

The Honorable Barbara Mikulski
Chairman of the Senate Appropriations Committee
503 Hart Senate Office Building
Washington, D.C. 20510

December 12, 2013

Dear Sen. Mikulski,

As members of Congress work to draft legislation to fund the government for FY14, we the undersigned hereby urge you to use your position as Senate Appropriations Chair to end the ban on federal funding for Syringe Services Programs (SSPs). The federal ban has been in place since December 2011, after language was inserted into Appropriations legislation, and it has been detrimental to the health of Americans and the fight against HIV/AIDS ever since, especially those in your home state of Maryland. Lifting the ban would not involve the appropriation of a single additional federal dollar; the change would simply allow local and state medical authorities to spend federal dollars they are given as they see fit.

SSPs are cost-efficient and good for public health, something well-documented in scientific and medical literature. By providing clean syringes to drug users, SSPs minimize the spread of HIV and Hepatitis C.¹ There is no evidence that such programs promote or increase drug use. On the contrary, research shows that SSPs connect drug users to addiction treatment and overdose prevention services.² Similarly, with the crackdown on prescription drugs, some of us in the medical profession have seen a rise in heroin use as individuals switch to cheaper and more available drugs, making SSPs an even more essential component of our nation's public health strategy.³ Furthermore, in our quest to address health disparities in our country, SSPs are crucial, given that African-Americans are eleven times and Latinos five times more likely to contract HIV from an infected needle than Caucasians.⁴

Maryland - the state you represent, and where we all live and work - has the fourth highest percentage of cumulative AIDS diagnoses attributable to injection drug use (IDU) in the country.⁵ Maryland's history shows that simple interventions requiring modest investment, such as syringe programs, can reverse this trend. Baltimore City is currently the only jurisdiction in

¹ World Health Organization. (2004). Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Available online at <http://www.who.int/hiv/pub/idu/pubidu/en/>. (Date last accessed: Sep. 17, 2013)

² New Jersey Syringe Access Program Demonstration Project. (January 2010). Interim report: Implementation of P.L. 2006, c.99, "Blood-borne Disease Harm Reduction Act." Available online at http://www.state.nj.us/health/aids/documents/nj_sep_evaluation.pdf. (Date last accessed: Sep. 17, 2013)

³ Schwartz, Yarenda. June 2012. Painkiller use breeds new face of heroin addiction. Available online at http://dailynightly.nbcnews.com/_news/2012/06/19/12303942-painkiller-use-breeds-new-face-of-heroin-addiction?lite. (Date last accessed: Sep. 17, 2013)

⁴ CDC. (December 2012). Estimated HIV incidence in the United States, 2007–2010. HIV Surveillance Supplemental Report 2012, 17(4), (6-7). Available online at http://www.cdc.gov/hiv/pdf/statistics_hssr_vol_17_no_4.pdf. (Date last accessed: Sep. 17, 2013).

⁵ 40.6 percent, compared to 25.2 percent nationally. Maryland: Estimated Numbers of AIDS Diagnoses Among Adults and Adolescents by Transmission Category, Cumulative through 2010. Available at: <http://www.statehealthfacts.org/comparetable.jsp?ind=845&cat=11>

Maryland permitted to conduct syringe exchange, and this program is funded solely by the city government. A study in Baltimore has demonstrated that SSPs that are closely linked with drug treatment programs have high levels of retention for substance abuse treatment.⁶ With the help of syringe programs, the proportion of HIV diagnoses attributable to injection drug use in Maryland has dropped from 53.3% to an all-time low of 15.9% in 2010.⁷ But more must be done. It is our belief that lifting the ban would firm up Baltimore's program and encourage other jurisdictions in Maryland to establish their own SSPs.

As scientists and health practitioners at institutions that often rely on government funding for research grants and other programs, we are acutely aware that we are in an era of rising healthcare costs and squeezed budgets. Yet it is precisely because of such belt-tightening that politicians must support ending the federal ban on SSPs. Studies have shown that for every dollar spent on SSPs, an estimated \$3-\$7 are saved in HIV treatment costs.⁸

Our counterparts in the law enforcement community have spoken out about the public safety benefits of SSPs. In a recent op-ed, Jim Pugel, interim chief of the Seattle Police Department, said that, "Having well-supported syringe programs increases the likelihood that drug users will tell officers that they possess injecting equipment, reducing odds that an officer will incur a needle-stick injury during a search."⁹ We also believe that SSPs make neighborhoods safer all round, because they provide a safe place for used syringe disposal, and drastically reduce the risk that our children and grandchildren will accidentally pick up a used syringe in a public space.

In summary, there are few occasions when members of the medical community can unite and advocate for a public health program that costs nothing, saves taxpayer dollars, and saves lives. This is one of those occasions. Therefore, we call on you to immediately end the ban on federal funding for syringe exchange funding.

Sincerely,

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⁶ Brooner, R., et al. (1998). Drug abuse treatment success among needle exchange participants. *Public Health Reports* 113(Suppl 1): 129.

⁷ Maryland Department of Health and Mental Hygiene. (2011). Maryland HIV/AIDS Epidemiological Profile: Fourth Quarter 2011: 30. Available online at <http://ideha.dhmh.maryland.gov/OIDEOR/CHSE/Shared%20Documents/Maryland%20HIV%20AIDS%20Epidemiological%20Profile%2012-2011.pdf>

⁸ Nguyen, T.Q., Weir, B.W., Pinkerton, S.D., Des Jarlais, D.C., & Holtgrave, D. (July 23, 2012). Increasing investment in syringe exchange is cost-saving HIV prevention: modeling hypothetical syringe coverage levels in the United States(MOAE0204). Available online at <http://pag.aids2012.org/session.aspx?s=198>. (Date last accessed: Sep. 17, 2013).

⁹ Pugel, Jim. (August 14, 2013). Why I'm Lobbying to Repeal the Federal Ban on Needle Exchange Funding. Available online at <http://slog.thestranger.com/slog/archives/2013/08/14/this-police-chief-says-lift-federal-ban-on-needle-exchange-funding>. (Date last accessed: Sep. 17, 2013).

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