

Public Safety, Law Enforcement, and Syringe Exchange

Numerous scientific studies demonstrate that syringe exchange programs (SEPs) can play an important role in reducing HIV and viral hepatitis infection and advancing public safety, including the safety of law enforcement officials. For 21 years, federal law prohibited the use of federal funds for SEPs. While the ban was lifted in 2009, several state and local health authorities sought and used federal funds for SEPs as part of a broader approach to preventing HIV infections.

Background

More than 1.1 million people are living with HIV in the U.S., according to estimates from the Centers for Disease Control and Prevention (CDC). Injection drug users (IDUs) account for approximately 19 percent of all infections (209,000 cases) and 12 percent of all new HIV infections in 2006.¹ When implemented as part of a comprehensive HIV/AIDS prevention strategy, SEPs are an effective public health approach to reducing the spread of HIV/AIDS and other blood-borne diseases in communities across the U.S.^{2,3,4} Research shows that SEPs promote public health and safety by taking syringes off the streets and protecting law enforcement personnel from needle stick injuries, which can result in the transmission of diseases such as HIV/AIDS and hepatitis C. These programs also importantly link IDUs to substance abuse treatment programs and serve as an entry point into other health services, including HIV and STD testing and entry into care and treatment programs.⁵

Studies have also established that SEPs do not increase crime or drug use and provide a gateway to drug treatment and HIV prevention services.⁶

SEPs Protect Law Enforcement Personnel from Needle Stick Injuries

“In the cities that have adopted needle exchange programs, there is a dramatic reduction in needle sticks to firefighters who crawl on their hands and knees through smoke filled rooms to search for victims.”

—Charles Aughenbaugh, Jr., President,
New Jersey Deputy Fire Chiefs Association,
Retired Deputy Fire Chief, March 2011

- A study of police officers in San Diego found that nearly 30 percent had been stuck by a needle at one point in their careers, with more than 27 percent of those injured experiencing two or more needle stick injuries.⁷
- A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing SEPs.¹⁰

SEPs Promote Public Health and Safety by Taking Syringes off the Streets

“SEPs take dirty needles off the streets and increase the safety of our police officers.”

—Bob Scott, former Captain,
Sheriff's Office, Macon County,
N.C., February 2011

- SEPs reduce the circulation of contaminated syringes among IDUs, educating and informing participants about the safe disposal of used syringes.^{11, 12}

- In many states, SEPs actively encourage participants to return as many used syringes as possible.¹³ As a result, the majority of syringes distributed by SEPs are returned.¹⁴ A Baltimore study demonstrated that SEPs helped to reduce the number of improperly discarded syringes by almost 50 percent.¹⁵
- Studies demonstrate that the availability of SEPs in communities results in increased safe disposal of used syringes. For instance, in Portland, Oregon, the number of improperly discarded syringes dropped by almost two-thirds after the implementation of a SEP.¹⁶ In 2000, approximately 3.5 million syringes were recovered in San Francisco and safely disposed of as infectious waste.¹⁷

SEPs Do Not Increase Crime or Drug Use

“Based upon the literature that’s been presented to me, SEPs do not appear to increase crime and/or drug abuse but rather greatly enhance officer and public safety.”

—Cpl/Deputy Sheriff D. A. Jackson,
Background Investigator, Guilford
County Sheriff’s Office, Greensboro, N.C.,
March 2011

- SEPs do not encourage the initiation of drug use nor do they increase the frequency of drug use among current users,¹⁸ according to an assessment by the Institute of Medicine.
- The presence of SEPs in communities does not expand drug-related networks or increase crime rates.¹⁹ On the contrary, research has found that neighborhoods in Baltimore with SEPs experienced an 11 percent decrease in break-ins and burglaries, whereas areas of the city without SEPs experienced an 8 percent increase in crime.²⁰ Another study conducted in Baltimore demonstrated that the number of arrests did not increase after the establishment of SEPs.²¹
- One study found that new SEP participants are five times more likely to enter a drug treatment program than non-participants.²² Researchers also found that IDUs who had participated in the exchange were more likely than IDUs who had not participated to reduce or stop injecting.²³

Conclusion

SEPs are a cornerstone of prevention efforts to protect the health and safety of police officers, fire fighters, other civil servants, and the public by helping to reduce the transmission of blood-borne diseases, including HIV/AIDS. They are also a critical component of a comprehensive approach to preventing HIV infection, as highlighted in the U.S. National HIV/AIDS Strategy.²⁴ Since the implementation of SEPs in the late 1980s, new HIV infections among IDUs have declined overall by 80 percent.²⁵ Effectively addressing injection drug use and HIV/AIDS requires a coordinated partnership between health providers, law enforcement, and communities.

About Syringe Exchange Programs

“SSPs [syringe services programs] are widely considered to be an effective way of reducing HIV transmission among individuals who inject illicit drugs and there is ample evidence that SSPs also promote entry and retention into treatment.”

—Office of U.S. Surgeon General
Dr. Regina Benjamin, *Federal Register*,
February 2011

IDUs represent a significant percentage of new HIV infections and nearly 20 percent of all persons living with HIV in the U.S. SEPs are one important component of a comprehensive HIV prevention effort for IDUs that includes education on risk reduction, HIV testing, referral to drug addiction treatment, and referral to other medical and social services.

SEPs provide a safe and accessible method for IDUs to exchange used syringes for sterile ones, lowering the risk of HIV transmission and increasing public safety.²⁶ Similar to hospitals and other healthcare settings, SEPs collect used syringes in special puncture-proof containers. These containers are safely disposed of according to special hazardous waste disposal procedures. There are currently approximately 211 exchange programs operating one or more exchange sites in 32 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations.²⁷ For more information and a summary of SEP research, please visit, www.samhsa.gov/ssp.

Law Enforcement Speaks Out on 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. I understand that research has shown these programs, when implemented in the context of a comprehensive program that offers other services such as referral to counseling, healthcare, drug treatment, HIV/AIDS prevention, counseling and testing, are effective at connecting addicted users to drug treatment.”

—Gil Kerlikowske, Director of the White House Office of National Drug Control Policy and former Seattle Police Chief, responding to a written question during his confirmation process, April 2009

“SEPs are good in that they help reduce risk for police officers when they go out on calls. I personally do not believe that SEPs increase drug use but make officers safer. These programs are important to our communities.”

—Cynthia Sullivan, Victim Assistance Coordinator, Police Department, Winston-Salem, N.C., March 2011

“[Ending the ban on federal funding for SSPs] serves the interest of both police and citizens. It will reduce needle-stick injuries to police and prevent the spread of HIV/AIDS in communities across the country.”

—Ronald E. Hampton, Executive Director, National Black Police Association, Inc., July 2008

“While substance abuse prevention and treatment remain vital, it is also essential that the health consequences of injection drug use be mitigated by needle exchange programs.”

—Al Lamberti, Sheriff, Broward County, Fl., August 2009

“Throwing an infected syringe into the gutter, out of fear of prosecution for possession of a trace of substance, increases the danger of someone getting HIV or other serious infections from a needle stick.”

—Richard Gottfried, N.Y. Assemblyman, August 2010

This fact sheet is based on information from amfAR, The Foundation for AIDS Research, the Centers for Disease Control and Prevention, the Institute of Medicine, the Harm Reduction Coalition, North American Syringe Exchange Network, the Law

Enforcement Training Institute, Prevention Point Philadelphia, and from The Risks of the Job—Protecting Law Enforcement from Needle Stick Injury, a publication of the California AIDS Clearinghouse.

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