October 19, 2011

Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

Honorable Thad Cochran
Ranking Member
Committee on Appropriations
United States Senate
Washington, DC 20510

Re: Retention of Syringe Exchange Programs in FY 2012

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 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 their funding for FY 2012; provisions in three FY 2012 funding bills (Labor-HHS, Financial Services, and State/Foreign Operations) approved by the House Appropriations Committee seek to restore the ban, even though similar efforts to attach bans to FY 2011 funding bills were defeated six months ago. Once again,
your leadership is needed to assure that science drives U.S. policy in public health.

Make no mistake: this country is still in the grip of an HIV/AIDS epidemic. In 2009 the Centers for Disease Control and Prevention 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.

In New York State, for example, syringe exchange programs authorized by the state health commissioner 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 decreased from 52 percent of new AIDS cases in 1992 to 5.4 percent 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 or District of Columbia funds for syringe exchange programs.

Sincerely,

[Signature]

Thomas M. Susman

cc: Members of the Senate Committee on Appropriations

Jeffrey Crowley, Director of the Office of National AIDS Policy and Senior Advisor on Disability Policy