Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Reed to POTUS re: Needle Exchange (2 pages)	4/6/98	P5

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Bruce Reed (Subject File)
OA/Box Number: 21207

FOLDER TITLE:
Needle Exchange [2]

rs64

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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RR. Document will be reviewed upon request.

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b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

College of Physicians & Surgeons of Columbia University

Department of Psychiatry
Director 939-0071
Fax 939-0064

Harlem Hospital Center
506 Lenox Avenue
New York, N.Y. 10037

April 8, 1998

General Barry R. McCaffrey
Director
Office of National Drug Control Policy
750 17th Street, North West
Washington, D.C. 20006

Dear General McCaffrey:

Thank you for your courageous public stance concerning the use of federal funds for Needle Exchange Programs (NEPs). These programs should not receive federal dollars. In my opinion, NEPs trivialize the complex nature of addicts' problems and complicate efforts to cure addiction. Instead, drug abuse treatment is the preferable method of preventing more HIV infections in these cases.

Once again, thank you very much for your stand.

Sincerely,

James L. Curtis

JLC/bms

James L. Curtis, M.D., Director
Department of Psychiatry
Harlem Hospital Center and
Clinical Professor
College of Physicians and Surgeons of
Columbia University

4/9/98 - AMMENDED TRANSMISSION

Mr. Kevin L. Kiss
68 Lynwood Drive
Willimantic, Connecticut 06226
(860) 423-9611
E-mail - kevkiss@neca.com

General Barry McCaffrey
Director
Office of National Drug Control Policy

Fax - (202) 395-6744

Dear Sir,

I understand that the issue of needle exchange program policies will be discussed in the near future by your office. Please do not allow these programs to become nationally sanctioned or funded. I beg that you stand by or strengthen standing policies that govern these concerns.

Our town was the subject of the blight that these programs bring to communities. The area where the distribution program was conducted deteriorated from a growing commercial enterprise focus to a place only the drug addicts would go. Residents feared walking in the area and businesses that were already established adjacent to the center suffered.

Through the organized efforts of concerned Willimantic residents, we were able to bring to the Connecticut legislature the complaints from Windham's state's attorney as well as residents concerns regarding the disastrous effects caused solely by the presence of this program.

Some of those concerns were, but were not limited to:

- Hundreds of discarded used needles left in playgrounds, ball field dug-outs, and our streets.
- A 2 year old baby was stabbed with a used syringe from the exchange while reaching for a toy in the shrubs in front of her home.
- At least one death partially attributable to the poorly trained employees of the program.
- The director of the program refusing to comply with state mandates governing 1 for 1 exchanges. (Free needles, no exchanges)
- No state level supervision of this center.
- Fear of walking in the area, especially at night.
- Increase in drug activity in our town correlating with the institution of this program.
- Conflict of strategies of addiction services with the local Methadone Clinic.

Proponents of these programs spoke at our town meeting regarding this issue. They painted pictures of doom and despair for not just the addicted but for all of Willimantic if this program were to end. They made threats of underground illegal needle distribution pipelines and black market bedlam.

One year after the closing of this nightmare, what we have is a clean neighborhood, reduced drug activity, safe streets and above all, peace of mind.

Please maintain our Country's present responsible stand on drugs, for safety's sake.

Sincerely,

Kevin L. Kiss

April 8, 1998

General Barry R. McCaffrey
Director ONDCP
750 17th Street, NW
Washington DC 20006

Dear General McCaffrey:

Being an educator, preventionist, and a parent, I am very concerned about the message we would give young people if the clean needle programs receive approval and recognition. I back your position against funding clean needles.

Sincerely,

Susan Taylor, CADP
120B Kenneth Dr.
Troy, IL 62294

FACSIMILE TRANSMITTAL

JIM & CAROL WEBER
NOTCH RD
RICHMOND, MA 01254
413 698 3222 FAX 413 698 2724

FROM: Carol Weber
TO: Gen. Barry R. McCaffrey Attention Don Schecter
DATE: 4-9-98
SUBJECT: Needle Exchange Program

Dear Gen. McCaffrey—

I encourage you to continue with the current ban of Federal Funding for Needle Exchange Programs. Clearly, to lift the ban would be another attempt to another free lunch, sponsored by the U.S. Government! Let's learn from our mistakes, it doesn't work (ie: Canada) the result would be "open season" for drug addicts. Do they really care about clean needles?

"Treating the symptom" can be more expensive than "curing the disease" — and most times is.

If people want to reach out to addicts with clean needles it should be done through private organizations — NOT the Government and our tax dollars.

Please, don't cave in to the demands of Shalala or Satcher. It wouldn't be curing the symptom or the disease.

Sincerely

Carol Weber

April 8, 1998

General Barry R. McCaffrey
Director ONDCP
750 17th Street, NW
Washington DC 20006

Dear General McCaffrey:

Having worked in the substance abuse Prevention field for close to 20 years, I am very concerned about the message we would give to young people if clean needle programs became a reality. I fully support your position against funding clean needles

Sincerely,

Jean Schram, MA, CADC, CSADP

921 Harvestyme
Troy, IL 62294

Margaret L. Petito
5008 34th Place, N.W.
Washington, D.C. 20015
202/537-1327

April 9, 1998

By fax: 1 page
202 395 6744

General Barry McCaffrey, Director
Office of National Drug Control Policy
750 Seventeenth Street, N.W.
Washington, D.C 20006

Dear General:

Please know that we support your position that federal monies should never be spent on Needle Exchange Programs. It was my understanding that this issue was resolved some time ago. I hope that you will find closure, for once and for all, on this topic. Perhaps Secretary Shalala will once again do the right thing on this matter as well as President Clinton.

As the mother of two teen age sons, it just seems to me that federal monies are better spent in a more positive manner. Not only are education/prevention monies scarce in our schools but the burdensome costs of actual treatment are daily challenges for many families. Federal resources are better spent in prevention and treatment. With so many budget cuts and carefully weighed fiscal measures across the agencies, to promote federally funded needle exchange programs at this time would, I fear, appear outrageous and counterproductive.

As you have said, our goal is to serve to enable Americans to permanently avoid narcotics. Any funding for anything else would be counterproductive.

Trust the Cabinet will enjoin this effort. In advance, I wish you success.

With deep regard,

Maggi Petito

Margaret L. Petito

12965

020900Cpu58

March 27, 1998

Barry R. McCaffrey, Director
Office of Nat'l Drug Control Policy
Washington, DC 20503

Dear General McCaffrey:

I believe the silent majority of the American people feel as I do regarding drug issues (enclosed), however the average citizen finds little time in this busy world to write letters on issues and, for the most part, they are mislead and misinformed by the news media.

I am sending this to you in the hope you will agree with my thoughts and those of many others and stand firm against free ~~needles~~ to addicts and stand firm against any other form of illegal drug legalization.

Sincerely,

Mary L. Smith

Mary L. Smith
249 Old Town Way
Hanover, MA 02339

Encls.

12826

COUNCIL OF THE AMERICAS
AN AFFILIATE OF THE AMERICAS SOCIETY, INC.

1310 G STREET, N.W. SUITE 990 WASHINGTON, D.C. 20005 TEL. (202) 639-0724 FAX (202) 639-0734

AMBASSADOR WILLIAM T. PRYCE
VICE PRESIDENT
WASHINGTON OPERATIONS

March 25, 1997

Barry

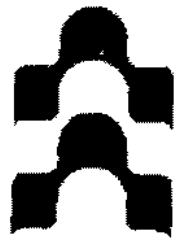
Just a note to say "Thank Christ" for your firm position on Nestle's stockings which I read about in today's NY Times

Also want to congratulate you on all you are doing in a very difficult job!

All the best

Bill

COUNCIL
AN AFFILIATE OF
1310 G STREET, N.W.



HUMAN SERVICE CENTER
MAILING ADDRESS
P.O. Box 1346
Peoria, Illinois 61654-1346

8 April 1998

General Barry McCaffrey, Director
Office of National Drug Control Policy
750 Seventeenth Street NW
Washington, DC 20006

Dear General McCaffrey:

I support your position against needle exchange programs. As the major provider of drug and alcohol treatment in central Illinois, we fully understand that the end effect of needle exchange programs is to not only enable drug users to continue their use but also facilitates further addiction by non-users of heroin.

Keep up your good work and you can count on us for support.

Sincerely yours,

John F. Gilligan

John F. Gilligan, Ph.D.
President
Chief Executive Officer

JFG:sn

ADMINISTRATIVE OFFICES
600 Fayette Street
P.O. Box 1346
Peoria, Illinois 61654-1346
Telephone: (309) 671-8005
Fax: (309) 671-8021

CLINICAL SERVICES
228 N.E. Jefferson Street
P.O. Box 1346
Peoria, Illinois 61654-1346
Telephone: (309) 671-8000

Phoenix House Foundation, Inc / 164 West 74 Street, New York, New York 10023/(212) 595-5810

Phoenix House

OFFICE OF THE PRESIDENT

April 10, 1998

General Barry R. McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President
750 17th Street, N.W.
Washington, DC 20503

Dear Barry:

The clear congressional mandate barring use of federal funds to support needle exchange programs has lapsed, and there is some question as to whether remaining statutory prohibitions now apply. So, it is possible that the Department of Health and Human Services may choose to make federal funds available to programs that provide clean needles to IV drug users, in an attempt to reduce the spread of HIV infection through the sharing of contaminated injection equipment. Certainly, the Department and Secretary Shalala will be urged to do so.

As one who has devoted his entire career to helping young men and women overcome drug dependence and build purposeful new lives, I feel justified in urging the President to discourage the Secretary from allocating any federal funds for this purpose. Strong arguments support this position.

1. There is no consistent evidence that the availability of needle exchange reduces the transmission of the HIV virus among IV drug users. (At least one recent study actually showed an <u>increased</u> rate of transmission.)

2. Nor is there evidence that needle exchange programs are <u>necessary</u> to reduce the spread of HIV infection through needle sharing, for the rate of infection has fallen among addict populations denied such programs.

3. Government "enabling" of drug use (subsidizing it, in this case) sends a dreadful message to young people and undermines prevention efforts.

4. The most effective means of combatting the spread of HIV infection by IV drug users is through treatment that addresses their characteristically antisocial, self-destructive, and reckless behavior. This behavior contributes to the spread of the disease at least as much through irresponsible sexual contact as through needle sharing.

5. By enabling drug abuse in this manner, the federal government would be helping many drug abusers to resist the treatment they need to overcome their addiction and curb their addictive behaviors.

6. Needle exchange programs are not a useful route to treatment. They are essentially noncoercive, and addicts who most need treatment are those most likely to resist it -- particularly treatment that is demanding enough to help them recover. This often makes coercion necessary, and involuntary treatment has proven to be as effective as voluntary treatment.

7. Communities rightfully resist needle exchange programs, for these are sites where addicts will concentrate, often leaving behind litter that may include infected needles.

8. Considering the shortage of treatment capacity, particularly the shortage of comprehensive, residential treatment for the hard core (the most economically and socially costly substance abusers), it would be hard to justify spending federal dollars, unavailable for treatment, to subsidize addiction.

Other arguments can be made against needle exchange, but it would not be fair to say that these programs automatically increase the incidence of drug abuse. It should be recognized, however, that even if exchange programs were an effective means of controlling infection among IV drug users, they have no capacity to limit spread of the virus among crack cocaine users. And, at Phoenix House, as at other treatment programs, we have found the highest incidence of HIV infection among users of crack cocaine.

Finally, I believe that needle exchange is more a cause than a cure, that it allows its advocates to feel that they are doing something assertive to combat AIDS. But it is, on balance, nothing that federal funds should be used to support.

Sincerely,

Mitch

Mitchell S. Rosenthal, M.D.

April 9, 1998

Mr. Barry R. McCaffrey
Office of National Drug Control Policy
Washington, DC

Dear Mr. McCaffrey:

In my opinion "Needle Exchange Programs" are part of a drug philosophy that is oppositional to the law enforcement "War on Drugs". This idea of needle exchange goes along with "harm reduction", "decriminalization", and "legalization". These liberal approaches to the drug problem have proven to be failures.

When public perception of the dangers of drugs goes down, drug use increases. This policy of needle exchange "softens" public perception of the dangers of drugs. Drug use increases.

European countries have attempted needle exchange programs along with controlled drug use areas. Switzerland attempted to make two parks into controlled drug use areas. These "needle parks" closed because the use of drugs increased to the point of explosion. The large number of addicts created a war zone of crime, murder and violence. The Netherlands has also allowed individual drug use and marihuana use increased 250%.

We must continue with the ideal that drug use in wrong, unhealthy and a danger to society. We need strong laws, well enforced, and backed up by a responsible criminal justice system. "Needle exchance" is a bad idea. I hope we don't have to try it, and experience the negative consequences to find out just how bad an idea it is.

Cordially,

MIchael D. Castrodale
DARE Unit
Springfield Police Department

P.S. Keep up the great work you are doing!

IDEA

Illinois Drug Education Alliance
P.O. Box 5758 Naperville, Illinois 60567

April 9, 1998

Via Fax: 202-395-6744
Attention: Dan Schecter
Via Fax: 202-225-7830
Attention: Cong. Phil Crane

Gen. Barry McCaffrey, Director
Office of the National Drug Control Policy
750 17th Street NW
Washington, D.C. 20006

Dear Gen. McCaffrey:

On January 8, 1998, your office sent me a letter saluting the Illinois Drug Education Alliance for our "contributions to drug education and prevention." You wrote, "The IDEA *Newsletter* is an important vehicle for disseminating the latest information in the field."

Considering your above endorsement of IDEA, realizing our intense commitment to drug prevention, we ask that you recognize the dangers of needle exchange programs (NEPs) and the serious aftermaths that result from their implementation. We sincerely implore that you strongly oppose any federal support or funding of needle exchange programs (NEPs). We ask that your office examine the validity of NEP studies that promote clean needles to reduce the transmission of HIV/AIDS. We ask that you examine the increased rate of drug use, drug overdoses, prenatal death rates, fetal alcohol/drug syndrome and the increase in sexually transmitted diseases (STDs), other than HIV/AIDS, in areas/communities where NEP programs are funded under the guise of "research." We ask that you examine and with clear conscience determine that the funding and implementation of NEPs not only do no contribute to the increased use of drugs, but reduce the use of drugs. Any *disease prevention program* that legitimately does not reduce drug use, cannot be considered drug prevention, but must be regarded as illicit drug use promotion.

Our examinations are clear: The Montreal and Vancouver NEP studies offer no evidence that NEPs reduce the spread of HIV/AIDS. Yet, these programs are allowed to continue under the guise of HIV/AIDS reduction. The Chicago studies provide no evidence the NEPs reduce the transmission of HIV/AIDS. A University of Chicago study reports that a combination of education with medical treatment, *without the dispensation of needles*, was clearly more effective in reducing HIV/AIDS transmission. Also, we found as the NEPs expanded, so did the spread of drug use -- and drug related deaths -- and the spread of STDs -- and . .

One last thing. We ask that you examine the motives of NEP promoters. Are NEP supporters really concerned about the spread of HIV/AIDS? Or, are they more concerned with the promotion and legalization of illicit drugs? John Waters, a researcher who helped pioneer San Francisco's NEPs to prevent the spread of AIDS, died on November 27, 1997. The cause of his death was confirmed as an overdose. On February 6, 1996, Brian Weil, New York City's founder of NEPs, died of a heroin dose. One does wonder if we are to be comforted that neither died of the scourge of AIDS? But how sad we are, both died of the scourge of illicit drug use?

Again, we implore that you recognize the dangers of needle exchange programs (NEPs) and the serious aftermaths that result from the implementation of these programs. And, JUST SAY NO! to any support or funding of needle exchange programs.

Very respectfully submitted,

Pat Sutarik
Managing Editor,
The Best of IDEA Newsletter

The solution to any problem begins with an IDEA.

IDEA

Illinois Drug Education Alliance
P.O. Box 5758 Naperville, Illinois 60567

April 8, 1998

General Barry R. McCaffrey
Director, ONDCP
750 17th Street, N. W.
Washington, D. C. 20006

Dear General McCaffrey:

On behalf of the Illinois Drug Education Alliance (IDEA), I urge you not to support Federal funding for needle exchange programs (NEPs).

Needle exchange programs are offered as a way to prevent the spread of HIV/AIDS; however, studies have shown that such programs **increase** the spread of HIV/AIDS. In addition, NEPs encourage drug use, and pose a serious threat to the health and safety of innocent people.

According to a 1997 poll of registered voters done by the Family Research Council, sixty-two percent oppose needle exchange programs. Ninety-four percent of black voters were concerned about the public health hazard and increased crime and drug use created by NEPs.

IDEA is a statewide, grassroots, volunteer organization of over 4,000 people working in drug prevention in Illinois and 44 other states.

Should you have any questions please contact us. Thank you for your attention to this important issue.

Respectfully,

Judy Kreamer

Judy Kreamer, President
630 420-1766

The solution to any problem begins with an IDEA.

Sparta Township Public Schools

328 Sparta Avenue
Sparta, New Jersey 07871
973-729-3155
Fax: 973-729-0576

Carolyn W. Hartley, Ed.D
Superintendent of Schools
973-729-7888

Ronald J. Wolfe
Business Administrator/Board Secretary
973-729-3655

Charles E. Leach
Director of Curriculum/Staff Development
973-729-7174

April 9, 1998

General Barry Mc Caffrey, Director
Office of National Drug Control Policy
750 - 17th Street NW
Wasnington DC 20006

FAX # 202-395-6744

Dear General McCaffrey:

On behalf of the students and parents of Sparta Township Public Schools, we strongly support your decision AGAINST clean needles.

Sincerely yours,

Charles E. Leach
Director of Curriculum and
Staff Development

CEL:la

John Hewett
Founder, STATUS - students are the ultimate solution

Thursday, April 09, 1998

Gen. Barry McCaffrey
Director of National Drug Control Policy

Dear General:

I support you in your stance AGAINST the free needle policy. Free needle distribution has been shown to be counterproductive wherever it has been used. I encourage you in your fight against the importation and distribution of illegal drugs in this country. I am sure you realize how critical prevention work is, too.

I have trained students for years to fight the idea that illegal drugs make the world a better place. Thanks for your support.

With hope and heart,

John W. Hewett

615-662-9039
301 Mill Run Circle
Nashville, TN 37221

the Institute for Youth Development

April 9, 1998

General Barry McCaffrey
Director, White House Office of Drug Policy
750 17th Street, NW
Washington, DC 20006

Dear General McCaffrey,

Thank you for your outspoken opposition to needle exchange. Your concerns are justified and appropriate. As an organization dedicated to helping young people avoid alcohol, drugs, sex, tobacco, and violence, needle exchange programs send the worst message possible to kids.

Preliminary data from original research we are doing with America's youth tells us that. Fostering illegal behavior weakens respect for authority and contradicts messages that say illicit drugs are harmful. Young people need consistent messages concerning unhealthy risk behaviors, not mixed messages.

From our perspective it would be a real tragedy if the federal government chooses to help enable people to continue in destructive behaviors regardless of any marginal benefit that might be associated with such programs. Stopping young people from ever entering illicit drug use has to be the primary objective of parents, government, and all concerned citizens.

Please know you have our support and admiration in your efforts to prohibit federal funding of needle exchange programs.

Sincerely,

Shepherd Smith

Shepherd Smith
President

P.O. Box 16590 • Washington, DC 20041 • Tel 703-471-8750 • Fax 703-471-8409

Parents' Pipeline, Inc.

Telephone (203) 661-0338
Fax (203) 661-0438

P.O. Box 11037
Greenwich, CT 06831

April 9, 1998

General Barry McCaffrey, Director
Office of National Drug Control Policy
750 Seventeenth Street NW
Washington, DC 20006

Dear General McCaffrey:

Parents' Pipeline is a small Connecticut-based company publishing guides for parents of adolescents on the subject of alcohol and drug abuse and negative behavior associated with them. Among other things, we have taken pains to familiarize ourselves with the progress of needle exchange programs in Europe, Canada and the U.S. Our conclusion, after careful study, is that they do enormous harm and little if any good.

In Zurich, Amersterdam, Boston, New York, New Haven, Baltimore and Vancouver, stories abound of havoc wrought on neighborhoods by needle exchange. Drug traffickers create open air markets to serve heroin users. Gangs form to serve the traffickers and violence breaks out as gang members fight for turf. Innocent people have been stabbed by needles carelessly discarded and some people have been intentionally stabbed by addicts assaulting them. Even in violence-free areas, law-abiding citizens live with the public squalor typical of I.V. drug abusers who have been observed fornicating and defecating in public or just sleeping it off in people's paths, with the debris of their habit lying nearby. Even if all of the above were not true, there would still be a philosophical argument to reckon with. How can the government justify taking the people's tax money to enable addicts to use a substance which renders them senseless and useless to society? And there is the practical matter. How will government pay the lawsuits filed by people harmed by the practice?

It has become popular in some circles to support needle exchange. We, at Parents' Pipeline, are very glad to see the stand you're taking against the practice. Don't give in. You have more support than you know across this country and many *many* people appreciate the courage you are showing in opposing NEP's.

Under separate cover, I'm sending a copy of this letter along with ***The Parents' Pipeline Guide, Plain Talk About Teens and Alcohol, Drugs, Sex, Eating Disorders and Depression.***

Sincerely,

Sheila Fuller

Sheila Fuller, Author and Publisher

National Families in Action

Providing:
Drug Abuse Update
Club HERO
American Cities Against Drugs
You Have the Right to Know

April 9, 1998

General Barry R. McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President
Washington, D.C.

Dear General McCaffrey:

National Families in Action supports and thanks you for your stand against the use of federal funds for needle exchange programs.

We believe that federal funds must be spent to move addicts into treatment, which research shows provides the best protection against HIV transmission. Treatment not only helps addicts stop injecting drugs, it also stops the trading of sex for drugs and thereby prevents the second form of HIV transmission associated with addiction.

For these reasons, we encourage you to continue to urge Congress to invest money in drug treatment, rather than diverting any federal funds to needle exchange programs.

Thank you for all that you are doing to help our nation reduce drug use, drug abuse, drug addiction, and drug-related deaths.

Very truly yours,

Sue Rusche

Sue Rusche
Executive Director

2296 Henderson Mill Road, Suite 300, Atlanta, GA 30345 • 770-934-6364 • FAX 770-934-7137 • www.emory.edu/NFIA/

National Family Partnership
11159 B South Towne Square
St. Louis, Missouri 63123
Tel 314 845-1933 Fax 314 845-2117

April 9, 1998

General Barry McCaffrey, Director
Office of National Drug Control Policy
Executive Office of the President
Washington D.C. 20503

Dear General McCaffrey:

I am writing on behalf of the Board of Directors and parent group membership of National Family Partnership to encourage and strongly support your position and the position of the Office of National Drug Control Policy on needle exchange programs.

The members and partners of National Family Partnership subscribe to the philosophy of no use of any illegal drugs and no illegal use of legal drugs. Needle exchange programs encourage the use of illegal drugs!

It is the *injection* of illegal drugs, NOT dirty needles that is killing drug addicts....particularly heroin addicts. The focus must be on bringing help to those people suffering from addiction, not on giving them more effective means to support their drug habit.

We applaud your stance on this issue.

Sincerely,

Judy Cushing

Judy Cushing, President
National Family Partnership

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

NEEDLE EXCHANGE LETTERS
LAW ENFORCEMENT

Letters received as of 4/10/98 at 1600 hours

1. International Association of Chiefs of Police (IACP) (represents more than 13,000 members)
2. California Narcotics Officers Association (7,000 members)
3. National Narcotics Officers Associations Coalition (represents 50,000)
4. International Narcotics Enforcement Officers Association (represents 15,000)
5. National Troopers Coalition (represents 45,000 state troopers)
6. Fraternal Order of Police (270,000 members)
7. Major City Chiefs (police chiefs of 51 of the largest cities)
8. Dade County, Florida, Chiefs (29 chiefs of police in Miami Metro area)
9. National Sheriff's Association (represents over 2,700 sheriffs)
10. Norfolk Souther Police
11. City of Dover, New Hampshire
12. Arapahoe County (Colorado) Sheriff's Office
13. SW Illinois Law Enforcement
14. Colorado Police Protective Association (over 5,000 law enforcement officers)
15. Tom Constantine citing IACP
16. Federal Law Enforcement Officers Association (14,00 members)
17. Florida Department of Law Enforcement

Pending
PERF

Note: Many of these organizations will have their members send letters separate from the organization's letter.

International Association of
Chiefs of Police
515 North Washington Street
Alexandria, VA 22314-2357
Phone: 703/836-6767; 1-800/THE IACP
Fax: 703/836-4543
Cable Address: IACPOLICE
Web address: www.theiacp.org

President
Bobby G. Moody
Chief of Police
Marietta, GA

Immediate Past President
Darrell L. Sanders
Chief of Police
Franklin, IL

First Vice President
Ronald S. Neubauer
Chief of Police
St. Peters, MO

Second Vice President
Michael D. Robinson
Director
Michigan State Police
East Lansing, MI

Third Vice President
Bruce D. Glasscock
Chief of Police
Plano, TX

Fourth Vice President
William B. Berger
Chief of Police
North Miami Beach, FL

Fifth Vice President
Joseph Samuels, Jr.
Chief of Police
Oakland, CA

Sixth Vice President
Joseph M. Polisar
Chief of Police
Albuquerque, NM

International Vice President
Ian Oliver
Chief Constable
Grampian Police
Aberdeen, Scotland

Treasurer
Donald G. Pierce
Chief of Police
Bellingham, WA

Division of State Associations of
Chiefs of Police
General Chair
Joseph G. Estey
Chief of Police
Hartford Police Department
White River Junction, VT

Division of State and
Provincial Police
General Chair
LeRon R. Howland
Superintendent
Oregon State Police
Salem, OR

Parliamentarian
Fred Hayes
Gainesville, GA

Executive Director
Daniel N. Rosenblatt
Alexandria, VA

Deputy Executive Director/
Chief of Staff
Eugene R. Cromartie
Alexandria, VA

April 9, 1998

The Honorable Barry McCaffrey
Director
Office of National Drug Control Policy
The White House
Washington, DC 20500

Dear Director McCaffrey:

On behalf of the International Association of Chiefs of Police (IACP), I am writing to express our strong opposition to the creation of a federal needle exchange program for intravenous drug users. These programs only serve to facilitate the abuse of certain narcotics and dangerous drugs and exacerbate an already alarming drug abuse problem.

The IACP believes that these type of programs convey an implicit acceptance of drug use. If the federal government implements a needle exchange program, it would send a contradictory and harmful message to all citizens, especially children, about the sincerity and necessity of the government's anti-drug policies. **The IACP strongly believes that the U.S. Government should not place itself in the position of enabling IV drug users to inject their bodies with illegal and dangerous narcotics.**

While the IACP does understand that some believe needle exchange programs can reduce the risk of contracting certain blood borne diseases such as AIDS, there has yet to be any conclusive scientific evidence proving this to be true. The IACP strongly believes that no governmental organization, federal, state, or local should operate a needle exchange program unless and until there is clear and convincing evidence that the benefits of such program outweigh their costs.

Thank you for your attention to this matter. If you have any questions, please call me at 703/836-6767.

Sincerely,

Bobby G. Moody
President

106th Annual
International Association
of Chiefs of Police Conference
October 17-22, 1998
Salt Lake City, UT

California Narcotic Officers' Association

24509 WALNUT STREET, SUITE 201 • SANTA CLARITA, CALIFORNIA 91321-2846
(805) 287-0195 • FAX (805) 287-9825

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April 8, 1998

General Barry R. McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President
750 17th Street, N.W.
Washington, D.C. 20503

Dear General McCaffrey:

It has come to my attention that the Administration is currently reviewing its policy regarding "needle exchange."

On behalf of the 7,000 members of the California Narcotic Officer's Association, I would urge you to aggressively continue your opposition to "needle exchange" programs. Our Association has a long history of protesting any form of needle exchange based on our experience as professional narcotic enforcement officers. Although we at CNOA are aware of the health concerns that often prompt discussions of legalizing needle exchange, we believe that the dangers associated with condoning these programs far outweigh any perceived benefit.

Needle exchange programs send conflicting messages to our Nation's young people. Along with the recent medical marijuana initiatives, needle exchange sends a message that drug use, particularly involving syringes, is acceptable or at least tolerated. We already know that the confusing message sent by the medical marijuana movement resulted in increased marijuana use by teens. Any policy that weakens our anti-drug message increases the risk of drug use. Quite simply, it is dangerous to embrace any program or position that dilutes the drug resistance message.

Furthermore, needle exchange programs erode the effectiveness of law enforcement. This program would take away a criminal sanction that has proved to be effective in compelling drug users to participate in court ordered drug treatment. These treatment programs are often the last chance for persons afflicted with the disease of addiction to become healthy and productive citizens.

In closing, I would urge you to take whatever steps are necessary to educate the President and other members of his Administration as to the potentially tragic results of supporting needle exchange programs.

Thank you for your continued support. Please feel free to contact me should you require further information regarding CNOA's position on the important issue.

Sincerely,

Brian McAuley, President

By: Ronald E. Brooks, Past President

NATIONAL NARCOTIC OFFICERS' ASSOCIATIONS COALITION

24509 Walnut Street, Suite 201, Santa Clarita, California 91321 • (805) 290-2834 • Fax (805) 287-9825

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North Carolina Narcotic Enforcement Officers' Assn.

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Utah Narcotic Officers' Assn.
Washington State Narcotics Investigators' Assn.

April 9, 1998

General Barry R. McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President
750 17th Street, N.W.
Washington, D.C. 20503

Dear General McCaffrey:

It has come to my attention that the Administration is currently reviewing its policy regarding "needle exchange."

On behalf of the twenty-nine state narcotic officers associations and 50,000 narcotic enforcement officers represented by the National Narcotic Officers' Associations Coalition (NNOAC), I would urge you to oppose the legalization or de-criminalization of needle exchange programs. Although I am aware of the health concerns that prompt discussions of legalizing needle exchange, I believe that the dangers associated with condoning these programs far outweigh any perceived benefit.

Needle exchange programs send conflicting messages to our Nation's young people. Along with the recent medical marijuana initiatives, needle exchange sends a message that drug use, particularly involving syringes, is acceptable or at least tolerated. We already know that the medical marijuana movement has sent a conflicting message, which has resulted in increased marijuana use by teens. Any policy that weakens our anti-drug message increases the risk of drug use.

Needle exchange programs damage the effectiveness of law enforcement. This program would take away a criminal sanction that has proved to be effective in compelling drug users to participate in court ordered drug treatment. These treatment programs are often the last chance for persons afflicted with the disease of addiction to become healthy and productive citizens.

In closing, I would urge you to take whatever steps are necessary to educate the President and other members of his Administration as to the potentially tragic results of supporting needle exchange programs.

Thank you for your continued support. Please feel free to contact me should you require further information regarding NNOAC's position on this important issue.

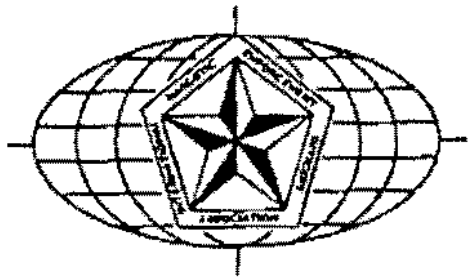
Sincerely,

Tim Nelson

Tim Nelson
Chairman
National Narcotic Officers'
Associations Coalition

International Narcotic Enforcement Officers Association, Inc.

DIAL 518 INEOA-32
(518) 463-6232
FAX: (518) 432-3378



112 STATE STREET, SUITE 1200
ALBANY, NEW YORK 12207-2079 USA

JOHN J. BELLUZZI
EXECUTIVE DIRECTOR

April 9, 1998

General Barry McCaffrey
Director, Office of the National
Drug Control Policy
The White House
O.E.O.B. Rm. 176
Washington, DC 20500

Dear General McCaffrey:

I understand that President Clinton will be considering a proposal to approve the "Needle Exchange Program" (NEP) which will provide clean needles to drug abusers in exchange for their contaminated needles as a preventive measure in combating AIDS.

The International Narcotic Enforcement Officers Association (INEOA), representing over 15,000 Federal, State and local drug enforcement agents from throughout the country, has considered the "NEP" program on various occasions and after careful study has concluded that such a program would be counter effective, not only in regards to discouraging drug abusers from continuing their drug abuse by injection, but would have little effect in the prevention of AIDS.

Accordingly, INEOA is strongly opposed to approval of the proposed approval of the "Needle Exchange Program".

Presently I am serving as Executive Director of INEOA. In my previous position as Executive Director of the New York State Drug Abuse Advisory Committee (NYS-DAAC) representing the New York State Department of Health and the New York State Division of Substance Abuse, I presented the "NEP" issue before the Committee. The "NYS-DAAC", whose membership included Henry Brill, M.D., former Commissioner of Mental Hygiene for New York State; Michael Baden, M.D., Forensic Pathologist and former Medical Examiner for New York City; Jerome Jaffe, M.D., former Drug Policy Advisor to the White House and several other members from the medical and law enforcement area went on record as opposing the "NEP" proposal.

In addition, the New York State Bureau of Narcotic Enforcement, of which I served as Director, vigorously opposed the "NEP" proposal on the grounds that it would encourage the continued drug abuse by injection and would impede drug enforcement efforts.

Accompanying this letter are several subject articles from the *International Drug Report* and the *Narc Officer*, INEOA publications.

Respectfully Submitted,

John J. Belluzzi
Executive Director

JJB/uk
Enclosures
cc. George Kosnik

NATIONAL TROOPERS COALITION

112 STATE STREET, SUITE 1213, ALBANY, N.Y. 12207 518-463-7448

JAMES A. RHINEBARGER, CHAIRMAN

CHAIRMAN'S OFFICE
1415 SOUTH SHELBY
INDIANAPOLIS, IN 46203-1946
FAX 317-631-8221
317-636-0929

April 8, 1998

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

Dear General McCaffrey

The National Troopers Coalition represents approximately 45,000 state police and highway patrol officers across this great nation. We adamantly oppose any proposal that would sanction support of a needle exchange program by the federal government.

In our line of work we see first hand the devastating effects that illegal drug use has on the individual, society and their families. Addiction to illegal substansences is a voluntary condition by the person doing it. This person has to want to be helped before he/she can turn their life around and be a productive member of society.

Asking tax payers and the honest hard working citizens of this country to financially support these people in their demise by supplying them the tools, clean needles, to continue their path of criminal activity and ruination is reprehensible to say the least. The government already has programs in place to help an individual with a substance abuse problem if they want help.

Individuals, not society nor the government are to blame for their downfall. They must accept their own fate in life and start standing up for what is right. **Illegal drug abuse is not right, it is wrong!! It cannot be corrected with a "clean needle exchange program".**

Again, we wholeheartedly support your efforts in developing alternative treatment programs for these people in an effort to reduce the drug abuse problem.

Sincerely,

James A. Rhineberger

James A. Rhineberger
Chairman

GRAND LODGE
FRATERNAL ORDER OF POLICE®
5800 JEFFERSON NE, SUITE F, ALBUQUERQUE, NEW MEXICO 87109
PHONE 505-344-7158 • FAX 505-342-1004

GILBERT G. GALLEGOS
NATIONAL PRESIDENT

April 9, 1998

The Honorable Barry R. McCaffrey
Director, Office of National Drug Control Policy
Executive Office of the President
Washington, D.C. 20503

Dear General McCaffrey,

I am writing this letter to advise you of the strong opposition of the more than 270,000 members of the Fraternal Order of Police to government support or Federal funding for needle-exchange programs.

As you well know, law enforcement officers at every level of government are plagued with drug-related crime. Governments at every level spend billions of dollars trying to stem the flow of drugs into our country, prosecute and incarcerate dealers, and treat those addicted to these deadly substances. Reestablishing a program to fund needles for addicts jeopardizes everything the law enforcement and treatment communities have done to date fighting drugs and drug addiction.

The new public awareness campaign launched by your office, also funded by the Federal government, is sending the right message to kids and their families--"It's not okay to use drugs." Using scarce Federal dollars to fund needles for addicts sends the exact opposite message.

The Federal government should not, in any way, shape, or form, help support a user's habit. With heroin use again on the rise among the drug-using population, I think it is irresponsible in the extreme to contemplate a Federal program to supply users with the means to continue their habit.

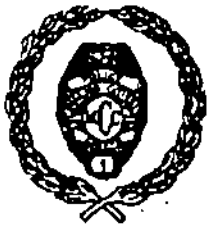
Please feel free to contact me or Executive Director Jim Pasco at my Washington office, 202-547-8189, if you need any further assistance on this or any other issue.

Sincerely,

Gilbert G. Gallegos

Gilbert G. Gallegos
National President

NATIONAL HEADQUARTERS • 1410 DONELSON PIKE A-17 • NASHVILLE, TENNESSEE 37217 • 615-399-0900 • FAX 615-399-0400



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Washington, D.C.
Seattle, Washington
Milwaukee, Wisconsin

****

Calgary, Canada
Montreal, Canada
Toronto, Canada

April 9, 1998

Director Barry R. McCaffrey
The White House
1600 Pennsylvania Avenue
Washington, D. C. 20503

Dear General McCaffrey:

This letter is to inform you that the Major Cities Chiefs Association supports your position against the needle exchange initiatives. As you may know, the Major Cities Chiefs is a membership of Police Chiefs of 51 of the largest urban areas of the United States and Canada.

The majority of the Chiefs feel that the needle exchange program runs counter to our initiatives to prevent drug addiction and drug users treatment. We feel that a position of strong law enforcement, coupled with prevention and adequate treatment is the best approach to reduce drug use in America. We also feel that the needle exchange program sends mixed messages, not only to the youth, but to those who may be tempted to use drugs or are currently experimenting with drug use.

We also feel that there is insufficient data that could predict what long-term ramifications would come from the needle exchange programs.

In conclusion, we support your stance against the needle exchange program.

Sincerely,

Ruben B. Ortega

RUBEN B. ORTEGA,
Chairman
Major Cities Chiefs Association

Dade County Association of Chiefs of Police
2801 SALZEDO
CORAL GABLES, FLORIDA 33134-6682
TELEPHONE: (305) 460-5431

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RESOLUTION

WHEREAS, the spread of Acquired Immune Deficiency Syndrome (AIDS) is an increasingly serious public health problem worldwide; and

WHEREAS, effective steps must be taken to prevent the spread of the disease; and

WHEREAS, there is an emerging school of thought which advocates the notion that the disease can be curtailed by distributing sterile hypodermic needles to intravenous (IV) drug abusers; and

WHEREAS, the scientific community currently lacks any conclusive evidence that the distribution of hypodermic needles will significantly reduce the spread of AIDS within the population of IV drug abusers; and

WHEREAS, any government-sanctioned policy of distributing sterile hypodermic needles to IV drug abusers conveys a contradictory message about that government's resolve to enforce its drug control laws; and

WHEREAS, the distribution of hypodermic needles will facilitate the abuse of certain narcotics and dangerous drugs and therefore exacerbate the already alarming drug abuse problem; now therefore, be it

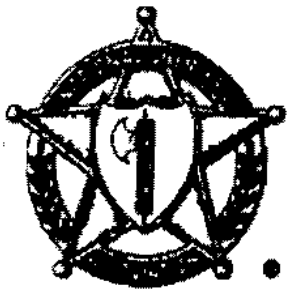
RESOLVED, that the **Dade County Association of Chiefs of Police** rejects the proposed practice of distributing sterile hypodermic needles to IV drug abusers until and unless there is clear and convincing evidence that the benefits of such a practice would outweigh its cost; and be it

FURTHER RESOLVED, that all efforts should be made to pursue strategies aimed at halting the spread of AIDS, but which do not encourage or abet the use of illicit drugs.

Donald H. Warshaw, President

Sheriff Fred W. Scoralick
NSA President
Poughkeepsie, New York

A.N. "Bubby" Moser, Jr.
Executive Director
Alexandria, Virginia



NATIONAL SHERIFFS' ASSOCIATION

1450 DUKE STREET • ALEXANDRIA, VIRGINIA 22314-3490
Telephone (703) 836-7827 • Fax (703) 683-6541
E-Mail: nsamail@sheriffs.org

April 9, 1998

Honorable Barry McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President
Washington, D.C. 20503

Dear General McCaffrey:

I am writing today because the National Sheriffs' Association (NSA) is deeply concerned about recent proposals to use federal funds to distribute clean needles to drug abusers. The National Sheriffs' Association adamantly opposes the use of taxpayer funds for any needle exchange programs for drug addicts.

Federal authorities should not condone drug abuse. It is a criminal activity. Supplying drug abusers with clean needles under the guise of preventing infectious disease is ludicrous. Drug abuse is a disease and addicts require proper treatment, not the ability to sustain their addiction through needle exchange. Under a federally funded and approved needle exchange program, the government would send the message to thousands of abusers that using drugs is okay as long as you have a clean needle. This is contrary to the overall drug control strategy and is counter to the efforts of the War on Drugs. In our view, the proper federal role is prevention and treatment, not distribution of hypodermic needles for the injection of illegal drugs.

We look forward to working with you to resolve this issue and commend you for your efforts to reduce drug abuse in America.

Sincerely,

Fred W. Scoralick

Fred W. Scoralick
President

Sheriff Dan Smith
1st Vice President
Belton, Texas

Sheriff Philip H. McKelvey
2nd Vice President
Cambridge, Maryland

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3rd Vice President
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Richard M. Weinbrecht
NSA General Counsel
Washington, D.C.

Mary T. Ross
NSA Corporate Representative
Columbus, Ohio

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*Member of the Executive Committee

Norfolk Southern Corporation
Police Headquarters
110 Franklin Road, S.E.
Roanoke, Virginia 24042-0025
540/981-5493
FAX 540/981-5314

Steven G. Hanes
Director

April 9, 1998
File: LEGIS

The Honorable Barry McCaffrey
Director, Office of National Drug Control Policy
The White House
Washington, DC 20500

Dear Director McCaffrey:

This letter is to advise you of Norfolk Southern Police Department's strong opposition to the creation of a federal needle exchange program for intravenous drug users. It is felt that this type program would only serve to escalate the drug abuse problem in our Country.

Our department is strongly against enabling any drug user to inject his/her body with, not only dangerous, but illegal narcotics. It goes against our "grain" to think that such a program would even be considered. I understand the Nation's concern to reduce the risk of contracting certain blood borne diseases, but feel strongly that no governmental agency, be it federal, state, or local, should operate a needle exchange program without clear and convincing evidence that benefits from same would outweigh their costs.

I hope you will take this letter into consideration and call me at the above number if you have any questions.

Sincerely yours,

S. G. Hanes
Director-Police

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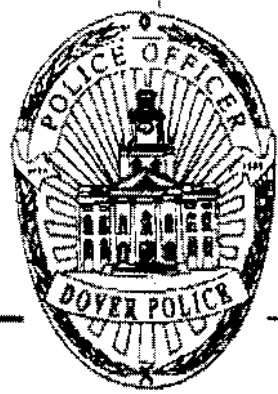

CITY OF DOVER, NEW HAMPSHIRE

POLICE DEPARTMENT

William W. Fenniman, Jr.
Chief of Police

April 9, 1998

The Honorable Barry McCaffrey
Director
Office of National Drug Control Policy
The White House
Washington, DC 20500

Dear Director McCaffrey:

On behalf of the City of Dover, New Hampshire Police Department, I am writing to express our strong opposition to the creation of a federal needle exchange program for intravenous drug users. These programs only serve to facilitate the abuse of certain narcotics and dangerous drugs and exacerbate an already alarming drug abuse problem.

The City of Dover, New Hampshire Police Department believes that these type of programs convey an implicit acceptance of drug use. If the federal government implements a needle exchange program, it would send a contradictory and harmful message to all citizens, especially children, about the sincerity and necessity of the government's anti-drug policies. The City of Dover, New Hampshire Police Department strongly believes that the U.S. Government should not place itself in the position of enabling IV drug users to inject their bodies with illegal and dangerous narcotics.

As you may or may not know, the State of New Hampshire has recently repealed a 1997 statute establishing a pilot needle exchange program. One of the reasons for this repeal is that no city or town within our state was willing to undertake such a risky program without the scientific evidence of at least some chance of success in achieving its goal.

While we understand that some believe needle exchange programs can reduce the risk of contracting certain blood borne diseases such as AIDS, there has yet to be any conclusive evidence proving this to be true. The City of Dover, New Hampshire Police Department strongly believes that no governmental organization, federal, state, or local should operate a needle exchange program unless and until there is clear and convincing evidence that the benefits of such program outweigh their costs.

Thank you for your attention to this matter. If you have any questions, please call me at (603) 742-4646.

Very truly yours,

WILLIAM W. FENNIMAN, JR.
Chief of Police

WWF/kfd

46 LOCUST STREET, DOVER, NEW HAMPSHIRE 03820-3793
(603) 742-4646 FAX (603) 749-3958

ARAPAHOE COUNTY SHERIFF'S OFFICE
5686 S. Court Pl. • Littleton, Colorado 80120-1200
PATRICK J. SULLIVAN JR., SHERIFF
(303) 795-4711

April 9, 1998

Honorable Barry McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President
Washington, D.C. 20503

Dear General McCaffrey:

I am writing today because the National Sheriffs' Association (NSA) is deeply concerned about recent proposals to use federal funds to distribute clean needles to drug abusers. The National Sheriffs' Association adamantly opposes the use of taxpayer funds for any needle exchange programs for drug addicts.

Federal authorities should not condone drug abuse. It is a criminal activity. Supplying drug abusers with clean needles under the guise of preventing infectious disease is ludicrous. Drug abuse is a disease and addicts require proper treatment, not the ability to sustain their addiction through needle exchange. Under a federally-funded and approved needle exchange program, the government would send the message to thousands of abusers that using drugs is okay as long as you have a clean needle. This is contrary to the overall drug control strategy and is counter to the efforts of the War on Drugs. In our view, the proper federal role is prevention and treatment, not distribution of hypodermic needles for the injection of illegal drugs.

We look forward to working with you to resolve this issue and commend you for your efforts to reduce drug abuse in America.

Sincerely,

Patrick J. Sullivan, Jr.
Sheriff
Chairman, Congressional Affairs Committee, NSA

ACA

Accredited by the Commission on Accreditation for Law Enforcement Agencies, American Correctional Association and National Commission on Correctional Health Care

SOUTHWESTERN ILLINOIS LAW ENFORCEMENT COMMISSION

Mobile Team ASSIST #14

Second Floor
St. Clair County Jail Building

Fifth and West "F" Streets
Belleville, Illinois 62221

618/277-1550

March 24, 1998

President Bill Clinton
White House
1600 Pennsylvania Avenue, NW.
Washington D.C. 20500

Dear President Clinton:

You have appointed a first class Drug Czar. Our War On Drugs (*and it is a war*) is just beginning.

Meanwhile, another significant member of your cabinet is for the "distribution of clean needles". To cut to the chase, said public policy would be:

- A pretext to the legalization of illicit drugs.
- The moral equivalent of "besotted enablement".
- Pandering to the heroin lobby.
- Sending a message of capitulation.

And, exacerbating rather than reducing the spread of life-threatening viruses.

Please shut this misbegotten proposal down before it waxes into reality.

Sincerely,

J. W. "Skip" Bennett
Director of the Southwestern Illinois
Law Enforcement Commission

JWB/kt

CC: Judy Kreamer, President of the Illinois Drug Education Alliance
Harry Dean Keister, President of the Southwestern Illinois Law Enforcement Commission
Pat Sutarik, Managing Editor of the Illinois Drug Education Alliance

PS: I am enclosing a prior letter that came out of your office, which after over 30 years in law enforcement, made me very proud.

of Madison, St.Clair, Monroe, Randolph, Bond, Clinton and Washington Counties

CPPA

Colorado Police Protective Association

April 8, 1998

General Barry McCaffrey
Office National Drug Control Policy
750 17th St. NW
Washington, D.C. 20006

VIA: FAX DELIVERY

Dear General McCaffrey:

The Colorado Police Protective Association represents over 5000 law enforcement officers all over Colorado. We actively opposed needle exchange programs here in Colorado. The Denver Police Protective Association has also fought against needle exchanges in Denver. We urge you to stand with us and oppose the use of Federal funds for these types of programs.

Sincerely,

Kirk J. Miller
President

1485 Kelly Johnson Boulevard, Suite 230 Colorado Springs, Colorado 80920
(719) 590-9200 Fax (719) 590-9294

U.S. Department of Justice

Drug Enforcement Administration

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Office of the Administrator

Washington, D.C. 20537

MAR 30 1998

Honorable Barry R. McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President
Washington, D.C. 20500

Dear General McCaffrey:

I would like to bring to your attention the expressed opposition of the International Association of Chiefs of Police (IACP) to proposals for government support of needle exchange programs.

In 1987, at the IACP 94th Annual Conference, a resolution was passed (copy enclosed) by the membership, calling upon all national, regional and municipal government authorities to reject such programs unless there is clear and convincing evidence that the benefits of such a practice wouldioutweigh the cost of facilitating drug abuse.

This resolution has been periodically renewed and remains in effect as a testimony to IACP's opposition to such programs. As Chairman of the Narcotics and Dangerous Drug Committee, I assure you that the membership of IACP is not supportive of any attempts to revise this position. The Executive Director of IACP, Dan Rosenblatt, confirmed this today when he advised my office: "It is the official position of IACP -- we are opposed, period."

As you are aware, the Drug Enforcement Administration shares your concern on this issue and opposition to such proposed programs.

Sincerely,

Tom

Thomas A. Constantine
Administrator

Enclosure

FEDERAL LAW ENFORCEMENT OFFICERS ASSOCIATION

P.O. Box 508, East Northport, NY 11731-0472

Representing Members Of:

AGENCY for INTERNATIONAL DEVELOPMENT
AGRICULTURE
OIG & Forest Service
COMMERCE
Export Enforcement, OIG
& National Marine Fisheries
DEFENSE
Air Force - OSI
Army - CID
Defense Criminal Investigative Service
Naval Criminal Investigative Service
OIG
EDUCATION - OIG
ENERGY - OIG
ENVIRONMENTAL PROTECTION AGENCY - CID & OIG
FEDERAL DEPOSIT INSURANCE CORPORATION - OIG
FEDERAL EMERGENCY MANAGEMENT AGENCY - OIG
GENERAL SERVICES ADMIN
Federal Protective Service & OIG
HEALTH & HUMAN SERVICES
Food & Drug Administration & OIG
HOUSING & URBAN DEVELOPMENT - OIG
INTERIOR
Bureau of Indian Affairs
Bureau of Land Management
Fish & Wildlife Service
National Park Service
OIG
U.S. Park Police
JUSTICE
Drug Enforcement Administration
Federal Bureau of Investigation
Immigration & Naturalization Service
INS Border Patrol
Marshals Service
OIG
U.S. Attorneys Office
LABOR
OIG & Labor Racketeering
NATIONAL AERONAUTICS & SPACE ADMIN. - OIG
NUCLEAR REGULATORY COMMISSION - OIG
POSTAL INSPECTION SERVICE
RAILROAD RETIREMENT BOARD - OIG
SECURITIES & EXCHANGE COMMISSION - OIG
SMALL BUSINESS ADMINISTRATION - OIG
SOCIAL SECURITY ADMINISTRATION - OIG
STATE DEPARTMENT
Bureau of Diplomatic Security & OIG
TRANSPORTATION
Coast Guard Investigative Service
Federal Aviation Administration
OIG
TREASURY
Bureau of Alcohol, Tobacco & Firearms
Customs Service
Internal Revenue Service - CID & Inspection
Secret Service
U.S. COURTS (JUDICIAL)
Probation, Parole & Pretrial Services
VETERANS AFFAIRS - OIG

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EDGAR N. JAMES
ROGER A. STONE
JULES BERNSTEIN

April 10, 1998

General Barry R. McCaffrey, Director
Office of National Drug Control Policy
Executive Office Building
Washington, DC 20503

Dear General McCaffrey:

On behalf of the approximately 14,000 members of the Federal Law Enforcement Officers Association (FLEOA), I wish to express FLEOA's **vehement** opposition to any government sponsored needle exchange program.

FLEOA is cognizant of the health hazards associated with the unlawful use of hypodermic syringes by drug addicts. Law enforcement officers are exposed to these risks on a daily basis. However, FLEOA can not support any government program that either directly or indirectly condones illegal drug use.

As we stated in numerous position papers and meetings with you, FLEOA supports the funding of drug abuse education and drug rehabilitation programs as well as aggressive enforcement of drug laws. FLEOA will not support programs that are in direct conflict with the laws of the United States.

If you have any questions concerning our position on this issue, please contact me at FLEOA's Corporate Services office at (516) 368-6117.

Sincerely,

Richard J. Gallo

FDLE

Florida Department of
Law Enforcement

James T. "Tim" Moore
Commissioner

P.O. Box 1489
Tallahassee, Florida 32302
(904) 488-8771
http://www.fdle.state.fl.us

Lawton Chiles, *Governor*
Sandra B. Mortham, *Secretary of State*
Robert A. Butterworth, *Attorney General*
Robert F. Milligan, *Comptroller*
Bill Nelson, *Treasurer*
Bob Crawford, *Commissioner of Agriculture*
Frank T. Brogan, *Commissioner of Education*

April 9, 1998

General Barry McCaffrey, Director
Office of National Drug Control Policy
750 Seventeenth Street NW
Washington, DC 20006

Dear General McCaffrey:

The Florida Department of Law Enforcement joins many other state and local criminal justice agencies in Florida and the nation who strongly oppose the implementation of any "clean needle" exchange program. We are convinced that these programs are very bad public policy and clearly send the wrong message to current and potential drug abusers and our youth. We encourage you to take a strong stand against any such proposal that would worsen our nation's drug problem.

Your leadership in this and other matters of mutual concern is greatly appreciated.

Sincerely,

James T. Moore,
Commissioner

JTM/gy

WHEREAS, the spread of Acquired Immune Deficiency Syndrome (AIDS) is an increasingly serious public health problem worldwide; and

WHEREAS, effective steps must be taken to prevent the spread of the disease; and

WHEREAS, there is an emerging school of though which advocates the notion that the disease can be curtailed by distributing sterile hypodermic needles to intravenous (IV) drug abusers; and

WHEREAS, the scientific community currently lacks any conclusive evidence that the distribution of hypodermic needles will significantly reduce the spread of AIDS within the population of I drug abusers; and

WHEREAS, any government-sanctioned policy of distributing sterile hypodermic needles to IV drug abusers conveys a contradictory message about that government's resolve to enforce its drug control laws; and

WHEREAS, the distribution of hypodermic needles will facilitate the abuse of certain narcotics and dangerous drugs and therefore exacerbate the already alarming drug abuse problem; now, therefore, be it

RESOLVED, that the International Association of Chiefs of Police calls upon all national, regional and municipal governmental authorities to reject the proposed practice of distributing sterile hypodermic needles to IV drug abusers until and unless there is clear and convincing evidence that the benefits of such a practice would outweigh its cost; and be it

FURTHER RESOLVED, that all efforts should be made to pursue strategies aimed at halting the spread of AIDS but which do not encourage or abet the use of illicit drugs.

Needle Ex.

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.

Needle Ex

Prominent Republicans Who Support Needle Exchange Programs To Fight The Spread of AIDS

C. Everett Koop Says Needle Exchange Studies Show "Good Results"
C. Everett Koop, former Surgeon General under the Reagan Administration, supporting state regulation of needle exchange: "Every study that's been done has been done chiefly abroad, not in this country, and they all show good results. No increased use of drugs and a reduction in AIDS." While Surgeon General, Koop said if needle exchange "will contain the epidemic, you've got to be for it." [ABC This Week, 8/24/97; Chicago Tribune, 3/6/88]

Representative Ganske Says We Can't "Close the Door" on Needle Exchange
According to U.S. Representative Greg Ganske (R-IA), "we will never win the fight against AIDS unless we stop its spread through shared needles...It would be wrong to close the door on federal involvement in the projects...I urge my colleagues to think of the thousands of children who get AIDS because the parents got HIV from a dirty needle." [The Herald-Sun, 9/14/97]

Representative Morella Says Needle Exchange Reduced HIV Cases in Baltimore
According to *AIDS Policy and Law*: "Representative Constance Morella, R-Md., said Baltimore City's needle-exchange program has been associated with a 40 percent reduction in new HIV cases. Researchers there found no evidence that the swaps led to increased drug use." [AIDS Policy and Law, 10/3/97]

Mayor Riordan Says Needle Exchange Needed to Prevent "Extraordinary Loss of Life"
Los Angeles Mayor Richard Riordan (R) said needle exchange programs are needed to prevent "extraordinary loss of life" to AIDS. He encouraged the police department, the city attorney's office and the police commission "to immediately create and implement proper procedures to avoid needless investigations of needle exchange programs." Government studies "have shown that effective needle exchange programs help reduce HIV transmission," according to Riordan. [San Diego Union-Tribune, 11/20/94; Reuters, 9/7/94]

16 Republican Representatives Voted Not to Ban Needle Exchange
On September 11, 1997, 16 Republican Representatives voted against an amendment offered by Representative J. Dennis Hastert (R-IL) to prohibit federal funding for any needle exchange program. The Hastert Amendment was part of a larger Labor, HHS, Education, and related agencies appropriations bill (HR 2264). Here are the 16 Republicans who voted not to ban needle exchange: Nancy Johnson (R-CT), Chris Shays (R-CT), Jim Kolbe (R-AZ), Tom Campbell (R-CA), William Thomas (R-CA), Steve Horn (R-CA), Bill Young (R-AL), Mark Foley (R-FL), Jim Leach (R-IA), Greg Ganske (R-IA), Jim McCrery (R-LA), John Cooksey (R-LA), Constance Morella (R-MD), Rodney Frelinghuysen (R-NJ), Amory Houghton Jr. (R-NY), and James Greenwood (R-PA). [Congressional Record, 9/11/97]

WHCR: 04/23/98

DEPARTMENT OF HEALTH & HUMAN SERVICES

Melissa T. Skolfield
Assistant Secretary for Public Affairs
Phone: (202) 690-7850 Fax: (202) 690-5673

To: Bruce Reed

Needle Exchange

Fax: 362-0493 Phone:

Date: 4/19 Total number of pages sent: 3

Comments:

Two revised pages - turns out there is no Seattle study. Oops!

Anyway, let me know as soon as anything is decided -

W - 202-690-8272
H - 202-625-0548
P - 800-800-7759.

200 Independence Avenue, S.W., Bldg. HHH, Room 647-D, Washington, D.C. 20201

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DRAFT -- 4/18/98, 7:05 P.M.

FOR IMMEDIATE RELEASE Contact:

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 (NEPs) 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 legislation that funds the Department of Health and Human Services, state and local governments will now be permitted to use Federal HIV prevention funds to support the development and operation of needle exchange programs. Congress has restricted the use of federal funds for needle exchange programs until the Secretary of HHS has determined that such programs reduce the transmission of the human immunodeficiency virus (HIV) and do not encourage the use of illegal drugs.

"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 use needle exchange programs yet another weapon in their fight against AIDS."

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 percent of HIV infections among women of childbearing age are related either directly or indirectly to injection drug use. And more than 60 percent of infants born with HIV were infected as a result of the drug use of one or both parents.

Secretary Shalala also announced several conditions to assure that such use of federal funds will be consistent with community standards. No program may use federal funds unless it has the strong support of the communities involved and the approval of the appropriate State or Local public health official. All programs will be required to refer participants to drug counseling and treatment as well as necessary medical services. And all programs will be required to certify that they are consistent with all State and local legal requirements, including the disposal of hazardous waste.

HHS will approve the eight applicants hardest hit and most severely impacted by HIV transmission related to illegal drug use, particularly those that demonstrate the role that injection drug use plays in the community and the role of injection drug use in transmitting HIV to women of childbearing age.

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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 the AIDS virus 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.

- Two recent studies of needle exchange programs in Baltimore, Maryland, and Seattle, Washington, 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 recent NIH Consensus Conference report found that drug treatment programs can effectively assist heroin users in halting their drug use.

Under the conditions announced today by Secretary Shalala, the use of federal funds will be restricted to only those funds appropriated by the Congress to the Centers for Disease Control and Prevention to prevent the transmission of HIV. No funds appropriated to the Substance Abuse and Mental Health Services Administration to reduce illegal drug use, or to provide drug treatment and counseling, can be used to support needle exchange programs. In addition, no funds from the Ryan

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White CARE Act can be used to support needle exchange programs. Programs receiving federal funds must certify that they are making needles and syringes available on a replacement basis only; that they comply with established standards for hazardous waste disposal; and, that they agree to collaborate with federally-supported research and evaluation efforts.

"For these efforts to succeed, there must be strong community support and full compliance with all state and local laws and regulations. No federal funds will be available for any project that does not have the express support of the community involved," said Dr. Claire Broome, Acting Director of the Centers for Disease Control and Prevention.

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DRAFT -- 4/18/98, 7:20 P.M.

[DATE] CONTACT:

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 60% of babies born with HIV in the U.S. were infected as a result of the drug use or one or both parents.

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 a one-for-one exchange for used, contaminated syringes. Most needle exchange programs also provide drug users with a referral to drug treatment and counseling, medical services, and provide risk reduction information.

The first U.S. needle exchange program was begun in 1988. According to the data reported to the Centers for Disease Control and Prevention, needle exchange programs operate in 28 states and one U.S. territory. Beginning in fiscal year 1989, the U.S. Congress has prohibited the use of Federal AIDS prevention funds to support needle exchange programs until certain conditions are met. In the most recent version of that legislation, the Secretary of Health and Human Services is required to certify that needle exchange programs reduce the transmission of HIV and do not encourage the use of illegal drugs.

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." Having met the Congressional standard, HHS has determined that States and local governments will now be permitted to use certain federal funds to support the development and operation of needle exchange programs. Secretary Shalala also announced several steps to assure that such use of federal funds will be consistent with community standards and targeted at those areas hardest hit and severely impacted by AIDS and HIV transmission related to injectible drug use.

CONDITIONS FOR ACCESSING FEDERAL FUNDING

The use of federal funds to support needle exchange programs will be restricted to only those funds appropriated by the Congress to the Centers for Disease Control and Prevention to prevent the transmission of HIV. No funds appropriated to the Substance Abuse and Mental Health Services Administration to reduce illegal drug use or to provide drug treatment and counseling can be used to support needle exchange

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programs. And no funds appropriated under the Ryan White CARE Act can be used to support needle exchange programs.

To receive federal funding for needle exchange programs, communities must submit a comprehensive plan for the approval of Local and State public health officers. These officials must then forward the application to the CDC, which evaluates whether or not the community has met the conditions for receiving funding. The CDC also will provide technical assistance to help bring interested communities into compliance with the requirements.

The Department of Health and Human Services will approve the eight applicants hardest hit and most severely impacted by HIV transmission related to illegal drug use, particularly those that demonstrate the role that injection drug use plays in the community and the role of injection drug use in transmitting HIV to women of childbearing age. Other conditions are:

- No program will receive funds unless it requires participants to be referred to drug counseling and treatment as well as needed medical services.
- No program will receive funds unless it certifies that it is using syringes on a one-for-one replacement basis only.
- No program will receive funds unless it complies with established standards for hazardous waste disposal.
- No program will receive funds unless it certifies they it is consistent with all State and Local legal requirements.
- No program will receive funds unless it agrees to participate in relevant research and evaluation efforts.

FEDERAL RESEARCH ON NEEDLE EXCHANGE

While Congress has restricted the use of federal funds for needle exchange programs since 1989, lawmakers ave 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.

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- *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.

- Two recent studies of needle exchange programs in Baltimore and Seattle (Brooner et al., Abstract presented to the American Public Health Association, October 1997; Hurley et al., *Effectiveness of Needle Exchange Programs for Prevention of HIV Infection*, Lancet 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.

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Needle Exchange

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

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. First, under the terms of the legislation passed by the Congress, the Secretary of HHS is required to determine whether or not needle exchange programs reduce HIV transmission and do not encourage illegal drug use. Based on the report from the government's senior scientific advisers, the Secretary has made that determination.

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, and science. The charge I gave my Department's scientists was to make were there and that they were accurate. They and I are very confident with these resul

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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 the criteria I have put in place for the use of federal funds.

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 both standards have been met. It is on that basis that the Secretary has made her determination to certify to the Congress that the standards have been met.

PRESERVATION PHOTOCOPY

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 poured over the data and have concluded that both of these tests have been met. That is the basis for our decision today.

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 both standards have been met. It is on that basis that the Secretary has made her determination to certify to the Congress that the standards have been met.

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. It's also important to note that it will be up to each local community to decide if needle exchange is an appropriate component of their comprehensive strategy to prevent HIV transmission. 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.

PRESERVATION PHOTOCOPY

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

A: Absolutely not. The intravenous use of drugs 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: Why give needles to drug addicts at all? Why not just throw them in jail, or get them into treatment programs?

A: The use of infection drugs is both a major law enforcement concern and an urgent public health problem. We are extremely concerned about preventing the spread of HIV, which is the leading cause of death among young adults age 24-44, and the seventh leading cause of death among all Americans. 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. 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. Science has now proven that needle exchange programs meet this test. In addition, I would stress that all of us agree that we need more resources for drug treatment and prevention.

Q: What will you do if there is evidence found later on that Needle exchange programs do encourage drug use?

A: As I mentioned, an important component of any program is research and evaluation. We will be continuing to evaluate the effectiveness of these programs and watch for any signs that they are having an adverse effect on either drug use or HIV transmission. If there is a problem, we will not hesitate to reveal it and to act to address it.

PRESERVATION PHOTOCOPY

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 be different in every community. And the most important component of any prevention effort is community support. That is why we will require such support before Federal funds are used. I do not anticipate that there will be a large number of communities that will apply for these funds.

In the next 12 months, HHS will approve up to eight areas hardest hit and most severely impacted by HIV transmission related to illegal drug use, particularly those that demonstrate the role that injection drug use plays in the community and the role of injection drug use in transmitting HIV to women of childbearing age.

Q: How will the government police these programs to make sure that they abide by the terms you have announced today?

A: The Centers for Disease Control and Prevention will be very active in working with communities and state and local public health officials to make sure that programs meet the requirements we have established before funds are certified for this use. They will work with those who are operating these programs to help them meet the requirements. And they will work with them to help evaluate their success or failure.

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.

PRESERVATION PHOTOCOPY

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. We will require needle exchange programs in this country to be linked to drug treatment through mandatory referrals.

Q: Won't this policy result in fewer funds being used to prevent HIV among non-drug users?

A: There's no reason why it should. It is designed to allow communities that want to consider needle exchange programs to use their money more efficiently. And let me note that we are specifically limiting the availability of Federal funds to those monies appropriated by the Congress to prevent HIV transmission. Funds appropriated to SAMHSA for drug treatment will be spent only on drug treatment.

Again, this will be up to the communities involved. In areas where HIV transmission among drug users and their partners is particularly severe, a needle exchange program might take a high priority. In communities where that kind of transmission is relatively rare, it will likely have a very low priority.

Q: How much money will the Federal government spend on needle exchange programs?

A: It's impossible to estimate but I would guess that it will be a relatively small amount. Most of the money that is spent on HIV prevention has already been apportioned by communities according to their priorities and to the current path of the epidemic. That may shift in the future as the nature of the epidemic changes. But right now, I would expect it to be a relatively small outlay.

PRESERVATION PHOTOCOPY

Q: Will needle exchange programs increase the prevalence of discarded needles on our streets, parks, and beaches?

A: No. There should be no net increase in the number of needles in the environment. Each program will be required to exchange needles and to abide by all federal, state, and local laws regarding the disposal of hazardous waste.

Q: Are you absolutely certain that the two standards have been met? What will you do a year from now or two years from now if the evidence shows otherwise?

A: We have conducted one of the most exhaustive scientific reviews in this area in our history. We were scrupulously careful in this evaluation and believe our findings to be solid and air-tight. We will, however, continue several of the ongoing studies to make sure that these findings remain consistent and will not hesitate to reveal any new evidence and act upon it.

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.

- Recent studies of needle exchange programs in Baltimore and Seattle indicated that participants reported that Needle exchange programs that are closely linked to or integrated with drug treatment programs actually reduce the incidence of drug use with very high levels of retention in drug treatment.

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.

PRESERVATION PHOTOCOPY

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.

Q: Why are you allowing federal funding for needle exchange but not allowing medical use of marijuana? Isn't this hypocritical?

A: These are fundamentally different issues. The bottom line is that the science clearly shows that needle exchange programs can improve public health by helping to prevent the spread of AIDS and helping to send the message that drugs are dangerous and wrong. That's why we're taking these important steps today.

As you may know, NIH has begun to fund research into the effectiveness of medical marijuana. That effort has only recently begun. But, as long as the alleged benefits of marijuana as a medicine remain unproven, while harmful effects are proven, HHS remains opposed to the use of marijuana for treatment of medical conditions.

PRESERVATION PHOTOCOPY

Q: How many applications do you expect to get?

A: I would expect we will get a relatively small number of applications. HHS will select up to eight areas hardest hit and most severely impacted by HIV transmission related to illegal drug use, particularly those that demonstrate the role that injection drug use plays in the community and the role of injection drug use in transmitting HIV to women of childbearing age.

Q: Why are you just limiting to 8 grantees the first year?

A: Permitting local communities to use CDC dollars to support needle exchange programs is a new activity for the federal government and raises a complex set of issues to be addressed at the federal and local levels if the maximum public health potential of needle exchange programs is to be realized. This includes developing a technical assistance capacity so that grantees can successfully integrate comprehensive HIV prevention programs with substance abuse prevention, treatment, and education efforts. This initial period would be used to understand how to make implementation of needle exchange programs funded with CDC dollars most successful, particularly among areas targeted because of the significant role of intravenous drug use in the spread of HIV. As well, we want to start efforts in those areas hardest hit and severely impacted by AIDS and HIV transmission related to illegal drug abuse.

Q: How will the 8 grantees be selected?

A. CDC will fund up to eight state or local health departments from among those eligible. Each city or county health department approved by the CDC will be able to use the funds within its own boundary and will count as one of the eight. Each state approved by CDC may use the funds in one or more of its cities or counties and each distinct geographic area will count as one of the eight.

Q: Why is HHS creating restrictive criteria when it says the science support the effectiveness of needle exchange programs in preventing HIV?

A: The majority of people served by needle exchange programs are hard-core, older drug users that require a complex array of services. We need to learn with the states and localities that choose to utilize needle exchange programs just how best to appropriately use federal funds to serve this population. With that knowledge, we will help other communities that seek assistance in maximizing the effectiveness of needle exchange programs in preventing HIV transmission and in getting addicts into treatment. These programs are appropriate only as part of a larger package of service, and we want to make sure that federal funds are used only for those programs that are appropriately integrated.

PRESERVATION PHOTOCOPY

Q: How will you decide which applicants to fund if you receive more applications?

A: First, all programs must meet the criteria established by Secretary Shalala for consideration. We then will approve those applicants hardest hit and severely impacted by AIDS and HIV transmission related to illegal drug abuse, that demonstrate the role that intravenous drug use plays in the spread of HIV in the grantee community, including the role of intravenous drug use in the spread of HIV in women of childbearing age (e.g, high incidence or rate of new cases of HIV/AIDS related to intravenous drug use; high incidence or rate of new cases of HIV/AIDS in women of childbearing age).

Q: When will you be willing to expand the number of grantees?

A: Over the next year, we will monitor the grantees' implementation of needle exchange programs to assess their success in integrating comprehensive HIV prevention programs with substance abuse prevention, treatment, and education efforts, and access to medical care. We will also assure CDC's ability to provide the necessary technical assistance to grantees. This will help us determine the potential number of eligible programs.

Q: Does HHS have the legal authority to limit the number of grantees which can use the dollars for needle exchange programs?

A: Yes. The Department often has to decide how to allocate scarce resources and to provide its grantees with necessary technical and other support.

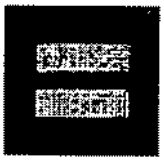
Q: Isn't it unusual to limit the number of eligible grantees?

A: No. Available funds are often limited to a set number of applicants.

Q: What's the nature of this technical assistance from the CDC?

A: The technical assistance will be targeted to integration of comprehensive HIV prevention programs with substance abuse prevention, treatment and education efforts, and medical services; development of a cadre of peer technical experts; and outreach efforts to high risk populations to facilitate entry into a network of services.

PRESERVATION PHOTOCOPY



HUMAN
RIGHTS
CAMPAIGN

1101 14th Street NW
Washington, DC 20005
phone 202 628 4160
fax 202 347 5323

FAX TRANSMISSION

DATE: April 21, 1998

Needle Ex.

TO:

Rahm Emanuel	456 - 2530
Bruce Reed	456 - 2878
Chris Jennings	456 - 5557
Richard Socarides	456 - 6218
Elena Kagan	456 - 2878
Larry Stein	456 - 6220
Monica Dixon	456 - 6212
Bob Dreier	456 - 6231
Kevin Thurm	690 - 7755
Marsha Martin	690 - 7098
Eric Goosby	690 - 7560
Rich Tarplin	690 - 7380

NUMBER OF PAGES: (including cover) 3

FROM: Winnie Stachelberg

If you have any problem with this transmission, please call (202) 628-4160.

105TH CONGRESS
2D SESSION

S. _____

IN THE SENATE OF THE UNITED STATES

Mr. COVERDELL introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To prohibit the expenditure of Federal funds to provide or support programs to provide individuals with hypodermic needles or syringes for the use of illegal drugs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROHIBITION ON USE OF FUNDS FOR HYPODERMIC NEEDLES.

Notwithstanding any other provision of law, no Federal funds shall be made available or used to carry out or support, directly or indirectly, any program of distributing sterile hypodermic needles or syringes to individuals for the hypodermic injection of any illegal drug.

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

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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DRAFT
Needle Exchange

EMBARGOED MATERIAL

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.

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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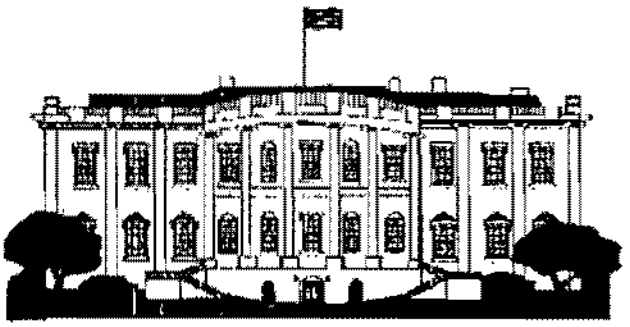
EXECUTIVE OFFICE OF THE PRESIDENT

Office of National Drug Control Policy
Washington, DC 20503



URGENT

RUSH

FACSIMILE MESSAGE

TO: Bruce Reed

FAX: x6-2878

DATE: 4/20/98 TIME: 14:14:40 PAGES: 1 + Cover

FROM: Janet Crist, Chief of Staff/ Ben Kirby, Staff Assistant

FAX NUMBER: 202/395-6708

OFFICE NO: 202/395-6732

COMMENTS:

Urgent.
Per our conversation, for your comment and review.

RUSH

URGENT

Needle Exchange

DRAFT DRAFT DRAFT DRAFT

FOR IMMEDIATE RELEASE

Contact: Jim McDonough
202-395-4611

April 20, 1998

DRUG CZAR STATEMENT ON ADMINISTRATION'S DECISION TO CONTINUE BAN ON USE OF FEDERAL FUNDS FOR NEEDLE EXCHANGE PROGRAMS

Brasilia, Brazil -- The White House Drug Czar, Barry R. McCaffrey, issued the following statement concerning the Administration's decision, announced today by Secretary Shalala, to continue the ban on the use of federal dollars for needle exchange programs:

"I have great respect for Secretary Shalala and AIDS Czar Sandy Thurman for a having made a difficult, courageous and correct decision. We all share a common compassion for those suffering from the impacts of HIV infection, and a mutual commitment to win the fight against AIDS. We also share a determination to reduce the threats of drug use in America. The Secretary's decision is true to all these obligations.

Today's decision underscores the importance of treatment in both reducing drug use and minimizing the spread of AIDS. We have 4.1 million chronic drug users in America. Of these people, only 52 percent are receiving the treatment they need. We have too many people using drugs, like heroin and cocaine, and too little in the way of treatment to help these people break free of their addictions. We have to redouble our efforts to provide these people they help they need, and today's decision calls upon state and local governments to help in that effort.

Above all, we have a responsibility to protect our children from ever falling prey to the false allure of drugs. We do this, first and foremost, by making sure that we send them one clear, straightforward message about drugs: they are wrong and they can kill you."

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THE WHITE HOUSE

WASHINGTON

April 14, 1998

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed

SUBJECT: Needle Exchange Options

As we discussed last night, we have a couple of alternatives to Secretary Shalala's recommendation on needle exchange. You should try to make a decision on this issue before you leave for South America.

Under all these options, the government's top scientists would certify that needle exchange decreases HIV transmission and does not increase drug use. The central question is whether (and under what conditions) to release federal funds. The three possibilities are:

1. Release funds with HHS criteria (Shalala recommendation). Shalala recommended letting any community with a needle exchange program that meets specified criteria -- i.e., program cannot violate state paraphernalia laws, must refer participants to drug treatment, etc. -- exercise a local option to use federal AIDS prevention funds for that purpose. The HHS criteria would cut the number of eligible communities in half, because only 50-60 of the 110-120 programs nationwide operate legally. (Moreover, only six cities -- San Francisco, Los Angeles, New York, Chicago, Houston, and Philadelphia -- receive direct funding from CDC for HIV prevention. All other funds go to state health departments, so other cities would need the approval of the chief health official in the state.) Shalala and Sandy Thurman support this option because it will help the most communities. Most White House advisors oppose it because opening the door this wide will be easy for Congress to demagogue and quickly overturn.

2. Limit funds to areas where HIV transmission is at emergency levels. We could reduce the universe of needle exchange programs still further by only allowing a set number of communities with the most severe drug-related HIV problems to qualify -- for example, areas with 25-30% of total AIDS cases directly or indirectly related to injection drug use. (There probably aren't enough cases of infected babies born to drug addicts -- perhaps 500 a year nationwide -- to make that a separate criterion.) HHS estimates that only 10-15 programs (mostly in the largest cities) would meet these conditions in FY98. HHS could live with this option if the limitations only apply to FY98 funds. We could characterize it as a demonstration project and an emergency measure, not necessarily a moral endorsement of needle exchange. Some in the AIDS community believe this option is unethical, because it withholds a known

treatment from people in need. On the other hand, it might be easier to defend in the public arena and perhaps hold onto in Congress. This option would make it somewhat harder for Congressional leaders to force a tough vote for Democrats, although the far right might succeed in demanding a needle exchange ban anyway.

3. Withhold federal funds on the grounds that needle exchange is a local decision. The best way to prevent Congress from banning the use of federal funds is to take that issue off the table from the outset. Under this option, Shalala and government scientists would make a strong case for why communities with an HIV problem should consider needle exchange programs as a way to protect the public health. But we would make clear that because this is a contentious issue with nowhere near a national consensus, that decision and the money to pay for it must come at the local level. We would tell the AIDS community that this effort will do better over the long haul if we don't give Congress an opportunity to make political hay, and that the amount of federal money involved isn't worth the damage the right wing could do. Shalala, Thurman, and the AIDS community believe this option would make us look like cowards, because we'll never know whether we can win the Congressional battle unless we try. A number of White House advisors believe that battle is extraordinarily difficult to win in the short or long term, and this option is the only one that can withstand the Republicans' assault on the drug issue.

Obviously, there is no clear consensus on this issue. Shalala, Thurman, and others in the Administration closest to the AIDS community favor option 1 and could live with option 2, but oppose option 3. McCaffrey, Rahm, and others closest to the anti-drug community favor option 3 and oppose options 1 and 2. Most others in the White House oppose option 1 but could live with either option 2 or 3. If you believe we can hold onto a demonstration in Congress, you should probably go with option 2. If you believe Congress will ban this no matter what, needle exchange programs around the country would probably be better off if we went with option 3.

Erskine strongly recommends that you make up your mind before you leave tomorrow. The AIDS Council has another conference call tomorrow to decide whether to call for Shalala's resignation. No matter what you decide, it probably makes more sense to roll it out before Congress returns from recess.

Needle Exchange

TALKING POINTS
Needle Exchange Meeting with Gen. McCaffrey
April 8, 1998

* The President has to make a decision on needle exchange, and is likely to do so soon. He has read your letter. He has talked with Secretary Shalala. This is a very tough decision. And as I told Donna, and I'll tell you, it's important that we leave that decision to him, not debate it in the press.

* The President believes that whatever we do, we should do on the basis of sound public policy, not politics. That is difficult to do on an issue as politically charged as this one, but he believes we should try.

* Secretary Shalala has said that if she certifies that the statutory standard has been met -- that the scientists' conclusion is that needle exchange programs reduce the spread of HIV without increasing drug use -- she would insist that 1) the decision to use federal funds would be a local one; 2) the only federal funds at stake would be AIDS prevention dollars, not drug prevention dollars; and 3) local programs would have to refer participants to drug treatment.

* If the President decides to go along with Secretary Shalala's recommendation, he would do so because he agreed with the scientific evidence that these programs won't increase drug use. He would reiterate that drug use of any kind is illegal, deadly, and wrong. None of us wants to undermine our message on drugs.

* This is an extraordinarily difficult decision, and I don't know which way it will go. But I know you feel the way I do: When my Commander gives me an order, I follow it.

Personal

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

Bruce -

April 9, 1998

Dear ~~Mr. Reed~~:

Enclosed for your information is a copy of a letter sent today to the President regarding the ban on federal funding for needle exchange programs. The letter, which follows up on our productive meeting this Monday, sets out ONDCP's concerns that the risks inherent in lifting the ban greatly outweigh any potential gains.

As we discussed during our meeting, at base, am concerned that removing the ban on needle exchange funding may have little impact on HIV transmission rates, but undermine our counter-drug efforts and actually encourage increased drug use. Before we move ahead in haste, suggest, as the letter states, that we: obtain a better understanding of the real risks and benefits at stake; and, commit the issue to the PDPC for a review and recommendation to the President for action.

Strongly believe that we do not have the information necessary to change course, and that this is the right course of action at this time. Your leadership in helping move the issue in that direction is greatly appreciated.

Very respectfully,

Barry R. McCaffrey
Director

Mr. Bruce Reed
Assistant to the President for Domestic Policy
The White House
Washington, D.C.

Ponsone

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

April 9, 1998

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.

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

April 6, 1998

INFORMATION
MEMORANDUM FOR THE DIRECTOR

THROUGH: **THE DEPUTY DIRECTOR**

FROM: **STRATEGY (D.B. DES ROCHES)**

SUBJECT: Vancouver Needle Exchange Trip Report

1. **PURPOSE:** To provide you with field observations on needle exchange and drug abuse in Vancouver, Canada.

2. **GENERAL:** You had directed that Dr. Adger and I visit the Vancouver Needle Exchange in light of the high incidence of HIV among needle exchange participants and the skyrocketing death rate due to drug overdose in Vancouver. Jane Sanville of ODR joined the trip because of her expertise in the field of AIDS. We spoke with law enforcement and public health officials, as well as with the scientists who studied the needle exchange and those who run the needle exchange. (Trip Schedule at TAB 1). Our visit to the U.S. Customs and Border Patrol at Blaine raised separate issues, which will be reported under separate cover.

3. **OBSERVATIONS -- FACTS:**

A. The Vancouver Needle Exchange Program (NEP) is one of the largest in the world -- it has distributed over 1 million needles annually for the last ten years, and close to 2.5 million needles last year alone.

B. The HIV rates among participants in the NEP is higher than the HIV rate among injecting drug users who do not participate.

C. The death rate due to illegal drugs in Vancouver has skyrocketed since 1988, the year needle exchange was introduced. In 1988, 18 deaths were attributed to drugs: in 1993 200 deaths were attributed to drugs. The Provincial Coroner told us that in March they were averaging more than 10 deaths due to drugs per week, and were on pace for 600 deaths province-wide in 1998 -- mostly in Vancouver.

D. With the implementation of NAFTA, the Vancouver Port Police was disbanded. Vancouver is the most active Pacific port in North America.

E. The highest rates of property crime in Vancouver are within two blocks of the needle exchange (See maps, TAB 2).

4. OBSERVATIONS--STATEMENTS:

A. The single most striking point, which all interviewees stressed, was the ***lack of adequate drug treatment capacity in British Colombia.*** The head of the Vancouver -Richmond Health Board stated: "I can have all the needles I want, but they won't give me a single drug treatment bed." Other health care professionals noted the fact that governmental responsibility for drug treatment has been shuffled among various ministries, and has never been a priority.

B. Every interviewee stated that ***the most abused injection drug in Vancouver is cocaine.*** This was cited repeatedly as a major reason for the failure of needle exchange to prevent HIV: cocaine abusers typically inject much more frequently than do heroin abusers.

C. Every interviewee cited the geographic features of the Downtown / Eastside (the major drug abuse area and the location of the needle exchange) as an exacerbating factor. Bounded by railyards and docks on two sides, it is an isolated and distinct area that contains most of the serious injection drug abuse and the drug trade, as well as associated prostitution and property crime. The area has a large number of single residence occupancy hotels, which all said contributed to the "massing effect" of addicts.

D. Every interviewee said that the average age of IV drug users has decreased in recent years.

E. Every interviewee save the Coroner pointed to the lack of turnstiles on the skytrain (elevated light rail system) as an aggravating factor, as it increased ingress for the destitute to the Downtown/Eastside area from other parts of the city.

F. The Vancouver Police interviewees stated that they had been called by other interviewees and asked what they were going to say.

G. The Director of the NEP stated that "it is ridiculous to propose that we hand out 10 million needles a year." 10 million is the number he estimated would be required to accommodate the injecting cocaine users in Vancouver with one needle per injection.

H. Jane Sanville noted that the primary investigator of the needle exchange study had been urged to suppress her research at professional conferences because it had the potential of casting a negative light on NEPs.

I. Every interviewee stated that the primary reasons for the increase in drug abuse was the available supply of cheap drugs, and that the needle exchange had either no effect or a marginal effect on overall drug abuse.

J. The Vancouver Police stated that there are inadequate drug treatment beds in the criminal justice system. Court mandated treatment is not a reality.

K. The Vancouver Police stated that there was a 24 hour drug market and similar open drug injection activity in the area immediately adjacent to the needle exchange. During a drive-

around with a detective from the Vancouver Drug Squad, we observed multiple instances of drug users injecting and purchasing drugs. A one block long alley typically had three or four people injecting, preparing to inject or moving from injecting drugs. While walking around the area, we frequently encountered discarded syringe wrappers and protective tips.

4. OBSERVATIONS-- REPORTER NOTES:

A. Everyone save the police clearly wanted needle exchange to be a success (the police seemed to feel it was a facilitator for drug use, but officially supported it), and felt that the failure of needle exchange to stop the spread of HIV was due to three factors:

1). The NEP was set up for heroin users: the prevalence of cocaine injection (which is much more frequent) meant that the NEP would be inadequate.

2). Vancouver suffers from a "nutbowl effect" -- the homeless, migrants, counter-culture types and disaffected, at-risk personalities tend to migrate there from around the country. Everyone pointed to social policies in other Canadian provinces, especially Alberta, which encouraged socially marginal people to move to British Colombia (by providing bus tickets).

3). Vancouver was on the trailing edge of the AIDS epidemic: some stated that the NEP was founded just as AIDS began to surge. It was frequently asserted that "it would have been much worse without NEP." (*Note -- it might be interesting to evaluate other NEPs in this light -- generally, NEPs in America were established on the trailing edge of the epidemic. Any claimed reduction in HIV incidence might be attributable to the normal course of the disease*).

B. The academics evaluating the NEP and the NEP itself were very close: the principle author of the Vancouver study accompanied us to the NEP and was given a telephone message that had been sent to her there. I did not take this to indicate any unethical behavior, but note merely that human scientists (anthropologists, psychologists, epidemiologists) work with humans, and thus are constantly challenged to maintain the same level of objectivity and detachment from their subjects as mathematicians and physicists.

C. All the ONDCP participants were amazed at the lack of treatment capacity in Vancouver. When we asked interviewees about this, they too were outspoken about inadequate treatment. Apparently, there is a requirement for addicts to abstain for three months prior to entering one of the few treatment spaces. Catch 22 is not just an American invention.

D. The academics who studied the NEP seemed extremely concerned by the increase in HIV among NEP participants, and devoted much of our time together to explaining how NEP frequent users were a much more marginalized and at-risk segment of society than were infrequent NEP users. When asked if there were any studies comparing NEP users and non-NEP users, the study director responded that they had no way to interview non-NEP users.

E. Property crime of all sorts in Vancouver seems to be highest in the areas around the NEP building. This is sort of a chicken-egg thing: it's hard to gauge cause and effect.

F. Public support for needle exchange seemed to exist, but only so long as the NEP was confined to Downtown-Eastside. Expansion of the NEP (by vans) was opposed at a public

meeting on the day of our departure.

G. All interviewees save the police referred to the NEP's efforts to maintain relations with the community, and their efforts to keep discarded needles away from schools, etc. However, in a private interview, an elementary schoolteacher said that children at area schools are not allowed outside at recess for fear of needles. I was unable to verify this statement.

5. **CONCLUSIONS:**

A. **There has been a trade-off between needle exchange and drug treatment.** This is the single most important lesson learned in Vancouver. The trade-off was not explicit, and was probably not deliberate. It may have resulted from normal bureaucratic politics, or the shuffling of responsibilities among ministries. **Nevertheless, it has evolved and is allowed to persist.**

1). Absent any mandate for drug treatment, NEPs will focus on what they can afford and do best--exchange needles.

2). Once the NEP was instituted, there seemed to be no imperative for the establishment or expansion of drug treatment. All interviewees stated that NEP was not a "silver bullet," but reality suggests that it is treated as such.

B. **In the absence of treatment, the potential benefits of needle exchange programs are marginalized for the most at-risk.** The single most common explanation given for the prevalence of HIV among NEP participants was that the NEP participants were at a greater risk than non-NEP participants. Harm reduction believes that by giving addicts the means and knowledge to safely use drugs (i.e. needles), most of the negative effects of drug abuse can be alleviated. Yet this approach still requires that the addict responsibly use the needles he is given; the HIV statistics show that he does not. For an at-risk population paternal approaches which -- as a last resort -- can supplant irresponsible behavior will probably be more effective. **With an at-risk, irresponsible population, without access to drug treatment, needle exchange appears to be nothing more than a facilitator for drug abuse.**

C. **High-purity cocaine and heroin is becoming increasingly prevalent and will pose challenges across the board.** Vancouver is literally swamped with drugs. Large seizures appear to have no effect at the street level. This influx of high-purity heroin and cocaine is a major cause of both the high HIV rates in Vancouver as well as the high death rate. We should examine high-purity drugs as a separate threat, and consider a national initiative along the lines of our methamphetamine initiative.

ENCLOSURES:

TAB 1 Trip Schedule
TAB 2 Crime Maps

March 30, 1998

INFORMATION
MEMORANDUM FOR THE DEPUTY DIRECTOR

FROM: **STRATEGY (D.B. DES ROCHES)**

SUBJECT: Vancouver Trip

1. **PURPOSE:** To provide you with background information for our trip to Vancouver to gather data on needle exchange programs and drug abuse in the city.

2. **GENERAL:** The Vancouver study of needle exchange has produced a number of findings which are of interest: a. HIV rates have increased drastically among those in the program and b. deaths attributable to drug abuse have also increase dramatically. The Director has dispatched us to Vancouver to see the situation on the ground and determine what conclusions may be drawn.

3. **SCHEDULE:**

April 2, 1998

1130 Lunch with Dr. John Blatherwick {(604)775-1866}, Chief of the Vancouver-Richmond Health Board, 3rd Floor, 1060 West 8th Street (near Oak and B'way), Vancouver

1300 Meeting with Steffanie Strathdee {(604) 631-5535} (Principle Investigator of Vancouver Needle Exchange Study) and others, Room 611, St Pauls Hospital, 1081 Burrard Street (@ Davie, Comox entrance) Vancouver.

1500 Tour of Vancouver Needle Exchange with Strathdee.

1600 Mtg with Deputy Chief Brian Maginnis, {(604) 665-3089) Head of Investigations and Narcotics, Vancouver Police Department, 312 Main Street, Vancouver

1700 Tour of vicinity needle exchange and drug purchasing areas with Vancouver PD.

April 2, 1998

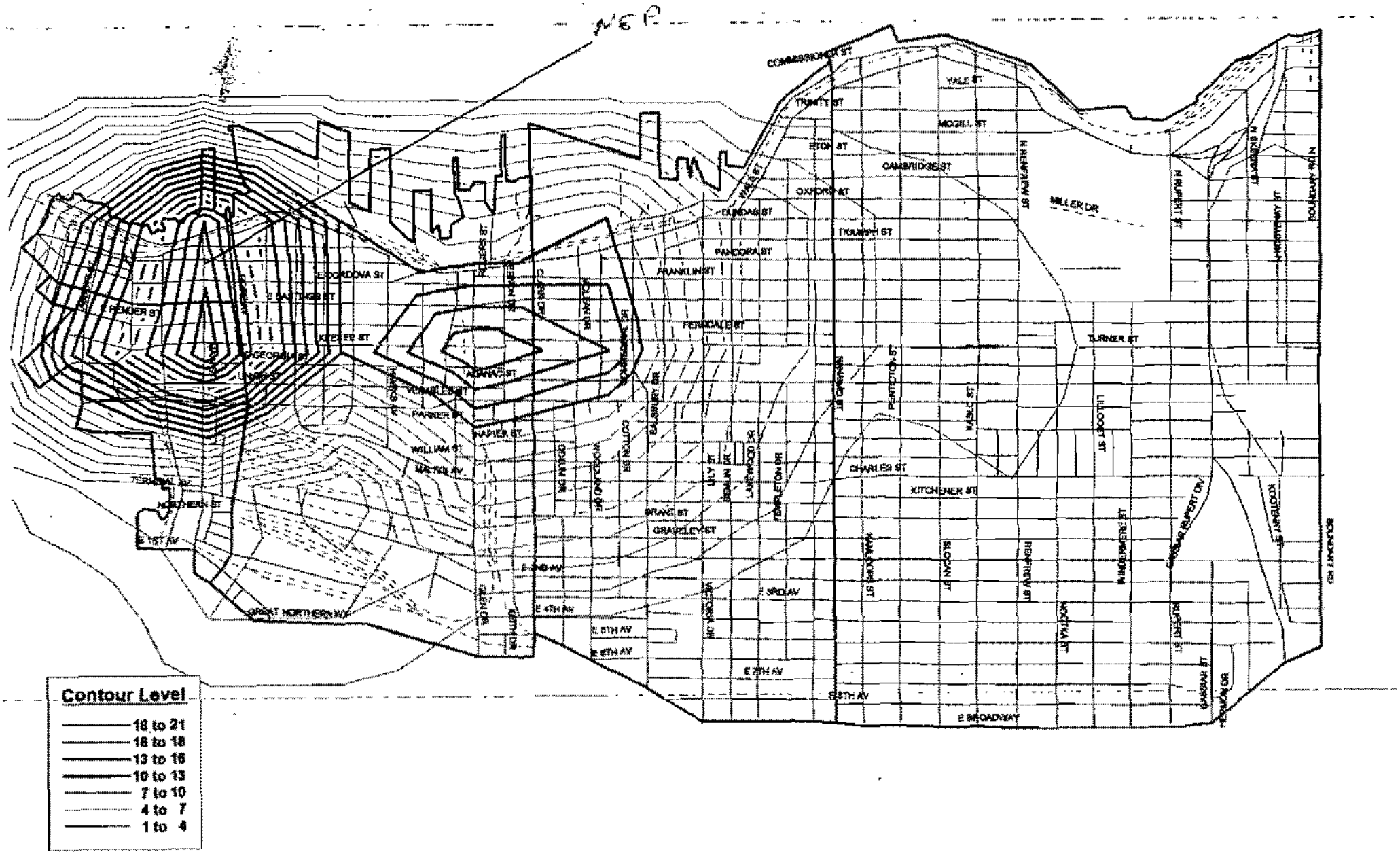
0930	Meeting with Louise Pollock, {(604) 255-3151)Director, Downtown Community Health Center (methadone maintenence, primary drug / HIV treatment facility), 4112 E. Cordova St, Vancouver.
1200	Meeting with USCS SAC, POE Blaine, Washington
1500	Meeting with BC Provincial Coroner, (604) 660-7739

ENCLOSURES:

TAB A:	Vancouver Needle Exchange Study
TAB B:	Illicit Drug Statistics for British Colombia
TAB C:	Vancouver / Richmond Health Board Paper on Drug Reform

Patrol District Two
Commercial Break & Enter

Mar15th. To Mar 29th., 1998

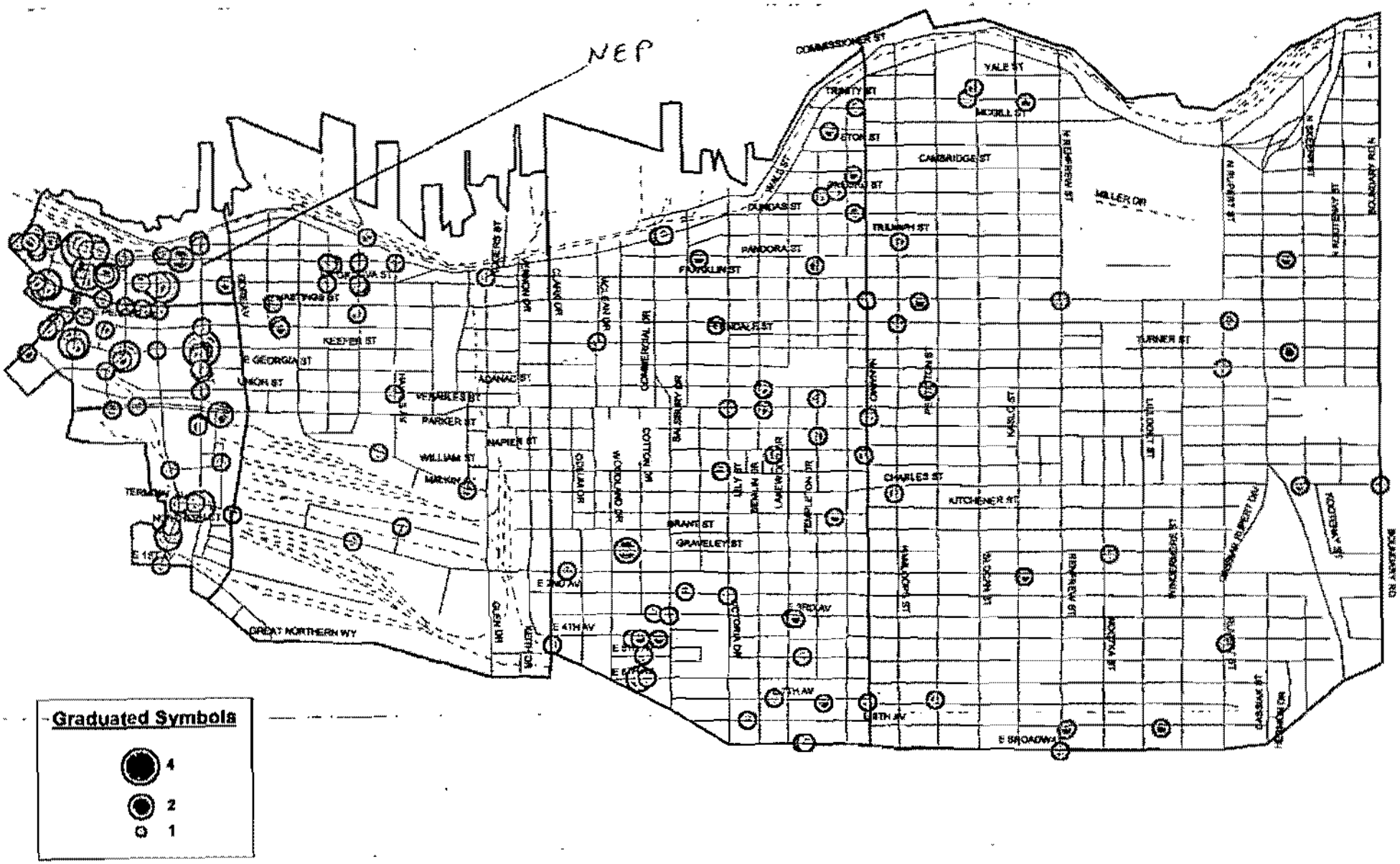


55 Incidents In 45 Separate Locations
62 Incidents In Previous 2-Week Map

Vancouver Police Department
Crime Analysis Unit

Patrol District Two
Theft From Auto

Mar15th. To Mar 29th., 1998



Graduated Symbols

4
2
1

182 Incidents In 153 Separate Locations
219 Incidents In Previous 2-Week Map

Vancouver Police Department
Crime Analysis Unit

4-6-98

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THE WHITE HOUSE

WASHINGTON

March 10, 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.

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THE WHITE HOUSE

WASHINGTON

98 MAR 12

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 change 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		_____

MEMORANDUM

Needle Exchange

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:
Eric Lewis B.
Bruce Parr
Glenn Isaac
Mark Outhouse.

FYI.
R Sr

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Reed to POTUS re: Needle Exchange (2 pages)	4/6/98	P5

This marker identifies the original location of the withdrawn item listed above. For a complete list of items withdrawn from this folder, see the Withdrawal/Redaction Sheet at the front of the folder.

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Bruce Reed (Subject File)
OA/Box Number: 21207

FOLDER TITLE:
Needle Exchange [2]

rs64

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

March 24, 1998

Needle exchange

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,

Sandy

Sandra L. Thurman
Director
Office of National AIDS Policy

cc: Secretary Donna Shalala
Sylvia Mathews
Rahm Emanuel
Bruce Reed

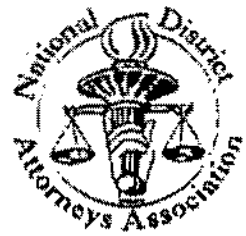
THE WHITE HOUSE
WASHINGTON

3-31-98

BRUCE / ELENA / CHRIS:

YOU MAY HAVE SEEN THIS LETTER ALREADY. LOOKS LIKE THE GENERAL IS GETTING SOME OF THE GROUPS WORKED UP ON NEEDLES.

Joe



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)

****
*** TX REPORT ***
****

TRANSMISSION OK

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CONNECTION TEL		94566703
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RESULT	OK	

Needle Exchange

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Deputy Secretary

Washington, D.C. 20201

FACSIMILE

DATE 3-16-98

TO: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

Sylvia Matthews & Bruce Reed
FAX: 456-6703 456-2878

FROM: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

Kevin Thurm
Deputy Secretary
DHHS

202/690-6133

RECIPIENT'S FAX NUMBER ( ) 456-6703

NUMBER OF PAGES TO SEND (INCLUDING COVER SHEET): 8

COMMENTS:

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

EMBARGOED UNTIL 1:00 PM (EST)
March 16, 1998

Contact: James Millner
(202) 797-3590

MEDIA ADVISORY

CLINTON ADVISORY COUNCIL ON HIV/AIDS ACCUSES HHS SECRETARY, WHITE HOUSE OF PUTTING POLITICS BEFORE PUBLIC HEALTH

Council Questions Administration's Commitment to Goal of Reducing HIV Infections in U.S. Absent Scientifically Proven Needle Exchange Programs

WHO: Members of the Presidential Advisory Council on HIV/AIDS

WHAT: In a departure from its previous meeting schedule, President Clinton's Advisory Council on HIV/AIDS will hold a press conference to voice its growing frustration with Health and Human Services Secretary Donna Shalala's continued failure to act in the best interest of the public health by making an immediate scientific determination on the efficacy of needle exchange. In a harshly worded letter to Secretary Shalala earlier today (see attached), the Council voiced its increasing dismay at the Secretary's continued silence and inaction on this issue. The Council has asked for an response from the Secretary today.

In the face of overwhelming scientific evidence - including a 1997 Consensus Report by the National Institutes of Health - as well as the support for needle exchange by the American Medical Association, the American Public Health Association and other prominent health groups, the Council will demand that Secretary Shalala exert leadership by making an immediate determination that would allow for the use of federal funds for such purposes.

WHEN: Tuesday, March 17, 1998
10:00 am (EST)

WHERE: The Madison Hotel
Mt. Vernon Room, Second Flr.
1177 - 15th Street, NW
(202) 862-1600

808 17th Street, N.W., Suite 820
Washington, DC 20006

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

March 16, 1998

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue
Washington, D.C.

Dear Secretary Shalala:

As the leading public health official in the country, it is your responsibility to exercise leadership on critical issues affecting the health of the nation. As the Presidential Advisory Council on HIV/AIDS, we urge you to demonstrate that leadership on the issue of needle exchange programs in our common fight against the transmission of HIV.

As you know, the statistics are compelling - injection drug use is directly responsible for half of all new HIV infections in this country annually, and indirectly responsible for the infection of thousands more people who are the sexual partners or children of infected users. HIV transmission related to needle sharing is, to a great extent, responsible for the frightening and disproportionate spread of HIV among African-Americans and Latinos, particularly women.

As you also know, the scientific evidence of the efficacy of needle exchange programs in preventing new infections is equally compelling, and there is no credible evidence that needle exchange programs lead to increased drug use.

We are, therefore, increasingly dismayed by your almost complete silence and continued inaction. This critical health issue demands your leadership, not only inside the government but also on a public level. Needle exchange programs have powerful and vocal opponents. As the nation's leading spokesperson on health you must insure that science, not unsubstantiated fears, guides this administration's policies.

It is imperative that you state, publicly and unequivocally, what the scientific evidence demonstrates: needle exchange programs meet the two-pronged test laid out in the law. By issuing such a determination you will send an important message to the American people, and will help to change the terms of debate and discussion on this issue.

608 17th Street, N.W., Suite 820
Washington, DC 20006

It is equally imperative that you immediately engage the President on this matter, by providing him with a full briefing on the scientific data and stressing the critical role needle exchange programs can play in reaching his stated goal of reducing the number of new HIV infections until there are none. We are hopeful that, presented with such compelling evidence and your strong advocacy, the President will immediately act in the interest of public health and bring federal policy into line with current scientific knowledge.

Lack of political will can no longer justify ignoring the science. Every day that goes by means more needless new infections and more human suffering. We call upon you to make an immediate determination and to allow the local use of federal funds for needle exchange programs as part of a comprehensive HIV prevention program. To do anything less would be an abdication of your responsibilities.

FINAL DRAFT

PACHA RESOLUTION ON NEEDLE EXCHANGE PROGRAMS

March 16, 1998

WHEREAS we the members of the Presidential Advisory Council on HIV/AIDS have on several occasions advised the President and Health and Human Services Secretary Donna Shalala that the Administration's current policy on needle exchange programs threatens the public health, and directly contradicts current scientific evidence regarding the efficacy of such programs; and

WHEREAS this Administration has yet to put forward a coherent plan to increase access to substance abuse treatment or to combat the spread of HIV among injection drug users and their partners; and

WHEREAS nearly 50% of all new HIV infections, and 44%, 44%, and 61% of all reported AIDS cases among African Americans, Latinos, and women, respectively, are related to injection drug use; and

WHEREAS the Congress in 1997 reaffirmed Secretary Shalala's authority to make federal funds available for needle exchange programs, provided that she first determine that needle exchange programs reduce HIV transmission and do not encourage drug use; and

WHEREAS no fewer than six federally funded reports(including a 1997 Consensus Report prepared by the National Institutes of Health(and numerous other scientific studies have concluded that the above two criteria have been met; and

WHEREAS the nation's leading public health groups, including the American Medical Association, the American Public Health Association, the National Academy of Sciences, and the Association of State and Territorial Health Officers support needle exchange programs and the elimination of federal funding restrictions; and

WHEREAS 61% of Americans surveyed believe that decisions regarding the use of federal funds for needle exchange programs should be made by local communities and not the federal government; and

WHEREAS it is essential that the nation's health policies be based on sound, scientific evidence rather than on unsubstantiated fears or politics; and

~~BE IT RESOLVED that, in light of~~ WHEREAS the disproportionate impact of injection drug-related HIV on communities of color in the United States ~~and the Secretary's continuing inaction undermine the credibility of the Council has concluded that the Secretary's~~

~~continued inaction seriously calls into question the sincerity of~~ the Administration's stated goal of reducing racial and ethnic health disparities; and

BE IT FURTHER RESOLVED that, in the interest of the public health, and in our capacity as independent advisors to the Administration, we ~~unanimously express vote~~ "no confidence" in the Administration's commitment and willingness to achieve the President's stated goal of reducing the number of new infections annually until there are no new infections.

~~We call upon~~ BE IT FURTHER RESOLVED that, the Council urges Secretary Shalala to issue an immediate determination declaring the efficacy of needle exchange programs in preventing the spread of HIV and not encouraging the use of illegal drugs.

FINAL DRAFT
March 16, 1998

POTUS

Dear Mr. President,

When you told us at the White House Conference on HIV/AIDS in 1995 that you wanted to see our country "reduce the number of new infections each and every year until there are no more new infections," we believed you. Thus, it is with great frustration and disappointment the we, the members of your Presidential Advisory Council on HIV/AIDS, find it necessary to write this letter to you. We must express, in the strongest terms possible, our profound dismay regarding the lack of progress on the critical issue of removing the prohibition on the use of federal funds for comprehensive needle exchange programs.

Despite years of study and an overwhelming preponderance of scientific evidence, no action has been forthcoming. All six federally funded reports, an NIH Consensus Conference report, and many other reputable studies have concluded that needle exchange programs reduce HIV transmission and do not encourage drug use. In light of this overwhelming evidence—as well as support for needle exchange programs by the American Medical Association, the American Public Health Association and numerous other public health organizations across the country—the continuing delay by Secretary Shalala is appalling.

Tragically, we must conclude that it is a lack of political will, not scientific evidence, that is creating this failure to act. This political treatment of a public health issue is killing people; and it must cease.

According to studies from the Centers for Disease Control and Prevention, half of the 40,000 annual new HIV infections in this country are transmitted through needle sharing. Thousands more are infected through sexual contact with needle users. Injection drug use also accounts for the overwhelming majority of the pediatric AIDS cases in this country.

That the populations hurt most by your Administration's continued silence are largely poor African-Americans and Latinos is particularly shameful in light of your Race Initiative's stated goal of ending health disparities among racial and ethnic groups. We as a nation will never succeed in this goal without your bold leadership and political courage.

It will be impossible to bring the epidemic to an end until you take decisive and effective action on this issue. Access to uncontaminated injection equipment, in conjunction with outreach, education, and referral and access to effective substance abuse treatment, is essential.

Additionally, we have yet to see any other coherent strategies or initiatives by the Administration to deal with the rampaging HIV epidemic among injection drug users, their partners, and their children.

We are left with the unfortunate conclusion that their lives are considered to be expendable by those with decision-making power within this Administration.

Without action on this important matter, it is increasingly difficult to believe that your Administration is truly committed to ending new infections. As your advisors, we must tell you that this goal cannot be reached without action on this important item.

Mr. President, where do you stand on this issue?

We must further tell you that failure to act on this matter is destroying this Administration's credibility with people concerned about AIDS and is overshadowing the many other positive steps that have been made in combating this epidemic.

When the history of the AIDS epidemic is finally written, we do not want your legacy to be one of having failed to take a necessary step at a critical time to save thousands of lives.

We know that this issue is viewed by many as controversial. It is your leadership obligation to hear the varying viewpoints, weigh the scientific evidence, and make a Presidential decision on the matter. We fully believe that careful and honest consideration of the case on the merits can lead to only one conclusion: needle exchange programs decrease the transmission of HIV without encouraging drug use and, as such, are one important part of a continuum of activities to combat HIV.

Secretary Shalala must issue an immediate determination that needle exchange programs meet the two-pronged test laid out in the law and must remove the restriction on the use of federal funds where desired by state and local officials.

In the nearly three years of the Council's existence, we have issued numerous recommendations and letters on this issue, and there is tremendous impatience and anger in the community and among Council members that nothing has happened. Every day that passes without action can be measured in needless new infections, infections we know how to prevent. The time for study and unwarranted delay is over. We urgently implore you and Secretary Shalala to act immediately.

Sincerely,

PACHA

Needle Exchange

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

March 16, 1998

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue
Washington, D.C. 20201

Dear Secretary Shalala:

As the leading public health official in the country, it is your responsibility to exercise leadership on critical issues affecting the health of the nation. As the Presidential Advisory Council on HIV/AIDS, we urge you to demonstrate that leadership on the issue of needle exchange programs in our common fight against the transmission of HIV.

As you know, the statistics are compelling: injection drug use is directly responsible for half of all new HIV infections in this country annually, and indirectly responsible for the infection of thousands more people who are the sexual partners or children of infected users. HIV transmission related to needle sharing is, to a great extent, responsible for the frightening and disproportionate spread of HIV among African-Americans and Latinos, particularly women.

As you also know, the scientific evidence of the efficacy of needle exchange programs in preventing new infections is equally compelling, and there is no credible evidence that needle exchange programs lead to increased drug use.

We are, therefore, increasingly dismayed by your almost complete silence and continued inaction. This critical health issue demands your leadership, not only inside the government but also on a public level. Needle exchange programs have powerful and vocal opponents. As the nation's leading spokesperson on health you must ensure that science, not unsubstantiated fears, guides this administration's policies.

It is imperative that you state, publicly and unequivocally, what the scientific evidence demonstrates: needle exchange programs meet the two-pronged test laid out in the law. By issuing such a determination you will send an important message to the American people, and will help to change the terms of debate and discussion on this issue.

806 17th Street, N.W., Suite 820
Washington, DC 20006

The Honorable Donna Shalala
March 16, 1998
Page Two

It is equally imperative that you immediately engage the President on this matter by providing him with a full briefing on the scientific data and stressing the critical role needle exchange programs can play in reaching his stated goal of reducing the number of new HIV infections until there are none. We are hopeful that, presented with such compelling evidence and your strong advocacy, the President will immediately act in the interest of public health and bring federal policy into line with current scientific knowledge.

Lack of political will can no longer justify ignoring the science. Every day that goes by means more needless new infections and more human suffering. We call upon you to make an immediate determination and to allow the local use of federal funds for needle exchange programs as part of a comprehensive HIV prevention program. To do anything less would be an abdication of your responsibilities.

Sincerely yours,

R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV/AIDS Members:

R. Scott Hitt, Chair
Stephen N. Abel, D.D.S.
Terje Anderson
Regina Aragon, M.P.P.
Judith A. Billings, Esq.
Nicholas Bollman
Jerry Cade, M.D.
Rabbi Joseph Edelheit
Robert Fogel, Esq
Debra Fraser-Howze, M.P.A.
Kathleen Gerus
Phyllis Greenberger, M.S.W.
Nilsa Gutierrez, M.D., M.P.H.
Bob Hattoy
B. Thomas Henderson, Esq.
Michael Isbell, Esq.
Ronald Johnson
Jeremy Landau
Alexandra Mary Levine, M.D.
Steve Lew
Helen M. Miramontes, M.S.N., R.N., F.A.A.N.
Rev. Altagracia Perez
Robert M. Rankin, M.D., M.P.H.
H. Alexander Robinson, Esq.
Debbie Runions
Sean Sasser
Benjamin Schatz, Esq.
Richard W. Stafford
Denise Stokes
Charles Quincy Troupe
Bruce G. Weniger, M.D., M.P.H.

Bruce - FYI. Phil's cover on our needle memo
Elena

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 strongly recommend you read to get a full picture,* Bruce Reed seeks 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 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:* 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 groups strongly oppose as few law enforcement agencies will sign on. All other groups find objectionable.

Needle Exchange

1413 K Street, NW
Washington, DC
20005-3405
tel (202) 898-0414
fax (202) 898-0435
NAPWA fax
(202) 789-2222

FOR IMMEDIATE RELEASE

Contact: A. Cornelius Baker
202.898.0414, ext. 101
Mike Shriver
202.898.0414, ext. 143

WHITE HOUSE POLITICAL ADVISORS PUSHING PRESIDENT CLINTON AGAINST SUPPORTING NEEDLE EXCHANGE

AFRICAN-AMERICAN AND LATINO LIVES DEEMED EXPENDABLE

Washington, DC, March 10, 1998 - Amid increasing signals from the Clinton Administration that it will not certify the effectiveness of needle exchange programs to reduce HIV transmission or issue guidelines on the use of federal funds for this purpose, the National Association of People with AIDS (NAPWA) issued a call for community protest to the White House. Current federal law bans the use of federal funds for needle exchange unless such a determination is made.

"Despite having no effective policy to increase access to drug treatment or stop the continuing flow of crack, cocaine and heroin in our nation, the president's advisors have decided that the lives of poor, African-American and Latino people in this country are not worth the burden of leadership. We cannot let this pass while our people die," commented A. Cornelius Baker, NAPWA's Executive Director. **Community advocates are urged to call the White House at 202-456-1414 in support of needle exchange.** NAPWA will also be participating in civil disobedience activities planed for the coming weeks.

The Secretary of Health and Human Services has been authorized by Congress to review the scientific data and, if appropriate, certify the effectiveness of needle exchange in reducing HIV transmission while not contributing to increased drug use. The Secretary has also been instructed to devise guidelines on the use of federal funds if the programs are proven effective. HHS officials have recently indicated the Secretary's support of needle exchange, but have informed community advocates that the president's advisors have blocked any action due to political considerations.

Several scientific reports, including a consensus conference of leading experts convened by the National Institutes of Health have determined that needle exchange offers a sound method for reducing HIV transmissions and other diseases among addicts, while not increasing drug use in the general population. Every major national organization responding to the AIDS epidemic has issued support for needle exchange as an intervention to help stop the spread of HIV, including the American Medical Association, AIDS Action Council, U.S. Conference of Mayors, National Minority AIDS Council, American Bar Association, American Foundation for AIDS Research and the National Council of Negro Women.

According to the Centers for Disease Control and Prevention (CDC), 1 in 3 AIDS cases in the United States is related to injection drug use. AIDS is the leading cause of death in African-Americans 25 to 44 years old and over 60% of all new HIV infections nationally are occurring in black and Latino communities.

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The National Association of People with AIDS (NAPWA) advocates on behalf of all people living with HIV in order to end the pandemic and the human suffering caused by HIV. The organization was founded in 1983. It's Washington office was established in 1987.

Needle Exchange

3/13/98

NOTE TO BRUCE REED ---

Could you look over the attached Q and As on needle exchange, and clear them however you deem appropriate? With the commission meeting scheduled to start on Sunday, I feel compelled to get something to McCurry, Thurman, and possibly McCaffrey by the end of the day.

Thanks.

Melissa

cc: Chris Jennings

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.

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

File: Needles

cc: Chris

February 17, 1998

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

Dear Madame Secretary:

As you know, compromise language in the FY 1998 Labor-HHS-Education Appropriations Act preserves your authority to make a determination that would allow the use of federal funds for clean needle exchange programs. Your role in achieving that compromise helped keep the debate focused on science. While the compromise language prohibits the use of federal funds for needle exchange through March 31, your determination on the issue is not restricted. The language in the appropriations law also provides reasonable requirements for assuring that federal dollars, should their use become available, will be used wisely.

A clear and unequivocal message from you on this issue is critical at this time, should you be convinced, that based on the best available scientific evidence, needle exchange programs are effective in decreasing HIV transmission and do not encourage the use of illegal drugs – the conditions set forth in the Act that would allow federal funds to be used. If the Administration joins with the American Medical Association, the American Public Health Association, the American Academy of Pediatrics and AIDS organizations in recognizing needle exchange to be a scientifically sound and effective tool in our arsenal to fight the AIDS epidemic it would help maintain that focus should authorizing committees choose to address this issue further in the coming months.

Public health considerations on this issue must prevail over politics. I opposed the Hastert amendment to the House version of the appropriations bill last fall for precisely that reason. As the HIV and AIDS epidemic affects more women, more children, more communities of color and other difficult to reach populations, we must be willing to support local authorities in utilizing the most effective prevention tools. That is why I believe that your timely action on this matter can help convince many people who have opposed clean needle exchange programs in the past of the efficacy and necessity of those programs.

Thank you for all you have done in our battle against HIV/AIDS. I look forward to continuing to work with you in this fight.

Sincerely,

Richard A. Gephardt

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

Congress of the United States
House of Representatives
Washington, DC 20515

February 9, 1998

The Honorable Donna Shalala
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Room 615-F
Washington, DC 20201

Dear Secretary Shalala,

As Chairs of the Congressional Black Caucus and the Hispanic Caucus, we urge you to make an immediate determination that needle exchange programs reduce the risk of HIV transmission and do not promote the use of illegal drugs. Having successfully preserved your authority from legislative attack, we strongly urge you to make available federal funds after the moratorium expires on March 31, 1998. We believe there is ample scientific data to make such a determination and exercise your authority. We are equally concerned that you exercise this authority expeditiously in order to avoid future efforts to codify a ban in the Fiscal Year 1999 Labor, Health and Human Services Appropriations bill or any other legislative "vehicle."

By issuing a determination immediately, you will help keep the focus of the debate on science and not politics. Congress would construe an immediate determination as a less political response than if you waited until the end of the Congressional moratorium. If some of our colleagues are successful in further restricting the use of federal funds, the Administration will be able to send the right public health message.

Needle exchange programs are a proven HIV prevention tool and will save lives, particularly among the constituencies we represent. Half of all new HIV infections are attributed to injection drug use. 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 (compared with 9% for white men and 43% of white women). In 1996, of the Latinos diagnosed with AIDS, injection drug use accounted for 39% of the total cases in men and 51% of the total cases in women.

Minority populations are disproportionately affected by HIV/AIDS and this scientifically proven intervention is one way to stop this trend. Although overall AIDS deaths have declined since the first time the epidemic started, these declines have been much less dramatic for minority populations. **AIDS is still the number one killer of African Americans and Latinos between the ages of 25 and 44.** It is estimated that 33 American men, women, and children are infected with HIV every single day that would not be infected if comprehensive needle exchange was implemented in this country.

Minority communities recognize the importance of needle exchange programs because of their linkages to drug treatment services, primary health care, job counseling, psychosocial services, testing and counseling, and public assistance. These services are very important to minority populations who often do not receive services and referrals in other venues. As

you stated in your February 1997 report, "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."

Needle exchange programs have been proven to reduce the risk of HIV transmission without increasing the use of illegal drugs. Furthermore, needle exchange programs are also very cost-effective. The cost of a needle is only 10 cents compared to the $119,000 lifetime cost of treating one HIV infected person. We appreciate your continued support in issues dealing with people living with HIV/AIDS. We look forward to your cooperation on this important matter.

Sincerely,

Maxine Waters
Chair, Congressional Black Caucus

Xavier Becerra
Chair, Congressional Hispanic Caucus

1101 14th Street NW
Washington, DC 20005
phone 202 628 4160
fax 202 347 5323

HUMAN
RIGHTS
CAMPAIGN

FAX TRANSMISSION

DATE:	March 2, 1998
TO:	Bruce Reed
FIRM/COMPANY:	
FAX NUMBER:	456.2878
VOICE NUMBER:	
FROM:	Chris Geidner, Political Department
TOTAL No. OF PAGES (incl. this coversheet):	4

MESSAGE: *I thought you would want to see these letters of support for action on needle exchange programs.*

CONFIDENTIALITY NOTICE

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Needle Exchange

MEMORANDUM

To: Bruce Reed
From: Sandy Thurman
Date: February 19, 1998
Re: Needle Exchange

In light of the fact that we are having a deputies meeting on needle exchange I thought I might give you an update.

Hill Action Since Congress Reconvened: Since the Congress returned to Washington, there have been a few interesting developments on the issue of needle exchange that merit mentioning.

(1). Many have worried for quite some time that the issue of needle exchange would complicate the confirmation of Dr. Satcher. While Senator Ashcroft did mention needle exchange briefly on the Senate floor, it seemed fairly clear that the issue did not resonate with other Members, the press, or the public. It did not take Ashcroft long to drop discussion of needle exchange in favor of the ethics of the AZT trials in Africa. Thankfully, Dr. Satcher has now been confirmed.

(2). The Health Subcommittee of the House Commerce Committee held a hearing last week on HIV prevention. During the hearing, Dr. Coburn asked a panel of his witnesses (the World Health Organization and county, city, and state health officials) if they believed that needle exchange was an effective public health strategy. They initially commented that they had been asked to testify on the issues of HIV testing and reporting, not needle exchange. However, when he pushed them to answer -- they all stated that scientific evidence had demonstrated that needle exchange programs are effective. This was particularly interesting given that these health officials were chosen by Coburn because "they are independent thinkers who are not in the pocket of the AIDS community." In fact, these witnesses disagree with the community on issues of testing and reporting.

(3). Secretary Shalala received a letter (February 9) from the Chairs on the Congressional Black and Hispanic Caucuses calling on her to "make an immediate determination" on the efficacy of needle exchange programs given the "ample scientific data." The letter also states that "33 American men, women, and children are infected by HIV each day that would not be" -- if needle exchanged programs were implemented -- a disproportionate number of whom are Black and Latino. **[see attached letter]**

(4). Over the past week, there has been an extensive back and forth between the Congressional Republican Leadership and the Administration on the topic of drugs, and, to our knowledge, the issue of needle exchange has not even been mentioned.

HHS: It is my understanding that Secretary Shalala is now prepared to certify that, after extensive analysis, scientific data demonstrates that needle exchange programs reduce the HIV transmission and do not encourage the use the use of drugs. The AIDS community believes that it was first

told by HHS that the strategy was to preserve the Secretary's authority and let the Congress get out of town. They were then told, to just wait until Dr. Satcher is confirmed. Having now done both -- they are again seeking clarity on the Secretary's strategy. If there is ever a "good time" for the Secretary to make such a determination -- I believe it might be sooner than later for several reasons.

(1). If she acts before the end of February, she could do so while Dr. Satcher is in South Africa and therefore prevent this from being perceived as his first official act.

(2). Given that the moratorium on funding extends through March 31st, acting sooner rather than later allows the Secretary to certify the science without changing the status of federal funding of needle exchange programs -- ie. If with the Secretary's certification, no funds could be used for needle exchange. This time before the moratorium lapses provides ample opportunity to gage public reaction, a trial balloon if you will. The White House could allow HHS to carry the water. The medical and public health groups could work with the Congress and the media in strong support of the Secretary's action. And at the end of the day, if the issue heats up (which seems unlikely) and Congress wants to extend the moratorium or ban federal funding -- we could then seek to reach a compromise or simply have an up or down vote. If we loose, at least it will be clear that the Administration followed the science -- and it was the Congress who played politics with public health.

(3). The President's Advisory Council on HIV and AIDS is due to return to Washington on March 15th. They too believe they were told to wait until the Congress left town for the Secretary to act, and then until after Dr. Satcher was confirmed. As you recall, at their last meeting a resolution was proposed calling for Secretary Shalala's resignation for not "following the science on needle exchange." We asked that the resolution be withdrawn. They agreed to table the consideration of the resolution until the March meeting to give the Secretary the additional time she needed. In addition, some members have threatened to resign from the Council if this issue has not been resolved They will have extremely harsh words when they return.

ONDCP: I have heard that General McCaffrey gave the President a letter indicating his opposition to needle exchange when they were on their way to Philadelphia last week (I have been not yet seen a copy of the letter). While I am not convinced that the letter was given in the spirit of fostering open an honest debate based on the merits of the science, I feel certain the Dr. Varmus and Secretary Shalala are more than capable of adequately countering his arguments or addressing any concerns that the General might have expressed.

Press: There continues to be quite a bit of press interest in needle exchange. The Lancet recently published an editorial in favor of needle exchange. That means that now *every* major science and medical publication *and* every major science and medical organization supports needle exchange. Our insistence that we are continuing to analyze and collect data makes us appear a little less than bright.

Congress of the United States
House of Representatives
Washington, DC 20515

February 9, 1998

The Honorable Donna Shalala
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Room 615-F
Washington, DC 20201

Dear Secretary Shalala,

As Chairs of the Congressional Black Caucus and the Hispanic Caucus, we urge you to make an immediate determination that needle exchange programs reduce the risk of HIV transmission and do not promote the use of illegal drugs. Having successfully preserved your authority from legislative attack, we strongly urge you to make available federal funds after the moratorium expires on March 31, 1998. We believe there is ample scientific data to make such a determination and exercise your authority. We are equally concerned that you exercise this authority expeditiously in order to avoid future efforts to codify a ban in the Fiscal Year 1999 Labor, Health and Human Services Appropriations bill or any other legislative "vehicle."

By issuing a determination immediately, you will help keep the focus of the debate on science and not politics. Congress would construe an immediate determination as a less political response than if you waited until the end of the Congressional moratorium. If some of our colleagues are successful in further restricting the use of federal funds, the Administration will be able to send the right public health message.

Needle exchange programs are a proven HIV prevention tool and will save lives, particularly among the constituencies we represent. Half of all new HIV infections are attributed to injection drug use. 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 (compared with 9% for white men and 43% of white women). In 1996, of the Latinos diagnosed with AIDS, injection drug use accounted for 39% of the total cases in men and 51% of the total cases in women.

Minority populations are disproportionately affected by HIV/AIDS and this scientifically proven intervention is one way to stop this trend. Although overall AIDS deaths have declined since the first time the epidemic started, these declines have been much less dramatic for minority populations. **AIDS is still the number one killer of African Americans and Latinos between the ages of 25 and 44.** It is estimated that 33 American men, women, and children are infected with HIV every single day that would not be infected if comprehensive needle exchange was implemented in this country.

Minority communities recognize the importance of needle exchange programs because of their linkages to drug treatment services, primary health care, job counseling, psychosocial services, testing and counseling, and public assistance. These services are very important to minority populations who often do not receive services and referrals in other venues. As

you stated in your February 1997 report, "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."

Needle exchange programs have been proven to reduce the risk of HIV transmission without increasing the use of illegal drugs. Furthermore, needle exchange programs are also very cost-effective. The cost of a needle is only 10 cents compared to the $119,000 lifetime cost of treating one HIV infected person. We appreciate your continued support in issues dealing with people living with HIV/AIDS. We look forward to your cooperation on this important matter.

Sincerely,

Maxine Waters
Chair, Congressional Black Caucus

Xavier Becerra
Chair, Congressional Hispanic Caucus

THE WHITE HOUSE
WASHINGTON

12-16-97

BRUCE / ELENA / JOSE:

I TAKE IT YOU ALL HAVE SEEN THIS ...

Jose'

Need to Exchange

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
Gooey Marshall

Personal

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

February 12, 1998

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

The purpose of this note is to share some thoughts about needle-exchange programs. Although there are advocates within the Administration for lifting the federal ban on funding for needle exchange, ONDCP has serious concerns about the potential impact such a step would have on our drug-control efforts.

First, federal support for needle-exchange programs would weaken the anti-drug message. To date, studies assessing the effect of needle exchange on drug use have been indirect and uncertain. A consistent "no-use" message would be undermined; measurable consequences are possible in upcoming years.

Second, needle exchange could erode support in Congress for overall drug-policy efforts. A weakening of anti-drug sentiments might call into question the validity of our prevention programs. In addition, the Administration has fought hard to increase access to drug treatment, which could be jeopardized if needle exchange is seen as a cheap alternative.

Finally, lifting the current ban would be a Pyrrhic victory for needle-exchange supporters. Some members of Congress will no doubt call for punitive measures against communities that operate such programs, regardless of funding source. Lifting the ban would also invite renewed criticism that the Administration is not serious about solving the drug problem.

This information is offered for your consideration in hopes of insuring implementation of the best possible drug-control policy.

Very respectfully,

Barry R. McCaffrey
Director

Needle Exchange

With the recent confirmation hearings for Surgeon General Satcher, there has been renewed discussion regarding the ban on federal funding for needle exchange programs. Secretary Shalala regains her authority to rescind the ban on March 31, 1998. ONDCP does not support lifting the ban for the following reasons:

- **Drug treatment and outreach are the most effective means to prevent HIV.** We need to improve outreach to addicts and get them into drug treatment and HIV prevention programs.

- **Science, not ideology, should drive drug policy.** ONDCP is aware of the views of many eminent scientists that needle exchange programs can be effective in the short-term in reducing HIV transmission. However, needle exchange programs may pose a risk of increased levels of drug abuse (and therefore HIV) in the longer run. We have questions about the research and want to have a continuing dialogue with Secretary Shalala and Dr. Varmus.

- **ONDCP continues to have serious concerns about whether NEPs would contribute to higher drug use levels in the community.** This concern was raised in an Institute of Medicine report. There are still significant concerns on the part of many communities.

- **Continued drug use is dangerous.** There are real dangers in continued drug use by addicts in terms of crime in the community, the addict's own health and well-being, and potential transmission of the virus through risky sexual behaviors.

- **A mixed message is risky.** A Federal policy that demonstrated acceptance of needles exchanges by paying for them could have an impact on public perception regarding drug use. We do know that youth attitudes (i.e., risk perception, social disapproval) have a strong correlation with drug use.

- **Lifting the ban provides Congress the opportunity to add even more restrictive language to authorizing and appropriations bills, and it could hurt drug treatment funding.**

Needle Exchange

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

December 5, 1997

Dear Mr. Emanuel Rahm

Want to share with you a copy of General McCaffrey's letter to Alan Leshner, Director of the National Institute on Drug Abuse, outlining our concerns about Federal funding for needle exchange programs.

Recently there has been discussion within the Administration about the possibility of lifting the statutory ban on the use of Federal funds for needle exchange programs (current HHS appropriations language mandates a total ban for 90 days, after which the Secretary of HHS may lift the ban if she determines needle exchange prevents HIV transmission, and does not encourage drug use). The Director wanted to make clear ONDCP's thinking on the issue, and in particular to make the case for additional targeted research to answer critical questions about the relationship between needle exchange programs, drug use, and HIV transmission.

The Director or I would be pleased to answer any questions you may have about the letter or the issue generally.

Sincerely,

Janet

Janet Crist
Chief of Staff

Mr. Rahm Emanuel
Senior Advisor to the President
The White House
Washington, DC 20500

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

December 4, 1997

Alan Leshner, PhD
Director
National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Leshner:

Last August 22, following your visit to discuss the research on needle exchange programs and its implications for drug policy, my Chief of Staff Janet Crist provided you with additional research questions which we believe would help to further inform federal policy on this important issue. Since our August discussion, we have become even more convinced that additional research is needed if we are to arrive at a federal policy that is humane, effective, and consistent with the goals and objectives of the *National Drug Control Strategy*. The research now underway does not address the questions we have outlined. Need to restate some of our concerns about Federal support for needle exchange programs, and to urge you and the national research community to seek answers to the questions we pose.

The drugs/AIDS nexus presents an enormous tragic challenge. The dramatic reduction in overall American drug use during the past 15 years (50 percent) is offset by increases in youth heroin and cocaine use and deterioration in youth attitudes toward drugs in general. Similarly, a general reduction in new AIDS cases masks increases among minority and female populations and among drug users, especially intravenous drug users, and their sexual partners and children.

It is the judgement of ONDCP that we should not endorse the use of Federal funds (including CDC funds) to support needle exchange programs. Effective drug treatment offers the better long-term policy for both drug control and AIDS prevention. Lifting the ban on Federal funding for needle exchange programs at this time 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 and methamphetamine use. In addition, ONDCP is concerned that needle exchange programs might be considered as a low cost substitute for much needed drug treatment. Finally, we are opposed to diverting Federal drug treatment resources to states and communities that are not prohibited from operating their own programs with non-Federal funds. More than 100 communities already support needle exchange programs without Federal funding.

Many health and law enforcement professionals are concerned about the narrow logic that would focus on needles or injecting drug use behavior as the essence of the problem. This perspective fails to take into account the complex human drug behavior involved. NIDA research demonstrates that drug addiction changes and trains the brain, creating a web of destructive and high risk behaviors. The resulting unemployment, crime, illness, social erosion, and frequently agonizing deaths flow from the compulsive behaviors associated with addiction, not just from the act of injecting. The provision of clean needles will not alone contain or alter this destructive lifestyle. Federal resources to provide a free 20 cent needle will not change the reckless, compulsive drug behavior that accompanies a $200 a day heroin, cocaine or methamphetamine habit. The only proven answer lies in effective drug treatment -- comprehensive in scope, intensive in application, and adequate in capacity.

The real challenge America faces is the more than 60 percent shortfall in drug treatment capacity for our 3.6 million addicted. Research sponsored by NIDA has shown that untreated opiate addicts die at a rate between 7 and 8 times higher than patients with similar characteristics in methadone programs. We also know that needle sharing rates have been reduced by more than two-thirds among injecting drug users during treatment. The positive role and record of drug treatment are clear. ONDCP strongly supports the outreach models developed by NIDA to bring injecting drug users into treatment. In particular, we must develop a greatly increased drug treatment capability for the drug dependent among the 1.6 million Americans currently behind bars at the local, state, and Federal levels.

SAMHSA's soon to be released report of findings from the Services Research Outcome Study (SROS) found significant and sustained reductions in drug use and criminal behavior following drug treatment. This is the first study of treatment outcomes to be based on a national probability sample, and its findings mirror other national treatment outcome studies, such as DATOS and NTIES.

NIDA's Drug Abuse Treatment Outcome Study (DATOS) demonstrated that participants in outpatient methadone treatment reduced heroin use by 70 percent and illegal activity by 57 percent. Treatment participation increased their full time work by 24 percent. Equally impressive, participants in long-term residential treatment reduced heroin use by 71 percent, cocaine use by 68 percent, and illegal activity by 62 percent. Full time work among this group more than doubled.

SAMHSA'S National Treatment Improvement Evaluation Study (NTIES) determined extremely positive results for substance abuse treatment among predominately poor, inner-city populations. Use of illicit drugs dropped an average of 50

percent, drug selling by 78 percent, and arrests by 64 percent. Exchange of sex for money or drugs dropped by 56 percent, homelessness by 43 percent, and receipt of welfare income by 11 percent. Employment increased 19 percent.

Drug treatment has a solid record. It saves lives, reduces crime and health costs, and saves taxpayer money. Yet only enough capacity is available at this time to treat less than half of those in severe need. Methadone capacity is sufficient for only 25 percent of the estimated 600,000 American heroin addicts. Methadone regulation reforms, thankfully now being developed by HHS, will have a significant impact and have the strong support of ONDCP. However, more resources will be required for needed drug treatment capacity expansion. The requirement to increase drug treatment capacity should continue to be a key part of our Administration message until the shortfall has been remedied. In fiscal year 1998, the Congress under-funded the prevention and treatment block grant by $10 million. Congress must be persuaded to join us in supporting the critical role of drug treatment in the long-term *National Drug Control Strategy*.

We share a common view that our efforts to expand drug treatment must be based on a broader, consistent message of "no use." Visits to youth treatment programs around the country have made some things painfully clear to me. The importance of the drug prevention message we send to young Americans cannot be overstated. Heroin use has taken a terrible upward turn among our young people. We note recent press accounts of the deaths of 11 young people from heroin overdoses in a wealthy suburb of Dallas, Texas. Strongly agree that the message to our children must be an unambiguous "no use" message. If they should become ensnared by compulsive drug using behavior we should offer them a way out through drug treatment -- not a means to continue their addiction through needle exchange.

Clearly we need to know more about the treatment of compulsive drug behavior. A copy of our previous research questions on drug use and needle exchange programs is attached for consideration by your research team. ONDCP appreciates your outstanding leadership and contribution to the science base for drug abuse treatment and prevention.

Sincerely,

Barry R. McCaffrey
Director

Attachment
cc: Dr. Harold Varmus, Director, National Institutes of Health
Ms. Sandra Thurman, Director, Office of National AIDS Policy

August 21, 1997

ONDCP QUESTIONS FOR RESEARCH CONSIDERATION REGARDING THE EFFECT OF NEEDLE EXCHANGE PROGRAMS ON DRUG USE

1. The Anti-drug message. The overriding concern of ONDCP, as reflected in Goal 1 of the *National Drug Control Strategy*, is reducing youth drug use. Preliminary data from the most recent National Household Survey are a source of continuing worry regarding marijuana and heroin use by youth, and a source of renewed concern regarding future cocaine use. A consistent "no use" message must remain an integral part of Federal efforts to reduce youth drug use.

What light does the research shed on the consequences of mixed messages to youth? What does the research tell us regarding the perception by American youth of local government provision of needles for the injection of illegal drugs?

2. Monitoring drug use. Measures of the impact of needle exchange programs on the level of drug use have relied on macro indicators of drug use (e.g. DUF) and its consequences (e.g., DAWN). Some suggest that, had such macro indicators been used to measure HIV transmission, it would have been virtually impossible to reach any conclusions. ONDCP shares the concern expressed by the Institute of Medicine (IOM) that the long-term impact of needle exchange on community drug use patterns is uncertain. The continuous monitoring of local NEPs called for by the IOM will be essential, especially if local needle exchange programs increase in number.

How will existing and future research monitor and report on local drug use at the community level?

3. The specific impact of needle exchange. NIH-funded research has strongly established the effectiveness of drug treatment in reducing HIV transmission and of outreach in getting heavy users to enter treatment. However, it appears that much of the research supporting needle exchange programs seems to focus on a collection of services that includes needle exchange rather than on needle exchange effectiveness itself.

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6. The impact of compulsive, injecting drug use on compliance with HIV medical regimes. There appears to be a basis for serious danger that HIV-infected drug users would be less compliant with complex medications regimes. Many are concerned that addicts would be more subject to accelerating illness, increased contagiousness, and potential mutation of a partially-treated virus. Does the research shed any light on this?

7. The impact of continued, injecting drug use on risk behaviors. There appears to be a serious basis for concern that continued injecting drug use would increase the likelihood of risk behaviors including needle sharing. What does the research tell us?

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

December 5, 1997

Needle Exchange

Rahm — Bruce R — Elena K — please [illegible] for [illegible] of [illegible]

Dear Mr. Bowles:

Want to share with you a copy of General McCaffrey's letter to Alan Leshner, Director of the National Institute on Drug Abuse, outlining our concerns about Federal funding for needle exchange programs.

Recently there has been discussion within the Administration about the possibility of lifting the statutory ban on the use of Federal funds for needle exchange programs (current HHS appropriations language mandates a total ban for 90 days, after which the Secretary of HHS may lift the ban if she determines needle exchange prevents HIV transmission, and does not encourage drug use). The Director wanted to make clear ONDCP's thinking on the issue, and in particular to make the case for additional targeted research to answer critical questions about the relationship between needle exchange programs, drug use, and HIV transmission.

The Director or I would be pleased to answer any questions you may have about the letter or the issue generally.

Respectfully,

Janet Crist
Chief of Staff

Mr. Erskine B. Bowles
Chief of Staff
The White House
Washington, DC 20500

CHIEF OF STAFF TO THE PRESIDENT

(1) Send to Rahm, Bruce Reed, Elena Kagan

(2) Copy back to me.

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

December 4, 1997

Alan Leshner, PhD
Director
National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Leshner:

Last August 22, following your visit to discuss the research on needle exchange programs and its implications for drug policy, my Chief of Staff Janet Crist provided you with additional research questions which we believe would help to further inform federal policy on this important issue. Since our August discussion, we have become even more convinced that additional research is needed if we are to arrive at a federal policy that is humane, effective, and consistent with the goals and objectives of the *National Drug Control Strategy*. The research now underway does not address the questions we have outlined. Need to restate some of our concerns about Federal support for needle exchange programs, and to urge you and the national research community to seek answers to the questions we pose.

The drugs/AIDS nexus presents an enormous tragic challenge. The dramatic reduction in overall American drug use during the past 15 years (50 percent) is offset by increases in youth heroin and cocaine use and deterioration in youth attitudes toward drugs in general. Similarly, a general reduction in new AIDS cases masks increases among minority and female populations and among drug users, especially intravenous drug users, and their sexual partners and children.

It is the judgement of ONDCP that we should not endorse the use of Federal funds (including CDC funds) to support needle exchange programs. Effective drug treatment offers the better long-term policy for both drug control and AIDS prevention. Lifting the ban on Federal funding for needle exchange programs at this time 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 and methamphetamine use. In addition, ONDCP is concerned that needle exchange programs might be considered as a low cost substitute for much needed drug treatment. Finally, we are opposed to diverting Federal drug treatment resources to states and communities that are not prohibited from operating their own programs with non-Federal funds. More than 100 communities already support needle exchange programs without Federal funding.

Many health and law enforcement professionals are concerned about the narrow logic that would focus on needles or injecting drug use behavior as the essence of the problem. This perspective fails to take into account the complex human drug behavior involved. NIDA research demonstrates that drug addiction changes and trains the brain, creating a web of destructive and high risk behaviors. The resulting unemployment, crime, illness, social erosion, and frequently agonizing deaths flow from the compulsive behaviors associated with addiction, not just from the act of injecting. The provision of clean needles will not alone contain or alter this destructive lifestyle. Federal resources to provide a free 20 cent needle will not change the reckless, compulsive drug behavior that accompanies a $200 a day heroin, cocaine or methamphetamine habit. The only proven answer lies in effective drug treatment -- comprehensive in scope, intensive in application, and adequate in capacity.

The real challenge America faces is the more than 60 percent shortfall in drug treatment capacity for our 3.6 million addicted. Research sponsored by NIDA has shown that untreated opiate addicts die at a rate between 7 and 8 times higher than patients with similar characteristics in methadone programs. We also know that needle sharing rates have been reduced by more than two-thirds among injecting drug users during treatment. The positive role and record of drug treatment are clear. ONDCP strongly supports the outreach models developed by NIDA to bring injecting drug users into treatment. In particular, we must develop a greatly increased drug treatment capability for the drug dependent among the 1.6 million Americans currently behind bars at the local, state, and Federal levels.

SAMHSA's soon to be released report of findings from the Services Research Outcome Study (SROS) found significant and sustained reductions in drug use and criminal behavior following drug treatment. This is the first study of treatment outcomes to be based on a national probability sample, and its findings mirror other national treatment outcome studies, such as DATOS and NTIES.

NIDA's Drug Abuse Treatment Outcome Study (DATOS) demonstrated that participants in outpatient methadone treatment reduced heroin use by 70 percent and illegal activity by 57 percent. Treatment participation increased their full time work by 24 percent. Equally impressive, participants in long-term residential treatment reduced heroin use by 71 percent, cocaine use by 68 percent, and illegal activity by 62 percent. Full time work among this group more than doubled.

SAMHSA'S National Treatment Improvement Evaluation Study (NTIES) determined extremely positive results for substance abuse treatment among predominately poor, inner-city populations. Use of illicit drugs dropped an average of 50

percent, drug selling by 78 percent, and arrests by 64 percent. Exchange of sex for money or drugs dropped by 56 percent, homelessness by 43 percent, and receipt of welfare income by 11 percent. Employment increased 19 percent.

Drug treatment has a solid record. It saves lives, reduces crime and health costs, and saves taxpayer money. Yet only enough capacity is available at this time to treat less than half of those in severe need. Methadone capacity is sufficient for only 25 percent of the estimated 600,000 American heroin addicts. Methadone regulation reforms, thankfully now being developed by HHS, will have a significant impact and have the strong support of ONDCP. However, more resources will be required for needed drug treatment capacity expansion. The requirement to increase drug treatment capacity should continue to be a key part of our Administration message until the shortfall has been remedied. In fiscal year 1998, the Congress under-funded the prevention and treatment block grant by $10 million. Congress must be persuaded to join us in supporting the critical role of drug treatment in the long-term *National Drug Control Strategy.*

We share a common view that our efforts to expand drug treatment must be based on a broader, consistent message of "no use." Visits to youth treatment programs around the country have made some things painfully clear to me. The importance of the drug prevention message we send to young Americans cannot be overstated. Heroin use has taken a terrible upward turn among our young people. We note recent press accounts of the deaths of 11 young people from heroin overdoses in a wealthy suburb of Dallas, Texas. Strongly agree that the message to our children must be an unambiguous "no use" message. If they should become ensnared by compulsive drug using behavior we should offer them a way out through drug treatment -- not a means to continue their addiction through needle exchange.

Clearly we need to know more about the treatment of compulsive drug behavior. A copy of our previous research questions on drug use and needle exchange programs is attached for consideration by your research team. ONDCP appreciates your outstanding leadership and contribution to the science base for drug abuse treatment and prevention.

Sincerely,

Barry R. McCaffrey
Director

Attachment
cc: Dr. Harold Varmus, Director, National Institutes of Health
Ms. Sandra Thurman, Director, Office of National AIDS Policy

August 21, 1997

ONDCP QUESTIONS FOR RESEARCH CONSIDERATION REGARDING THE EFFECT OF NEEDLE EXCHANGE PROGRAMS ON DRUG USE

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What light does the research shed on the consequences of mixed messages to youth? What does the research tell us regarding the perception by American youth of local government provision of needles for the injection of illegal drugs?

2. Monitoring drug use. Measures of the impact of needle exchange programs on the level of drug use have relied on macro indicators of drug use (e.g. DUF) and its consequences (e.g., DAWN). Some suggest that, had such macro indicators been used to measure HIV transmission, it would have been virtually impossible to reach any conclusions. ONDCP shares the concern expressed by the Institute of Medicine (IOM) that the long-term impact of needle exchange on community drug use patterns is uncertain. The continuous monitoring of local NEPs called for by the IOM will be essential, especially if local needle exchange programs increase in number.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Deputy Secretary

Washington, D.C. 20201

FACSIMILE

What do you want to do?

Needle Exchange

Whine To Whom?

DATE DEC 11 1997

TO: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

You

Bruce Reed

456-6515

I notice you never scheduled the meeting I recommended.

FROM: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

Kevin Thurm
Deputy Secretary
DHHS

202/690-6133

Kevin says can't risk doing it until after Satcher confirm. vote in mid-Feb.

RECIPIENT'S FAX NUMBER ( ) 456-2878

NUMBER OF PAGES TO SEND (INCLUDING COVER SHEET): 6

COMMENTS:

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

December 4, 1997

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Director
National Institute on Drug Abuse
5600 Fishers Lane
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BRUCE →

AL FRANKEN HAS BEEN ASKED TO DEFEND THE PRESIDENT ON THE ISSUE OF NEEDLE EXCHANGES. PLEASE LET ME KNOW WHAT I SHOULD TELL HIM.

THANKS!

PAUL B.

Needle Exchange

FACSIMILE COVER SHEET

Chateau Marmont

hollywood

TELEPHONE (213) 656-1010
FACSIMILE (213) 655-5311

TO Paul Begala FAX # 202-456-1655

FROM Al Franken ROOM # 44 PAGES 3

KATIE

202 456-1655

FAX

POZ Publishing, L.L.C.
349 West 12th Street
New York, N.Y. 10014
Tel: 212-242-1900 (Sean is ext. 206)
Fax: 212-675-8505
Email: SeanS@poz.com

PLEASE DELIVER TO MR. FRANKEN'S ROOM ASAP. THANK YOU.

Date: November 17, 1997

To: Al Franken
c/o Chateau Marmont
Fax: 213-655-5311

Sean

From: Sean Strub

Re: Needle Exchange

Thanks very much for taking the time with this. I know it's a hassle, but this *is* the sort of thing that defines an important difference between public figures who embrace the rhetoric versus those who truly impact social and political policy.

If the text is okay, we would like to include it with press materials being prepared by the National Coalition to Save Lives Now for World AIDS Day (December 1). As I mentioned on the phone, many World AIDS Day activities are focused on the needle exchange issue this year and the topic will be discussed at the Presidential AIDS Council's meeting later that same week.

The National Coalition to Save Lives Now statement on needle exchange has been endorsed by hundreds of AIDS organizations (including almost all of the large ones), as well as scores of religious, community and activist groups.

Let me know if what we've drafted accurately reflects your conversation with the President. Thank you very, very much.

Sean

Al Franken's conversation with the President about needle exchange funding

At a fundraiser at the home of Teresa Heinz and Senator John Kerry on October TK, I asked President Clinton about funding for needle exchanges to reduce the spread of HIV. He responded sympathetically, saying that he is in favor of releasing money for

needle exchanges. He said he is familiar with the studies—he knows it's been shown that supplying clean needles reduces the spread of AIDS and doesn't increase drug addiction. He said the problem is with the Republicans in Congress [who recently attached an amendment to an appropriations bill freezing spending on needle exchange for six months]. Because there are so many Republicans dead set against it, he's afraid that in fighting for needle exchange funding he'd lose far more in other public health areas that are also important. But he also said he's trying to find a way to fund needle exchange programs. And he asked me to pass this information along to the person who brought this issue to my attention [Bob Lederer, Senior Editor of *POZ*].

Paul,

I think this is very fair, and can't really see any problem with it. But, then again, I'm a comedian.

Al

HUMAN
RIGHTS
CAMPAIGN

TO: Bruce Reed FAX NUMBER: (202) 456 - 2878

FROM: The Human Rights Campaign
Legislative Department, PAC Department, Field Department

Winnie Stachelberg, Legislative Director
Kevin Layton, PAC Director/Chief Legislative Counsel
Donna Red Wing, Field Director

Nancy Buermeyer	Doug Hess
Bill Darker	Seth Kilbourn
Becky Dinwoodie	Tiffany Newton
Candace Gingrich	Kris Pratt
Terrance Heath	Susanne Salkind

DATE: November 3, 1997 RESPOND TO: Seth Kilbourn

PAGES TO FOLLOW: 2 PHONE: 202.628.4160
FAX: 202.347.5323

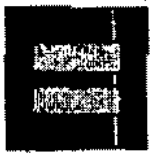
Message:

We sent this press release out on Friday morning and thought you'd like to see it. Please give me a call if you have any questions at (202) 216 - 1576.

-seth

WORKING FOR LESBIAN AND GAY EQUAL RIGHTS.

1101 14th Street NW, Suite 200 Washington, D.C. 20005
phone (202) 628 4160 *fax* (202) 347 5323 *e-mail* hrc@hrc.org



HUMAN RIGHTS CAMPAIGN

1101 14th Street NW
Washington, DC 20005
website http://www.hrc.org
phone 202 628 4160
fax 202 347 5323

Needle Exchange

News Release

Contact: Kim I. Mills
Phone: (202) 216-1534
Pager: (800) 386-5997

FOR IMMEDIATE RELEASE
Friday, Oct. 31, 1997

71 PERCENT INCREASE FOR FEDERAL AIDS DRUG ASSISTANCE PROGRAMS GOOD NEWS, SAYS HRC

But Conferees Delay Shalala's Authority To Approve Federal Funds for Needle Exchange Programs

WASHINGTON The Human Rights Campaign commended House and Senate negotiators today for approving a 71 percent increase in funding for a program that provides the new life-prolonging drugs to people with HIV and AIDS as part of the Labor and Health and Human Services appropriations bill.

"The conferees did the right thing by substantially increasing funding to the AIDS Drug Assistance Program, which is helping to prolong the lives of so many people with HIV and AIDS," said Seth Kilbourn, HRC's senior health policy advocate. "By also increasing funding for other HIV/AIDS programs, the conferees showed that they understand the need for a comprehensive and balanced approach to combating this epidemic."

However, the conference committee delayed until March 31 HHS Secretary Donna Shalala's authority to approve federal funding for needle exchange programs aimed at limiting the spread of HIV and AIDS.

"We are disappointed that the committee needlessly delayed the secretary's authority," Kilbourn said. "The science exists right now to demonstrate that needle exchange programs are effective and do not increase illegal drug use. This delay will only mean that more people will become HIV-infected."

The Human Rights Campaign called on Shalala to issue a report immediately stating that needle exchange programs are effective and do not increase illegal drug use. This would lay the groundwork for her approval of the use of federal funds on March 31.

"The debate on needle exchange has always been about reducing HIV and engaging a vulnerable and hard to reach population in a scientifically sound public health strategy," Kilbourn said. "We have come a long way in educating members of Congress on this issue and hope they do not use the next five months to demagogue these programs. The entire HIV/AIDS community deserves credit for preserving the secretary's authority to act."

The conference committee approved $285.5 million for the AIDS Drug Assistance Program, a 71 percent increase over fiscal 1997. The bill also includes a 7 percent increase to $1.6 billion for

AIDS research at the National Institutes of Health and a 14.9 percent increase to $465 million for emergency assistance grants to cities hardest hit by the epidemic.

"These are clear signs that Congress understands the importance of getting the new drugs, primary care and other services to people who might not otherwise be able to afford them," Kilbourn said. "We also welcome the increase for NIH research."

The conference committee also increased funding by 3 percent to $634 million to the Centers for Disease Control and Prevention's HIV prevention programs.

Kilbourn singled out Sen. Arlen Specter, R-Pa., and Reps. John Porter, R-Ill., and Nancy Pelosi, D-Calif., for their leadership on AIDS funding and needle exchange policy. "We are heartened to see Congress and the Clinton administration working in a bipartisan way to address the continuing needs of people living with HIV and AIDS," Kilbourn added.

A report released in July by the National Alliance of State and Territorial AIDS Directors and the AIDS Treatment Data Network found that more than half the 52 state ADAPs have had to impose limits to cope with increased demands and costs.

And in June, the federal government released the first proposed guidelines for using the new, more effective multi-drug therapies -- a move destined to strain ADAPs even more.

The Human Rights Campaign is the largest national lesbian and gay political organization, with members throughout the country. It 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 -

Needle exchange

FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

808 17th Street NW, Suite 820
Washington, DC 20006

Phone: (202) 632-1090
Fax: (202) 632-1096

TO:	Bruce Reed
FAX NUMBER:	456-2878
FROM:	Sandy Thurman
DATE:	October 27, 1997
PAGES:	6 (including cover sheet)
COMMENTS:	

MEMORANDUM

To: Bruce Reed

From: Sandy Thurman

Date: October 23, 1996

Re: Needle Exchange

This memorandum is designed to provide background information on the issues surrounding the Secretary of HHS's authority to waive the current restrictions on the use of federal funding for needle exchange programs to reduce the transmission of HIV. A brief overview of the changing epidemic, the public health response, the science, the public opinion, the politics, and other considerations are included.

The Evolving AIDS Epidemic

IV drug use now plays a central role in fueling the spread of HIV, particularly among women, children, and people of color.

HIV/AIDS continues to be considered by some as predominantly a gay white male disease. However, AIDS is increasingly a disease seriously affecting people of color, women, adolescents, and IV drug users. A recent report by CDC estimates that more than 50% of all newly reported cases of AIDS are associated with IV drug use, including drug users, their partners and their children. In fact, IV drug use among parents is now the predominate cause of pediatric AIDS. In the last five years there has been a 32% increase in AIDS cases in people of color (representing 63% of new cases), an increase of 64% in women (representing 20% of new cases), and an increase of 22% among injecting drug users (representing 29% of new cases). The gay community continues to be heavily impacted, but the disease is clearly moving rapidly into poorer and more disenfranchised populations. While death rates and new cases of AIDS have both declined in recent months as a result of better therapies, the rate of new infections has not gone down, and there is great disparity among affected communities. For example: while the death rate from AIDS declined 25% for men, it declined only 10% for women. For white men and women the decline in AIDS deaths was 32%, for Latinos it was 20%, and for Blacks it was only 13%. If we look at primary risk factors for infection, the greatest drop was in gay men, for whom AIDS deaths dropped 30%. For injection drug users the reduction was only 15%, and for heterosexuals (including partners of IV drug users) the decline was only 8%.

It is this burgeoning epidemic among IV drug users, their partners and children that have propelled the issue of needle exchange to the forefront of AIDS policy. As those on the front lines fight to keep these families alive long enough to get them into treatment and off drugs, they seek effective strategies for what often seems an overwhelming task.

Scientific Overview

Credible evidence demonstrates that needle exchange programs reduce the spread of HIV without increasing drug use, thereby saving countless lives.

In February, the Secretary of HHS reported to Congress on the results of several major studies of needle exchange programs, including those conducted by the National Institutes of Health, the Centers for Disease Control and Prevention, and the National Academy of Sciences. More than 100 programs were reviewed. These studies provided strong and credible evidence that needle exchange programs can have a positive impact on reducing the transmission of HIV among users. This translates into saving the lives of their partners and children. In addition, the studies found no evidence that needle exchange programs increase drug use by program participants or in the communities in which the programs were conducted.

Public Health Overview

The Administration seeks to retain the Secretary's authority to gather and evaluate scientific data not to create a national needle exchange program.

Several years ago, the Congress banned the use of federal funding for needle exchange programs unless the Secretary determines that such programs have been found: (1) to reduce the rate of HIV transmission, and (2) not to encourage the use of illegal drugs. If the Secretary was to make such a determination, based on credible scientific evidence, this would not create a national needle exchange program, as the opposition likes to claim. Such action would simply give state and local public health officials the flexibility to include this strategy as part of a comprehensive HIV prevention program – if, and only if, they chose to do so.

Although some may frame this debate as solely about federal support for needle exchange programs, it is actually about much more basic public health policy. At the core of this debate are two essential principles of public health: (1) that sound science and not politics should drive policy development, and (2) that state and local public health officials should be given the flexibility to design programs that meet the needs of their citizens. Since the beginning of the AIDS epidemic, these principles have guided the federal role in HIV prevention.

HIV prevention has always been a difficult political challenge – raising issues that people would rather not talk about. In the early days of AIDS, the controversy was over homosexuality; in 1997, it is over IV drug use. In 1980s, the right wing said that AIDS education targeted at the gay community promoted homosexuality. In 1997, they say that needle exchange programs promote illegal drug use. In each case, public health officials employ these strategies because they have been proven to reduce the transmission of a deadly virus. Consistently throughout the epidemic, HHS has sought to make scientific evidence available, report on the effectiveness of various HIV prevention strategies, and let programmatic decisions be made locally, where the needs can be better assessed and the politics can be better managed. In fighting to retain the Secretary's authority to "let the science drive" and "let local communities decide," the Administration simply seeks to defend longstanding public health principles.

Political Landscape

Although this issue needs to be politically "managed," it is not gays in the military.

Unlike gays in the military, this is not a policy being pushed on those who will be forced to implement it – it is being pushed by them. The current restrictions on federal funding for needle exchange programs tie the hands of city, county, and state health officials who are struggling to save the lives of their citizens. More than 100 needle exchange programs in 27 states have already been developed with state and local funds. Now, the National Association of City and County Health Officials and the Association of State and Territorial Health Officers are seeking the flexibility to use federal HIV prevention funding for this purpose. These officials are joined by a host of mainstream health, public health, and governmental organizations including: the American Medical Association, the Academy of Pediatrics, the American Nurses Association, the American Public Health Association, the National Academy of Sciences, the US Conference of Mayors, the National Black Caucus of State Legislators, and the American Bar Association. Given this line up, it is difficult for the opposition to pass this off as fringe policy put forward by those who do not understand how the system works.

The policy of local control is tremendously popular with the vast majority of Americans. Further, needle exchange programs are supported by a majority of Americans. A 1996 poll done by the Kaiser Family Foundation found that two-thirds of Americans favor providing clean needles to IV drug users. A 1997 poll done by the Republican Tarrance Group found that 55% of voters supported needle exchange programs as a way to curb the spread of AIDS. This poll found 64% of Democrats and 58% of independents supported needle exchange, with an 11% spread in the South and a 33% spread in the West. In addition, the editorial

boards in all major media markets have solidly supported needle exchange, many challenging the Administration to take a more active leadership role.

Finally, there are bipartisan leaders on Capitol Hill who want to join with the Administration in standing up for sound public health policy. Although the House of Representatives stripped the Secretary of her authority during consideration of the Labor-HHS Appropriations bill, the Democrats supported her by more than a two-to-one margin (141-59). This was true despite the fact that the Democratic Leadership and the Administration devoted little energy to working this vote. In addition, 16 Moderate House Republicans joined with Democrats in the face of serious Leadership pressure to fall in line. On the Senate side, despite right wing efforts to find a champion willing to bring this issue to Senate floor and ensure it was a non-conferencable item, they found no takers. Therefore, the Secretary's authority, originally offered several years ago by Senators Kennedy and Hatch, was affirmed by the Senate as part of the Labor-HHS bill by a vote of 86-14.

In summary, unlike gays in the military, this issue may be sticky, but it is winnable.

Considerations

It is important to consider the potential negative political ramifications of seeking to maintain the Secretary's waiver authority, and at some point, to exercise it. A few such political considerations follow.

The Right Wing: Certainly the Family Research Council will try to use this opportunity to say that the Administration is soft on drugs. However, the Administration's record proves otherwise. On the issue of needle exchange itself, again the Administration is not pushing a national needle exchange program; in fact, the Administration would not support such an effort. We believe that HIV prevention decisions are best made locally. It is the conservatives who often claim that the long arm of federal government has reached too far into state and local decision making. Removing federal restrictions on how local communities spend their HIV prevention dollars is an effort to be less intrusive, not more.

ONDCP: Dialogue with the General has been improving. His willingness to waive comment on the Statement of Administration Policy that went to the Congress supporting the Secretary's authority was a hopeful sign of cooperation. While I certainly understand his concern about sending the wrong message to young people, the vast majority of people who use needle exchange programs are addicts that have been using for more than 10 years. In addition, the research on needle exchange programs demonstrates that such efforts help to bring hard-to-reach users into treatment. If and when the Secretary exercises her authority, conditions should be placed on the use of federal funding to make sure that referrals to drug treatment are an integral part of any program.

The Satcher Nomination: It is true that Dr. Satcher called for the removal of the restrictions on the use of federal funding for needle exchange programs as CDC Director in 1993. This is widely known and could have been used by the right wing to hold up Satcher's confirmation. However, thus far, that has not been the case. No questions on needle exchange were asked at Dr. Satcher's hearing, and although Senator Coats forwarded forty follow-up questions on behalf of the Republicans who did not attend the hearing, again, no needle exchange inquiries. The Labor Committee favorably reported Dr. Satcher's nomination to the full Senate by a vote of 12 to 5. Senator Lott has told Senator Jeffords he believes Satcher will be confirmed. If his confirmation is held up, it is likely to have nothing to do with his views. As Surgeon General, Dr. Satcher can certainly talk about the longstanding public health principles of "let science drive" and "let local public health officials decide".

It is also important to consider the potential negative political ramifications of not maintaining the Secretary's waiver authority, and also at some appropriate time (i.e., after Dr. Satcher is confirmed and the Congress has adjourned), exercising it. A few such political considerations follow.

The AIDS Community: This issue has become central to the AIDS community and, rightly or wrongly, it has become symbolic of the Administration's leadership on AIDS. The Administration can and should be proud of the major increases in AIDS funding in the early years. However, with the Balanced Budget Agreement, such major increases in the future are highly unlikely. In addition, each year since the Republicans took the Congress, they have increased AIDS funding above the President's Budget Request. In these times of limited resources, the AIDS community is looking for a new form of leadership, leadership on the difficult policy questions that lie ahead. As pressure on funding intensifies, maximizing the effectiveness of each dollar becomes increasingly important. Generic prevention pamphlets will simply not save the lives of IV drug users and their families.

There is no doubt that the AIDS community would feel abandoned by the Administration if the Secretary's authority is not maintained; a protest might be scheduled for the President's visit to the Human Rights Campaign Dinner, and members of the Presidential Advisory Council have threatened to resign at the December meeting.

The Public Health Community: Many in the public health community have been concerned that the reinventing government reforms at HHS have dismantled the Public Health Service -- traditionally charged with seeing to it that as administrations come and go, politics do not ride rough-shod over public health. Public health officials are concerned that the new HHS structure politicizes public health policy. Walking away from the longstanding public health principles at play in this debate would reinforce this perception. In addition, mayors and their health officials, who have watched significant authority and flexibility turned over to the states, are looking for some help here in dealing with the twin epidemics of AIDS and drugs in our major urban areas.

Communities of Color: Some certainly perceive that the reason that the Administration is not fighting for this important policy is because it does not affect the gay community, known for it's financial support of the campaign. Some have already called it racism, claiming that if the President really wanted to have a national dialogue on race, he would deal with the reality that AIDS is *the* leading cause of death in the African-American community and *a* leading cause in many communities of color. The gay community was able to go out and raise private funding to pay for effective, targeted HIV education programs when the government got squeamish. Unfortunately, disenfranchised communities cannot. While it may be true that the issue of needle exchange is difficult, it is also true that it saves lives. For those who are continuing to watch their friends and families die, the politically sensitive nature of the debate offers little consolation.

Conference Strategies: Since the conference began, the Administration has rightfully supported the Senate position (maintaining the Secretary's authority). At this juncture, some believe that holding the Senate position is unlikely, and that Porter needs to bring back more than a simple "House recedes" to get the bill through. Currently, Senator Specter's office reports that he is holding to the Senate position and hopes the Administration will actively do the same.

Representative Pelosi has drafted a compromise that removes the Secretary's authority and allows state or local public health officials to use HIV prevention funds for needle exchange if a delineated list of criteria have been met. This list of criteria (approval of state or local public health official, referrals to drug treatment, counseling about HIV prevention, safe disposal of needles, and agreement to participate ongoing program effectiveness research) is similar to the criteria HHS has been considering if and when the Secretary exercises her authority. I believe these criteria are responsible and should ultimately be applied to the use of federal funds for needle exchange. However, I have a few concerns about pushing this language now. First, I don't think we should talk compromise until we are down to wire and in a corner. Second, this language strikes the Secretary's authority and the Administration's position is that the Secretary's authority should be maintained. Finally, if the conferees start adding criteria to the list, the language could quickly become a proxy for the House ban.

I believe that, as Senator Specter has requested, we should be active partners in maintaining the Senate language. At the same time, I believe we need to craft an alternative or two -- just in case it becomes necessary. In the end, the Administration will be judged on the role we played in "letting science drive" and "letting state and local public health officials decide". I will bring suggested language to the meeting on Monday.

Role of Public Health Officials: Some have suggested that law enforcement be involved in deciding whether or not needle exchange programs are appropriate. I am very concerned about this for several reasons.

-- If it is true that needle exchange programs reduce HIV transmission and do not increase drug use, then this is a public health issue, not a law enforcement issue. Misconstruing the nature of this problem could exacerbate the spread of HIV-- particularly among women and children.

--giving the police the authority to make this important public health decision is a bad precedent that could be inappropriately used by the right wing. For example, gay men with AIDS had to have broken the law in many states to become HIV infected. If the CDC wants all health departments to gather names of HIV(+) individuals, should they be turned over to the police so they can be stopped before they break the law again?

-- Police already have strained relations with communities of color in many urban centers. Putting police in the middle of this issue will only make matters worse.

-- Public health officials, working with counselors and outreach workers, are in the best position to reach those addicted to drugs and help them to remain HIV negative and become drug free. The viability of this intervention is seriously compromised by requiring the involvement of law enforcement.

While I believe strongly that state and local communities should be encouraged to work toward a "broad-based buy-in" to all HIV prevention strategies, giving law enforcement veto power over a public health decision is bad policy.

Needle Exchange

restrict its lending to people who had at least some history of informal entrepreneurial activity. "One might call the mindset sort of a positive hustler," says Executive Director Penny Penrose. "Someone who's going to succeed and create and sell whether or not you help them at some level."

Still, the Good Faith Fund spent far more time teaching potential borrowers about the ways of business than most microcredit programs in developing countries. Indeed, over the last nine years, it has essentially changed from a lending program to a training program. Roughly 800 people have gone through its classrooms. Of that number, only around 260 have taken out loans. And there were other problems. In the Grameen model, peer-lending groups are self-formed: applicants who already know each other band together and approach the bank for a loan. The fact that the applicants know each other, and can therefore exert moral pressure on each other, is essential to the concept of peer lending. But the Good Faith Fund was unable to attract self-formed groups. It was forced to form the groups itself, putting together coalitions of strangers. This undercut the principle of peer lending, and the fund had little early success with the practice. It now uses peer lending more as a support network than as a way to make each group member responsible for other members' loans.

Another difference between the Third World and the First emerged to plague the fund. In developing countries, the programs are allowed to charge relatively high interest rates. This, combined with economies of scale that result from fast-growing programs, allows them to recoup most of their operating costs. But developed countries tend to impose limits on interest rates; Arkansas's strict anti-usury laws would have made it impossible for the Good Faith Fund to cover most of its expenses, even if clients had been pouring in. So, while microcredit programs overseas pride themselves on self-sufficiency, the Good Faith Fund and others like it in the United States became dependent on government and foundation support. An annual report by the Charles Stewart Mott Foundation, one of the biggest American supporters of microcredit programs, estimates that almost 90 percent of U.S. microlenders' budgets will need to come from outside sources.

And what about welfare recipients? In 1994, the Good Faith Fund evaluated how AFDC recipients responded to its program. At first glance, the results seemed positive. The fund gave roughly 140 AFDC recipients twelve weeks of self-employment training and financing, as well as membership in a peer group. Three years later, eighty-one people had completed the program. Of those, seventy-nine are either employed, self-employed, or both, or in a subsequent training program. "That program was really successful by our standards," says Penrose. And, indeed, 60 percent is an impressive rate of retention for a job-training program for AFDC recipients. But how many of those people were fully self-employed in their own businesses? Only four.

Amazingly, microcredit enthusiasts still point to the Good Faith Fund's record as proof that Grameen Bank programs can work anywhere, as well in Detroit as in Dhaka. But to see Good Faith as a ringing affirmation of microcredit's ability to help welfare recipients is to enter the world of the looking glass, where modest results are magnified into massive achievements, and where micro-ideas become macro-boosts. "This is a big idea," says the first lady, "an idea with vast potential." Or at least vast appeal to a president who has earned a reputation for thinking small and talking large.

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Clinton shoots down needle exchange.

LIE OF THE NEEDLE

By Stephen Chapman

The AIDS epidemic has unleashed a slew of efforts to stop transmission of the virus—from distributing condoms to teenagers to tightly screening blood transfusions. But, for years, one of the most effective and inexpensive weapons has languished on the shelf: needle exchange. Last December, the Clinton administration recommended additional money for AIDS research, but barely mentioned needle exchange. The neglect comes at a price: though the virus has abated among gay men, it has proliferated among intravenous drug users, their sexual partners and their children. According to the Centers for Disease Control, this group now accounts for a full third of new HIV infections—up from just 12 percent in 1981. The news gets worse. Unlike other groups, addicts are often cut off from new treatments because of cost or regimen. So, while some hail the coming end of the epidemic, for drug addicts the plague is just entering a new phase.

President Clinton could change all of this. Although current law prohibits federal funds for clean-syringe programs, the executive branch can lift the ban if it finds that needle exchanges slow the spread of AIDS without promoting more drug use. Clinton, facing an election last year, refused to do so. But this year, he had no political pretext. He was not only free of election pressures but Congress had handed him the perfect opportunity: it instructed the administration to report by February 15 on the efficacy of needle exchange. When the long-awaited report from the Department of Health and Human Services arrived, it declared the obvious: needle exchanges do indeed combat HIV transmission. Yet, in classic Clintonesque style, the president straddled, saying such programs may or may not

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encourage drug use. HHS hailed the report as a change in policy. Meanwhile, the ban on federal funding remains in place.

Needle-exchange advocates were understandably upset. "I'd say they mugwumped—you know, mug on one side of the fence, wump on the other," says Dave Purchase, head of the North American Syringe Exchange Network in Tacoma, Washington. "The scientists have spoken on this issue. It's time for the politicians to catch up," adds Dan Bigg, who runs Chicago's largest program. Bigg says he's $130,000 short of what he needs to keep his program going this year. Opening the federal tap even a little would help a lot.

A little more than a decade ago, needle-exchange programs began to provide sterile, hypodermic syringes to drug users. The first exchange was started in Boston in 1986, and the idea soon spread to San Francisco and other cities. Often the programs defied state laws requiring a prescription to obtain a syringe and treating possession of them, except for medical purposes, as a crime. But they soon won the blessing of many mayors and police chiefs, who were willing to look the other way rather than discard a weapon against AIDS. There are now some 111 needle-exchange programs in the United States and Puerto Rico, from the biggest cities to smaller urban areas such as Rockford, Illinois, and Fairbanks, Alaska; together, they collect and distribute some 10 million syringes every year.

The initial theory behind the exchanges remains unchanged: that addicts share their needles not because they want to but because they have to. Since laws banning over-the-counter sale of syringes made the devices scarce, drug users learned to hoard, re-use and share them—even after the emergence and spread of AIDS made this potentially fatal. Grant them cheap or free access to sterile injecting equipment, activists argued, and many users would act with more regard for self-preservation. But opponents contended that anyone eager to put heroin in his arm was unlikely to be terribly fastidious about what he used to inject it. Offering addicts access to clean syringes at low or no cost, they maintained, would do little to slow the epidemic and would foster more drug addiction by signaling society's indulgence of such behavior.

Both theories were entirely plausible, but only one has turned out to be right. In recent years, one study after another has reached the same conclusion. The most definitive one was a report released in September 1995 by the National Academy of Sciences' National Research Council, which concluded that "well-implemented needle exchange programs can be effective in preventing the spread of HIV and do not increase the use of illegal drugs." The council endorsed an end to the federal funding ban and proposed repealing state prescription and drug paraphernalia laws that make syringes scarce.

But the Clinton administration has apparently decided that the political price of endorsing needle exchange outweighs any lives the programs might save. Certainly, there is no potent lobby for drug addicts. And Republicans would doubtless portray a reversal as proof of Clinton's permissive attitude toward drug use. So inaction prevails. After a federally financed study by researchers at the University of California at San Francisco gave a strong endorsement to such programs in 1993, HHS asked scientists at the CDC to review the study and make their own recommendations—which turned out to be identical to those of the UCSF panel. HHS, finding the results unsatisfactory, simply declined to release the CDC analysis, even after it was leaked to *The Washington Post*.

President Clinton will never have a more auspicious opportunity to take the modest risk of giving his blessing to needle exchange. The sheer ferocity of drug czar Barry McCaffrey has largely insulated the president from any charge of being soft on drugs. And Clinton can offer needle exchange as a way not only to prevent AIDS but to funnel addicts into treatment programs—a claim that has the virtue of being true. Besides sterile equipment, most needle-exchange providers offer counseling and drug treatment referrals.

Lifting the ban can be easily justified to the public as a simple matter of saving lives, not just of drug users, but of their innocent spouses and children. Here, Clinton can count on the backing of public health experts. A recent article in the British medical journal *The Lancet* by Peter Lurie, a physician at the Center for AIDS Research at the UCSF, and Ernest Drucker, an epidemiologist at Montefiore Medical Center/Albert Einstein College of Medicine in New York, estimates that, if the United States had begun widely promoting clean syringes in 1987, as Australia did, it could have prevented between 24,000 and 40,000 HIV infections between 1987 and 1995. By 2000, another 44,000 might be averted. Clinton can also defend the policy change on unsentimental fiscal grounds, since the aversion to clean-needle programs costs society a lot of money. Preventing a single HIV transmission through syringe exchanges, according to the 1993 UCSF study, costs between $3,773 and $12,000. Repealing prescription and drug paraphernalia laws offers an even better payoff, since many addicts are more than willing to spend their own cash on sterile equipment. Caring for an AIDS patient, by contrast, means an average expense of some $119,000—a cost that usually falls on taxpayers.

After the 1995 White House conference on AIDS, one attendee expressed pleasant surprise at hearing President Clinton denounce homophobia, but said it would be nice to hear him mention clean needles as well. For the president to ignore the value of needle exchange in combating AIDS is to invite a harsh historical judgment: that he knew what needed to be done but, for flimsy political reasons, refused to do it. For the likely victims of AIDS, of course, the consequences will be even worse.

STEPHEN CHAPMAN is a syndicated columnist on the staff of the *Chicago Tribune*.

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At AIDS Conference, a Call to Arms Against 'Runaway Epidemic'

By LAWRENCE K. ALTMAN

GENEVA, June 28 — Pleas for national leaders to muster the political courage to carry out strong prevention programs to stop the global epidemic of AIDS were sounded at the opening of the 12th World AIDS Conference here today.

Saying that the world is facing a "runaway epidemic" of AIDS, Dr. Peter Piot, the head of the United Nations AIDS program, told the conference that "it is time to embrace a new realism and a new urgency in our efforts" to overcome complacency about human immunodeficiency virus, which causes AIDS.

"This epidemic is out of control at the very time when we know what to do, and what to do now," Dr. Piot said in pointing to areas in Africa where one in four adults is infected with H.I.V.

Other speakers said there was clear and increasing evidence that condoms for men and women, sex education, public information campaigns, short courses of drugs to reduce mother-to-child transmission of H.I.V, needle exchange programs for users of injectable drugs and other measures can prevent H.I.V.

The condom for women, speakers said, was giving women more choice in protecting themselves against H.I.V. More than 18 million such condoms have been sold since 1992. The United Nations has negotiated a program in which four million condoms for women were sold in developing countries last year at a cost of 50 to 90 cents, compared with $2 to $3 in the United States.

Scores more millions of condoms for men have been sold to combat H.I.V. since the AIDS epidemic was discovered in 1981.

Such preventive measures have slowed down H.I.V. infection rates in developed countries and a few developing countries like Senegal, Thailand and Uganda.

But, "Why is it, despite our efforts, that 16,000 people a day are still getting H.I.V. when the infection is preventable?" Dr. Piot asked. "It's a collective failure of the world."

Dr. Ruth Cardoso, the wife of the President of Brazil, said that "the AIDS epidemic is a global public health priority."

"Governments everywhere must be called upon, once and for all, to stop adopting the self-defeating attitude of downplaying the problem's urgency and to take on the fight against AIDS as a major priority," Dr. Cardoso said.

Brazil ranks fourth on the United Nations' list of infected countries, with 580,000 adult carriers of H.I.V. AIDS is Brazil's second-leading cause of death in people ages 20 to 49, Dr. Cardoso said. In Brazil, she heads a government-civilian program to combat poverty and social ostracism.

Ruth Dreifuss, the Swiss Minister of Interior, Health and Social Affairs, said, "The benefits of targeted prevention campaigns far exceed their supposed negative effects."

"Sex education and the promotion of condoms among young people works and does not lead to an increased number of sexual partners," Ms. Dreifuss said.

Drug users have access to free needle exchange programs in Switzerland, and Ms. Dreifuss said that that had drastically reduced the sharing of needles, a source of H.I.V. transmission. She also said that 87 percent of the Swiss population supported such measures.

Critics pointed to the United States Government's lack of financial support for needle exchange programs, which researchers have shown to be effective in reducing H.I.V. infections. In April, the Secretary of Health and Human Services, Donna E. Shalala, endorsed the use of needle exchanges but declined to give communities Federal money to run such programs.

Asked about the discrepancy between the scientific findings and the Clinton Administration policy on needle exchange programs, Dr. Helene Gayle, who heads the AIDS program at the Centers for Disease Control and Prevention, said: "We all know that science should be the basis of our policy. But it's not a perfect world. People in policy roles juggle a lot of things. Needle exchange is a complex issue in a complex world."

Financing for prevention has not kept pace with the epidemic, and in some cases has actually declined as the number of people affected by H.I.V. has increased, Dr. Peter Lamptey, who heads an AIDS program for Family Health International in Research Park Triangle, N.C., said at a separate meeting on AIDS prevention here today.

With more than 13,200 scientists, health workers, government officials and representatives of anti-AIDS groups registered on the first day, the world conference is the biggest such meeting since the first was held in Atlanta in 1985.

More than 10 million people have become infected with H.I.V. since the last AIDS conference in Vancouver in 1996. About half are under age 25.

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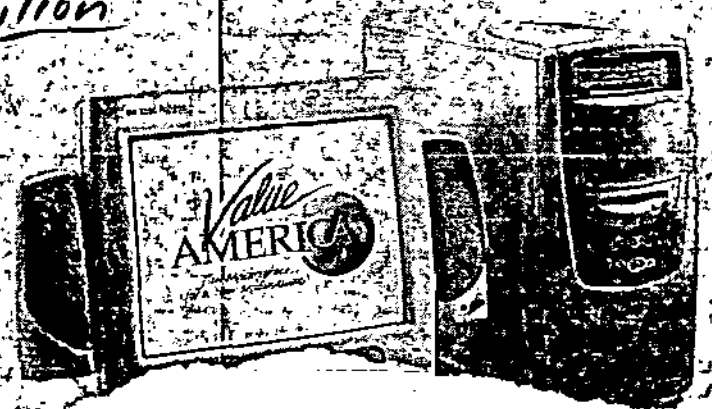

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