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I. EXECUTIVE SUMMARY

HIV infection among injecting drug users (IDUs) is a major public health problem among IDUs in many countries throughout the world. In particular, it is a problem in the United States, where approximately half of all new HIV infections are occurring among injecting drug users (Holmberg, 1996).

Syringe exchange programs (SEPs) to prevent HIV infection among IDUs have been implemented in almost all industrialized countries and in several developing countries. Research evaluations have shown SEPs to be an effective method of reducing risk behavior and HIV transmission among IDUs (Normand et al., 1995). A pilot syringe exchange was implemented in Hawaii in 1990. In 1992, the Hawaii State Department of Health assumed responsibility for the SEP in the state, with the Community Health Outreach Worker (CHOW) Project designated as the lead agency for SEP work. The legislation governing SEPs in the state requires an annual evaluation report to the Syringe Exchange Oversight Committee (SEOC). This current report covers the year from October 1, 1996 to September 30, 1997.

A variety of data sources have been used in the preparation of this report, including: operational records of the SEPs; the "SEP database," consisting of the brief interviews conducted at each visit by a client to the SEP; the "survey database," consisting of formal baseline and follow-up research interviews conducted with a randomly selected sample of SEP clients; the "referral database," records of referrals of SEP clients to drug abuse treatment programs; and the "surveillance database," consisting of AIDS cases, HIV testing and hepatitis B testing conducted throughout the state. These data sources do not provide complete information about HIV infection among IDUs in Hawaii. The use of multiple data sources and the consistency of the data across the different sources, however, do permit drawing relatively firm conclusions regarding the low levels of risk behavior and HIV infection among IDUs in Hawaii.

The SEP in Hawaii operates out of two fixed sites (both on Oahu) and through five mobile van routes, one on Oahu, one on Maui, one on Kauai, and two on the Big Island of Hawaii. During the early 1990s, the SEP system was

expanding and the number of syringes exchanged increased each year, reaching a peak of 173,671 in 1995. In 1996, the number of syringes exchanged fell to 133,958, due to a combination of loss of high volume clients to death and incarceration and staff turnover at some of the neighbor island sites. In 1997, the number of syringes exchanged increased to 143,715. While the number of syringes exchanged still needs careful monitoring, the change from cocaine to heroin as the predominant drug injected and the decrease in injection frequency among syringe exchange clients (discussed below) also indicate a need for a smaller number of syringes among the clients.

As at most other SEPs throughout the world, many SEP clients exchange not only for themselves, but also for other IDUs. This creates opportunities to use clients as "extended staff" of the SEP, who provide risk reduction education to their peers. During 1997, a formal Peer Educator program was initiated in Maui. Follow-up work with the trained peer educators is currently in process, and the program will be expanded to the Big Island.

The SEP also provides referrals to drug abuse treatment, including direct contracting of treatment services. During 1997, 96 clients were placed in various forms of drug abuse treatment.

The SEP serves a diverse group of IDUs. The clients are 76% male and 24% female. Caucasians comprise the largest ethnic group among SEP clients at 61%, with 12% Asian, 8% Hispanic, 6% Hawaiian/part Hawaiian, 5% Native American, and 4% African-American. Most of the clients have been injecting drugs for long time periods; the mean age is 41.6 years old, and the clients report a mean of 20.3 years since their first drug injection. Housing is a problem for many of the clients, only 51% live in places that they own or rent, and 21% report living "on the streets" or in shelters.

Over the last several years, heroin has replaced cocaine as the drug used by the great majority of SEP clients. Ninety-two per cent of clients report injecting heroin (in the month prior to a research interview), 28% report injecting cocaine, 26% report injecting "speedballs" (a mixture of heroin and cocaine), and 9% report injecting amphetamines. (The sum of the percentages exceeds 100% as many clients report injecting more than one drug in the



previous month.) Non-injecting drug use is also common among SEP clients, with 63% reporting heavy alcohol use, 49% reporting crack cocaine use, and 43% reporting marijuana use in the previous month. The frequency of drug injection has declined over the last several years among SEP clients. Among clients who participated in multiple research interviews (linked by code numbers), 47% had decreased their frequency of injection over time, 40% had maintained the same frequency of injection, and 19% had increased their frequency of injection.

The extent of drug injection and non-injected drug use among SEP clients clearly indicates a great potential for injection and sexual risk behaviors. The amount of injection risk behavior, however, was relatively low. In the 1997 research interviews, 76% of participants reported no unsafe injections in the month prior to the interview, and of the 24% who reported some injections with syringes that had been used by others, 43% reported always using bleach to disinfect the "shared" syringes. Thus, only 13% of the participants should be considered at relatively high risk for syringe-borne HIV infection. A modest percent of SEP clients persist in unsafe injection practices. Of the participants with both baseline and follow-up research interviews, 9% reported injecting with syringes that had been used by others in the one month periods prior to both baseline and follow-up interviews. Among the participants in the research interviews in 1997, 59% reported sexual intercourse in the month prior to the interview. Six per cent of the participants should be considered as at relatively high risk for sexually transmitted HIV (and particularly for other sexually transmitted diseases), in that they reported multiple sexual partners and no use of condoms in the previous month. In a sub-study of male drug injectors who also reported engaging in male-with-male sexual activity (MSM-IDUs), it was found that risk behaviors among this subgroup were substantially higher.

The available HIV data support the conclusions from the risk behavior data that HIV transmission is an uncommon event among injection drug users in Hawaii. The State Health Department operates a system of HIV counseling and testing centers. Among the persons who sought testing at these centers and reported drug injection as a risk behavior, 1.2% were HIV seropositive in 1997. HIV counseling and testing is also conducted at the SEP fixed site at 710 North King Street in Honolulu. Of the 120 HIV tests conducted at this site over the past four years, only one new HIV infection was reported.

The SEP and the CHOW projects are fully integrated, so the budgets for both projects were combined in a benefit/cost analysis. The benefit/cost analysis was undertaken from the perspective of a State government that must either pay for HIV prevention or must pay for the medical costs of treating HIV infection. Data for other possible costs, such as lost productivity or human suffering, were not available, and therefore not included in the analysis. The cost of treating a single HIV infection was estimated to have a present value of \$102,000. Given current developments in combination antiviral treatments, this must be considered a conservative estimate. Prevention of a total of seven HIV infections per year would produce a benefit/cost ratio greater than 1.0, and would represent a cost saving for the State. Since many IDUs who become infected with HIV transmit the virus to non-injecting sexual partners, prevention of HIV infection among drug injectors also serves to prevent heterosexual transmission of HIV. Based on current estimates of heterosexual transmission from IDUs, prevention of a total of five infections per year among IDUs would also lead to prevention of an additional two HIV infections among non-injecting heterosexual partners. Thus, if the combined SEP and CHOW projects lead to prevention of five HIV infections per year among drug injectors this would represent a cost saving for the State. Given the low levels of risk behavior among SEP clients, one may have great confidence that the combined SEP and CHOW programs are cost beneficial.

The program is to be commended for supporting a rigorous evaluation effort and for addressing problematic issues noted in previous evaluation reports. The formal evaluation process, including the reports to the SEOC, appears to be an important factor in the continued positive development of the SEP in Hawaii.

Recommendations:

(1) The SEP in Hawaii should be continued. HIV infection and injection risk behavior are relatively low among IDUs in the state. The program provides a number of needed services to drug injectors at risk for HIV infection. Maintaining a skilled and dedicated staff is critical for effective delivery of these services.

(2) National and international studies of hepatitis B and hepatitis C show these infections to be exceedingly high among IDUs. The SEP mission statement should be revised to include a statement concerning hepatitis B and C prevention. Furthermore, the SEP should incorporate information concerning hepatitis B and hepatitis C prevention into all of its standardized educational messages. The SEP is an excellent medium for hepatitis education because a high proportion of hepatitis B and C infections in the United States occur among IDUs and studies have shown that the use of SEPs can reduce hepatitis B and C infections among drug injectors (Normand et al., 1995). Additional data on hepatitis B and C among IDUs in Hawaii should be collected.

(3) Many SEP clients are at risk for sexually transmitted diseases other than HIV. The safe sex education and encouragement of condom use should include specific information about other sexually transmitted diseases.

(4) Future research and program service development should concentrate on hepatitis B and C prevention as well as HIV prevention. The "persistent" unsafe injectors and the MSM-IDUs appear to be particularly important groups for additional research and risk reduction services.