Syringe Exchange Programs

More than 200 national and local groups urge Congress to restore language to the Labor, Health and Human Services Appropriations bill that allows local communities to make their own decision to use federal funding for syringe exchange programs.

SEP History: In 1989, a policy rider added to the Labor Health and Human Services Appropriations Bill banned the use of federal funds for SEPs, stating that “No funds…shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.” In 2009, Congress ended the ban by allowing local communities to use federal funds for syringe exchange provided that local law enforcement and health authorities did not deem a site “inadmissible.”

In December, 2011, the Labor, Health and Human Services Appropriations bill reinstated the obsolete pre-2009 ban on use of federal funds for SEPs without any scientific basis.

SEPs are Effective at Preventing HIV and Hepatitis

- SEPs lower HIV incidence: SEPs have been credited with helping to lower HIV incidence by 80% among people who inject drugs.
- SEPs are associated with reductions in hepatitis C in the drug-using population: A study in New York City found a significant decline in HCV rates from 1990 to 2001, corresponding to a dramatic expansion in syringes distributed by SEPs during this period.

SEPs Save Money

- SEPs lower health care costs: SEPs prevent HIV infection at an estimated cost of $4,000-$12,000 per averted infection.
- SEPs reduce costs of hepatitis C care: An Australian study estimated that the Australian government avoided 21,000 hepatitis C infections and saved approximately $738 million in total lifetime hepatitis C treatment costs through SEPs between 1991 and 2000.

What are syringe exchange programs and why are they necessary?

Syringe exchange programs (SEPs) provide sterile syringes and collect used syringes to reduce transmission of HIV, viral hepatitis, and other bloodborne infections associated with reuse of contaminated injection equipment by drug users. Most SEPs are part of a comprehensive health promotion effort that includes HIV counseling and testing, education on reducing sexual and drug use-related health risks, referral to drug treatment, and referral to other medical and social services.

Injection drug use (IDU) has directly and indirectly accounted for 36% of AIDS cases in the U.S., more than 354,000 people. Injection drug use accounts for 68% of current hepatitis C infections in the U.S., nearly 2.8 million people.

Support for SEPs

- Studies prove effectiveness of SEPs: Eight U.S. funded studies, including studies conducted by the Centers for Disease Control and Prevention and the Institute of Medicine, as well as numerous scientific studies that were not federally funded, have established that syringe services programs are an effective HIV prevention intervention and do not promote drug use.
- Many law enforcement officers support SEPs: Research shows that SEPs protect law enforcement personnel from needle stick injuries which can result in the transmission of disease such as HIV/AIDS and hepatitis C.
- SEPs gives local control of HIV to communities: With SEPs, local jurisdictions can use local strategies to more effectively address their local HIV and hepatitis epidemics.