

July 27, 2015

The Honorable Thad Cochran
Chairman
Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Barbara Mikulski
Ranking Member
Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
Appropriations Committee
United State House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Appropriations Committee
United States House of Representatives
Washington, DC 20515

Dear Chairmen Cochran and Rogers, and Ranking Members Mikulski and Lowey:

Thank you for the modification to the syringe access rider that you included in both the Senate and House FY 16 Labor, Health and Human Services, Education and Related Agencies (LHHS) Appropriations bills. Your leadership in modifying the ban on federal funding for syringe access programs ***will help many individuals nationwide struggling with opioid use disorder access life-saving programs*** to avert drug overdose; access substance use disorder treatment and recovery services; and prevent infection of life-threatening infectious diseases, including HIV and hepatitis C. **The Coalition for Syringe Access urges you to include this modified rider in any FY 16 Continuing Resolution or final FY 16 LHHS or omnibus appropriations bill.**

At a time of constrained budgets, this policy change will not only save lives, but also will save money. The lifetime cost of treating an HIV positive person is estimated to cost between \$385,200 and \$618,900. HIV-positive individuals often are uninsured or rely on public sector programs for care, so taxpayers bear the brunt of the costs of treatment. Treatment for hepatitis C costs billions of dollars annually, with an estimated 50 percent of drug users becoming infected with the virus within three years of their first drug injection.

Syringe access programs also will help preserve public safety, especially for police officers and first responders, by helping to collect and dispose of used syringes. In Portland, Oregon, the number of improperly discarded syringes fell by almost two-thirds after the implementation of a syringe access program. ***A study of Connecticut police officers found that needle stick injuries were reduced by 66%*** after implementing syringe access programs. By comparison, a study in ***San Diego, which does not have a syringe access program, found 30 percent of police officers have 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.

Thank you again for your meaningful response to the opioid epidemic ravaging the nation. Syringe access programs will provide critical prevention, intervention, treatment, and recovery services that will help so many individuals and families, especially in hard-hit areas, such as rural communities that are experiencing outbreaks or the increasing spread of infectious diseases. If you have any questions or need additional information, please do not hesitate to contact Christine Rodriguez from the Steering Committee of the Coalition for Syringe Access at crodriguez@nvhr.org or (202) 408-4848 ext. 221.

Sincerely,