Syringe Exchange: Getting to the Point

POZ talks with Allan Clear, executive director of the Harm Reduction Coalition, about the potential end of the two-decade ban on federally funded syringe exchange programs, and what it means for domestic HIV prevention.

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Congress may lift the 21-year-old ban on federally funded syringe exchange programs after returning from recess on September 8, a move that would bolster HIV- prevention efforts among the estimated 350,000 injection drug users in the United States.

According to the Centers for Disease Control and Prevention (CDC) an estimated 250,000 people died from AIDS-related illness linked to unsafe injection practices as of 2004. Additionally, of the estimated 1.1 million U.S. residents living with the virus, more than 25 percent of adolescent and adult cases are directly attributed to injection drug use.

While advocates applaud the lifting of the ban through this legislation, a restriction added to the House of Representatives version of the bill stipulates that syringe exchange programs cannot operate within 1,000 feet of day-care centers, schools, parks, playgrounds, pools and youth centers, making it virtually impossible to establish syringe exchange programs in urban areas such as Washington, DC, where at least 3 percent of the population is already HIV positive. Both chambers of Congress are expected to talk about lifting the ban in conference committee.

To discuss this landmark legislation, *POZ* spoke with Allan Clear, executive director of the Harm Reduction Coalition (HRC), a national organization that advocates for the health and dignity of injection drug users.

The ban on federal funding for needle exchange bans has been in place since 1988. Why has it taken so long for the ban to get lifted?

I think it's mostly due to a culture war that's gone on all this time, going back before 1988. It's based around morality: deserving populations and undeserving populations. And drug users fall into the undeserving populations category. And they become part of the battlefield for both Democrats and Republicans .

And it's [due to] stigma related to drug use and stigma related to HIV. This is playing out right now with

the new amendment. People that should be allies of ours are continuing the stigmatization of drug users and HIV in health care services.

That amendment would make it virtually impossible to operate a syringe exchange program within 1,000 feet of anywhere kids might be. Why was this amendment added?

The origin of [the amendment] is the financial services bill, which governs how DC spends their money. That amendment was [added] by Jack Kingston who's a Republican Congressman from Georgia. And essentially, it's a very cynical move. It has nothing to do with protecting children; it has to do with reinstating the ban in a different way. And the Republicans know that. They know the amendment renders syringe exchange programs unfeasible and unworkable. So, it was a very political maneuver. When the Democrats [allowed] that same language to be added to [the House version of the bill], they went to the worst possible scenario right at the beginning instead of drawing a line in the sand. It leaves them very little room to maneuver.

If the Democrats really sense that they have the power to control the outcome of thefederal ban, then maybe it doesn't matter. But if they really believe that this is something that needs an amendment, then they've really taken a poor position.

What we [at HRC] have had to do over the last 20 years is prove that syringe exchange works. It doesn't increase drug use, it does decrease HIV, there are reams and reams and reams of science that talk to that. There's no scientific validation for the addition of this amendment. So there's no accountability on the part of our politicians; it's all on our end. We've delivered and they haven't.

What they're doing is treating HIV as if it's some kind of contagion or contagious event. And it's the same with drug use. By saying that if you're [offering clean syringes within 1,000 feet of any living child, somehow they're going to be contaminated [by that]. And it's that perpetuation of stigma that we've fought so hard to get rid of.

If this language does end up in the final bill and becomes law, what would be the next step for harm reduction and HIV advocates?

In addition to the grassroots response, we're working on talking to elected officials in their own districts right now. We're also looking at health departments' response to this. NASTAD [National Alliance of State & Territorial AIDS Directors] have been very active. The New York State Department of Health has weighed in, [as have] the New York City Department of Health, and the mayor's offices in New York, Seattle and Boston. The level of response has been significant.

Now, if it does get amended, if the bill passes and the federal ban [comes] out with this amendment [added] on, then we're certainly no further forward. And I guess we'd have to fight this either next year or the year after. But next year's an election year, which makes it more difficult.

If this language makes it through, is there any feasible way that this bill would be effective? Or is this just a slap in the face?

It's a real slap in the face. Period. But I imagine there are rural communities that could [offer syringe exchange programs]. You could do home delivery. But it's hard to imagine any major urban center being able to do this. In Chicago, if you applied the thousand-foot rule, the only place you could do the syringe

exchange is in a cemetery. If you [applied] it in DC, the only place you could do it is in the Chesapeake. The Homeless Youth Alliance in San Francisco works with homeless youth who live in the park. If you put that restriction on them, they can't even work with the youth that are there. And that's their target population. It just means that no one can use federal monies. And part of the hypocrisy of all this is, [is that while] we hear over and over again from Republicans that they don't want to legislate local jurisdictions, that's exactly what they're doing.

[The placement of syringe exchange programs] should be left to the local public health offices [who know] the local conditions, and best judge [where to put the programs]. If it's not right to put a syringe exchange program next to a nursery or a playground or a school, then that should be decided locally and not legislated at the federal level.

If the language restricting locale is removed and federal funding becomes available, how should community-based organizations best use this funding?

Advocates are going to have to go through their local planning groups to make HIV prevention amongst injectors a priority. And then instruct state and local health departments to actually use federal money.

It would be tragic if federal funds become available and the local ASOs, who haven't done [syringe exchange programs], suddenly apply for these monies and cut out the local syringe exchanges [which have been around for over a decade]. It would be preferable, I think, if the people who have been doing this all along could maneuver into a position where they can actually apply for the money. And that's going to mean some technical assistance.

And if the ban is lifted without restrictions, what harm reduction challenges remain?

The first step is getting those areas of the country that really need programs to actually apply and get the money. we need to [encourage states] like Texas, Florida, and places where the health departments haven't been able to step up because of local politics, and have them move into the position where they're able to implement syringe exchange programs. States like California, New York, Washington, Oregon, Massachusetts —that already have government-supported syringe exchange.—are going to be the ones to take advantage of federal money to expand the programs.

Secondly, I think [we should not] over-regulating something that should be really simple. The issue really is that drug users end up sharing equipment because there aren't enough syringes in circulation. So the bottom line is, you need to get syringes into the drug using population, and you don't want to over-regulate that by putting restrictions on the programs. I think the newer programs or emerging programs really need to look at the success of programs that have run for a long time and do what they've done as opposed to reinventing the wheel. There needs to be a concerted effort to look at what has worked in the past and make sure [those lessons are applied] in new and emerging programs.

Is there anything else *POZ* readers need to know about this bill and how it relates to them?

The game's not over yet, even though this amendment is floating around. We really have to hope that the conference committee actually does the right thing. They've taken this move, to get it so far. Let's hope that they follow through on this commitment because this is the time to do it. We've waited 20 years and they really need to follow the science at this point.

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