

Needle Exchange Programs

POSITION STATEMENT

Approved by the Board of Trustees, December 2003

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This policy statement was written by the Commission on AIDS.

Current treatment strategies for the Acquired Immune Deficiency Syndrome (AIDS) and its sequelae reflect major advances in both knowledge about the Human Immunodeficiency Virus (HIV) and effective new therapies, but there is still no known cure. The most effective public health approach to this devastating epidemic remains the prevention of HIV transmission.

Injection drug users (IDUs) are the second largest transmission group at risk for HIV infection in the United States. HIV and other blood-borne pathogens are transmitted easily from person to person through the sharing of contaminated needles and other contaminated drug injection equipment. High rates of HIV infection among IDUs also threaten transmission of the virus to their non-drug-using sexual partners and children. In fact, the majority of AIDS cases among women and children in the United States can be directly or indirectly traced to injection drug use.

Psychiatrists should recognize the challenges in achieving significant behavioral change, particularly with regard to the addictions. Programs that provide adequate therapeutic support and interventions, directed toward the ultimate goal of abstinence are essential. The frequently remitting and relapsing course of injection drug use, and the risk of AIDS with each use, argues strongly for treatment approaches that start with reducing the associated harm of HIV transmission while attempting to engage the individual in a more comprehensive treatment process. Examples of reducing HIV transmission include needle exchange programs and needle prescriptions.

Studies prepared for the U.S. General Accounting Office, the U.S. Centers for Disease Control and Prevention, and the X and XI International Congresses on AIDS have concluded that needle exchange programs are effective in reducing the sharing of drug injection equipment and in preventing significant numbers of HIV infections among those using such programs, their drug and sexual partners, and their children.

As early as September, 1995, the Institute of Medicine released a major report concluding that needle exchange programs are effective in reducing HIV transmission. After extensive review of the current available research, the panel members further concluded that needle exchange programs do not increase the amount of drug use by those using such programs, and do not increase overall community levels of new or continued injection or noninjection drug use. The recommendations of the reports from the Centers for Disease Control and Prevention and from the Institute of Medicine to remove government restrictions on the availability of sterile syringes through needle exchange programs as a viable strategy preventing the spread of HIV have also been endorsed by the American Medical Association.

Needle exchange programs should provide on-site counseling and education about alcohol and other substance use, as well as referrals and improved access to comprehensive drug treatment programs, medical and reproductive care, counseling and testing for HIV and other sexually transmitted diseases and blood-borne pathogens, psychiatric and psychosocial services, and alternative methods for further reducing the harm associated with drug use.

Therefore, the American Psychiatric Association supports the removal of government restrictions on the availability of sterile syringes

specifically within the structure of organized needle exchange programs, encourages government sponsored efforts to broaden the availability of these programs in targeted areas and provide public health education to promote safer hygiene practices among IDUs, and continues to endorse the core strategy of increasing the availability of quality detoxification and treatment programs for all substance users.

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