NLWJC - Kagan

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Drugs - Needle Exchange [2]

Drugs - needle exchange

RICHARD A. GEPHARDT
MISSOURI
DEMOCRATIC LEADER

H-204 U.S. CAPITOL
202-225-0100

Congress of the United States
House of Representatives
Office of the Democratic Leader
Washington, DC 20515–6537

April 20, 1998

The Honorable Donna Shalala, Secretary
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Madame Secretary:

I understand that today you announced the Administration will continue to prohibit the use of federal funds for needle exchange programs while at the same time you have determined that, "based on the findings of extensive scientific research," such programs are effective in preventing HIV infections and do not encourage the use of illegal drugs.

In light of the fact that, unfortunately, we still do not have a vaccine that protects against HIV infection, and given the tremendous cost of treating people with HIV/AIDS in both human and financial terms, prevention of HIV transmission remains critical to our fight to end this terrible epidemic. Since the science tells us that needle exchange programs are, in fact, effective in preventing HIV infections, it only makes sense for the federal government to contribute its share to the efforts of communities that want to implement them. Rather than turning our backs on so many people at risk of becoming infected with HIV, as leaders it is up to all of us to support HIV prevention methods that sound science and public health considerations tell us are effective, which according to your findings include needle exchange programs, in addition to enhancing our drug abuse treatment and prevention efforts.

Sincerely,

Richard A. Gephardt

Richard A. Gephardt, M.C.
House Democratic Leader

Drugs - needle exchange

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

FOR IMMEDIATE RELEASE
April 21, 1998

Contact: R. Scott Hitt
(310) 652-2562

STATEMENT OF THE PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS IN RESPONSE TO THE ANNOUNCEMENT BY THE SECRETARY OF HEALTH AND HUMAN SERVICES REGARDING NEEDLE EXCHANGE PROGRAMS

The Presidential Advisory Council on HIV/AIDS welcomes Secretary of Health and Human Services Donna Shalala's long sought determination that "needle exchange programs can be an effective part of a comprehensive strategy to reduce the incidence of HIV transmission and do not encourage the use of illegal drugs." However, the Council expresses its serious disappointment that, despite her determination that a "meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," the Secretary has failed to lift the current ban on the use of federal funds for such programs.

In its Second Progress Report of December 7, 1997, the Council noted that "the Administration has sometimes failed to exhibit the courage and political will needed to pursue public health strategies that are politically difficult but that have been shown to save lives." This latest action by the Administration reinforces that conclusion and raises grave doubt as to the seriousness of the President's stated goal of reducing new HIV infections "each and every year until there are no more new infections." Last year the Administration followed a similar course in announcing new medical guidelines for effective HIV treatment, but then failed to seek the funding necessary to provide access to such treatment for a large segment of those infected. Since the Secretary has now made crystal clear that " the science in this area indicates that needle exchange programs can be an effective component of the global effort to end the epidemic of HIV disease," it is essential that public health policy "follow the science" rather than following the politics. The Administration, beginning with the President, must summon the political courage to act according to what it knows to be scientifically sound.

On March 17,1998, the Council unanimously expressed no confidence in the Administration's commitment to HIV prevention. The act by the Secretary of Health and Human Services of issuing the formal determination of the scientific efficacy of needle exchange programs without lifting the ban on the use of federal funds for such programs is morally indefensible. It is akin to

736 Jackson Place, NW
Washington, D.C. 20503

-more-

refusing to throw a life preserver to a drowning person. The American people should be outraged that this Administration has acknowledged that needle exchange programs "offer yet another weapon in the fight against AIDS" while simultaneously refusing to provide the funding necessary to employ that weapon.

That the populations most affected are largely African-Americans and Latinos is particularly distressing considering the insufficient availability of comprehensive drug treatment services and the goal of the President's Initiative on Race of ending health disparities among racial and ethnic groups. The Council urges the President to check his moral compass and then to take bold action in determining what should be the next steps in fighting the "two deadly epidemics - AIDS and drug abuse" that are in Secretary Shalala's own words " robbing us of far too many of our citizens and weakening our future."

AIDS remains a menace both in the United States and throughout the world, and both domestic and international efforts to eliminate this threat are far from being achieved. The Council will not abandon its efforts to ameliorate the impact of drug use and HIV on disadvantaged neighborhoods and communities. The Council will continue to use every means at our disposal to gain the political and scientific support necessary to obtain and increase federal funding for quality drug treatment services and other interventions shown to be effective against HIV transmission. As individuals living with and affected by HIV, the Council is committed to be continuously engaged in bringing this pandemic to an end.

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Drugs - needle exchange

HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

April 20, 1998

Contact: HHS Press Office
(202) 690-6343

NEEDLE EXCHANGE PROGRAMS: PART OF A COMPREHENSIVE HIV PREVENTION STRATEGY

Overview: Since 1981, injection drug use has played an increasing role in the spread of HIV and AIDS, accounting for more than 60% of AIDS cases in certain areas in 1995. To date, nearly 40% of the 652,000 cases of AIDS reported in the U.S. have been linked to injection drug use. More than 70% of HIV infections among women of childbearing age are related either directly or indirectly to injection drug use. And more than 75 percent of babies diagnosed with HIV/AIDS were infected as a direct or indirect result of injection drug use by a parent.

To protect individuals from infection with HIV and other blood-borne infections, several communities have established needle or syringe exchange programs. In communities that choose to use them, needle exchange programs are a form of public health intervention to reduce the transmission of the human immunodeficiency virus (HIV) among drug users, their sex partners, and their children. They provide new, sterile syringes in exchange for used, contaminated syringes. Many needle exchange programs also provide drug users with a referral to drug counseling and treatment, medical services, and provide risk reduction information.

Under the terms of Public Law 105-78, federal funds to support needle exchange programs were conditioned on a determination by the Secretary of Health and Human Services that such programs reduce the transmission of the human immunodeficiency virus (HIV) and do not encourage the use of illegal drugs. The Secretary has made that determination. The Act's restriction on federal funding, however, has not been lifted.

The Administration has decided that the best course at this time is to have local communities which choose to implement their own programs use their own dollars to fund needle exchange programs, and to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use.

In a February 1997 report to Congress, Health and Human Services Secretary Donna E. Shalala reported that a review of the findings of scientific research indicated that needle exchange programs "can be an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them."

On April 20, 1998, Secretary Shalala announced that a review of research findings indicated that needle exchange programs also "do not encourage the use of illegal drugs."

FEDERAL RESEARCH ON NEEDLE EXCHANGE

While Congress has restricted the use of federal funds for needle exchange programs since 1989, lawmakers have authorized funding for research into the efficacy of needle exchange programs as a public health intervention to reduce the transmission of HIV and to examine the impact of such programs on drug use. The federal government has supported and will continue to support research into the effectiveness of needle exchange programs.

Effect of Needle Exchange Programs on HIV Transmission

Three major expert reviews of the scientific literature on needle exchange programs conclude that such programs can be an effective component of a comprehensive community-based HIV prevention effort. Additionally, needle exchange programs can provide a pathway for linking injection drug users to other important services such as risk reduction counseling, drug treatment, and support services. The reviews include:

- *Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy,* United States General Accounting Office, March 1993, is an extensive review of U.S. and international data looking at the effects of needle exchange programs. It estimated that a needle exchange program in New Haven, Connecticut, had led to a 33% reduction in HIV infection rates among drug users in that city.

- *The Public-Health Impact of Needle Exchange Programs in the United States and Abroad,* prepared by the University of California, San Francisco, September 1993, reported that needle exchange programs served as an important bridge to other health services, particularly drug counseling and treatment. It also found that needle exchange programs reached a group of injecting drug users with long histories of drug use and limited exposure to drug treatment.

- *Preventing HIV Transmission: The Role of Sterile Needles and Bleach,* National Research Council and Institute of Medicine, September 1995, concluded that needle exchange programs have beneficial effects on reducing behaviors such as multi-person reuse of syringes. It estimated a reduction in risk behaviors of 80% and reductions in HIV transmission of 30% or greater.

Based on that scientific evidence, in February 1997, Secretary Shalala reported to Congress that a review of scientific findings indicated that needle exchange programs "can be an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." She also directed the Department's scientific agencies to continue to review research findings regarding the effect of needle exchange programs on illegal drug use.

Impact of Needle Exchange Programs on Drug Use

Extensive research indicates that needle exchange programs do not encourage illegal drug use and can, in fact, reduce drug use through effective referrals to drug treatment and counseling. Several recent studies strengthen the conclusion that needle exchange programs do not encourage the use of illegal drugs. They include:

- In March, 1997, the National Institutes of Health published the Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors. That report concluded that needle exchange programs "show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV." The panel also concluded that the preponderance of evidence shows either a decrease in injection drug use among participants or no changes in their current levels of drug use.

- An October 1997, study of needle exchange programs in Baltimore, Maryland, (Brooner et al., Abstract presented to the American Public Health Association, October 1997) reported that needle exchange programs that are closely linked to or integrated with drug treatment programs actually reduce the incidence of drug use with high levels of retention in drug treatment. A 1998 NIH Consensus Conference report on the effectiveness of treatment for heroin addiction found that drug treatment programs can assist heroin users in halting their drug use.

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HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
April 20, 1998

Contact: HHS Press Office
(202) 690-6343

RESEARCH SHOWS NEEDLE EXCHANGE PROGRAMS REDUCE HIV INFECTIONS WITHOUT INCREASING DRUG USE

Health and Human Services Secretary Donna E. Shalala announced today that based on the findings of extensive scientific research, she has determined that needle exchange programs can be an effective part of a comprehensive strategy to reduce the incidence of HIV transmission and do not encourage the use of illegal drugs.

Under the terms of Public Law 105-78, the Secretary of HHS is authorized to determine that such programs reduce the transmission of the human immunodeficiency virus (HIV) and do not encourage the use of illegal drugs. The act's restriction on federal funding, however, has not been lifted.

"This nation is fighting two deadly epidemics -- AIDS and drug abuse. They are robbing us of far too many of our citizens and weakening our future," said Secretary Shalala. "A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs. It offers communities that decide to pursue needle exchange programs yet another weapon in their fight against AIDS."

While the use of federal funds continues to be restricted, and criteria for their use have not been established, Secretary Shalala emphasized that needle exchange programs that have been successful have had the strong support of their communities, including appropriate State and local public health officials. The science reveals that successful needle exchange programs refer participants to drug counseling and treatment as well as necessary medical services, and make needles available on a replacement basis only.

The Administration has decided that the best course at this time is to have local communities which choose to implement their own programs use their own dollars to fund needle exchange programs, and to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use.

Since the AIDS epidemic began in 1981, injection drug use has played an increasing role in the spread of HIV and AIDS, accounting for more than 60% of AIDS cases in certain areas in 1995. To date, nearly 40% of the 652,000 cases of AIDS reported in the U.S. have been linked to injection drug use. More than 70% of HIV infections among women of childbearing age are related either directly or indirectly to injection drug use. And more than 75% of babies diagnosed with HIV/AIDS were infected as a direct or indirect result of injection drug use by a parent.

Communities' use of needle exchange programs has increased throughout the epidemic. According to data reported to the Centers for Disease Control and Prevention, communities in 28 states and one U.S. territory currently operate needle exchange programs, supported by State, local, or private funds. Many of these programs provide a direct linkage to drug treatment and counseling as well as needed medical services.

Since 1989, the use of federal funds for needle exchange programs has been restricted by the Congress. Funding has, however, been authorized by the Congress to conduct research into the efficacy of such programs as a public health intervention to reduce transmission of HIV and to examine the impact of such programs on drug use. The federal government has supported numerous studies of the effectiveness of needle exchange programs in reducing the transmission of HIV among injection drug users, their spouses or sexual partners, and their children. Many of these studies also examined whether or not needle exchange programs encourage the use of illegal drugs.

In February 1997, Secretary Shalala reported to Congress that a review of scientific studies indicated that needle exchange programs "can be an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." She also directed the Department's scientific agencies to continue to review research findings regarding the effect of needle exchange programs on illegal drug use. The scientific evidence indicates that needle exchange programs do not encourage illegal drug use and can, in fact, be part of a comprehensive public health strategy to reduce drug use through effective referrals to drug treatment and counseling.

"An exhaustive review of the science in this area indicates that needle exchange programs can be an effective component of the global effort to end the epidemic of HIV disease," said Harold Varmus, MD, Director of the National Institutes of Health. NIH has funded much of the research into the effectiveness of needle exchange programs and their impact on drug use. "Recent findings have strengthened the scientific evidence that needle exchange programs do not encourage the use of illegal drugs," Dr. Varmus said. Specifically, he cited:

- In March 1997, the National Institutes of Health published the Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors. That report concluded that needle exchange programs "show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV." The panel also concluded that the preponderance of evidence shows either a decrease in injection drug use among participants or no changes in their current levels of drug use.

- An October 1997, study of needle exchange programs in Baltimore, Maryland, indicated that needle exchange programs that are closely linked to or integrated with drug treatment programs have high levels of retention in drug treatment. A 1998 NIH Consensus Conference report on the effectiveness of treatment for heroin addiction found that drug treatment programs can assist heroin users in halting their drug use.

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Needle Exchange Questions and Answers
Draft – April 18, 1998, 7:49 p.m.

Q: **What are you announcing today?**

A: That the Secretary of Health and Human Services, after consulting with her scientific advisers, has determined that the scientific evidence exists to show that needle exchange programs reduce the risk of HIV infection, and do not encourage the use of illegal drugs.

Q: **If the science is there, why aren't you releasing federal funds for needle exchange programs?**

A: The Administration has decided that the best course at this time is to have local communities use their own dollars to fund needle exchange programs, and to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use.

Q: **The Administration has made this decision. Was it the President's decision? You're part of the Administration – do you agree with the decision?**

A: It was an Administration decision.

Q: **Do the scientific results you're announcing today meet the test Congress set up on the release of funds?**

A: Yes.

Q: **Does Congress need to act, either to release funds or to ban the use of them for needle exchange programs?**

A: We will work with Congress to present the strong scientific evidence which demonstrates that needle exchange programs, when part of a comprehensive HIV prevention strategy, can reduce the incidence of HIV transmission and not encourage the use of illegal drugs. As I have previously said, local communities will not be permitted to use federal funds for needle exchange programs, so I do not expect this is an issue on which Congress must act.

Q: Why did it take so long?

A: It was imperative that we be exceedingly careful in our analysis of the science. And that is what we have done. Congress established a very stringent test in this area, and appropriately so. This is not an easy issue. It involves two major epidemics and we need to be certain of the evidence. I am very proud of this team of scientists standing behind me. In the last few months, they have gone over the scientific research with a fine toothed comb and they have reached a very clear determination: Needle exchange programs can be an effective public health intervention to reduce the spread of HIV without increasing drug use.

Q: Why are you taking this action?

A: Because the science is there. Communities around the country need to know that under certain conditions needle exchange programs can reduce HIV transmission and do not encourage illegal drug use. The report from the government's senior scientific advisers affirms those findings.

Second, injection drug use has played an increasing role in the spread of HIV and AIDS, accounting for more than 60% of AIDS cases in certain areas in 1995. To date, nearly 40% of the 652,000 cases of AIDS reported in the U.S. have been linked to injection drug use. More than 70% of HIV infections among women of childbearing age are related either directly or indirectly to injection drug use. And more than 75 percent of babies diagnosed with HIV/AIDS were infected as a direct or indirect result of injection drug use by a parent.

Q: Did political concerns delay this decision?

A: Absolutely not. From the beginning of this effort, it has been about three things: science, science, and science. The charge I gave my Department's scientists was to make sure the data were there and that they were accurate. They and I are very confident with these results.

Q: Did political pressure from AIDS groups force this decision?

A: Absolutely not. It is the job of scientists to examine the science. It is the job of public leaders to follow the science. It is the job of advocates to push us all to do our jobs, do them well, and, whenever possible, do them quickly. I understand the urgency of this issue but it was our job to make sure the science was there before we acted.

Q: What effect did the threat by the President's Advisory Council to seek your resignation have on your decision?

A: None at all. It is the job of scientists to examine the science. It is the job of public leaders to follow the science. It is the job of advocates to push us all to do our jobs, do them well, and, whenever possible, do them quickly. I understand the urgency of this issue but it was our job to make sure the science was there before we acted.

Q: Does General McCaffrey agree with your decision?

A: [I have spoken with General McCaffrey about the results of this scientific review, and he is aware of the Department's findings.] I will let him speak for himself. But let me say, very clearly, General McCaffrey and I are in absolute agreement on the necessity to reduce drug use in this country, especially among teenagers. No one should doubt that illegal drugs are wrong and that they can kill you. He and I also agree that we need to maintain and increase the funding available for drug treatment. Those concerns were important to me as I considered these issues.

Under the law passed by Congress, it is the responsibility of the Secretary of Health and Human Services to determine whether the scientific research findings meet the standard established by the Congress. All of the senior scientific advisers of the Department agree that the science-based standards have been met.

Q: General McCaffrey has made his opposition to needle exchange programs very clear. Does this mean the Administration is divided?

A: This is not a political decision. The Congress asked us to apply a very stringent scientific test and to answer two questions. First, do needle exchange programs reduce the transmission of HIV? Second, do such programs encourage the use of illegal drugs? Some of the best scientific minds in the country have pored over the data and have concluded that both of these tests have been met. That is the basis for our decision today.

Q: But General McCaffrey says that needle exchange programs will attract drug users and other undesirables to areas that implement needle exchange programs. Is this true?

A: Congress has made clear that needle exchange programs must not encourage drug use, and, after studying this issue thoroughly, we have determined that needle exchanges meet this test whether and, if so, local communities have their own needle exchange programs and how they operate them is a local decision.

Q: Won't this send a message to young people that drugs -- especially dangerous injectible drugs like heroin -- are okay?

A: Absolutely not. Injectible drug use is illegal, unhealthy and wrong. It is clearly a major health problem as well as a law enforcement concern. That's why the entire Federal government is sending a unified message to young people and to people of any age. Drugs put your future at risk. They can kill you. And they can infect you with HIV.

I am very proud of this Administration's record on fighting the drug epidemic. We have sharply increased the availability of drug treatment. We have worked in partnership with communities to fight drugs in and around schools. We have worked with state and local governments to put 100,000 more police officers on the streets and we have doubled the number of border guards. We will continue to fight drug use in this country and to offer drug treatment to those who are addicted so that they can stop using drugs.

The goal of needle exchange programs is to be part of a comprehensive HIV prevention strategy that can provide an entry into drug treatment programs.

Q: Do you expect there to be a needle exchange program in every community?

A: Absolutely not. The AIDS epidemic is different in every community and the response to the epidemic must vary to meet local needs. And the most important component of any prevention effort is community support.

Q: Why did you restrict yourself to studies of U.S. programs? Is there any evidence that other studies showed different results?

A: While our primary focus was on the evaluation of U.S.-based programs, we did examine relevant findings in studies performed in other countries (i.e., Canada). The NIH Consensus Conference Report issued last April included several studies conducted in several other countries. It's important to recognize, however, that the AIDS epidemic is different in every country. We were asked by the Congress to evaluate the effectiveness of needle exchange programs to fight the epidemic in this country.

Q: What is your response to the new study by the Office of National Drug Control Policy of the needle exchange program in Vancouver, Canada?

A. We have examined the research on both the Vancouver and Montreal needle exchange programs very carefully. There are several important factors to take into account. First, the drug epidemic in both of those cities is very different from those in American cities. It is dominated by the frequent injection of cocaine. Users of injectible cocaine average 10 to 15 injections every day compared with 3 to 5 times a day for heroin users. Cocaine users are more sexually active during drug use and have more sexually transmitted diseases. Nevertheless, more recent data from both cities indicate that the rate of HIV transmission among drug users who remain in needle exchange programs is two-thirds lower (4.9% versus 18.6%) than those who drop out of needle exchange programs.

Also, in a recent Op-Ed in the New York Times, the authors of the Canadian studies said that the rise in drug use experienced in Vancouver and Montreal was caused by an epidemic of injecting of cocaine in those two cities and a failure to link the programs to drug treatment. The science shows that successful needle exchange programs are linked to drug treatment through mandatory referrals.

Q: What is new since February of 1997 that leads you to certify that needle exchange programs are effective and don't encourage drug use?

A. Several recent findings have strengthened the conclusion that needle exchange programs do not encourage the use of illegal drugs. They include:

- In March, 1997, the National Institutes of Health published the Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors. That report concluded that needle exchange programs "show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV." The panel also concluded that the preponderance of evidence shows either a decrease in injection drug use among participants or no changes in their current levels of drug use.

- An October 1997, study of needle exchange programs in Baltimore, Maryland, (Brooner et al., Abstract presented to the American Public Health Association, October 1997) reported that needle exchange programs that are closely linked to or integrated with drug treatment programs actually reduce the incidence of drug use with high levels of retention in drug treatment. A 1998 NIH Consensus Conference report on the effectiveness of treatment for heroin addiction found that drug treatment programs can assist heroin users in halting their drug use.

Q: How many needle exchange programs are operating in the United States?

A. According to the latest data reported to the CDC, needle exchange programs are operating in 28 states and one U.S. territory.

Q: Will the government continue to fund research into the effectiveness of needle exchange programs?

A. Scientific agencies regularly review their research portfolio to determine which studies need to be continued or extended and which studies can or should be terminated. All of the federally-funded evaluations of needle exchange programs will be evaluated as part of that process and decisions will be made on a case-by-case basis.

Q: Will the Alaska needle exchange program evaluation be terminated?

A. The Alaska program looks at a very specific question -- whether over the counter sales of needles is more or less effective than a needle exchange program. There are two kinds of interventions and they need to be evaluated. NIH has built in specific safeguards to make sure this demonstration is conducted in an ethical manner.

MAXINE WATERS
MEMBER OF CONGRESS
35TH DISTRICT, CALIFORNIA

COMMITTEES:
BANKING AND FINANCIAL SERVICES
JUDICIARY

Drug: — needle exchange

Congress of the United States
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For Immediate Release
April 24, 1998

Contact:
Donna Crews
202-225-2201

STATEMENT BY REP. MAXINE WATERS
OPPOSING NEEDLE EXCHANGE FUNDING DECISION
April 24, 1998

I was shocked by the announcement earlier this week that the Clinton Administration will not lift the ban on the use of federal funding for needle exchange. In making this decision they have chosen to put politics ahead of science and sound public policy.

The Congressional Black Caucus calls on the President to reverse this wrongheaded decision.

It is inconceivable to me how the Administration can justify this decision after making a finding that needle exchange is effective in decreasing the incidence of HIV and does not encourage drug use.

It is a tragedy to decide to continue the ban of the use of federal funds for needle exchange programs.

And it is tragedy that means our communities will continue to suffer the devastating consequences of this misguided policy.

The statistics speak for themselves:

* 33 Americans are infected each day with AIDS because of injection drug use.

* AIDS infection through IV drug use is a major problem: tainted needles account for 75% of all new AIDS infections among women and children, and for 40% of new AIDS infections overall.

* This decision is particularly devastating to the African American and minority communities.

* Among African Americans diagnosed with AIDS through June 1997, injection drug use accounted for 36% of the total cases in men and 46% of the total cases in women. This is compared to 9% for white men and 43% of white women.

* As we all know minorities are disproportionately affected by HIV/AIDS. While overall AIDS deaths have declined, AIDS is still the number one killer of African Americans and Latinos between the ages of 25 and 44. And today's newspapers report the rate of new HIV infection continues unabated.

The Congressional Black Caucus is committed to fighting the scourge of HIV/AIDS and drugs. We absolutely see no contradiction between supporting needle exchange and working to rid drugs from our communities. We are serious about our job and willing to take the steps necessary to really deal with the challenges we face.

What particularly disgusts me about the Administration's decision is, according to press reports, the Administration was going to announce a lifting of the funding ban up to the last minute.

But the political heat was apparently too much for the White House. It is bad enough that the Republicans exerted political pressure on the White House not to lift the ban. But it is outrageous that the Drug Czar, General Barry McCaffrey, undermined the original Administration position.

His contention that federal support for needle exchange would undermine the war on drugs is ridiculous. Evidently he is afraid that the Administration can be attacked for not being tough enough against drug trafficking and cutting drug addiction.

If the Drug Czar had embraced the approach of the Congressional Black Caucus in our all out fight against the scourge of drugs, he would have nothing to fear and wouldn't be making life and death decisions based on political considerations. There is not one Republican in the House who would dare call me or the Congressional Black Caucus soft on drugs.

The Congressional Black Caucus put the fight against the scourge of drugs as our number one priority. For a year and a half Members of the CBC have attended every meeting, testified in front of every committee, spoken at every rally that targeted drug harm reduction and attacking the drug trade. We joined with the Republicans in fighting for the Drug Free Communities Act, because I would join any Member who was serious in fighting drug addiction and drug trafficking. For the Members of the Congressional Black Caucus, there is no cause more important.

I cannot say that I am happy with Barry McCaffrey in my year and a half as Chair of the CBC. I have tried very hard to work with the Drug Czar, but I have found him to be contradictory, dictatorial, and limited in his understanding of this problem. And unfortunately, he completely lacks to ability to listen.

The Drug Czar's skirmish on drugs has done precious little to seriously address the needs of our communities. We found little help last year in fighting for crucial programs to fund drug courts, drug treatment programs, and the kind of prevention programs that target low-income and minority communities. The Drug Czar and White House refused to address our call to fight drug trafficking in our trade treaties during the fast track debate. This shameful refusal to fund needle exchange comes in this context.

The Members of the Congressional Black Caucus will join all those who continue to speak out about this issue. We call on the President to take immediate action to prevent the unnecessary loss of lives. This is a shameful decision and should be reversed.

until it's over
AIDS ACTION

FAX TRANSMISSION COVER SHEET

TO: Todd

FAX #: 456-2438

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e-mail: jabreu@aidsaction.org

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Congressional Black Caucus

Congress of the United States

2344 Rayburn Building • Washington, DC 20515 • (202) 225-2201

April 24, 1998

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear President Clinton:

As Members of the Congressional Black Caucus, we write you to convey our deep disappointment in your decision to maintain the ban on the use of federal funding for needle exchange programs. This decision flies in the face of scientific proof that needle exchange programs reduce the transmission of HIV without encouraging drug use. To confirm what many of the major public health institutions have found, including the NIH, and then turn around and continue to deny desperately needed funding to localities is shameful. We ask you to reconsider your position.

The reality is that African American, and other minorities, will suffer most from this decision. Minorities are disproportionately affected by HIV/AIDS. While the number of overall AIDS deaths has declined, AIDS is still the number one killer of African Americans and Latinos between the ages of 24 and 55 years of age. Among African Americans diagnosed with AIDS through June 1997, injection drug use accounted for 36% of the total cases in men and 46% of total cases in women.

As you know, freeing our families and communities from drugs is a top priority of the Congressional Black Caucus. The African American community has suffered greatly from the scourge of drugs. Needle exchange programs do not encourage drug

use, and in fact, these programs often provide direct linkages to drug treatment and counseling as well as medical services. We believe General Barry McCaffrey is wrong in his belief that funding needle exchange programs would send the wrong message about the Administration's commitment to fighting drugs. It reflects his lack of understanding of the fight against drugs in our communities.

We understand that this issue is very contentious and that your decision to lift the ban on the use of federal dollars for needle exchange would have invited criticism. But it is our strongly felt position that there are times that difficult positions must be taken in order to provide leadership on the critical issues we face.

Sincerely,

Carrie P Meek

Louis Stokes

Billy Scott

Alcee L. Hastings

Elliott Norton

Earl F. Hilliard

STATEMENT BY CONGRESSWOMAN ELEANOR HOLMES NORTON PROTESTING CONGRESSIONAL AND ADMINISTRATION REFUSAL TO ALLOW NEEDLE EXCHANGE PROGRAMS CONGRESSIONAL BLACK CAUCUS PRESS CONFERENCE

APRIL 24, 1998

We, who are African American Members of Congress, we of the Congressional Black Caucus, have every reason to be angry--and we are. Many Americans most at risk for AIDS, disproportionally black and Hispanic, have been callously and needlessly condemned to death. The refusal to fund needle exchange programs is a death sentence because we now know for sure that needle exchange has extraordinary life saving effects. In barring needle exchange, the forces of ignorance and political expediency within the Congress and the administration have won--for now.

Those led by Barry McCaffrey, the drug czar, who has little to show for his futile efforts, have triumphed over HHS Secretary Donna Shalala and the entire medical and scientific community. Yet we now have conclusive evidence that the one-for-one exchange of clean for dirty needle can markedly reduce the runaway spread of AIDS among black and Hispanic men, women and children.

All the studies tell the same life saving story. Among them are six federally funded investigations including the National Academy of Sciences (1995), the Centers for Disease Control (1995) and the GAO (1993). Needle exchange programs reduce HIV infections by at least one third and risk behavior by 80 percent. These same studies show that needle exchange programs neither increase nor promote drug use.

In the face of this compelling evidence, General Barry McCaffney has used brutal tactics within the Administration to subvert a decision to fund needle exchange programs that he must have learned in wars with real enemies. We put him on notice that he has now made a new enemy. He has started a new war with us, and we intend to fight back. If all that the General can bring to his drug war is the frenetic effort he has waged to stop what works, he should resign. I call for his resignation both because he has been ineffective in quelling the upsurge of deadly drugs and because his death dealing battle against needle exchange, steeped in ignorance, must not be tolerated in a federal official.

The AIDS epidemic among African Americans is one of the reasons the Congressional Black Caucus has made the drug menace our top priority. AIDS is the leading killer of black and Latino men and women, ages 25 to 44. More than half these deaths are needle-related. More than one third of all AIDS cases are needle drug users, their partners, and kids. Two thirds of AIDS in women and 50 percent of AIDS in children come from needle or needle chain transmissions. When General McCaffrey declares war on needles, the prisoners he takes are

people of color. The lives he sacrifices are the lives of people we represent.

Nor do we come only out of compassion. Needle drug users often are desperate people who prey upon people in communities where they live in order to finance their habits. We strongly believe they must be punished for crimes against the people we also represent. We know, however, that needle exchange programs offer the only way to reach many of these addicts and to get them into treatment. We also believe that needle exchange should not be done in isolation but that needle exchange should be part of comprehensive programs that include prevention and treatment.

The "compromise" to allow needle exchange with no funding is a sham and an insult. More than 50 cities already are using needle exchange. They do not need permission. They need help. It is the vital federal funding that is missing. Here in the nation's capital the Whitman Walker Clinic and other private efforts were exchanging 4,000 needles a week in 1997. Even during its financial crisis the city decided that $200,000 in funding annually at 10 cents a needle was minuscule compared with $120,000, the average lifetime cost of care for HIV infected/AIDS individual.

We will not stand for demagoging an issue of life and death for our community, whether from within the administration or on the floor of Congress. We know whose lives are at stake when needles are forbidden. AIDS is increasing more rapidly among drug users than any other group, and blacks are four times more likely to die from needle-injected AIDS than from a drug overdose.

General McCaffrey complained that needle exchange sends the wrong message. We get his "drop dead" message to our community loud and clear. Unless he is willing to reconsider and acknowledge the overwhelming scientific evidence, I hope he gets my message to leave the administration and take his destructive tactics with him. We call upon the President to respond to the evidence and save lives. We call upon the administration to respond to the American people, two thirds of whom support needle exchange.

The law says that needle exchange is barred unless the HHS Secretary "determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs." That condition has been more than met.

Drugs - needle exchange
- MMWR
- CDCNA
- SMART

until it's over
AIDS ACTION

To: Kevin Thurm

URGENT

From: Daniel Zingale

Re: The Secretary's determination and its relationship to funding for needle exchange

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The aim of this memo is to clarify the relationship between a determination by the Secretary of Health and Human Services that needle exchange programs reduce HIV infection and do not encourage illegal drug use, and the actual distribution of federal funds to communities for needle exchange programs. It is our expectation that a determination by the Secretary will be followed by administrative action at the CDC.

The federal funds in question are HIV prevention dollars distributed through cooperative agreements to state and local health departments that fund HIV prevention efforts based on decisions made by community planning groups. Fiscal Year 1999 funds are still available for community prevention programs. CDC has or will issue guidance shortly for applications due sometime in June. Actual funds will be distributed to state and local health departments in August 1998. If the Secretary makes the determination soon, these funds could be made available for needle exchange programs in this fiscal year, if health departments and community planning groups choose to fund such programs. CDC could simply issue a modification or addendum to the guidance that alerts states and localities that needle exchange programs which conform to the criteria outlined in the FY 1998 Labor-HHS appropriations bill are eligible activities for funding under the cooperative agreement.

Congress has already acted on this matter, and no other action is necessary or welcome. A public determination by the Secretary with the follow-up administrative action described above will result in federal funding for needle exchange programs in communities that choose to implement them. Deferring the decision about funding needle exchange programs to Congress will only elicit a strong negative reaction that may well take the form of votes codifying the ban. In regard to FY 99 funding for needle exchange, it will obviously be the collective responsibility of the Administration, the AIDS community and our friends in Congress to resist efforts to attach new language restricting funding for needle exchange programs to the FY 99 Labor-HHS bill.

In summary, if the Secretary's determination is followed by administrative action at the CDC, there is no need for the Secretary to make an explicit public statement on funding needle exchange programs. A determination from the Secretary that is accompanied by a continuing policy of restricting funding for needle exchange will not be viewed by us as an indication of positive leadership on this issue. An explicit call by the Secretary to Congress to make the final decision about funding will effectively undermine the determination itself.

Cc: Dr. Peggy Hamburg
Chris Jennings
Sandra Thurman
Eric Goosby
Richard Socarides

1875 Connecticut Ave, NW Suite 700 Washington, DC 20009 P 202 986 1300 F 202 986 1345 www.aidsaction.org

Drugs - needle exchange

Needle Exchange Q&As
April 21, 1998

Q: Why did the Administration choose to issue the findings that needle exchange programs reduce HIV transmission and does not increase drug use yesterday?

A: Because the science is now there to make these findings. We already knew that needle exchange programs do not increase drug use, and yesterday, the Secretary made clear that the scientists, including all the respected leadership within the National Institutes of Health, have concluded that these programs do not increase drug use. Communities around the country, who are making their own decisions on this issue, should know that appropriately designed needle exchange programs reduce HIV transmission and do not encourage illegal drug use.

Q: If the science concludes that needle exchange programs reduce the transmission of HIV and do not increase drug use, why aren't you releasing federal funds for needle exchange programs?

A: We have always said that communities should make their own decisions on this issue, based on their own circumstances and using the best available scientific information. Releasing federal funding for needle exchange would have inappropriately shifted the focus away from communities -- where these decisions should be made -- to the national level. That could have severely undermined or threatened local programs that are currently in place, and hindered additional communities from deciding to put these programs into place. At the same time, such federal action could send an inappropriate message about the acceptability of drug use -- a message that is not sent when an individual community decides, on the basis of its unique circumstances, that a particular, carefully designed needle exchange program advances public health interests. For these reasons, the Administration concluded that it should simply give the scientific guidance that is necessary for communities to make their own decisions, rather than federalize the needle exchange issue.

Background:

Congress gave the Secretary of Health and Human Services the responsibility to make two determinations: whether the scientific research findings conclude that needle exchange programs reduce HIV transmission and whether they increase drug use. In 1997, the Secretary made a determination that needle exchange programs do reduce the transmission of HIV. Yesterday, the Secretary held a

meeting with her senior scientific advisors, including Nobel Laureate and head of the National Institutes of Health, Dr. Harold Varmus. These scientists agreed that the science-based standards have been met with regard to drug use as well.

Q: Isn't it hypocritical to say that needle exchange saves lives, but that the federal government will not pay for needle exchange programs?

A: No. In making her announcement yesterday, the Secretary informed local communities that under certain conditions, needle exchange programs can reduce HIV transmission and not encourage drug use. The decision as to whether to adopt such programs is up to these communities, based on their own unique circumstances. The Administration did not want to imperil local decision making by bringing needle exchange up to the national level. Neither did the Administration want to take the risk that federalizing needle exchange would send a mixed message about drug use.

Q: Won't this send a message to young people that drugs -- especially injectable drugs like heroin -- are ok?

A: Absolutely not. Injectable drug use is illegal, unhealthy and wrong. It is clearly a major health problem as well as a significant law enforcement concern. That is why this Administration has consistently sent a unified message to all Americans, particularly young people: Drugs put your future at risk; they can kill you; and they can infect you with HIV. And that is part of the reason why the Administration will not release federal funding for needle exchange. National action could send a mixed message on drug use that individual local actions, based on and responding to particular circumstances, will not.

Of course, this Administration has an extremely strong record on fighting drugs. We have increased the availability of drug treatment. We have worked in partnership with communities to fight drugs in and around schools. We have worked with state and local governments to put 100,000 more police officers on the streets, and we have doubled the number of border guards. We will continue to fight drug use in this country and to offer drug treatment to those who are addicted so that they stop using drugs.

Q: Wasn't the decision not to federally fund needle exchange programs based on political considerations?

A: The decision was based on a belief that communities should decide for themselves whether to adopt needle exchange programs, based on their own local circumstances and the best scientific evidence possible. We did fear that

federalizing needle exchange would imperil such local decision making, by igniting a congressional battle on the subject. To that extent, the Administration's decision took into account political realities. But first and foremost, the decision resulted from a commitment to real, locally-based decision making on this subject.

Q: Isn't the Administration decision essentially an attempt to reach a compromise that both Secretary Shalala and General McCaffrey can sign on to?

A: No. Of course both the General and the Secretary support the Administration's decision. But that decision was a result of (1) scientific evidence about needle exchange and (2) a belief that needle exchange should be a local, community-based decision.

Drugs - needle exchange

Todd A. Summers
04/27/98 11:01:01 AM

Record Type: Record

To: Daniel N. Mendelson/OMB/EOP

cc: See the distribution list at the bottom of this message
Subject: SAP Opposing H.R. 3712, 3714, 3717 and S. 1959

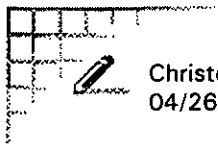
There are now four bills providing for a permanent ban on needle exchange programs. It is my understanding from talking with Bruce and Elena on Friday that we are going to write a SAP opposing these bills. Given their fast-track status, with whom should I work.

Todd

Message Copied To:

Sylvia M. Mathews/WHO/EOP
Bruce N. Reed/OPD/EOP
Elena Kagan/OPD/EOP
Christopher C. Jennings/OPD/EOP
Joshua Gotbaum/OMB/EOP
Richard J. Turman/OMB/EOP
Robert J. Pellicci/OMB/EOP
Sandra Thurman/OPD/EOP

Drug-needle exchange



Christopher C. Jennings
04/26/98 11:53:13 PM

Record Type: Record

To: Robert J. Pellicci @ EOP @ LNGTWY

cc: Daniel N. Mendelson/OMB/EOP, Elena Kagan/OPD/EOP
Subject: Re: Needle Exchange Prohibition Legislation

Talked with Bruce re this Friday evening. My sense was that we agreed to a strongly worded SAP in opposition, but to not use the "V" word. That is where I am. Sending a veto threat only assures early confrontation and I think a strongly worded statement can suffice for our left; we can also argue, and I think accurately so, that jumping in with a veto threat will make the current and possible future programs even more vulnerable. Although some at HHS would no doubt like a veto message, I think they can live with this outcome.

Elena, does this sound right to you?

cj

Drugs - needle exchange

THE WHITE HOUSE

WASHINGTON

March 24, 1998

The Honorable Barry R. McCaffrey
Director
Office of National Drug Control Policy
Washington, DC 20503

Dear Mr. McCaffrey: Barry,

I appreciate your taking the time to provide me with your perspective on needle exchange programs (letter dated March 17, 1998). As the recently released joint statement made clear, our offices share a deep commitment to working collaboratively to address both the drug and the AIDS epidemic. I am most emphatically in support of increasing the availability of effective drug treatment programs in this country.

However, while it is clear that we agree on the ends--reducing HIV infections and illegal drug use--there may be varying opinions on the use of needle exchange programs as a means to achieve those ends. In my judgment, this Administration is obligated both by public health science and by moral imperative to support those local communities that choose to use needle exchange programs as part of comprehensive HIV and drug addiction prevention programs.

I disagree with the assertion that certification of the appropriateness of needle exchange programs (NEPs) by the Federal government is in conflict with our anti-drug message. There is no credible evidence that needle exchange programs encourage the use of illegal drugs. On the contrary, support by this Administration for NEPs would underscore its position that drug treatment works.

It would further make clear, as you have done so articulately in the past, that this Nation is engaged in a struggle to decrease illegal drug use, and to help--not harm--its own citizens who have become addicted to drugs. As Thomas Jefferson stated, "The care of human life and happiness, and not their destruction, is the first and only legitimate object of good government." Federal support for NEPs would constitute a clear statement that this Nation is compassionate and caring; that it is willing to put public health above politics; and that it desperately wants those addicted to drugs to be free of both the diseases of HIV and addiction.

This is not a choice between drug treatment and needle exchange; they are compatible and mutually-supportive strategies for reaching hard-core drug users while at the same time protecting them and their sexual partners from HIV. Careful examination of the over 100 needle exchange programs now operating across this country clearly demonstrates that they serve as an effective--and perhaps the best--vehicle to reach these hard-core drug users with the opportunity for drug treatment. That is what the science tells us, and we have both agreed that science should be our guide in making public health policy.

I strongly agree with your statement that a narrow focus on needles or injecting would fail to take into account the complexities of addiction. Needle exchange programs are appropriate only as a component of a comprehensive strategy that addresses both the reduction of HIV transmission and illegal drug use. This would include referrals to drug treatment, health care, and social services. That is why I believe that the Federal government must certify the science on needle exchange programs, and increase its support for drug treatment.

I look forward to working closely with you and your staff to further our shared goals of ending the epidemics of HIV/AIDS and illegal drug use. Our ability to have constructive discussions on difficult issues is critically important to furthering the interests of this Administration and of this Nation.

Very truly yours,

Sandra L. Thurman
Director
Office of National AIDS Policy

cc: Secretary Donna Shalala
Sylvia Mathews
Rahm Emanuel
Bruce Reed

Kagan
Drug - needle exchange

THE WHITE HOUSE
WASHINGTON

April 9, 1998

MR. PRESIDENT:

Tomorrow morning you are scheduled to meet with your senior advisers to discuss needle exchange. DPC has prepared a short summary/options memo describing the issues that remain for decision. We recommend you read the DPC memo.

In addition, both Secretary Shalala and General McCaffrey have sent you new memos on the issue. Sec. Shalala provides a detailed summary of the scientific arguments and research supporting needle exchange, and includes with her memo a number of detailed attachments (which we have in our office). McCaffrey argues the science is uncertain and offers a summary of arguments against needle exchange programs. We attach both their memos for your information.

Sean Maloney

'98 APR 9 P3:26

THE WHITE HOUSE

WASHINGTON

April 9, 1998

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed

SUBJECT: Needle Exchange

This memo presents you with several options on needle exchange, based on our prior discussions with you. It also provides further information on the positions of constituency groups and policy experts.

As you know elite opinion runs strongly in favor of needle exchange. Most scientists and public health experts who have studied the question also agree with HHS's conclusion that needle exchange decreases HIV transmission while not increasing drug use. (It is impossible to prove whether needle exchange programs actually reduce drug use, because it would be unethical to run a controlled experiment that compares addicts who have access to clean needles with addicts who do not.) Dr. Koop has a more complicated view. As Surgeon General, he visited a number of programs in Europe and concluded that (1) needle programs are not uniformly effective, but there is no evidence that they attract non-addicts to drugs; and (2) needle programs will not be very effective here, because most addicts are so far outside the mainstream that they will not show up reliably to exchange needles.

The AIDS community and the anti-drug community are miles apart. We might be able to muster half-hearted support from the Human Rights Campaign for the compromise options listed below, but most groups will be very disappointed if we do not accept Secretary Shalala's recommendation. (Of course, if we do accept this recommendation and Congress reverses the action, we will have to veto the bill in order to retain the groups' support.) Conversely, anti-drug advocates are likely to oppose needle exchange as strongly as they do drug legalization.

The options are:

1. Let Shalala certify and release funds. After certifying that needle exchange decreases HIV transmission and does not increase drug use, HHS could release the funds in any of three ways: (a) by publishing an interim final regulation, which would allow federal funds to flow to a community as soon as that community meets the qualifying criteria specified in the regulation; (b) by publishing a notice of proposed rulemaking, which would require a public comment period and would not take effect for two or three months; and c) by publishing program guidance, which would be accompanied by a similar comment period. The lagtime in options (b) and c) would give Congress time to overturn the decision to fund needle exchange programs prior to the distribution of any monies.

You had asked whether HHS could require, as a condition of funding, that communities confine their needle exchange programs to individuals actually participating in drug treatment. As a legal matter, HHS could take this action. HHS argues, however, that doing so would be bad public health policy, because it would discourage the most at-risk addicts from taking part in needle exchange programs. The AIDS groups are likely to share this view.

In addition, Elizabeth Birch from HRC has suggested that you could allow HHS to certify and then say nothing, one way or the other, about releasing federal funds. This approach, however, is difficult to understand. Nothing can be done quietly with respect to this issue. Either the Administration will release federal funds, in which case the approach is the same as Shalala's recommendation -- or the Administration will not release funds, in which case it begins to look much like option (3) below.

2. Let Shalala certify, but limit federal funds to a few demonstration cities. After certifying that needle exchange decreases HIV transmission and does not increase drug use, HHS would pick a number of communities (say, 5 or 10) for needle exchange "demonstrations." You would ask Shalala (perhaps with General McCaffrey) to study and report whether these demonstration programs work before releasing funding to any other communities. Members of Congress will find it harder to attack this approach than Option (1), because it does not constitute an endorsement of needle programs -- just a commitment to testing them. But HHS argues that (a) we do not need "demonstrations," because we already know that needle exchange works, and (b) all federally funded needle exchange programs are in some sense demonstrations, because all communities will have to submit evaluations of their programs to the Secretary. In addition, the AIDS community may give us scant credit for this limited release of funds, although Richard Socarides believes that the community would prefer this compromise approach to the one detailed below.

3. Let Shalala certify, but withhold federal funds. After HHS certifies that needle exchange decreases HIV transmission and does not increase drug use, you would announce the withholding of federal funds until Shalala and McCaffrey have had time to build a national consensus on the issue or to study the best ways of reconciling public health and drug control policies. Of all the options described in this memo, this approach is the least likely to provoke a Congressional response, because you have not actually released any funds for needle exchange programs. For the exact same reason, however, the AIDS community will like this approach the least. And as you heard at your meeting with her, Shalala also strongly opposes this option.

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

April 10, 1998

MEMORANDUM TO THE PRESIDENT

Subject: Scientific Basis for Policy on Needle Exchange Programs

I am transmitting to you the scientific report which is the basis for the memorandum on needle exchange programs that I forwarded to you last weekend. Included in the current document is the recommendation to me from the Department's senior scientists who have responsibility for this issue.

Donna E. Shalala

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

April 10, 1998

MEMORANDUM TO THE SECRETARY

SUBJECT: Review of Scientific Data on Needle Exchange Programs

At your request, we have reviewed the scientific studies on the effectiveness of syringe and needle exchange programs. Attached is our review. It includes:

- Appendix A: The Department's February 1997 Report to Congress
- Appendix B: Recent data analysis completed since February 1997
- Appendix C: Summary document reviewing the scientific literature by outcome measures of interest
- Appendix D: Data summary specifically addressing the criteria established by Congress as conditions for federal funding for needle exchange programs.

After reviewing all of the research, we have unanimously agreed that there is conclusive scientific evidence that needle exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs. In addition, when properly structured, needle exchange programs can provide a unique opportunity for communities to reach out to the active drug injecting population and provide for the referral and retention of individuals in local drug treatment and counseling programs and other important health services.

Therefore, based on the scientific data, we strongly recommend that you certify that needle exchange programs are effective in reducing the transmission of HIV and do not encourage the use of illegal drugs, and that the Congressional test regarding the use of Federal HIV prevention funds for needle exchange programs has been met.

David Satcher, M.D., Ph.D.
Assistant Secretary for Health
Surgeon General

Margaret Hamburg, M.D.
Assistant Secretary for
Planning and Evaluation

Harold Varmus, M.D.
Director
National Institutes of Health

Nelba Chavez, Ph.D.
Administrator
Substance Abuse and Mental Health
Services Administration

Claire Broome, M.D.
Acting Director
Centers for Disease Control and Prevention

Eric P. Goosby, M.D.
Director
Office of HIV/AIDS Policy

Anthony Fauci, M.D.
Director
National Institute of Allergy and
Infectious Diseases

Alan I. Leshner, Ph.D.
Director
National Institute on Drug Abuse

Helene Gayle, M.D., M.P.H.
Director
National Center for HIV, STD and
TB Prevention, CDC

NEEDLE EXCHANGE PROGRAMS IN AMERICA: REVIEW AND EVALUATION OF SCIENTIFIC RESEARCH

Introduction

In September 1996, the Committee on Appropriations for the Departments of Labor, Health and Human Services, Education and Related Agencies requested the Secretary of the Department of Health and Human Services to provide a review of the scientific research on needle exchange programs. In response to that request, the Department provided a report to Congress in February 1997 with an overview of the status of scientific research on needle exchange programs, including a compilation of relevant studies and abstracts pertinent to the efficacy of needle exchange programs in reducing HIV transmission and their effect on utilization of injection drugs.

The February 1997 report included two extensive summaries (National Academy of Science/Institute of Medicine 1995, and University of California at Berkeley/San Francisco 1993) evaluating the research literature on the effectiveness of needle exchange programs for the prevention of HIV transmission among injection drug users and their effect on utilization of illegal drugs. An earlier report by the General Accounting Office (1993) reviewed the results of studies addressing the effectiveness of needle exchange programs in the United States and abroad, with an assessment of the credibility of a forecasting model developed at Yale University that estimates the impact of a needle exchange program on the rate of new HIV infections. The conclusion provided in the February 1997 report stated that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them, and that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services.

Since the completion of the February 1997 report to Congress, a number of researchers have published data in peer-reviewed journals or presented research findings at national conferences. The National Institutes of Health also published an NIH Consensus Development Statement, Interventions to Prevent HIV Risk Behaviors, in March 1997. That document summarized the proceedings of an NIH Consensus Development Conference, which evaluated the available scientific information regarding the effectiveness of interventions designed to prevent HIV transmission, including needle exchange programs.

Consistent with the February 1997 report to the Congress, this report is limited to those studies conducted in the United States, with the exception of the inclusion of Canadian research data from Vancouver and Montreal. The National Academy of Sciences/Institute of Medicine previously reviewed the unpublished data from Montreal, now published in final form. Other international studies are not reviewed here, as drug use patterns are highly context sensitive in terms of both social, cultural and economic factors and findings could not be generalized to the U.S. population.

This report builds upon the February 1997 report to Congress, expanding on that summary to include newly available data and the implications for policy.

HIV Transmission Through Injection Drug Use

The consequences of injection drug use have become the driving force in the HIV epidemic in the United States. Half of all new infections are caused by the sharing of injection equipment contaminated with HIV, either due to injection drug use or through unprotected sex with an injection drug user or birth to a mother who herself, or whose partner, was infected with HIV through drug use. The proportion of AIDS cases and new HIV infections attributable to injection drug use has been rising steadily. Over 75% of new HIV infections in children result from injection drug use by a parent. The impact has been most devastating in communities of color, which accounted for 65% of newly reported AIDS cases between July 1996 - June 1997.

The primary goal of needle exchange programs is to reduce the transmission of HIV and other blood borne infections, such as hepatitis B (HBV) and hepatitis C (HCV), associated with drug injection by providing sterile needles in exchange for potentially contaminated ones. Researchers from Yale University empirically demonstrated that provision of sterile syringes results in removing from circulation contaminated syringes that could potentially be re-used, thereby decreasing the transmission risk associated with sharing contaminated equipment. In addition to exchanging syringes, needle exchange programs are effective access points for populations with multiple high risk behaviors for HIV infection to receive other services. Many needle exchange programs provide an array of other services including referrals to drug treatment and counseling, HIV testing and counseling, and screening for sexually transmitted diseases and tuberculosis. There are more than 100 needle exchange programs now operating in 71 cities and 28 states and one territory in the United States.

Summary of Research Findings on Needle Exchange Programs

This section summarizes in brief the primary research findings regarding needle exchange programs. A more extensive review of the studies included in the February 1997 DHHS Report to the Appropriations Committee can be found at Appendix A; an analysis of those studies completed since February 1997 is provided at Appendix B. A summary table of needle exchange research studies examining specific outcomes of interest is provided at Appendix C. A subset of this table identifying those studies reporting on the two criteria established in the Public Law 105-78 Appropriations legislation is provided at Appendix D.

Empirical Studies in the United States Needle exchange programs have been implemented in low, moderate and high HIV prevalence sites in an attempt to reduce the spread of HIV and other blood borne infectious diseases among injection drug users. A discussion of some of the methodological issues pertinent to studies on needle exchange is provided later in this document.

In brief, findings from a comprehensive review of the literature indicate that needle exchange programs: increase the availability of sterile injection equipment and reduce the proportion of contaminated needles in circulation (Kaplan and Heimer 1992, Kaplan 1994, and Heimer et al. 1993); reduce drug-related risk behaviors such as multi-person re-use of syringes (Hagan et al. 1991 and 1993, Guydish et al. 1993, Oliver et al. 1994, Paone et al. 1994, DesJarlais et al 1994, Watters et al. 1994, Singer et al. 1997, and Vlahov et al. 1997); increase drug treatment referrals (Heimer 1994) and entry into drug treatment (Hagan et al. 1993, Singer et al. 1997, and Vlahov et al. 1997); have successfully referred participants to drug treatment with resulting high drug treatment retention rates and reduced HIV risks (Brooner and Vlahov 1997); have shown small improvements in reducing sexual risk behaviors among needle exchange participants (Watters et al. 1994, DesJarlais et al. 1994, and Paone et al. 1994); have maintained low prevalence of blood borne HBV and HCV infections (Heimer et al. 1993, DesJarlais et al. 1995, Hagan et al. 1994, and Paone et al. 1994); have reduced HIV seroprevalence rates in certain cities (Hurley, Jolley and Kaldor 1997); and have reduced the rate of new blood borne infections like HIV and HBV among program participants (Hagan et al. 1991 and 1995, and DesJarlais et al. 1996). Additional information on the study design and findings of the studies listed above can be found in the summary documents at Appendices C and D.

Empirical Studies in Canada Two recent observational studies from Vancouver (Strathdee et al. 1997) and Montreal (Bruneau et al. 1997) reported a higher incidence of HIV among injection drug users participating in needle exchange than non-exchange participants. In Vancouver, HIV seroprevalence was estimated to be stable at 1%-2% among the injection drug using population from 1988, when the needle exchange program was established, through 1993. In 1994, a rapid expansion of the HIV epidemic took place, with a baseline seroprevalence of 23.2% observed in a prospective cohort study of injection drug users. Preliminary analysis from this cohort study found an HIV incidence rate of 18.6 per 100 person years. This study reported on a number of behavioral and social risk factors associated with HIV seropositive status, including a high level of injectable cocaine use, prostitution and longer histories of injection drug use. The presence of multiple behavioral risk factors confounded the ability to isolate participation in needle exchange as a predominant or predictive factor for HIV infection. Subsequent 1997 data from this cohort have showed a decline in HIV incidence to 4.4 per 100 person years.

An observational cohort study of injection drug users was conducted in Montreal. In a baseline assessment of HIV seroprevalence, individuals who attended a needle exchange program reported higher frequencies of risk behaviors associated with drug injection and more frequent involvement in prostitution activities. In a prospective HIV seroincidence analysis, HIV incidence among persons attending the needle exchange program was 7.9 per 100 person years, compared to 3.1 per 100 person years among non-attenders. As in the Vancouver study, demographic, behavioral and social factors were identified that in aggregate defined the high risk profile of those persons also attending needle exchange programs. A more complete review and analysis of these two studies is provided at Appendix B.

Synthesis Reports

Institute of Medicine

In 1995, the National Academy of Sciences/Institute of Medicine published a report, Preventing HIV Transmission: The Role of Sterile Needles and Bleach, reviewing the cumulative body of scientific literature available at that time. A summary of the conclusions of the NAS/IOM panel on the scientific assessment of needle exchange program effectiveness is provided as follows:

"On the basis of its review of the scientific evidence, the panel concludes:

o needle exchange programs increase the availability of sterile injection equipment. For the participants in a needle exchange program, the fraction of needles in circulation that are contaminated is lowered by this increased availability. This amounts to a reduction in an important risk factor for HIV transmission.

o The lower the fraction of needles in circulation that are contaminated, the lower the risk of new HIV infections.

o There is no credible evidence to date that drug use is increased among participants as a result of programs that provide legal access to sterile equipment.

o The available scientific literature provides evidence based on self-reports that needle exchange programs do not increase the frequency of injection among program participants and do not increase the number of new initiates to injection drug use.

o The available scientific literature provides evidence that needle exchange programs have public support, depending on locality, and that public support tends to increase over time." p.4

The IOM concluded that " needle exchange programs should be regarded as an effective component of a comprehensive strategy to prevent infectious disease." (p.4)

NIH Consensus Development Statement

In March 1997, the National Institutes of Health published the Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors, summarizing the proceedings of a Consensus Development Conference. A panel of non-Federal experts evaluated the available scientific information regarding behavioral interventions to reduce risk for HIV/AIDS. Presentations of scientific data were made to the panel by distinguished researchers, including ongoing evaluation studies of needle exchange programs. Specific behaviors and community contexts that produce elevated risks for HIV infection were reviewed, as well as the spectrum of available interventions to reduce behavioral risks. After reviewing the data on needle exchange programs, the panel concluded that these programs have beneficial effects on reducing behaviors

such as multi-person re-use of syringes. They reported that "studies show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV." (p.11) The panel also concluded that the preponderance of evidence shows either a decrease in injection drug use among participants or no changes in their current levels of use.

University of California at Berkeley and San Francisco Study for the CDC

In 1993 the University of California published a review and analysis of the literature on needle exchange programs to answer a number of research questions, including the effect of needle exchange programs on HIV infection rates and HIV risk behaviors. Study findings reported included the following: needle exchange programs served as a bridge to other health services, particularly drug abuse treatment; needle exchange programs generally reached a group of injecting drug users with long histories of drug injection and limited exposure to drug abuse treatment; there was no evidence that needle exchange programs increased the amount of drug use in participants or changes in overall community levels of drug use; needle exchange programs did not result in an increase in the number of discarded syringes in public places; the rates of HIV drug risk behaviors were reduced in needle exchange participants; needle exchange programs were associated with reductions in hepatitis B among injection drug users; and, the data were too limited at that time to draw conclusions about needle exchange programs and reductions in HIV infection rates.

Summary of New Research Findings

Since completion of the Department of Health and Human Services' February 1997 report to the Congress on needle exchange programs, several scientific studies have added new data on the effects of needle exchange programs, corroborating and expanding knowledge about the role needle exchange programs play in reducing HIV transmission. In addition, these new data continue to demonstrate that needle exchange programs do not encourage drug use, and in fact will increase referrals into drug treatment for hard-to-reach populations. A more complete description of these studies is provided at Appendix B.

In a study by Vlahov et al. (1997), reductions in high risk drug use behaviors and an increase in enrollment in drug treatment were observed in a cohort participating in the needle exchange program. In a study by Brooner et al (in press), a high rate of acceptance of substance abuse treatment and retention in treatment was demonstrated among injection drug users referred from needle exchange programs, despite greater severity of drug use and high risk behaviors for HIV and psychosocial problems in this group. Hurley et al (1997) identified decreased HIV seroprevalence among 29 cities with needle exchange programs compared to 52 cities without these programs, with cities selected according to the availability of HIV prevalence data for their injection drug using population for 2 or more years. Two studies from Canada reported increased HIV incidence among injection drug users also using needle programs, but the design of these studies and the behavioral characteristics of the study populations limit the

generalizability of the findings to the United States populations. Subsequent data from one Canadian study (Vancouver) has shown a significant decrease in HIV incidence since publication of the first study.

Methodological Considerations

In reviewing the scientific data on needle exchange, it is relevant to note the wide range of methodologic approaches utilized and the impact of these study design choices on the conclusions drawn. As was noted in the 1995 report by the National Academy of Sciences/Institute of Medicine, some of the studies that examine needle exchange and bleach distribution programs have various limitations including inadequate sample size, improper controls and problematic measures including self-reporting instruments. In behavioral research, these study designs and instruments are the best available tools to describe complex behaviors. In addition, multiple behavioral risk factors, including drug choices such as cocaine, confound the ability to isolate cause and effect relationships for HIV transmission among injection drug users. This whole body of research is burdened by these constraints.

Nevertheless, as the NAS/IOM report states "... the limitations of individual studies do not necessarily preclude us from being able to reach scientifically valid conclusions based on the entire body of literature available. The situation resembles the exploration of the relationship between cigarette smoking and lung cancer; virtually every individual study was vulnerable to some particular objection, yet collectively those studies justified a compelling conclusion. It was essential for the panel first to distinguish between studies of high quality and those of lesser quality, and then to weigh the credibility of the findings, according to their completeness and soundness. Using this approach, the panel based its conclusions on the pattern of evidence provided by a set of high-quality studies, rather than relying on the preponderance of evidence across less scientifically sound studies." p. 3-4

Maximizing the Public Health Benefits of Needle Exchange Programs

In assessing the public health benefits gained from needle exchange programs, certain characteristics have consistently emerged from the research data that confirms the unique role that needle exchange programs can play as part of the public health response to an epidemic driven by injection drug use. To ensure that federal dollars are maximized in this effort, a careful consideration of those factors most predictive of public health benefit must be heeded. To this end, it is critical that no reduction in drug treatment capability occur, as substance abuse treatment remains the long term strategy for reducing injection drug use and the associated risk of HIV transmission. Needle exchange programs are appropriately supported as an HIV prevention activity in those communities that choose to develop them. Other important factors include local support of health department leaders and affected communities for needle exchange as a necessary component of a broader, comprehensive HIV prevention plan. Those programs which consistently provide referral to medical and drug treatment afford the greatest opportunity

to reduce HIV infection and decrease injection drug use. Concerns among communities have highlighted the need for appropriate disposal of hazardous wastes. Where collection and disposal of used syringes has been implemented, and syringes are provided on a replacement basis only, community support has been achieved. Those programs that operate in accordance with state and local laws, or which are granted waivers from applicable laws, have shown the greatest success in linking together the range of medical and drug treatment services needed by their clients. Finally, there is an important role for ongoing evaluation of needle exchange programs to maximize their effectiveness in reaching high risk populations and providing the means for injection drug users to eliminate or reduce both their risks for HIV and injection drug use.

Public Health Implications

The scientific data now available have established the utility of needle exchange programs in reducing new HIV infections with no evidence of increasing injection drug use. The data supports the unique role needle exchange programs can play in creating an access point into social services, drug treatment and medical care for the population most responsible for new HIV seroconversions. This role as a conduit into care is amplified in that needle exchange programs offer, at multiple points in time, repeated opportunities for prevention intervention as well as an ongoing opportunity to develop trusting relationships between professional staff and the injection drug-using population. This is often the most significant social connection in an active drug user's life and creats a foundation with which future interventions may depend. In addition to the immediate replacement of a contaminated needle with a clean one, we see the efficacy of a needle exchange program as dependent on its relationship to a constellation of services that are directed at identifying high risk populations and creating formal conduits into care.

The public health need to target high risk populations most responsible for driving HIV seroconversion rates is evident. Our understanding of how HIV moves through communities must be structured into responses to epidemiologic surveillance data that describe modes of transmission. This includes allowing States and localities to coordinate their resources and target them to those population groups that cannot stop participating in high risk behaviors. However, federal funding is only appropriate for those programs that provide the critical linkages with drug treatment and health care services and incorporate the spectrum of prevention services that have proven effective HIV prevention tools.

We remain committed to exploring through research those factors that affect the demonstrated utility of needle exchange programs in curtailing transmission of HIV in communities and the relative effects on drug use and entry into drug treatment.

Attachments
Appendix A: 1997 Report to Congress
Appendix B: Analysis of Recent Data
Appendix C: Summary Tables of Research Studies
Appendix D: Summary of Data by Statutory Criterion

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

April 9, 1998

'98 APR 9 P4:36

Dear Mr. President:

Met last Monday with Erskine, Rahm and others to discuss drug-related issues in regard to needle exchange. We all share a common concern about the devastating impact of AIDS. As your principal advisor on counter-drug policies, felt we owed you a direct explanation of the risks involved in lifting the ban on federal funding for needle exchange programs.

- **The science is uncertain:** Have personally, and with great care, reviewed the studies that proponents of needle exchange rely upon to support their cause. In every instance, supporters of needle exchange simply gloss over what are gaping holes in the data -- holes, which if filled would leave significant doubt that needle exchanges not only exacerbate drug use, but may not uniformly lead to a decrease in HIV transmission. We note that proponents of needle exchange are quick to seize upon the limits of studies that reflect the negative impacts of needle exchange, but quickly embrace even clearly flawed studies that support their position. One wonders if the science in this debate is as objective as it should be. Bottom line, it would be imprudent to take a major policy step on the basis of yet uncertain and insufficient evidence.

- **The public health risks outweigh benefits:** In the face of scientific uncertainty, the weighing of the potential risks and benefits of the decision to fund needle exchange programs takes on a far greater importance. Each day, over 8,000 young people will try an illegal drug for the first time. Heroin continues to exert a strong "counter-culture" pull on our young people, and the rate of heroin use is up among youth. In overwhelming numbers, the lives of these heroin users will be ruined; their families will be devastated. Many will die from the drug -- whether the death certificate says overdose, suicide, AIDS, tuberculosis, wound botulism, exposure, or violent crime. The ultimate cause of death is their addiction. We are concerned about the roughly 8 people per day who contract HIV through drug-related means. However, on balance, we are more disturbed by the 352 people per day who begin using heroin, and the roughly 4,178 people who die each year from heroin/morphine-related causes (the number one drug-related cause of death). Even assuming that needle exchange programs can further bring down the already declining rate of HIV transmission, the risk that such programs will encourage a higher rate of heroin use clearly outweighs any potential benefit.

- **Treatment should be our priority:** Our fundamental moral obligation is to provide treatment for those addicted to drugs. Unfortunately, the vast majority of needle exchange programs take the inexpensive route, passing out low cost needles without any follow on treatment. This, indeed, is not a solution. Rather, such programs are, at best, short-term controls on HIV transmission, which leave totally unchecked the ravages of drug addiction. These programs primarily serve to swap causes of death, not reduce numbers of deaths. Until such time as we can put federal dollars fully behind treatment, we are on morally indefensible grounds putting them behind needles.

- **Federal support of needle exchange programs will undermine all our other good efforts to fight drugs:** The use of taxpayer dollars to support needle exchange programs is a lightning rod issue. Your *National Drug Control Strategy* is increasingly gaining support and making a difference. An Administration decision to alter course on needle exchange and spend federal monies to buy drug paraphernalia could seriously undermine our ability to continue to carry out balanced, smart, and effective drug policies. There is little doubt that there is a staunch, organized resistance to needle exchange programs as sound government policy. Indeed, proponents of needle exchange must recognize that even if the Administration were to try to change this policy, the "victory" would be short-lived; the likelihood is that Congress would act swiftly to reverse this decision.

- **Federal support of needle exchange programs puts the most disadvantaged neighborhoods and people at greater risk:** The sad reality is that needle exchange programs are located in impoverished inner-city neighborhoods not wealthy suburbs. These programs become magnets pulling in addicts from surrounding areas (the first time many of these suburbanites will ever see these streets) and crime, making it that much harder for these communities and their residents to survive, let alone get ahead. The pervasiveness of drug culture in these areas puts children who are already at risk in greater jeopardy. The Vancouver study of the largest needle exchange program in North America failed to mention that drug-related deaths in the city skyrocketed from just 18 in 1988, to 200 in 1993. The current 1998 forecast is for 600 drug-related deaths in the province, the vast majority of which will occur in Vancouver. (My Deputy, Dr. Hoover Adger, just returned from a fact-finding trip to Vancouver; a copy of his trip report is attached.)

- **Opposition is passionate and widespread:** Since the March 31, 1998 sunset of the flat Congressional ban on Federal funding, numerous individuals and groups have written in opposition to needle exchange. The list includes: law enforcement organizations, such as the Fraternal Order of Police; physicians and treatment providers, especially those serving low income neighborhoods; parent groups; education groups; state and local prevention organizations; community anti-drug coalitions; inner-city community activist groups; rescue missions; and Evangelical Christian groups.

- **Facilitating drug use sends the wrong message to our children:** By giving drug users needles we facilitate drug use -- just as giving a drunk the keys to a car facilitates drunken driving. Presently, we are spending over $195 million to wage a national campaign aimed at educating kids that "drugs are wrong, and they can kill you." The dramatic inconsistency between, on the one hand, telling our children that drugs are wrong, and, on the other hand, facilitating drug use, imperils our ability to reach our children.

- **The need for federal support of needle exchange programs is dubious:** A heavy heroin user will spend roughly $100 *a day* on heroin. If the user can afford even half that amount for his or her habit, logic suggests that a twenty-cents needle is affordable.

Moreover, states, communities, and other interests remain free to use local or private monies to support needle exchange programs -- support which given the low costs of needles is not a hardship on them. The fiscal burdens of needle exchange programs on both the drug user and subfederal governments both, are not so burdensome as to justify the use of federal funds here.

- **Putting federal funds into needle exchange programs undercuts AIDS research, prevention and treatment:** The solution to AIDS is not to ameliorate the symptoms, but to find a cure. By allowing federal funds to go to needle exchange programs, we provide those who oppose AIDS research, treatment and prevention programs an easy, inexpensive out. Why, they will argue, support millions of federal dollars for these HIV/AIDS programs, when the answer lies in a twenty-cents needle? Rather than focus on the promising medical and scientific gains being made with new drug treatments, so called "altruist vaccines," and the like, we are diverted by a narrow side issue that for the vast majority of those both already infected and at risk will have no impact whatsoever on their lives.

Mr. President, a decision as important as this one must consider every possible outcome, positive as well as negative. Before moving ahead with so substantial a change in policy, strongly suggest that you charge the federal government with developing a more reliable, complete and objective understanding as to all the risks and benefits at issue here. Additionally, suggest that once the necessary information is developed, that the matter be referred by you to the PDPC for review and to prepare a recommendation to you.

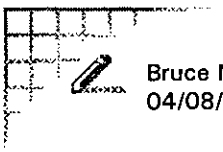
Would welcome the opportunity to discuss this matter personally with you at your earliest convenience. Will continue to work closely with the members of your staff and the rest of the Cabinet to ensure that we continue to win the fight against drugs.

Very respectfully,

Barry R. McCaffrey

The President of the United States
The White House
Washington, D.C.

Drugs - needle exchange



Bruce N. Reed
04/08/98 10:50:10 PM

Record Type: Record

To: Elena Kagan/OPD/EOP

cc:
Subject: needles

Here is the gist of what we should say in this options memo:

We have consulted quietly with outside experts and advocates on both sides of this issue. Elite and editorial opinion generally runs strongly in favor of needle exchange. A number of respected scientists and public health experts, including Harold Varmus and the AMA, believe the scientific evidence is solid, as far as it goes. (It is impossible to prove whether needle exchange programs actually reduce drug use, because it would be unethical to run a controlled experiment that compares addicts who have access to clean needles with addicts who don't.) Dr. Koop has a more nuanced view. As Surgeon General, he visited a number of programs in Europe, and concluded that 1) needle programs were a failure in communities where they ran against the grain of the local society, but there was no evidence that they attracted non-addicts to start a drug habit; and 2) he doubts needle programs will be very effective here, because most addicts are so far outside the mainstream that they will not show up reliably, especially if they're not in drug treatment.

The AIDS community and the anti-drug community are miles apart. At a minimum, AIDS groups want us to provide some legitimacy to needle programs. We might be able to muster half-hearted support from HRC for the compromise options below, but most groups will be disappointed if we don't go along with Shalala's recommendations. (Of course, even if we do go along, we will be back to square one with the groups a few months from now unless we veto any attempt by Congress to overturn this action.) Conversely, anti-drug advocates like Califano and Burke will oppose needle exchange with the same fervor they express for drug legalization.

The options are:

1) Let Shalala certify. In taking this action, she could either put forward an interim final regulation, which would allow federal funds to flow to a community as soon as that community met the conditions in the HHS regulation [EK -- you can describe these if you want, but there's no need to], or she could issue a Notice of Proposed Rulemaking, which would require a public comment period and would not take effect for 6 months or so -- long enough for Congress to overturn it and/or the elections to take place. [You had asked whether HHS could actually require individuals in needle programs to participate in drug treatment. They say that would be counterproductive, because it would discourage the most at-risk addicts from taking part.]

2) Let federal scientists declare that needle exchange programs reduce HIV without increasing drug use, but limit federal funds to a few demonstration cities, and ask Shalala and McCaffrey to study whether those programs work. This approach will be harder to attack, because it does not constitute an endorsement of needle programs -- but it may end up pleasing no one.

3) Let federal scientists declare that needle exchange programs reduce HIV without increasing drug use, but withhold federal funds on the grounds that no national consensus exists, and ask Shalala

and McCaffrey either to build that consensus, or to study whether the competing goals of reducing HIV and discouraging illegal drug use can be reconciled. This approach will also be somewhat more difficult to attack, because with no federal funds going to needle programs, Congress can't do much to stop it. However, many in the AIDS community will regard this position as morally bankrupt, arguing that we know these programs can slow the AIDS epidemic but we don't have the courage to do anything about it.

EK -- You can elaborate on these if you want to. I don't actually know Califano and Burke's position -- maybe Rahm could confirm for you. Also, it would be worth knowing Kevin's view, Richard's view, Ron's view, Chris or HRC's view, and dare-I-say-it, even McCaffrey's view (although that's obviously the least important) on the various options. I feel a little guilty that we're not consulting Sandy, but I don't know what to do about it.

FYI -- Kevin told me he thinks the amount of money at stake is $30-90 million. I tried to get him to answer another question, whether there were waiting lines for needle programs. He didn't know.

1) Richard - Demo barrier
2) Ron
3) Kevin T. - won't rank
4) Chris - demo barrier
5) HRC
6) McCaffrey

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THE WHITE HOUSE

WASHINGTON

March 12, 1998

MEMORANDUM FOR THE PRESIDENT

FROM: PHIL CAPLAN

SUBJECT: Needle Exchange

Your AIDS Advisory Council begins a meeting this weekend and the subject of needle exchanges will likely be a major issue. Some members of the Council will introduce resolutions calling on you to take specific action; some Council members may resign; others may call for Secy Shalala's resignation if she does not make the necessary certifications. Several AIDS groups are planning press conferences early next week to call attention to the issue.

As you know, this is a very contentious issue, especially among your Cabinet. In fact, Secy Shalala and Genl McCaffery cannot even agree to participate in a DPC policy process to come to a resolution. AIDS groups, gay and lesbian groups, law enforcement and the public health community all have a stake. In the attached memo, *which I recommend you read to get a full picture*, Bruce Reed and staff working with the AIDS/gay/lesbian groups seek guidance from you on the issue. Bruce notes that you do not have to make a decision tonight. Even if you did, it would be not be communicated to the AIDS Council this weekend; a fuller rollout strategy would have to be developed. While of course you are free to decide among the options tonight, Bruce and your other senior advisors are at the very least looking for some indication from you about where we'll end up so that tomorrow they can begin to manage the fallout of the meeting and begin to work with those Council members who are most sympathetic.

Context. On March 31, Secy Shalala has the authority to release federal funds for needle exchange programs if she certifies that such programs (i) decrease HIV transmission and (ii) do not increase drug use. She will likely have sufficient data and wants to make this finding.

Options. Four are presented, none of which solves the problem entirely. There are two absolute options and then two compromise positions. Absolute: *Option 1* maintains the status quo and is supported by only Gen'l McCaffery: claim insufficient data and do not release funds. AIDS community will be outraged, but no fight with Congress. *Option 4*, supported by Secy Shalala and Sandy Thurman: make the findings and release the funds, as long as they are combined with drug treatment. Strongly supported by AIDS/public health communities but will lead to Congressional battle. Compromises: *Option 2, DPC's recommend option and also supported by Podesta, Sylvia, OPL, Larry Stein:* make the necessary findings but do not release the funds. AIDS groups will argue "moral bankruptcy" -- that we know needle exchange saves lives and there is no real justification to withhold funds. But groups appear to prefer this compromise over any of the other options because of scientific imprimatur. *Rahm and Podesta* support a suboption here: make the findings, do not release funds, acknowledge the contradictory policy goals and direct Shalala and McCaffery to work out a solution. *Option 3* has no support: make findings, release funds but only if local law enforcement authorities approve exchanges. AIDS and other groups strongly oppose as few law enforcement agencies will sign on.

THE WHITE HOUSE

WASHINGTON

98 MAR 12 [illegible]

March 12, 1998

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed

SUBJECT: Needle Exchange

This memorandum addresses Administration options on needle exchange. With the congressional moratorium on needle exchange funding about to expire, the AIDS community will soon put increased pressure on the Administration to release federal funds for needle exchange programs. Members of your Advisory Council on AIDS are considering the possibility of using their meeting next week to take some dramatic action on the issue, such as calling on Secretary Shalala to resign unless she makes the certification necessary to allow federal funding. We therefore think you should give immediate attention to this issue.

Under ordinary circumstances, DPC would have run an interagency process involving HHS, ONDCP, the AIDS office, and other interested parties. We could not do so on this issue, however, because General McCaffrey refuses to take part in a DPC process, believing that needle exchange is above all a drug question and that he therefore should coordinate Administration policy. Secretary Shalala, for her part, understandably refuses to take part in an ONDCP-led process, believing that needle exchange is a public health issue and that Congress gave her, not the ONDCP Director, legal authority to decide it. The result is that the interested agencies have not been able to work through this issue in a structured and rational manner.

Although this memorandum presents you with options, we do not think you need to make a firm decision on this issue now. If you would like to hear a fuller rendition of the arguments on both sides, we can put together a meeting for you with McCaffrey and Shalala. If you would like to hear a fuller description of the scientific evidence, we can arrange a briefing for you by Dr. Varmus. Of course, if you feel ready now to make a decision, you should feel free to do so. We will take whatever response you make to this memo into account in dealing with your AIDS Advisory Council over the next few days.

Background

For some years, Labor-HHS appropriations bills have allowed the use of federal funds for needle exchange programs if but only if the Secretary certifies that such programs (1) decrease HIV transmission and (2) do not increase drug use. In the last appropriations bill, Congress prohibited the Secretary from making this certification until March 31, 1998. On that date, the Secretary once again will be able to release federal funds for needle exchange programs upon making the appropriate findings.

(A separate and even more stringent statutory test governs the use of SAMHSA funds for needle exchange programs. These funds may not be used unless the Surgeon General finds that needle exchange programs (1) decrease HIV transmission and (2) also decrease drug use. Because no one believes that the available evidence can support the latter finding, the release of SAMHSA funds is not now at issue.)

The Secretary already has found that needle exchange programs decrease HIV transmission; until now, however, she has not made a formal finding that these programs do not increase drug use. HHS scientists have been studying the current data carefully, and probably will recommend soon that the Secretary make this finding. Assuming they do so, the Secretary would like to issue the formal certification necessary to release federal funds. The ONDCP Director adamantly opposes this action, primarily on the ground that it would weaken the anti-drug message. (See separate memo from General McCaffrey.)

The AIDS community, public health community, and elite validators strongly support releasing federal funds for needle exchange programs. They believe that current scientific evidence supports this action, and that only political considerations stand in its way. The law enforcement community -- and probably a majority of the public -- would oppose the action strongly. They believe that it would condone -- and whatever the scientists say, ultimately increase -- illegal drug use.

Options

There are currently four options on needle exchange. None of them is good; the question here is really which option is the least horrible.

1. Maintain the status quo. Under this option, we would continue to say that the evidence is currently insufficient to find that needle exchange programs do not increase drug use. This option would provoke the wrath of the AIDS community and the criticism of elite validators. It would force us to defend against a charge of moral cowardice. The option, however, would allow us to avoid a confrontation with Congress over needle exchange policy -- a confrontation that we almost certainly would lose and that could inflict great political cost.

2. Make the necessary findings, but decline to release funds. Under this option, either HHS scientists or the Secretary herself would make the requisite findings, but the Administration nonetheless would decline to release federal funds to needle exchange programs. We would argue that such a change of policy requires the building of public consensus within the political arena -- that the decision to use public funds for these purposes is not, in the end, solely scientific. We then could set up a process for trying to develop such a public consensus -- perhaps sentencing Shalala and McCaffrey to work together on this project.

This option, like the last, will lead many in the AIDS and public health communities to

charge the Administration with a kind of moral bankruptcy: they will argue that if we know needle exchange saves lives (as the findings state), then we have no justification for declining to provide financial support to these programs. In addition, the option may encourage Congress to legislate in this area -- for example, by placing a flat prohibition on needle exchange funding on an appropriations bill or the ONDCP reauthorization. But this option at least would give a scientific imprimatur to needle exchange programs (thus encouraging local communities to fund such programs on their own), and the AIDS community appears to prefer this compromise to any other.

3. Release federal funds for needle exchange, but only if local law enforcement authorities approve the program. Under this option, HHS would make the requisite findings, but release funds only to local communities where law enforcement officials sign on to the needle exchange program. This added condition would help to insulate the Administration from the charge that its policy will undermine law enforcement. Accordingly, the condition also might help stave off a confrontation with Congress on the needle exchange issue. The AIDS community, however, would oppose the condition strenuously, believing that few law enforcement officials will sign on to needle exchange programs and that the Administration's action will signal to local communities that these programs raise a serious law enforcement issue.

4. Release federal funds for needle exchange programs, as long as they are combined with drug treatment. Under this option, the Administration would release funds to all communities in which needle exchange programs are linked to drug treatment. The AIDS and public health communities would support this approach strongly, and the link to treatment would give us some answer to the charge that funding needle exchange condones illegal drug use. But this option would touch off a battle with Congress, which will put many Democratic members in a difficult position and almost certainly result in reversal of the policy.

HHS and the AIDS office strongly favor the fourth option; ONDCP just as strongly favors the first. As between the two compromise approaches, the AIDS office believes that the AIDS community will more readily accept the second option (findings without funding) than the third option (law enforcement sign-off). For similar reasons, HHS favors the second approach to the third. We are not sure of ONDCP's preference as between the compromise approaches.

DPC believes that both the first and fourth options are untenable. The fourth would subject us to relentless criticism on law enforcement grounds and lead to the enactment of harmful legislation (perhaps even prohibiting locally-funded needle exchange). The first would subject us to equally relentless criticism on public health grounds and could chill the appropriate use of even locally-funded needle exchange programs. As between the compromise approaches, we have a slight policy preference for the law enforcement sign-off, which would lead to some federal financing of needle exchange, while acknowledging the legitimate interest of law-enforcement officials -- and the potential value of their involvement -- in these programs. But this compromise option seems objectionable to everyone -- certainly to the AIDS community, which doesn't want law enforcement involvement, and perhaps also to the law enforcement

community, which may not want real responsibility. By contrast, the findings-without-funding approach may be tolerable, at least for now, to people on both sides of the issue; for this reason, it may offer the better chance for continued discussion and eventual resolution of this difficult issue. We therefore recommend option two.

Option 1:	Maintain the status quo	_____
Option 2:	Make findings, but release no funds	_____
Option 3:	Release funds with law enforcement sign-off	_____
Option 4:	Release funds, assuming drug treatment programs	_____
Let's discuss		_____

Drugs - needle exchange

April 6, 1998

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed

SUBJECT: Needle Exchange

Attached is a memorandum from Secretary Shalala stating that she intends to (1) certify that needle exchange decreases HIV transmission and does not increase drug use, and (2) to release federal prevention funds to local needle exchange programs meeting certain designated criteria. Shalala will discuss this memo with you at a meeting on Monday afternoon. She requested this meeting after Erskine informed her of your decision to allow the certification to go forward, but not to release federal funds to needle exchange programs. Shalala believes strongly that there is no justification for declining to release federal funds.

Shalala's memo states that HHS scientists have determined, on the basis of an "ongoing, exhaustive examination of the peer-reviewed published data on needle exchange programs," that such programs are "an effective public health intervention to reduce the spread of HIV and are wholly consistent with our national strategy to reduce the use of illegal drugs." With respect to the effect of needle exchange on drug use, Shalala states: "(1) There is no empirical evidence that the presence of needle exchange programs results in an increase of drug use at the community level. (2) There is no known scientific data to support the concern that needle exchange programs confound our message to young people that drug use is harmful." Shalala notes that needle exchange programs may provide a doorway into drug treatment, and that participants in these programs are overwhelmingly older, chronically addicted individuals.

At a meeting while you were in Africa, Erskine told Shalala that you believed we should go forward with a certification, but decline to release any federal funds. Under this approach, which is favored by most of your White House advisors, you would argue that such a significant change of policy requires the building of a public consensus, and you would set up a process -- perhaps involving both Shalala and General McCaffrey -- designed to increase understanding about needle exchange programs. Supporters of this option contend that it will give a scientific imprimatur to needle exchange programs (thus encouraging local communities to fund such programs themselves), while minimizing the chance that Congress will respond to administrative action on the issue by further limiting these programs (either by banning the use of federal funds for needle exchange or, more broadly, by banning the distribution of <u>any</u> federal funds to an entity that engages in this activity).

Secretary Shalala vehemently disagrees with this approach. She argues that because needle exchange is a local choice, there is no need to reach a national consensus on the issue.

She also doubts that it is possible to educate the American public about needle exchange -- and particularly doubts that General McCaffrey could play any useful role in this effort. She claims that the approach, although concededly legal, violates Congressional intent. Finally, she believes (although she may not say so outright) that the approach is morally bankrupt, because it declines to give any effect to a determination that needle exchange saves lives.

You should note that Secretary Shalala has not offered, or indicated a preference for, any alternative compromise approach; she is just as vehemently opposed to a proposal to condition the release of federal funds for needle exchange on the approval of law enforcement authorities. She believes (or at least purports to believe) that the concern about Congressional backlash is much overstated, and that the Administration should not try to avert a negative reaction by developing a compromise position.

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Personal

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500
March 18, 1998

THE DIRECTOR Erskine —

MEMO FOR ERSKINE B. BOWLES
WHITE HOUSE CHIEF OF STAFF

SUBJECT: Needle Exchange Programs

I met with Sandy Thurman yesterday to discuss needle exchange programs. I reiterated the following points:

- Both the *National Drug Control Strategy* and the nation's AIDS prevention efforts must be firmly rooted in science.
- Drug treatment is a better long-term policy option for AIDS prevention among injecting drug users.
- ONDCP continues to rely on HHS Secretary Shalala's leadership on this issue.

In my judgment, we should not endorse the use of federal funds, including CDC funds, to support needle exchange programs.

V/R

Barry R. McCaffrey
Director

COPY

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

March 17, 1998

The Honorable Sandy Thurman
Director
White House Office of National AIDS Policy
808 17th St., NW, 8th Floor
Washington, DC, 20503

Dear Ms. Thurman: Sandy —

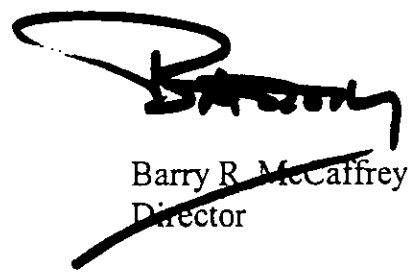
Thank you for sharing your viewpoints on the issue of needle exchange programs (NEPs) this afternoon. All of us at ONDCP fully share your commitment to halting the spread of HIV, a preventable disease that infects another thirty-three Americans each day. We are only too aware that, according to the Centers for Disease Control and Prevention, 35.8 percent of new HIV cases are directly or indirectly linked to injecting drug users. At the same time, we remain committed to ensuring that the *National Drug Control Strategy*'s no use message is not diluted. Each day, more than 8,000 children try illegal drugs for the first time. We cannot cut this number by 50 percent absent a steady anti-drug message.

As you know, federal law currently prohibits the use of federal funds to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug. The law also requires that the Secretary of Health and Human Services determine that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs before federal resources can be provided to these programs. ONDCP continues to rely on Secretary Shalala's leadership on this issue. We have also received briefings from Dr. Harold Varmus and Dr. Alan Leshner on research related to NEPs and the transmission of HIV among drug users and their sexual partners. In response to those briefings, ONDCP has raised a number of questions that are of particular importance as the efficacy of NEPs is considered. I have asked John Gregrich from our Office of Demand Reduction to share those questions with your staff.

In my judgment, we should not endorse the use of federal funds, including CDC funds, to support needle exchange programs. With so much at stake, drug treatment offers the better long-term policy for drug control and AIDS prevention. Lifting the ban at this time, even in part, would present serious and complex issues regarding drug use and drug control policy. There is the troubling question of how such a message would be received by our young people during this period of rising heroin use, and the concern that needle exchange programs will be considered an adequate substitute for much needed drug treatment. Furthermore, there is the simple fact that communities are not prohibited

Our efforts to expand treatment must continue to be based on a broader, consistent "no use" message. Visits to youth treatment programs around the country have made some things painfully clear to me. One is that the importance of the message we send cannot be overstated. Heroin use has taken a terrible upward turn among our young people. As public servants, citizens, and parents we owe our children an unambiguous, "no use" message. And if they should become ensnared by drugs, we must offer them a way out not a means to continue addictive behavior.

Sincerely,



Barry R. McCaffrey
Director

Drugs - needle exchange

Sandra Thurman 03/26/98 04:51:02 PM

Record Type: Record

To: Michael D. McCurry/WHO/EOP, Bruce N. Reed/OPD/EOP, Elena Kagan/OPD/EOP

cc: Barry R. McCaffrey/ONDCP/EOP, Robert S. Weiner/ONDCP/EOP
Subject: Sacramento Bee article of 3/26/98 on Needle Exchange Programs

The attached newspaper article (based on my speech yesterday in San Francisco) incorrectly states that I have "broken ranks" with the Administration on needle exchange programs. It came to my attention courtesy of an AP writer following up on the report. The AP writer seemed to be careful and thoughtful; I suspect that his "A" wire story will get it right. Fact is, the *Sacremento Bee* got my quotes right, but I guess they wanted a hotter story so they added the sterno on their own! Didn't want you to get blind-sided by the story.

AIDS czar breaks ranks, endorses needle programs

By Dorsey Griffith
Bee Staff Writer
(Published March 26, 1998)

SAN FRANCISCO -- The White House's AIDS czar publicly contradicted the Clinton administration Wednesday and endorsed needle exchange programs as an effective way to combat the spread of the AIDS virus.

Sandra Thurman, appointed by the president last year as director of the Office of National AIDS Policy, predicted that scientific evidence showing that needle exchange programs work without promoting illegal drug use will prevail in setting the administration's AIDS policy.

"Public health should be driven by science, not politics," she said, addressing the National AIDS Update Conference in San Francisco.

Also Wednesday, renowned AIDS researcher Dr. Jay Levy told attendees of the weeklong conference that a protein found in certain cells of long-term HIV survivors could lead to the development of an AIDS vaccine. And he suggested that the triple-drug therapies now prescribed to anyone newly infected with HIV, the virus that causes AIDS, may actually harm the body's own ability to fight the disease.

Thurman, whose remarks were interrupted by a heckler demanding federal action on needle exchange programs, said that every day 33 Americans become infected with HIV as a result of drug injections. "I am haunted by the responsibility to use my position to do everything I can to stop this carnage," she said in advancing needle exchange programs.

She said scientific studies have validated the view of public health and medical organizations -- that handing out sterile syringes to people who inject illegal drugs reduces the spread of AIDS without leading to more illegal drug use.

Last year, the National Institutes of Health reported that "there is no longer any doubt that these programs work" and urged immediate action on them.

About 100 cities and counties throughout the country have needle exchange programs, including San Francisco. In Sacramento County, supervisors have opposed a needle exchange program.

The federal government prohibits the use of federal money to pay for the programs and Clinton's drug czar, Barry R. McCaffrey, wants it to stay that way.

Both McCaffrey and Thurman have said they would leave it to Donna E. Shalala, secretary of health and human services, to make the decision about funding.

"Hopefully, as our nation's top public health official, Secretary Shalala would consider science first and foremost in determining any public health policy," said Derek Gordon, communications director of the San Francisco AIDS Foundation. "Sadly, up until now it would appear that politics and not science has been leading the decision-making in the president's administration."

[article continues with other subjects]

Drug-needle exchange

Richard Socarides 03/26/98 11:52:46 AM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:
Subject: Clinton's AIDS Commission considering resignation

---------- Forwarded by Richard Socarides/WHO/EOP on 03/26/98 11:53 AM ----------

Doug.Case @ sdsu.edu
03/26/98 01:18:00 AM

Record Type: Record

To: Stuart D. Rosenstein, Richard Socarides

cc:
Subject: Clinton's AIDS Commission considering resignation

NEWSWEEK
March 30, 1998 issue

Periscope/Washington
"Needle Points"

A proposal to federally fund needle-exchange programs has angry senior health officials ready to draw blood. White House AIDS policy director Sandra Thurman is siding with the Presidential Advisory Council on HIV/AIDS, which wants to give drug addicts free and clean needles. They argue that their plan might curb HIV transmission. But drug czar Gen. Barry McCaffrey isn't convinced. In a strong letter to Thurman last week--copied to key Hill legislators--McCaffrey said the plan misses the point. "We must offer them a way out not a means to continue addictive behavior," he said. The council disagrees, and the president has yet to choose sides. If the administration doesn't act within the next month, the AIDS Council's 31 volunteer members are threatening to quit or call for Health Secretary Donna Shalala's resignation.

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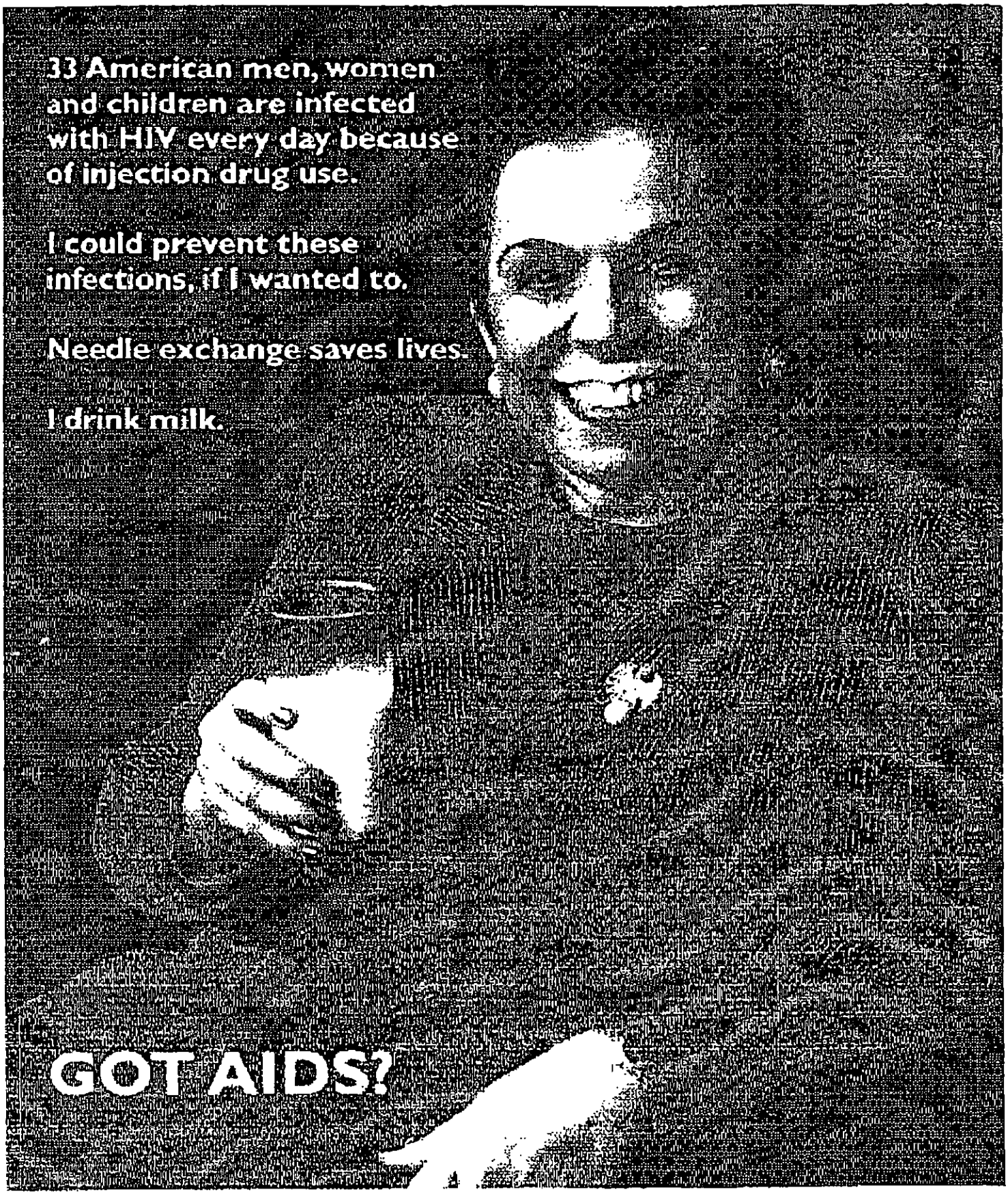
Drugs - needle exchange



To: 12026321096 Sandra Thurman//White House Office of AIDS Policy Pages: 3

c/o The Harm Reduction Coalition , 22 West 27th Street, 9th Floor ,
New York, NY 10001, 212.213.6376 x17, fax 212.213.6582
email: ncsln@dti.net, website: http://www.harmreduction.org
Tuesday, March 31, 1998

NATIONAL COALITION to SAVE LIVES NOW!

IS ANYONE HOME AT HHS?--CALL.

April 1st and no determination on needle exchange? Join thousands from all over the US & call HHS/the White House and demand FEDERAL FUNDS FOR NEEDLE EXCHANGE NOW!!!!!

Shalala's Inaction

On March 31st, 1998, the Congressionally imposed moratorium on the use of federal funds for needle exchange programs ends. In order for funds to be used, however, Health and Human Services Secretary Donna Shalala must first make a public health determiantion regarding the effectiveness of needle exchange programs. To date, Secretary Shalala has not made the determination.

The President's Own Advisory Council Has 'No Confidence'

On March 17th, the Presidential Advisory Council on HIV/AIDS unanimously passed a resolution both documenting the need for the Secretary to make the public health determination and expressing "no confidence" in the Clinton Administration's commitment and willingness to achieve its stated goal of reducing the number of new HIV infections.

What you Can Do

IF YOU TAKE NO OTHER ACTION THIS YEAR, PLEASE DROP EVERYTHING TODAY AND FLOOD THE SECRETARY'S OFFICE WITH CALLS, DEMAND THAT SHE TAKE ACTION TO FREE UP FEDERAL FUNDS FOR NEEDLE EXCHANGE PROGRAMS. CALL TWICE, THREE TIMES, MORE . . . Tie up her phone lines so that our demands cannot be ignored. FAX HER A COPY OF THE ATTACHED PORTRAIT.

On April 1st, 33 more American men, women and children will contract HIV. Will this administration continue to do nothing?

Contact Secretary Shalala and urge her to follow the science and make the public health determination.

Call Secretary Shalala directly at **202-690-7694**.
If the line is busy, call HHS general number at **202-690-7000**,
or fax her at **202-690-6166**

Also, don't forget to contact President Clinton and urge him to keep his promise to reduce the number of new HIV infections by directing Secretary Shalala to make the public health determination immediately.

Call President Clinton **202-456-1414**.

Drugs - needle exchange

THE WHITE HOUSE

WASHINGTON

April 4, 1998

TO: Erskine Bowles
John Podesta
Sylvia Mathews
Bruce Reed

Attached is a memo from Secretary Shalala to the President, which I received this morning, informing him of her intentions on the needle exchange issue. She has asked that it go to the President today.

I would assume that it should have a cover note from ~~Erskine~~ or Bruce. Please let me know how you would like to handle this.

Phil Caplan

EBB: Shalala has her 15 min. with Potus at 1:15 p.m. on Monday. Podesta asked Bruce/Elena to prepare a cover memo to Shalala's memo.

Jason

DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

98 APR 4 AM 11:42

CLOSE HOLD CLOSE HOLD CLOSE HOLD

April 3, 1998

NOTE TO STAFF SECRETARY PHIL KAPLAN Phil

Attached please find a copy of the memorandum from Secretary Shalala to the President which we discussed on the phone this evening. In addition, enclosed are journal articles and correspondence that relate to the content of the Secretary's memorandum to the President.

I greatly appreciate your assistance in forwarding the memorandum and its attachments to the President on Saturday on behalf of Secretary Shalala. Thank you very much.

-MaryBeth

Mary Beth Donahue

cc: John Podesta
Bruce Reed

'98 APR 4 -11:4

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

April 4, 1998

MEMORANDUM FOR THE PRESIDENT

SUBJECT: Policy on Needle Exchange Programs

This memorandum summarizes the scientific data on needle exchange programs as a public health intervention and the relevant statutory provisions now in place.

Based on a comprehensive review of the available scientific data, I plan to certify: 1) the statutory test in the Labor/HHS Appropriations bill for use of federal HIV prevention dollars from the Centers for Disease Control and Prevention (non-drug treatment funds) has been met; and 2) as part of a comprehensive public health program including referrals for drug treatment, State and local communities may, at their option, use such HIV prevention funds to support locally designed needle exchange programs. This certification will not affect or reduce any federal substance abuse treatment dollars; nor will it weaken our national commitment to expanding opportunities for substance abuse treatment. In fact, this decision will increase referrals into drug treatment for hard-to-reach populations.

Background The proportion of AIDS cases and new HIV infections attributable to injection drug use has been rising dramatically and the consequences of intravenous drug use have become the driving force in the HIV epidemic. Half of all new HIV infections are caused by the sharing of injection equipment contaminated with HIV. For adults, infection is either due to injection drug use or through unprotected sex with an injection drug user. For too many innocent children HIV transmission occurs at birth from a mother who herself, or whose partner, was infected with HIV through drug use. The impact has been most devastating in communities of color, which accounted for 65% of newly reported AIDS cases between July 1996-June 1997.

There are more than 100 needle exchange programs currently operating in the United States supported by State, local or private funds in an effort to reduce HIV transmission rates among injection drug users. Many programs actively refer injection drug users to substance abuse and medical treatment. To date, because of Congressionally imposed limits, federal funds have supported only research on needle exchange, not the programs themselves.

Existing scientific evidence including studies reviewed by the Institute of Medicine and additional research published since the Department's February 1997 report to the Congress, strongly supports the role of needle exchange programs as an effective public health intervention.

These studies document the effectiveness of needle exchange programs in engaging injection drug users in drug treatment and reducing their risk of HIV infection without showing an increase in community-level drug use.

There is also broad-based support for needle exchange as a prevention strategy among numerous groups including the American Medical Association, American Nurses Association, American Public Health Association, Association of State and Territorial Health Officials, American Academy of Pediatrics, American Psychological Association, United States Conference of Mayors, National Urban League, and the American Bar Association, as well as the Congressional Black and Hispanic Caucuses.

Current Law There are three statutes that currently constrain the use of federal funds for needle exchange programs: (1) The Labor/HHS Appropriations bill permits funding of needle exchange if the Secretary of HHS determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs (a moratorium on federal funding expired on March 31, 1998); (2) The Substance Abuse and Mental Health Services Administration (SAMHSA) block grant prohibits the use of federal drug treatment funds unless the Surgeon General determines needle exchange programs are effective in reducing the spread of HIV and the use of illegal drugs; (3) The 1996 reauthorization of the Ryan White CARE Act contains a flat prohibition on the use of Ryan White treatment funds to support needle exchange programs.

Scientific Data Over the last few years, major scientific agencies of the Department of Health and Human Services have conducted an ongoing, exhaustive examination of the peer-reviewed published data on needle exchange programs. In the past year, new data regarding the effects of needle exchange programs on reducing the frequency of injection drug use, and the role these programs can play in increasing the number and success of referrals into drug treatment for this hard-to-reach population, has reached a threshold that firmly establishes the value and effectiveness of these programs. In addition, the National Institutes of Health is funding research projects which continue to generate data and have the capacity to identify any emerging trends.

There is now a conclusive body of evidence that needle exchange programs reduce the level of HIV infection among needle exchange program participants, with the best results observed in those programs which provide strong linkages to risk reduction counseling, substance abuse and medical treatment. Leading federal scientists[1] have reviewed the literature and are concluding in a

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[1] David Satcher, M.D., Ph.D., Surgeon General and Assistant Secretary for Health; Margaret Hamburg, M.D., Assistant Secretary for Planning and Evaluation; Harold Varmus, M.D., Director, National Institutes of Health; Claire V. Broome, M.D., Acting Director, Centers for Disease Control and Prevention; Nelba Chavez, Ph.D., Administrator, Substance Abuse and Mental Health Services Administration; Eric P. Goosby, MD., Director, Office of HIV/AIDS Policy; Anthony Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases; Alan Leshner, Ph.D., Director, National Institute on Drug Abuse; Helene Gayle, M.D., M.P.H., Director, National Center for HIV, STD and TB Prevention, CDC.

memorandum to me that the scientific evidence is now sound enough to certify that the statutory test has been met for the use of federal prevention funds from the Centers for Disease Control and Prevention. These programs have also proven to be of critical value in reaching disenfranchised, hard-to-reach, often poor and minority populations who are not able to access substance abuse treatment, and to curtail the spread of HIV in their social networks. This has particularly broad ramifications for African American and Hispanic women, who account for 78% of new AIDS cases among women and are often unknowingly exposed through heterosexual contact with an intravenous drug user. Similarly, over 75% of new HIV infections in children result from intravenous drug use by a parent.

Regarding drug use patterns, the evidence substantiates that both the sharing of injection equipment, and the frequency of injection by an individual, are reduced among participants of needle exchange programs. In addition, recent data indicate that needle exchange programs have considerable success in increasing access to, entry into, and retention rates in drug treatment for the chronically-addicted individuals who are the most frequent users of needle exchange programs.

In our review, we have given special attention to the concern that needle exchange programs might increase community-level drug use or promote a new drug habit among young people. In a March 1997 report on an NIH Consensus Development Conference completed after our initial review went to Congress, leading private sector scientists reached consensus on the efficacy of needle exchange programs as an essential component in the public health strategy for reduction of HIV transmission among injection drug users. They definitively stated that the use of prevention resources for needle exchange programs was justified on the merits of the scientific evidence and that needle exchange programs do not encourage drug use[2]. Reviewing this report and more recent studies, the Department's top scientists[3] have now concluded: (1) there is no empirical evidence that the presence of needle exchange programs results in an increase of drug use at the community level. (2) There is no known scientific data to support the concern that needle exchange programs confound our message to young people that drug abuse is harmful. In fact, a large number of studies have shown that needle exchange program participants are overwhelmingly older, chronically addicted individuals with a long histories of injection drug use. There is no evidence that young people or new users are being recruited into drug use as a result of these programs. Ongoing federal studies of drug use patterns and needle exchange programs are well poised to quickly identify any new trends in this regard.

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[2]National Institutes of Health. Interventions to Prevent HIV Risk Behaviors. NIH Consensus Statement, 1997 February 11-13; 15 (2) US Department of Health and Human Services, Washington, D.C.

[3]Ibid, page 2.

Action Steps On the basis of overwhelming scientific evidence: (1) I plan to make the determination that needle exchange programs are effective public health measures to prevent the spread of HIV through injection drug use and do not encourage the use of illegal drugs. (2) Centers for Disease Control and Prevention HIV prevention funds would now be available for use at the option of local decision makers and grantees under limited and specific conditions which maximize the public health benefit both to HIV/AIDS prevention and drug treatment, and require evidence of community support.

Consistent with the direction of the Labor/HHS Appropriations Conference Report language, the criteria would be:

- only HIV prevention funds administered by CDC may be used, not substance abuse treatment dollars;
- review and approval by the State health officer, or local health officer if the grantee is a city or organization, to certify that there is support for needle exchange programs as part of a comprehensive HIV prevention effort responsive to the jurisdiction's HIV epidemic;
- grantees certify that programs are mandated to provide referral to appropriate health, social services and drug treatment programs;
- grantees certify that needles are provided only on a replacement basis, not distribution;
- grantees certify compliance with established standards for hazardous waste disposal;
- grantees certify that needle exchange programs are consistent with State or local legal requirements; and
- grantees must collaborate with ongoing federally supported research and evaluation, and provide information on reducing the risk of transmission of HIV.

Substance abuse treatment programs provide the critical long term response to HIV transmission among injection drug users. However, research findings demonstrate that the immediate risk of HIV transmission and expansion of the epidemic among vulnerable communities due to injection drug use can be effectively reduced through carefully designed needle exchange programs. The use of federal funds for needle exchange programs would remain entirely at the option of State or local grantees, with no federal program targeted to this purpose. We are mindful that there may be public concerns around implementation of needle exchange programs at some local levels, and we will help those jurisdictions to address these concerns by providing scientific and other relevant information, if requested. But the choice of whether or not to include needle exchange programs in an HIV/AIDS prevention strategy would be made at the local level.

Conclusion There is strong scientific evidence that needle exchange programs are an effective public health intervention to reduce the spread of HIV and are wholly consistent with our national strategy to reduce the use of illegal drugs. The use of federal HIV prevention funds to support local needle exchange programs must be coupled with strict requirements that such programs have the support of appropriate State and local health officials and the communities they represent; that needle exchange programs are consistent with State and local laws; that needle exchange programs are part of comprehensive programs directly linked to drug treatment and prevention programs; and that funding for needle exchange programs not represent any diminution of support for drug abuse prevention and treatment efforts.

Donna E. Shalala
Secretary

Drugs - needle exchange

Richard Socarides 04/03/98 02:55:04 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc: Jason S. Goldberg/WHO/EOP
Subject: Needle Exchange update

The AIDS groups met with Kevin Thurm yesterday and they apparently got the impression (according to several I spoke with) that Secretary Shalala is committed to lifting the needle exchange ban. There are varying interpretations as to when and how. Getting it done during the congressional recess has been discussed.

Several of the AIDS groups are meeting over the weekend and next week. They continue to be quite angry and are in no mood to wait. On Thursday, The President's AIDS Council will likely issue a resolution calling for Secretary Shalala's resignation.

There is also a lot of talk about efforts by the AIDS groups to tie the issue more closely to the Race Initiative.

Message Sent To:

Erskine B. Bowles/WHO/EOP
Sylvia M. Mathews/WHO/EOP
Maria Echaveste/WHO/EOP
Bruce N. Reed/OPD/EOP
Elena Kagan/OPD/EOP
Ron Klain/OVP @ OVP
Monica M. Dixon/OVP @ OVP
Judith A. Winston/PIR/EOP
Craig T. Smith/WHO/EOP
Sandra Thurman/OPD/EOP

Drugs-needle exchange

Wash. Times; 3-28-98

Needle-exchange program enjoys scant support on Hill

Ban on federal funds ends; backers cite success against AIDS

By Nancy E. Roman
THE WASHINGTON TIMES

The administration is free to lift the ban on federal funding for clean-needles programs on Wednesday, and a handful of House Democrats joined two recovered drug addicts yesterday urging such action.

"The science is in," said Rep. Elijah E. Cummings, Maryland Democrat, who said studies show that needle-exchange programs slow the spread of AIDS without promoting drug use. "Do we sit on our hands and allow people to die, or do we do what we can?"

A congressional moratorium on administration action to fund needle exhanges expires March 31. Donna E. Shalala, secretary of health and human services, may lift the ban April 1.

"What is that? An April Fools' joke?" asked Rep. Bill Goodling, Pennsylvania Republican and chairman of the Education and the Workforce Committee. "It's the same old story. Why don't we try to stop drug use? Why do we keep encouraging it?"

In needle-exchange programs, intravenous drug abusers swap their used syringes and needles for new or sterilized syringes and needles. About 100 clean-needle programs in 40 states provide clean needles to drug users with hopes of preventing the spread of AIDS and other infectious diseases.

Rep. Christopher Cox, California Republican, said if Miss Shalala does lift the ban on federal funding for such programs, Congress will seek to reimpose it.

"It's not a popular idea in Congress," he said.

Melissa Skolfield, assistant secretary for HHS, said Miss Shalala has not decided whether to lift the ban. She said Miss Shalala is confident needle-exchange programs stop the spread of AIDS, but she is not yet sure about their correlation to drug use.

"We are continuing to look at the research," she said.

Last year Miss Shalala refused to lift the ban, also citing a need for more research.

Rep. Nancy Pelosi, California Democrat, said there has been enough research. Six government studies have documented that needle-exchange programs slow the spread of HIV infections and do not promote drug use, she said.

"We are not talking about increasing the number of needles in circulation," she said. "We are talking about decreasing the number of contaminated needles in circulation."

Rep. Thomas J. Bliley Jr., Virginia Republican, said if Clinton administration officials lift the ban, they will face a well-deserved backlash in Congress.

"They are so concerned about teen-agers and tobacco — and they should be," he said. "But they don't seem to be near as concerned with drugs."

Congress banned federal funding for needle-exchange programs 10 years ago. In 1995, government scientists recommended to President Clinton that he lift the ban, because the programs help stop the spread of AIDS.

But some, including a core in the black community and the president's own drug control director, are worried about the message sent by government-provided needles.

Last week, several members of the Appropriations Committee met with Barry McCaffrey, national drug control policy director, to see if he was open to lifting the ban.

"Apparently, General McCaffrey feels that it would increase intravenous drug use and Secretary Shalala feels that it wouldn't," said Rep. John Edward Porter, Illinois Republican who attended the meeting. "The last thing the administration would want to do is have one part of the administration at war with another."

Photo by Joseph Silverman/The Washington Times

A needle-exchange program operated from a van in the District would be eligible for federal funding if a moratorium is lifted.

In needle-exchange programs, intravenous drug abusers swap their used syringes and needles for new or sterilized syringes and needles.

Drugs - needle exchange

SF AIDS FOUNDATION

MEMORANDUM

To: NORA Needle Exchange Working Group **Date:** March 31, 1998

From: Regina Aragón, SF AIDS Foundation

RE: **Draft Resolution by the Presidential Advisory Council on HIV/AIDS**

Earlier today, the Presidential Advisory Council on HIV/AIDS' (PACHA) Process Committee (yes, it's really called that), which consists of the Co-chairs of all standing committees and a few others, met by conference call to discuss the passing of today's deadline, the Secretary's continued inaction, and next steps.

The Committee agreed unanimously to forward to the full Council for discussion and consideration late next week the attached resolution calling for Secretary Shalala's resignation. The Process Committee requested that I forward it to my colleagues on the NORA Needle Exchange Working Group for two reasons: (1.) to solicit feedback on the actual text, and more importantly; (2.) to inquire about your own organization's support for such a resolution.

I hope that we can discuss this on the next NORA Needle Exchange call, which is scheduled for this **Thursday, April 2nd at 5:30 (EST)/2:30 (PDT)**. Of course, you should also feel free to give any feedback you have to Scott Hitt or other PACHA members directly.

Thanks.

Copy to:
Erskine B.
Bruce Reed
Elena Kagan
Maria Echaveste.

FYI.
R Sor

DRAFT

DRAFT

WHEREAS, on December 6, 1995 at the White House Conference on HIV/AIDS, the President of the United States set the national goal of "(reducing) the number of new (HIV) infections each and every year until there are no new infections," and

WHEREAS, injection drug use annually accounts directly for approximately half of all new HIV infections in this country, and

WHEREAS, injection drug use also plays a major role in sexual partner and perinatal transmission of HIV, and

WHEREAS, numerous scientific studies have concluded that needle exchange programs reduce new HIV infections without encouraging drug use, and

WHEREAS, Secretary of Health and Human Services Donna Shalala has the authority to certify that needle exchange programs meet the obligatory tests prescribed by law and to develop standards for the use of federal funds to support needle exchange programs in cities and states which choose to implement such programs, and

WHEREAS, despite repeated assurances that she was "following the science," the Secretary has ignored the overwhelming scientific evidence presented by government researchers (including the consensus conference of the National Institutes of Health) about the efficacy of these programs, and has refused to make the necessary certification and to lift the federal funding prohibition, and

WHEREAS, failure to act results in needless new infections of HIV, Hepatitis B and Hepatitis C, with the associated increases in human suffering and economic costs, and

WHEREAS, by failing to act the Secretary is seriously impeding the successful implementation of the President's stated goal of reducing the number of new HIV infections until there are none, and

WHEREAS, the pattern of inaction, misrepresentation, disingenuous communication, inconsistent messages, and broken promises on this subject by the Department of Health and Human Services has seriously eroded the Secretary's and the Administration's credibility on all AIDS prevention and related public health matters, and

WHEREAS, by failing to act the Secretary is directly contributing to increased preventable HIV infections, thereby abdicating her responsibility as the nation's chief public health officer,

THEREFORE, BE IT RESOLVED THAT the Presidential Advisory Council on HIV/AIDS urges the President to direct the Secretary of Health and Human Services to immediately certify the efficacy of needle exchange programs in preventing HIV infection while not encouraging drug use; to take such other and further steps as are necessary to accomplish his stated HIV/AIDS prevention goal; and if she fails to expeditiously take such action, to ask for her immediate resignation.

3/31/98

Drugs-needle exchange

NATIONAL DISTRICT ATTORNEYS ASSOCIATION
99 Canal Center Plaza • Suite 510 • Alexandria, Virginia 22314
Telephone: (703) 549-9222 Fax: (703) 836-3195

Office of the President

March 24, 1998

The Honorable Barry R. McCaffrey
Director, Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20006

Dear General McCaffrey:

On behalf of the local prosecutors, I want to provide our strong support for your public opposition to efforts to institute and federally fund ill conceived and misguided needle exchange programs. In our collective experience drug abusers do not, and will not, take into consideration public health needs as they are consumed in seeking and using their next "fix." Sharing drugs is a part of the culture of illegal drug use and thoughts of individual or communal health needs is not an active concern within that world.

Moreover, the funds used for supporting such a program dilute the public monies available for prevention, diversion and treatment programs; inculcates a belief that drug use is "OK" since it's publicly funded; and further undermines the national effort to significantly reduce drug abuse by providing support for some of our worst drug abusers.

In 1990 the Board of Directors of the National District Attorneys Association adopted a Resolution "Opposing Needle Exchange Experimentation." I have attached a copy for your consideration.

Your concern and efforts in this area are well taken and I assure you of our utmost support.

Regards,

William L. Murphy
District Attorney, Richmond County (Staten Island), New York
President, National District Attorneys Association

NATIONAL DISTRICT ATTORNEYS ASSOCIATION
1033 NORTH FAIRFAX STREET, SUITE 200, ALEXANDRIA, VIRGINIA 22314
(703) 549-9222

OFFICIAL POLICY POSITION

Opposing Needle Exchange Experimentation

WHEREAS, a number of jurisdictions have or are considering experimentation with needle exchange programs; and

WHEREAS, proponents of needle exchange experimentation argue that permitting addicts to trade dirty for clean needles will reduce the transmission of HIV through shared needles; and

WHEREAS, this argument contains several faulty and unsupported assumptions such as:

- incorrectly assuming that addicts share needles because clean needles are unavailable. America's police and prosecutors have learned through interviews of addicts and seizures from addicts that needle sharing occurs as part of the drug culture even when addicts have unused needles readily available. Addicts often share the drugs contained in a single syringe and view needle sharing as an expression of trust with one another.

- incorrectly assuming that a needle exchange experiment will make needles more available. Insulin needles are commonly available and inexpensive. Several jurisdictions which have experimented with needle exchange have failed to show any benefit from the experiment, few addicts have exchanged needles, and no decrease in the spread of HIV has been established.

• incorrectly assuming that the only harm to be avoided in the transmission of HIV and ignores that drug usage, particularly during pregnancy, causes permanent and even fatal effects on users and infants; and

WHEREAS, needle exchange experiments, to the extent they are successful, encourage addicts to continue illegal drug usage and are inconsistent with providing for education, enforcement, and treatment.

THEREFORE, BE IT RESOLVED, that the NDAA condemns needle exchange experiments as being supported only by faulty and unsupported assumptions which ignore the realities of drug usage.

BE IT FURTHER RESOLVED that NDAA condemns needle exchange experiments as tolerating and even encouraging illegal drug usage.

BE IT FURTHER RESOLVED that NDAA supports drug education, aggressive enforcement and readily available treatment as the most effective combination to eliminate the host of evils caused by the illegal use of drugs.

(Adopted by the NDAA Board of Directors in February, 1990)

THE WHITE HOUSE

WASHINGTON

Date 2/20/98

To: Bruce Reed

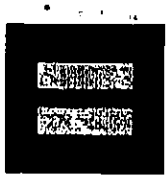
From: The Staff Secretary

Would you like to put a cover note on this before it goes to the President?

-Sean

cc: Sylvia Mathews
Rahm Emanuel
Gooby Marshall

Drugs - needle exchange



HUMAN
RIGHTS
CAMPAIGN

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News Release

Contact: David M. Smith
Phone: (202) 216-1547
Pager: (800) 386-5996

FOR IMMEDIATE RELEASE
Wednesday, March 18, 1998

HRC CALLS FOR BOLDER LEADERSHIP FROM CLINTON ADMINISTRATION ON HIV/AIDS PREVENTION

Cites No Confidence Vote by President's HIV/AIDS Panel, Alarming Trends in African-American Community

WASHINGTON -- The Human Rights Campaign called on the Clinton administration Wednesday to radically step up HIV prevention efforts in light of the recent vote of no confidence from the President's Advisory Council on HIV/AIDS and a new report showing alarming attitudes in the African American community.

"It is time for Health and Human Services Secretary Donna Shalala to publicly state that needle exchange programs work, and that they do not encourage drug abuse," said Winnie Stachelberg, HRC's political director.

On Tuesday, the President's Advisory Council on HIV/AIDS unanimously passed a resolution expressing no confidence in the administration's commitment and willingness to achieve the President Clinton's stated goal of "reducing the number of new infections annually until there are no new infections." They called on Shalala to issue an immediate determination on needle exchange programs.

Also Tuesday, the Henry J. Kaiser Family Foundation released a survey about African Americans and HIV/AIDS at a conference at Harvard University entitled "The Untold Story: AIDS and Black Americans." The survey found that a majority of African Americans -- 52 percent -- feel that the AIDS crisis is the leading health problem facing the nation today. It also found that only 22 percent of respondents felt the federal government "cares a lot" about AIDS, while a mere 18 percent felt the government "does a lot" in the fight against the disease.

"While the Clinton administration has done more that any other administration in the fight to end this epidemic, it must redouble its efforts as the epidemic expands and so gravely impacts communities of color, women and children," Stachelberg said. "More than 35 percent of all reported AIDS cases and 43 percent of new AIDS cases are among African Americans, according to the Centers for Disease Control and Prevention. African-American women make up 60 percent of all new AIDS cases reported among women. These trends must be reversed."

Significantly, while the overall rate of AIDS deaths have declined 32 percent among whites, the decline has been only 13 percent for African Americans. African Americans comprise 12 percent of the U.S. population.

"While the president's HIV prevention budget includes a modest amount to address these disparities, the administration's $2 million decrease in HIV prevention funding at the CDC is unacceptable," Stachelberg added. "The budget numbers and lack of action on needle exchange do not reflect the president's goal of reducing new HIV infections to zero. They also do little to alleviate the concerns revealed in the Kaiser survey."

Polls indicate that the American public supports needle exchange programs. The Kaiser survey found 59 percent of African Americans favor them, and an HRC-commissioned poll in April 1997 found 55 percent of all Americans also favor such programs.

There is support in Congress as well. Last month, California Democratic Reps. Maxine Waters, chair of the Congressional Black Caucus and Xavier Becerra, chair of the Congressional Hispanic Caucus, wrote to Shalala urging her to act on needle exchange. "Minority populations are disproportionately affected by HIV/AIDS and this scientifically proven intervention is one way to stop this trend," they said.

The Human Rights Campaign, the largest national lesbian and gay political organization, with members throughout the country, effectively lobbies Congress, provides campaign support, and educates the public to ensure that lesbian and gay Americans can be open, honest, and safe at home, at work, and in the community.

- 30 -

drugs - needle exchange

Bruce N. Reed
03/19/98 06:23:31 PM

Record Type: Record

To: Elena Kagan/OPD/EOP

cc:
Subject: Joint ONAP and ONDCP Statement

---------- Forwarded by Bruce N. Reed/OPD/EOP on 03/19/98 06:25 PM ----------

Sandra Thurman 03/19/98 06:18:35 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP

cc:
Subject: Joint ONAP and ONDCP Statement

At the suggestion of Rahm, we have been working on a joint statement with ONDCP on needle exchange. The idea is part process (working together to find some common ground) as well as an opportunity to also get our friend on the record in support of the Secretary and following the science. The statement essentially says that we're all committed to stoping drug use and HIV, that science should determine our public health policies, and that Congress has given the Secretary of HHS the statutory authority with respect to needle exchange.

Anyway, Sandy asked that I call you to say that we're concerned that Kevin is anxious about any communication between ONDCP and ONAP--a dialogue that Rahm is encouraging. I just talked to him and he said that the Secretary wants to know why we (ONAP) would be issuing a statement at all on this issue - he was not happy that Sandy met with the General in the first place.

We think that the joint statement is a good product, even if it never sees the light of day. We're planning on delivering it to you and Rahm as soon as ONDCP signs off on it, so you all can decide if it goes out. It may be helpful for you to check in with Kevin and explain that this is designed to support the Secretary. In the mean time, we will wait to hear back from ONDCP and let you know.

Thanks,

Todd

final

Questions and Answers on Needle Exchange
- Background - For Internal Use Only -

On the New Report:

Q. Why did you do this report on needle exchange?

A. The report is in accordance with the September 12, 1996 request of the Senate Committee on Appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies.

Q. Based on this report, are you lifting the ban on the use of Federal funds for needle exchange programs?

A. No, we are not. In its request for this report (Senate Report 104-368, p.68), the Committee specifically asked us to report on the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illicit drug use.

Based on the studies conducted to date, as the report says, "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." However, the studies in the report do not indicate a similar degree of evidence on the question of whether such programs encourage drug use. Therefore, the prohibition remains in effect. However, local communities remain free to use non-Federal funds to support such programs if they so choose.

Q. Why does the report draw conclusions about the efficacy of needle exchange programs in HIV reduction and not about their effects on drug abuse?

A. Because the scientific evidence is strong enough on the first question, and not on the second. As the report says, the existing body of research suggests that "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." That statement is backed up by empirical evidence (i.e., measurable differences in HIV transmission rates) in several studies, including reviews by the GAO and the IOM.

Similar scientific evidence does not exist to meet the congressional test that needle exchange programs also reduce drug use.

Q. Are you saying needle exchange programs encourage illegal drug use?

A. No, we are not saying that at all. What we are saying is that the evidence gathered to date does not provide us with conclusive evidence that needle exchange programs do not encourage drug use – the standard set by Congress. We will continue to support research into this question.

On Views on Needle Exchange:

Q. Do you think communities should fund needle exchange programs?

A. It is up to each community to decide if they want to fund needle exchange programs. It's important to note that dozens of locally and privately funded needle exchange programs are underway around the country. We are interested in reviewing their research, but it is appropriate for local communities to take the lead.

Q. If you think the research shows this is a good policy, why not fund it?

A. Congress has set very high thresholds for funding such programs. Those hurdles have not been met yet.

Q. Why not ask Congress to lift the ban or change the standards so that federal funds can be used for needle exchange?

A. Congress has made clear its intent that both of the standards be met. We share Congress's concern about making sure that our efforts do not encourage illegal drug use. We will continue to work with Congress on this important matter.

Q. If you say needle exchange programs are effective in reducing HIV transmission, isn't it unnecessary to fund the Alaska needle exchange demonstration?

A. The Alaska program looks at a very specific question – whether over the counter sales of needles is more or less effective than a needle exchange program. These are two kinds of interventions and they need to be evaluated. We have built in specific safeguards to make sure this demonstration is conducted in an ethical manner.

Q. Isn't there $17 million in new federal funds for other programs designed to prevent HIV/AIDS transmission among intravenous drug users? Are you going to use that money for needle exchange programs - or for something else?

A. CDC plans to use those funds for other programs designed to prevent HIV/AIDS transmission in this group - for education and treatment, for example. The goal of any intervention with this group is to provide an entry into treatment programs and to reduce the transmission of hepatitis and HIV.

On Needle Exchange and Drugs:

Q. Why give needles to drug addicts at all? Why not just throw them in jail?

A. The intravenous use of illegal drugs is clearly a major law enforcement concern, and it is also an urgent public health problem. We are extremely concerned with preventing the spread of HIV, which is the leading cause of death among adults age 25-44, and the seventh leading cause of death among all Americans. The goal of needle exchange programs is to provide an entry into treatment programs and to reduce the transmission of hepatitis and HIV. To realize our goal of effective HIV prevention, it is vital that we identify and evaluate sound public health strategies to address the twin epidemics of HIV and substance abuse.

Researching NEPs is just one part of the Clinton Administration's intensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, reduce drug-related crime and violence, reduce the number of chronic drug users, and increase drug treatment capacity, outreach, and effectiveness.

Q. But doesn't NIDA grow marijuana, and doesn't FDA provide it to some seriously ill patients?

A . NIDA grows marijuana for research purposes only. We stopped adding people to the FDA's "compassionate use" program in 1992, and that policy was reexamined and reaffirmed in 1994, based on a medical review by PHS.

Q. How can the Secretary say that the Clinton Administration wants to send "clear, consistent no-use messages" about drugs, but still condone giving needles to drug addicts? Isn't that inconsistent?

A. There is no inconsistency - we believe that any use of drugs is illegal, unhealthy and wrong. We have also said consistently that illegal use of intravenous drugs can cause HIV and AIDS.

The Clinton Administration has a comprehensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, prosecute drug pushers, reduce the number of hard-core drug users, and increase drug treatment options.

On Background:

Q. What criteria has Congress required us to meet regarding federal funding for needle exchange programs?

A. In its request for this report (Senate Report 104-368, p.68), the Committee specifically asked us to report on the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illicit drug use.

In addition, there are two public laws restricting the use of federal funding for needle exchange programs until certain criteria are met, specifically:

Our appropriation, Public law 104-208, requires the Secretary to certify that such programs reduce the spread of HIV and do not encourage drug abuse.

The second standard, in the Substance Abuse block grant, is even tougher. It requires certification that such programs both reduce the spread of HIV and reduce drug abuse.

Additional Q&As - **For HHS Internal Use Only. Not for Distribution, outside the Dept.**

Q. How can you conclude that needle exchange programs reduce HIV transmission when you say only 2 out of 15 studies are complete?

A. As the report indicates, there is a body of research on this subject that suggests that "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." That statement is backed up by empirical evidence (i.e., measurable differences in HIV transmission rates) in several studies, including reviews by the General Accounting Office (GAO) and the National Academy of Sciences/Institute of Medicine (IOM).

Q. Does this report include the studies reviewed by the NIH consensus conference? Why are your conclusions so different than theirs?

A. The report review some, but not all, of the studies reviewed by the NIH consensus conference. For example, the NIH conference looked at studies conducted in other countries, and this report does not, because, as the report itself states, "the legal and cultural environments of other countries differ sufficiently enough to raise questions about whether the conclusions are applicable to the United States." The NIH conference also heard some presentations on unpublished data that were not available to the department as we prepared this report.

Q. Why didn't you delay the publication of this report to look at the new data reviewed by the NIH consensus conference?

A. Because the department had to meet a congressionally mandated deadline of February 15. (NOTE: Since February 15 was a Saturday, we sent it to Congress the next working day, which was Tuesday, February 18.)

Q. Are you concluding in the report that the first test required to lift the ban on federal funding for needle exchange programs has been met? In other words, are you certifying that needle exchange programs reduce HIV transmission?

A. No. This report responds to a congressional request that we provide a status report on research in this area. It is not intended in any way to address the separate question of the ban on federal funding for needle exchange programs.

Q. How can you deny pot to cancer victims but give needles to heroin addicts?

A. These are two different issues, but the government role in both is primarily limited to research - on the medicinal use of marijuana, and on the efficacy of needle exchange programs in reducing HIV and AIDS. We do not fund needle exchange programs, and we spoke out against the California and Arizona marijuana initiatives in the strongest possible terms.

DRAFT Q AND As
March AIDS Advisory Committee Meeting

BACKGROUND: The President's AIDS Advisory Committee is meeting in Washington, D.C. from Sunday, March 14 through Wednesday, March 18. It is possible that during this meeting the committee will call for Secretary Shalala's resignation because the Administration has not lifted the ban on federal funding for needle exchange programs. Some members of the commission feel strongly that federal funding for needle exchange programs is necessary to curb AIDS cases in inner city and minority communities.

CONTACT: Melissa Skolfield, HHS (202) 690-7850 or (202) 625-0548 (home).

Q: Some members of the AIDS Advisory Committee believe that Secretary Shalala should resign because of her inaction on needle exchange. What is your view?

A: Secretary Shalala has been a leader in the Administration's efforts to improve the nation's health and welfare, and to fight the HIV/AIDS epidemic, for five years. The President very much wants her to continue her efforts at HHS, including those aimed at preventing, treating, and finding a cure for AIDS.

Since the President and Secretary Shalala took office in 1993, overall funding for AIDS-related programs has increased by more than 55 percent; funding for AIDS care under the Ryan White CARE Act has increased by more than 150 percent; and assistance for the purchase of AIDS drugs has nearly tripled. Under Secretary Shalala, the Administration has also sharpened the focus of its AIDS programs by strengthening the Office of AIDS Research at NIH and creating a new center for HIV/STD/TB prevention at CDC. Secretary Shalala also works closely with the Office of National AIDS policy at the White House. And in September 1997, HHS announced that, for the first time in the history of the epidemic, the number of Americans diagnosed with AIDS, and the number of HIV/AIDS-related deaths, declined.

Q: What is the Secretary's position on needle exchange? Is it the same as the President's? Why hasn't the ban on federal funding been lifted?

A: Secretary Shalala summarized the Administration's position in a report to Congress in February 1997. That report stated that needle exchange programs can be an effective component of a strategy to prevent HIV and other blood-borne diseases in communities that choose to include them – addressing one part of Congress' two-part standard for federal funding of needle exchange programs. However, while HHS continues to look at research on this issue, we have not yet concluded that needle exchange programs do not encourage drug use – the second test set by Congress.

It is important to remember that Secretary Shalala has been a leader in the Administration's efforts to fight the HIV/AIDS epidemic for five years. Overall funding for AIDS-related programs has increased by more than 55 percent since 1993; funding for AIDS care under the Ryan White CARE Act has increased by more than 150 percent; and assistance for the purchase of AIDS drugs has nearly tripled. Under Secretary Shalala, the Administration has also sharpened the focus of its AIDS programs by strengthening the Office of AIDS Research at NIH and creating a new center for HIV/STD/TB prevention at CDC. Secretary Shalala also works closely with the Office of National AIDS policy at the White House. And in September 1997, HHS announced that, for the first time in the history of the epidemic, the number of Americans diagnosed with AIDS, and the number of HIV/AIDS-related deaths, declined.

Q: Is Secretary Shalala or the White House surprised at the call for her resignation? What is your reaction to their criticism?

Secretary Shalala has been a leader in the Administration's efforts to improve the nation's health and welfare, and to fight the HIV/AIDS epidemic, for five years. Overall funding for AIDS-related programs has increased by more than 55 percent since 1993; funding for AIDS care under the Ryan White CARE Act has increased by more than 150 percent; and assistance for the purchase of AIDS drugs has nearly tripled. Under Secretary Shalala, the Administration has also sharpened the focus of its AIDS programs by strengthening the Office of AIDS Research at NIH and creating a new center for HIV/STD/TB prevention at CDC. Secretary Shalala also works closely with the Office of National AIDS policy at the White House. And in September 1997, HHS announced that, for the first time in the history of the epidemic, the number of Americans diagnosed with AIDS, and the number of HIV/AIDS-related deaths, declined.

That said, Secretary Shalala and the President understand that the mission of the Advisory Committee is to constantly urge the Administration to do more, faster, to fight the HIV/AIDS epidemic.

Questions and Answers on Needle Exchange

Q. What criteria has Congress required HHS to meet regarding federal funding for needle exchange programs?

A. In general, Congress has forbidden that federal funds be used to fund needle exchange programs until there is clear evidence that they can have a positive impact on both HIV transmission and illicit drug use. Congress has, however, allowed federally funded research on needle exchange to continue.

There are two public laws restricting the use of federal funding for needle exchange programs until certain criteria is met, specifically:

Our appropriation, Public Law 104-208, requires the Secretary to certify that such programs reduce the spread of HIV and do not encourage drug abuse.

The second standard, in the Substance Abuse block grant, is even tougher. It requires certification that such programs both reduce the spread of HIV and reduce drug abuse.

Q. Do you think communities should fund needle exchange programs?

A. It is up to each community to decide if it wants to fund needle exchange programs. It's important to note that dozens of locally and privately funded needle exchange programs are underway across the country. We are interested in reviewing their research, but it is appropriate for local communities to take the lead.

At the federal level, The Clinton Administration has a comprehensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, prosecute drug pushers, reduce the number of hard-core drug users, and increase drug treatment options.

Q. The NIH conference today concluded with a press conference and a report that seem to endorse federal funds for needle exchange programs. Do you agree with their conclusion that "a preponderance of evidence shows no change or decreased drug use" in needle exchange programs, and that the evidence on the other side "can in no way tip the balance away from needle exchange programs?"

A. We can't comment on the report until we've reviewed it. But as I've said, Congress has set a very high hurdle for federal funding of needle exchange programs. The Clinton Administration has a comprehensive strategy of AIDS research, prevention and treatment.

We also have a comprehensive drug strategy to prevent the use of illicit drugs, prosecute drug pushers, reduce the number of hard-core drug users, and increase drug treatment options.

It is up to each community to decide if it wants to fund needle exchange programs. It's important to note that dozens of locally and privately funded needle exchange programs are underway across the country. We are interested in reviewing their research, but it is appropriate for local communities to take the lead.

Q. Why give needles to drug addicts at all? Why not just throw them in jail?

A. The intravenous use of illegal drugs is a clearly a major law enforcement concern, and it is also an urgent public health problem. We are extremely concerned with preventing the spread of HIV, which is the leading cause of death among adults age 25-44, and the seventh leading cause of death among all Americans. The goal of needle exchange programs is to provide an entry into treatment programs and to reduce the transmission of hepatitis and HIV. To realize our goal of effective HIV prevention, it is vital that we identify and evaluate sound public health strategies to address the twin epidemics of HIV and substance abuse.

Researching NEPs is just one part of the Clinton Administration's intensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, prosecute drug pushers, reduce the number of hard-core drug users, and increase drug treatment options.

Q. I understand that HHS is preparing a report to Congress on needle exchange. What will it say? When is it due?

A. On September 12, 1996 the Senate Committee on Appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies requested that HHS provide a report on status of current research on the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illicit drug use. HHS will be submitting this report, as mandated by Congress, soon.

Q. Why did you fund the Alaska needle exchange demonstration?

A. The Alaska program looks at a very specific question – whether over the counter sales of needles is more of less effective than a needle exchange program. These are two kinds of interventions and they need to be evaluated. We have built in specific safeguards to make sure this demonstration is conducted in an ethical manner.

To realize our goal of effective HIV prevention, it is vital that we identify and evaluate sound public health strategies to address the twin epidemics of HIV and substance abuse. Researching NEPs is just one part of the Clinton Administration's intensive strategy of AIDS research, prevention and treatment

Q. Isn't there $17 million in new federal funds for other programs designed to prevent HIV/AIDS transmission among intravenous drug users? Are you going to use that money for needle exchange programs - or for something else?

A. CDC plans to use those funds for other programs designed to prevent HIV/AIDS transmission in this group - for education and treatment, for example. The goal of any intervention with this group is to provide an entry into treatment programs and to reduce the transmission of hepatitis and HIV.

Q. How can you deny pot to cancer victims but give needles to heroin addicts?

A. These are two different issues, but the government role in both is primarily limited to research - on the medicinal use of marijuana, and on the efficacy of needle exchange programs in reducing HIV and AIDS. We do not fund needle exchange programs, and we spoke out against the California and Arizona marijuana initiatives in the strongest possible terms.

B. But doesn't NIDA grow marijuana, and doesn't FDA provide it to some seriously ill patients?

A. We stopped adding people to the FDA's "compassionate use" program in 1992, and that policy was reexamined and reaffirmed in 1994. And NIDA grows marijuana for research purposes only.

Q. How can the Secretary say that the Clinton Administration wants to send "clear, consistent no-use messages" about drugs, but still condone giving needles to drug addicts? Isn't that inconsistent?

A. There is no inconsistency - we believe that any use of drugs is illegal, unhealthy and wrong. We have also said consistently that illegal use of intravenous drugs can cause HIV and AIDS.

The Clinton Administration has a comprehensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, prosecute drug pushers, reduce the number of hard-core drug users, and increase drug treatment options.

ONDCP

NEEDLE EXCHANGE

QUESTION

What is your position on needle exchange programs?

ANSWER

I am concerned about the many consequences of drug use and we have actively sought Federal support for outreach efforts to get drug users into treatment and to get them to change high risk behaviors. We can not, however, advocate a Federal policy that is centered on government provision of the tools to support addictive behavior.

BACKGROUND

Claims made for needle exchange programs in popular press accounts lead many people, deeply concerned about the spread of AIDS and hoping for some answers, to believe that government provision of sterile needles to injecting drug users will have a significant, positive impact on AIDS transmission among injecting users, their sexual partners, and their children.

I am quite concerned about the growing popular notion that a national policy favoring needle exchange offers a cheap and easy way to neutralize the destructive consequences of drug addiction.

The argument for such programs generally runs as follows:

- removing dirty needles from the street removes a source of HIV transmission.
- providing a steady supply of sterile needles in exchange for dirty needles should reduce the amount of time a needle circulates, thus reducing the number of times it will be used or shared and reducing the opportunities for it to be contaminated.
- Therefore, the provision of sterile needles in exchange for dirty needles should reduce the rate of HIV transmission.

The logic is seductive. However, the responsibility for molding a national drug control policy, in light of the complexity of addictive behavior and the dynamics of the drug epidemic facing this country, leaves me with major concerns and keeps me from accepting needle exchange as a responsible public policy.

First, drug use -- not simply the means of drug administration -- is the problem.

The whole interrelated web of risky and destructive behaviors must be our focus if we are to break the link to HIV/AIDS and other terrible consequences. And it isn't simply heroin either. In some communities, crack users are twice as likely as heroin injectors to test positive for the HIV virus. A recent CDC study of crack users, who often sell or trade sex for drugs, in Miami and New York found that HIV infection was 2.3 times more prevalent among crack smokers than among nonsmokers.

We are challenged by a way of life, not merely the method of drug administration. And if we are to break the cycle of addiction and stem the transmission of communicable disease, our approach must address the entire web of risk behaviors associated with drug seeking and drug using.

Second, drug use patterns are dynamic and require that we take into account the potential unintended consequences of any public action.

A case in point is the apparent uptick in heroin use and, more specifically, in heroin snorting and smoking. Office of National Drug Control Policy (ONDCP) assessments of heroin use trends find a growing number of drug treatment entrants who administer heroin intranasally, up to 50 percent in the northeastern United States. In other words, there appears to be a growing, possibly new, user pool of heroin snorters. Research doesn't help us much in predicting what will happen to them. But there is some research and it suggests that heroin snorters progress or "graduate" to injection heroin use.

We cannot risk the destructive impact a policy favoring needle exchange could have on new heroin users. The experience of other countries tells me that Federal government advocacy for the distribution of needles could have extremely negative future consequences for both HIV transmission and drug addiction.

(It should be noted that the more responsible advocates, like the Institute of Medicine, admit uncertainty regarding the long-term impact of needle exchange on community drug use patterns, and call for continuous monitoring.)[1]

Third, drug treatment is the only proven effective way to break the cycle of addiction.

I am not prepared to see unreliable, unproven, piecemeal measures drain moneys away from drug treatment. Some

advocates of needle exchange note that some hardcore, chronic addicts are reluctant to enter treatment; but that should come as no surprise to anyone familiar with addiction. Indeed, those who enter treatment under coercion do well. And there is ample research describing ways society can persuade addicts to enter treatment.

The real success stories are stories of entry into drug treatment. Needle exchange is neither an adequate substitute for drug treatment nor a preferred means of entry into drug treatment. Real change and a real chance start when drug use stops.

Finally, it is important to note that Federal policy does not hinder state or local entities from using their financial resources to provide needle exchange programs.

ONDCP can find no compelling reason for the Administration to depart from existing Federal policy regarding needle exchange.

Furthermore, ONDCP strongly encourages jurisdictions that do decide to have needle exchange programs to conduct thorough outcome evaluations on the positive and negative impact of these programs.

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1. The research on needle exchange remains limited and mixed. The National Research Council and Institute of Medicine (IOM) recently released a 334 page report (including appendices and index), entitled *Preventing HIV transmission: the role of sterile needles and bleach.*

The report itself, while not a source of new research information, is a useful review of the literature available to date. The claims for needle exchange are generally modest and qualified, as they must be given the limitations of the studies cited by the report. Members of the IOM committee have publicly noted the limited nature of studies advocating needle exchange, and, it should be noted, the report itself admits uncertainty regarding the long-term impact of needle exchange on community drug use patterns, and calls for continuous monitoring.

The only other extensive study to date was the Centers for Disease Control (CDC)-funded study entitled "*The Public Health Impact of Needle Exchange Programs in the United States and Abroad.*"

This study presents a review and summary of existing research through late 1993. Although generally positive in its discussion of reports on needle exchange programs (NEPs), the CDC report concludes, in part, "These studies do not...provide clear evidence that NEPs decrease HIV infection rates."

January 30, 1997

Dr. V. Michael Barkett
Colorado State Board of Health
577 East First Street
Salida, CO 81201

Dear Dr. Barkett:

Thank you for your inquiry regarding the position of this Office on needle and syringe exchange. As you may know, existing Federal law is explicit regarding the use of Federal substance abuse block grant funding for needle exchange programs. Public Law 104-134, Title V, Section 505 prohibits the use of funds to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug, unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

The Department of Health and Human Services has not determined that these two criteria have been met. And review of the existing research, by the Office of National Drug Control Policy (ONDCP), has not yielded any compelling reason to advocate for a departure from existing Federal law.

Research on needle exchange programs continues, as does research to document effective models to reach out-of-treatment addicts and get them into treatment. ONDCP reviews this research periodically, most recently in early January 1997. ONDCP strongly supports outreach efforts to get addicts into treatment, because treatment has been demonstrated to be effective in reducing drug use, crime, and the transmission of disease.

The National Institute on Drug Abuse (NIDA) is conducting 13 needle exchange evaluations at this time and is attempting to isolate and measure the impact of needle exchange programs (on drug use and HIV transmission) compared to other community outreach models. Definitive information is unlikely in the near future. In addition, the Secretary of Health and Human Services is preparing a report, due to the Senate Committee on Appropriations February 15, 1997, addressing: the status of needle exchange research projects; an itemization of previously supported research; and the findings to date regarding the efficacy of needle exchange programs for reducing HIV transmission, and not encouraging illegal drug use.

Federal law does not hinder local jurisdictions from operating such programs with local funds. ONDCP strongly encourages any jurisdictions that do decide to operate needle exchange programs to conduct thorough, scientific outcome evaluations of the positive and negative impacts of these programs.

Enclosed is statement that expresses some of the concerns of this Office regarding needle and syringe exchange programs. I hope you find this information helpful.

Sincerely,

Daniel Schecter
Acting Deputy Director for
Demand Reduction

NEEDLE EXCHANGE

Federal law is explicit regarding the use of Federal substance abuse block grant funding for needle exchange programs. Public Law 104-134, Title V, Section 505 prohibits the use of Federal funds to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug, unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

The Department of Health and Human Services has not determined that these two criteria have been met. And review of the research, by the Office of National Drug Control Policy, has not yielded any compelling reason for the Administration to advocate for a departure from Federal law.

Federal law does not hinder local jurisdictions from operating such programs with local funds. ONDCP strongly encourages jurisdictions that do decide to operate needle exchange programs to conduct thorough, scientific outcome evaluations of the positive and negative impacts of these programs.

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ONDCP has actively sought Federal support for outreach efforts to get drug users into treatment and to get them to change high risk behaviors. However, ONDCP will not advocate a Federal policy that is centered on government provision of the tools to support addictive behavior. There are a number of reasons.

I. Drug use -- not just the means of drug administration -- is the central problem.

> We are challenged by a way of life, not merely a method of drug administration. The entire interrelated web of risky and destructive behaviors associated with drug seeking and drug using must be our focus if we are to break the link to HIV/AIDS and other terrible consequences.
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> The problem isn't limited to heroin or to injecting. In some communities, crack users are twice as likely as heroin injectors to test positive for the HIV virus. A recent CDC study of crack users, who often sell or trade sex for drugs, in Miami and New York found that HIV infection was 2.3 times more prevalent among crack smokers than among nonsmokers.

II. Drug use patterns are dynamic and require that we take into account the potential unintended consequences of any public action.

A.) Heroin use is up.

Since 1990, heroin-related emergency room episodes are up 173% among persons 35 and older. While total drug episodes remained virtually flat from 1994 to 1995, heroin episodes increased by nearly 19 percent (64,013 to 76,023).

B.) New initiates are being reported

By mid-1995, reports on heroin use showed three heroin-using cohorts:

- young relatively recent initiates;
- crack users who combine crack and heroin; and
- a larger number of aging addicts who are switching to intranasal use or smoking.

The 1995 Monitoring the Future Survey noted increases over 1994 in heroin use among 12th graders on all prevalence measures --lifetime, annual and monthly.

Although 12th grade use appeared to stabilize in 1996, significant increases were noted for past year use among 10th graders in both 1995 and 1996. The mode of administration was most likely snorting or smoking.

C.) Graduation to injecting is being reported

By 1995, when as many as half of the heroin users seeking treatment were smokers or snorters, there was major concern about young users shifting to injecting use as purity levels decline.

By 1996, this graduation was a reality. Treatment programs reported to ONDCP that by spring 1996 injecting users made up 75 percent of the population seeking treatment for heroin.

ONDCP is reluctant to risk the potentially destructive impact a policy favoring needle exchange could have on new heroin users. Federal government advocacy for the distribution of needles could risk accelerating the graduation to injection with extremely negative future consequences for both HIV transmission and drug addiction. (It should be noted that responsible researchers, such as the National Academy of Science's Institute of Medicine, express uncertainty regarding the long-term impact of needle exchange on community drug use patterns, and call for continuous monitoring.)[1]

III. Drug treatment is the only proven effective way to break the cycle of addiction.

Needle exchange advocates contend that hardcore, chronic addicts are often reluctant to enter treatment; but that should come as no surprise to anyone familiar with addiction. Indeed, those who enter treatment under coercion do well. And there is ample research describing ways society can persuade addicts to enter treatment.

Needle exchange is neither an adequate substitute for drug treatment nor a preferred means of facilitating entry into drug treatment. Real change and a real chance start when drug use stops.

IV. Federal policy does not hinder state or local entities from using their financial resources to provide needle exchange programs.

ONDCP strongly encourages jurisdictions that do decide to have needle exchange programs to conduct thorough outcome evaluations on the positive and negative impact of these programs.

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1. The research on needle exchange remains limited and mixed. In 1995, the National Research Council and Institute of Medicine (IOM) recently released a 334 page report (including appendices and index), entitled Preventing HIV transmission: the role of sterile needles and bleach.

The report itself, while not a source of new research information, is a useful review of the literature available through 1995. The claims for needle exchange are generally modest and qualified, as they must be given the limitations of the studies cited by the report. After the report was released, members of the IOM committee publicly noted the limited nature of studies advocating needle exchange and stated that the complex behavioral problems involved in HIV transmission are unlikely to be solved by primarily mechanical means. Finally, it should be noted, the report expresses uncertainty regarding the long-term impact of needle exchange on community drug use patterns, and calls for continuous monitoring.

The only other extensive study to date was the Centers for Disease Control (CDC)-funded study entitled "The Public Health Impact of Needle Exchange Programs in the United States and Abroad."

This study presents a review and summary of existing research through late 1993. Although generally positive in its discussion of reports on needle exchange programs (NEPs), the CDC report concludes, in part, "These studies do not...provide clear evidence that NEPs decrease HIV infection rates."

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