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FACT SHEET

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. Since the ban was lifted in 2009, several state and local health authorities have begun to seek and use 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 Rhode Island found that nearly 30 percent had been stuck by a needle at one point in their careers, with more than 27 percent experiencing two or more needle stick injuries.[7]
- A 2009 study in *Harm Reduction Journal* found that SEPs reduce needle stick injuries among police officers and help lower the number of contaminated syringes in communities.[8, 9]
- 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. Indeed, these programs have decreased needle stick injuries to police by 66 percent."*
>
> —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, Guildford 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 SEP participants are five times more likely to enter a drug treatment program than non-participants.[22]
- Researchers monitoring drug treatment program participants found a majority were capable of reducing or ceasing dangerous drug habits.[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 and hepatitis C. 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."

—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, which in turn increase the effectiveness of SEPs and overall HIV/AIDS strategies.[26]

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.[27] 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.[28] 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

"Syringe exchange has helped to improve working conditions for law enforcement agencies and reduce rates of HIV and hepatitis infection."

—Ronald E. Hampton, Executive Director, National Black Police Association, Inc., July 2009

"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

"If you look at the police business as maintaining a society free of crime and disorder, I think the needle exchange program actually helps us do that…It's helping us keep our officers safer."

—Captain Andrew Smith, Los Angeles Police Department

"In Portland, syringe exchange has helped protect law enforcement and first responders from injuries caused by syringes during body searches or rescue operations. We are particularly impressed that our local syringe exchanges have built a network of support for families and that they have provided a bridge to addiction treatment. Portland's syringe exchanges have not been a problem for us and indeed have helped to remove some of the burden of working with this difficult population."

—Rosanne M. Sizer, Chief of Police, Portland, Oregon, July 2009

"I would like to go on record totally and enthusiastically supporting the adoption of a lawfully administered needle exchange program, whereby used or dirty needles are turned in or exchanged for clean sterile needles."

—Robert Schwartz, Deputy Chief of Police, Atlantic City, N.J., September 2004

"Throwing an infected syringe into the gutter, out of fear of prosecution for possession of a trace of substance, is bad for public health and safety. Stopping the arrest of drug users for possessing a used needle is a common sense way to protect public health and safety."

— 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.*

References

1. CDC. HIV in the United States (fact sheet). July 2010. http://www.cdc.gov/hiv/resources/factsheets/PDF/us.pdf. Accessed March 10, 2011
2. Wodak A, Cooney A. Do needle syringe programs reduce HIV infection among injecting drug users: A comprehensive review of the international evidence. *Substance Use and Misuse* 2006;41:(6) 777-813.
3. Institute of Medicine. *Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries. An Assessment of the Evidence*. Washington, D.C.: National Academies Press; 2006.
4. Marx MA, Crape B, Brookmeyer RS, Junge B, Latkin C, Vlahov D, Strathdee SA. Trends in crime and the introduction of a needle exchange program. *American Journal of Public Health*. 2000;90(12):1933–6.
5. Strathdee, et al. Facilitating entry into drug treatment among injection drug users referred from a needle exchange program. *Drug and Alcohol Dependence*. 2006;83:225-232.
6. Hagan, et al. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injections. *Journal of Substance Abuse Treatment*. 2000:19(3) 247-250.
7. Lorentz J, Hill J, Samini B. Occupational needle stick injuries in a metropolitan police force. *American Journal of Preventive Medicine*. 2000;18:146–150.
8. McCampbell SW, Rubin PN. A needle exchange program: What's in it for police? *Police Executive Research Forum*. 2000;14(10).
9. Davis CS, Beletsky L. Bundling occupational safety with harm reduction information as a feasible method for improving police receptiveness to syringe access programs: Evidence from three U.S. cities. *Harm Reduction Journal*. 2009;6:16.
10. Groseclose SL, Weinstein B,, Jones TS, Valleroy LA, Fehrs LJ, Kassler WJ. Impact of increased legal access to needles and syringes on practices of injecting-drug users and police officers—Connecticut, 1992-1993. *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology*. 1995;10(1):82–89.
11. Doherty MC, et al. Discarded needles do not increase soon after the opening of a needle exchange program. *American Journal of Epidemiology*. 1997;145(8):730–7.
12. Kaplan EH, Heimer R. A circulation theory of needle exchange. *AIDS*. 1994;8(5):567–74.
13. Harm Reduction Coalition. *Syringe Exchange Programs: Reducing the Risks of Needlestick Injuries*. New York: Harm Reduction Coalition; 2006.
14. Ibid.
15. Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: A 2-year follow-up. *American Journal of Public Health*. 2000;90(6):936–939.
16. Oliver KJ, Friedman SR, Maynard H, Magnuson L, Des Jarlais DC. Impact of a needle exchange program on potentially infectious syringes in public places. *Journal of Acquired Immune Deficiency Syndromes*. 1992;5:534–535.
17. CDC. Update: Syringe Exchange Programs—United States, 2002. *Morbidity and Mortality Weekly Report*. July 2005.
18. Institute of Medicine. *Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries*. *An Assessment of the Evidence*. Washington, D.C.: National Academies Press; 2006.
19. Marx MA, et al. Trends in crime and the introduction of a needle exchange program. *American Journal of Public Health*. 2000;90(12):1933–6.
20. Center for Innovative Public Policies. *Needle Exchange Programs: Is Baltimore a Bust?* Tamarac, Fl.: CIPP; April 2001.
21. Doherty MC, et al. Discarded needles do not increase soon after the opening of a needle exchange program. *American Journal of Epidemiology*. 1997;145(8):730–7.
22. Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *Journal of Substance Abuse Treatment*. 2000;19, 247–252.
23. Ibid.
24. Office of National AIDS Policy. U.S. National HIV/AIDS Strategy. July 2010. http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf. Accessed April 5, 2010.
25. CDC. Estimates of new HIV infections in the United States (fact sheet). August 2008.
26. Marx MA, et al. Trends in crime and the introduction of a needle exchange program. *American Journal of Public Health*. 2000;90(12):1933–6.
27. amfAR. The effectiveness of harm reduction in preventing the transmission of HIV/AIDS (fact sheet). November 2007.
28. amfAR. Syringe exchange programs in the United States, 2011 (map). http://www.amfar.org/uploadedFiles/On_The_Hill/SEPS.pdf?n=3826.

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