

ESTIMATING THE COST OF A COMPREHENSIVE SYRINGE SERVICE PROGRAM IN THE UNITED STATES

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Background: Comprehensive syringe service programs (SSPs) reduce transmission of hepatitis C virus (HCV) and other blood borne pathogens among persons who inject drugs (PWID) by providing access to sterile injecting equipment and to resources such as substance use disorder treatment and screening for infectious disease. However, current funding limits SSPs, creating large geographic differences in access. Many existing SSPs do not have capacity to provide the recommended number of syringes per PWID, nor medication-assisted therapy, HIV and HCV screening and linkage to care, and hepatitis B vaccinations. The cost of establishing and operating a comprehensive SSP is unknown. We sought to estimate the cost in the United States.

Methods: We categorized size of SSP by annual client volume as small (250), medium (1250), and large (2500), and geographic locations as rural, suburban and urban. We categorized and determined five components of costs: start-up, personnel, operational, prevention, and medical/testing services and conducted internet searches to estimate their range. All costs were in 2016 US dollars and reported by size and geographic location.

Results: The estimated first-year cost ranged from \$0.4 million for a small rural SSP to \$1.8 million for a large urban SSP. The cost per syringe distributed varied from \$1 (large urban SSP) to \$3 (small rural SSP). The cost per client per year ranged from approximately \$700 (large rural SSP) to \$2000 (small urban SSP). The cost of purchasing and operating a mobile unit ranged from \$44,800 (large urban SSP) to \$45,400 (small rural SSP). Medical care accounted for the largest proportion of cost in a large urban SSP care whereas personnel did in a small rural SSP.

Conclusions: This analysis provides estimates of the cost of SSPs in the US that are useful for planning, informing policy, allocating funds, providing grants towards setting up SSPs, and providing data for their economic evaluation.

Disclosure: This work was done as part of US Government jobs. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.