

# ***Promoting Injecting Drug Users Health – NASTAD Statement of Commitment***

Natalie Cramer

National Viral Hepatitis Technical Assistance Meeting

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# National Alliance of State & Territorial AIDS Directors (NASTAD)

- **Represents the nation's chief health agency HIV/AIDS and viral hepatitis staff in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the Pacific Island Affiliated Jurisdictions.**
  - Provides technical assistance and other support to health department HIV/AIDS and viral hepatitis programs;
  - Provides national leadership on HIV/AIDS and viral hepatitis policy and programs; and
  - Educates about and advocates for necessary federal funding for all HIV/AIDS and viral hepatitis programs.

**Entrusted through U.S. law as the “central authorities of the nation’s public health system and as such, bear the primary public sector responsibility for health” (*The Future of Public Health. Institute of Medicine, January 1, 1988*).**

- Responsible for a little more than half of CDC’s domestic HIV prevention budget and a third of CDC’s domestic viral hepatitis prevention budget.
- Responsible for a little more than half of federal Ryan White Program funding.
- Responsible for significant HIV/AIDS and viral hepatitis funding from jurisdictional governments.
- Responsible for implementing a comprehensive HIV/AIDS and viral hepatitis response in every jurisdiction in the U.S.

## Strengthen the Role and Promote the Success of State and Territorial Public Health Programs

To Reduce Health Disparities in Racial and Ethnic Minority Communities and Among  
Gay and Bisexual Men and Other Disproportionately Impacted Populations

To Develop and Inspire Strategies that Incorporate Social Determinants of Health

To Improve Systems of Surveillance, Prevention and Care and Treatment

To Encourage and Mainstream Beneficial Integration and Coordination of Policies and Practices

To Successfully Integrate New Technologies in Public Health Practice

To Bolster the Public Health Workforce by Strengthening Leadership and Effectiveness

To Minimize the Challenges and Maximize the Benefits of Emerging Issues

WITH SOUND  
POLICY AND  
ADVOCACY

WITH QUALITY  
CAPACITY BUILDING  
AND TECHNICAL  
ASSISTANCE

WITH  
STRONG  
PARTNERSHIPS

WITH  
EFFECTIVE  
COMMUNICATIONS

WITH  
ORGANIZATIONAL  
EFFECTIVENESS

## To Reduce HIV/AIDS and Viral Hepatitis Incidence, Ensure Quality Care and Treatment and Improve Health Outcomes

American Medical Association  
Division on Health Services



October 1999

### HIV Prevention & Access To Sterile Syringes

Dear Colleagues:

Approximately one third of all AIDS cases and one half of hepatitis C cases are directly or indirectly linked to injection drug use. Limited access to sterile syringes contributes to the transmission of these blood-borne infections among injection drug users (IDUs), their partners, and their children.

The United States Public Health Service recommends that drug users who continue to inject use a new, sterile syringe for each injection to prevent the transmission of blood-borne pathogens and that they obtain syringes from reliable sources such as pharmacies.

In many states, there are legal and regulatory barriers to the pharmacy sale of sterile syringes to IDUs, including prescription and drug paraphernalia laws and pharmacy regulations on syringe sales. The American Medical Association (AMA), the American Pharmaceutical Association (APHA), the Association of State and Territorial Health Officials (ASTHO), and the National Alliance of State and Territorial AIDS Directors (NASTAD) have suggested that the removal or modification of legal barriers is an important step in increasing the availability of sterile syringes through pharmacies. Connecticut, Minnesota, and Maine have made such changes.

AMA, APHA, ASTHO, and NASTAD have adopted the following policies related to pharmacy sale of syringes.

- AMA (1997) That the AMA strongly encourages state medical associations to initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription.
- APHA (1999) APHA encourages state legislatures and boards of pharmacy to revise laws and regulations to permit the unrestricted sale or distribution of syringes and needles by or with the knowledge of a pharmacist in an effort to decrease the transmission of blood-borne diseases.
- ASTHO (1993) ASTHO policy states that as a possible public health strategy to reduce the transmission of injection-related blood-borne infections, states should explore the removal of legal barriers such as drug paraphernalia and prescription laws, which criminalize the distribution and/or possession of needles and syringes.
- NASTAD (1997) NASTAD calls on state and local legislative bodies to increase access to sterile needles and syringes through needle exchange programs; to decriminalize possession of needles, syringes and associated injection equipment as drug paraphernalia; to

### Health Departments Role in Expanding Syringe Access



#### INTRODUCTION

Sharing used syringes is the primary reason people who inject drugs become infected with HIV and hepatitis C. Use of sterile syringes greatly reduces the risk of infection for people who inject drugs. Unfortunately, sterile syringes are not readily available to many injection drug users (IDUs). Expanding access to sterile syringes was identified early in the HIV/AIDS epidemic as an important strategy to minimize transmission of HIV among active injection drug users. Subsequent research provided overwhelming evidence that access to sterile syringes is effective in reducing transmission of HIV, without increasing drug use. Furthermore, hepatitis C is much more prevalent among people who inject drugs, making access to sterile syringes to prevent HCV transmission even more critical.

Despite the scientific evidence of the effectiveness of expanding syringe access in preventing transmission, the federal government prohibited the use of federal funds for syringe exchange programs until late 2009. The 21-year-old ban on the use of federal funds for syringe exchange programs was lifted in December 2009 when President Obama signed the Omnibus Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2010 into law without the restriction.

The science behind the approaches to syringe access prompted many states, cities and communities to develop syringe exchange programs and work with policymakers, local officials, law enforcement, pharmacies and others to expand access to syringes using other resources. These efforts to expand syringe

#### WHAT IS SYRINGE ACCESS?

Syringe access refers to the myriad of approaches geared towards ensuring that people who inject drugs have access to sterile syringes to prevent the transmission of HIV, viral hepatitis and other blood-borne pathogens. These approaches may include programs to exchange used syringes, but also include over-the-counter pharmacy sale of syringes without prescription and structural interventions to reduce barriers to syringe exchange and pharmacy sale of syringes. For more information, please see [www.harmreduction.org](http://www.harmreduction.org).

access have given U.S. domestic prevention one of its greatest success stories to date. Although at one point in time, CDC estimated that one-fifth of all HIV infections and virtually all hepatitis C infections as of 2004 were due to injection drug use, the latest data on HIV/AIDS indicates that from 2003 through 2007, among male adults and adolescents, the estimated number of newly diagnosed AIDS cases decreased among IDUs and MSM who were also IDUs.<sup>2</sup> Furthermore, there is data from New York City that shows that "sexual transmission may now be a more significant contributor to HIV prevalence among injectors in New York City than unsafe injection practices."<sup>3</sup>

"In communities where syringe access programs have been locally supported, HIV infection rates have decreased dramatically among people who use injection drugs."  
NASTAD Position Statement, December 2007



#### STATEMENT OF COMMITMENT: PROMOTING INJECTING DRUG USER HEALTH

The National Alliance of State and Territorial AIDS Directors (NASTAD), on behalf of state and territorial health officials responsible for HIV/AIDS and viral hepatitis programs, continues to be concerned about the health risks and challenges faced by people who inject drugs (IDUs). While we have made significant strides in reducing new HIV infections among people who inject drugs, the public health response in meeting the prevention and care needs of IDUs remains inadequate.

Morbidity and mortality rates among IDUs remain disproportionately high. People who inject drugs bear the highest burden of hepatitis C virus (HCV) infection and are at increased risk for hepatitis A and B, despite the fact that vaccination against these infections is cost-effective and feasible within public health settings. Recently, alarming epidemiologic reports indicate a rise in HCV infections among young IDUs throughout the country. Effective prevention interventions do exist, although these interventions are not widely available and additional prevention strategies are needed.

In addition to becoming infected with HIV and viral hepatitis, people who inject drugs are fatally overdosing at elevated rates, despite available prevention tools. Access to substance use treatment is limited and overdose prevention efforts rarely have a "home" in state drug and alcohol, injury prevention or public health agencies. These concerning trends are clearly evident throughout our health care system, and yet the system often remains inaccessible and at times hostile to IDUs.

Recognizing the progress we have made in reducing new HIV infections among the IDU population, we acknowledge that our nation's efforts are not sufficient to meet the comprehensive health needs of this population. To change the course it will require an honest and critical examination of our efforts among all stakeholders. NASTAD and its members commit to explicitly identify and implement effective public health programs for IDUs.

Expanded federal investment in disease and overdose prevention, care and treatment programs is paramount. NASTAD and its members will continue to advocate for increased and targeted resources.

Approved by NASTAD's Executive Committee on August 5, 2011

- **Result of dialogue at NASTAD 2011 Annual Meeting**
- **Developed with input from state AIDS directors, adult viral hepatitis program coordinators, HIV prevention managers and other national partners**
- **Approved by NASTAD executive committee and released August 2011**
- **Commits NASTAD and health departments to explicitly identify and implement effective programs for IDUs**

- **Specifically raises rising HCV infections among young IDUs**
- **Elevated rates of fatal overdoses among IDUs**
- **Broad system-level challenges**
- **Need for additional resources**

**Over the next several months NASTAD will support activities to advance the State of Commitment:**

- **September Overdose Prevention Webinar featuring Harm Reduction Coalition, Massachusetts and New Mexico**
- **October Sign on letter to defend federal funds for syringe services programs**
- **November USCA institute – Injecting Drug Use and Stigma**
- **Recommendations?**

- **Peer-based and may involve other expert technical consultants**
- **Expansion of syringe access – multi-pronged approach**
  - Peer, program, legal, law enforcement
- **Expansion of overdose prevention activities**
- **Targeted jurisdiction/community efforts**
- **National assessment regarding injecting drug user health**



**Natalie Cramer**  
**Associate Director, Prevention**  
**[ncramer@NASTAD.org](mailto:ncramer@NASTAD.org)**  
**202.434.8055**

**Chris Taylor**  
**Senior Manager, Viral Hepatitis**  
**[ctaylor@NASTAD.org](mailto:ctaylor@NASTAD.org)**  
**202.434.8041**