



GETTING TO THE POINT!

Syringe Exchange Program Myths & The Facts

Between 1991 and 1997, the US Government funded seven reports on clean needle programs for persons who inject drugs. The reports are unanimous in their conclusions that clean needle programs reduce HIV transmission, and none found that clean needle programs caused rates of drug use to increase. The federal Department of Health and Human Services currently maintains a webpage on the effectiveness of syringe exchange programs: <http://www.samhsa.gov/ssp/>

MYTH: Syringe Exchange Programs (SEPs) encourage, enable, and increase drug use

FACT: Decades of scientific evidence, including from health organizations such as the World Health Organization and the American Medical Association, have concluded that SEPs DO NOT cause any increase in drug use. In fact, many studies have demonstrated that SEPs decrease drug use by connecting otherwise marginalized people to treatment. It is estimated that SEP participants are five times more likely to enter drug treatment than non-participants.

MYTH: SEPs increase crime

FACT: Crime actually decreases in SEP areas because participants are connected to drug treatment, housing, food pantries and other social services. In one study, Baltimore neighborhoods with syringe exchange programs experienced an 11% decrease in crime compared to those without syringe exchange, which saw an 8% increase in criminal activity.

MYTH: Persons who use drugs will not return used syringes to a SEP

FACT: Research indicates that over 90% of syringes distributed by SEPs are returned. In Baltimore, SEPs helped reduce the number of improperly discarded syringes in

the community by almost 50 percent. In Portland, Oregon, the number of improperly discarded syringes dropped by almost two-thirds after the implementation of an SEP.

MYTH: SEPs do not have public support

FACT: Numerous national medical and public health organizations support SEPs, including the American Medical Association, the American Public Health Association, the National Academy of Sciences, and the American Academy of Pediatrics. So too do leading global bodies such as the World Health Organization (WHO), the World Bank, and the International Red Cross-Red Crescent Society. The American Bar Association strongly supports SSPs, as does the U.S. Conference of Mayors.

MYTH: Only “blue” states have SEPs

FACT: With the current crisis around rising rates of injection drug use, HIV and hepatitis C, several “red” states have explicitly authorized SEPs, including Kentucky, West Virginia, Indiana, and Nebraska.

MYTH: SEPs lead to more discarded syringes in the community

Fact: SEPs actually decrease the number of syringes discarded in public areas because over 90% of program participants turn in syringes to the SEP. Also, if people do not fear being charged for possession of a syringe by law enforcement, they are more likely to carry sharps containers for syringe disposal, instead of discarding used syringes in trash cans, flushing them down the toilet, or throwing them out the window of a car.

MYTH: Law Enforcement Don't Support SEPs

Fact: Many NC Chiefs and Sheriffs have come out on record in support of syringe exchange programs, including Sheriff Elks of Pitt County, Sheriff Doughtie of Dare County, Chief Sumner of High Point, Chief Brinkley of Nags Head, Chief Hollingsed of Waynesville, Chief Cueto of Duck, Chief Barone of Statesville, and Chief Rountree of Winston Salem.

