June 5, 2007

Hon. Jose Serrano, Chair
Subcommittee on Financial Services and General Government
Committee on Appropriations
U.S. House of Representatives
Longworth House Office Building
Washington, DC 20515

Re: Needle Exchange Programs in the District of Columbia

Dear Chairman Serrano:

The American Bar Association supports the removal of legal barriers to the establishment and operation of approved needle exchange programs that include a component of drug counseling and drug treatment referrals. We applaud your support of the District of Columbia’s efforts to use its own funds to establish and maintain such programs.

According to the Centers for Disease Control and Prevention (CDC), in 2005 the District recorded 128.4 new AIDS cases per 100,000 residents, while the national average is 13.7 new cases per 100,000 residents. Injection drug use is the second most common mode of HIV transmission among men in the District and the most common mode among women. The District’s only needle-exchange program is financed through private donations and reportedly reaches only about one-third of the estimated 9,700 injection drug users in the city.

According to the North American Syringe Exchange Network, elsewhere in the nation, more than 200 needle-exchange programs serve to reduce the spread of HIV infection among drug users and those who are exposed to them. About half receive public funds from the state or locality in which they operate. These programs have a history of success in bringing needed social services to the target community, and many, therefore, have been in existence for years. There is no evidence that any of these programs have led to increased injection drug use in the communities they have served.
The District’s HIV/AIDS epidemic, which far outstrips that of other major American cities, has had a disproportionate impact on the city’s poor and its communities of color. It is imperative that proven harm reduction measures, such as needle exchange programs, be available to the District to deal effectively with this severe crisis. While some legislators have expressed concern that these programs may “send the wrong message” about drug use, the overwhelming demonstrated success of needle exchange programs elsewhere in reducing the spread of HIV without increasing drug use demonstrates that this concern, while logical in theory, is unfounded in practice.

Thank you for your leadership on this issue. We hope your subcommittee will act promptly to give the District the option to use its own funds to implement needle-exchange programs in the interest of public health and safety. For further information, please contact Ellen McBarnette, ABA Legislative Counsel for HIV/AIDS issues, at 202/662-1767.

Sincerely,

Denise A. Cardman
Acting Director