

Syringe exchange programs -- a critical public health strategy without federal funding

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A study from Rhode Island Hospital examined the two-year period when the current ban on federal funding for syringe exchange programs (SEPs) was lifted in order to learn whether SEPs received or anticipated pursuing federal funding during that time. Only three of the 187 SEPs that responded had received funding at the time of the survey, and early experiences cited many barriers to accessing the federal funds. With the ban reinstated, the researchers state that the effect of federal SEP funding can therefore not realize its full public health potential. The findings are published in the *American Journal of Public Health*.

SEPs, which have been controversial since their inception, have been found to be effective and cost-effective interventions that prevent the spread of HIV and [hepatitis](#) infections among [drug users](#). Their number and impact in the U.S., however, has been limited by federal, state and local laws as well as law enforcement practices.

In December 2009, the Consolidated Appropriation Act modified the two-decade ban on the use of federal funds to support SEPs. At the time, the law did three things: formalized the federal government's recognition of the role of SEPs in community-based [disease prevention](#); allowed federal public health agencies to research and provide technical assistance to the programs; and provided a new source of funding during 2010 for the more than 180 SEPs in operation in the country. State and local governments provided 79 percent of SEP funding, with the

remainder from private sources. In the past, limited funding was cited as a common problem facing SEPs. The lifting of the [federal funding](#) ban, however, was not permanent. It was reinstated by Congress in December 2011.

Traci Green, Ph.D., M.Sc., a researcher with Rhode Island Hospital and [Lifespan/Tufts/Brown Center for AIDS Research](#), led a study to determine [discrepancies](#) between the promise of the law and its "street-level impact" in the initial stages of implementation. Through a telephone survey of SEPs around the country, Green and her colleagues examined several things: whether SEPs currently received federal funding explicitly for syringe exchange and distribution activities; whether SEPs anticipated pursuing federal funding; and the experienced and perceived barriers to acquiring federal funds under the preliminary U.S. Health and Human Services (HHS) guidelines.

Their findings indicate that of the 187 SEPs that responded, 90 percent were legally authorized. While 116 intended to pursue federal funding, only three were receiving federal funding at the time of study.

Green says, "Support for increased access to clean syringes and availability of federal funding for these prevention activities are part of the National HIV/AIDS Strategy. Yet we found that established SEPs rely heavily on state and local public funding, and report ongoing funding concerns. Given this, reinstating federal funding is critical for these life-saving programs. Our findings support calls that future federal funding should not come with strings attached and should be accessible to programs of any size or type that are successfully connecting with people who use drugs, and who are at high risk of acquiring HIV."

The researchers also identified perceived barriers in obtaining federal funding, in particular, the requirement that SEPs obtain annual certifications from local public health or law enforcement agencies to

verify the appropriateness and location of their operations. Green says, "Clear guidelines from federal agencies are needed and legal reform is needed in several states to authorize SEP activities."

Green concludes, "It's disappointing to see the SEP funding ban reinstated but there is concerted advocacy to reverse this. If and when the ban is removed again, our findings suggest ways that this legislative action can be done to maximize [public health](#) benefit, including removing difficult-to-implement law enforcement requirements or location restrictions, increasing dissemination of guidelines, offering technical assistance to sites, and dedicating federal funding for SEPs. We call upon our legislators to ensure that these important programs receive the legislative and financial support they need to reduce the spread of HIV in the community."

Provided by Lifespan

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