BACKGROUND & METHOD

- Between 2000 and 2002, the health authority in Vancouver changed its syringe exchange policies to try to make it easier for people who inject drugs to get clean syringes.
- Program changes included:
  - Getting rid of the “one-for-one” (no clean syringe without a used one) exchange rule,
  - Spreading distribution sites out around a wider area,
  - Using a greater variety of distribution methods, and
  - Involving local drug users in the distribution of clean syringes.
- We did a study to see if these policy changes had any effect on syringe sharing and HIV infection.
- Over a period of 6 years, we interviewed more than 1,200 people in the Vancouver area who use injection drugs.
- We asked them about their syringe sharing habits, and we monitored them for new HIV infections.

FINDINGS

- Following the syringe exchange policy changes:
  - Rates of syringe borrowing dropped significantly (from 20% in 1998 down to 9% in 2003),
  - Rates of syringe lending also dropped dramatically (from 19% in 1998 to 7% in 2003), and
  - At the same time, fewer people became infected with HIV.
- We found that these effects were clearly linked to the policy change even after taking into account other factors that influence syringe sharing and HIV infection.

IMPLIEDATIONS

- One-for-one syringe exchange policies are too restrictive. Programs should focus on unrestricted distribution.
- Increasing the number and variety of syringe distribution sites makes it easier for injection drug users to get clean syringes, which helps prevent syringe sharing and HIV infection.
- Local drug user organizations can help extend the reach and effectiveness of syringe exchange programs. They must be included in the process.