Myths and Facts about Syringe Availability

Myth: Increased access to sterile syringes promotes drug use.

Fact: There is a wealth of scientific evidence demonstrating that expanded access to syringes does not encourage drug use.

- In 1998, the United States Department of Health and Human Services certified that syringe availability does not encourage drug use.
- In its 1997 Consensus Statement, the National Institutes of Health reported that “a preponderance of evidence shows either no change or decreased drug use” after participation in syringe exchange programs.
- A study published in the *Journal of the American Medical Association* (1997) reported that “deregulation of syringe sale and possession does not itself increase the availability of illicit drugs and is not equivalent to condoning drug use.”
- Overwhelming evidence in support of syringe availability has persuaded a multitude of national and statewide organizations to endorse such initiatives. They include:

  - American Academy of Pediatrics
  - American Bar Association
  - American Medical Association
  - American Pharmaceutical Association
  - American Public Health Association
  - Association of State and Territorial Health Officials
  - Chicago Department of Public Health
  - Congressional Black Caucus
  - Illinois Public Health Association
  - Illinois State Medical Society
  - Illinois Nurses Association
  - Illinois Retail Merchants Association
  - Illinois Planned Parenthood Council
  - ACLU of Illinois
  - Cook County Bureau of Health
  - Walgreen Company
  - AIDS Foundation of Chicago
  - National Academy of Sciences
  - National Alliance of State and Territorial AIDS Directors
  - National Association of County and City Health Officials
  - National Black Caucus of State Legislators
  - National Commission on AIDS
  - National Institutes of Health
  - National Institutes of Health
  - U.S. Department of Health and Human Services
  - U.S. Conference of Mayors
  - World Health Organization

Myth: Increased availability of syringes will not prevent HIV infection because injection drug users do not care about their health.

Fact: There is strong scientific evidence that injection drug users will purchase sterile syringes at pharmacies in order to reduce their risk for HIV infection.

- Numerous research teams have studied the effectiveness of both syringe exchange programs and syringe purchasing initiatives. In more than 40 academic papers, scientists have reported findings that demonstrate increasing access to sterile injection equipment decreases rates of HIV infection among injection drug users without increasing drug use. These studies challenge the stereotype that injectors neither care about their health nor are willing to take steps to prevent HIV transmission.
Listed below are just five studies demonstrating the effectiveness of sterile syringe availability initiatives:

- In 1992, Connecticut deregulated the sale and possession of syringes. In just one year, syringe sales rose 23% in areas of the state that have high rates of injection drug use, and rates of syringe sharing decreased 40% (*Journal of AIDS and Human Retrovirology* [JAIDS], 1995).

- In Minnesota, following deregulation of syringe sales in 1998, research found that pharmacies replaced street locations, friends, or pimps as the primary source of syringes and that syringe sharing decreased 17% (*Journal of the American Pharmaceutical Association*, 2002).

- A 1992 study reported that the HIV infection rate among IDUs in St. Louis, where state law permits over-the-counter syringe purchasing, was only 3% (*American Journal of Public Health*, 1992). By contrast, the infection rate among IDUs in Chicago -- where state law prohibits the sale of syringes without a prescription – is estimated to be around 30% (*International Conference on AIDS*, 1993).

- In a study that compared rates of HIV infection for injection drug users who had diabetes to those without diabetes, 24.3% of the non-diabetics were HIV-positive as compared to only 9.8% of the diabetics. Researchers attributed the lower infection rate among diabetics to the ready availability of sterile syringes for people with diabetes (*Journal of the American Medical Association*, 1991).

- Researchers of a 1988 study conducted in Chicago found that 94% of injection drug users interviewed had shared and reused syringes regularly. After sterile syringes were made available to them, only 26% of participants reported sharing and reusing syringes (JAIDS, 1998).

**Myth:** Syringe exchange programs adequately address the problem.

**Fact:** In Illinois, syringe exchange programs reach only 5% of individuals who inject drugs every day.

- Seven syringe exchange programs operating in Illinois provide services to only a fraction of the estimated 60,000 individuals who inject drugs 2-3 times each day. These programs have neither the resources nor the ability to provide HIV prevention services to all injection drug users in the state.

- Chicago syringe exchange programs would need more than $11 million each year to provide services to all injection drug users in the city. This amount is greater than the entire HIV prevention budget for the City of Chicago.

- Some injectors, particularly those in the workforce, are reluctant to utilize syringe exchange programs. Also, such programs are often impractical in rural areas where long distances between communities and small populations make them unfeasible to operate.

- Conservative estimates suggest that legalized syringe purchasing would prevent 20% of the new HIV infections related to injection drug use. This means that 100 new infections could be prevented each year, at no cost to the state.

We urge you to support efforts to change Illinois law to allow adults to purchase sterile syringes at pharmacies without a prescription. Only five states, including Illinois, currently have a law requiring prescriptions for syringe purchases. There is no federal requirement that the availability of syringes be physician-controlled. Expanding access to sterile syringes will lower rates of HIV infection and help save lives.

For more information contact Amy LaMantia at 312-922-2322 or alamantia@aidschicago.org.