Members of Congress should cosponsor HR 179, the Community AIDS and Hepatitis Prevention Act (CAHP Act), which repeals federal laws that prohibit states from using their share of federal HIV/AIDS prevention money for syringe exchange programs.

- **Lifting the funding ban does not create new government spending.** Lifting the ban will allow states and local governments to regain discretion over their share of federal HIV prevention dollars. It is time to let states decide whether access to sterile syringes is appropriate for local needs.

- **Intravenous drug use is not just an urban problem.** Emerging research has found that methamphetamine users in rural areas commonly inject the drug. Given that most rural areas do not have active syringe exchange programs in place, HIV/AIDS and hepatitis C transmission in rural districts is a ticking public health time bomb.

- **Pay for HIV prevention now or HIV/AIDS later.** Since the HIV/AIDS epidemic began, injection drug use has directly and indirectly accounted for more than one-third (36%) of AIDS cases in the United States; this equates to more than 354,000 people. The Journal of the American Medical Association credits syringe exchange with helping to lower HIV incidence by 80% among people who inject drugs.

- **Access to sterile syringe spares lives and saves taxpayer money.** The Institute of Medicine has concluded that: “the cost-effectiveness of needle exchange is estimated to range from $3,000 to $50,000 per HIV infection prevented.” The cost of a sterile syringe can be as little as 97 cents.

- **The ban needlessly inflates health care costs.** The estimated lifetime cost of treating an HIV positive person is between $385,200 and $618,900.

- **Syringe exchange programs do more than just provide access to clean syringes.** The Centers for Disease Control and Prevention (CDC) reported that “many syringe exchange programs have evolved into larger, community-based organizations that provide numerous social and medical services to IDUs and their communities (e.g., testing for HIV and hepatitis A, hepatitis B, and hepatitis C; vaccinations for hepatitis A and hepatitis B; and general medical care).”

- **The CDC urges more funding for syringe exchange programs (SEPs) because of the comprehensive services they provide: “SEPs are becoming part of a comprehensive approach to the prevention of bloodborne infections among IDUs and their communities.”

- **Every established medical and scientific body to study the issue has concluded that syringe exchange programs are essential to reducing the spread of HIV/AIDS, hepatitis C and other infectious diseases:** including the National Academy of Sciences, American Medical Association, American Public Health Association, Centers for Disease Control and Prevention, and President George H.W. Bush's and President Clinton's AIDS Advisory Commissions.

- **Eight government reports concur that syringe exchange programs do not increase drug use.** No reports contradict this finding.

- **Syringe exchange programs protect children.** The American Academy of Pediatrics urges that “pediatricians should advocate for unencumbered access to sterile syringes...” and recognizes that syringe exchange reduces the number of contaminated needles dropped on the street and reducing the number of children born with HIV/AIDS.


5 Institute of Medicine, Division of Health Promotion and Disease Prevention, Committee on HIV Prevention Strategies in the United States, No Time to Lose: Getting More from HIV Prevention, Monica S. Ruiz, Alicia R. Gable, Edward H. Kaplan, Michael A. Stoto, Harvey V. Fineberg, and James Trussell, Editors, Accessed via the Internet (National Academy Press): http://www.nap.edu/catalog.php?record_id=9964#toc


8 Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), November 9, 2007 / 56(44):1164-1167, Accessed via the Internet: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a4.htm?s_cid=mm5644a4_e

9 Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), November 9, 2007 / 56(44):1164-1167, Accessed via the Internet: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a4.htm?s_cid=mm5644a4_e
