



Harm Reduction Coalition Congressional Fact Sheet

Syringe Exchange Programs, HIV/AIDS & the Federal Funding Ban

The Problem

HIV is an epidemic in the United States and health workers lack the necessary tools to properly fight the disease. The federal appropriations bill for the Department of Health and Human Services bans the use of federal funds for syringe exchange programs, which combat the spread of HIV:

- Each year, 8,000 people are infected with HIV through sharing syringes, with hundreds of thousands of estimated cases since the ban was enacted.
- One third of people with HIV in the United States were infected through injection drug use.
- African Americans account for over 50 percent of all AIDS cases attributed to injection drug use, while Latinos account for nearly 25 percent.
- Among women, an estimated 61 percent of AIDS cases are due to injection drug use or the result of sexual contact with someone who contracted HIV through injection drug use.
- Urban areas are especially affected by the HIV epidemic. In Washington DC, one in 20 city residents is thought to have HIV, and intravenous drug use is the second most common way of disease contraction.

The Solution

Studies by the Centers for Disease Control and the National Academy of Sciences show that syringe exchange programs are effective in reducing the spread of HIV. Studies show locations with syringe exchange can help reduce new cases of HIV by 75 percent.

- **Congress should rescind the federal ban on syringe exchanges and let local communities use the best medical science to fight the spread of HIV.**
- **The federal ban can be rescinded by removing the Labor HHS appropriations rider that prevents funding.**

Presidential candidates include syringe exchange programs as part of their national strategies to combat HIV. Syringe exchanges can also provide people suffering from drug addiction access to drug treatment and have been proven to not increase drug use.

Medical and Scientific Support

Syringe exchange programs have the overwhelming support of the medical and scientific communities, including: the American Medical Association, American Public Health Association, American Nurses Association, National Academy of Sciences, American Academy of Pediatrics, American Academy of HIV Medicine, National Minority AIDS Council, and the Johns Hopkins School of Public Health.

The New York Times

Editorial

Preventing AIDS Prevention

December 28, 2007

Congress and President Bush have done the right thing, lifting a disastrous nine-year ban that prevented Washington from using locally raised tax dollars on needle-exchange programs that help fight the spread of AIDS. Unfortunately, that still leaves in force an even broader and more damaging law that prohibits the use of federal funds for needle-exchange programs in the United States or abroad.

That ban must also be rescinded.

The country's most important medical and public health organizations endorsed needle-exchange programs more than a decade ago, and such programs have proved highly successful all over the world. Opponents' charges that needle exchanges would encourage addiction have turned out to be nonsense.

Meanwhile, the AIDS epidemic continues to spread, driven in part by intravenous drug addicts who become infected when they share dirty needles. They then pass H.I.V., the virus that causes AIDS, on to wives and lovers and unborn children.

A recent report by the District of Columbia's health department found that more than 20 percent of the city's AIDS cases could be traced to intravenous drug users. The city, meanwhile, has the highest AIDS rate in the nation, with 128.4 cases per 100,000 people, compared with 14 cases per 100,000 in the country as a whole.

The number of cases is growing faster in Washington than in other cities where needle-exchange programs have had more support. Barred from using its own tax dollars, Washington was scraping by with a privately funded program that reached only a small fraction of those who need it.

First enacted by Congress 20 years ago, the prohibition against using federal dollars for these crucial needle-exchange programs has hobbled AIDS prevention efforts both in this country and abroad. Health organizations using American tax dollars should be encouraged rather than blocked from developing these programs.

Eliminating the federal ban would save many thousands of lives every year.

The New York Times

The Board

Is Congress Partly to Blame for D.C.'s AIDS Crisis?

By THE EDITORIAL BOARD

Tuesday, November 27, 2007

AIDS cases are increasing in the nation's capital and Congress may be partly to blame. Congress fanned the flames of a public health disaster when it used its powers over the District of Columbia's budget to bar the city from spending even locally raised tax dollars on clean needle programs.

These programs have been shown across the United States and abroad to slow the spread of AIDS by giving drug addicts access to clean needles.

D.C. has struggled to put in place a program, relying on meager private funding, but it has not been able to keep up with the need.

The harm wrought by Congress's senseless ban is underscored in a hair-raising report just out from the District's health department.

The city's first AIDS update since 2000 found that Washington has the highest AIDS case rate in the nation, with 128.4 cases per 100,000 population in the District. That's compared to just 14.0 cases per 100,000 population in the United States as a whole.

Cases appear to be increasing more rapidly in D.C. than in comparable cities with well-established needle exchange programs.

The AIDS epidemic is partly driven by intravenous drug users, who often contract the disease by sharing dirty needles, then transmit the virus to sexual partners and unborn children. The D.C. study found that more than 20 percent of the city's cases could be traced back to intravenous drug use.

The impact on women — especially black women — has been catastrophic. The number of women with AIDS in the District has jumped by more than 76% over the past six years, according to the report. Black women account for only 58% of the District's female population, but they account for 90% of all new female HIV cases — and 93% of all women living with AIDS.

Children appear to suffer more from AIDS in the Washington, D.C. than anywhere else in the country. Between 2001 and 2006 in the District, 56 children ages 13 or younger were diagnosed with either HIV or AIDS. During that same period, many states reported no new childhood infections.

Critics argue that handing out needles encourages drug use — despite studies here and abroad showing that the programs cut infections without increasing addiction. By barring the District from using even local tax dollars for needle programs, the federal government has hurt women and children and driven up the city's AIDS rate. Congress, which is on the verge of overturning the ban, needs to act right away.

The Washington Post

Editorial

In the Works

The District is ready to hit the ground running on needle-exchange programs

Friday, November 30, 2007

AMONG THE tragic data in the District's recently released HIV-AIDS study, the statistic on intravenous drug use is the most infuriating. Why? Because the tool needed to slow transmission of HIV by this route is well understood, but Congress forbids the District from using its own money to pay for it. We're talking about needle exchange.

In response to the report's finding that the two most common modes of HIV transmission in the District were heterosexual sex (37 percent) and men having sex with men (27 percent), Mayor Adrian M. Fenty (D) announced Monday that more condoms would be distributed at no charge and that he would push for increased HIV testing in emergency rooms. Yet, when it comes to plans for addressing the third most common transmission route, IV drug use (14 percent), Mr. Fenty was silent.

That's not because the city is without a plan. It's ready to send an instant infusion of cash to Prevention Works!, the District's only needle-exchange program, to expand its services. Additional programs would be created after a request for proposals was issued to local health-care, substance-abuse and HIV-AIDS agencies. Money has been budgeted. Officials say a comprehensive substance-abuse and HIV-prevention plan will be completed by June 2008 and implemented by October.

But none of this can happen until Congress drops its harmful prohibition. Since 1998, the District has been forbidden to use its own money to fund needle exchanges. Opponents of these programs believe providing clean needles to addicts encourages drug use; they ignore evidence that such efforts greatly reduce the risk of contracting or spreading HIV. Del. Eleanor Holmes Norton (D-D.C.) and Rep. Jose E. Serrano (D-N.Y.) succeeded in getting the ban eliminated in the House this year. Now the city is waiting for the Senate to approve on an omnibus budget bill, which could happen next month. The sooner the better. The longer the District is denied the freedom to use its own money to help its own residents, the more lives will be needlessly put at risk.

San Francisco Chronicle

NORTHERN CALIFORNIA'S LARGEST NEWSPAPER

EDITORIAL

Friday, November 30, 2007

Put the smartest scientific minds in a computer lab. Give them all the time and money in the world to design the perfect organism. It's doubtful they could come up with a tougher, more wily creation than the virus that causes AIDS.

Ponder its track record: Decades after it terrorized American cities, HIV was largely quelled through prevention, awareness and life-extending drugs. The national infection rate has steadied at 40,000 new cases for years.

But the bug is back and in ways that make it as troubling as ever. In the recent past, the new cases were mostly found among needle users, a definably small (and politically unappealing) group. That's why this country has pretty much gone to sleep on a topic that once produced Hollywood movies, books and endless strategizing.

Now, HIV is heading back for a return engagement if the indicators are right. This time, the scourge needs to be finished off once and for all.

One report in the Journal of the American Medical Association finds infection rates rising among gay men, the group that first encountered HIV and battled back. Why the relapse? According to the health experts who wrote the report, the danger of HIV and AIDS is "not as frightening as it was," thanks to drugs that can forestall a full-blown case. Successful medicine invites complacency, it seems.

The second dose of bad news is a study breaking down HIV rates in Washington, D.C. The highest percentage of infected residents there are heterosexuals, not needle users or gay men. Though the nation's capital has a notably lousy health system, HIV has taken full advantage and broken out of its familiar boundaries. It's now behaving as it does in sub-Saharan Africa: reaching into the lives across the board: pregnant moms, men, women and families.

Decades into the AIDS plague, the answers are ready if the will can be found. Education and prevention - including wider testing - should be adopted to catch infection early. Also, a ban on federal money for needle exchange programs should be lifted. All three leading Democratic presidential contenders now favor allowing federal money for such needle swaps, a sign that a once-touchy idea is now a so-what notion. On the GOP side, no one is railing against needle giveaways.

This Saturday marks the 20th World AIDS Day, one of those calendar markings that sounds contrived. But with the deadly - and avoidable - numbers heading in new directions, it's a moment to mark. The fight is nowhere near over.



Harm Reduction Coalition

SUPPORT FOR SYRINGE EXCHANGE

Syringe exchange programs have the support of every major medical association and government health organization, along with three United States Surgeons General.

U.S. Surgeons General

Dr. David Satcher, (1998-2002): "Needle exchange programs can significantly reduce the spread of HIV."

Dr. Joycelyn Elders, (1993-1994): "Our best scientific research shows that needle exchange programs do *not* increase drug use, but do reduce the spread of HIV...Silence about the importance of needle exchange programs is causing the deaths of thousands of our bright young black and Latino men and women."

Dr. C. Everett Koop, (1982-1989): "When we are dealing with something as devastating as the AIDS epidemic, it doesn't matter what we do to reach people that have to be reached, we have to do it. ... if clean needles will do anything to contain a part of the epidemic, we should not have any foolish inhibitions about doing so."

Medical & Science Organizations

American Medical Association
American Pharmaceutical Association
American Psychiatric Association
American Public Health Association
Association of State and Territorial Health
Officials
Council of State and Territorial Epidemiologists
Infectious Disease Society of America
Institute of Medicine, National Academy of
Sciences, National Research Council
National Alliance of State and Territorial AIDS
Directors National Association of Boards of
Pharmacy New York Academy of Medicine
National Commission on AIDS
National Institute on Drug Abuse

U.S. Government

Government Accounting Office
Department of Health and Human Services
National Institutes of Health

State and Local Governments

New York State AIDS Advisory Council
New York State Department of Health and
Mental Hygiene



Harm Reduction Coalition

SCIENCE SUPPORTS SYRINGE EXCHANGE

All major scientific research supports syringe exchange as a way to reduce HIV.

The consensus of six federal research reports between 1991 and 1995 led Secretary of Health and Human Services Donna Shalala to state in 1998: “A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs.”

These findings are supported by newer peer-reviewed scientific evidence that continues to show syringe exchange programs: are effective at reducing HIV, do not promote drug abuse and, increase enrollment in drug treatment.

Research showing syringe exchange programs decrease HIV transmission:

- Hou et al., Needle exchange and injection-related risk behaviors in Chicago: a longitudinal study. *JAIDS*. 2007;45(1):108-114
- World Health Organization, Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Technical Paper. 2004
- Ksobiech et al., A meta-analysis of needle sharing, lending and borrowing behaviors of needle exchange program attenders. *AIDS Educ Prev*. 2003;15(3):257-268
- Gibson et al., Two- to Sixfold decreased odds of HIV risk behavior associated with use of syringe exchange. *JAIDS*. 2002;31:237-242
- Longshore et al., Needle exchange program attendance and injection risk in Providence, RI. *AIDS Educ Prev*.2001;13(1):78-90
- Monterroso et al., Prevention of HIV infection in street-recruited injection drug users. *JAIDS*. 2000;25:63-70
- Hagan et al., Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *J Subst Abuse Treat*. 2000;19:247-252
- Shah et al., Correlates of enrollment in methadone maintenance treatment programs differ by HIV-serostatus. *AIDS*. 2000;14:2035-2043
- Bluthenthal et al., The effect of syringe exchange use on high-risk injection drug users. *AIDS*. 2000;14:605-611
- Bluthenthal et al., Use of an illegal syringe exchange and injection related risk behaviors among street-recruited injection drug users in Oakland, CA 1992-1995. *JAIDS Hum Retro*. 1998;18(5):505-511
- Gleghorn et al., Feasibility of one-time use of sterile syringes: a study of active injection drug users in seven United States metropolitan areas. *JAIDS Hum Retro*. 1998;18 (Suppl 1):S30-36

- Heimer et al., Syringe use and reuse: Effects of syringe exchange programs in four cities. *JAIDS Hum Retro.* 1998;18 (Suppl 1):S37-44
- Hurley et al., Effectiveness of needle-exchange programmes for prevention of HIV infection. *Lancet.* 1997;349:1797-1800
- Singer et al., Changing the environment of AIDS risk: Findings on syringe exchange and pharmacy sales of syringes in Hartford, CT. *Med Anthropol.* 1997;18:107-130
- Vlahov et al., Reductions in high-risk drug use behaviors among participants in the Baltimore needle exchange program. *JAIDS Hum Retro.* 1997;16 (5):400-406
- Des Jarlais et al., HIV incidence among injecting drug users in New York City syringe-exchange programmes. *Lancet.* 1996;348:987-991
- Schoenbaum et al., Needle exchange use among a cohort of injecting drug users. *AIDS.* 1996;10:1729-1734

Research showing syringe exchange programs do not promote drug abuse:

- Hou et al., Cessation of injection drug use and change in injection frequency. *Addiction.* 2006;101:1606-1613
- World Health Organization, Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Technical Paper. 2004
- Fisher et al., Needle exchange and injection drug use frequency: A randomized clinical trial. *JAIDS.* 2003;33:199-205
- Kuo et al., Feasibility of referring drug users from a needle exchange program into an addiction treatment program. *J Subst Abuse Treat.* 2003;24:67-74
- Vlahov et al., Reductions in high-risk drug use behaviors among participants in the Baltimore needle exchange program. *JAIDS Hum Retro.* 1997;16 (5):400-406

Research showing syringe exchange programs increase enrollment in drug treatment:

- Strathdee et al., Facilitating entry into drug treatment among injection drug users referred from a needle exchange program. *Drug Alc Depend* 2006;83:225-232
- Latkin et al., Needle exchange program utilization and entry into drug user treatment. *Subst Use Misuse.* 2006;41:1991-2001
- World Health Organization, Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Technical Paper. 2004
- Kuo et al., Feasibility of referring drug users from a needle exchange program into an addiction treatment program. *J Subst Abuse Treat.* 2003;24:67-74
- Hagan et al., Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *J Subst Abuse Treat.* 2000;19:247-252
- Shah et al., Correlates of enrollment in methadone maintenance treatment programs differ by HIV-serostatus. *AIDS.* 2000;14:2035-2043
- Strathdee et al., Needle-exchange attendance and health care utilization promote entry into detoxification. *J Urban Health.* 1999;74(4):448-4