FACT SHEET

Syringe Services Programs

• Injection drug use remains a driving force in the U.S. HIV/AIDS epidemic, accounting for 14 percent of new HIV infections among women and 7–11 percent of new HIV infections among men in 2010.

• African-Americans are eleven times and Latinos are five times more likely to contract HIV from an infected needle than Caucasians.

• Scores of studies have conclusively demonstrated that syringe services programs (SSPs) help prevent infection by reducing the re-use and circulation of injecting equipment without increasing drug use or resulting in other negative consequences.

• SSPs have helped New York City—where 50 percent of all IDUs were living with HIV in the early 1980s—approach the elimination of new drug-related transmissions.

• Needle sharing during injection drug use is the primary driver of hepatitis C (HCV) infection in the U.S., with an estimated 50–80 percent of drug users becoming infected with HCV within five years of their first drug injection.

• It costs hundreds of millions of dollars annually to treat HIV and HCV caused by the sharing of contaminated needles and syringes. Since many people who inject drugs do not have private health insurance, U.S. taxpayers bear the lion’s share of these costs.

• Individual needles and syringes cost less than 50 cents. For every dollar invested in SSPs, $3–7 in HIV treatment costs are saved.

• SSPs keep contaminated injection equipment off the streets, protecting the public and law enforcement from potential exposure to infectious needles.

• By facilitating entry into drug treatment and recovery from addiction, SSPs help individuals struggling with chemical dependence to repair their lives and become productive members of society.

• SSPs enjoy broad public and professional support. They currently operate in 186 U.S. cities.

• SSPs are supported by leading medical and public health organizations, including the American Medical Association, American Public Health Association, National Academy of Sciences, American Academy of Pediatrics, World Health Organization, the World Bank, and the International Red Cross-Red Crescent Society. The American Bar Association strongly supports SSPs, as does the U.S. Conference of Mayors.

• Currently, Congress has banned federal support of SSPs. Restoring federal support for SSPs would promote public health and public safety, and would restore local control and decision-making to communities, enabling them to determine the best strategies to address their own health needs.