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VARIOUS TOPICS

Public Funding of US Syringe Exchange Programs

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ABSTRACT *Although there has been no federal government funding of syringe exchange, there is substantial state and local government funding. We report here on program characteristics associated with receiving state and local government funding. Annual telephone surveys were made of program directors of syringe exchange programs known to the North American Syringe Exchange Network. The number of syringe exchange programs known to this network has increased from 63 in 1994–1995 to 127 in 2000. Approximately 80% of programs participated in each of the surveys. Approximately 50% of programs receive state and local government funding, and this has remained constant from 1994 to 2000. Receiving state and local government funding was associated with larger numbers of syringes exchanged per year and providing more on-site services. Among programs that received state or local government funding, this funding accounted for a mean of 87% of the budget for syringe exchange services. In the absence of federal funding, state and local government support is associated with better syringe exchange performance.*

KEYWORDS *Syringe exchange programs, State or local government funding, North American Syringe Exchange Network.*

The considerable evidence to date indicates that well-implemented syringe exchange programs (SEPs) can be quite effective in reducing human immunodeficiency virus (HIV) transmission among injecting drug users (IDUs),[1–6] although not all syringe exchanges have been successful in preventing epidemics of HIV among IDUs.[7] Syringe exchange has remained quite controversial in the United States, and there has not been any federal government funding of syringe exchange efforts in the country. In the absence of federal funding, a number of state and local governments have funded SEPs in their jurisdictions. We report here on trends in state and local government funding of SEPs in the United States and on the differences in programs that do and do not receive state and local government funding.

METHODS

Since 1994, staff of Beth Israel Medical Center in New York City and of the North American Syringe Exchange Network (NASEN) have conducted annual surveys of SEPs in the United States. NASEN staff contact the directors of all SEPs known to NASEN to ask if the program is willing to participate in the survey. Although there is no comprehensive listing of SEPs in the United States,

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membership in NASEN is free and provides a number of services to SEPs, so that we estimate 95% or more of regularly operating SEPs in the United States do belong to NASEN. Program directors who agree to participate in the survey are first sent a copy of the questionnaire and then are interviewed by Beth Israel research staff over the telephone. The interview covers operating characteristics of the programs for the calendar year prior to the survey, including sources of funding.

RESULTS

Since the start of these interviews, the response rate has been approximately 80% of SEPs known to NASEN. The response rates by year were 60 of 68 programs in 1994–1995, 87 of 101 in 1996, 100 of 113 in 1997, 110 of 131 in 1998, and 127 of 154 in 2000. The number of SEPs participating in the surveys has increased each year, from 60 in 1994–1995 to 127 in 2000, reflecting the growth in the number of SEPs in the United States during this time period.

Approximately half of the SEPs in each survey reported receiving state or local government funding: 36 of 59 in 1994–1995, 44 of 86 in 1996, 55 of 99 in 1997, 51 of 105 in 1998, and 63 of 120 in 2000. (There were missing data from some programs in each of the surveys, so that the total number of programs for which we obtained funding data may be slightly less than the total number of programs participating in a given survey.) Foundation grants and private donations are the two other major sources of funding for SEPs in the United States. Among the programs that did receive state/local government funding, this funding source accounted for a mean of 87% (median of 100%) of the budget for syringe exchange services. (Note that many syringe exchanges are part of larger multiservice programs. The budget percentage reported here refers to syringe exchange services rather than all services provided by the programs.)

The Table shows the relationships between receiving state/local government funding and the size of the SEPs (measured in numbers of syringes exchanged per year), the mean number of additional on-site services offered by the program (on-site services and services through referrals), and whether the SEP provides voluntary HIV counseling and testing. It is clear that receiving state/local government funding is associated with larger numbers of syringes exchanged, more total services offered, and a greater likelihood of offering voluntary counseling and testing.

TABLE. Comparison of syringe exchange programs that received state/local government funding with programs that did not

	State/local government funding		
SEP size	Received	Not received	*P*
Small	9 (31%)	20 (69%)	.002
Medium	13 (46%)	15 (54%)	
Large	30 (65%)	16 (35%)	
Extra large	10 (91%)	1 (9%)	
Mean number of services on site	9.8 (SD 6.2)	5.3 (SD 5.8)	.0002
HIV counseling and testing on site	53 (84%)	28 (57%)	.002

Small programs, those exchanging fewer than 10,000 syringes; medium programs, 10,000–55,000 syringes; large programs, 55,001–499,999 syringes; extra-large programs, 500,000 syringes or more.

DISCUSSION

Not all SEPs in the United States are known to NASEN, and not all SEPs known to NASEN participated in the surveys. From our general knowledge of SEPs in the United States, we believe that smaller SEPs of uncertain legal status and without public funding are less likely to participate in the surveys. Thus, our data probably overestimate the percentage of programs that do receive government funding and underestimate the strength of the relationships between government funding and size and numbers of services offered by the programs. It is likely that any bias in survey participation has been relatively constant over time, so that the trends in the data are not affected to an important degree.

Despite the lack of federal funding for SEPs in the United States, the proportion of programs that receive government funding (state and/or local) has remained at approximately 50% as the number of SEPs has increased from 60 SEPs participating in the 1994–1995 survey to 127 SEPs participating in the 2000 survey. The current budget problems that exist for many state and local governments, however, may lead to a reduction in public funding for SEPs. In addition, the low HIV incidence and prevalence among IDUs in many areas with SEPs may also reduce the perceived urgency of funding SEPs. (SEPs may become victims of their own success in preventing HIV infection among IDUs.) Among the SEPs that do receive state/local government funding, this funding is the predominant source of monies for their syringe exchange services, accounting for a mean of 87% of funding for the syringe exchange services. Thus, if the programs were to lose state/local government funding, it is highly unlikely that they would be able to maintain syringe exchange services at anything near present levels.

Changing laws to permit pharmacies to sell sterile injection equipment legally to drug injectors, as has been done in New York, Illinois, Rhode Island, Hawaii, and Minnesota, may be a low-cost method of increasing access to sterile injection equipment. Such new laws are likely to be desirable even if public funding of SEPs is not reduced.

State and local government funding is associated with a number of desirable characteristics of SEPs. First, it is strongly associated with the numbers of syringes exchanged by the programs. Providing sufficient numbers of sterile needles and syringes to reduce risk behavior and HIV transmission is clearly a fundamental purpose of SEPs. The Table suggests that it is unusual for an SEP to reach a very large size without government funding. Second, government funding is also strongly associated with provision of multiple services by the programs. Thus, SEPs with state and local government funding are more likely to be able to serve as part of comprehensive HIV prevention networks for IDUs. This also includes provision of voluntary HIV counseling and testing, which is central to the new Centers for Disease Control and Prevention strategy of working with HIV seropositives to reduce further HIV transmission.[8]

In the absence of federal funding for SEPs in the United States, state and local governments have come to play a critical role in syringe exchange. If HIV transmission is to be reduced further among IDUs in the United States, it may be necessary to obtain federal funding for SEPs or for state and local governments to expand their already substantial roles in supporting SEPs.

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