

05-09

STATEMENT OF POLICY

Syringe Access Programs to Curb Transmission of HIV, Viral Hepatitis and Other Bloodborne Infections

Policy

In order to curb the transmission of HIV, viral hepatitis, and other bloodborne infections related to injection drug use, the National Association of County and City Health Officials (NACCHO) urges state and local decision-makers to do the following:

- Refine and establish new and existing syringe access programs (SAPs) and follow relevant local health department (LHD) recommendations in doing so;
- Take swift action to remove legal and social barriers to clean needles, syringes, and other injecting equipment access; increase the availability of drug treatment services; and support continuing study of SAPs;
- Ensure education of law enforcement, criminal justice personnel, public health and other medical providers, pharmacists, and other critical local groups regarding the benefit of SAPs and associated processes that occur within jurisdictions with SAPs; and
- Modify state and local statutes, where needed, to permit the sale, purchase, and possession of sterile injection equipment.

NACCHO endorses a comprehensive approach based on best practices for SAPs such as described in the Academy for Educational Development publication, funded by the Centers for Disease Control and Prevention (CDC), *A Comprehensive Approach: Preventing Blood-Borne Infections Among Injection Drug Users*.¹

Justification

The practice of sharing injection equipment among intravenous drug users (IDUs) is a proven mode of transmitting bloodborne pathogens including HIV, hepatitis B virus, hepatitis C virus (HCV), and other infectious agents. Approximately 30 percent of cumulative AIDS cases in the United States are the result of injection drug use or sexual contact with an injection drug user.² HCV prevalence in IDUs ranges between 35–70 percent, and between 20–30 percent of uninfected IDUs acquire HCV infection each year.³ Transmission of bloodborne pathogens via intravenous IDU is not limited to the users themselves. Increases in HIV infection among women are due in part to the prevalence of HIV infections among IDUs and the subsequent spread of the virus to their sexual partners. A comprehensive public health response is necessary to reduce the transmission of these pathogens among IDUs and their sexual partners.

As a response to this ongoing public health challenge, several states have repealed statutes restricting access to sterile injection equipment and some have established SAPs in an effort to reduce the spread of bloodborne infections through injection equipment sharing. These efforts have demonstrated that such programs have been implemented with appropriate and regular monitoring for safety, quality, and effectiveness.⁴



In addition, the experience of existing SAPs has demonstrated the efficacy of this intervention to reduce the risk of HIV and other bloodborne disease transmission without an increase in either the injection of illegal drugs among program participants or the number of new initiates to IDU. These findings have been confirmed by a comprehensive study commissioned by the CDC in 1993 and subsequent studies, all of which have concluded that needle exchange and the repeal of restrictive statutes on the sale and possession of needles/syringes should be embraced at the local, state, and federal levels as part of a comprehensive public health approach to curb the spread of HIV.⁵

In December 2009, the federal ban restricting the use of federal funds for SAPs was repealed. The use of these funds for SAPs was available starting in fiscal year 2010, pending guidance from the Centers for Disease Control and Prevention.⁶

Record of Action

Approved by NACCHO Board of Directors, Dec.11, 2005

Updated July 2010

¹ Academy for Educational Development. (2000). *A Comprehensive Approach: Preventing Bloodborne Infections Among Injection Drug Users*. Available at <http://www.cdc.gov/idu/pubs/ca/comprehensive-approach.htm>.

² Centers for Disease Control and Prevention. (2007). HIV/AIDS Surveillance Report. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007surveillancereport.pdf>

³ Institute of Medicine. (2010). *Report Brief: Reducing Harm*. Available at <http://www.iom.edu/reports/2010/hepatitis-and-liver-cancer-a-national-strategy-for-prevention-and-control-of-hepatitis-b-and-c/report-brief-on-opportunities-for-harm-reduction.aspx>.

⁴ National Alliance of State and Territorial AIDS Directors. (2010). Health Departments Role in Expanding Syringe Access. Available at http://www.nastad.org/docs/public/resource/2010427_syringe%20access%20fact%20sheet.pdf.

⁵ Centers for Disease Control and Prevention. (2005). Syringe Exchange Programs. Available at http://www.cdc.gov/idu/facts/aed_idu_syr.htm.

⁶ Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2010 Omnibus. (2010).