

**Resolution on HIV Prevention Strategies  
Involving Legal Access to Sterile Injection Equipment:**

*Passed by the APA Council of Representatives on February 22, 2005*

WHEREAS the primary route of HIV transmission among injection drug users (IDUs) is the sharing of contaminated injection equipment; and

WHEREAS injection drug use and the HIV and hepatitis C epidemics are inextricably linked in American society; and

WHEREAS injection drug use is associated with one-half of hepatitis C cases and almost one-third of all AIDS cases both through direct transmission through shared needles and indirect transmission through sex with HIV-infected injecting drug users (CDC, 2002 and 2002a); and

WHEREAS one million active users of injection drugs are estimated to live in the United States (CDC, 2002b); and

WHEREAS only a fraction of people who need substance abuse treatment are able to obtain it through public agencies (CDC, 2002b); and

WHEREAS infected injection drug users (IDUs) transmit HIV through the sharing of contaminated syringes and other drug injection equipment (CDC, 2002a); and

WHEREAS injection drug users inject approximately 1000 times per year (Lurie, Jones, and Foley, 1998); and

WHEREAS ongoing injection-related risk behaviors are associated with restricted syringe access (Gostin, Lazzarini, Jones, & Flaherty, 1997; Rich, Dickinson, Liu, et al., 1998; Broadhead, van Hulst, & Heckathorn, 1999);

WHEREAS use of needle exchange programs is associated with reductions in reusing syringes, lending used syringes to others, and other indirect sharing activities (Blumenthal et al., 2000; Hagan & Thiede, 2000; Robles et al., 1998; Vlahov, Junge, Brookmeyer, et al., 1997); and

WHEREAS regular use of needle exchange programs by IDUs is associated with less drug-related HIV risk behavior and lower rates of seroconversion (Des Jarlais, Marmor, Paone, et al., 1996); and

WHEREAS IDUs who use needle exchange programs have reduced incident hepatitis C virus (Taylor et al., 2000); and

WHEREAS the incidence of HIV among IDUs who use needle exchange programs is less than one third of the incidence of HIV among IDUs who do not use NEPs (Des Jarlais, 2000); and

WHEREAS IDUs who use needle exchange programs exhibit reductions in the mean number of injections per syringe as well as reductions in the mean number of injections per day (Vlahov, Junge, Brookmeyer, et al., 1997); and

WHEREAS most needle exchange programs provide a range of adjunctive services including primary medical services, HIV/AIDS education, condom distribution, referrals to drug abuse treatment, on-site HIV testing and counseling, and screening for tuberculosis (TB) as well as hepatitis B and C; and

WHEREAS participation in needle exchange programs is associated with improved access to health care and drug treatment (Strathdee, Celentano, Shah et al., 1999); and

WHEREAS needle exchange programs have been shown to be cost-effective (Gold et al., 1997; Holtgrave and Pinkerton, 1997, Jacobs et al., 1999); and

WHEREAS needle exchange programs do not result in increased use of illicit drugs or encourage first time drug use (Robles et al., 1998; Vlahov and Junge, 1998); and

WHEREAS only about half of the approximately 100 needle exchange programs currently operational in North America are legal (CDC, 2000; Vahlov and Junge, 1998); and

WHEREAS injection drug users will use sterile syringes if they can obtain them (Junge et al., 1999; Heimer, Khoshnood, Bigg et al., 1998); and

WHEREAS guaranteed access to sterile injection equipment acquired through pharmacies has been associated with reduced rates of both needle sharing and HIV transmission (Cotten-Oldenburg, Carr, DeBoer, et al., 2001; Weinstein, 1999); and

WHEREAS a comprehensive policy providing public funding of needle exchange programs, pharmacy sales of syringes, and syringe disposal programs would be cost-effective based on lower costs of caring for newly infected persons with HIV (Holtgrave et al., 1998); and

WHEREAS access to syringe disposal programs reduces circulation of needles in the community and reduced HIV prevalence in syringes (Kaplan et al., 1994; Riley et al, 1998) and would reduce needle stick injuries to children, sanitation workers, and other community group members (Philipp, 1992); and

WHEREAS strategies such as needle exchange programs, legal access to sterile syringes at pharmacies, syringe prescription, and safer syringe disposal strategies all reduce the prevalence of unsafe injection drug use practices that lead to the transmission of HIV (Centers for Disease Control and Prevention, 2002a; National Institute on Drug Abuse, 2002; Macalino, Springer, Rahman, et al., 1998; Riley, Beilenson, Vlahov, et al., 1998; Springer, Sterk, Jones, & Friedman, 1999; Kaplan, Khoshnook, & Heimer, 1994; Sulkowski, Ray, & Thomas, 2002; Philipp, 1993); and

WHEREAS the US Department of Health and Human Services recommends that all IDUs who continue to inject drugs use a new, sterile syringe for each injection (CDC, 2002c); and

WHEREAS Congressional bans on the use of federal funds to support needle exchange programs and state laws restricting the sale and distribution of syringes (i.e., through “paraphernalia” statutes, syringe prescription statutes, and pharmacy regulations/guidelines) have the effect of limiting access to sterile syringes and thus constitute substantial obstacles to HIV prevention and public health (Gostin, 1998); and

WHEREAS the ban on federal funding of needle exchange programs is perhaps the most significant barrier to realizing their potential to prevent disease (NIH Consensus Development Conference, 2000); and

WHEREAS the availability of drug maintenance treatments for injection drug users is inadequate; and

WHEREAS many prominent national professional associations have issued public statements that call for action to reduce legal and regulatory barriers that restrict access to sterile syringes in order to help prevent the transmission of contagious diseases ( e.g., American Association of Public Health; American Medical Association, American Pharmaceutical Association, Association of State and Territorial Health Officials, Infectious Diseases Society of America, National Alliance of State and Territorial AIDS Directors, and the National Association of Boards of Pharmacy; American Medical Association, 2002; American Public Health Association, 2002; Infectious Diseases Society of America, 2002);

THEREFORE BE IT RESOLVED that the American Psychological Association (APA) actively support and promote HIV prevention strategies such as needle exchange programs, legal access to sterile syringes at pharmacies, syringe prescription, and syringe disposal programs to stop the spread of HIV, hepatitis C, and other contagious diseases.

MOREOVER,

Given that psychologists have many areas of relevant practice competence, including assessment, intervention, and prevention skills, that could and should inform the discourse about HIV prevention and substance abuse treatment for IDUs and their significant others; and  
Given that psychologists’ training in research makes them especially well-qualified to assist policy-makers in making informed judgements based on the best available science;

LET IT BE FURTHER RESOLVED THAT THE APA:

Encourage state governments, Congress, and the executive branch to promote public policies that support harm reduction strategies such as needle exchange programs, legal access to sterile syringes at pharmacies, syringe prescription, and syringe disposal programs, and

Promote increased funding for HIV prevention research that includes a wide range of harm reduction strategies for decreasing transmission of HIV; and

Support training in HIV prevention interventions, including harm reduction interventions for injection drug users, within psychology training programs at all levels; and

Promote and facilitate psychologists' acquisition of competencies in harm reduction strategies that decrease transmission of HIV infection among injection drug users, including mastery of the literature on treatment of injection drug users and familiarity with effective interventions that are employed to address this problem; and

Encourage psychologists to develop cultural sensitivity to the sub-group of individuals who use and inject drugs; and

Advocate for reimbursement of psychologists for provision of drug treatment, including provision of harm reduction interventions that decrease drug-related HIV risk behavior among IDUs; and

Support psychologists as they engage in interdisciplinary efforts involving other health, mental health, and substance abuse professionals who seek to enhance understanding and treatment of drug dependence.

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