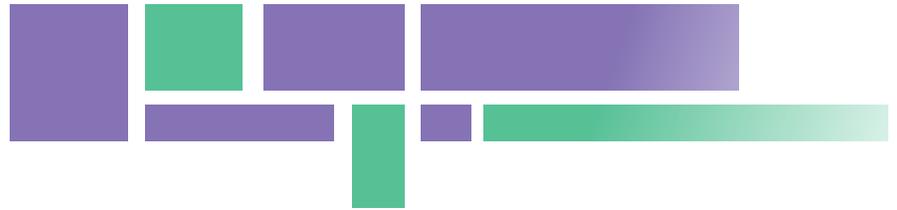


federal funding for syringe exchange

an issue brief by



From the onset of the HIV/AIDS epidemic, injection drug users (IDUs) have been especially impacted. While targeted prevention programming among IDUs, including cost-effective and proven syringe exchange programs, has helped to slow the epidemic within this population, the disease continues to take a heavy toll. Injection drug use is also one of many factors perpetuating the epidemic's disproportionate impact on communities of color. IDUs account for more than 10% of new HIV infections among African Americans and between 11-15% of infections among Asians and Pacific Islanders. In Puerto Rico, injection drug use is the leading method of HIV transmission. Overall, African Americans and Latinos are ten and five times as likely to be infected through injection drug use as their White counterparts.

IDUs are also severely impacted by viral hepatitis – a devastating disease on its own and a common co-infection among people living with HIV or AIDS. In fact, viral hepatitis is now responsible for more deaths than HIV. Research shows that 64% of IDUs are chronically infected with Hepatitis C (HCV) and up to 11% are chronically infected with Hepatitis B (HBV). Perhaps more alarming, about 80% of IDUs who are infected with HIV also have HCV. HIV and HCV co-infection more than triples the risk that an individual will suffer from liver disease, liver failure and liver-related death.

Syringe exchange programs, which provide sterile needles as well as comprehensive prevention services such as condoms, HIV testing and risk counseling to IDUs, have been

proven effective at reducing the risk of HIV and viral hepatitis infection. In addition, these programs safely dispose of used needles, making neighborhoods safer for the public in general and law enforcement in particular.

Unfortunately, Congress currently prohibits the use of any federal funds for syringe exchange programs, regardless of a mountain of scientific data and the consensus of the public health community.

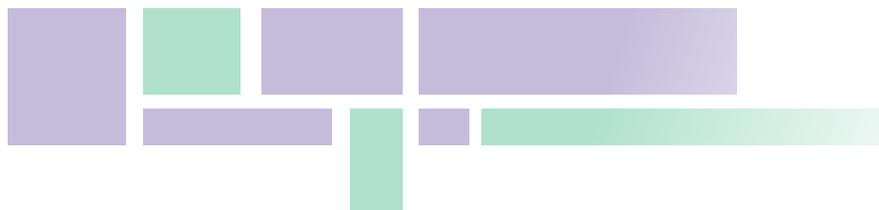
History of the Federal Ban on Syringe Exchange Funding

In 1988, as the U.S. was scaling up its so-called “war on drugs,” Congress instituted a ban on the use of any federal funding to support syringe exchange programs. While the intent of this ban was to discourage the use of illicit drugs, it served only to cripple the federal government’s ability to effectively address the HIV/AIDS epidemic among IDUs. Syringe exchange programs provide sterile needles. They do not provide drugs. What’s more, the majority actively encourage those they serve to enroll in drug treatment programs. Indeed, state and locally funded syringe exchange programs have proved extremely successful, resulting in an 80% decline in HIV infections among IDUs.

After years of lobbying from the HIV/AIDS community and public health officials, Congress and the Obama administration lifted the ban in 2009. Unfortunately, in December of 2011, Congress reinstated the ban and undercut efforts by federal agencies to target this marginalized population.

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The Benefits of Supporting Syringe Exchange Programs

Syringe exchange programs are critical in reducing health disparities and ending the HIV/AIDS epidemic. Drug users are one of the most marginalized populations in the country. Institutions often fail to adequately address their needs or engage them in the health care delivery system. Syringe exchange programs offer an avenue to achieve this, while also providing an opportunity to direct those that they serve to drug treatment programs. African Americans and Latinos are ten and five times as likely to become infected through injection drug use as their White counterparts. As such, syringe exchange programs are also an important tool in combatting health disparities, including a disproportionate impact of HIV/AIDS and viral hepatitis.

Engaging Elected Officials on Syringe Exchange

The public plays a critical role in shaping public policy. In order to successfully lift the ban on federal funding for syringe exchange, the public – especially public health institutions – must speak up and tell elected officials, as well as those running to serve in that capacity, that syringe exchange programs are critical to addressing health disparities and bringing an end to the HIV/AIDS epidemic in America.

Key messages to highlight when discussing syringe exchange include:

- Syringe exchange programs are a critical tool in fighting the HIV/AIDS and viral hepatitis epidemic, especially in minority communities.
- IDUs are twice as likely to be unaware of their HIV status as the general public. Syringe exchange programs, meet these individuals where they are, providing prevention, testing and linkage to care services.
- They do not encourage drug use, and in fact, actively engage those that they serve in mental health and drug treatment programs.
- Investing in syringe exchange is extremely cost effective, saving hundreds of thousands of dollars in lifetime medical costs for each HIV infection averted.
- Syringe exchange programs are universally supported by major public health institutions, including the American Medical Association, the Centers for Disease Control and Prevention and the American Academy of Pediatrics.

