ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

Needle and Syringe Exchange

Adopted by the ANAC Board of Directors on September 13, 1998
Reviewed and Revised by the ANAC Board:
August 14, 1999; November 1, 2000; September, 2002; January 2007

Position
It is the position of the Association of Nurses in AIDS Care that:
• Needle/syringe exchange programs are an effective method of preventing the spread of HIV infection among injection drug users without encouraging the use of illegal drugs.
• Needle/syringe exchange programs should be part of a comprehensive strategy for the treatment of substance use, including drug treatment services, mental health counseling, social support services, harm reduction counseling, and competent primary health care, by providers who are knowledgeable about drug use, addiction, and prevention of bloodborne disease.
• Federal funds should be released to support the development, implementation, and continued capabilities of needle/syringe exchange programs around the country.

Statement of Concern:
Sharing injection equipment during drug use is the second most frequently reported risk behavior for the transmission of HIV infection. Over 219,000 individuals with AIDS in the United States are linked to the sharing of drug injection paraphernalia (CDC, 2004). Despite this, federal funds cannot currently be used to provide needles and syringes to drug users in the United States despite findings that demonstrate that these services significantly decrease the spread of HIV and other blood borne diseases (Des Jarlais et al., 2005; Villeareal & Fogg, 2006).

Background
Needle and Syringe Exchange Programs (N/SEPs) have been shown to be an effective prevention measure. Numerous studies have found that:
• N/SEPs reduce the risk of infection with HIV infection and other bloodborne pathogens in injection drug users (IDUs) through mechanisms including decreased reuse of contaminated equipment, decreased sharing of equipment, increased use of bleach to clean used syringes, and reduced frequency of injection (Fisher, Wells, Brecht, & Cagle, 2002; Huo, Bailey, Garfein, & Ouellet, 2005; Vlahov et al., 2002).
• N/SEPs attract IDUs with the highest risk profile, are successful in referring clients to detoxification and treatment programs, and are instrumental in reducing risky sexual and injecting behaviors among IDUs (Goltzman, Cymemman, Rossi, & Touze, 2002; HIVdent, 2002).
• Secondary exchangers can play a key role in providing syringes to IDUs who may not be willing to access N/SEPs personally (Shepherd et al., 2002; Sherman et al., 2002).
• N/SEPs do not encourage initiation of drug using behaviors and, in communities with N/SEPs, there is a reduction in discarded syringes on the streets (Vlahov & Judge, 1998).
• N/SEPs provide a cost-effective mechanism for preventing the transmission of HIV in IDUs (Holtgrave et al., 1998).
• Critical and comprehensive strategies, when employed properly and consistently with adequate funding, reduce drug-related HIV transmission. These include access to drug treatment, mental health interventions, education, social support systems, HIV counseling and testing, availability of injection equipment through local pharmacies, outreach to active IDUs and their families, and needle and syringe exchange programs (Kosbiech, 2002).

References


