

## Government Studies in Support of Needle Exchange

**National Commission on AIDS (1991):** The Twin Epidemics of Substance Use and HIV. *Washington DC*. <http://www.dogwoodcenter.org/references/studies91F.html>

- Legal barriers to needle exchange programs (NEPs) “encourage the increase in HIV transmission”.
- Needle exchange outreach programs refer “many” individuals to substance abuse treatment.

**General Accounting Office (1993):** Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy. *US Government Printing Office: Washington DC*. <http://archive.gao.gov/d44t15/148846.pdf>

- NEPs do not increase drug use among injection drug users (IDUs)
- NEPs reduce the spread of AIDS by reducing needle sharing among IDUs.
- Confirmed the Yale University model, which estimated a 33% reduction in new HIV infections among participants of its NEP study

**Centers for Disease Control and Prevention (1993):** The Public Health Impact of Needle Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations. *CDC: Atlanta*.

<http://goodquestions.ucsf.edu/pubs/reports/pdf/NEPReportSummary1993.pdf>

- NEPs do not increase drug use, the number discarded syringes, or rates of HIV infection.
- Some NEPs have made significant numbers of referrals to treatment, but referrals are limited by the scarcity of drug treatment availability.

**Office of Technology Policy Assessment of the US Congress (1995):** The Effectiveness of AIDS Prevention Efforts. *US Government Printing Office: Washington DC*.

[http://govinfo.library.unt.edu/ota/Ota\\_1/DATA/1995/9556.PDF](http://govinfo.library.unt.edu/ota/Ota_1/DATA/1995/9556.PDF)

- Syringe Exchange Programs (SEPs) do not increase drug use, and are a cost effective means of reducing HIV transmission.

**Institute of Medicine, National Research Council (1995):** Preventing HIV Transmission: The Role of Sterile Syringes and Bleach. *National Academy Press: Washington DC*. [http://www.nap.edu/openbook.php?record\\_id=4975&page=R1](http://www.nap.edu/openbook.php?record_id=4975&page=R1)

- SEPs can be an effective tool for preventing HIV transmission and do not increase drug use.

**National Institutes of Health Consensus Panel (1997):** Interventions to Prevent HIV Risk Behaviors. *NIH: Bethesda MD*. <http://consensus.nih.gov/1997/1997PreventHIVRisk104html.htm>

- NEPs are a “powerful approach” to reducing the spread of HIV
- Banning federal funding of these programs serves as a “major barrier” to the realization of the full potential of these programs.

**Office of the Surgeon General (2000):** Evidence-based Findings on the Efficacy of Syringe Exchange Programs: An Analysis of the Scientific Research Completed Since April 1998. *US Department of Health and Human Services: Washington DC*.

<http://www.dogwoodcenter.org/references/Satcher00.html>

- There is conclusive scientific evidence that SEPs are an effective means for reducing HIV transmission.
- SEPs serve as a vehicle for linking IDUs, a hard to reach, high risk population, to health care services, and reducing overall drug use.

**Institute of Medicine, National Academy of Science (2002):** No Time to Lose: Getting More from HIV Prevention. *National Academy Press: Washington DC*. [http://www.nap.edu/openbook.php?record\\_id=9964&page=R1](http://www.nap.edu/openbook.php?record_id=9964&page=R1)

- SEPs are a “highly cost-effective” strategy for preventing HIV transmission among injection drug users.
- “Improving access to sterile injection equipment is a critical component of HIV prevention.”
- SEPs do not lead to increased drug use, criminal activity, or discarded contaminated syringes