Syringe Access Programs and Law Enforcement: Building Alliances

Participant’s Guide
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Building Alliances

About the Course

The course will help syringe access program (SAP) providers develop the skills and knowledge necessary to help them improve their and client relationships with law enforcement.

Discussion Topics

The Building Alliances workshop will include information on:

- Perspectives that drive the ways law enforcement and SAPs interact.
- Syringe access laws and data.
- Strategies and skills that lead to improved relationships between law enforcement and SAPs.
- Strategies to help SAP clients preempt conflict with law enforcement.

“Syringe exchange programs play a unique role in facilitating engagement of injecting drug users [IDUs] in meaningful prevention interventions and treatment opportunities when implemented as part of a comprehensive HIV prevention and substance abuse strategy.”

U.S. Department of Health and Human Services
Introduction and Warm-up

About the Task
This task will help you understand more about SAPs' and individuals' experiences with law enforcement.

What You Will Learn
After completing this task, you will be able to illustrate the typical challenges SAPs and law enforcement encounter when they interact with each other.

Inner-Outer Circle Storytelling Instructions
Share an example of an experience with law enforcement through a personal or program story.

Personal: A personal story about an encounter with law enforcement, preferably about syringe access, or a story about someone you know who had an encounter with law enforcement.

Program: A story that talks about SAP relationships with law enforcement — for example, police entering a facility looking for a client, an effective program/law enforcement project, a client story about an incident with a police officer, etc.

Which personal or program story stands out for you?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Workshop Overview

About the Task

This task provides an overview of Building Alliances.

What You Will Learn

After completing this task, you will be able to maintain active participation in and contribute to the workshop exercises.

Achievement-Based Objectives

By the end of this workshop, you will have:

- Illustrated typical challenges syringe access communities and law enforcement personnel encounter in their interactions with each other.
- Explored the perspectives of law enforcement and the injecting drug user (IDU) community that drive conflicted or confrontational interactions with one another.
- Differentiated among the various local laws regulating syringe access services.
- Used data supporting the value of syringe access programs.
- Identified best practices that improve interactions between law enforcement and the syringe access community.
- Discovered existing strategies and formulated new ones for improving and/or building a working relationship between law enforcement and the syringe access community.
Perspectives

About the Task
This task examines the perspectives that shape the interaction between IDUs and law enforcement.

What You Will Learn
After completing this task, you will recognize the way perceptions can shape relationships among SAPs, IDUs, and law enforcement, and how these perceptions can create barriers to collaborative and effective partnerships.

World Café Instructions
Part I
Select one person from your group to be the café owner. This person keeps the conversation going among the “café guests.”

Respond to the following questions in keeping with the roles you have taken on. One group member writes the responses on newsprint.

The IDUs discuss what they think of the police:

- What do IDUs think of the police?
- What are their personal concerns about the police?

The police discuss what they think of IDUs:

- What do police think of IDUs?
- What are their professional and personal concerns about IDUs?
- What is the role of police when it comes to IDUs?

You have 15 minutes for this exercise.
## Perspectives

| World Café Instructions | Switch groups: Those who were at the IDU table move to the police table, and those who were at the police table move to the IDU table.  

The café owner remains at the table. He or she shares the first group’s thoughts with the new group, so the police café leader summarizes the police’s thoughts about IDUs, and the IDU café leader summarizes the IDUs' thoughts about the police.  

In your new roles, respond to the following questions:

**Police perspectives:**

- How do police perspectives on IDUs affect how they behave when dealing with IDUs?

The café owner may prompt discussion with any example, such as police officers arresting IDUs to “get them off the streets.”

**IDUs’ perspectives:**

- How do IDUs’ perspectives on police affect how they behave when dealing with the police?

- The café owner may prompt discussion with any example, such as IDUs discarding syringes in public places so police don’t harass them.

You have 15 minutes for this exercise.

---

**Syringe Access Programs and Law Enforcement**
# Perspectives

**World Café Instructions:**

**Part III**

<table>
<thead>
<tr>
<th>Discuss your thoughts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How do these different perspectives influence SAPs’ relationships with the police?</td>
</tr>
<tr>
<td>• How do these perspectives make IDUs behave? Law enforcement? SAPs?</td>
</tr>
</tbody>
</table>

## Fear of the Law

When IDUs are afraid of the police, they:

- Tend to share needles 1.5 times more often.
- Tend to inject in a hurry, resulting in unhygienic injecting, damaged veins, failing to test the strength of the drug to avoid overdose, etc.
- Discard syringes unsafely
- Tend not to carry enough injecting equipment to meet their injecting needs.

## Other Challenges

This fear:

- Reduces the number of IDUs using SAPs.
- Displaces IDUs, making them difficult to reach.
- Renders IDUs less likely to take advantage of other services available through SAPs.
- Makes IDUs less likely to report overdoses.

What else happens when IDUs are afraid of law enforcement?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Know the Facts

About the Task

This task tests your knowledge about syringe access facts, figures, and laws.

What You Will Learn

After completing this task, you will have important syringe access information that can help you shape programs and accurately explain to clients what their syringe possession rights are.

Know the Facts Quiz Instructions

Work with your group partners to find the answers to the Know the Facts Quiz on the following page. Write the correct answers in the Answer column.

Do you know the facts?
## Know the Facts

<table>
<thead>
<tr>
<th>Know the Facts Quiz</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>True or False?</strong> SAPs lead to increased community crime rates and drug use.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>How many people in the US are <em>newly</em> infected each year with HIV and HCV owing to syringe and equipment sharing?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>A.</strong> 10,000 HIV &amp; 5,000 HCV</td>
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<tr>
<td></td>
<td><strong>B.</strong> 8,000 HIV &amp; 15,000 HCV</td>
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</tr>
<tr>
<td></td>
<td><strong>C.</strong> 1,000 HIV &amp; 3,000 HCV</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>D.</strong> 4,000 HIV &amp; 9,000 HCV</td>
<td></td>
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<tr>
<td>3</td>
<td><strong>True or False?</strong> Possession of sterile syringes is legal.</td>
<td></td>
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<td>4</td>
<td><strong>True or False?</strong> Possession of used syringes with residue is legal.</td>
<td></td>
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<tr>
<td>5</td>
<td>The number of syringes that someone may legally carry at any time is:</td>
<td></td>
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<tr>
<td></td>
<td><strong>A.</strong> 0  <strong>B.</strong> 10  <strong>C.</strong> 100  <strong>D.</strong> No limit</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>True or False?</strong> It is legal to carry injecting drug equipment and other drug paraphernalia.</td>
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<td>7</td>
<td><strong>True or False?</strong> Anyone over the age of 18 can purchase syringes at a pharmacy without a prescription.</td>
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<tr>
<td>8</td>
<td><strong>True or False?</strong> There is a difference in the legalities of drug paraphernalia/syringe possession between your City, County and State.</td>
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</tr>
<tr>
<td>9</td>
<td><strong>True or False?</strong> SAPs lead to an increase in the number of syringes discarded in public places.</td>
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<tr>
<td>10</td>
<td>What percent of police officers have had a needle-stick injury?</td>
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<tr>
<td></td>
<td><strong>A.</strong> 80%  <strong>B.</strong> 10%  <strong>C.</strong> 30%  <strong>D.</strong> 60%</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>True or False?</strong> There is a mechanism in place for SAPs and their clients to report negative interactions with law enforcement.</td>
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</table>
Making the Case

About the Task
In this task, you will use your professional and personal stories, your knowledge of law enforcement's perspectives on IDUs, and your knowledge of syringe access laws and data to convince local police that a community SAP would be worthwhile.

What You Will Learn
After completing this task, you will be able to make a succinct, fact-supported case for community SAPs to a variety of audiences.

Syringe Access Team Instructions
Choose three people to present arguments to the “police.”

The rest of the team develops arguments for syringe access. Pull from what you already know about law enforcement and SAP/IDU perspectives, facts, and data, and from your actual work experience.

Consider what a law enforcement officer might think or say about syringe access. Be strategic in trying to develop a relationship.

REMEMBER: When working with law enforcement, you should “meet them where they’re at” to get their support for syringe access programs that improve client outcomes. So think about:

- What concerns you expect police to have and what you might tell them to ease those concerns (refer to Examples of Police Arguments, pages 12-13)
- What facts and figures you may need to support your case and “enlighten” police (see Facts and Data, as it pages 14-21)
- How best to deliver information and prevent conflict with law enforcement
- What the best approach is for the best outcome
Making the Case

Prepare a list of concerns, which you will present with the support of your “deputies.” There will be three different types of law enforcement representatives:

- A new police officer set on doing a good job and meeting his or her quota by following the law.
- A veteran police officer who has frequently encountered IDUs throughout his career and does not have a good opinion of them.
- A high-level law enforcement official who wants to improve relationships with SAPs and IDUs and is open to ideas and partnerships. This officer will advocate for partnership during the debate.

Work toward a solution!

Yes, with debate comes some disagreement.

But your goal is to come up with positive, practical ways for SAPs, IDUs, and law enforcement to work together.
## Making the Case

### Examples of Police Arguments

| New Police Officer | If I catch someone with syringes, I’m going to lock him or her up, because if you have to be using a syringe you’re probably injecting something illegal. It’s a wake-up call: When I take their syringes, I’m stopping them from using. When I lock them up, I’m stopping them from using.

Every junkie I get off the streets means I’m maintaining public safety — and meeting my quota.

There will be more needles thrown out in the parks. What if a kid steps on a dirty needle?

The community won’t be safe because syringe access programs will attract other drug users, and more people will be selling drugs around schools and near playgrounds. |
|---|---|
| Veteran Police Officer | Cops are around to enforce the law and get drugs and drug users off the streets. We are not here to refer them to drug treatment; that’s not our job. Why should I waste my time on those kinds of people?

We see the same faces again and again. Drug treatment doesn’t work. They just go to detox to hide from their dealers or us. I’ve got more important crimes to handle than always dealing with small-time drug users.

My brother has a business and a home in this area, and the property values will go down because those people will be hanging around the syringe access program. There’s already a methadone program, and there’s people hanging out, nodding out. What’s going to happen when the syringe access program starts? Nobody will come to his place of business; other businesspeople will be too scared to visit the neighborhood or to set up shop there because drug dealers are also here, threatening their livelihoods. |
## Examples of Police Arguments, continued

<table>
<thead>
<tr>
<th>High-level Official</th>
<th>We spend a lot of time and resources dealing with the same people with drug problems. Arresting small time drug users is a waste of time. Whatever we are doing isn’t stopping the drug problem. We need to look for other solutions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public Safety is the number one priority for my colleagues, the general community, and even drug users.</td>
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<tr>
<td></td>
<td>If we work with other community programs perhaps we can in the long term reduce drug problems in our community.</td>
</tr>
<tr>
<td>General Concern about Colleagues</td>
<td>More needles in my neighborhood mean more needle-stick injuries to my fellow cops. When a cop is stuck with a needle, he or she can get a disease and possibly give it to his or her family. They have to take time off, go on meds. It’s not good for morale.</td>
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<tr>
<td></td>
<td>Drug users spread disease; just by touching them, a cop could get something.</td>
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<td></td>
<td>Someone I knew in school died of HIV from injecting drugs, so you really want people to get help. But syringe access programs just encourage drug use. These drug users, they need to get off drugs completely. More syringes are not the answer. They should just be sent to drug treatment (and not methadone!).</td>
</tr>
</tbody>
</table>

“Why would the U.S. Conference of Mayors support the needle exchange program if it thought it would increase crime, as our colleagues have contended?”

Nancy Pelosi (D-CA)
Making the Case

Facts and Data

| Problem | Each year, 8,000 people are infected with HIV and 15,000 people are infected with hepatitis C (HCV) through syringe and equipment sharing. IDUs are not completely isolated from general society. Keeping HIV and HCV rates low among IDUs benefits those in the community who may not use drugs but may be exposed to disease by being the children or sex partners of an infected IDU. Poor relationships between law enforcement and the syringe access community lead to poor health and social outcomes for drug users and the general community. |

Drug overdose is the second-most-common cause of accidental death in the United States.
## Making the Case

<table>
<thead>
<tr>
<th>Harm Reduction Principles</th>
<th>The following are principles that harm reductionists follow as they implement strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Accept, for better and for worse, that licit and illicit drug use is part of our world, and choose to work to minimize its harmful effects rather than simply ignore or condemn it.</td>
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<tr>
<td></td>
<td>• Understand drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledge that some ways of using drugs are clearly safer than others.</td>
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<tr>
<td></td>
<td>• Establish quality of individual and community life and well-being — not necessarily cessation of all drug use — as the main criterion for successful interventions and policies.</td>
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<tr>
<td></td>
<td>• Call for the nonjudgmental, noncoercive provision of services and resources to people who use drugs, and to the communities in which they live, in order to assist them in reducing attendant harm.</td>
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<tr>
<td></td>
<td>• Ensure that active drug users and those with a history of drug use routinely have a voice in the creation of programs and policies designed to serve them.</td>
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<tr>
<td></td>
<td>• Affirm drug users as the primary agents of reducing the harm resulting from their drug use, and seek to empower users to share information and support each other in ways that meet their conditions of use.</td>
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<tr>
<td></td>
<td>• Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect people's capacity for effectively dealing with drug-related harm.</td>
</tr>
<tr>
<td></td>
<td>• Do not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.</td>
</tr>
</tbody>
</table>
## Making the Case

<table>
<thead>
<tr>
<th>SAP Models</th>
<th>Possible locations include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Storefront, fixed-site agencies</td>
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<td></td>
<td>- Street-based programs (roving sites through mobile vans and/or walking teams)</td>
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<tr>
<td></td>
<td>- Peer and secondary-exchange networks</td>
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<tr>
<td></td>
<td>- Underground, unauthorized programs (operating under the radar and/or illegally)</td>
</tr>
<tr>
<td></td>
<td>- Pharmacies</td>
</tr>
<tr>
<td>Programs include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Syringe Access and Exchange</td>
</tr>
<tr>
<td></td>
<td>- Outreach services</td>
</tr>
<tr>
<td></td>
<td>- Client intake and triage</td>
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<td></td>
<td>- Drop-in centers</td>
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<tr>
<td></td>
<td>- Group interventions</td>
</tr>
<tr>
<td></td>
<td>- Medical, dental, and mental health services</td>
</tr>
<tr>
<td></td>
<td>- Counseling and referral</td>
</tr>
<tr>
<td></td>
<td>- Case management</td>
</tr>
<tr>
<td></td>
<td>- Drug Treatment</td>
</tr>
<tr>
<td></td>
<td>- HIV and HCV services</td>
</tr>
<tr>
<td></td>
<td>- Housing services</td>
</tr>
<tr>
<td></td>
<td>- Community building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Syringe Access Actuality</th>
<th>Syringe access does not:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Encourage drug use.</td>
</tr>
<tr>
<td></td>
<td>- Increase crime rates (a SAP does not bring the criminal element believed to be linked to injecting drug use).</td>
</tr>
<tr>
<td></td>
<td>- Increase needle-stick injuries (NSIs).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Syringe access does:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Reduce HIV infection.</td>
</tr>
<tr>
<td>- Reduce HCV infection.</td>
</tr>
<tr>
<td>- Link clients to drug treatment, medical care, housing, etc.</td>
</tr>
</tbody>
</table>
## Making the Case

<table>
<thead>
<tr>
<th>Efficacy and Outcomes</th>
<th>Police Perspectives and Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>- SAPs are the most effective, evidence-based HIV prevention tool for people who use drugs.</td>
<td>- Police spend 50% to 90% of their time dealing with crimes and disturbances that are related to substance use issues.</td>
</tr>
<tr>
<td>- In cities across the nation, people who inject drugs have had significant impact on the reduction of HIV transmission and the course of the AIDS epidemic by using sterile syringes and putting harm reduction practices into action.</td>
<td>- Thirty percent of police officers have sustained at least one NSI.</td>
</tr>
<tr>
<td>- Syringe exchange reduces HIV and HCV transmission without increasing drug use.</td>
<td>- The police are frustrated with the status quo; for example, police may have to continually deal with the same individuals yet have no options for addressing drug use and the resulting criminal activities.</td>
</tr>
<tr>
<td>- Many SAPs have the capacity to provide IDUs with immediate access to drug treatment, medical care, and mental health services.</td>
<td>- Law enforcement officers often lack information about HIV and HCV transmission.</td>
</tr>
<tr>
<td>- SAPs cause fewer syringes to be inappropriately discarded</td>
<td>- Many law enforcement officers are unaware of changes in the laws governing syringe possession.</td>
</tr>
<tr>
<td>- A reduction in needles stick injuries (NSIs) among law enforcement personnel has been demonstrated in some communities following the introduction of syringe access services <em>These data were accumulated through several research studies of SAPs in the US.</em></td>
<td></td>
</tr>
</tbody>
</table>

*Syringe Access Programs and Law Enforcement*
## Making the Case

<table>
<thead>
<tr>
<th><strong>SAPs</strong></th>
<th><strong>Syringe Access Programs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• SAPs are anonymous and confidential.</td>
</tr>
<tr>
<td></td>
<td>• Many SAPs provide participants with coded ID cards that protect participants’ anonymity and prove they are SAP members.</td>
</tr>
<tr>
<td></td>
<td>• On the back of many SAP ID cards is a 24-hour verification phone number.</td>
</tr>
<tr>
<td></td>
<td>• Officers should not confiscate SAP ID cards at any time.</td>
</tr>
</tbody>
</table>

### Training:
**Share your local drug paraphernalia laws**

<table>
<thead>
<tr>
<th><strong>Example for NYS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Possession of sterile/new syringes is legal if they were obtained through a SAP or an expanded syringe access program (ESAP) provider or pharmacy, as part of an overdose prevention kit, or prescribed.</td>
</tr>
<tr>
<td>• It is legal for a SAP participant to carry used syringes with residue.</td>
</tr>
<tr>
<td>• There is no limit on the number of syringes one may legally carry if they come from a SAP or an ESAP provider or pharmacy.</td>
</tr>
<tr>
<td>• There is no limit on the number of syringes one may legally carry in any geographical location in New York City or New York State; injectors may legally possess syringes in areas where there is no syringe access program.</td>
</tr>
<tr>
<td>• Individuals over 18 may buy up to ten syringes in a pharmacy with each transaction. Pharmacies do not provide a SAP ID card.</td>
</tr>
<tr>
<td>• Even without an ID card, no one carrying syringes should be arrested or have syringes confiscated unless the officer deems the syringes to be evidence for an alleged crime.</td>
</tr>
<tr>
<td>• An arrest should not be made when the only charge is criminal possession of a hypodermic instrument.</td>
</tr>
<tr>
<td>• An arrest should not be made when the only charge is residue in a used syringe.</td>
</tr>
</tbody>
</table>
# Making the Case

<table>
<thead>
<tr>
<th>SAP Services</th>
<th>Collaboration: Role of SAPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• To be proactive in building relationships with law enforcement, rather than connecting with law enforcement only when responding to incidents.</td>
</tr>
<tr>
<td></td>
<td>• To meet with law enforcement regularly to build and maintain relationships.</td>
</tr>
<tr>
<td></td>
<td>• To dispose of syringes found unsafely discarded in the community.</td>
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<tr>
<td></td>
<td>• To provide sharps containers and puncture-proof/resistant gloves</td>
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<td></td>
<td>• To accept police referrals of drug users for medical care and drug treatment.</td>
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<td></td>
<td>• To invite law enforcement to participate in forums such as staff meetings to share their perspective and establish common ground.</td>
</tr>
</tbody>
</table>

## Monitoring and Evaluation

- Establish monitoring processes to gather data on issues such as wrongful arrests, unlawful confiscation of syringes or program cards, increased police surveillance of programs and of interactions with clients coming to and from a program. Some of these data can be gathered from SAPs and SAP participants, IDU community surveys, the Department of Health, police statistics, and public defenders public defenders' records.

- Document positive relationship activities between law enforcement and your SAP, such as roll call presentations, training, documentation of local police and SAPs agreement of operating (e.g. agreed upon site and operating hours; agreed protocol on police proximity to SAP site etc) and needle sweeps of public spaces at the police department's request.
## Making the Case

<table>
<thead>
<tr>
<th>Responses</th>
</tr>
</thead>
</table>
| - Establish agency protocol for incident response, such as reporting incidents to your health department for follow-up and support.  
- Celebrate positive outcomes, such as a decrease in negative incidents and good relationships with the police.  
- Support legal action that combats negative incidents with law enforcement.  
- Target education to law enforcement. |
Making the Case

Use this chart to strategically lay out police arguments about SAPs.

<table>
<thead>
<tr>
<th>Police perspective on SAPs</th>
<th>What SAPs will say</th>
<th>Info to support police point of view</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
# Making the Case

Use this chart to strategically lay out your SAP arguments about SAPs.

<table>
<thead>
<tr>
<th>What police might think of SAP</th>
<th>What SAPs will say</th>
<th>Info to support SAP point of view</th>
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Working Models

About the Task
This task presents video clips showing ways for law enforcement to learn more about SAPs and for SAPs and law enforcement to forge healthy and/or collaborative partnerships.

What You Will Learn
After completing this task, you will be able to recognize and/or develop ways to improve and/or build a relationship between law enforcement and the syringe access community.

Video Questions

- What are the police officers’ preconceptions and concerns about syringe access?
- What helped to change police preconceptions and increase their understanding of syringe access?
- How did the syringe access program/community approach bring about these changes?

More than 200 syringe access programs currently operate in 38 states, Washington, D.C., and Puerto Rico.
Use this chart to organize your responses to the video questions.

<table>
<thead>
<tr>
<th>Police preconceptions and concerns</th>
<th>Changes</th>
<th>Approaches</th>
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Putting It to Work

About the Task
In this lesson, you will put your SAP knowledge and skills to work as you tackle incidents occurring between SAPs and law enforcement. You will reflect on possible strategies your program can put in place to effectively engage law enforcement.

What You Will Learn
At the completion of this lesson, you will be able to devise ways to turn around negative encounters with law enforcement and to strengthen/create programs to partner with law enforcement.

<table>
<thead>
<tr>
<th>Law Enforcement Scenarios</th>
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<tbody>
<tr>
<td><strong>1. Police Officers at the Program</strong></td>
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<tr>
<td>It’s a typically busy day at the program. Suddenly, four officers enter the building claiming to be looking for a suspect in a recent street robbery. They shout at and intimidate clients and insist on searching the premises. Two of the officers also radio for other clients’ details in order to check for any outstanding warrants, etc.</td>
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<tr>
<td><strong>2. Police Stopping SAP Staff or Peers Doing Outreach</strong></td>
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<tr>
<td>During an outreach walkabout, staff/peers are approached by police officers wanting to know what they are doing. The police request ID and start asking about syringes, threatening to arrest staff/peers if they do not cooperate.</td>
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<tr>
<td><strong>3. Police Presence at or near Program</strong></td>
</tr>
<tr>
<td>A couple of regular clients arrive at the syringe access site to complete an exchange. As they leave the program and cross the street, a police car pulls up and the officers question the clients and ask to frisk them. You have recently had several reports from staff and clients of an increased police presence patrolling around your program.</td>
</tr>
<tr>
<td><strong>4. Client Being Stopped and Searched</strong></td>
</tr>
<tr>
<td>A regular program client reports that she was recently arrested. She states that cops completely disregarded her syringe access membership card and picked her up because she was carrying syringes. She thought she could fight the charge, but couldn’t stand to be locked up, so she accepted a plea agreement.</td>
</tr>
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</table>
### Putting it to Work

<table>
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<tr>
<th>Scenario Questions</th>
<th>Prevention</th>
<th>Response</th>
<th>Evaluation</th>
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</table>

**Prevention** What strategies might you/the program/the client use to prevent this scenario?

**Response** How might you/the program/the client respond to this scenario to reach a positive outcome?

**Evaluation** How will you/the program/the client know if the strategies have an impact? How can you monitor and document positive/negative events?

Use this chart to say how you would approach the problem presented in your group’s scenario.
Resources

Harm Reduction Coalition: Working with Law Enforcement
http://www.harmreduction.org/article.php?id=658

Policing for Healthy Communities
http://www.policingforhealth.org/

Temple University of the Commonwealth System of Higher Education Beasley School of Law
Provides information of legalities regarding drug paraphernalia, SAP, etc for each jurisdiction
http://www.temple.edu/lawschool/aidspolicy/
http://www.temple.edu/lawschool/phrhcs/otc.htm

American Civil Liberties Union
www.aclu.org/

Drug Policy Alliance
www.drugpolicy.org

Know Your Rights
http://www.flexyourrights.org/

Law Enforcement Against Prohibition (LEAP)
www.leap.cc

Midnight Special
www,midnightspecial.net

Triangle Points North Carolina:
Harm Reduction Resources for Law Enforcement
http://trianglepoints.weebly.com/--for-law-enforcement.html

New York State Association of Chiefs of Police, Inc.
Podcast: Syringes, Law and Harm Reduction
http://www.nychiefs.org/apb_podcast.php

Risks of the Job: Protecting Law Enforcement from Needle Stick Injury Part 1
http://www.youtube.com/watch?v=qNY45ZM4GwI
Roll Call Training Part 1 & 2
http://www.youtube.com/watch?v=0OiFbh1woek
http://www.youtube.com/watch?v=pszrgAeMW0

Syringe Access Programs and Law Enforcement
NEW YORK STATE DEPARTMENT OF HEALTH/AID S INSTITUTE
LAW ENFORCEMENT INCIDENT REPORT

Complete this form within 24 hours. Provide as much information as possible. Fax the form to the Harm Reduction Unit (HRU) at 212-417-4709. Any questions call HRU at 212-417-4770.

Syringe Exchange Program Name: ______________________________  Phone#: __________________

Contact Person: ______________________________  Phone#: __________________

INCIDENT DETAILS:

Date of Incident: ______________________________  Time of Incident: ______________________________

Participant Gender: ______________________________  Race/Ethnicity: ______________________________  Age: ___

Location of Incident (Give nearest street intersection if possible):

____________________________________________________________________________________

Type of Incident:

Increased police presence of SEP ☐  Increased police presence of clients to/from SEP ☐

Stopped/Questioned ☐  Confiscated Syringes ☐

Arrest ☐  Confiscated SEP ID Card ☐

Other: ________________________________________________

Number of law enforcement officers involved: ____________

If NYC:  NYPD ☐  NYCHA ☐  MTA ☐  Narcotics ☐  Other: ______________________________

If not NYC, type of police (State/County/Local Police, Sheriff): ______________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Badge No.</th>
<th>Precinct /Stationhouse</th>
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Description of Incident:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Charge:  Syringe possession ☐  Paraphernalia ☐  Residue ☐  Other: ______________________________

Docket Number: ______________________________  Date of Appearance: ______________________________

Lawyer's Name: ______________________________  Lawyer's Phone #: ______________________________

Print Name/Title of Person Preparing Report: ______________________________

Signature of Person Preparing Report: ______________________________  Date: ______________________________

SYRINGE ACCESS PROGRAMS AND LAW ENFORCEMENT
Syringe Exchange Programs: research shows they do not increase crime rates

Syringe exchange programs (SEPs) are a vital public health intervention to prevent the spread of HIV, hepatitis and other blood-borne illnesses by supplying sterile syringes and injection equipment. Some residents and community stakeholders are concerned about a SEP operating in their neighborhood and fear increases in crime. There is no evidence to show that SEPs increase crime rates in a community. In fact, many empirically based studies show a reduction in crime and unsafe behaviors among injection drug users (IDUs) who participate in SEPs. Yet, many people continue to voice misconceptions about IDUs and the role of syringe exchange programs in their community. Residents express concerns that SEPs implicitly condone or promote drug use, encouraging more IDUs to come into the neighborhood, and lead to increases in crime.

Research shows that SEPs benefit the health and safety of a community. Most SEPs offer comprehensive social services including mental health treatment, case management, group counseling, food programs, and referrals to medical and addiction treatment.  

- There is no evidence to show that SEPs encourage drug use or cause an IDU to increase their drug use.

- In general, IDUs are not likely to travel long distances to a SEP. A New York City study found that IDUs were much more likely to use an exchange if they lived within walking distance and could easily access services. Most syringe exchange participants already live in the neighborhood.

- Studies in Baltimore have shown that a relatively small percentage of SEP users (approximately 8%) form new social contacts through participating in a SEP.

- In comparing crime rates of areas close to SEPs and areas further away from SEPs, the research demonstrates that there are no significant differences in arrest rates over time between both areas. In Baltimore, break-ins and burglaries (economically-motivated crimes often related to drug use) actually fell by 11% in areas with SEPs, but increased by 8% in non-SEP exchange areas.
Based on the favorable research that shows no increases in crime rates and the positive community benefits of SEPs, key government officials, health departments, medical associations and community organizations publicly endorse and support SEPs.

“I want to call to the attention of my colleagues some of the organizations that support the needle [syringe] exchange programs. The American Medical Association, the American Public Health Association, the National Academy of Sciences, the American Nurses Association, the American Academy of Pediatrics, the U.S. Conference of Mayors, the American Bar Association. Why would the U.S. Conference of Mayors support the needle exchange program if they thought it would increase crime, as our colleagues have contended?”

Nancy Pelosi (D-CA)
On the floor of the United States House of Representatives

Syringe Exchange Programs: reducing the risks of needlestick injuries

One commonly voiced community concern with regard to a syringe exchange program (SEP) is the fear of a “needlestick injury” resulting from improperly discarded syringes in parks, gutters, or garbage bags. SEPs provide sterile syringes to reduce the spread of HIV, hepatitis C and other blood borne illnesses and link injection drug users (IDUs) to health promotion services such as medical and mental health treatment. SEPs actively encourage and educate clients about safe disposal in order to lessen the number of improperly discarded syringes. In addition, SEPs supply puncture-proof ‘sharps’ containers and information on safe disposal discard used syringes to every client who utilizes the program.

The Coalition for Safe Needle Disposal lists syringe exchange programs as a viable option for safe disposal.1

Risk of Infection

The risk of becoming infected with a blood borne virus through a needlestick is extremely low. A recent review analyzing studies of HIV transmission risk through needlestick injuries among healthcare workers estimated the risk of infection to be less than 1 in 400 (0.23%).2 In the majority of studies reviewed, no cases of transmission were documented following needlestick injuries. Risk of infection from needlesticks in community settings (outside healthcare facilities) appears to be negligible. Studies of community needlestick injuries (primarily among children) in England3, Ireland4, Spain5, Italy6, Australia7, and South Africa8 found no cases resulting in infection.

The reasons for a relatively low risk of infection include:

- Not all used needles carry a virus.
- While HIV and other blood borne diseases can survive outside the body in a used needle, these viruses are very fragile, and will often die if subject to external environmental conditions, such as air or water.
- Most needlestick injuries are superficial and carry far less risk of virus transmission than intravenous drug use, where needles directly enter veins.

Syringe exchange programs: improving the safety of their community

There is a particular need for safe disposal methods for IDUs, who might be apprehensive to carry syringes (especially used ones) because of their fear of law enforcement.9 Paraphernalia laws discourage IDUs from carrying or properly disposing of syringes.10 Yet, research demonstrates that the presence of a SEP results in fewer used syringes improperly discarded.11

- SEPs provide a safe and accessible method for IDUs and others to dispose of used syringes. Similar to hospitals and other healthcare settings, used syringes are collected in special puncture-proof “sharps” containers. These containers are picked up and safely
disposed of according to special procedures designated for hazardous waste.

- The vast majority of syringes distributed by SEPs are returned. In many states, including New York, syringe exchange policies actively encourage participants to return as many used syringes as possible.12
- In New York State, all syringe exchange staff receive training by the State Health Department that outlines precautions to avoid a needle stick injury, appropriate safe disposal methods, and procedures to clean an accidental blood spill. Most SEPs offer safe disposal as a community resource and are called upon to retrieve used syringes in public spaces.

**Nation-wide successes**

Research collected from states across the nation shows that the presence of a syringe exchange program does not result in an increase in discarded syringes in public.

- In Baltimore, after an SEP was implemented, the number of inappropriately discarded syringes decreased by almost 50%.13
- In Portland, the number of discarded syringes decreased by almost two-thirds after the SEP opened.14
- In 1992, Connecticut repealed a law forbidding the sale of syringes without a prescription. As a result, reports show a reduction in needle sharing by 50 percent and a decrease in HIV infections by over 30 percent. In addition, law enforcement officials experienced two-thirds fewer needle stick injuries.15
- In San Francisco, approximately 3.5 million syringes were recovered and safely disposed of in 2000. These included approximately 2 million syringes recovered at SEPs.16

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Syringe Exchange Programs and HIV Prevention in New York City

Injection Drug Use and HIV

Injection drug users (IDUs) are at risk of HIV and other blood-borne viruses through sharing contaminated syringes, other injection equipment, drug solutions, or through unprotected sex.1 According to the NYC DOHMH, approximately 100,000 - 200,000 IDUs live in New York City - more than any other city in the United States. Syringe exchange programs were established in New York in the early 1990s to prevent HIV transmission by distributing sterile syringes and injection equipment. Research demonstrates that syringe exchange programs effectively reduced HIV infection rates in New York City; however, considerable gaps in syringe access persist especially in communities of color. As of 2005, over 22,000 IDUs in New York are living with HIV/AIDS. African Americans and Latinos account for nearly 90% of new HIV diagnoses among IDUs in New York City. Further, HIV-positive injection drug users die at almost twice the death rate of all people living with HIV in New York.2

Centers for Disease Control and Prevention Recommendations

The CDC suggests reducing infection rates among IDUs by using a comprehensive approach including increasing access to sterile syringes and addressing high-risk sexual behavior. According to the CDC, IDUs who continue to inject can substantially reduce their risks of acquiring HIV and other blood-borne infections by using a new sterile syringe for every drug injection.3

Syringe Exchange Programs: an effective public health intervention

In 2004, the World Health Organization reviewed more than 200 published studies of syringe exchange programs and concluded that scientific data “present a compelling case that needle and syringe programs substantially and cost effectively reduce the spread of HIV among injection drug users and do so without evidence of exacerbating injection drug use at either individual or societal levels.”4

Reductions in incidence and prevalence:

• Numerous studies throughout the world, including several federally funded studies in the U.S., have concluded that SEPs reduce the transmission of HIV.
• In New York City, the expansion of syringe exchange in the 1990s was associated with dramatic declines in HIV infection between 1990 and 2001, with HIV prevalence among IDUs dropping from 54% to 13%.5

Changes in risk behavior/syringe sharing:

• A National Institute of Health report concluded that studies on SEPs “show a reduction in risk behaviors as high as 80% in injection drug users, with estimates of a 30 percent or greater reduction in HIV.”6
• This research confirms findings from several New York City studies demonstrating that IDUs enrolled in syringe exchange programs decreased high-risk injection behavior (using contaminated syringes or sharing other injection equipment such as cookers, cottons, or water) by more than 50%.7
“Syringe exchange programs play a unique role in facilitating engagement of [IDUs] in meaningful prevention interventions and treatment opportunities when implemented as part of a comprehensive HIV prevention and substance abuse strategy.”

— U.S. Department of Health and Human Services

Cost-Effectiveness:

- Research demonstrates that SEPs are a cost-effective method of HIV prevention, particularly in areas with high HIV prevalence, such as New York City.7
- Data from New York State shows that each HIV infection prevented by an SEP saves over $20,000 in health-care costs.10

No negative effects:

- SEPs do not lead to increased drug use, encourage drug users to start injecting, or result in greater crime.
- SEPs reduce injection-related diseases and improve access to drug treatment through referrals to detoxification, rehabilitation and methadone maintenance treatment.11

Other services/referrals:

- Syringe exchange programs also offer comprehensive, on-site services including HIV testing, case management, mental care, and support groups, and food programs.
- SEPs are a ‘bridge to treatment’ that successfully connects IDUs to medical care and drug treatment through referrals, escorting, and on-going coordination with hospitals and clinics.

At present, there are 12 New York State-regulated syringe exchange programs located in 4 boroughs throughout New York City, exchanging 3 million syringes each year. Both New York City and State Departments of Health recommend increasing access to sterile syringes through expanding syringe exchange and harm reduction programs. However, significant gaps in access persist especially in areas with many IDUs living with HIV/AIDS in communities of color.

Syringe Exchange Programs and Hepatitis C

What is hepatitis C?

The hepatitis C virus (HCV) is the most common chronic blood-borne infection in the U.S. Infection with HCV can lead to severe liver disease, potentially resulting in cirrhosis, liver cancer, and end-stage liver disease. HCV is the leading cause of liver transplants in the U.S. and a leading cause of mortality among people living with HIV. Approximately 8,000 to 10,000 people die each year in the U.S. due to liver disease caused by hepatitis C, and hepatitis C-related liver disease is now a leading cause of mortality in people with HIV.

Transmission

The great majority of HCV infections are found among people with a history of drug injection, including people who have been incarcerated. HCV is easily transmitted among drug injectors by sharing syringes or other injection paraphernalia (such as cookers, filters). Hepatitis C is easier to transmit through shared injection equipment than HIV, and HCV is usually the first blood-borne virus IDUs acquire. As a result, as many as 50-90% of IDUs have been infected with HCV. Unlike some other forms of viral hepatitis, there is no vaccine to prevent HCV.

According to global estimates from the World Health Organization, approximately 170 million people live with hepatitis C. In the United States, roughly 4 million people have been infected with hepatitis C.

Syringe exchange programs and hepatitis C prevention

SEP programs provide drug injectors with sterile syringes and other equipment (“cookers”, filters, sterile water, alcohol swabs) to reduce the risks of sharing injection equipment. A large body of research demonstrates that SEP participants are less likely to engage in high-risk injection behavior that can transmit HIV. These changes in behavior can also reduce the risk of HCV transmission among IDUs who use SEPs. SEPs also educate IDUs about HCV risks and prevention and link drug injectors to HCV screening, diagnosis and treatment, including vaccination for other forms of hepatitis. Research on the effectiveness of SEPs in reducing hepatitis C transmission among drug injectors has produced mixed results. However, surveys across several countries indicate that areas with greater syringe access through SEPs have lower rates of hepatitis C among IDUs. A long-range study of drug injectors 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.

Hepatitis C in the U.S.: high prevalence populations

Current/former IDUs: 50-90%

Injection drug use is the most common route of transmission accounting for...
60% of all new infections, HCV infection rates in IDUs range from 50% to 90%.14

**Homeless:** >40%
There is limited data revealing the HCV prevalence among homeless individuals. One study collected from homeless veterans in a VA shelter from 199-2000 found a prevalence rate of 41.7%.11

**Prisoners:** 30-40%
Of the 1.8 million people incarcerated in the U.S., 30-40% are infected with HCV.12 A 1994 study of 4,513 inmates in California revealed that 39.4% of the men and 53.5% of the women had HCV.13

**HIV+ people:** 25-30%
Approximately one third of all HIV-infected people in the US are co-infected with HCV.14 Since HIV and HCV share similar transmission routes, co-infection is common particularly among injection drug users.

**Veterans:** 6.6 - 17.7%
In 1999, research from the Veteran’s Health Administration (VHA) found that 6.6% of participants had HCV.14 Another study in San Francisco’s Veteran’s Affairs Medical Center estimated HCV prevalence at 17.7%.15

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**Centers for Disease Control and Prevention Recommendations**

CDC’s National Hepatitis C Prevention Strategy recognizes that HCV is both a preventable and a treatable disease. CDC recommendations for IDUs include education, testing and medical referral for treatment, vaccination for hepatitis A and hepatitis B, using sterile syringes only once, and referral to syringe exchange and other harm reduction programs.16

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FACT SHEET
PUBLIC SAFETY, LAW ENFORCEMENT, AND SYRINGE EXCHANGE

BACKGROUND

Injection drug users (IDUs) accounted for 16 percent of all new HIV infections and 24 percent of the 1.1 million adults living with HIV in the U.S. in 2006.¹ ² When implemented as part of a comprehensive HIV/AIDS prevention strategy, syringe exchange programs (SEPs) are an effective public health approach to reducing the spread of HIV/AIDS and other blood-borne diseases in communities across the U.S.³ Science has shown that SEPs promote public health and safety by taking syringes off the streets and protecting law enforcement personnel from needle stick injuries that can result in the transmission of diseases such as HIV/AIDS and hepatitis C. Research has also shown that SEPs do not increase crime or drug use in communities.

SEPS PROTECT LAW ENFORCEMENT PERSONNEL FROM NEEDLE STICK INJURIES

• SEPs reduce needle stick injuries among police officers and can help lower the number of contaminated syringes in communities.⁴
• A study of police officers in Rhode Island found that nearly 30 percent of them had been stuck by a needle at one point in their career, with more than 27 percent experiencing two or more needle stick injuries.⁵
• A study of Connecticut police officers found that needle stick injuries were reduced by 66 percent after the implementation of syringe exchange programs.⁶

SEPS PROMOTE PUBLIC HEALTH AND SAFETY BY TAKING SYRINGES OFF THE STREETS

• SEPs reduce the circulation of contaminated syringes among IDUs. These programs educate and instruct participants about the safe disposal of used syringes.⁷ ⁸

“Needle exchange programs have been proven to reduce the transmission of blood-borne diseases. A number of studies conducted in the U.S. have shown needle exchange programs do not increase drug use. I understand that research has shown these programs, when implemented in the context of a comprehensive program that offers other services such as referral to counseling, healthcare, drug treatment, HIV/AIDS prevention, counseling and testing, are effective at connecting addicted users to drug treatment.”

Gil Kerlikowske, Director of the White House Office of National Drug Control Policy and former Seattle Police Chief, responding to a written question during his confirmation process, April 2009

• In many states, syringe exchange programs actively encourage participants to return as many used syringes as possible.⁹ As a result, the majority of syringes distributed by SEPs are returned.⁹ A Baltimore study demonstrated that SEPs helped to reduce the number of improperly discarded syringes by almost 50 percent.¹⁰

• Studies demonstrate that the availability of SEPs in communities results in the safe disposal of used syringes. For instance, in Portland, the number of improperly discarded syringes decreased by almost two-thirds after the implementation of an SEP.¹¹ In 2000, approximately 3.5 million syringes were recovered in San Francisco and safely disposed of as infectious waste.¹²
SEPS DO NOT INCREASE CRIME OR DRUG ABUSE

- SEPs do not encourage the initiation of drug use nor do they increase the frequency of drug use among current users.\(^3\)

- The presence of SEPs in communities does not expand drug-related networks or increase crime rates.\(^3\) For instance, research has found that neighborhoods in Baltimore with SEPs experienced an 11 percent decrease in break-ins and burglaries, whereas areas of the city without SEPs experienced an 8 percent increase in crime.\(^14\) Another study conducted in Baltimore demonstrated that the number of arrests did not increase after the establishment of SEPs.\(^7\)

CONCLUSION

SEPs are a cornerstone of prevention efforts to protect the health and safety of police officers and the public by helping to reduce the transmission of blood-borne diseases, including HIV/AIDS. SEPs dramatically reduce HIV infection in IDUs. Since the implementation of these programs in the late 1980s, new HIV infections among IDUs have declined overall by 80 percent.\(^15\) SEPs also have important health benefits for law enforcement personnel, who have responded positively to training on harm reduction and education on the legality and public health benefits of SEPs.\(^16,17\) Research has shown that accidental needle sticks to police officers have decreased significantly following the implementation of SEPs. Additionally, studies have demonstrated that SEPs make communities safer by removing used syringes from neighborhoods. Furthermore, research has found that these programs do not increase crime or drug abuse. Effectively addressing injection drug use and HIV/AIDS requires a coordinated partnership between public health providers, law enforcement, and communities.

ABOUT SYRINGE EXCHANGE PROGRAMS

IDUs represent a significant percentage of people newly infected with HIV and of all persons living with HIV in the U.S. SEPs are one component of a comprehensive HIV prevention effort for IDUs that includes education on risk reduction, HIV testing, referral to drug addiction treatment, and referral to other medical and social services that in turn increase the effectiveness of SEPs.\(^3\) SEPs provide a safe and accessible method for IDUs to exchange used syringes for sterile ones, lowering the risk of HIV transmission.\(^18\) Similar to hospitals and other healthcare settings, SEPs in communities collect used syringes in special puncture-proof containers. These containers are collected and safely disposed of according to special

“If you look at the police business as maintaining a society free of crime and disorder, I think the needle exchange program actually helps us do that… I think it’s helping us keep our officers safer.”

Captain Andrew Smith
Los Angeles Police Department

“If of significant importance to our officers is the positive impact that needle exchange has had on public safety. Officers report that needle sticks are less likely to occur during routine ”pat downs” because exchange syringes tend to be capped. This fact, in addition to removing dirty syringes from the streets, thus removing potentially dangerous biomedical waste from the community and providing participants with referrals to health care and drug treatment programs, certainly helps prove that the needle exchange program is beneficial to the public health and safety in our community.”

Fred H. Lau, San Francisco Chief of Police, 1998

“I would like to go on record totally and enthusiastically supporting the adoption of a lawfully administered needle exchange program, whereby used or dirty needles are turned in or exchanged for clean sterile needles.”

Robert Schwartz
Deputy Chief of Police, Atlantic City
September 17, 2004
procedures designated for hazardous waste. As of November 2007, an estimated 185 SEPs were operating in 36 states, the District of Columbia, and Puerto Rico.19

This fact sheet is based on information from amfAR, The Foundation for AIDS Research, the Centers for Disease Control and Prevention, the Institute of Medicine, the Harm Reduction Coalition, the Law Enforcement Training Institute, Prevention Point Philadelphia, and from The Risks of the Job - Protecting Law Enforcement from Needle Stick Injury, a publication of the California AIDS Clearinghouse.

Sources:


“After reviewing all the research to date, the senior scientists of the Department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.”

Former U.S. Surgeon General David Satcher, M.D.
March 2000
Public Safety, Law Enforcement, and Syringe Exchange

Numerous scientific studies demonstrate that syringe exchange programs (SEPs) can play an important role in reducing HIV and viral hepatitis infection and advancing public safety, including the safety of law enforcement officials. For 21 years, federal law prohibited the use of federal funds for SEPs. Since the ban was lifted in 2009, several state and local health authorities have begun to seek and use federal funds for SEPs as part of a broader approach to preventing HIV infections.

Background

More than 1.1 million people are living with HIV in the U.S., according to estimates from the Centers for Disease Control and Prevention (CDC). Injection drug users (IDUs) account for approximately 19 percent of all infections (209,000 cases) and 12 percent of all new HIV infections in 2006. When implemented as part of a comprehensive HIV/AIDS prevention strategy, SEPs are an effective public health approach to reducing the spread of HIV/AIDS and other blood-borne diseases in communities across the U.S. Research shows that SEPs promote public health and safety by taking syringes off the streets and protecting law enforcement personnel from needle stick injuries, which can result in the transmission of diseases such as HIV/AIDS and hepatitis C. These programs also importantly link IDUs to substance abuse treatment programs and serve as an entry point into other health services, including HIV and STD testing and entry into care and treatment programs.

Studies have also established that SEPs do not increase crime or drug use and provide a gateway to drug treatment and HIV prevention services.

SEPs Protect Law Enforcement Personnel from Needle Stick Injuries

“In the cities that have adopted needle exchange programs, there is a dramatic reduction in needle sticks to firefighters who crawl on their hands and knees through smoke filled rooms to search for victims.”

—Charles Aughenbaugh, Jr., President, New Jersey Deputy Fire Chiefs Association, Retired Deputy Fire Chief, March 2011

- A study of police officers in Rhode Island found that nearly 30 percent had been stuck by a needle at one point in their careers, with more than 27 percent experiencing two or more needle stick injuries.

- A 2009 study in Harm Reduction Journal found that SEPs reduce needle stick injuries among police officers and help lower the number of contaminated syringes in communities.

- A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing SEPs.

SEPs Promote Public Health and Safety by Taking Syringes off the Streets

“SEPs take dirty needles off the streets and increase the safety of our police officers. Indeed, these programs have decreased needle stick injuries to police by 66 percent.”

—Bob Scott, former Captain, Sheriff’s Office, Macon County, N.C., February 2011
Conclusion

SEPs are a cornerstone of prevention efforts to protect the health and safety of police officers, fire fighters, other civil servants, and the public by helping to reduce the transmission of blood-borne diseases, including HIV/AIDS and hepatitis C. They are also a critical component of a comprehensive approach to preventing HIV infection, as highlighted in the U.S. National HIV/AIDS Strategy.\textsuperscript{24} Since the implementation of SEPs in the late 1980s, new HIV infections among IDUs have declined overall by 80 percent.\textsuperscript{25} Effectively addressing injection drug use and HIV/AIDS requires a coordinated partnership between health providers, law enforcement, and communities.

About Syringe Exchange Programs

“SSPs [syringe services programs] are widely considered to be an effective way of reducing HIV transmission among individuals who inject illicit drugs and there is ample evidence that SSPs also promote entry and retention into treatment.”

—U.S. Surgeon General
Dr. Regina Benjamin,
Federal Register, February 2011

IDUs represent a significant percentage of new HIV infections and nearly 20 percent of all persons living with HIV in the U.S. SEPs are one important component of a comprehensive HIV prevention effort for IDUs that includes education on risk reduction, HIV testing, referral to drug addiction treatment, and referral to other medical and social services, which in turn increase the effectiveness of SEPs and overall HIV/AIDS strategies.\textsuperscript{26}

SEPs provide a safe and accessible method for IDUs to exchange used syringes for sterile ones, lowering the risk of HIV transmission and increasing public safety.\textsuperscript{27} Similar to hospitals and other healthcare settings, SEPs collect used syringes in special puncture-proof containers. These containers are safely disposed of according to special hazardous waste disposal procedures. There are currently approximately 211 exchange programs operating one or more exchange sites in 32 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations.\textsuperscript{28} For more information and a summary of SEP research, please visit, www.samhsa.gov/ssp.
“Needle exchange programs have been proven to reduce the transmission of blood-borne diseases. A number of studies conducted in the U.S. have shown needle exchange programs do not increase drug use. I understand that research has shown these programs, when implemented in the context of a comprehensive program that offers other services such as referral to counseling, healthcare, drug treatment, HIV/AIDS prevention, counseling and testing, are effective at connecting addicted users to drug treatment.”

—Gil Kerlikowske, Director of the White House Office of National Drug Control Policy and former Seattle Police Chief, responding to a written question during his confirmation process, April 2009

“SEPs are good in that they help reduce risk for police officers when they go out on calls. I personally do not believe that SEPs increase drug use but make officers safer. These programs are important to our communities.”

—Cynthia Sullivan, Victim Assistance Coordinator, Police Department, Winston-Salem, N.C., March 2011

“Syringe exchange has helped to improve working conditions for law enforcement agencies and reduce rates of HIV and hepatitis infection.”

—Ronald E. Hampton, Executive Director, National Black Police Association, Inc., July 2009

“If you look at the police business as maintaining a society free of crime and disorder, I think the needle exchange program actually helps us do that…It's helping us keep our officers safer.”

—Captain Andrew Smith, Los Angeles Police Department

“In Portland, syringe exchange has helped protect law enforcement and first responders from injuries caused by syringes during body searches or rescue operations. We are particularly impressed that our local syringe exchanges have built a network of support for families and that they have provided a bridge to addiction treatment. Portland’s syringe exchanges have not been a problem for us and indeed have helped to remove some of the burden of working with this difficult population.”

—Rosanne M. Sizer, Chief of Police, Portland, Oregon, July 2009

“I would like to go on record totally and enthusiastically supporting the adoption of a lawfully administered needle exchange program, whereby used or dirty needles are turned in or exchanged for clean sterile needles.”

—Robert Schwartz, Deputy Chief of Police, Atlantic City, N.J., September 2004

“Throwing an infected syringe into the gutter, out of fear of prosecution for possession of a trace of substance, is bad for public health and safety. Stopping the arrest of drug users for possessing a used needle is a common sense way to protect public health and safety.”

—Richard Gottfried, N.Y. Assemblyman, August 2010

This fact sheet is based on information from amfAR, The Foundation for AIDS Research, the Centers for Disease Control and Prevention, the Institute of Medicine, the Harm Reduction Coalition, North American Syringe Exchange Network, the Law Enforcement Training Institute, Prevention Point Philadelphia, and from The Risks of the Job—Protecting Law Enforcement from Needle Stick Injury, a publication of the California AIDS Clearinghouse.
References


14. Ibid.


23. Ibid.


