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ISSUE UPDATE



NAACP VICTORY

DATE: December 11, 2009
TO: Concerned Parties
FROM: Hilary O. Shelton, Director, Washington Bureau

NAACP-SUPPORTED MEASURE TO LIFT 23-YEAR OLD CONGRESSIONAL BAN ON FEDERAL FUNDING FOR SYRINGE EXCHANGE PROGRAMS TO CURB THE SPREAD OF HIV / AIDS PASSES MAJOR HURDLE

NAACP-OPPOSED "1,000 FOOT RULE", DESIGNED TO OBSTRUCT EFFECTIVENESS OF NEEDLE EXCHANGE PROGRAMS DEFEATED BY CONGRESS

THE ISSUE

HIV/AIDS has had a devastating impact on African Americans. AIDS is the number one killer of African American men ages 25 to 44 and the number one killer of African American women ages 15 to 44. While African Americans make up approximately 12.7% of the U.S. population we are 45% of the 56,300 people who are newly infected with HIV each year, 50% of those living with AIDS and 50% of those who die from AIDS each year. African American children account for 58% of pediatric AIDS cases in the United States. There are fewer HIV-positive people in seven of the 15 target countries of the Global AIDS Initiative than there are HIV-positive African Americans here at home.

At the end of 2006, nearly one-third of all U.S. AIDS cases -- more than 300,000 -- were linked to intravenous drug use. Injection drug use through a contaminated syringe is one of the most common methods of HIV transmission among both Black men and women. Cumulatively, up to 40% of reported AIDS cases among Black males and 47% of reported AIDS cases among Black females are attributed directly to injection drug use or having sex with a partner who is an injection drug user.

For more than two decades, however, Washington has been fighting the AIDS epidemic with one hand tied behind its back. Studies have shown that Syringe Exchange Programs (SEPs) are effective in reducing HIV and hepatitis infection rates among injection drug users and their sexual partners. Furthermore, SEPs promote public health and safety by taking syringes off the streets, and protect innocent bystanders, including children, from injuries. SEPs also provide critical health care services including HIV testing, counseling, education, and referral to drug addiction treatment centers. Sadly, since 1988 Congress has banned local and state public health authorities from using federal funds for Syringe Exchange Programs.

This summer, the House of Representatives took a historic step by removing the ban on federal funding for SEPs. Unfortunately, in doing so the House added a restriction that requires that federally supported SEPs not operate within 1,000 feet of various places frequented by youth. The NAACP strongly opposed the 1,000-foot restriction as it would have made it nearly impossible to utilize federal resources for most SEPs and severely hamper efforts to implement such programs, especially in congested urban areas where health officials assert the need is greatest. It would have also prevented local authorities from making their own decisions on how to best utilize federal funds in the fight against the spread of HIV / AIDS. Officials in cities like Chicago, New York and Washington say there are few, if any, places that could house a needle exchange under that rule.

Fortunately, Congress has decided to lift the 23-year old ban on federal funding for needle exchange programs and not impose the "1,000 foot rule." Language lifting the ban and allowing local public health and law enforcement officials to determine where needle exchange programs should be housed – and where they shouldn't be – was included in the Omnibus Appropriations bill for fiscal year 2010. This bill, which includes funding for a variety of federal programs – is expected to be considered by Congress and the President within the next week.

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