Injection drug use is linked to almost one-third of all AIDS cases and one-half of hepatitis C cases. Injection drug users (IDUs) become infected and transmit the viruses to others through sharing contaminated syringes and other drug injection equipment and through high-risk sexual behaviors. Women who become infected with HIV through sharing needles or having sex with an infected IDU can also transmit the virus to their babies before or during birth or through breastfeeding.

To succeed in effectively reducing the transmission of HIV and other blood-borne infections, programs must consider a comprehensive approach to working with IDUs. Such an approach incorporates a range of pragmatic strategies that address both drug use and sexual risk behaviors. One of the most important of these strategies is ensuring that IDUs who cannot or will not stop injecting drugs have access to sterile syringes. (See the related fact sheet “Access to Sterile Syringes.”)

What Are Syringe Exchange Programs?

Syringe exchange programs provide a way for those IDUs who continue to inject to safely dispose of used syringes and to obtain sterile syringes at no cost.

The first organized SEPs in the U.S. were established in the late 1980s in Tacoma, Washington; Portland, Oregon; San Francisco; and New York City. By 1997, there were 113 programs in more than 30 states, the District of Columbia, and Puerto Rico, which exchanged more than 17 million syringes.1

In addition to exchanging syringes, many SEPs provide a range of related prevention and care services that are vital to helping IDUs reduce their risks of acquiring and transmitting blood-borne viruses as well as maintain and improve their overall health. These services may include:

- HIV/AIDS education and counseling;
- condom distribution to prevent sexual transmission of HIV and other sexually transmitted diseases;
- referrals to substance abuse treatment and other medical and social services;
- distribution of alcohol swabs to help prevent abscesses and other bacterial infections;
- on-site HIV testing and counseling and crisis intervention;
- screening for tuberculosis (TB), hepatitis B, hepatitis C, and other infections; and
- primary medical services.

SEPs operate in a variety of settings, including storefronts, vans, sidewalk tables, health clinics, and places where IDUs gather. They vary in their hours of operation, with some open for 2-hour street-based sessions several times a week, and others open continuously. They also vary in the number of syringes allowed for exchange. Many also conduct outreach efforts in the neighborhoods where IDUs live.3

What is the Public Health Impact of SEPs?

SEPs have been shown to be an effective way to link some hard-to-reach IDUs with important public health services, including TB and STI treatment. Through their referrals to substance abuse treatment, SEPs can help IDUs stop using drugs.4 Studies also show that SEPs do not encourage drug use among SEP participants or the recruitment of first-time drug users. In addition, a number of studies have shown that IDUs who will use sterile syringes if they can obtain them:5

SEPs provide IDUs with an opportunity to use sterile syringes and share less often.6

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What are the Challenges for SEPs?
SEPs face a variety of challenges to their operation. One of the most substantial is coverage. For example, Montreal—a city that has active and well-supported SEPs, allows sales of syringes without prescription, and encourages pharmacy sales—was able to meet less than 5 percent of the need for sterile syringes in 1994. Of the 100 SEPs participating in a 1997 survey, the 10 largest exchanged over half of the 17.5 million syringes exchanged. Most of the remaining SEPs exchanged much smaller numbers (the 24 smallest volume SEPs exchanged fewer than 10,000 syringes each).

SEPs also face significant legal and regulatory restrictions. For example, 47 states have drug paraphernalia laws that establish criminal penalties for the distribution and possession of syringes. Eight states and one territory have laws that prohibit dispensing or possessing syringes without a valid medical prescription. (See the related fact sheet “Policy Efforts to Increase IDUs’ Access to Sterile Syringes.”) Congress has also prohibited the use of federal funds for SEPs. The 1997 survey concluded that only 52 SEPs operating in 1997 are technically legal. Sixteen were classified as “illegal-tolerated,” and 32 as “illegal-underground.” Public health authorities in communities have employed a number of strategies to ensure the legal provision of SEP services, including declaring public health emergencies.

Local community opposition also can be a barrier to establishing a SEP. Residents voice concerns that the programs will encourage drug use and drug traffic and increase the number of used discarded syringes in their neighborhoods. Studies have found no evidence of increases in discarded syringes around SEPs.

Finally, some IDUs avoid SEPs because they fear that using a program that serves IDUs will identify them as IDUs. For others, the fear of arrest, fines, and possible incarceration if caught carrying syringes to or from the SEP is a potent deterrent.

What Can Be Done to Support Access to Sterile Syringes through SEPs?
Possible activities include:

- Supporting community-based discussions of the role that SEPs can play in comprehensive HIV and viral hepatitis prevention and care programs, in particular in getting SEP users into substance abuse treatment programs.
- Educating policy makers about the facts of injection-related transmission of blood-borne pathogens and the public health benefits of providing access to sterile syringes as part of a comprehensive public health approach.
- Encouraging collaborative review of the public health impact of repealing drug paraphernalia laws that penalize the possession or carrying of syringes.

For More Information
Get Preventing Blood-borne Infections in Injection Drug Users: A Comprehensive Approach, which provides extensive background information on HIV and viral hepatitis infection in IDUs and on the legal, social, and policy environment. It also describes strategies and principles for addressing these issues. Hard copies of this document and the fact sheets mentioned here can be obtained from the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/hiv/projects/idu-ta or from www.healthstrategies.org/Publications/publications.html, a website of the Academy for Educational Development.

Sources