

October 26, 2004

Dear Friends,

The **Harm Reduction Coalition** and the **Community HIV/AIDS Mobilization Project (CHAMP)** are forming an alliance with national and local advocacy and service organizations to move forward in our ongoing struggle for drug user justice and health.

The focus of this alliance is to address federal policy limiting access to clean syringes, and to develop and implement alternative strategies that will work at the federal level to safeguard the health and human rights of injection drug users, their families, and their communities. As allied organizations in the HIV/AIDS, harm reduction, and racial justice communities, we are asking for your participation in the core of this alliance.

We write at a time of great political uncertainty. We view potential changes in the Administration and/or Congress as an opportunity to readdress the issue of syringe access at the federal level, including the priority goal of lifting the long-standing federal ban on funding for needle exchange programs.<sup>1</sup> This priority is reinforced by the verbal support of key Democratic leaders for lifting the federal ban.<sup>2</sup> Additionally, in the event of sustained Republican control of the Administration and Congress, we believe we must join together to retain our programs and research in what may be a time of greater attacks on harm reduction and syringe access.

The primary purpose of our alliance will be to develop a robust and specific policy plan that will respond to any potential outcome following the upcoming election. We believe that this is the right time to act for the following reasons:

**The drastic impact of HIV on injection drug users and their partners continues to drive the AIDS epidemic in the United States.** A recent CDC Fact Sheet comments on the continuing impact of HIV in injection drug using communities, pointing out that IDU-related infection constituted almost 28% of reported infections in 2000, and 38% of infections over the course of the AIDS epidemic.<sup>3</sup>

**Federal and state policies remain an obstacle.** In the same bulletin, CDC scientists downplay the importance of syringe access by limiting their analysis of the relationship between clean syringe use and IDU health to the statement, "access to clean syringes is not enough."<sup>4</sup> This is only one small part of the story. Among a variety of potential intervention strategies for drug users (including treatment, needle exchange, and

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<sup>1</sup> The federal funding ban prohibits the use of any federal funds *to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug*. Until 1998, the federal ban could be overturned by the president or the secretary of HHS in response to appropriate scientific research. This changed after 1998, and lifting the ban will require congressional authorization. (personal communication: LAMBDA Legal Defense Fund, 2004.)

<sup>2</sup> [www.aidsvote.com](http://www.aidsvote.com)

<sup>3</sup> CDC. (2002). *Fact Sheet: Drug Associated HIV Continues in the United States*. Retrieved on 9/23/2004 from <http://www.cdc.gov/hiv/pubs/facts/idu.htm>.

<sup>4</sup> *Ibid*

education), access to clean syringes is the most effective in immediately curbing the spread of HIV among these communities<sup>5</sup>. As long as a comprehensive approach for users continues to be out of reach, consistent and fully-funded harm reduction is essential from a public health perspective.

The **timeliness** of the need for federal support is evidenced by periodic epidemics of IDU-related HIV in mid-sized metropolitan areas that may not have the local resources to support state sanctioned or underground exchange.<sup>6</sup> The **political importance** of this issue is illustrated in its discriminatory nature. Policies which limit access to syringes disproportionately impact communities of color, in which IDU-related HIV accounts for over 70% of HIV infection.<sup>7</sup> Policies of this kind are inherently contrary to the values of public health and social justice.

Only a federally sanctioned, nationally coordinated syringe access policy will reflect that we are doing all that we can to respect the health and human rights of current and former injection drug users. However, we recognize that such a goal only comes as the result of an uphill battle and is not without its drawbacks. For example, efforts of the 1998 NCSLN group were thwarted by political resistance at the federal level. Additionally, the federal sanction and funding of needle exchange opens local harm reduction programs to increased scrutiny and regulation by government officials.

Support for harm reduction and needle exchange has grown among significant civil rights, racial justice and HIV/AIDS organizations. Initiating a national advocacy alliance will provide an opportunity for members, peers and allies to develop critical new skills and strategies in the realm of federal policy work.

The fight for national clean syringe access is one component of a larger human rights campaign, in which drug users and communities of color are united in struggle. This struggle is ongoing regardless of election year politics, and we expect the place of syringe access and needle exchange will remain central in HIV-related policy debate. We hope to move forward with you to develop specific strategies for the coming time.

To become a part of the core coalition, please contact:

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Thank you for your work.

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<sup>5</sup>Braine et al. (2004). Long Term Effects of Syringe Exchange on Risk Behavior and HIV Prevention. *AIDS Education and Prevention*, 16 (3), 264-275.

<sup>6</sup> As of 1995, the state of Delaware attributed 50% of its HIV cases to injection drug use and currently has no NEP or (see Coalition for a Responsible Syringe Policy, 1995, Retrieved from on 9/23/2004 from [http://www.aidschicago.org/pdf/sb880\\_factsheet.pdf](http://www.aidschicago.org/pdf/sb880_factsheet.pdf))

<sup>7</sup> CDC. (2002). *Fact Sheet: Drug Associated HIV Continues in the United States*. Retrieved on 9/23/2004 from <http://www.cdc.gov/hiv/pubs/facts/idu.htm>.