

# Resource Document on Syringe Exchange Programs

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## Issue

According to the office of the United States Surgeon General, syringe exchange programs are an effective public health intervention strategy that reduces the transmission of HIV and hepatitis. Syringe exchange programs do not encourage the use of illegal drugs, but seek to prevent the harm caused by unsafe drug use.

## Background

Injection drug use has accounted for the second largest transmission category for HIV infection in the United States. The sexual partners and children of injection drug users (IDUs) are also at heightened risk for HIV. In fact most heterosexual and perinatal HIV infection that has occurred in the U.S. can be tied to injection drug use in one or both partners.

IDUs represented 9% of new HIV infections for 2009. By the end of that year, the Centers for Disease Control and Prevention (CDC) estimates that 273,444 IDUs in the U.S. had been diagnosed with AIDS since the epidemic was first recognized in 1981. Another 77,213 males had been diagnosed whose primary risks were injection drug use and sex with other males. African Americans accounted for 48 percent of new infections among IDUs, and Hispanics/Latinos accounted for 21 percent. (1)

HIV and other blood-borne pathogens are transmitted easily from person to person through the sharing of contaminated drug injection equipment. Injection drug use is also the most common risk factor for Hepatitis C infection. The CDC estimates that 80% of IDUs with HIV also have HCV. (2)

Access to clean syringes is key to reducing HIV among IDUs. (3) Syringe exchange programs (SEPs) provide a way for IDUs who continue to inject to safely dispose of used syringes and to obtain sterile syringes at no cost. Multiple reviews have concluded that syringe exchange leads to reductions in injecting risk behaviors among IDUs. (4) As of 2011, 221 sterile syringe exchange programs were operating in 33 states and the District of Columbia. (5)

Psychiatrists should recognize the challenges in achieving significant behavioral change, particularly with regard to the addictions. Programs that provide adequate therapeutic support and interventions, directed toward the ultimate goal of abstinence are essential. The frequently remitting and relapsing course of injection drug use, and the risk of HIV infection with each use, argues strongly for treatment approaches that start with reducing the associated harm of HIV transmission while attempting to engage the individual in a more comprehensive treatment process. Examples of reducing HIV transmission include syringe exchange programs and prescriptions.

## References

1. Prejean J, Song R, Hernandez A, et al. Estimated HIV Incidence in the United States, 2006-2009. *PLoS ONE* 2011;6(8):e17502.
2. Centers for Disease Control and Prevention. Surveillance for acute viral hepatitis—U.S., 2007. *MMWR Surveillance Summaries* May 22, 2009; 58(SS03):1-27.
3. Fuller CM, Ford C, Rudolph A. Injection drug use and HIV: past and future considerations for HIV prevention and interventions. In: Mayer KH, Pizer HF, editors. *HIV prevention: a comprehensive approach*. London: Academic Press/Elsevier; 2009:305-339.
4. Institute of Medicine. *Preventing HIV infection among injecting drug users in high risk countries: an assessment of the evidence*. Washington, DC: The National Academies Press; 2006.
5. Kaiser Family Foundation. *Sterile Syringe Exchange Programs, 2011*. At <http://www.statehealthfacts.org/comparetable.jsp?ind=566&cat=11> (accessed 12/7/11).

*Prepared by the Steering Committee on HIV Psychiatry.*

See also the related position statement.