

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

Syringe Access Programs

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, January 2009

Position

It is the position of the Association of Nurses in AIDS Care that:

- *Syringe Access programs are an effective method of preventing the spread of HIV infection, Hepatitis B and C and other bloodborne pathogens among injection drug users without encouraging the use of illegal drugs.*
- *Syringe Access 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 Syringe Access 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 245,000 individuals with AIDS in the United States are linked to the sharing of drug injection paraphernalia (CDC, 2006). 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, Cymerman, Rossi, & Touze, 2002; HIVdent, 2002).

- Secondary distribution should include models that foster peer delivered syringes and the use of social networks with trained peers and staff. For example, Peer Delivered Syringe Exchange (PD SE), a new model approved in NYS in 2007, plays a key role in providing syringes to IDUs who are unwilling or unable to access N/SEPs personally. Peers conducting PD SE conduct syringe exchange in their social networks and other venues where IDUs are known to congregate. This model provides the opportunity for outreach workers and peers to connect with an active population in need of services that can't or do not want to come to the syringe exchange site.
- 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).
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- N/SEPs provide a cost-effective mechanism for preventing the transmission of HIV in IDUs (Holtgrave et al., 1998). For example, in NYS in 1990, 52% of all AIDS cases were related to injection drug use. In 2002, only 7% of AIDS cases were related to injection drug use. In 1990, 50% of IDUs were infected with HIV; in 2002, 20% of IDUs were HIV infected; and in 2002, between 13-15% of IDUs are HIV infected. Similarly, in 1990, 90% of IDUs were infected with Hepatitis C; in 2002, only 66% of IDUs were Hep C infected with only 39% of new users being infected. The cost of treating one person with HIV over a lifetime is more than \$ 650,000. If a N/SEP prevents one person from becoming infected, they have more than paid for SEP operations.
- 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).

Expanded Access to Syringes (ESAP) is another mode of legal syringe access for IDUs.

- This type of program authorizes the sale or furnishing of a limited number syringes per transaction to persons 18 years of age or older without a prescription by pharmacies, health care facilities and health care practitioners.
- Although evaluation of these new programs is still ongoing, a comprehensive objective evaluation of ESAP conducted by researchers showed a small decline in rates of needle and syringe sharing, slow but steady increase in program utilization, no increase in improperly discarded needles and syringes, no increase in accidental needle stick injuries among police or sanitation workers, and no increases in syringe-related criminal activity or substance abuse.

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