



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Service

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Dear Colleague:

Recently we have been asked by several local health department staff about our stance on harm reduction strategies for the prevention of blood-borne infections (particularly Human Immunodeficiency Virus [HIV] and Hepatitis C Virus [HCV]) among people who have a history of injection drug use (IDUs). The purpose of this letter is to explain that our reading of the scientific literature suggests that harm reduction activities are an effective disease prevention tool, and therefore should be considered seriously by you as you choose how best to address the prevention of HIV and HCV infections in your communities.

Injection drug use is linked to almost one-third of all AIDS cases and more than half of HCV cases in the United States.<sup>1</sup> These cases occur not only among the IDUs themselves, but also among their sexual contacts and their family members. Oregon data suggest that 20% of HIV infections are linked to injection drug use.

While the ideal circumstance is to provide drug treatment to IDUs, the reality is that not all IDUs are ready to stop using. For those people who cannot or will not stop injecting drugs, strategies that reduce the risk of disease transmission can do a great deal to reduce the spread of these deadly diseases. It is well documented that IDU who are engaged in harm reduction programs will significantly change drug-related disease transmission practices.<sup>2</sup> Harm reduction services include an evidence-based systematic approach that provide a non-judgemental engagement strategy in which health care services, safe sex and safe-injection materials, including sterile syringes, are made available.<sup>3,4</sup>

While at first glance it may appear that these activities might condone injection drug use, numerous studies have shown that syringe exchange programs **do not** encourage drug use among participants or the recruitment of first-time drug users.<sup>2</sup> Harm reduction activities are simply evidence-based pragmatic approaches to working with the most difficult to engage people.<sup>5</sup>

Harm reduction programs also have been shown to have the potential to be a link to other services that help combat sex and drug-related disease transmission among high-risk groups such as IDUs.<sup>6,7,8</sup> Clients engaged in syringe exchange programs, for example, can also be linked with substance abuse, mental health, nutritional interventions and medical care.<sup>4,9</sup>

Economic studies have concluded that harm reduction programs that include syringe exchange programs are cost effective. At an average annual cost of \$0.97 per syringe distributed, the cost per HIV infection prevented by these programs has been calculated at \$4,000 to \$12,000, which is considerably less than the estimated \$190,000 yearly medical costs of treating a person infected with HIV.<sup>10,11</sup>

For many years Oregon has employed harm reduction strategies to control the spread of HIV and HCV. Prior to the AIDS epidemic, syringe sales and possession were not regulated in Oregon. In 1987, the state legislature passed a paraphernalia law that explicitly excludes syringes from the definition of paraphernalia, explicitly making it legal to sell or distribute syringes freely to all persons eighteen years of age and older.<sup>5</sup>

Oregon is not alone in its adoption of this approach. The Centers for Disease Control and Prevention, the United States Public Health Service, the American Medical Association, the American Pharmaceutical Association, the Association of State and Territorial Health Officials, the National Alliance of the State and Territorial AIDS Directors, the National Institutes of Health, and other governmental and non-governmental agencies have also recognized the importance and legitimacy of harm reduction programs including syringe exchange access and disposal in preventing the spread of blood borne infections.

Should you have further questions about harm reduction activities, please contact our HCV and Harm Reduction Programs Coordinator, Dr. Ann Shindo at [ann.shindo@state.or.us](mailto:ann.shindo@state.or.us) or 971-673-0153.

Sincerely,



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## Sources

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