**Federal Funding for Syringe Exchange**

**Background**

Syringe exchange programs (SEPs) are an effective public health approach for reducing the spread of HIV/AIDS and other blood-borne disease.

- In the U.S., there are currently 211 SEPs operating in 32 states, the District of Columbia, Puerto Rico, and the Indian Nations.
- Current law permits federal funding to be used for SEPs at the discretion of local health authorities and local law enforcement authorities.

**History in Congress**

- In July 2010, the Department of Health and Human Services issued temporary guidance to local and state jurisdictions regarding use of federal funds for SEPs. ¹
- In 2009, Congress acted on a wealth of scientific evidence and removed a longstanding ban on federal funding for syringe exchange programs (SEPs) that had been in place in the Labor-H and Financial Services appropriations bills.
- In 2007, Congress lifted the ban on use of local funds to finance SEPs in the District of Columbia.
- In 1998, Congress imposed a ban prohibiting the use of local funds to support SEPs in the District of Columbia.
- In 1988, Congress imposed a ban prohibiting use of federal funds to finance SEPs.

**Strong evidence supporting syringe exchange**

- **Scientific consensus:** A 2005 international review and eight additional federally funded research studies concluded that syringe exchange programs are an effective public health intervention that reduces HIV transmission without increasing the use of illicit drugs. Allowing use of federal funds for SEPs:
  - connects more people at risk to HIV/AIDS and substance abuse prevention, care and treatment,
  - decreases HIV and hepatitis C infection rates, and
  - gives communities flexibility to address local epidemics based on community norms.

- Studies have established that SEPs, when implemented as part of a comprehensive HIV/AIDS prevention strategy, are an effective HIV prevention intervention and do not promote drug use. SEPs are also an important bridge to drug treatment and other health services. In 2008, the CDC concluded that the incidence of HIV among injection drug users (IDUs) had decreased by 80% in the US over a 20 year period in part due to needle exchange programs.

- **Cost effectiveness:** The Institute of Medicine concluded that syringe exchange programs are a “highly cost-effective” strategy for preventing HIV transmission. Estimated lifetime cost of treating someone for HIV infection is between $385,200 and $618,900, compared to the cost of a sterile syringe for about 15 cents.

¹ [http://www.cdc.gov/hiv/resources/guidelines/syringe.htm](http://www.cdc.gov/hiv/resources/guidelines/syringe.htm)
Injection drug use, HIV/AIDS, and Hepatitis C: Injection drug use accounts for 12-16% of new HIV infections, or up to 8,000 or more infections annually. IDUs represent 20% of the over one million people living with HIV/AIDS in the US and the majority of the 3.2 million Americans living with hepatitis C infection. The HIV epidemic among IDUs has a disproportionate impact on communities of color and women.

Endorsement by leading public health organizations: Syringe exchange programs are endorsed by a broad range of public health organizations including the Institute of Medicine; the World Health Organization; the American Academy of Pediatrics; the American Medical Association; the American Nurses Association; and the American Public Health Association.

Scientific and health leader agreement: NIAID Director Anthony Fauci, CDC Director Thomas Frieden, former NIH Director Harold Varmus, former Surgeons General C. Everett Koop and David Satcher, and former HHS Secretary Dr. Louis Sullivan are among many scientific and public health leaders who have endorsed SEPs to reduce the incidence of HIV and other diseases.

Public safety and law enforcement: Research indicates that SEPs reduce the number of needle stick injuries of police officers; reduce the circulation of contaminated needles in communities; do not encourage the initiation of drug use nor increase the frequency of drug use among existing users; and do not increase crime rates in communities. Numerous law enforcement officials support SEPs in their communities.

Need for federal resources: Recent surveys of SEPs indicate that serious resource constraints make it difficult for many SEPs to meet the need for services.

Local option to implement evidence-based programs: Availability of federal funds for SEPs gives states and local jurisdictions the option of using funds for SEPs; it does not require any jurisdiction to have an SEP.

State and Local Developments

Seven States were approved by CDC to use federal HIV prevention funding for SEPs in FY 2010. Additional states are likely to seek permission to do so.

With state budget shortfalls, federal funds are critical to ensure that SEPs continue to meet local needs and protect communities.

Administration Support

Presidential support: President Obama supported removing the ban on federal funding and included Congressional language passed in December 2009 in his FY2012 budget proposal.

Drug Czar support: Director of the White House Office of National Drug Control Policy and former Seattle Police Chief Gil Kerlikowske supports SEPs: “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.”

HHS support: A February 2011 Federal Register quoted U.S. Surgeon General Dr. Regina Benjamin: “[SEPs] are widely considered to be an effective way of reducing HIV transmission among individuals who inject illicit drugs and there is ample evidence that [SEPs] promote entry and retention into treatment.”

#

For specific examples and additional information, please see amfAR’s Public Safety, Law Enforcement, and Syringe Exchange (May 2011), http://www.amfar.org/uploadedFiles/In_the_Community/Publications/fact%20sheet%20Syringe%20Exchange%2011.pdf?n=9491