

FACT SHEET

PUBLIC SAFETY, LAW ENFORCEMENT, AND SYRINGE EXCHANGE

BACKGROUND

Injection drug users (IDUs) accounted for up to 16 percent of all new HIV infections and 24 percent of the 1.1 million adults living with HIV in the U.S. in 2006.¹ When implemented as part of a comprehensive HIV/AIDS prevention strategy, syringe exchange programs (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 Science has shown that SEPs promote public health and safety by taking syringes off the streets and protecting law enforcement personnel from needle stick injuries that can result in the transmission of diseases such as HIV/AIDS and hepatitis C. Research has also shown that SEPs do not increase crime or drug use in communities. Federal funds may now be used for implementation of syringe exchange programs.

SEPS PROTECT LAW ENFORCEMENT PERSONNEL FROM NEEDLE STICK INJURIES

- SEPs reduce needle stick injuries among police officers and can help lower the number of contaminated syringes in communities.³
- A study of police officers in Rhode Island found that nearly 30 percent of them had been stuck by a needle at one point in their career, with more than 27 percent experiencing two or more needle stick injuries.⁴
- A study of Connecticut police officers found that needle stick injuries were reduced by 66 percent after the implementation of syringe exchange programs.⁵

SEPS PROMOTE PUBLIC HEALTH AND SAFETY BY TAKING SYRINGES OFF THE STREETS

- SEPs reduce the circulation of contaminated syringes among IDUs. These programs educate and instruct participants about the safe disposal of used syringes.^{6,7}

“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

“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 of Broward County, Florida
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... I think it's helping us keep our officers safer."

— Captain Andrew Smith
Los Angeles Police Department

- In many states, syringe exchange programs actively encourage participants to return as many used syringes as possible.⁸ As a result, the majority of syringes distributed by SEPs are returned.⁸ A Baltimore study demonstrated that SEPs helped to reduce the number of improperly discarded syringes by almost 50 percent.⁹
- Studies demonstrate that the availability of SEPs in communities results in the safe disposal of used syringes. For instance, in Portland, the number of improperly discarded syringes decreased by almost two-thirds after the implementation of an SEP.¹⁰ In 2000, approximately 3.5 million syringes were recovered in San Francisco and safely disposed of as infectious waste.¹¹

"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
September 17, 2004

SEPS DO NOT INCREASE CRIME OR DRUG ABUSE

- SEPs do not encourage the initiation of drug use nor do they increase the frequency of drug use among current users.¹²

- The presence of SEPs in communities does not expand drug-related networks or increase crime rates.² For instance, 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.¹³ Another study conducted in Baltimore demonstrated that the number of arrests did not increase after the establishment of SEPs.⁶

"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
City of Portland, Oregon
July 2009

CONCLUSION

SEPs are a cornerstone of prevention efforts to protect the health and safety of police officers and the public by helping to reduce the transmission of blood-borne diseases, including HIV/AIDS. SEPs dramatically reduce HIV infection in IDUs. Since the implementation of these programs in the late 1980s, new HIV infections among IDUs have declined overall by 80 percent.¹⁴ SEPs also have important health benefits for law enforcement personnel, who have responded positively to training on harm reduction and education on the legality and public health benefits of SEPs.^{15,16} Research has shown that accidental needle sticks to police officers have decreased significantly following the implementation of SEPs. Additionally, studies have demonstrated that SEPs make communities safer by removing used syringes from neighborhoods. Furthermore, research has found that these programs do not increase crime or drug abuse. Effectively addressing injection drug use and HIV/AIDS requires a coordinated partnership between public health providers, law enforcement, and communities.

ABOUT SYRINGE EXCHANGE PROGRAMS

IDUs represent a significant percentage of people newly infected with HIV and of all persons living with HIV in the U.S. SEPs are one 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 that in turn increase the effectiveness of SEPs.² SEPs provide a safe and accessible method for IDUs to exchange used syringes for sterile ones, lowering the risk of HIV transmission.¹⁷ Similar to hospitals and other healthcare settings, SEPs in communities collect used syringes in special puncture-proof containers. These containers are collected and safely disposed of according to special procedures designated for hazardous waste. There are currently approximately 211 exchange programs operating one or more exchange sites in 34 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations.¹⁸

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, 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.

“Of significant importance to our officers is the positive impact that needle exchange has had on public safety. Officers report that needle sticks are less likely to occur during routine “pat downs” because exchange syringes tend to be capped. This fact, in addition to removing dirty syringes from the streets, thus removing potentially dangerous biomedical waste from the community and providing participants with referrals to health care and drug treatment programs, certainly helps prove that the needle exchange program is beneficial to the public health and safety in our community.”

— Fred H. Lau, San Francisco Chief of Police, 1998

“After reviewing all the research to date, the senior scientists of the Department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.”

— Former U.S. Surgeon General David Satcher, M.D.
March 2000

Sources:

1. Centers for Disease Control and Prevention. *Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007*; February 2009.
2. 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.
3. McCampbell SW, Rubin PN. A Needle Exchange Program: What's In It For Police? *Subject to Debate*. October 2000;14(10).
4. Lorentz J, Hill J, Samini B. Occupational needle stick injuries in a metropolitan police force. *American Journal of Preventive Medicine*. 2000;18:146–150.
5. 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.
6. 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.
7. Kaplan EH, Heimer R. A Circulation Theory of Needle Exchange. *AIDS*. 1994;8(5):567–74
8. Harm Reduction Coalition. *Syringe Exchange Programs: Reducing the Risks of Needlestick Injuries*. New York: Harm Reduction Coalition; 2006.
9. Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. 2000. The effect of a needle exchange program on numbers of discarded needles: A 2-year follow-up. *American Journal of Public Health*. 90(6):936–939.
10. 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.
11. Centers for Disease Control and Prevention. Update: Syringe Exchange Programs – United States, 2002. *MMWR*. July 2005.
12. 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.
13. Center for Innovative Public Policies. *Needle Exchange Programs: Is Baltimore a Bust?* Tamarac, Florida: CIPP; April 2001.
14. Centers for Disease Control and Prevention. *Estimates of New HIV Infections in the United States*. Washington, D.C.: CDC; August 2008.
15. 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.
16. Beletsky L, Macalino GE, Burrell S. Attitudes of police officers towards syringe access, occupational needle-sticks, and drug use: A qualitative study of one city police department in the United States. *International Journal of Drug Policy*. 2005;16:267–274.
17. amfAR, The Foundation for AIDS Research. *The Effectiveness of Harm Reduction in Preventing the Transmission of HIV/AIDS*. New York: amfAR; November 2007.
18. amfAR, The Foundation for AIDS Research, North American Syringe Exchange Network (NASEN), and Beth Israel Medical Center. *Areas with Syringe Exchange Programs – United States, July 2009*. www.amfar.org/uploadedFiles/On_The_Hill/Resources/SEP_Map_FINAL_DRAFT.pdf?n=8369. Updated July 19, 2009. Accessed December 20, 2009.



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