



UCHAPS BEST PRACTICES

Syringe Access

HIV Prevention Concern

UCHAPS, the Urban Coalition for HIV/AIDS Prevention Services, is an alliance of HIV prevention community planning groups and health departments from eight major urban jurisdictions severely affected by HIV. UCHAPS member jurisdictions represent epicenters of the HIV epidemic in the United States, accounting for 38% of the nation's cumulative AIDS cases. HIV transmission among people who inject drugs is of particular concern in UCHAPS jurisdictions.

Injection drug use presents an enormous HIV prevention challenge throughout the U.S., where approximately 1.5 million individuals may be injecting drugs each year.¹ In the course of our nation's HIV/AIDS epidemic, more than one third (36%) of all reported AIDS cases have been attributed to injection drug use, both directly through needle sharing or multi-person use of syringes and indirectly through drug associated mother-to-child transmission and transmission through sexual contact with an injection drug user (IDU).² Each year, an estimated 6,600 people are newly infected with HIV through sharing contaminated syringes. When men who have sex with men (MSM) who are also IDUs and sexual contact with an IDU are taken into account, injection drug use is linked to higher numbers of new infections.³ Injection drug use also accounts for a substantial proportion of cases of hepatitis B and hepatitis C virus infections.

Syringe Access: A Life Saving Public Health Intervention

Syringe Access Programs (SAPs) have proven to be an effective intervention in preventing disease and other health burdens by providing sterile syringes, sterile injection equipment, and education to people who inject drugs, steroids, and hormones. These resources enable people who inject to protect themselves and their communities through safer injection practices and serve as a bridge to treatment. Myriad scientific evaluations, including eight federally funded research studies, provide compelling evidence of the effectiveness and safety of SAPs. Research and experience in the field have both demonstrated that adequate syringe access produces positive individual and community-level health outcomes without creating negative societal impacts such as increased drug use.⁴ The Centers for Disease Control and Prevention (CDC) attests that increasing the availability of sterile syringes is associated with significant reductions in HIV risk.⁵ The first overtly operating SAP in the U.S. began in 1986 in New Haven, CT and the first SAP to exist with community consensus began in 1988 in Tacoma, WA.⁶ There are currently 211 SAPs operating in 36 states and territories throughout the U.S.⁷

UCHAPS jurisdictions possess a wealth of experience and expertise in operating SAPs. Six of the eight UCHAPS jurisdictions have publicly funded SAPs, the majority of which have been in existence since the early 1990s. While associated with a number of factors, UCHAPS jurisdictions have seen marked reductions in HIV rates among IDUs since the inception of SAPs. A 2005 study found that overall HIV rates decreased by 5.8 percent per year in cities with SAPs, compared to a national increase of 5.9% per year.⁸ Not only have UCHAPS jurisdictions utilized SAPs to prevent disease transmission, but also as a public safety mechanism for safe disposal of syringes. Collectively, SAPs funded by UCHAPS jurisdictions' health departments safely dispose of over six million used syringes annually.

About UCHAPS

The Urban Coalition for HIV/AIDS Prevention Services [UCHAPS] is a partnership of community members and health department representatives from eight urban jurisdictions in the U. S. funded by the Centers for Disease Control and Prevention [CDC] to conduct HIV prevention services. UCHAPS member jurisdictions include Chicago, Houston, Los Angeles County, Miami/Dade County, New York City, Philadelphia, the City and County of San Francisco, and Washington, DC. Collectively these jurisdictions represent 38 percent of the nation's AIDS cases, are among the epicenters of the urban HIV epidemic, and are often at the forefront of piloting new intervention strategies.

UCHAPS jurisdictions are dedicated to reducing HIV-related mortality, morbidity, and disparities in health outcomes and reducing the incidence of new HIV infections. UCHAPS continually explores ways to improve the delivery of services and uses a peer technical assistance model to exchange expertise, strategies and solutions to common challenges.

** Throughout this document the term "syringe access program" (SAP) is used as an abbreviated reference to the vast range of programmatic approaches to the provision of new and sterile syringes to people who inject drugs, steroids and hormones, inclusive of distribution, exchange, and disposal programs. UCHAPS supports broad access to and distribution of sterile syringes for the prevention of HIV, viral hepatitis and other blood borne pathogens.*

UCHAPS SYRINGE ACCESS BEST PRACTICES

In December 2009, Congress overturned the long-standing ban on the use of federal funding for SAPs, creating an unprecedented opportunity for expansion of these critical programs. Health departments and community-based organizations in UCHAPS jurisdictions serve as a model to other areas looking to initiate or expand SAPs. Through the collective experience of UCHAPS jurisdictions and the many lessons learned, UCHAPS has found that SAPs have the greatest impact when the following best practices are pursued. Through various models, UCHAPS jurisdictions strive to achieve these best practices, which are key to operating safe and efficient SAPs.

Garnering Broad Stakeholder Support

SAPs in UCHAPS jurisdictions are most successful when all community and government stakeholders support them as a legitimate public health strategy. Within UCHAPS jurisdictions, Community Planning Groups (CPGs) have the role of working with their local health departments to prioritize prevention efforts and affected populations. UCHAPS CPGs have identified SAPs as one of the primary and most cost-effective interventions to address the HIV prevention needs of IDUs.

Tailoring Programs to Meet Local Needs

Each UCHAPS jurisdiction develops services with an understanding of their urban landscapes and their communities' unique prevention needs. Flexibility to respond to local issues and diversity is the most vital element to the success of SAPs.

Adopting Harm Reduction Principles

Harm reduction is a set of practical strategies that aim to promote healthy behavior and reduce negative consequences of drug use and other risk practices, incorporating a spectrum of strategies from safer drug use to abstinence. SAPs in UCHAPS jurisdictions embrace harm reduction principles, meeting clients "where they're at," to maximize the reach of SAPs and their retention of clients.⁹

Ensuring Broad Access to Sterile Syringes

The United States Public Health Service and CDC recommend that for those who are unable to stop injecting drugs, a new, sterile syringe should be used for each injection.¹⁰ The UCHAPS experience demonstrates that SAPs are most beneficial when broad accessibility to sterile syringes is achieved through maximum convenience and minimum restriction. UCHAPS jurisdictions employ a variety of service modalities and venues for SAP operation. To ensure that sterile syringes are available to all in need, UCHAPS discourages age restrictions for

utilization, limits on the amount of syringes distributed in one transaction or number of transactions allowed daily, or the adoption of a one-for-one exchange system.

Ensuring Access to Harm Reduction Supplies

UCHAPS jurisdictions have learned that SAP participants need more than just a sterile syringe; clients are also in need of supplemental equipment essential for the reduction of blood-borne pathogens such as sharps containers, clean water, alcohol pads, antiseptic wipes, cotton filters, and band-aids.

Offering Drug Treatment Referrals and Services

SAPs are often a bridge to drug treatment and care services that would not otherwise be accessed. Integration with drug treatment services is a founding principal for SAPs in UCHAPS jurisdictions. In UCHAPS's experience, SAPs should always offer referrals and provide complete linkage to drug treatment services for those who seek it, while not making entry into drug treatment a prerequisite for accessing sterile syringes.

Implementing Core Training for SAP staff

SAPs funded by UCHAPS health departments are required to provide core training to SAP staff in harm reduction techniques, handling of injection equipment, proper disposal of waste materials, safety precautions, and procedures for making referrals to other services. UCHAPS SAPs also ensure that staff receive a basic overview of HIV transmission, prevention, and treatment; information on viral hepatitis risk, prevention, screening, vaccination, and treatment; safer sex and safer injection education.

Enforcing Occupational Safety Standards and Precautions

UCHAPS jurisdictions establish standards, comprehensive policies, and procedures to ensure the safety of all SAP staff members, volunteers, and clients and to prevent needle-stick injuries.

Providing HIV, Hepatitis, and STD Prevention Services

UCHAPS jurisdictions strive to treat each SAP encounter as an opportunity to also prevent sexual transmission of HIV, STDs, and viral hepatitis. SAPs in UCHAPS jurisdictions provide sterile injection equipment, education and counseling, male and female condoms, and referrals to appropriate health and social services, including primary care, mental health, substance use services, and STD and HIV testing and treatment.

Protecting Client Confidentiality

SAPs in UCHAPS jurisdictions are most utilized when clients know their confidentiality is protected. With a focus on confidentiality, SAPs in UCHAPS jurisdictions strive for anonymity, and when faced with reporting requirements, create unique identifiers for participating clients.

Enacting Safe Disposal Practices

UCHAPS jurisdictions have found it essential for communities to create and enact safe disposal practices so that syringes are safely discarded. UCHAPS recommends building partnerships between SAPs, CBOs, health departments, local governments,

IDUs, local businesses, residents, disposal administrators, and other stakeholders to create disposal guidelines that work best for each community.

Fostering Community and Law Enforcement Relations

SAPs in UCHAPS jurisdictions employ several methods to enhance relationships with community members and local law enforcement. UCHAPS jurisdictions have learned that continual engagement and education of community members and law enforcement are critical to overcoming local opposition and barriers to SAP implementation.

Timeline: Establishment of Local Public Funding for SAPs in UCHAPS Jurisdictions*

While Congress prohibited the use of federal funds for SAPs for over 20 years, many localities and states used their own public dollars to support SAPs. Below are the dates for the initiation of local public funding in UCHAPS jurisdictions.

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- 1988:** Congress passes legislation banning the use of federal funds for syringe exchange programs
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- 1992:** New York City
Philadelphia
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- 1993:** San Francisco
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- 1994:** City of Los Angeles
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- 1996:** Washington, DC
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- 1998:** U.S. Congress passes legislation forbidding the District of Columbia from using its local government funds to support harm reduction services and prohibiting organizations that receive federal funding from operating a syringe exchange program, even if funded with private donations.
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- 2003:** Chicago
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- 2007:** County of Los Angeles
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- 2007:** Congress lifts the ban on DC local funding for syringe exchange programs
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- 2008:** Washington, DC
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- 2009:** Congress lifts the ban on federal funding for syringe exchange programs
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The Centers for Disease Control and Prevention (CDC) states, "In order for HIV prevention efforts to work, people who are living with, or at risk for HIV need to have access to effective tools that enable them to reduce the risk of HIV transmission. For example, research has shown that increasing the availability of condoms and sterile syringes is associated with significant reductions in HIV risk."¹⁵

UCHAPS RECOMMENDATIONS

Syringe Access Programs prevent the transmission of HIV, hepatitis, and other blood-borne pathogens among people who inject drugs and communities at large. UCHAPS jurisdictions have been operating SAPs for nearly 20 years, utilizing private, local, and state funds to prevent disease and protect public safety through increased access to sterile syringes. UCHAPS endorses SAPs as an efficient and cost-effective structural intervention, vital to urban HIV prevention efforts, and calls for the preservation of local flexibility in expansion of this public health strategy. UCHAPS commends Congress for lifting the ban on federal funding for syringe access, but recognizes ongoing challenges to the implementation of SAPs. To address existing barriers and broaden life-saving access to sterile syringes across the United States, UCHAPS makes the following policy recommendations.

UCHAPS Strongly Encourages:

- Congress to continue to permit the use of federal funds for SAPs.
- Congress to provide increased funding for SAPs through agencies such as the CDC and the Substance Abuse and Mental Health Services Administration so that SAPs can be implemented or expanded without taking resources from other vital HIV prevention programs.
- The National HIV/AIDS Strategy to affirm SAPs as a critical public health strategy to reduce HIV incidence in the U.S.
- The U.S. Department of Health and Human Services to review funding policies for all federal agencies and programs, remove restrictions on the use of federal funds for SAPs where appropriate, and ensure consistency in funding announcements and federal guidelines for SAPs across agencies and programs.
- States legislatures and local governments to eliminate legal and regulatory barriers to syringe access by removing laws that criminalize the possession or distribution of syringes and supporting laws that permit SAP operation and increased pharmacy sales of syringes.

UCHAPS jurisdictions Miami/Dade County and Houston are examples of communities unable to implement syringe access programs due to state and local laws.

¹ Brady JE, et al. Estimating the prevalence of injection drug users in the U.S. and in large U.S. metropolitan areas from 1992 to 2002. *J Urban Health*. 2008 May; 85(3):323-51.

² US Department of Health and Human Services, Centers for Disease Control and Prevention (2002, updated 2007). *Drug Associated HIV Transmission Continues in the United States*. Retrieved March 2010 from <http://www.cdc.gov/hiv/resources/factsheets/idu.htm>.

³ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2008). *Estimates of New HIV Infections in the United States*. Retrieved April 2010 from <http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/incidence.htm>.

⁴ Burrell S, Strathdee S, Vernick J. Lethal Injections: The Law, Science and Politics of Syringe Access for Injection Drug Users. *University of San Francisco Law Review*. 2003;37:813-883.

⁵ US Department of Health and Human Services, Centers for Disease Control and Prevention (2009). *HIV Prevention in the United States at a Critical Crossroads*. Retrieved March 2010 from http://www.cdc.gov/hiv/resources/reports/hiv_prev_us.htm.

⁶ Lane, S. Needle Exchange: A Brief History. The Kaiser Forums, Henry J. Kaiser Family Foundation. 1992. Retrieved March 2010 from: www.aegis.com/law/journals/1993/HKFNE009.html.

⁷ North American Syringe Exchange Network. (NASEN). *US Syringe Exchange Program Database*. Retrieved March 2010 from <http://www.nasen.org/>.

⁸ Hurley, S., Jolly, D.J., & Kaldor, J.M. Effectiveness of Needle-Exchange Programs for Prevention of HIV Infection. *The Lancet*. 2005. 349, 1797-1800.

⁹ The Harm Reduction Coalition. *Principles of Harm Reduction*. Retrieved March 2010 from <http://www.harmreduction.org/section.php?id=62>.

¹⁰ US Department of Health and Human Services, Centers for Disease Control and Prevention (2002, updated 2007). *Drug Associated HIV Transmission Continues in the United States*. Retrieved March 2010 from <http://www.cdc.gov/hiv/resources/factsheets/idu.htm>.

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