

Coalition for Responsible Syringe Policy

Illinois Chapter, American Academy of Pediatrics
Illinois Pharmacists Association
Illinois Association of Public Health Administrators
Illinois Council of Health System Pharmacists
Chicago Department of Public Health
AIDS Foundation of Chicago

Illinois Nurses Association
Illinois Retail Merchants Association
Illinois Planned Parenthood Council
ACLU of Illinois
Cook County Bureau of Health
Walgreen Company

Illinois Public Health Association
Illinois State Medical Society
Illinois Academy of Family Physicians
Illinois Chapter, National Association of Social Workers
Cook County Department of Public Health
Chicago Bar Association—Lesbian/Gay Rights Committee

Illinois Must Address the AIDS Epidemic Among Injection Drug Users

Injection Drug Use Is Fueling the HIV Epidemic

Syringe sharing associated with injection drug use has been a primary mode of HIV transmission since the beginning of the epidemic in 1981. Syringes are shared to inject such drugs as heroin, cocaine, methamphetamine, and steroids. Individuals addicted to injectable drugs often share and reuse syringes because sterile syringes are difficult to acquire. Syringe sharing has resulted in HIV infection for thousands of men and women across the country, and continues to put many others at risk of becoming infected.

Syringe sharing causes the direct exchange of blood between two people, and when one of them is HIV-positive, transmission can occur. The exchange of blood is unavoidable when a syringe is shared between two or more individuals. Syringe sharing is the second leading mode of HIV transmission in the U.S., second only to unprotected sexual intercourse.

At Stake Are the Lives of Thousands of Men, Women, and Children

Approximately 50 Americans become newly infected with HIV each day because of syringe sharing (CDC, 1999; Wash. State Health Dept. 2002). Rates of injection drug use and HIV/AIDS are particularly high in low-income communities that bear the brunt of our nation's social ills, including inadequate access to health care and housing and high rates of unemployment, crime and substance abuse.

The epidemic has been particularly severe in communities of color. African Americans and Latinos—who account for about a quarter of the U.S. population—represent the majority of new AIDS cases (CDC, 2002). People of color also represent the majority of injection drug users with AIDS (CDC, 2002). In Illinois, African-American and Latino men and women account for 78% of AIDS cases among injection drug users (IDPH 2003).

While most injection drug users with AIDS are men (77% in Illinois) (IDPH, 2003), injection drug use is also contributing to HIV/AIDS among women. Forty-seven percent of women reported to be diagnosed with AIDS in Illinois (over 2,000 individuals) injected drugs (IDPH, 2003). Equally alarming is the number of women who do not use injectable drugs yet become HIV-infected as a result of sexual relations with a male injection drug user. In Chicago from 1998 to 2000, 13% of women diagnosed with AIDS (approximately 70 individuals) reported sex with an injection drug user as their likely mode of transmission (CDPH, 2002). Injection drug use is also fueling the epidemic among infants. According to the Illinois Department of Public Health, nearly all pediatric AIDS cases in Illinois are associated with injection drug use.

Taken together, these statistics show that injection drug use is an epidemic of its own that is causing harm not only to those who use drugs, but also to whole families, social networks, and communities. Drug-related syringe sharing is associated, directly or indirectly, with approximately 50% of all new HIV infections nationwide and almost 75% of all new HIV infections in urban areas (CDPH, 1999; Wash. State Health Dept. 2002).

Action Is Needed to Curb This Epidemic

Helping individuals access treatment for drug addiction in order to stop drug use entirely remains a paramount strategy in the fight against AIDS. However, substance abuse treatment is not readily available and many users are not prepared to address their substance abuse problem. The Office of Alcohol and Substance Abuse estimates that only 8% of Illinois' identified substance abuse treatment needs can be met, given currently available resources. This means that most people struggling with addiction are unable to access treatment services, should they desire them.

Restricting access to sterile syringes has failed to reduce injection drug use. In fact, such measures have only increased the number of times a syringe is used and/or shared. Research published in *The Journal of AIDS and Retrovirology* (JAIDS) found an "extraordinarily high reuse of syringes" among Rhode Island injection drug users who lack access to sterile syringes. Individuals interviewed reported reusing syringes an average of 24 times, and 40% reported reusing syringes more than 24 times before discarding them (JAIDS, 1998).

Expanded access to clean syringes has reduced rates of syringe sharing and reuse. High rates of syringe sharing and reuse were reported among injection drug users participating in a 1988 Chicago study. The study found that 94% of participants (prior to the intervention) shared and reused syringes regularly. After sterile syringes were made available, only 26% of participants reported sharing and reusing syringes (JAIDS, 1998). This study shows that, given the opportunity, injection drug users are willing to take measures to decrease their risks for HIV. In another study, which compared rates of HIV infection for injection drug users who had diabetes to those without diabetes, 24.3% of the non-diabetics were HIV-positive as compared to only 9.8% of the diabetics. Researchers attributed the lower infection rate among diabetics to the ready availability of sterile syringes for people with diabetes (*Journal of American Medical Association*, 1991).

Illinois Law Contributes to the Problem

Current Illinois law prohibits the sale, distribution, and possession of syringes without a prescription. As a result, injection drug users cannot readily acquire or carry sterile syringes and often must share them, increasing their risks for HIV and other blood-borne infections. Restricted access to syringes has created a burgeoning underground market of used and potentially HIV-contaminated syringes in response to the needs of drug users.

Only five states—Illinois, California, Delaware, Massachusetts, and New Jersey—have laws requiring a prescription for syringe purchasing. It is important to note that these states are among those with high rates of AIDS per capita, and New Jersey has one of the highest rates of AIDS associated with injection drug use in the country (CDC, 2002, 2003). The number of new AIDS cases related to injection drug use will decline if injection drug users have greater access to sterile syringes.

In recent years, several states have changed their laws to expand access to sterile syringes. Since 1992, Connecticut, Maine, Minnesota, New Hampshire, New York, Hawaii, Washington, New Mexico, and Rhode Island have enacted laws to allow for the purchase and possession of sterile syringes without a prescription. In each of these states, public health officials, lawmakers, prosecutors, law-enforcement officers, and AIDS advocates endorsed enactment of the new law.

Syringe Availability Helps Reduce Rates of HIV Infection, Without Increasing Drug Use

More than 40 scientific studies have demonstrated that expanded access to sterile syringes decreases HIV infections among injection drug users without increasing drug use. The studies also prove that injection drug users, despite addiction, can be persuaded to make incremental lifestyle changes to reduce their risk for HIV. Other data in support of reforming syringe purchasing and possession law is listed below:

- Since Connecticut deregulated syringe sales and possession in 1992, the sale of sterile syringes has risen 23% in areas of the state with high rates of injection drug use. More importantly, rates of syringe sharing in Connecticut have decreased 40% since sales became legal (JAIDS, 1995).
- In Minnesota, following deregulation of syringe sales in 1998, research showed that pharmacies replaced street locations, friends, or pimps as the primary source of syringes for injection drug users and that syringe sharing decreased by 17%. (*Journal of the American Pharmaceutical Association*, 2002)
- A 1992 study reported that the HIV infection rate among IDUs in St. Louis, where state law permits over-the-counter syringe purchasing, was only 3% (*American Journal of Public Health*, 1992). By contrast, the infection rate among IDUs in Chicago -- where state law prohibits the sale of syringes without a prescription -- is estimated to be around 30% (*International Conference on AIDS*, 1993).
- Interventions to curb syringe sharing are desperately needed across the nation. In a nationwide survey conducted by the CDC, 50% of injection drug users reported sharing syringes in the previous year (JAIDS, 1998).

Illinois Must Act Now

The Illinois General Assembly should pass legislation to allow adults to purchase and possess syringes without a prescription. Nearly 800 new HIV infections (the approximate number of new HIV infections per year in Illinois as a result of syringe sharing) could be averted each year as a result of this policy, at no cost to the state (IDPH, 2002, 2001). Pharmacists would maintain discretion as to whether to sell syringes, and would be provided with educational materials about HIV prevention and syringe disposal that could be included with each sale.

For more information contact Amy LaMantia at (312) 922-2322 or alamantia@aidschicago.org.