Is the evidence conclusive that syringe exchange programs prevent HIV?
Since 1991, there have been at least 17 major reviews and assessments of syringe exchange programs by experts including the Centers for Disease Control, National Institutes of Health, Institute of Medicine, and the World Health Organization. They all find that syringe exchange programs help reduce the spread of HIV/AIDS without increasing drug use.

- In 2008, CDC concluded that the incidence of HIV among IDUs had decreased by 80% in the US in part due to needle exchange programs.1
- A 2005 study found a 75% reduction in HIV transmission rates among IDUs in New York City after implementation of a syringe exchange program.2
- A 1997 global study compared HIV infection rates among IDUs in cities that had SEPs with cities that did not. In the 52 cities without SEPs, HIV infection rates increased by 5.9% per year on average. In the 29 cities with SEPs, HIV infection rates decreased by 5.8% per year.3

Do syringe exchange programs help people to stop using drugs?
Syringe exchange programs are an excellent bridge to drug treatment.

- A national study found that 92% of syringe exchange programs refer participants to addiction treatment services.4
- Participants in a Seattle syringe exchange program were five times more likely to enroll in a drug treatment program than drug injectors outside the program.5
- The Baltimore syringe exchange program reserves 400 slots in drug treatment facilities. It has enrolled 2,300 people in drug treatment programs. An independent evaluation found that participation in the program was associated with entry into drug treatment programs.6

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How many people are affected?
An estimated one to two million Americans inject illegal drugs. IDUs are at increased risk of HIV infection and hepatitis C.

- Injection drug users account for 16% of all new HIV infections in the US.\(^7\)
- Injection drug users account for almost half of the 3.2 million Americans living with hepatitis C infection.\(^8\)
- Each year, 8,000 people are infected with HIV through sharing syringes.\(^9\)
- African Americans account for more than 50% of AIDS cases attributed to injection drug use.\(^10\)
- 61% of AIDS cases among women are related to injection drug use.\(^11\)

Does my community have a syringe exchange program? Would the government force us to have one?
There are approximately 185 syringe exchange programs in the United States, operating in 36 states, the District of Colombia, and Puerto Rico.\(^12\) Since 1988 the Congress banned the use of federal funds to support syringe exchanges.\(^13\) If they lift the ban, states and localities can choose whether to use federal funds to support these services. No one would be forced to offer services.

Syringe exchange programs are helpful in communities with high rates of injection drug use. They provide a method for IDUs to exchange used syringes for sterile ones. Programs collect syringes in special puncture-proof containers and dispose of them according to special procedures for hazardous materials. Programs also offer other medical and social services to address the harms of drug use.

Don’t syringe exchange programs condone drug use? Isn’t it better to support drug treatment?

\(^7\) Letter to Hon. Tom Harkin, Hon. David Obey, Hon. Thad Cochran and Hon Todd Tiahrt from Amfar, Trust for America’s Health and others, in support of lifting the ban on needle exchange funding, June 8, 2009
\(^10\) ibid
\(^11\) ibid
\(^13\) The 1988 ban included a provision stating that if the U.S. Secretary of Health and Human Services could demonstrate that such programs reduce disease transmission and do not promote drug use, the ban could be lifted. However, since then the ban was extended to exclude the Secretarial determination. In 1998, Congress barred the District of Columbia from using its resources to support needle exchange programs; a prohibition that lasted nearly a decade. Congress removed the restriction on the District of Columbia in December 2007.
Everyone supports scaling up access to drug treatment, but people need help to avoid HIV and hepatitis infection if they are unable or unwilling to stop using drugs. Drug addiction is a chronic, relapsing condition. Drug users may not have access to quality drug treatment services in their community, or may be asked to wait for weeks or months for a treatment slot. Syringe exchange programs help people avoid HIV and hepatitis infection at the same time that they link clients to drug treatment.

- The American Society of Addiction Medicine states: “Needle exchange programs serve as a point of contact between heretofore alienated drug dependent individuals and service providers who can help them to improve their health. In fact, the most requested service by needle exchange clients throughout the world is placement in drug treatment programs.”

- A Delaware substance abuse treatment center explains: “Brandywine Counseling has always believed in the power of street outreach to out of treatment drug injectors. Our needle exchange is a perfect vehicle to begin the pre treatment phase of developing a therapeutic relationship with Delaware’s drug users. 66% of our formal drug treatment referrals result in a successful admission.”

- The National Institute on Drug Abuse advises that “A comprehensive approach should include such services as community outreach, HIV testing and counseling, drug abuse treatment, access to sterile syringes, and services delivered through community health and social service providers.”

Do these programs just distribute syringes?
Syringe exchange programs link an at-risk population with medical and social services. A 2005 report from the Centers for Disease Control explains “SEPs have been shown to be an effective way to link some hard-to-reach IDUs with important public health services, including TB and STD treatment. Through their referrals to substance abuse treatment, SEPs can help IDUs stop using drugs.”

- 76% of program participants surveyed in California received their medical and preventive services exclusively through SEPs.

- Of 126 syringe exchange programs surveyed almost all provided additional services including condom provision (87%), education about hepatitis A, B and C (90%); HIV counseling and testing (72%); testing for hepatitis C (43%); STD screening (31%); and TB screening (22%).

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15 Personal Communication with Basha Silverman of Brandywine Counseling
Do syringe exchange programs lead to more dirty needles in public places?
Just the opposite. Syringe exchange programs help to reduce improperly discarded syringes. All programs collect used syringes and instruct participants on proper disposal of syringes.

- Needle sticks of Connecticut police officers were reduced by 66% after the implementation of syringe exchange programs.\(^{19}\)
- In Baltimore, after an SEP was implemented, the number of inappropriately discarded syringes decreased by almost 50%.\(^{20}\)
- In Portland, the number of discarded syringes decreased by almost two-thirds after the SEP opened.\(^{21}\)
- In San Francisco, approximately 2 million syringes were recovered and safely disposed of in 2000 through SEPs.

Do studies in Montreal and Vancouver show that SEPs increase HIV rates?
Opponents of syringe exchange often cite older studies from Montreal and Vancouver showing higher rates of HIV among syringe exchange participants than non-participants. Both studies have been updated and conclude that syringe exchange participation was not associated with higher rates of HIV infection.

What explains the confusion? In Vancouver at the time of the first study frequent participants in the syringe exchange program were at higher risk of contracting HIV than infrequent users of the service – they were younger, more likely to have poor housing situations, more likely to inject in risky settings, more likely to inject cocaine on a daily basis, more likely to be involved in prostitution, and more likely to have been incarcerated in the prior 6 months. It was impossible, therefore, to directly attribute their HIV status to one cause. A later study found that the syringe exchange program was indeed helping to reduce HIV infection.

- The authors later commented “That a lone NEP, with a restrictive policy of point-for-point exchange in the face of a massive cocaine injection epidemic in a setting with inadequate treatment and social support programs, failed to curb an HIV outbreak, cannot be used as an indictment of this intervention as a whole... One shudders to think what might have occurred in this setting in the absence of harm reduction programs.”\(^{22}\)


Who supports syringe exchange?
Syringe exchange programs are supported by every major medical and public health organization, including the American Medical Association, National Academy of Sciences, American Academy of Pediatrics, American Bar Association, and US Conference of Mayors, as well as UNICEF, the World Bank, and International Red Cross-Red Crescent Society.

- **President Obama** supported federal funding for syringe exchange in his campaign and reaffirmed his support after taking office. Jeff Crowley, director of the White House Office of National AIDS Policy noted that the Administration “is committed to moving forward to address the federal ban on syringe exchange programs as part of a national HIV/AIDS strategy.”

- **Gil Kerlikowske**, US Drug Czar and former Seattle Police Chief, noted “Needle exchange programs have been proven to reduce the transmission of blood borne diseases.”

- In a June 9, 2002 column, conservative writer **George Will** wrote, “Nationwide the current rate of infection has been reduced from 100,000 people a year to 40,000, largely because of safer sex habits and needle exchange programs.”

- **Dr. Anthony Fauci**, Director of the National Institute of Allergy and Infectious Diseases, has testified “From a scientific standpoint...it [syringe exchange] does prevent the spread of HIV infection and does not promote drug use.” He also stated that based on the scientific data “we should seriously, definitely implement needle exchange programs.”

- New York City Republican Mayor **Michael Bloomberg** promised that he “will continue the practice of exchanging syringes. These programs have been operating in New York City for over ten years. The sky has not fallen. Drug use and drug-related crime have not gone up. In fact, they've gone down.”

- Other federal public health officials who have voiced support for local syringe exchange programs include former Surgeon General **C. Everett Koop** and former Health and Human Services Secretary **Louis Sullivan**.

What are the implications of the federal ban internationally?
The United States is the largest funder of HIV/AIDS programs internationally, but it does not support syringe exchange, even in countries where a majority of new infections are due to injection drug use. To date, USAID has voluntarily applied the domestic ban to its programs around the world.

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24 Confirmation Hearing of the Director of National Drug Control Policy, R. Gil Kerlikowske: Senate Committee on the Judiciary, 111th Cong. (2009)
26 Dr. Anthony Fauci, remarks at International Aids Conference, Barcelona (2002)
27 Michael Bloomberg, AIDS Policy Speech, March 2003
• Outside of sub-Saharan Africa, almost one-third of all new HIV infections are related to drug injection. In many countries, including Vietnam, Russia, Georgia and China, injection drug use is the primary driver of HIV/AIDS.
• Globally, only 8% of IDUs have access to HIV prevention services.
• There are emerging drug-related HIV epidemics in Africa, particularly in Nigeria, Kenya and South Africa. Infection rates are particularly high among women injection drug users. In Mombasa, Kenya, the prevalence of HIV infection was 50% among all IDUs, but 85% among women IDUs.
• Unsafe injections are also the most common cause of hepatitis C infection in developing countries.

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