

March 7, 2011

The Honorable Harry Reid
Majority Leader
United States Senate
Washington DC 20510

Dear Senator Reid:

We are writing to urge you to preserve flexibility in the use of federal funds for syringe services programs (SSPs). As you are aware, in December of 2009, Congress passed the Consolidated Appropriations Act of 2010, which allow for the use of federal funding for SSPs at the discretion of local authorities. House Resolution 1 (H.R. 1) would reverse this policy by imposing a complete ban on the use of federal funds for syringe services programs (section 1847 on p. 304). H.R. 1 would also reinstate a restriction on the District of Columbia's ability to use its own tax revenues for syringe exchange (section 1591 on p. 243). Adoption of these provisions will result in increased HIV and viral hepatitis infection rates in the United States among both injection drug users (IDUs) and the general population. The provisions would also override the discretion of local health and law enforcement officials to exercise their judgment on supporting the HIV and viral hepatitis prevention strategies most appropriate and effective for their communities.

Since the passage of the Consolidated Appropriations Act of 2010, seven state health departments and one city health department have received permission from the Centers for Disease Control and Prevention (CDC) to use their federal HIV prevention funding to support SSPs in accordance with the law. Several other health departments have indicated plans to apply future federal funds to SSPs, and the Substance Abuse and Mental Health Services Administration has also allowed certain grantees to use a portion of their funds for syringe exchange. The District of Columbia has funded community-based syringe exchange programs since 2008. With states suffering budget shortfalls, federal funds will be critical to ensure that these SSPs continue to meet local needs and protect our communities.

Eight federal studies and a definitive body of research have demonstrated that these programs reduce HIV transmission among IDUs, increase connections of IDUs to drug treatment programs and are highly cost-effective. The lifetime medical cost of treating a person living with HIV/AIDS is approximately \$355,000 and the costs go even higher when additional supportive services are added. In contrast, researchers estimate the cost for SSPs to prevent HIV infections among IDUs, their partners, and family members is between \$4,000 and \$12,000 per avoided HIV infection. Syringe services programs also link people who inject drugs to substance abuse treatment, and provide multiple other vital health and social services.

The undersigned organizations strongly oppose reinstatement of the ban on SSPs or any changes to the current law in any continuing resolution or future appropriations bill. Reinstatement of the ban runs counter to the goals of the National Drug Strategy and the National HIV/AIDS Strategy and would threaten HIV and viral hepatitis prevention efforts. We urge the Senate to preserve current federal policy on SSPs and block all efforts to impose harmful funding restrictions and vote against H.R.1.

Sincerely,

Advocates for Youth
AIDS Action Committee of MA
AIDS Foundation of Chicago
AIDS United
American Civil Liberties Union
amfAR, The Foundation for AIDS Research
Atlanta Harm Reduction Coalition, Inc
Berkeley Needle Exchange Emergency Distribution
Drug Policy Alliance
Family and Medical Counseling Service, Inc.
Family Equality Council
Harm Reduction Coalition
Health Global Access Project
HIV Prevention Justice Alliance
Housing Works
Human Rights Campaign
International Women's Health Coalition
Legal Action Center
Michigan AIDS Coalition
Minnesota AIDS Project
National Alliance of State and Territorial AIDS Directors
National Black Justice Coalition
National Center for Lesbian Rights
National Gay and Lesbian Task Force Action Fund
National Organization for Women
National Viral Hepatitis Roundtable
North American Syringe Exchange Network
North Carolina AIDS Action Network
North Carolina Harm Reduction Coalition
North Carolina Syringe Access
Open Society Policy Center
Pediatric AIDS Chicago Prevention Initiative
Physicians for Human Rights
Point Defiance AIDS Prevention
Project Inform
San Francisco AIDS Foundation
STRATA VARIOUS PRODUCT DESIGN
The AIDS Institute
Treatment Action Group
Trust for America's Health
UNID@S, The National Latin@ LGBT Human Rights Organization
Urban Coalition for HIV/AIDS Prevention Services, UCHAPS
Wellness AIDS Services

CC: Senator Dick Durbin, Majority Whip, Chair, Financial Services Subcommittee
Senator Chuck Schumer, Vice Chair, Democratic Caucus
Senator Daniel Inouye, Chair, Appropriations Committee
Senator Tom Harkin, Chair, Labor, Health and Human Services and Education Subcommittee