

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/what-congress-lifting-the-federal-ban-on-needle-exchange-programming-could-mean-for-law-enforcement>

Public Facing Advocacy Writing

At the close of 2015, two Republican legislators, House Appropriations Chairman Hal Rogers and Senate Majority Leader Mitch McConnell led the charge to effectively [lift the federal ban](#) on providing operational support for syringe exchange programs (SEPs). Because of the increase in potential funding, such harm reduction programs will now further expand across the country. This change comes as the United States is experiencing a troubling surge in the transmission of [infectious disease](#) and deaths due to [accidental overdose](#).

Since the 1980s, federal law has [prohibited](#) any funding to states and localities for purposes of running SEPs, which are vital tools in preventing the spread of HIV, hepatitis, and other communicable diseases transmitted through sharing needles for intravenous drug use. Such programs also educate people about available treatment and connect people to evidence-based addiction treatment.

Though the ban remains for funding actual syringes, the more costly aspects of SEP programs like staffing, transportation, rent, and overhead can now be paid for with [federal dollars](#). This congressional action is a direct response to the burgeoning opioid and HIV [epidemics](#) in states like Kentucky and Indiana. The passage of [local laws](#) permitting the creation of SEPs has uncovered concerning problems in the public health systems in these states.

In the U.S., there are currently 228 known [SEPs](#) located in 35 states. The lift should help states and localities to expand this number significantly. However, for SEPs to work and achieve their intended impact, [police agencies have an important role to play](#). The proliferation of police-led diversion in places like [Seattle](#), [San Antonio](#), [Albany](#), and [New York City](#) prove the potential of police to help, rather than hinder, such efforts.

We are at a critical juncture to respond to the current heroin epidemic in fundamentally different ways than we did to crack cocaine and other substances during the war on drugs. A [2005 survey](#), conducted by the National Association of Chiefs of Police, showed that 82 percent of police chiefs and sheriffs believed that the national war on drugs has been unsuccessful in reducing drug use. Nonetheless, many police agencies still operate under misconceptions about how harm reduction programs operate and what value these programs have in promoting public safety. [Police](#) officers are still directed to confiscate syringes or arrest program participants, leading to the fear of arrest and exposure to incarceration and resulting in poor health practices and deterred use of needle exchange programs. [Fear](#) also incentivizes people to use drugs in more secluded, less visible settings that may not be witnessed at all or harder for emergency services to access.

However, a growing body of research suggests that police officers are receptive to learning about the benefits of harm reduction services. For example, as of 2014, nearly 10,000 police officials from more than 35 nations have [signed a statement](#) of support for the incorporation of harm reduction principles in police work to control HIV among vulnerable communities. Federal support and funding for SEPs offers an even greater opportunity for police to work with community advocates and become stronger allies in promoting harm reduction more broadly. To learn more about the role that [health departments](#), advocacy organizations like [North Carolina Harm Reduction](#), and community organizations like [Washington Heights Corner Project \(WHCP\)](#) can play, read Vera's report, [First Do No Harm](#), which details how law enforcement can build partnerships to address this public health problem and reduce mass incarceration.

It has become increasingly clear that society cannot arrest its way out of public health crises. With training and education for our policymakers and police, we can join the international community in recognizing safer, effective, and more humane responses to drug addiction.

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