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March 30, 2011

Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510Honorable Thad Cochran
Ranking Member, Committee on Appropriations
United States Senate
Washington, DC 20510Re: Syringe Exchange Programs

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Dear Chairman Inouye and Ranking Member Cochran:

I am writing on behalf of the American Bar Association to urge you to reject attempts to include provisions in appropriations measures for the remainder of this year and for FY 2012 that would reverse current law by banning the use of federal funds for syringe exchange programs. The ABA has supported federal funding for needle exchange programs since 1997 as an effective public health strategy in reducing the transmission of HIV/AIDS in the United States. These programs enjoy broad support from state and local health departments and the communities they serve, and voluminous research has established that they are cost-effective and vital to protecting public health, reducing HIV transmission, and addressing drug addiction by encouraging and assisting intravenous drug addicts to enroll in substance abuse treatment programs.

Since passage of the Consolidated Appropriations Act of 2010, Congress has allowed state and local health departments to use federal funds to establish syringe exchange programs. Several states, including California, Connecticut, New Jersey, New Mexico, Oregon, Vermont, and Washington, have opted to direct a portion of their federal funds to syringe exchange under the current congressional policy. These programs will be jeopardized if Congress bans funding for the remainder of the FY 2011 appropriations cycle or for FY 2012.

While there are no funding restrictions in the current FY 2011 continuing resolution set to expire April 8, we are concerned about future action because Section 1847 of H.R. 1, as passed by the House, would impose a complete ban on the use of federal funds for syringe exchange programs, and Section 1591 would

prevent the District of Columbia from using its own funds for syringe exchange programs, a restriction that Congress had lifted in 2007.

Make no mistake: this country is still in the grip of a domestic HIV/AIDS epidemic. In fact, the epidemic is worse than previously realized. In 2009 the Centers for Disease Control raised its longstanding estimate of the yearly number of new HIV infections in the United States from 40,000 to 56,300. With states suffering budget shortfalls, federal funds are critical to the continued existence of syringe exchange programs that meet local needs and protect our communities. It would be counterproductive to public health efforts to enact funding restrictions that hamper or eliminate the opportunity for communities to use a tool that has proven effective in reducing HIV/AIDS transmissions.

By way of example, New York State currently has 19 syringe exchange programs operating at more than 50 sites under authorization by the state Health Commissioner. These programs collectively provide three million sterile syringes annually, along with HIV and hepatitis prevention and testing and linkage to primary care and drug treatment. Syringe exchange programs in New York have made more than 175,000 referrals to detoxification and substance abuse treatment programs, health care services, HIV counseling and testing, and social services. New York's syringe access programs represent a national model and a major success story in the fight against HIV/AIDS: the proportion of new diagnoses in New York State attributable to injection drug use has decreased from 52% of new AIDS cases in 1992 to 5.4% of new HIV cases in 2008. As the historic epicenter of the HIV/AIDS epidemic in the United States, New York relies on preserving flexibility in use of federal funds for syringe exchange in order to meet the continued challenges of disease prevention and public health.

We therefore urge you to oppose any effort during appropriations negotiations to turn the clock back and ban the use of federal funds, or prevent the District of Columbia from using its own funds, for syringe exchange programs.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas M. Susman", with a long horizontal flourish extending to the right.

Thomas M. Susman

cc: Members of the Committee