

Harm reduction services less available in areas plagued by rising IV drug use and HIV infections

10 December 2015

Access to harm reduction programs such as syringe exchange is lowest in rural and suburban areas, where rates of addiction to heroin and other opioids are on the rise, according to a study led by researchers at the Icahn School of Medicine at Mount Sinai and published online today in the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*.

Over the last decade, there has been an increase in drug injection in the United States, primarily the injection of prescription opioids and heroin among persons who started opioid use with oral analgesics before transitioning to injecting. Syringe service programs (SSPs) allow people who inject drugs to exchange used needles and syringes for new, sterile needles and syringes. These programs reduce the chances that people who inject drugs will share injection equipment and thereby contract infections like HIV and hepatitis C. Many SSPs also distribute a medication called naloxone, which is proven to reverse opiate overdoses.

Researchers assessed the landscape and availability of syringe service programs across the United States, finding that 69 percent of SSPs surveyed were located in urban areas, leaving only 20 percent in rural areas and 9 percent in suburban locations. The findings indicate that harm reduction services are lacking for people in communities where they are often needed most. A recent study published in the *Journal of Urban Health* reports that half of all IV drug users live outside of major urban areas. The range of services offered at SSPs also varied by region. For example, only 37 percent of programs surveyed in [rural areas](#) offered naloxone, compared to 61 percent of urban programs that provided this service.

"Syringe service programs have been very

effective in reducing HIV transmission in the U.S. and throughout the world," said Don Des Jarlais, PhD, Professor of Psychiatry and Preventive Medicine, Icahn School of Medicine at Mount Sinai and lead author of the study. "Our data show that rural and suburban SSPs face some special challenges in recruiting clients, funding, and staffing, but that these programs can provide the needed services when they are implemented. The biggest problem is simply that we do not have enough of them in rural and suburban areas. State and local governments can save lives by extending these programs."

One of the most highly reported recent epidemics of new HIV infections resulting from injection drug use was in southeastern Indiana. Until Indiana Governor Mike Pence declared the HIV outbreak a public health emergency in the spring of 2015, syringe exchange programs were illegal in the state.

"Over the last 20 years, syringe service programs have proven to be very potent weapons in the fight against HIV/AIDS," said Ann Nugent, Senior Research Associate, Baron Edmond de Rothschild Chemical Dependency Institute at Mount Sinai Beth Israel and co-author of the study. "The challenge today is to extend the life-saving benefits of syringe exchange programs to all persons who need them—regardless of where they live."

Provided by The Mount Sinai Hospital

APA citation: Harm reduction services less available in areas plagued by rising IV drug use and HIV infections (2015, December 10) retrieved 30 April 2021 from <https://medicalxpress.com/news/2015-12-reduction-areas-plagued-iv-drug.html>

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