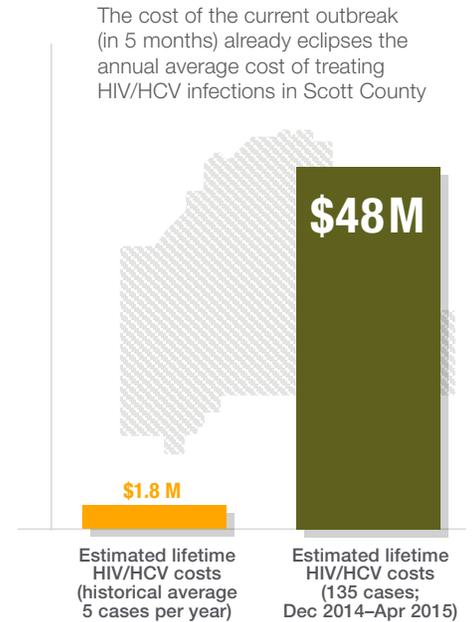
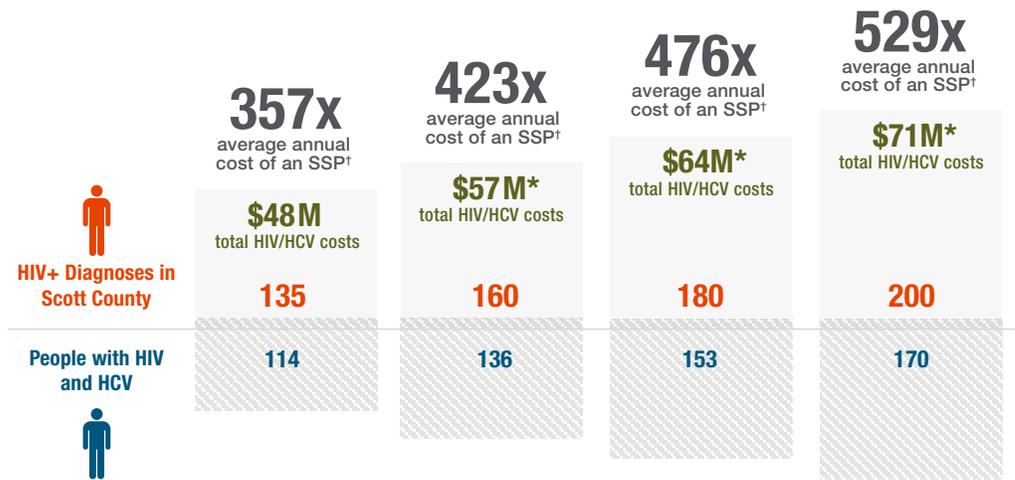


# Lack of Syringe Services Programs Adds Up to Big Costs

An epidemic of injection drug use—largely prescription painkillers—in parts of rural America is leading to an alarming surge in cases of HIV infection and hepatitis C virus (HCV). In the first four months of 2015, Scott County, Indiana, registered 135 new HIV cases, compared to an average of five cases in a typical year. A hallmark of this epidemic is the large number of people infected with both HIV and HCV through the sharing of contaminated needles. States with the highest rates of opioid abuse tend to be those with high rates of hepatitis C, and Scott County borders Kentucky, which has the highest HCV rate in the nation. These infections—and the price tag that comes with them—could have been prevented. Syringe services programs (SSPs) are proven to be a highly effective—and cost-effective—method of infectious disease prevention. As this infographic shows, the long-term cost of treating those who contract HIV or HCV far outstrips the cost of syringe services programs. In addition, states with high rates of HCV and no syringe services programs may be vulnerable to the next HIV outbreak.

## THE SCOTT COUNTY OUTBREAK TREATMENT COSTS VS. COST OF SSPs



<sup>†</sup> \$135,000  
 \* Costs estimated based on potential rise in new HIV/HCV diagnoses in Scott County

