
- May 2011 – BEH approves rules and regulations.
- August 2011 – DEH issues RFP.
- September 2011- BEH approves 1<sup>st</sup> SEP
- December 2011 – BEH approves 2<sup>nd</sup> SEP

## Two agencies selected:

Harm Reduction Action Center (HRAC)

733 Santa Fe Drive

Denver, CO 80204

Colorado AIDS Project

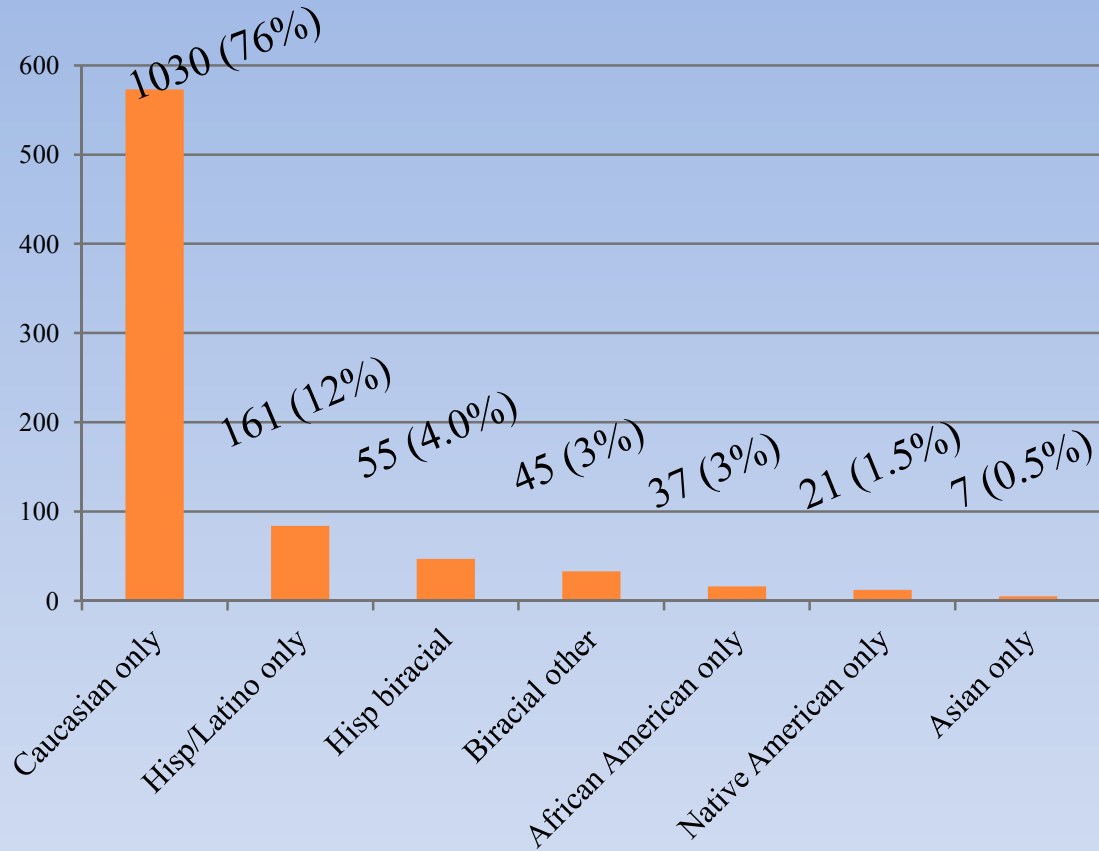
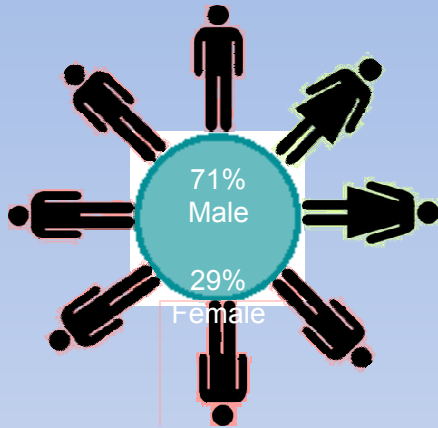
2490 West 26<sup>th</sup> Avenue

Denver, CO 80211

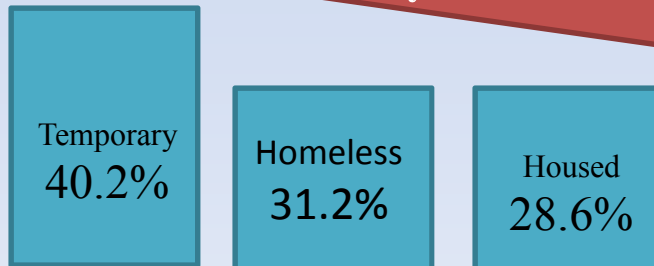
## Since February 2012

- ✓ 1,454 unique clients to date
- ✓ 9,383 syringe exchanges
- ✓ 11,437 visits to exchange sites
- ✓ 3,836 referrals
- ✓ HRAC overdose prevention: 122+ trained, 43 lives saved
- ✓ HRAC community syringe clean up: 4,541 dirty syringes

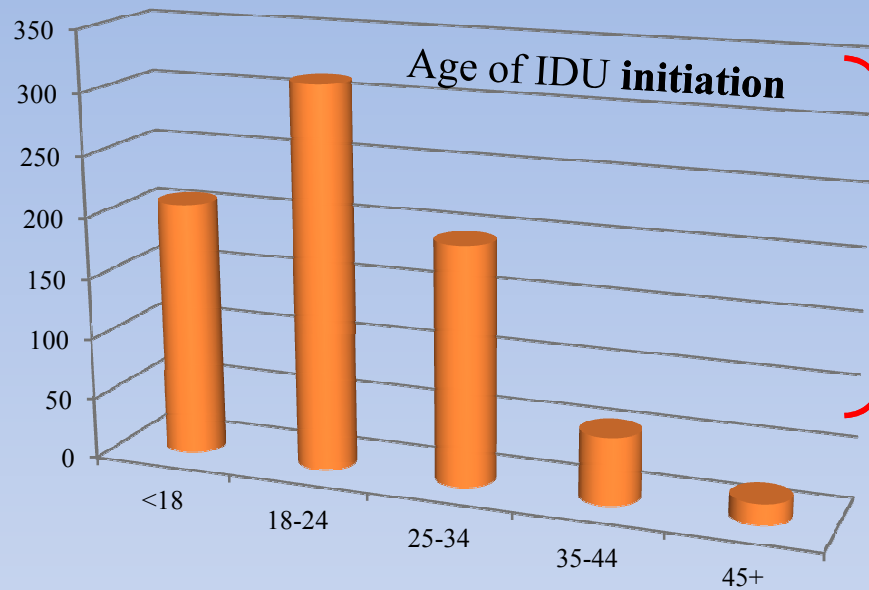
# Injection Drug Users (IDU) Client demographics



## Living status past 30 days



# What age did you start injecting? (HRAC clients)



Average age of initiation: **23**

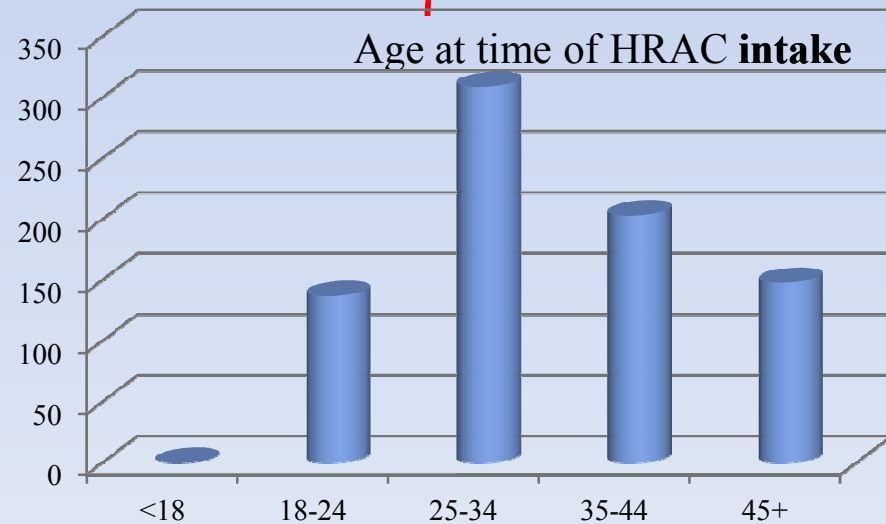
66.0%  
UNDER age

25

82.8%  
OVER age

25

Average age of intake: **35**



# HCV & HIV status at intake (n=1302)

## Hepatitis C status

**30% Positive**

14% Don't know

56% Negative



Positive  
Negative  
Unknown/indeterminant

Est. **73%** Denver IDU are HCV+ or show antibodies\*

## HIV status

Denver averages nearly **21%** HIV+ and nearly 19% living with AIDS report being infected from syringe sharing\*  
14%



Positive  
Negative  
Unknown/indeterminant

**6% Positive**

8% Don't know

86% Negative

\*Source: Denver Public Health, NHBS, 2009

## HRAC Syringe access impact (n=78)

### □ How many times per day do you inject?

- Mean: 3.6 times per day
- Median: 3 times per day
- Range: >1-18 times per day

### □ How many times have you **lent** out works in the past 30 days?

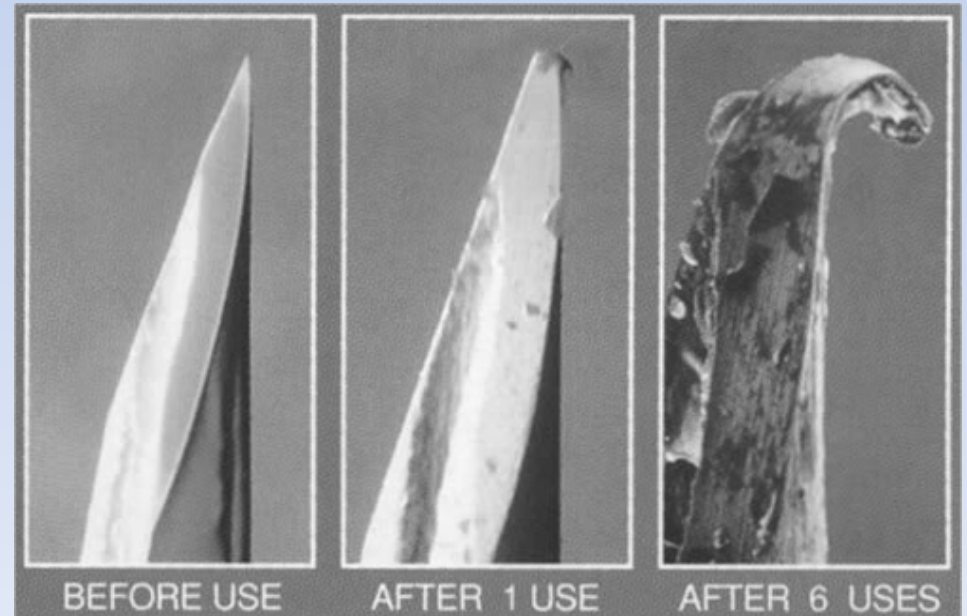
- Before coming to HRAC: **6.4 times**
- After 3+ months at HRAC: **4.5 times**

### □ How many times have you **borrowed** works in the past 30 days?

- Before coming to HRAC: **3.4 times**
- At follow-up: **1.18 times**

### □ How many times do you **re-use** a syringe?

- Intake Mean: 7.4
- Follow-up Mean: 1.6





# Impact on Crime

- Post-HRAC opening, less crime in general has occurred within a 4-block radius
  - 650 pre-HRAC vs. 514 post-HRAC crimes year to year comparison
- Heroin related crimes in the Arts District have *virtually disappeared* within a 4-block radius vs. 7 the year before
- Outside the 4-block radius of HRAC, 251 heroin possession arrests compared to 132 the year before

\*Crime analysis verified through:

<http://www.denvergov.org/police/PoliceDepartment/CrimeInformation/CrimeMap/tabid/443033/Default.aspx>

# Syringe Exchanges are Cost Effective

- As of 2011, the Centers for Disease Control and Prevention estimate that every HIV infection prevented through a SEP saves an estimated US\$178,000
- In the U.S., the cost per needle at a SEP is approximately \$0.10, whereas the estimated cost of one day's worth of the HIV medication *Truvada* is \$36

# Syringe Exchanges are Cost Effective

- In 2008, King County spent \$1.1 million/year on SEP. In contrast, life-time medical cost to treat one person who has HIV is estimated to be \$385,200\*. By preventing infections in just 3 people per year, the needle exchange program more than paid for itself.
- “The NSE program we evaluated cost \$502 per client and produced a gain of 0.01 quality adjusted life years per client. It also reduced HIV treatment costs by \$325,000 per case of HIV averted.”\*\*
- City of Denver spends \$0 on SEP.

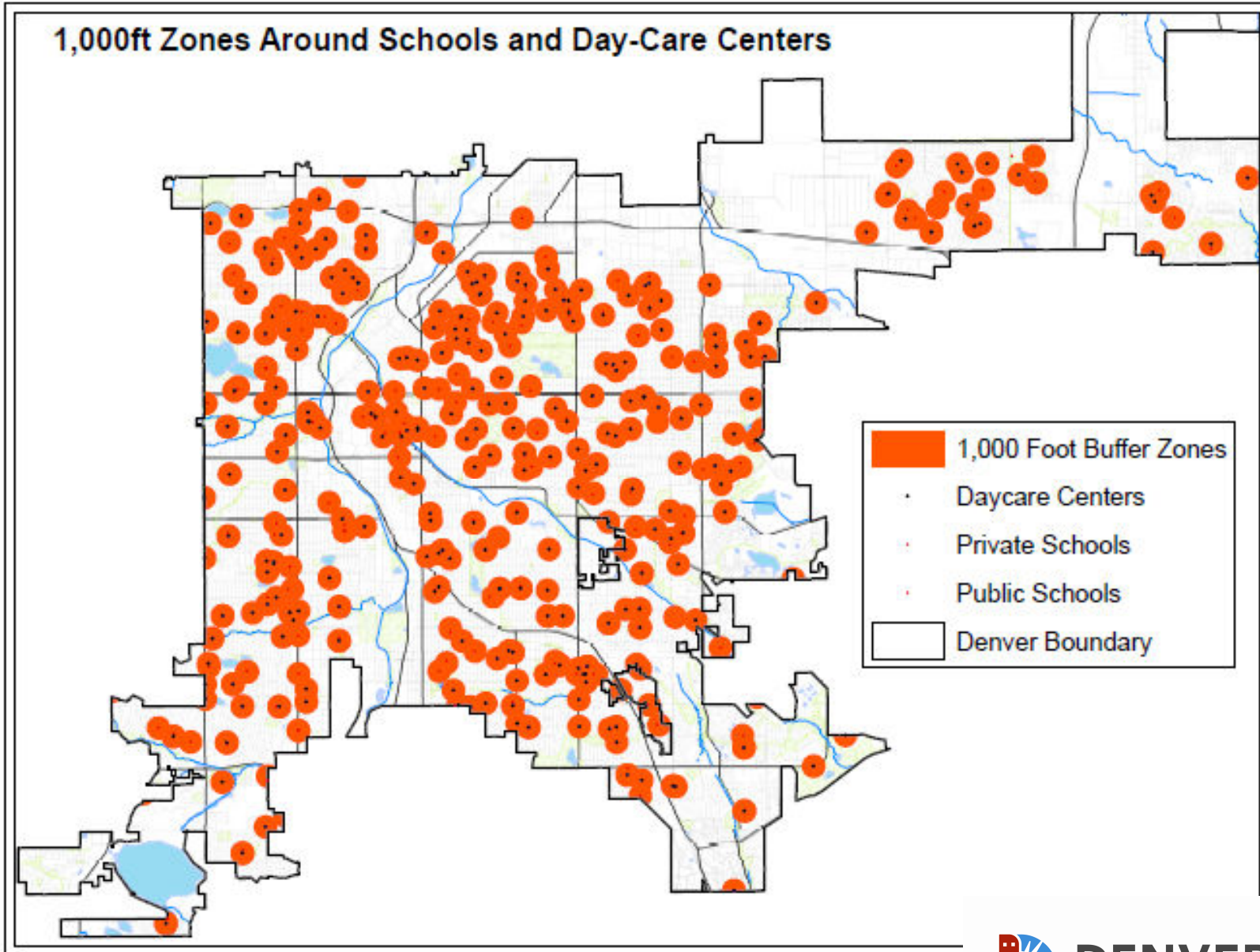
\*Schackman, BR et al. (2006). The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States. *Medical Care*, 44,11:990-997

\*\*Belani, et al (2008). Cost-Effectiveness of Needle and Syringe Exchange for the Prevention of HIV in New York City. *Journal of HIV/AIDS & Social Services*, Vol. 7(3)

## Mobile Outreach Services:

- The City can benefit from allowing mobile syringe outreach services. It is a best practice implemented in other US cities.
- The current ordinance does not address mobile syringe outreach services

## 1,000ft Zones Around Schools and Day-Care Centers



## Ordinance Change:

- To exempt mobile service outreach workers from the 1,000 feet restriction from schools and day care centers

QUESTIONS?