

Presidential  
Advisory  
Council  
HIV/AIDS

*AIDS -  
Needle Exchange*

September 11, 1997

Dr. Helene Gayle  
Director  
Centers for HIV/STD/TB Prevention  
Centers for Disease Control and Protection  
Atlanta, GA

Dear Dr. Gayle

The Prevention Committee of the Presidential Advisory Council of HIV and AIDS (PACHA) sends its most sincere thanks to you and your staff for a very informative and quite helpful briefing. As you know, PACHA is charged with advising the President on national HIV and AIDS policy. The Prevention Committee takes seriously the President's Clinton's national challenge to reduce the number of new infections each year until there are none. We are encouraged by your leadership; we are optimistic that, working together, we can begin to shape a federal prevention strategy to achieve the President's goal.

Despite the President's call to reduce new HIV infections, it is our assessment that a clear, comprehensive federal plan to respond to this challenge has yet to be fully developed. In fact, we were alarmed to learn that there is currently no surveillance system that would even allow us to measure our progress toward this end. It is clear that much work remains to be done.

The Committee continues to be concerned that there is no overall plan for the reduction of new infections, and that too many of our current efforts are either outdated or insufficient, or both. We appreciate and applaud the guiding principles that your Centers have adopted to shape your programmatic decisions. However, there appear to be several gaps in your population-based prevention initiatives. We are especially troubled by apparent gaps in prevention efforts for out-of-school youth, African American women and Latinas, young gay men, gay men of color and intravenous drug users and their sexual partners. The national plan to dramatically reduce new HIV infections must include a comprehensive strategy that targets each of these highly impacted populations. Even more consequential, the CDC must take an active role in monitoring and providing technical assistance, training and substantive guidance to the 64 State and local partners that have cooperative agreements. Since it is the efforts of these partners

Helene Gayle, MD, MPH

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that constitute the majority of the CDC's prevention efforts mechanisms to oversee their effectiveness in targeting their resources is critical.

Additionally, some of the Centers' efforts fail to address the full reality of the populations which they seek to serve. One example is the CDC's guidelines concerning HIV-positive health care workers. As you know, these guidelines have been scientifically discredited and they must be revised. We acknowledge that these guidelines were developed in a much more reactionary climate; however, that they are given credence today unduly harms the lives and careers of HIV-positive health care professionals.

Another example of CDC policy that is incongruous with reality is the message policy of the DASH program. DASH guidance fails to provide appropriate messages for gay and lesbian youth, and it restricts participant communication in a manner that is not conducive to clear, open dialogue about sexual health issues; this is essential to any comprehensive HIV prevention program. Likewise, content and message restriction on CDC-funded materials is inconsistent with local community needs, and as such, it does not adequately hit the mark of a viable policy to control a deadly, infectious disease. To restrict message content is to unduly interfere with the effort to reduce HIV/AIDS among high risk populations. Many lives are at risk of HIV infection, and message restriction is an unacceptable policy. Moreover, the Centers' guidance to State and local health departments related to health behaviors fails to address sexual orientation.

Again, the Committee expresses our optimism that, under your direction, the HIV/STD/TB Prevention Centers of the CDC will show greater, bolder leadership in the development of our national HIV prevention efforts. The Committee fully supports your ability to make decisions that are based on the most current understanding of science. The Committee encourages the CDC to more actively engage with your colleagues in managing the political concerns and impediments that may interfere with sound, scientific decision-making.

Leadership requires a high level of accountability. The Committee is concerned that the CDC has been unable to demonstrate the level of accountability that must be assumed in a national crisis, such as the epidemic of new HIV infections. We acknowledge and compliment you for your efforts to better track how federal HIV prevention funds are being spent. The Committee supports the CDC's philosophy of targeting resources to those communities in greatest need, and we believe that an accurate accounting of the allocation of resources is a major component of measuring our effectiveness toward accomplishing this objective. Nowhere is the need for accountability more acute than in the monitoring of HIV prevention community planning. The Committee encourages the CDC to aggressively engage with community prevention planning groups and State and local health departments to ensure that sound public health planning and scientific disease prevention practices are the basis for decision-making. The Committee urges the CDC to make full use of its authority to ensure that State and local HIV prevention grant applications, as well as resource allocations, are consistent with the priorities and the plans set by

Helene Gayle, MD, MPH

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community prevention planning groups.

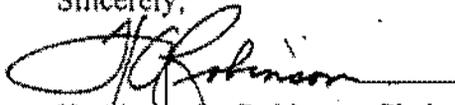
To enhance accountability the Committee encourages the CDC to provide additional guidance to State and local health departments and community prevention planning groups on the methods of sound public health and disease prevention planning. The CDC should more clearly define and articulate its role in community planning, and the CDC must enhance the capacity of its national and regional community partners to intervene when necessary to ensure that the objective to effectively targeting resources is being followed on all levels of its disease prevention efforts.

Unfortunately, there are still gaps in scientific knowledge related to the social, psychological and environmental correlates that have fueled the epidemics of HIV infection in certain populations and in specific regions of this country. While the Committee is delighted with the new research initiatives that are being undertaken by the Centers, we are concerned that significant questions remain unasked. Research questions related to sexual behavior and sexual orientation, whether HIV-positive and HIV-negative individuals require different prevention interventions, the impact and nature of drug using behaviors, and the effectiveness of our current efforts in achieving long-term behavior change may reveal important information.

We are pleased the CDC has made progress toward a coordinated national plan to prevent new HIV infections. We support your efforts in developing and providing accountable, scientific leadership to our nation as we bring an end to this national crisis. We look forward to any responses you may have to any of the matter raised in this letter or in our recent discussions.

Again, thank you for your cordial hospitality in addition to your professional commitment to save lives.

Sincerely,



H. Alexander Robinson, Chair  
on behalf of PACHA Prevention Committee

c: The Honorable Donna Shalala  
Mr. Erskine Bowles, Chief of Staff  
Mr. Bruce Reed, Assistant to President, Domestic Policy  
Ms. Sandy Thurman, Director, Office of National AIDS Policy

USA TODAY • THURSDAY, AUGUST 21, 1987 • 3A

THE NATION

# Needle exchanges still stir debate

## Programs slow AIDS, but some say bad message is sent

By Gary Fields  
USA TODAY

Respected organizations such as the American Bar Association and American Medical Association have endorsed needle-exchange programs as a way to combat AIDS.

But critics, including the Clinton administration, say such programs encourage drug abuse and send the wrong message to the nation's youth.

In 28 states and the District of Columbia, 112 programs provide intravenous drug users with clean syringes. A soon-to-be-released report by the Asso-

ciation of State and Territorial Health Officials says more than 14 million syringes were distributed in 1986.

The exchange programs were established after a link was found between the sharing of needles by intravenous drug users and the transmission of blood-borne diseases and the virus that causes AIDS.

According to the Centers for Disease Control and Prevention in Atlanta, 36% of the 573,000 cases of AIDS among adults reported through December 1986 were the result of intravenous drug use.

In addition to reducing the incidence of AIDS, supporters of needle-exchange programs say the practice also brings drug abusers into regular contact with counselors, who often can steer them into drug treatment programs.

But opponents say that providing free syringes to addicts only encourages the addicts to continue using drugs and also suggests that such drug use is acceptable.

Most states require prescriptions to buy syringes, which typically are used by individuals to inject themselves with insulin and other prescription medicines. Only Connecticut sells syringes over the counter and does not consider them illegal paraphernalia.

David Purchase of the North American Syringe Exchange Network says a study of a pro-

gram in Tacoma, Wash., shows that the percentage of intravenous drug users who tested positive for HIV has dropped by a third since the program started in 1983. Purchase says the study also shows that those in the group now are four times less likely to contract hepatitis B and 45% less likely to be infected or reintroduced with hepatitis C.

"We have scientific proof that syringe exchanges help reduce the incidence of HIV and other blood-transmitted diseases," Purchase says.

The Family Research Council, a conservative family policy organization that lobbies on issues such as sex education, opposes needle exchanges.

On Wednesday, it released the findings of a survey it commissioned, in which 81% of 1,000 people surveyed said that

they think the programs are irresponsible.

"The American people are saying 'Look, Congress, we don't want this,' the council's Robert Magrins says. "We're all concerned about the AIDS epidemic, but it must be handled with good public policy."

Administration anti-drug czar Barry McCaffrey says that at a time when he is pushing for a \$170 million ad campaign to keep teens off drugs, syringe exchanges send "the wrong message."

The federal government provides no funding for needle-exchange programs. And only a handful of states provide funds. In most cases, the costs of the programs are covered by private organizations.

Contributing: Andrea L. Mays

*Needle  
Purchase - exchange  
FYI. I hate, it Duma  
called Eviline to complain.  
The result is a meeting  
during the week of the  
2nd in Eviline's office  
with Duma, the general,  
Ym, Rahim, and Chris.  
Elena*



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

**August 20, 1997**

**OFFICE OF NATIONAL DRUG CONTROL POLICY  
COMMENTS ON NEEDLE EXCHANGE RESEARCH RELEASED AUG. 20  
BY THE FAMILY RESEARCH COUNCIL**

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The Office of National Drug Control Policy released the following comments in connection with a survey announced Aug. 20, in Washington D.C., by the Family Research Council regarding the issue of needle exchange programs:

**"The National Drug Control Strategy focuses on the need for drug treatment to help addicts free themselves from addiction and its terrible health and social consequences. Federal treatment funds should not be diverted to short term 'harm reduction' efforts like needle exchange programs. The problem to be addressed is effective intervention to reduce the number of addicted Americans, currently 3.6 million, who suffer and cause such terrible damage to society from compulsive drug taking activity. The Office of National Drug Control Policy strongly supports drug treatment, and outreach to get addicts into drug treatment, as the proven effective means to deal with the twin epidemics of drug use and HIV/AIDS."**

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**Contact Don Maple, (202) 395-6618.**



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

AIDS-Needle Exchange

FEB 18 1997

1) \$17m in fed funds CDC in FY98  
\$200,000  
117 proj.  
SAMSA - 118

2) Illegal? Law enforcement approval  
3) MMR Study to

The Honorable Arlen Specter  
Chairman  
Subcommittee on Labor, Health  
and Human Services, and Education  
Committee on Appropriations  
United States Senate  
Washington, D.C.

Dear Senator Specter:

In accordance with the request of the Committee included in Senate Report 104-368, I am transmitting the enclosed report reviewing completed and ongoing research on the efficacy of needle exchange programs in reducing HIV transmission and their impact on illegal drug use.

A number of communities have established outreach programs for out-of-treatment drug users to get them into treatment and to get them to reduce high risk sexual and drug using behaviors. Needle exchange programs have also been developed in many communities to reach injecting drug users who are not in treatment and to reduce the transmission of hepatitis and HIV through the reduction of drug use behaviors and unsafe injection practices.

The intravenous use of illegal drugs is wrong, and is clearly a major public health problem as well as a law enforcement concern. Among the many secondary health consequences of injection drug use are the transmission of hepatitis, HIV and other bloodborne diseases. The Department supports a range of activities to cope with these public health issues, from basic research supported by the National Institute on Drug Abuse to substance abuse prevention and treatment programs at the community level.

HIV disease is also an urgent public health problem in our Nation as the leading cause of death among adults age 25-44, and the seventh leading cause of death for all Americans. Injecting drugs with nonsterile equipment is one of three key risk factors for HIV infection, along with unprotected sexual intercourse and untreated sexually transmitted diseases. Unsafe drug injection is the second most frequently reported risk behavior for HIV infection, accounting for a growing proportion of new HIV infections among users, their sexual partners and their children. 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.

Page 2 - The Honorable Arlen Specter

The Department has played an important role in supporting evaluations of needle exchange programs as they impact HIV transmission and patterns of drug use. As requested, this report provides the Committee with the findings of published studies conducted in our country, and a description of current research and interim findings where these are available.

Sincerely,

A handwritten signature in cursive script, appearing to read "Donna E. Shalala".

Donna E. Shalala



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

FEB 18 1997

The Honorable Tom Harkin  
Ranking Minority Member  
Subcommittee on Labor, Health  
and Human Services, and Education  
Committee on Appropriations  
United States Senate  
Washington, D.C.

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**REPORT TO THE COMMITTEE ON APPROPRIATIONS  
FOR THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,  
EDUCATION AND RELATED AGENCIES**

**NEEDLE EXCHANGE PROGRAMS IN AMERICA:  
REVIEW OF PUBLISHED STUDIES AND ONGOING RESEARCH**

**DONNA E. SHALALA  
SECRETARY OF HEALTH AND HUMAN SERVICES  
FEBRUARY 18, 1997**

**REPORT TO THE COMMITTEE ON APPROPRIATIONS FOR  
THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,  
EDUCATION AND RELATED AGENCIES**

**NEEDLE EXCHANGE PROGRAMS IN AMERICA:  
REVIEW OF PUBLISHED STUDIES AND ONGOING RESEARCH**

**Introduction**

On September 12, 1996, the Committee on Appropriations for the Departments of Labor, Health and Human Services, Education and Related Agencies made the following request of the Department of Health and Human Services:

"The Committee understands the Department is continuing to support research, reviewing the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illegal drug use. The Committee requests that the Secretary provide a report by February 15, 1997 on the status of current research projects, an itemization of previously supported research, and the findings to date regarding the efficacy of needle exchange programs for reducing HIV transmission, and not encouraging illegal drug use." Senate Report 104-368, p.68

In response to the Committee's request, this report provides an overview of the current status of knowledge regarding needle exchange programs (NEPs) with a compilation of relevant reviews and abstracts pertinent to the issues of efficacy of NEPs in reducing HIV transmission and their effect on utilization of illegal drugs. In reviewing the body of literature gathered, it is important to note the wide range of methodologic approaches utilized and the impact of these study design choices on the conclusions drawn. For example, studies varied significantly in terms of study populations, survey instruments, and assumptions made in the design of mathematical models used to predict seroincidence and seroprevalence. Given the significantly different design elements, making comparisons or drawing conclusions across studies requires an understanding of these complexities.

In the Department's assessment, providing the findings and conclusions from specific studies without benefit of the context of their specific methodologies would not facilitate a sound understanding of this issue, as the nature of the findings is not consistent. For these reasons, the original reviews and source documents with their discussions of methodological issues are being provided to the Committee for consideration along with the findings and conclusions. The data presented are limited to published studies conducted in the United States, consistent with the approach taken by the National Academy of Sciences, as the legal and cultural

environments of other countries differ sufficiently enough to raise questions about whether the conclusions are applicable to the United States.

The report is presented in four parts. Part One provides a review of completed studies and published abstracts addressing the efficacy of needle exchange programs for reducing HIV transmission and their effect on illegal drug use. Several major reviews, including a report by the National Research Council/Institute of Medicine (NRC/IOM) analyzes those studies published prior to 1995; subsequent studies are identified individually. Part Two describes the status of federally supported evaluation studies of needle exchange programs, with preliminary findings noted where these are available. Part Three provides the results of a national survey of State and local regulation of syringes and needles. Part Four is a set of Appendices which include the reviews of needle exchange programs described in Part One, two studies published since the NRC/IOM review, and relevant abstracts presented at the XI International AIDS Conference in Vancouver, BC in July, 1996.

## **I. Review of Published Studies**

Three reviews of the literature on needle exchange programs have been commissioned by the federal government: (1) Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy, United States General Accounting Office, March 1993; (2) The Public Health Impact of Needle Exchange Programs in the United States and Abroad, prepared by the faculty and research staffs of the San Francisco and Berkeley campuses of the University of California for the Centers for Disease Control and Prevention, U.S. Public Health Service, in September 1993; and (3) Preventing HIV Transmission: The Role of Sterile Needles and Bleach, National Research Council and Institute of Medicine, September 1995.

### **Report of the U.S. General Accounting Office**

The U.S. General Accounting Office (GAO) was requested by the Chairman of the House Select Committee on Narcotics Abuse and Control to: (1) review the results of studies addressing the effectiveness of needle exchange programs in the United States and abroad, (2) assess the credibility of a forecasting model developed at Yale University that estimates the impact of a needle exchange program on the rate of new HIV infections, and (3) determine whether federal funds can be used in support of studies and demonstrations of needle exchange programs.

The GAO conducted a literature review and site visits to two needle exchange programs. While the GAO noted that there were 32 known needle exchange programs in operation in 27 different U.S. cities or counties, their staff visited only those programs located in Tacoma, Washington and New Haven, Connecticut. Needle exchange programs studied by GAO were located in Australia (1), Canada (1), Netherlands (2), Sweden (1), United Kingdom (3), and the United States (1).

The full report with data from nine needle exchange programs and GAO findings are provided at Appendix A. The Results in Brief are abstracted below:

\*Measuring changes in needle sharing behaviors is an indicator often used to assess the impact of needle exchange programs on HIV transmission. We identified nine needle exchange projects that had published results. Only three of these reported findings that were based on strong evidence. Two of these three reported a reduction in needle sharing while a third reported an increase.

One concern surrounding needle exchange programs is whether they lead to increased injection drug use. Seven of the nine projects looked at this issue, and five had strong evidence for us to report on outcomes. All five found that drug use did not increase among users; four reported no increase in frequency of injection and one found no increase in the prevalence of use. None of the studies that addressed the question of whether or not the needle exchange programs contributed to injection drug use by those not previously injecting drugs had findings that met our criteria of strong evidence. Our review of the projects also found that seven reported success in reaching out to injection drug users and referring them to drug treatment and other health services.

We also found the forecasting model developed at Yale University to be credible. This model estimated a 33 percent reduction in new HIV infections among New Haven, Connecticut, needle exchange program participants over 1 year. Based on our expert consultant review, we found the model to be technically sound, its assumptions and data values reasonable and the estimated 33 percent reduction in new HIV infections defensible. This reduction stems from the program's ability to lessen the opportunity for needles to become infected, to be shared, and to infect an uninfected drug user. To gather data in assessing program impact for use in the New Haven model, the researcher developed a new system for tracking and testing for HIV in returned needles.

While these findings suggest that needle exchange programs may hold some promise as an AIDS prevention strategy, HHS is currently restricted from using certain funds to directly support the funding of needle exchange programs. Under the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992, block grant funds authorized by title XIX of the PHS Act may not be used to carry out any needle exchange program unless the Surgeon General determines that they are effective in reducing the spread of HIV and the use of illegal drugs. However, HHS does have the authority to conduct demonstration and research projects that could involve the provision of needles.\* Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy, GAO/HRD-93-60, pages 3-4.

## Report of the University of California

Under a contract with the Centers for Disease Control and Prevention (CDC), faculty of the University of California, at Berkeley and San Francisco, undertook a review and analysis of the literature on needle exchange programs to answer a set of 14 research questions, including the effect of needle exchange programs on HIV infection rates and prevention of HIV infection and effect on drug using behavior. At the time this study, 37 active needle programs were known to exist in the U.S.; the 33 programs which were up and running for sufficient time to be included in this review operated a total of 102 sites. Over 1900 data sources were analyzed and ranked according to the quality of study design and evidence reported; study results report only on those judged to be of acceptable quality, or better. A complete summary of findings and data sources utilized is provided in the final report at Appendix B.

The Executive Summary of the report is provided below:

### **\*How and Why did Needle Exchange Programs Develop?**

Needle exchange programs have continued to increase in number in the US and by September 1, 1993 at least 37 active programs existed. The evolution of needle exchange programs in the US has been characterized by growing efforts to accomodate the concerns of local communities, increasing likelihood of being legal, growing institutionalization, and increasing federal funding of research, although a ban on federal funding for program services remains in effect.

### **How do Needle Exchange Programs Operate?**

About one-half of US needle exchange programs are legal, but funding is often unstable and most programs rely on volunteer services to operate. All but six US needle exchange programs require one-for-one exchanges and rules governing the exchange of syringes are generally well enforced. In addition to having distributed over 5.4 million syringes, US needle exchange programs provide a variety of services ranging from condom and bleach distribution to drug treatment referrals.

### **Do Needle Exchange Programs Act as Bridges to Public Health Services?**

Some needle exchange programs have made significant numbers of referrals to drug abuse treatment and other public health services, but referrals are limited by the paucity of drug treatment slots. Integrating needle exchange programs into the existing public health system is a likely future direction for these programs.

### **How Much Does it Cost to Operate Needle Exchange Programs?**

The median annual budget of US and Canadian needle exchange programs visited is relatively low at \$169,000, with government-run programs tending to be more expensive. Some needle exchange programs are more expensive because they also

provide substantial non-exchange services such as drug treatment referrals. The annual cost of funding an average needle exchange program would support about 60 methadone maintenance slots for one year.

#### **Who Are the IDUs Who Use Needle Exchange Programs?**

Although needle exchange program clients vary from location to location, the programs generally reach a group of injecting drug users with long histories of drug injection who remain at significant risk for human immunodeficiency virus (HIV) infection. Needle exchange program clients in the US have had less exposure to drug abuse treatment than IDUs not using the program.

#### **What Proportion of All Injecting Drug Users in a Community Uses the Needle Exchange Program?**

Studies of adequately funded needle exchange programs suggest that the programs do have the potential to serve significant proportions of the local injecting drug user population. While some needle exchange programs appear to have reached large proportions of local drug injectors at least once, others are reaching only a small fraction of them. Consequently, other methods of increasing sterile needle availability must be explored.

#### **What Are the Community Responses to Needle Exchange Programs?**

Unlike in many foreign countries, including Canada, proposals to establish needle exchange programs in the US have often encountered strong opposition from a variety of different communities. Consultation with affected communities can address many of the concerns raised.

#### **Do Needle Exchange Programs Result in Changes in Community Levels of Drug Use?**

Although quantitative data are difficult to obtain, those available provide no evidence that needle exchange programs increase the amount of drug use by needle exchange program clients or change overall community levels of non-injection and injection drug use. This conclusion is supported by interviews with needle exchange program clients and by injecting drug users not using the programs, who did not believe that increased needle availability would increase drug use.

#### **Do Needle Exchange Programs Affect the Number of Discarded Syringes?**

Needle exchange programs in the US have not been shown to increase the total number of discarded syringes and can be expected to result in fewer discarded syringes.

#### **Do Needle Exchange Programs Affect Rates of HIV Drug and/or Sex Risk Behaviors?**

The majority of studies of needle exchange program clients demonstrate decreased rates of HIV drug risk behavior but not decreased rates of HIV sex risk behavior.

#### **What is the Role of Studies of Syringes in Injection Drug Use Research?**

The limitations of using the testing of syringes as a measure of injecting drug users' behavior or behavior change can be minimized by following syringe characteristics over time, or by comparing characteristics of syringes returned by needle exchange program clients with those obtained from non-clients of the program.

#### **Do Needle Exchange Programs Affect Rates of Diseases Related to Injection Drug Use Other than HIV?**

Studies of the effect of needle exchange programs on injection-related infectious diseases other than HIV provide limited evidence that needle exchange programs are associated with reductions in subcutaneous abscesses and hepatitis B among injecting drug users.

#### **Do Needle Exchange Programs Affect HIV Infection Rates?**

Studies of the effect of needle exchange programs on HIV infection rates do not and, in part due to the need for large sample sizes and the multiple impediments to randomization, probably cannot provide clear evidence that needle exchange programs decrease HIV infection rates. However, needle exchange programs do not appear to be associated with increased rates of HIV infection.

#### **Are Needle Exchange Programs Cost-effective in Preventing HIV Infection?**

Multiple mathematical models of needle exchange programs impact support the findings of the New Haven model. These models suggest that needle exchange programs can prevent significant numbers of infections among clients of the programs, their drug and sex partners, and their offspring. In almost all cases, the cost per HIV infection averted is far below the \$119,000 lifetime cost of treating an HIV-infected person." The Public Health Impact of Needle Exchange Programs in the United States and Abroad, Volume 1, pp.iii-v.

### **Report of the National Academy of Sciences**

In 1992, Congress included a provision in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act directing the Secretary of DHHS to request the National Academy of Sciences (NAS) to conduct a study of the impact of needle exchange and bleach distribution programs on drug use behavior and the spread of infection with the human immunodeficiency virus (HIV). The National Research Council and the Institute of Medicine (NRC/IOM) of the NAS convened an expert panel in 1993, conducted a thorough review of the scientific literature on these issues, and published the report Preventing HIV Transmission: The Role of Sterile Needles and Bleach, in September, 1995.

Approximately 75 needle exchange programs had been initiated in 55 US cities at the time of this report. Data was also newly available assessing the effects of a 1992 Connecticut law decriminalizing the possession of syringes without a prescription.

The scope of the NRC/IOM study extended well beyond the information requested for this report. A review of the scientific data on the effects of needle exchange programs on reduction in HIV transmission rates and impact on drug utilization is presented in Chapter Seven of the report. The text of the full report is provided at Appendix C. The study reviewed and expanded on the previous studies of the GAO and University of California as well as analyzing subsequently published studies through 1994. The NRC/IOM study panel included a discussion of experimental study design and data quality issues in weighing the contribution of published studies. The conclusions and recommendations of the report were based in part on an assessment of the patterns of evidence, and not solely on the quality of evidence in individual studies.

Provided here is a summary of the conclusions of the NRC/IOM panel on the scientific assessment of needle exchange program effectiveness:

#### Scientific Assessment of Program Effectiveness

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

- o Needle exchange programs increase the availability of sterile injection equipment. For the participants in a needle exchange program, the fraction of needles in circulation that are contaminated is lowered by this increased availability. This amounts to a reduction in an important risk factor for HIV transmission.
- o The lower the fraction of needles in circulation that are contaminated, the lower the risk of new HIV infections.
- o There is no credible evidence to date that drug use is increased among participants as a result of programs that provide legal access to sterile equipment.
- o The available scientific literature provides evidence based on self-reports that needle exchange programs do not increase the frequency of injection among program participants and do not increase the number of new initiates to injection use.
- o The available scientific literature provides evidence that needle exchange programs have public support, depending on locality, and that public support tends to increase over time. Preventing HIV Transmission: The Role of Sterile Needles and Bleach, Executive Summary, page 4.

## Other Recent Studies

Other studies and abstracts published since the NRC/IOM report which address the effects of needle exchange programs on HIV transmission and drug-using behavior are provided at Appendix D. These include: (1) a study published by Des Jarlais et al in Lancet, October 1996 researching the question if NEPs have an individual-level protective effect against HIV transmission, (2) an evaluation commissioned by the Massachusetts Department of Public Health on the effects of a pilot needle exchange program, presenting Year One and Year Two data, and (3) abstracts accepted at the XI International Conference on AIDS held in Vancouver, BC July 1996. Although many abstracts included findings relevant to NEPs, only those designed to specifically study the research questions raised by the Appropriations Committee are included in this report.

- (1) Des Jarlais DC, et al. HIV incidence among injecting drug users in New York City syringe-exchange programmes. Lancet 1996; 348: 987-991.

This study employed meta-analytic techniques to compare HIV incidence among injecting drug users participating in syringe-exchange programs in New York City with that among non-participants. Data from three cohorts (total n=1630) was pooled to assess HIV incidence rates.

- \* Findings HIV incidence among continuing exchange users in the Syringe Exchange Evaluation was 1.58 per 100 person-years at risk (95% CI 0.54, 4.65) and among continuing exchange users in the Vaccine Preparedness Initiative it was 1.38 per 100 person-years at risk (0.23, 4.57). Incidence among non-users of the exchange in the Vaccine Preparedness Initiative was 5.26 per 100 person-years at risk (2.41, 11.49), and in the National AIDS Demonstration Research cities (non-exchange users) 6.23 per 100 person-years at risk (4.4, 8.6). In a pooled-data multivariate proportional-hazards analysis, not using the exchanges was associated with a hazard ratio of 3.35 (95% CI 1.29, 8.65) for incident HIV infection compared with using the exchanges.

Interpretation We observed an individual-level protective effect against HIV infection associated with participation in a syringe-exchange programme. Sterile injection equipment should be legally provided to reduce the risk of HIV infection in persons who inject drugs." p. 987.

- (2) The Medical Foundation, Final Report: First Year of the Pilot Needle Exchange Program in Massachusetts, October 1995; and Second Year Update: Program Characteristics of Massachusetts Needle Exchange Programs, 1994-95, August 1996.

These two reports were prepared by The Medical Foundation under contract to the Massachusetts Department of Public Health, to evaluate the effects of a pilot needle exchange program (AHOPE) authorized by State law in 1993. Two needle exchange programs served 1,315 and 1,999 unduplicated clients in 1994 and 1995, respectively. The Executive Summary of the 1995 report and the Second Year Update of 1996 summarize study results to the following questions:

- o What were the demographic characteristics of people who enrolled in the program and did the program reach those at risk for HIV infection in Metro Boston and Cambridge
- o What were the reported injection behaviors and risks of program clients
- o How many client-contacts did the program have and what supplies were distributed
- o Did the program act effectively as a "bridge to treatment" for needle exchange clients
- o Did crime increase in areas with needle exchange sites compared to areas without needle exchange sites
- o Did needle stick injuries to public service workers increase as a result of the program

**\*Conclusion:** Upon completion of its first full year of operation, AHOPE has been successful in enrolling 1,315 clients, exchanging 37,575 syringes, and linking 16.6% of the eligible clients to drug treatment. Many of the major concerns regarding the establishment of the program -- namely the danger of increased crime, the initiation of young people into drug use and injection, the attraction of addicts from wide geographic areas into Boston, and the possibility of needle stick injuries to public workers -- did not come to pass. AHOPE appears to have significantly contributed to the reduction of HIV risk among a diverse population at high risk for HIV infection and transmission with little negative community impact." Final Report: First Year of the Pilot Needle Exchange Program in Massachusetts, October 1995, p.7.

**\*Conclusion:** The program is expanding into areas of the state where there is much need for prevention services while maintaining continuity of care in areas where the program is already established. There is no evidence that the program is attracting young or new injectors, there have been no other negative community impacts. The programs have had significantly positive impacts, both in preventing HIV through the provision of sterile syringes and prevention supplies and education and in the form of enhanced drug treatment linkage for the older, impoverished long-term addicts who utilize the program." Second Year Update: Program Characteristics of Massachusetts Needle Exchange Programs, 1994-1995, August 1996, p.3.

- (3) Abstracts from the XI International Conference on AIDS, Vancouver, BC, July 1996. The following two abstracts reported on US needle exchange programs in Baltimore, MD and New York City.

**Vlahov, D et al. Evaluation of the Baltimore Needle Exchange Program: Preliminary Results. [Abstract Mo.D.361]** The following key variables were addressed in the abstract: frequency of drug injection, frequency of needle exchanges, needle sharing patterns, use of shooting galleries, number of injections on the street, and disposal of used needles on the street.

**\*Conclusion** This NEP has recruited a large number of IDUs and preliminary data suggest that the NEP attracts high risk IDUs, and that a reduction in HIV risk drug use is observed.\*

**Schoenbaum, EE et al. Needle Exchange Use Among a Cohort of Drug Users. [Abstract Tu.C.2523]** The abstract reports on a prospective study of injection behaviors among IDUs enrolled in a methadone maintenance program who did and did not utilize a local needle exchange program in the Bronx, New York City between 1985-1993. The following key variables were addressed in the abstract: the percent of clients injecting over time, percent of clients using the needle exchange program, needle sharing behavior, and HIV seropositivity status.

**\*Conclusion** Methadone treated IDUs with access to a needle exchange decreased injection and needle sharing. This pattern of harm reduction, which began years before the needle exchange program opened, occurred in those who did and did not utilize the needle exchange. Needle exchange, as a strategy to decrease injection-related harm, should not be viewed as discordant with methadone treatment.\*

## **II. Current Federally Supported Research on Needle Exchange Programs**

The Department has taken an active interest in evaluating the public health impact of needle exchange programs since 1992, in light of the opportunity to reduce bloodborne transmissible diseases among IDUs and to serve as a gateway to substance abuse treatment. These research activities have been centered at the National Institute on Drug Abuse (NIDA). A description of NIDA's needle exchange research portfolio which includes 15 funded studies is described in Appendix E. All federally sponsored research is limited by statute to evaluations of existing NEPs and does not support the purchase or distribution of needles.

Of the 15 studies funded by NIDA, only two have been completed. A summary of findings to date follows here. Of 4 studies reporting data on frequency of injection, three report no evidence of increased injection frequency, and one shows a decreased rate of injections. All four of the 15 studies reporting data on multi-person reuse, or sharing, of syringes show a decrease in the reuse of syringes. Data on the prevalence or incidence of hepatitis and HIV is available for 2 of the 15 projects. In one study between 51% - 55% of syringes returned were seropositive; of note, multiple syringes may have been returned by a single

individual affecting interpretation of these results. In the other study, a 33 percent relative reduction in HIV incidence in needle exchange program users was predicted based on a mathematical model. This model was reviewed and assessed to be methodologically sound in the GAO report found at Appendix A.

### III. National Survey on the Regulation of Syringes and Needles

A recent national survey of laws and regulations governing the sale and possession of needles and syringes in the United States and its territories is included at Appendix F, to provide the Committee with additional background on the variety of state and local drug paraphernalia laws, syringe prescription statutes, and pharmacy regulations in effect. A number of states and local ordinances have created exceptions to laws and regulations for operators of syringe exchange programs and their participants. An overview of the legislative history and the specifics of exemptions are included along with the results of the national survey.

#### Summary

This review provides the Committee with an overview of the current status of knowledge regarding the impact needle exchange programs may have on the seroincidence of HIV and their impact on drug use; behavior of needle exchange participants. Overall these studies indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate 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.

### IV. Appendices

- Appendix A. Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy. U.S. General Accounting Office. 1993
- Appendix B. The Public Health Impact of Needle Exchange Programs in the United States and Abroad. Volume I. San Francisco, CA: University of California. 1993
- Appendix C. Preventing HIV Transmission: The Role of Sterile Needles and Bleach. National Research Council and Institute of Medicine. 1995.
- Appendix D. Des Jarlais DC, Marmor M, Paone D et al. HIV Incidence Among Injecting Drug Users in New York City Syringe-Exchange Programmes. Lancet. 1996;348:987-991.

First year report (October 1995) and Second Year Update (August 1996) of the Pilot Needle Exchange Program in Massachusetts. The Medical Foundation, for the Massachusetts Department of Public Health.

Abstracts from the XI International Conference on AIDS, Vancouver, BC July 1996:

- 1) Vlahov D. et al. Evaluation of the Baltimore Needle Exchange Program: Preliminary Results. Abstract Mo.D.361
- 2) Schoenbaum, E. et al. Needle Exchange Use Among a Cohort of Drug Users. Abstract Tu.C.2523

Appendix E. NIDA's Needle Hygiene and Needle Exchange Evaluation Research Program Portfolio, 1992 - Present.

Appendix F. Gostin LO, Lazzarini JD, Jones TS, Flaherty K. Prevention of HIV/AIDS and Other Blood-Borne Diseases Among Injection Drug Users. JAMA. 1997;277:53-62.

**GAO**

Report to the Chairman, Select  
Committee on Narcotics Abuse and  
Control, House of Representatives

March 1993

# NEEDLE EXCHANGE PROGRAMS

## Research Suggests Promise as an AIDS Prevention Strategy





Supported by the  
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Public Health Service



APPENDIX B

# THE PUBLIC HEALTH IMPACT OF NEEDLE EXCHANGE PROGRAMS IN THE UNITED STATES AND ABROAD

Volume 1

SCHOOL OF PUBLIC HEALTH,  
UNIVERSITY OF CALIFORNIA, BERKELEY

INSTITUTE FOR HEALTH POLICY STUDIES  
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

PREPARED FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION

October 1993

ALB-D-82 C

# PREVENTING HIV

## TRANSMISSION

The Role of  
Sterile Needles  
and Bleach

NATIONAL RESEARCH COUNCIL • INSTITUTE OF MEDICINE

**[Mo.D.361] EVALUATION OF THE BALTIMORE NEEDLE EXCHANGE PROGRAM:  
PRELIMINARY RESULTS**

Vlahov D, Junge, Benjamin, Beilenson P\*, Brookmeyer RS, Cohn S, Armenian H. The Johns Hopkins School of Public Health; \*Baltimore City Health Department.

**Objective:** To evaluate the first year of the Needle Exchange Program (NEP) for injection drug users (IDUs).

**Methods:** All participants between 8/12/94 and 8/11/95 who underwent enrollment interviews on sociodemographic and drug use practices. A systematic sample was interviewed at initial, two week and six month follow-up visits about needle acquisition, use and disposal practices during the 2 weeks before each interview. Data were analyzed using paired T-tests. In a community cohort (the ALIVE Study) demographics and HIV seroconversion rates were compared between participants who used vs. did not use the NEP.

**Results:** During the first year, 2965 IDUs enrolled in the NEP of whom 87% were African-American, 72% were male, 56% had < 12 years of education, 92% were unemployed and 90% injected | 1/day; the median age was 38 years old. Within the ALIVE cohort, NEP users were more likely to inject | 1/day, otherwise IDUs not enrolled in NEP were statistically similar. Of the 2965, 55% returned at least once to exchange, and 7% were high volume exchangers (> 50/visit); among high volume exchangers injection frequency and needles exchanged were similar. In the interviewed subset, there was a significant decrease ( $p < .05$ ) of injections on the street, frequency of injection, needle sharing, use of galleries, and discarding needles on the street in the 2 weeks prior and subsequent to enrollment. These changes were sustained at the six month visit. **Conclusion:** This NEP has recruited a large number of IDUs and preliminary data suggest that the NEP attracts high risk IDUs, and that a reduction in HIV risk drug use is observed.

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Phone: 410-614-3632 Fax: 410-614-9910

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## HIV incidence among injecting drug users in New York City syringe-exchange programmes

Don C Des Jarlais, Michael Marmor, Denise F. Kline, Stephen Titus, Qiyuh Shi, Theresa Perlis, Benny Jose, Samuel R Friedman

### Summary

**Background** There have been no studies showing that participation in programmes which provide legal access to drug-injection equipment leads to individual-level protection against incident HIV infection. We have compared HIV incidence among injecting drug users participating in syringe-exchange programmes in New York City with that among non-participants.

**Methods** We used meta-analytic techniques to combine HIV incidence data from injecting drug users in three studies: the Syringe Exchange Evaluation (n=280), in which multiple interviews and saliva samples were collected from participants at exchange sites; the Vaccine Preparedness Initiative cohort (n=133 continuing exchangers and 188 non-exchangers, in which participants were interviewed and tested for HIV every 3 months); and very-high-seroprevalence cities in the National AIDS Demonstration Research (NADR) programme (n=1029), in which street-recruited individuals were interviewed and tested for HIV every 6 months. In practice, participants in the NADR study had not used syringe exchanges.

**Findings** HIV incidence among continuing exchange-users in the Syringe Exchange Evaluation was 1.58 per 100 person-years at risk (95% CI 0.54, 4.65) and among continuing exchange-users in the Vaccine Preparedness Initiative it was 1.38 per 100 person-years at risk (0.23, 4.57). Incidence among non-users of the exchange in the Vaccine Preparedness Initiative was 5.26 per 100 person-years at risk (2.41, 11.49), and in the NADR cities, 6.2 per 100

person-years at risk (4.4, 8.6). In a pooled-data, multivariate proportional-hazards analysis, not using the exchanges was associated with a hazard ratio of 3.35 (95% CI 1.29, 8.65) for incident HIV infection compared with using the exchanges.

**Interpretation** We observed an individual-level protective effect against HIV infection associated with participation in a syringe-exchange programme. Sterile injection equipment should be legally provided to reduce the risk of HIV infection in persons who inject illicit drugs.

### Introduction

The provision of sterile injection equipment (syringe exchanges or pharmacy sales) has been the main method for reducing HIV infection among injecting drug users (IDUs) in most industrialised countries.<sup>1</sup> After nearly a decade of research on legal injection equipment for preventing HIV infection, there is no evidence that such programmes are associated with increased illicit drug injection, whereas that participation is associated with lower rates of drug-injection HIV-risk behaviour.<sup>1-3</sup> To date, however, there has been no direct evidence that participation is associated with a lower risk of incident HIV infection for the individual IDU.<sup>4</sup>

New York City had rapid transmission of HIV among drug injectors between 1978 and 1984, with seroprevalence reaching about 50%.<sup>5</sup> A small-scale pilot syringe-exchange programme was started by the City Department of Health in 1988, although this programme was discontinued by a new mayor in 1990.<sup>6</sup> Community activists then opened a number of "underground" exchanges. In 1992, the New York State Health Department permitted legal operation of five community exchanges. These exchanges expanded rapidly, providing services to about 36 000 IDUs by September, 1995, and exchanging 1.75 million syringes in 1994.

We report on incident HIV infections among IDUs in community-based syringe-exchange programmes in New York City from 1992 to 1995. We have reported on reductions in HIV risk behaviour among participants.<sup>7,8</sup>

*Lancet* 1996; 348: 987-91

Beth Israel Medical Center (Prof D C Des Jarlais md, D F Kline md, Q Shi ms), New York University Medical Center (Prof M Marmor md, S Titus md), and National Development and Research Institutes, Inc (D C Des Jarlais, T Perlis ms, B Jose md, S R Friedman ms), New York, New York, USA

Correspondence to: Prof Don C Des Jarlais, Beth Israel Medical Center, Chemical Dependency Institute, 1st Avenue and 16th Street, New York, NY 10003, USA

[Tu.C.2523] NEEDLE EXCHANGE USE AMONG A COHORT OF DRUG USERS

Schoenbaum, Ellie E\*, Hartel DM, Gourevitch MN. Montefiore Med Center, Albert Einstein College of Medicine, Bronx, New York, USA.

**Objective:** To prospectively study injection behaviors among IDU who did and did not utilize a local needle exchange in the Bronx, New York City.

**Methods:** Starting in 1985, IDUs attending a methadone maintenance program were enrolled in a prospective study of HIV-related risk behaviors. Since 1989, when a needle exchange opened near the methadone program, data were collected regarding the number and percent of needles obtained at the needle exchange. By end of 1993, 12.6% had died and 23.7% were lost to follow-up.

**Results:** Of 904 IDUs who injected between 1985 -1993, 21.9% used the needle exchange. Male gender (ORadj 1.57), HIV seropositivity (ORadj 1.39) and younger age (ORadj/10 yrs of age 1.66) were independently associated with needle exchange use. The percent injecting declined each year, preceding the needle exchange opening and concurrent with its operation (from 64.6% in 1985 to 43.6% in 1993). The proportion of active injectors using the needle exchange increased from 38/398 (9.6%) in 1989 to 140/251 (55.8%) in 1993. Among the 329 IDU who injected in 1988, the year before the exchange opened, 53/124 (42.7%)( $p < .001$ ) who went on to use the needle exchange and 168/205 (81.9%)( $p < .001$ ) non-users stopped or decreased injecting by 1993. Needle exchange users reported less needle sharing than non-users ( $p < .05$  in 1993). HIV infected and uninfected IDUs were equally likely to decrease or stop injecting.

**Conclusions:** Methadone treated IDUs with access to a needle exchange decreased injection and needle sharing. This pattern of harm reduction, which began years before the needle exchange opened, occurred in those who did and did not utilize the needle exchange. Needle exchange, as a strategy to decrease injection-related harm, should not be viewed as discordant with methadone treatment.

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Email: schoenba@aecom.yu.edu

**Second Year Update**  
**Program characteristics of Massachusetts**  
**needle exchange programs, 1994-95**

**August 1996**

THE MEDICAL FOUNDATION

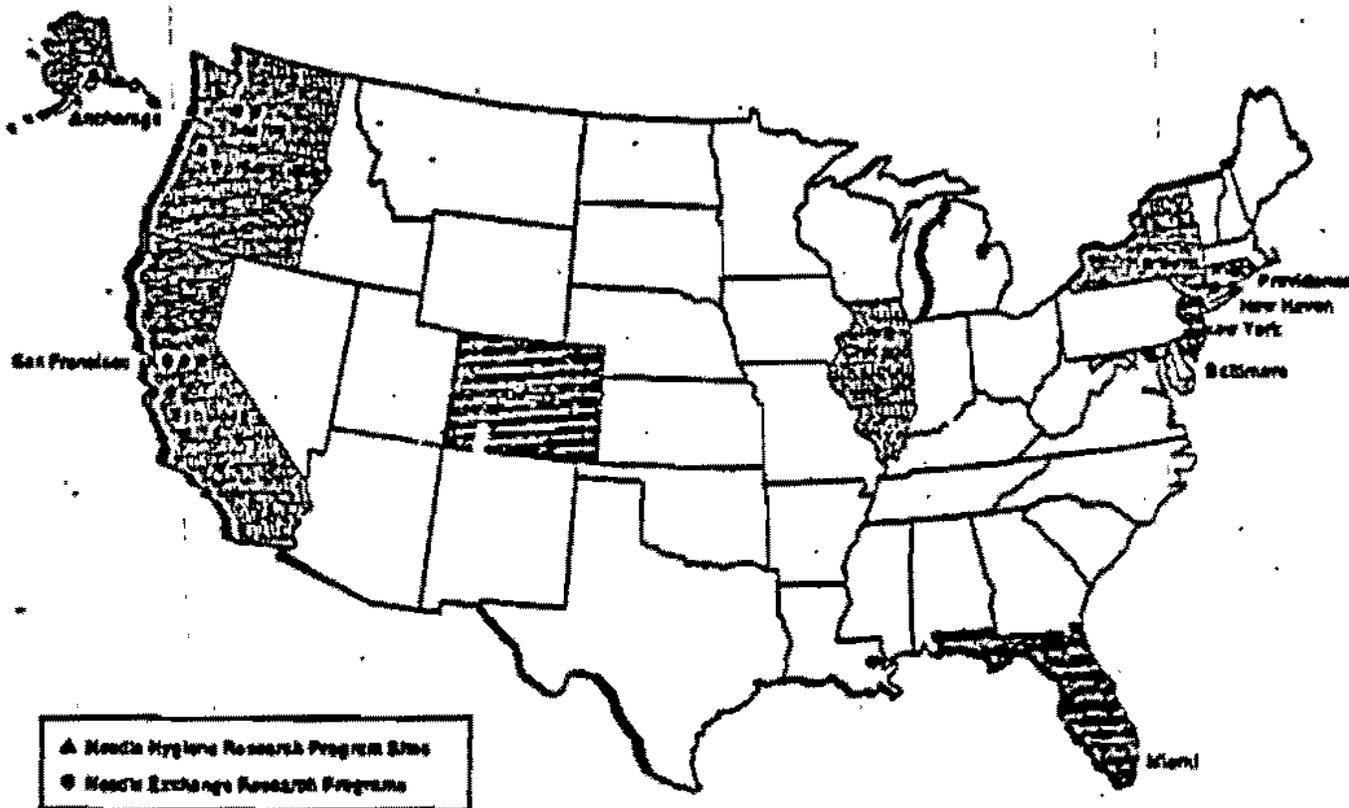
**Final Report**  
**First Year of the Pilot Needle Exchange Program**  
**in Massachusetts**

October 1995

The Medical Foundation  
95 Berkeley Street  
Boston MA 02116

# NIDA'S NEEDLE HYGIENE AND NEEDLE EXCHANGE EVALUATION RESEARCH PROGRAM PORTFOLIO 1992-PRESENT

NEEDLE HYGIENE AND NEEDLE EXCHANGE EVALUATION RESEARCH PROGRAM SITES:



## Needle Exchange Research Program Grantees

*Russell E. Alexander, Ph.D., Seattle, WA; Frederick Altice, M.D., New Haven, CT; Don Des Jarlais, Ph.D., New York, NY; Dennis G. Fisher, Ph.D., Anchorage, AK; David R. Gibson, Ph.D., San Jose, CA; Holly Hagan, Ph.D., Seattle-King County, WA; Edward H. Kaplan, Ph.D., New Haven, CT; Peter G. Lurie, Ph.D., San Francisco, CA; Sheila B. Murphy, Ph.D., San Francisco, CA; Lawrence J. Ouellet, Ph.D., Chicago, IL; Josiah Rich, M.D., Providence, RI; Merrill C. Singer, Ph.D., Hartford, CT; Thomas W. Valente, Ph.D., Baltimore, MD; David Vlahov, Ph.D., Baltimore, MD; Ricky Bluthenthal, M.A., San Francisco, CA.*

## Needle Hygiene Research Program Grantees

*Michael Clatts, Ph.D., New York, NY; Steve Koester, Ph.D., Denver, CO; Clyde B. McCoy, Ph.D., Miami, FL.*

# Prevention of HIV/AIDS and Other Blood-Borne Diseases Among Injection Drug Users

## A National Survey on the Regulation of Syringes and Needles

Lawrence O. Gostin, JD; Zita Lazzarini, JD, MPH; T. Stephen Jones, MD, MPH; Kathleen Flaherty, JD

We report the results of a survey of laws and regulations governing the sale and possession of needles and syringes in the United States and its territories and discuss legal and public health proposals to increase the availability of sterile syringes, as a human immunodeficiency virus (HIV) transmission prevention measure, for persons who continue to inject drugs. Every state, the District of Columbia (DC), and the Virgin Islands (VI) have enacted state or local laws or regulations that restrict the sale, distribution, or possession of syringes. Drug paraphernalia laws prohibiting the sale, distribution, and/or possession of syringes known to be used to introduce illicit drugs into the body exist in 47 states, DC, and VI. Syringe prescription laws prohibiting the sale, distribution, and possession of syringes without a valid medical prescription exist in 8 states and VI. Pharmacy regulations or practice guidelines restricting access to syringes in 23 states. We discuss the following legal and public health approaches to improve the availability of sterile syringes to prevent blood-borne disease among injection drug users: (1) clarify the legitimate medical purpose of sterile syringes for the prevention of HIV and other blood-borne infections; (2) modify drug paraphernalia laws to exclude syringes; (3) repeal syringe prescription laws; (4) repeal pharmacy regulations and practice guidelines restricting the sale of sterile syringes; (5) promote professional training of pharmacists, other health professionals, and law enforcement officers about the prevention of blood-borne infections; (6) permit local discretion in establishing syringe exchange programs; and (7) design community programs for safe syringe disposal.

JAMA 1997;277:53-63

### THE MAGNITUDE OF THE EPIDEMICS OF DRUG USE AND BLOOD-BORNE DISEASES

The dual epidemics of drug use and the human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) are highly destructive of public health and social life in

America.<sup>1</sup> The drug-related health problems of the estimated 1.5 million injection drug users (IDUs) in the United States<sup>2,3</sup> range from blood-borne infections such as hepatitis B and C, HIV/AIDS, endocarditis, and malaria<sup>4,5</sup> to physical deterioration and death. Illegal drug use and the drug industry that fuels it are associated with a multitude of crimes against persons and property. Drug use induces family disintegration, child neglect, economic ruin, and social decay. Drug use exacts an estimated annual cost to society of \$58.8 billion—in lost productivity, motor vehicle crashes, crime, stolen property, and drug treatment.<sup>6</sup>

Injection drug use is the second most frequently reported risk for AIDS, accounting for 184 359 cases through December 1995.<sup>7</sup> In 1995, 86% of all AIDS cases occurred among IDUs, their heterosexual sex partners, and children whose mother were IDUs or sex partners of IDUs.<sup>8</sup> In contrast, in 1981, only 12% of all reported AIDS cases were associated with injection drug use.<sup>9</sup> In some areas, seroprevalence among IDUs is as high as 65%; in other areas, the rates are significantly lower.<sup>10,11</sup> Minorities, moreover, bear a disproportionately high burden. The rate of IDU-associated AIDS per 100 000 population is 8.1 for whites, 21.9 for Hispanics, and 50.9 for African Americans.<sup>1</sup>

Transmission of HIV infection through injection drug use has a cascading effect; infections spread from IDUs to their sexual and needle-sharing partners and from HIV-infected mothers to their children. Of the 71 818 AIDS cases among women reported through December 1995, nearly 65% were IDUs or were sexual partners of an IDU. Further, of the 6256 perinatally acquired AIDS cases reported through December 1995, 60% had mothers who were IDUs or had sex with an IDU.<sup>1</sup> These data suggest that drug use and related behaviors<sup>12</sup> are potent catalysts for spreading HIV throughout the population.<sup>13</sup> It has been estimated that approximately half of all new HIV infections in the United States occur among IDUs.<sup>14</sup>

### THE ROLE OF SYRINGES IN THE TRANSMISSION OF BLOOD-BORNE DISEASE

Injection drug users transmit HIV infection and other blood-borne diseases to other users primarily through multiperson use (often called "sharing") of syringes.<sup>15</sup> (For the purpose of this article, "syringe" includes both syringes and needles.) Each time an IDU injects drugs, the syring

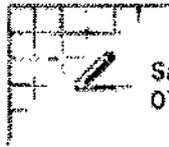
From the Georgetown/Johns Hopkins Program in Law and Public Health, Washington, DC, and Baltimore, Md (Mr Gostin and Ms Flaherty); Harvard School of Public Health, Boston, Mass (Ms Lazzarini); and the Centers for Disease Control and Prevention, Atlanta, Ga (Dr Jones).

The views expressed herein are those of the authors and do not necessarily reflect the official policy of the US Department of Health and Human Services, the Center for Disease Control and Prevention, or the Centers for Disease Control and Prevention, or the sponsors of the consultation held at the Carter Presidential Center.

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Health Law and Ethics section editor: Lawrence O. Gostin, JD, Georgetown/Johns Hopkins University Program on Law and Public Health, Washington, DC, 8 Baltimore, Md; Helene M. Cole, MD, Contributing Editor, JAMA.

AIDS - Needle Exchange



Sandra Thurman  
07/10/97 12:22:13 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP  
cc: Christopher C. Jennings/OPD/EOP  
Subject: HHS/Needle Exchange

URGENT

I have been advised by HHS that Kevin et.al. are now prepared not only to come to this meeting prepared to commit to lifting the restriction but also lay out a rollout plan. If it looks like the the House is going to strip them of their authority they are prepared to move as early as next week in a public event with all sorts of public health folks, etc.

I am sending you a copy of the President's remarks on the Public Liason memo, notes on General McCaffrey's recent remarks which indicate a bit of a shift on the issue for him, and recent polling data on needle exchange.

I need your advice on how to proceed. If Kevin comes in as the hero here and we are not on the program, we are going to look pretty bad.

I should be careful what I wish for...I just might get it.

Help.

- Christine: Rt-wing challenge. Protect Secy's authority. Certify before  
Michael: We are livid. Not Cong's fault if we lose authority. Secy to blame  
BS: Chilling effect at state level.  
Mike: Got ducks in a row. We've moved CBC.  
Seth: Officially convey our position on the need to preserve that authority. Porter, Pelosi, Dr. Varnus.  
Ask AMA to support our position. Convene group.  
Christine: Can't win in full court.  
Imp. to send the message  
GOPs will act regardless  
Specific timeline for decision. Firm commitment in subcomm.

Date: April 29, 1997  
 To: The Human Rights Campaign  
 From: Lori Gudermuth  
 The Tarrance Group (R)

Celinda Lake, Jennifer Sosin and Dana Stanley  
 Lake Sosin Snell & Associates (D)

Re: **AMERICANS SUPPORT NEEDLE EXCHANGE**

A new national poll by the Tarrance Group (R) and Lake Sosin Snell & Associates (D) shows that a majority (55%) of the American public favors needle exchange programs:

*Some local communities have adopted "needle exchange" programs as a way to curb the spread of AIDS and HIV. "Needle exchange" programs allow drug users to trade in USED needles for CLEAN needles. Generally speaking, do you FAVOR or OPPOSE these kinds of "needle exchange" programs?*

**[FOLLOW-UP:] Is that STRONGLY (favor/oppose), or SOMEWHAT (favor/oppose)?**

<i>strongly favor</i> .....	32	55
<i>somewhat favor</i> .....	23	
<i>somewhat oppose</i> .....	9	
<i>strongly oppose</i> .....	29	37
<i>(don't know)</i> .....	8	

Republicans are split evenly on this issue (45% favor, 48% oppose, 7% don't know), and moderate-liberal Republicans favor needle exchange by 17 percentage points (57% favor, 40% oppose, 3% don't know). Strong majorities of both independents (58% favor, 33% oppose, 9% don't know) and Democrats (64% favor, 29% oppose, 7% don't know) are in favor. Needle exchange also finds support in every region of the country: 60%-32% in the Northeast, 49%-44% in the Midwest, 51%-40% in the South, and 64%-30% in the West.

This memorandum reports the findings from a national survey of 1,000 adults who indicated they are registered to vote, conducted April 8-10, 1997, by The Tarrance Group and Lake Sosin Snell & Associates. The overall margin of error is ±3.1 percent.

201 NORTH UNION, SUITE 410  
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 202/778-8068

- We are starting to meet with hate crimes victims advocates and state and local law enforcement officials in preparation for the November 10th White House Conference on Hate Crimes. We are also working closely with the DOJ Hate Crimes Task Force, which, among other things, is developing a legislative proposal for expanding federal hate crimes protections, in some cases, to the disabled, women and gays and lesbians. Senator Kennedy may offer such a proposal before the August recess in connection with the consideration of the Juvenile Justice legislation.

EDUCATION

- We met with the National Urban League (NUL) and the National Alliance of Black School Educators (NABSE) who are ready to take a leading role in their communities to support your National Education Standards Initiative. We have confirmed a meeting next week with the NAACP Legislative Director and received a tentative confirmation for a meeting with CBTU President Bill Lucy for each organization to consider taking a significant role in their communities to support your Education Initiative.

We followed up on your satellite address to LULAC by meeting with their leadership to explore opportunities to mobilize LULAC's membership around the America Reads initiative. LULAC will be working with OPL and the Department of Education to develop a mentoring program in targeted cities. The goal is to have something to announce when Education releases its report on the Hispanic high school drop-out rate in the fall.

*GOOD*  
*CALL WRIGHT*  
*TRULL TO*  
*SUPPORT*  
*STANAWAY*

CONSTITUENT AND OTHER ISSUES

NATO ENLARGEMENT

- OPL was a joint organizer of the send-off event on Thursday for the President as he leaves for Madrid to attend the NATO summit. Approximately thirty ethnic group leaders will attend the event who have worked on NATO enlargement since the inception of the President's Partnership for Peace policy in early 1994. Also included in the audience are approximately 150 veterans representing over twenty veteran service organizations. This event will help the American people focus on the historic significance of the Madrid trip and build support for the NATO enlargement, support we will need since the treaty will have to be ratified by Congress after the President returns home.

AIDS

- HHS appears close to a recommendation that the restrictions on the use of federal funds for needle exchange programs be lifted. Meanwhile, there is an effort to remove HHS's authority to do so as part of the Labor-HHS Appropriations Sub-Committee mark-up now scheduled for July 15th.

*PHOTODUPLICATION*

**Introduction:**

General Barry McCaffrey, the Director of the Office of National Drug Control Policy, spoke at the Commonwealth Club in San Francisco July 2 about the nation's drug control strategy. During the question and answer period, he spoke briefly about the issue of needle exchange. He also made some relevant statements in his prepared remarks. Below is a summary, and in some cases, direct quotes from General McCaffrey's remarks. I thought that you might find this information interesting, if not helpful.

**McCaffrey Remarks:**

In his opening remarks, he stated that, "by the end of the century, we must replace ideology with science in discussions about drug addiction." He spoke to the need for factual information and for facts to inform our discussions.

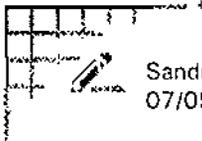
He referred to the AIDS epidemic and its link to the abuse of illegal drugs. Per the materials handed out at the event, the goal of reducing the health and social costs associated with illegal drug use (with an emphasis on infectious diseases) is one of five major goals listed in the 1997 National Drug Control Strategy. He emphasized that overall, his strategy is to focus on prevention and intervention (including substance abuse treatment).

When asked about needle exchange, his response was that he realized that there can be a tension or trade-off between the desire to reduce harm associated with drug use and preventing drug use. He said that there were over 80 NEPs nation-wide, that studies are now being done, that "the Federal government recently reported to the Congress that in some cases, needle exchange will reduce the spread of HIV" and that he believed that this was a "tremendously desired good."

He then stated that "there is less clear cut evidence that needle exchange reduces drug abuse" (note use of SAMHSA standard and not HHS). He said that if the studies indicate (not clearly referring to one standard or the other), the federal government should do it.

He then stated that, "The problem I have with needle exchange is that I don't want health professionals to walk away from those addicted to drugs." He went on to say that it is clearly cheaper to "drive around in a van and pass out condoms and clean needles" than it is to provide outreach to link IDU's with treatment and to provide the treatment itself. He closed his comments on the topic by saying that he "did not want for needle exchange to be seen as a cheap cop out in this battle."

Parenthetically, during the Q & A he was asked by a number of audience members about medicinal use of marijuana. His first response was that, in his opinion, the question of which drugs doctors should make available to patients is a question for NIH/FDA and not for politicians; that there needs to be a scientific basis for determining whether or not marijuana should be prescribed for medical use, and that the Administration has asked the Institute of Medicine, National Academy of Sciences and Dr. Varmus to "entertain serious scientific scrutiny" of this question. I mention this only because I was somewhat heartened by his tendency to want to rely on scientific evidence to dictate federal policy on this controversial issue.



Sandra Thurman  
07/09/97 06:30:06 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP  
cc: Christopher C. Jennings/OPD/EOP  
Subject: Needle Exchange Meeting

In preparation for tomorrow's meeting with community folks to discuss needle exchange, I thought it would be helpful to provide some comments and suggestions.

At this point, the AIDS activist community is very upset about a number of issues they feel reflect a lack of the Administration's concern around AIDS:

1. AIDS programs not designated as "protected" in the recent budget arrangement with Congress;
2. No request for a FY97 supplemental appropriation for the AIDS Drug Assistance Program (ADAP);
3. No amended FY98 budget request for Ryan White programs (including ADAP);
4. No action by the Secretary of HHS to remove the restriction on federal funding of needle exchange programs.

Their overarching concerns will influence the context in which they discuss needle exchange; it is also likely that the Secretary's decision not to amend the FY98 AIDS budget request will be raised.

A unified and supportive stance by Administration officials at the meeting is critical. I would like to make three recommendations during the meeting for which I'll seek your public support:

1. That the Administration move from "if we are going to remove the restriction" to "when and how we are going to remove the restriction" (as late as possible but prior to any revocation by Congress of the Secretary's authority to remove the restriction);
2. That I offer to help in the work necessary to educate some Members of Congress on the need to respond to this issue based on the science, which leads us to a conclusion that needle exchange is a critical component of comprehensive AIDS prevention campaigns (HHS will need to task Drs. Varmus and Goosby to join me in this effort, as well as in preliminary meetings with General McCaffrey); and
3. That I tell the community at the start of the meeting that we will set aside some time at the end of the meeting to hear their concerns about the FY98 budget.

Prior to tomorrow's meeting, I will need to chat with you briefly to script this meeting. I have several calls in to Kevin to insure that he and the Secretary are comfortable with this strategy; however, we haven't connected yet - I may need your help on this.

For your information, this is an editorial in yesterday's LA Times (Washington Edition):

***Needle Programs Are Needed***  
***Evidence is in: They can reduce AIDS without fostering drug use***

Editorial in L.A. Times (Washington Edition), July 8, 1997.

Understandably uneasy with government agencies giving drug addicts needles and other paraphernalia, Congress prohibited federally funded needle exchange programs in 1988. The ban could be lifted, Congress said, when there

was proof that such programs reduced transmission of the AIDS virus without increasing illegal drug use. Now, that time has come.

Since 1993, several major studies have shown that the programs that give addicts clean needles in exchange for used ones decrease HIV infection in injected-drug users by 30%, increase the likelihood that addicts will enter drug treatment programs and do nothing to lead nonusers into drug habits. But, unlike in most developed nations, many U.S. state laws and federal law prohibit government from supplying clean needles. (California does not prohibit private programs, but Gov. Pete Wilson has thrice vetoed bills that would have explicitly legalized such programs.)

Prohibitions cost lives and money. According to the federal Centers for Disease Control, most of the 41,000 new HIV infections each year occur among injected-drug users and their sexual partners and children. The average cost of lifetime care for those infected with HIV or suffering from AIDS runs about \$120,000, while each sterile needle costs 10 cents.

Citing "an urgent public health need," the American Medical Assn. and the U.S. Conference of Mayors have called for revocation of the 1988 law and of similar state laws prohibiting needle exchange programs. In a resolution sponsored by Los Angeles Mayor Richard Riordan and San Francisco Mayor Willie Brown, the Conference of Mayors went a step further, urging Health and Human Services Secretary Donna Shalala to use her authority to permit federal funding.

Reflecting the conventional wisdom in Washington, conservative public policy analyst Gary L. Bauer says the idea of lifting the ban on needle exchange is unthinkable because it "strikes the average voter in the gut as being against common sense." But recent polls suggest otherwise: A Kaiser Family Foundation survey last year found that 66% of Americans support needle exchange programs.

Washington should listen to the civic leaders and public health experts who have seen close up how the programs can be an effective and inexpensive way of curbing the spread of a deadly disease.



AIDS - Needle exchange

FAX TRANSMITTAL

DATE: 8 July 97

TO: Bruce Reed

FAX #: 456-7431

FROM: Tom Skuba

PAGES INCLUDING COVER SHEET

Some good news on needle exchange.  
Still no meeting with Admin & community,  
time is running out. Can you a  
Sudly rally to our assistance?

Att: needed.

Thanks  
Tom



## MEMORANDUM

To: NORA NXC Sub-Committee  
Other Interested Parties

Date: July 3, 1997

cc: The Sheridan Group  
Randy Miller

From: Regina Aragón

RE: Remarks of Drug Czar Barry McCaffrey in San Francisco, July 2, 1997

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### Introduction:

General Barry McCaffrey, the Director of the Office of National Drug Control Policy, spoke at the Commonwealth Club in San Francisco yesterday about the nation's drug control strategy. During the question and answer period, he spoke briefly about the issue of needle exchange. He also made some relevant statements in his prepared remarks. Below is a summary, and in some cases, direct quotes from General McCaffrey's remarks. I thought that you might find this information interesting, if not helpful.

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**General McCaffrey's Remarks Re: NXC**

July 3, 1997

page 2

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GO

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GO

Tuesday, July 8, 1997

**Needle Programs Are Needed**

• Evidence is in: They can reduce AIDS without fostering drug use

PREV STORYNEXT STORY

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## Needle Programs Are Needed

Page 2 of 2

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Copyright Los Angeles Times

[PREV STORY](#)

[NEXT STORY](#)

News

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HUMAN  
RIGHTS  
CAMPAIGN

1101 14th Street NW  
Washington, DC 20005  
phone 202 628 4160  
fax 202 547 5523

# Memo

Date: July 8, 1997  
To: The Honorable Donna Shalala, Secretary  
Department of Health and Human Services  
From: Elizabeth Birch  
Re: Needle Exchange

I hope you are well. Thank you for giving this memorandum your urgent attention. Given the scheduled House L/HHS subcommittee mark up next Tuesday, July 15 and growing concern that your discretion to determine the effectiveness of needle exchange programs is threatened, I felt that it was important to share the following with you.

As you know, the harsh realities of AIDS among drug users requires that public officials should have the flexibility to use public funds for needle exchange programs to prevent blood-borne diseases if it is appropriate within their communities. At a minimum, preserving your authority to make a public health determination on this matter is essential.

## Background

The Human Rights Campaign has consistently urged the Department to exercise the authority it has under the FY 1997 Labor/HHS Appropriations bill to allow communities to utilize federal funds if they choose to implement needle exchange programs. In February, when the Department issued its report to Senator Specter on the efficacy of needle exchange programs, HHS officials committed to working with HRC and other national organizations to carry out a plan for acting on this science.

HRC, as part of the National Organizations Responding to AIDS (NORA) needle exchange working group has requested a meeting with Administration officials to discuss the Administration's plan for (1) exercising the Secretary's waiver authority; (2) allowing local communities to tailor HIV prevention programs which address local needs; and (3) ensuring that science and public health drive the discussion of the issue. We reiterate the urgent need for this meeting, given the Administration's commitment in February to convene such a meeting and the threat that now exists to the Secretary's authority.

## Potential Congressional Action

It appears that Chairman Porter will start subcommittee action with a bill that includes current language on the Secretary's waiver authority. It is our understanding that several Republican members of the Labor/HHS subcommittee have written to Mr. Porter regarding their intent to offer a motion to strike that authority. What remains unclear is whether an amendment will be offered at subcommittee or full committee. If the amendment is not offered or is defeated in subcommittee, it is likely that it will be offered at the full committee.

### Next Steps

We feel that the waiver authority should be exercised as late in the appropriations process as possible, but *before* Congress takes any action to restrict or repeal it. It is critical that any action taken by HHS is based on the overwhelming scientific evidence that exists. By acting before a negative vote (at any stage in the appropriations process), the Administration will be better able to defend its action based on science. After a vote, exercising the Secretary's waiver authority could be seen as a political reaction, rather than a public health necessity.

We recognize that if the Administration acts before the appropriations bill is completed, Congress could still vote to prohibit the use of federal funds for needle exchange. Therefore, we ask that the Administration work to preserve or restore the ability of local communities to use the federal funds, once the Department has acted. We believe that it is possible to end up with a final bill that allows local communities to make their own decisions about needle exchange and to use federal funds to implement those decisions. But this outcome will require working with the Senate Appropriations Committee and members of the conference committee.

The timing of these actions will depend on an assessment of the position of key members of the House and Senate Appropriations Committees. HRC is committed to working with Members of Congress and the Administration on making that assessment.

In the meantime, we ask that you consider the following:

1. HRC and the NORA needle exchange workgroup ask to work closely with the Administration in assessing the viability of maintaining the Secretary's waiver authority during the appropriations process. The House subcommittee mark-up of the Labor/HHS bill is scheduled for July 15. A full committee vote is to occur the week of July 22, with a floor vote the following week.
  - It is important that the Administration convey its position on the need to preserve HHS' authority to act based on sound science and public health policy.
  - Since NIH is respected by key members of the House and Senate Appropriations Committees, Dr. Varmus would be extremely effective in conveying the scientific evidence supporting needle exchange. We encourage Dr. Varmus to meet with key committee members including Chairman Porter and Representatives Miller and Young.
  - It is vital that the Administration speak with one voice on this issue, both before and after the Secretary exercises her authority. The Office of National Drug Control Policy, for example, will surely be asked for its position. General McCaffery's response will have great influence on the success or failure of the Administration's efforts.
2. Last week, the American Medical Association (AMA) and the U.S. Conference of Mayors voted overwhelmingly to support the use of federal funds for needle exchange programs. We

ask that you work with them and other public health organizations like the American Public Health Association, the Association of State and Territorial Health Officials, and the National Academy of Science to help convey a message centered on public health, science and local control.

3. National organizations have worked with the Congressional Black Caucus and the Congressional Hispanic Caucus on this issue. Engaging them (or individual caucus members — especially Representatives Stokes and Beccera) in the Administration's efforts will help to demonstrate the broad support that exists for both preserving the Secretary's authority and allowing local communities to determine sound HIV prevention strategies.

We look forward to discussing the Administration's plan for addressing needle exchange. Please do not hesitate to call if you have any questions about our position or recommendations. And thank you for your commitment to ending the HIV epidemic and for your important support of public health programs including HIV and AIDS.

cc: Mr. Erskine Bowles  
Mr. Bruce Reed  
Ms. Sandy Thurman  
Mr. Kevin Thurm  
Dr. Eric Goosby  
Mr. Donald Gipps

**THE TARRANCE GROUP      Lake Sosin Snell & Associates**

Date:            April 29, 1997

To:             The Human Rights Campaign

From:          Lori Gundermuth  
                The Tarrance Group (R)

Celinda Lake, Jennifer Sosin and Dana Stanley  
Lake Sosin Snell & Associates (D)

Re:             **AMERICANS SUPPORT NEEDLE EXCHANGE**

A new national poll by the Tarrance Group (R) and Lake Sosin Snell & Associates (D) shows that a majority (55%) of the American public favors needle exchange programs:

*Some local communities have adopted "needle exchange" programs as a way to curb the spread of AIDS and HIV. "Needle exchange" programs allow drug users to trade in USED needles for CLEAN needles. Generally speaking, do you FAVOR or OPPOSE these kinds of "needle exchange" programs?*

**[FOLLOW-UP:] Is that STRONGLY (favor/oppose), or SOMEWHAT (favor/oppose)?**

<i>strongly favor</i> .....	32	55
<i>somewhat favor</i> .....	23	
<i>somewhat oppose</i> .....	9	
<i>strongly oppose</i> .....	29	37
<i>(don't know)</i> .....	8	

Republicans are split evenly on this issue (45% favor, 48% oppose, 7% don't know), and moderate-liberal Republicans favor needle exchange by 17 percentage points (57% favor, 40% oppose, 3% don't know). Strong majorities of both independents (58% favor, 33% oppose, 9% don't know) and Democrats (64% favor, 29% oppose, 7% don't know) are in favor. Needle exchange also finds support in every region of the country: 60%-32% in the Northeast, 49%-44% in the Midwest, 51%-40% in the South, and 64%-30% in the West.

This memorandum reports the findings from a national survey of 1,000 adults who indicated they are registered to vote, conducted April 8-10, 1997, by The Tarrance Group and Lake Sosin Snell & Associates. The overall margin of error is ±3.1 percent.

201 NORTH UNION, SUITE 410  
ALEXANDRIA, VA 22314  
703/684-6688

1730 Rhode Island, Suite 400  
Washington, DC 20036  
202/776-9066

**CONFIDENTIAL**



Sandy -  
How should we  
respond?

BR

**MEMORANDUM**

**TO: BRUCE REED, ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY**  
**FROM: TOM SHERIDAN**  
**DATE: JUNE 17, 1997**  
**RE: NEEDLE EXCHANGE**

On behalf of the San Francisco AIDS Foundation, I am writing to update you with the latest information on Congressional action related to needle exchange programs. It has been determined that six Republican members of the House Appropriations Subcommittee on Labor-Health and Human Services (HHS)-Education have communicated their interest in offering an amendment on needle exchange at their markup of the FY 1998 appropriations legislation (expected the week of July 7). The amendment is likely to repeal the current authority of the Secretary of HHS to waive the prohibition on federal needle exchange funding and to transfer that authority to the Congress.

We understand that the Administration is nearing the conclusion of its internal process related to policy development on needle exchange. As you know, our previous recommendation to the Administration was to consider waiting to exercise the waiver until after the House Labor-HHS appropriations process was over to avert a disastrous outcome on needle exchange in the Congress while protecting the Secretary's waiver authority. We also recommended that a coordinated effort between the Administration and the advocacy community would be the best way to protect the Administration's action at whatever juncture the Secretary exercised the waiver authority.

We *still* believe that a partnership between the Administration and the advocacy community is the key to success in securing federal funding for needle exchange. Our concerns about the expected Congressional attack on the Secretary's authority and the upcoming U.S. Conference of Mayors consideration of a progressive needle exchange resolution have led us to believe that the time to fully realize that partnership is now. In the next 48 hours, we urge you to convene a meeting of the advocacy community and Administration officials, including Sandy Thurman, Kevin Thurn and Dr. Eric Goosby. This meeting would provide an opportunity for us to explore strategic options and make decisions together about a coordinated strategy.

We understand that the Administration is currently considering two strategic options. The first would involve the Secretary exercising the waiver prior to the Labor-HHS Appropriations Subcommittee markup, which would require a coordinated effort on the part of the Administration and the advocacy community to defend the waiver based on sound scientific evidence. The second option would involve the Secretary waiting to exercise the waiver until after the Congress considers its appropriations legislation, in which case we would need to work together to protect the Secretary's waiver authority against efforts to repeal it.

DETERMINED TO BE AN  
ADMINISTRATIVE MARKING

INITIALS: DBS DATE: 7/1/85

NO. 055 105  
~~CONFIDENTIAL~~

Because we believe that sound scientific evidence and not politics must dictate federal AIDS policy, we believe that it is imperative that the Secretary and highly respected scientific leaders, such as Dr. Harold Varmus, Director of the National Institutes of Health (NIH), be on record in support of exercising the waiver. In our opinion, the worst case scenario would be one in which the Congressional appropriations process results in an elimination of the Secretary's authority prior to the Secretary's action. We strongly urge you to include the community in your discussions related to Administration action on needle exchange so that we can all work together to address this important public health issue.

Please do not hesitate to call me if you have any questions related to this memorandum.

cc: Sandy Thurman  
Kevin Thurm  
Dr. Eric Goosby

THE WHITE HOUSE  
WASHINGTON

June 20, 1997

**MEMORANDUM FOR THE PRESIDENT**

**FROM:** Bruce Reed  
Sandra Thurman

**SUBJECT:** U.S. Conference of Mayors Needle Exchange Resolution

This memorandum will provide you a quick overview of the U.S. Conference of Mayors resolution on needle exchange programs, and the politics of this issue in Congress, public health community and AIDS advocacy groups.

**Mayors Resolution** The FY 1997 Appropriations bill maintains the prohibition on federal funding of needle exchange unless the Secretary of HHS determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs. Mayor Willie Brown of San Francisco is sponsoring a resolution at the Mayors meeting (see attached) calling on Secretary Shalala to exercise her waiver authority and permit state and local public health officials to use federal funds for needle exchange as one component of a comprehensive HIV prevention strategy.

Other mainstream public health and state government groups (Nation Governor's Association, Association of State and Territorial Health Officers, National Black Caucus of State Legislatures) support removing the federal funding restrictions in favor of state/local flexibility to design HIV prevention strategies that respond to the characteristics of the HIV epidemic in their jurisdiction.

**Department of Health and Human Services** HHS sent a report to Congress in February 1997 concluding these 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. These studies also indicate 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. The Department has not acted on the funding restrictions, but is internally moving towards a position that would allow grantees to use federal funds if certain conditions are met.

**Office of National Drug Control Policy** General McCaffrey remains skeptical that needle exchange programs will not increase drug use. He has stated, however, that he remains open to reviewing the scientific findings for that issue. In that vein, he plans on talking with representatives from NIH on this issue next week. It remains clear, though, that in the absence of

General McCaffrey, congressional support for the program would be impossible to obtain. (Even with his support, it will be extremely difficult to achieve congressional support for the authority to use federal funds for needle exchange programs.)

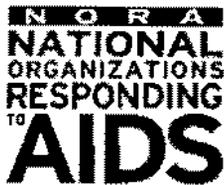
**Congress** Six Republican members of the House Labor/HHS Appropriations Subcommittee have indicated their intent to offer an amendment repealing the authority of Secretary Shalala to waive the prohibition on federal funding for needle exchange. The House mark-up is scheduled for the week of July 7. Subcommittee Chair Porter (R-IL) has high regard for NIH's scientific position, but clearly would need tangible support from HHS and the public health community to defeat such an amendment. On the Senate side, Sen. Specter chairs the L/HHS Subcommittee and he has come to generally support needle exchange programs-- Philadelphia has one of the largest. Both he and Sen. Harkin (ranking Member) would be inclined to leave the waiver language as is and avoid difficult votes on this issue. If HHS were to lift the ban, staff are not sure how the votes would fall.

**Community** The AIDS advocacy community is pushing vigorously to have the federal ban on needle exchange funding lifted. The community has recognized that a lot of political work needs to be done in Congress prior to removing the funding restrictions, so that a worse outcome is not realized with a flat ban on funding in lieu of the Secretary's waiver authority. Now that there's a clear sign that the House Subcommittee will consider an amendment for a flat ban, there is heightened interest in having HHS remove the funding restrictions and aggressively defend the science behind its action on the Hill.

To that end, some groups are trying to place press questions on needle exchange to you in conjunction with the USCM resolution on needle exchange.

**Recommendation** In the next month, we will give you an options memo that explores these issues in greater depth. You should not announce any new position at this time.

If you are asked about the issue in San Francisco, we recommend that you indicate support for local flexibility, and say that you have asked Secretary Shalala to review the science and make recommendations to you about how best to counter the dominant role intravenous drug use is playing in the transmission of HIV.



30 May 1997

*AIDS- Needle exchange*

Ms. Sandra Thurman, Director  
White House Office of National AIDS Policy  
808 17th Street, NW  
8th Floor  
Washington, DC 20005

Dear Ms. Thurman:

Thank you for taking the time to meet with the members of the NORA (National Organizations Responding to AIDS) Needle Exchange Working Group. As you know, NORA is a coalition comprised of over 175 health, labor, religious, professional, and advocacy groups representing the broadest possible consensus on issues concerning HIV/AIDS and who advocate for fair and effective HIV/AIDS policy, legislation and funding.

On the day of the release of Secretary Shalala's report to Senator Specter on needle exchange, the Department of Health and Human Services (HHS) met with HIV/AIDS community leaders. At that time, the Administration pledged to work with community leaders in developing a strategy to lift the ban on the use of federal funds for needle exchange as a component of a comprehensive HIV prevention program. The Administration also committed to developing a comprehensive plan for HIV prevention for drug users in the United States.

As representatives of NORA, we are concerned about the sometimes conflicting information we have received since this meeting regarding the level and extent of the Administration's planning and timing on this issue.

Additionally, we understand that on June 4th, the Office of National Drug Control Policy (ONDCP) will attend a meeting of the Substance Abuse Working Group of the American Bar Association (ABA) to discuss the ABA's upcoming needle exchange resolution. The June 4 meeting is another important opportunity for the Clinton Administration to affirm its commitment as well as continue to speak with one voice on the public health significance of needle exchange. Several members of the NORA Needle Exchange Working Group were involved in the ABA process that developed their upcoming resolution. It would be extremely unfortunate if the Administration missed this opportunity to reiterate its important public health message that needle exchange programs are an important component of comprehensive HIV prevention.

In light of these circumstances, we are writing to request that you convene a meeting between all of the principals within this Administration and the NORA Needle Exchange Working Group, at the Administration's earliest convenience, to outline the Administration's plan for implementing a comprehensive HIV prevention strategy including needle exchange.

**NORA**

A coalition convened by  
AIDS Action Council

1875 Connecticut Ave., NW  
Suite 700  
Washington, DC 20009  
202 986 1300  
202 986 1345 fax

Please contact Mike Shriver at 202-898-0414 to arrange this meeting. And again, thank you for your time and your commitment to this life-saving public health intervention.

Sincerely,

Christine Lubinski, AIDS Action Council  
David Harvey, AIDS Policy Center for Children, Youth and Families  
Jane Silver, American Foundation for AIDS Research  
Seth Kilbourn, Human Rights Campaign  
Jenny Collier, Legal Action Center  
Amy Stemmer, Mother's Voices  
B.J. Harris, National Alliance of State and Territorial AIDS Directors  
Mike Shriver, National Association of People with AIDS  
Miguelina Maldonado, National Minority Council

cc: Vice President Al Gore  
Erskine Bowles, Chief of Staff to the President  
Donna Shalala, Secretary of Health and Human Services  
Donald Gips, Chief Domestic Policy Advisor to the Vice President  
Toby Donenfeld, Office of the Vice President  
Bruce Reed, Assistant to the President for Domestic Policy ✓  
Franklin Raines, Office of Management and Budget  
Nancy Ann Min, Office of Management and Budget  
William Corr, HHS Chief of Staff  
Kevin Thurm, HHS Deputy Secretary  
Marsha Martin, Special Assistant to the Secretary, HHS  
Eric Goosby, Director of HHS Office of HIV/AIDS Policy

*Rumor - My - Rumor I*

**THE TARRANCE GROUP      Lake Sosin Snell & Associates**

*AIDS -  
Needle  
Exchange*

Date: April 29, 1997  
To: The Human Rights Campaign  
From: Lori Gudermuth  
The Tarrance Group (R)  
Celinda Lake, Jennifer Sosin and Dana Stanley  
Lake Sosin Snell & Associates (D)

**Re: AMERICANS SUPPORT NEEDLE EXCHANGE**

A new national poll by the Tarrance Group (R) and Lake Sosin Snell & Associates (D) shows that a majority (55%) of the American public favors needle exchange programs:

*Some local communities have adopted "needle exchange" programs as a way to curb the spread of AIDS and HIV. "Needle exchange" programs allow drug users to trade in USED needles for CLEAN needles. Generally speaking, do you FAVOR or OPPOSE these kinds of "needle exchange" programs?*

**[FOLLOW-UP:]** *Is that STRONGLY (favor/oppose), or SOMEWHAT (favor/oppose)?*

<i>strongly favor</i> .....	32	55
<i>somewhat favor</i> .....	23	
<i>somewhat oppose</i> .....	9	
<i>strongly oppose</i> .....	29	37
<i>(don't know)</i> .....	8	

Republicans are split evenly on this issue (45% favor, 48% oppose, 7% don't know), and moderate-liberal Republicans favor needle exchange by 17 percentage points (57% favor, 40% oppose, 3% don't know). Strong majorities of both independents (58% favor, 33% oppose, 9% don't know) and Democrats (64% favor, 29% oppose, 7% don't know) are in favor. Needle exchange also finds support in every region of the country: 60%-32% in the Northeast, 49%-44% in the Midwest, 51%-40% in the South, and 64%-30% in the West.

This memorandum reports the findings from a national survey of 1,000 adults who indicated they are registered to vote, conducted April 8-10, 1997, by The Tarrance Group and Lake Sosin Snell & Associates. The overall margin of error is ±3.1 percent.

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~~CONFIDENTIAL~~

April 28, 1997

AIDS -  
Needle Exchange

**MEMORANDUM FOR BRUCE REED**

**FROM:** Eric Goosby M.D., Office of National AIDS Policy *EG*

**RE:** Strategic Plan for Needle Exchange Issue

This memorandum will review where key stakeholders, Congress and HHS currently are on the ban on federal funds for needle exchange programs, and lay out strategy options for handling the issue.

HHS Secretary Shalala has indicated her readiness to move on lifting the ban imposed under the L/HHS Appropriations language -- affirming that needle exchange programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs. The February 1997 HHS report to the Appropriations Committee was moving in this direction, supporting a role in HIV prevention but maintaining some distance around data on drug utilization. Since the release of this report, the Director of NIH Harold Varmus testified before the House Appropriations Committee that -- in his personal opinion -- the data standards had been met to lift the L/HHS statutory ban. There has been no new research published since February.

**Office of National AIDS Policy** Sandy Thurman has publicly stated that science, not politics, must drive this issue. She is also acutely aware that politics, not science, should dictate the timing of Administration movement on this issue or else the long-term goal of actually enhancing HIV prevention will be lost. She is in accord with the contents of this memo.

**ONDCP** I have had two meetings with Gen. McCaffrey's staff, and I think there is room to reach an agreement on modifying the ban (see below). A discussion between Varmus and McCaffrey would contribute to ONDCP's comfort level around the data, and this can be arranged. The most compelling case for needle exchange at ONDCP would be the success of these programs as conduits for reaching and guiding IV drug users into treatment, with ultimate demand reduction.

**Congress** The first opportunity for Congressional action on this issue will come in May when the House Appropriations Committee marks up its bill. Reps. Wicker (R-MS) and Dickey (R-AR) are likely to lead a Republican effort to narrow or eliminate the waiver authority currently held by the Secretary of HHS, particularly if Secretary Shalala moves to lift the ban before markup. L/HHS Subcommittee Chair Porter (R-IL) has large needle exchange programs in his Chicago district, and might be helpful if convinced of the scientific integrity of efficacy data on needle exchange programs. He holds Varmus in high esteem. Given the composition of the Committee, proactively altering the language of the ban would be a high risk move. No reliable vote counts on this issue have been taken. It would be the safest course to hold further action steps on the ban until the House has completed action on the FY 1998 L/HHS/Education Appropriations bill.

**The Senate** is marginally more favorable on the needle exchange issue, with Sens. Spector (R-PA) and Harkin (D-IL) leading the L/HHS Appropriations Subcommittee. Both have expressed political reservations regarding taking any action on needle exchange, and a good vote count

would be needed before their support was guaranteed. Spector has very active needle exchange programs in Philadelphia. Both the National Governors Association (NGA) and Association of State and Territorial Health Officers (ASTHO) have more drag in the Senate, and a carefully orchestrated revision of the needle exchange ban language combined with a House-Senate conference strategy would be needed to come out with greater flexibility in use of federal funds:

**The Congressional Black Caucus** has not come out clearly on the issue of lifting the ban yet, Rep. Waters (D-CA) is ready to support needle exchange. Some advocates from the minority community are actively working the membership, and CBC is likely to sponsor a Hill briefing on this issue.

**Community Groups** The AIDS community remains split over strategies to lift the ban. Some voices in the gay press are strident in demanding that Shalala act affirmatively. A range of advocacy and research community voices continue to accuse the Administration of playing politics instead of following science and saving lives. The national AIDS groups in Washington are slowly coming around to realizing that even the Secretary's waiver authority could be lost if adequate groundwork with Congress is not laid down first. As a result, the NORA (National Organizations Responding to AIDS) Coalition is spending April-May in a grassroots and Hill educational campaign around needle exchange. The intelligence from these visits is still coming in. NORA indicated in their meetings with you and Kevin Thurm of HHS their interest in working with the Administration to achieve a good end result.

**New Organizational Endorsements** The US Conference of Mayors is likely to adopt a resolution supporting flexible use of federal funds for needle exchange programs in jurisdictions which want to pursue them at their June 20-24 meeting. They would join the NGA and ASTHO in making this local and states right argument. The National Medical Association, the minority counterpart of the AMA, is also drafting a resolution supporting limited needle exchange programs -- the text isn't yet available.

## STRATEGY OPTIONS

**1. Preferred Option** Wait until the House Appropriations bill is completed. Tie Administration action on lifting the ban on L/HHS funds to the June 1997 US Conference of Mayors meeting (which POTUS is scheduled to attend) after USCM passes an affirmative resolution on local flexibility. With the nation's mayors, governors, and public health officials on record supporting local decision-making on use of HIV prevention funds, there is good political cover for allowing more flexible use of funds as long as the scientific data continues to support it. Recognizing that reasonable people may disagree on this issue, POTUS could indicate his support for local control while in San Francisco (where there's strong support for needle exchange) and the next day Secretary Shalala could lift the ban. The advocacy groups and Administration would then need to coordinate to hold a reasonable position in the Senate Appropriations process.

To help this position fly politically, several key conditions on funding need to be laid down in modified Appropriations language and Administration rhetoric:

- 1) Only HIV prevention funds (i.e. CDC) may be used for needle exchange programs, not SAMHSA drug treatment dollars. This makes sense as needle

exchange is being advanced primarily as an HIV prevention strategy. HIV prevention funds flow primarily to States, with smaller amounts going to the chief elected official in 7 large cities and a categorical minority CBO grant program. Use of Ryan White CARE Act funds was prohibited in last year's reauthorization bill.

2) In order for grantees to utilize federal funds for needle exchange, they must certify that:

- a) the chief elected official of the State (where State is the grantee) or of the city/county (where the City or a local CBO is the grantee) supports needle exchange programs in their jurisdiction as an effective HIV prevention measure;
- b) any needle exchange program using federal funds must provide referral access to medical and drug treatment, and provide HIV counseling;
- c) needles are provided on a replacement basis and not a free-standing distribution program; and
- d) needle exchange programs comply with established standards for hazardous medical waste disposal (minimizing stray needles in public places)

stronger?

**These conditions would ensure that needle exchange programs go forward only in those jurisdictions where there is local support (government, public health and law enforcement) and linkages to a broader continuum of drug treatment and medical care.**

2. A fallback strategy would be stalling action until the Winter 1997 Congressional recess to lift the ban. Congressional backlash would be delayed until February, but the Administration would have to be ready to protect the policy in 1998 election year. This would be hard for Congressional Democrats.

3. A third option is to leave the ban in place and take the heat from constituent advocacy and public health groups claiming that the Administration is willing to put politics above public health. With both the New York Times and Washington Post writing editorials in support of lifting the ban, the groups can be expected to drive a media strategy and push local flexibility arguments. This will become a more difficult option over time.

THE WHITE HOUSE

WASHINGTON

March 12, 1997

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed, Assistant to the President for Domestic Policy  
Eric Goosby, Interim Director, ONAP

RE: Update on Status of Needle Exchange Programs

There have been a number of recent events involving needle exchange programs. On February 13, a National Institutes of Health Consensus Conference Statement recommended lifting the ban on use of federal funds for needle exchange programs. On February 18, HHS sent a Congressionally requested report to the Senate Appropriations Committee reviewing the scientific data on needle exchange programs to date. This memo provides background to put the issue in context, with a discussion of these recent events.

**Current Statute.** There are three statutory restrictions on the use of federal funds for needle exchange programs. (1) The Substance Abuse and Mental Health (SAMHSA) block grant prohibits use of federal funds for needle exchange unless the Surgeon General determines that they are effective in reducing the spread of HIV and the use of illegal drugs. The statute does permit federal research and evaluation of existing needle exchange programs. (2) The 1996 Ryan White CARE Act reauthorization places a flat prohibition on the use of Ryan White funds for needle exchange. (3) The Labor/HHS Appropriations bill prohibits funding of needle exchange unless the Secretary determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

**Epidemiology of HIV Infection.** Thirty six percent of AIDS cases are directly or indirectly caused by IV drug use. Up to fifty percent of new HIV infections may be related to IV drug use. The effects of IV drug use have become a driving force in the HIV epidemic.

**Number of Needle Exchange Programs.** There are over 100 needle exchange programs in the US, with most programs distributing through two or more sites. As of 1996, twenty-eight States had local needle exchange programs.

**Federally Sponsored Research.** The National Institute on Drug Abuse (NIDA) at NIH has funded 15 demonstration projects to evaluate the impact of needle exchange programs on rates of HIV infection and patterns of drug use (including the effectiveness of these programs as gateways to substance abuse treatment). Only two of the 15 studies are completed at this time. There has also been a significant amount of privately funded research on needle exchange programs through foundations and other nonprofit groups.

**State and Local Government.** At their recent winter meeting, the National Governors Association passed a resolution stating: "Federal restrictions or requirements on the use of available funding interfere with the ability of States to develop comprehensive prevention strategies." The Association of State and Territorial Health Officers (ASTHO) passed the following resolution in December 1995: "The federal government should repeal the ban on the use of federal funds for needle exchange services to allow interested States and localities the financial flexibility to support successful prevention and treatment initiatives within their jurisdictions." The US Conference of Mayors also supports lifting the ban on use of federal funds for needle exchange.

**HHS Report to Senate Appropriations.** Report language was included in the September 1996 Senate L/HHS Appropriations bill requesting that HHS provide a report on the status of current research projects, an itemization of previously funded research, and findings-to-date regarding the efficacy of needle exchange programs for reducing HIV transmission and not encouraging illegal drug use. The report prepared by HHS reviewed all published studies of US needle exchange programs, including one by the Institute of Medicine; it did not attempt to determine if the Congressional standard has been met for lifting the ban on federal funding. The summary section of the report contains the following: "Overall these studies indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate 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."

**NIH Consensus Conference.** A NIH Consensus Development Conference on Interventions to Prevent HIV Risk Behaviors was held February 11-13, 1997. This conference was developed and directed by a non-Federal panel of experts, predating the Congressional request for an HHS report. The resulting Consensus Conference Statement is an independent report of an expert panel, not a policy statement of the NIH. This Statement, released on February 13, concluded that needle exchange programs are effective in reducing both HIV transmission and IV drug use and recommended lifting the legislative restrictions on needle exchange programs.

**Analysis of Evidence on Needle Exchange Programs and IV Drug Use.** The preponderance of data collected so far suggests a stable or declining level of drug use among needle exchange participants. About half of the studies on the effects of needle exchange show a decline in drug use. Two studies show an increase in drug use, but these studies have been discounted by expert panel as outliers. In addition, almost all studies indicate that needle exchange program participants tend to be older (median age 33 to 41 years old) and tend to be long-term users (duration of use 7 to 20 years). There is no data to suggest needle exchange programs increase new initiates into drug use, and the age of participants often increases over time.

It is important to note, however, that most studies have methodological weaknesses, inherent to the population and subject, that are nearly impossible to overcome. These methodological problems include: 1) reliance upon individuals' self-reporting of drug use; 2) the difficulties of creating a control group that does not receive clean needles yet continues participating in the

study; and 3) the difficulties of isolating the effects of needle exchange programs from the many other factors that may influence drug use in a given population.

**The Administration's Response.** HHS, ONDCP, and the White House jointly developed a response to questions about the HHS report and NIH Conference Statement. This response states that data on the effect of needle exchange programs in reducing HIV seroprevalence is solid, but that data on the effect of these programs on drug use patterns is less clear. The response further states that HHS will continue research efforts to evaluate new data on needle exchange programs and will work with the Congress on effective HIV prevention strategies. General McCaffrey strongly believes that the Administration should not challenge or raise questions about the current legislative restrictions on needle exchange programs.

**Next Steps for HHS in Evaluating Effects on Drug Use.** HHS will conduct a scientific review of the data presented at the NIH Consensus Conference. The data has not yet been through the peer review process required for publication and needs close examination. A second step will be an analysis of data already collected through the NIDA demonstration projects, which have not yet been specifically studied for effect on drug utilization patterns.

**Congressional Climate and Community Expectations.** The HHS report was released during the Congressional recess, and Hill reaction has been muted to date. Harold Varmus, Director of the NIH, received direct questions on needle exchange from Reps. Dickey (R-AR) and Wicker (R-MS) during an NIH Appropriations hearing. Secretary Shalala also received one question on lifting the federal funding ban prior to release of the report.

Both the House and Senate generally have punted the issue of needle exchange programs to HHS. The exception is last year's prohibition on use of Ryan White treatment funds for needle exchange programs, which passed unanimously. The Congressional response to any attempt to lift restrictions on funding likely would be hostile. The climate, however, may be softening somewhat. Senator Specter, Chair of the L/HHS Appropriations Subcommittee, has come to support needle exchange programs (Philadelphia has one of the largest); Rep. Rangel, once adamantly opposed to needle exchange programs, is reported to be shifting in his stance; and the state flexibility arguments advanced by NGA and ASTHO may also start to have an effect.

The AIDS community is united in seeking an end to the ban on federal funding of needle exchange programs. With some exceptions, however, the national AIDS organizations understand the downside of demanding that the ban be lifted before the necessary educational and political groundwork is laid. What the community wants from the Administration at this point is not so much an immediate lifting of the restrictions as a strong indication that the Administration generally will let science guide policy in combating HIV transmission.

Needle Exchange



# FAX TRANSMISSION

U.S. Department of Health and Human Services  
Office of the Secretary

2/14/97

DATE: \_\_\_\_\_  
TO: Elaine Kagan  
Bruce Reid / DPC  
FAX: 456-5557 PHONE: \_\_\_\_\_

FROM: Victor Zonana  
Deputy Assistant Secretary for Public Affairs/Media  
Phone: (202) 690-6343  
Fax: (202) 690-6247

TOTAL NUMBER OF PAGES TRANSMITTED: Cover + 1

COMMENTS:

10 9400551 7002/002

Talking points:

NIH Consensus Conference Statement on  
"Interventions to Prevent HIV Risk Behaviors"

2/14/87

(Victor Zonana, HHS: 202-690-6343)

Background: This morning's Washington Post carries a Page One story on the report of a panel of outside experts called together by the National Institutes of Health to assess interventions to prevent HIV risk behavior. The report found a "dangerous chasm" between science and public policy, and argued that political considerations have prevented this country from adopting proven weapons in the fight against AIDS transmission. Most notably, the panel called for a lifting of the ban on federal funding for needle exchange programs, and criticized a teen-pregnancy prevention program that focuses exclusively on abstinence.

- This is the report of an outside panel of non-government scientists. We at the White House haven't seen the report, and it's our understanding that the policy makers at HHS haven't even had a chance to review it.
- The Clinton Administration had responded aggressively to the threat of HIV/AIDS. Overall funding for AIDS-related programs has risen 55% in the first four years of the Clinton Administration, including a 40% increase at the NIH (research); a 24% increase at the CDC (prevention) and a 173% increase at the Health Resources and Services Administration (treatment). **Drugs approved by the FDA in record time have turned the corner on AIDS treatment, prolonging and enhancing lives.**
- The \$50 million teen-pregnancy program referenced by the report was designed to fight **teen pregnancy, not HIV**. It is part of the bipartisan welfare reform legislation enacted by Congress and signed by the President.
- For prevention of the sexual spread of HIV, this Administration favors a **balanced approach**. Our HIV public service announcements for young adults stress that abstinence is the surest way to prevent the sexual spread of HIV; but for those who are sexually active, we advise the correct and consistent use of condoms. It is up to **individual communities** to choose the most appropriate HIV prevention approaches for their communities.
- On the question of needle exchange programs, **Congress has enacted some very high hurdles to the federal funding of needle exchange programs**. However, Congress has funded research into the efficacy of such programs, and we note that this country has over 100 locally-funded needle exchange programs. Again, we believe it is up to **local communities** to decide which types of HIV prevention programs are most appropriate.



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

MEMORANDUM

TO: BILL CORR  
FROM: JANET CRIST *JC*  
DATE: February 14, 1997  
RE: HHS Needle Exchange Report

Thank you for the briefing and the opportunity to review the draft report and the Q&As. You already have ONDCP's recommended edits to the report and transmittal letter. Enclosed are the ONDCP recommended edits to the Q&As. I hope you find them helpful. As you noted, we need to speak with one voice on this issue.

Tues Review

## Questions and Answers on Needle Exchange

### On the New Report:

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

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

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

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

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

1

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

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

2

- no  
L done

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

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

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

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

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

Yes

On Views on Needle Exchange:

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

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

3

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

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

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

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

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

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

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

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

?

On Needle Exchange and Drugs:

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

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

?

HHS goal

reduce drug-related crime and violence

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

yes

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

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

yes

HHS

ROP

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

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

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

A. ~~The Clinton Administration~~ We believe that any use of drugs is illegal, unhealthy and wrong. We have also said consistently that illegal use of intravenous drugs can cause HIV and AIDS.

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

On Background:

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

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

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

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

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

Yes

BASED ON A MEDICAL REVIEW BY PH.S.

Yes

Recommended Inserts (Numbers correspond to numbers written on the Q&A document.)

- no
- no?
- yes
- no
1. However, while the data are promising, they do not provide direct evidence of reduction in HIV transmission. Furthermore, there is very limited information on the question of whether such programs encourage the use of illegal drugs.
  2. Because there is a great deal of information collected on...
  3. We hope that these programs are conducting thorough, scientific evaluations of positive and negative outcomes, and we are...

NEEDLE EXCHANGE

*Fiber  
Needle Exchange  
BR-  
Here is a Q:A  
that was in McCaffrey's  
Confirmation Hrg. Briefing  
BK; A also attached  
is a letter ONACP  
sent on 11.3.155ve  
DB*

**QUESTION**

What is your position on needle exchange programs?

**ANSWER**

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

**BACKGROUND**

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

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

The argument for such programs generally runs as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

January 30, 1997

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

Dear Dr. Barkett:

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

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

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

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

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

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

Sincerely,

Daniel Schlecter  
Acting Deputy Director for  
Demand Reduction

## NEEDLE EXCHANGE

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

\*\*\*

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

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

We are challenged by a way of life, not merely a method of drug administration. The entire interrelated web of risky and destructive behaviors associated with drug seeking and drug using must be our focus if we are to break the link to HIV/AIDS and other terrible consequences.

The problem isn't limited to heroin or to injecting. In some communities, crack users are twice as likely as heroin injectors to test positive for the HIV virus. A recent CDC study of crack users, who often sell or trade sex for drugs, in Miami and New York found that HIV infection was 2.3 times more prevalent among crack smokers than among nonsmokers.

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

A.) Heroin use is up.

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

B.) New initiates are being reported

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

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

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

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

C.) Graduation to injecting is being reported

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

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

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

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

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

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

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

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

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

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

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

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

Draft for  
use today

## Questions and Answers on Needle Exchange

cc/Sybil +  
Vicki  
Needle exchange

myline

690-7856

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

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

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

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

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

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

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

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

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

A. As we have said, Congress has set a very high hurdle for federal funding of needle exchange programs. The Clinton Administration has a comprehensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, prosecute drug pushers, reduce the number of hard-core

drug users, and increase drug treatment options.

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

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

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

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

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

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

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

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

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

NEP section of  
"NIH consensus  
report"

1 *Infection Drug Users*

2  
3 Prevention for IDUs has involved drug abuse treatment in some cases, and outreach focused  
4 on both drug use and on HIV risk behavior in others. Both approaches have been effective.  
5 Programs aimed specifically at treating drug abuse show positive effects on risk behavior and  
6 have the additional benefit of affecting drug use. These have shown minimal effects on high-risk  
7 sex. Community studies training outreach workers or using an educational media campaign to  
8 reduce the use of nonsterile needles show increased protected sexual behavior and slowing of  
9 seroconversion rates, along with impressive reductions in drug use.

10  
11 *Needle Exchange Programs*

12  
13 An impressive body of evidence suggests powerful effects from needle exchange programs.  
14 The number of studies showing beneficial effects on behaviors such as needle sharing greatly  
15 outnumber those showing no effects. There is no longer doubt that these programs work, yet  
16 there is a striking disjunction between what science dictates and what policy delivers. Data are  
17 available to address three central concerns:

- 18  
19 1. Does needle exchange promote drug use? A preponderance of evidence shows no  
20 change or decreased drug use. The scattered cases showing increased drug use should  
21 be investigated to discover the conditions under which negative effects might occur, but  
22 these can in no way tip the balance away from needle exchange programs. Additionally,  
23 individuals in areas with needle exchange programs have increased likelihood of  
24 entering drug treatment programs
- 25  
26 2. Do programs encourage non drug users, particularly youth, to use drugs? On the basis

of measures such as hospitalizations for drug overdoses  
there is no evidence that

1 community norms change in favor of drug use or that more people begin using drugs. In  
2 Amsterdam and New Haven, there were no increases in new drug users after  
3 introduction of a needle exchange program.

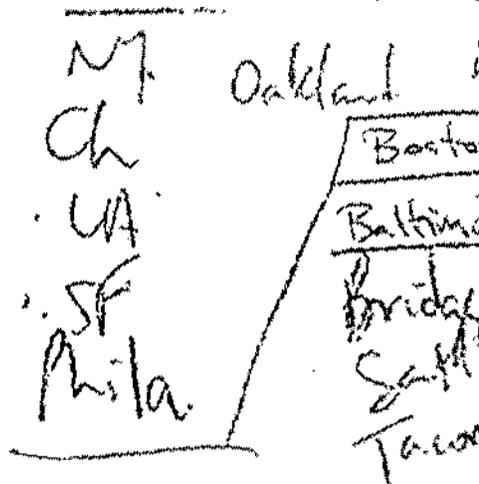
- 4  
5 3. Do programs increase discarded needles in the community? In the majority of studies  
6 there was no increase in used needles discarded in public places.

7  
8 There are just over 100 needle exchange programs in the United States, compared with  
9 more than 2,000 in Australia, a country with less than 10 percent of the U.S. population. Can the  
10 opposition to needle exchange programs in the United States be justified on scientific grounds?  
11 Our answer is simple and emphatic—no. Studies show reduction in risk behavior as high as 80  
12 percent, with estimates of a 30 percent or greater reduction of HIV in IDUs. The cost of such  
13 programs is relatively low. Such programs should be implemented at once.

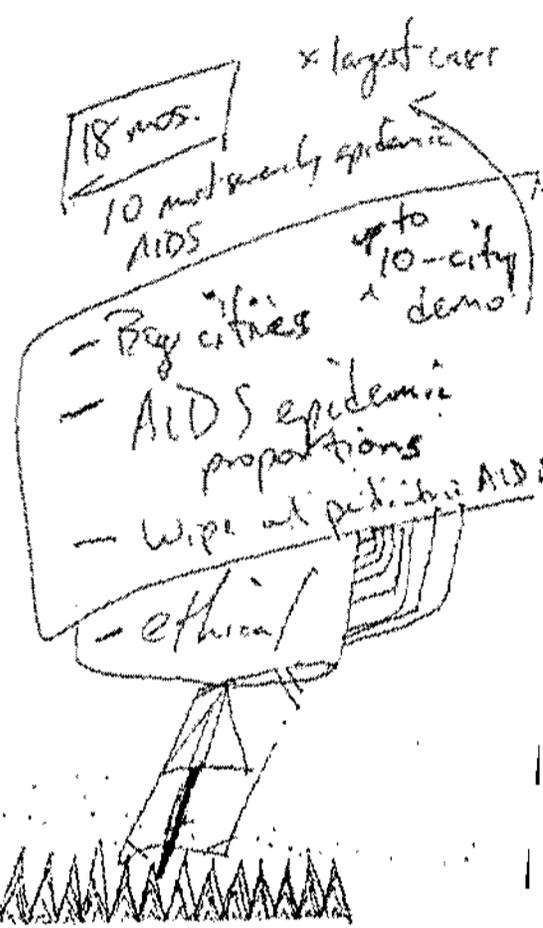
14  
15 *Policy and Large-Scale Interventions*

16  
17 As in other areas (e.g., smoking, injury control), policy interventions can remove barriers to  
18 protective behavior. In the United States and other countries, such interventions have resulted in  
19 dramatic reductions in risk behavior. In Connecticut, for example, a single legislative action  
20 legalizing over-the-counter purchase of sterile injection equipment led to an immediate and  
21 profound reduction in the sharing of nonsterile needles. A national campaign in Switzerland to  
22 promote the use of condoms dramatically reduced risk behavior. Regulations on the use of  
23 condoms by sex workers in Thailand also led to fewer unprotected sex acts. The results  
24 produced thus far have been impressive. Given the potential benefit of policy change, these  
25 should be implemented as local circumstances allow and should be evaluated as thoroughly as  
26 possible.

① CERTIFY  
②



1. No SAMSA \$ (10x)
  2. Link treatment to needles
  3. No new fed \$
  4. Not nat, federal - local option
    - only 6
    - everybody else goes thru state capitals
- Demonstration
- 3-5 yr assessment



N. Johnson  
Specter, Ganske, Hatch, Gorton - supportive  
Call Porter, Frist

AMA, Acad. of Pediatrics - reduce to 0, eliminate pediatric AIDS w/ this change

CBC + CMC  
Police Chiefs  
Reno?  
Tom Downey

Fri 2pm

Kenna/Sandy  
- Start - Finding  
- Fri/aft. w/ MM -  
- Write it up / one pager



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# FINANCIAL

FRIDAY APRIL 3

## THE LEX COLUMN

### Japan tanks

Japan could do with a few more businessmen like Norio Ohga, Sony's chairman. A more robust public dialogue and it might have avoided the current pickle. As it is, he barely exaggerates when he says Japan's economy "is on the verge of collapsing". The latest *tankan* business survey paints a picture of unmitigated gloom. Most telling of all is consumer pessimism, with household spending at the lowest level of disposable income in nearly 30 years.

The government can hardly be accused of inactivity. It has announced some ¥48,000bn (£369bn) of funds to stabilise the banking sector and stimulate the economy. But it has been singularly ineffective; hence the continuing slump. This is because consumers and investors are cynical about the government's ability to tackle the problems - and rightly so. Not only do their motives look short term and political, but their tools are haphazard. If the government wants more bang for its buck, it urgently needs to frame a coherent medium-term strategy within which to place its efforts. Otherwise the perception of hapless fire-fighting will continue to devalue its initiatives.

Long term, only far-reaching deregulation will help Japan out of the mire. Meanwhile, government spending packages and huge infusions of liquidity from the Bank of Japan should coax some growth from the economy. This should help equities in the second half, but the yen and bond prices will fall before then.

#### Tobacco

The Doomsday scenario painted by BAT's Martin Broughton, following a US senate committee's approval of a punitive anti-smoking bill, is believable enough. Instead of last year's settlement capping class action liabilities, companies now face Draconian restrictions on marketing and packaging and a huge tax rise on cigarettes. The resulting liabilities coupled with falling revenues could mean bankruptcy, not just for debt-ridden RJR Nabisco but also for Phillip Morris and BAT's Brown & Williamson. Putting up cigarette prices from \$2 to \$5 a packet would bring them in line with countries such as the UK. But America's higher per capita consumption would be hit as smokers tried to rein in, if not kick the habit.



Still, for investors there must be some value in the possibility that the worst-case scenario does not unfold. While the anti-smoking lobby has daunting momentum, there may be some political mileage in the potential job losses. There may also be legal recourse: banning advertising is unconstitutional under America's free speech laws, while retrospective provisions may prove unenforceable. Furthermore, companies should be able to sell some assets and increase dividend payments to investors, short of a scorched-earth policy. With companies' domestic tobacco businesses now viewed by the market as worthless, their shares may be worth a punt.

#### Battlefield taxis

Despite yesterday's mysteriously cancelled announcement, a massive armoured vehicle contract looks certain to fall into the Eurokonsortium's lap. For GKN, part of the largely German winning team that includes Mannesmann's Krauss-Maffei, this is good news. Its current order book is thin and there are no other programmes of this scale on the horizon. After all, scepticism about the usefulness of traditional tanks in modern warfare is rife in military circles.

Although profits will not filter through until 2004, the value of GKN's non-core defence business, which is up for sale, will nonetheless be increased. This should enhance the company's position ahead of consolidation within the fragmented European armoured vehicle sector. With

Vickers part of the losing consortium and keen to expand in defence now Rolls-Royce is being sold, an Anglo-British solution is possible. GKN should be well placed to extract a better price than the £100m Vickers apparently rejected when the parties last talked.

Behind the delay lies French poker playing. It seems likely that the reality of a dominant Anglo-German axis developing in land forces has goaded the French government into action. GIAT, a heavily loss-making and state-owned manufacturer, is probably being given a larger slice of the action by its partners. This looks less than ideal, but could encourage greater French flexibility in other fields.

#### Courtaulds

Watching paint dry has suddenly become a whole lot more interesting, at least for investors in paint companies. Courtaulds' demerger plans combined with yesterday's news of a bid approach have nearly doubled the value of the shares. The excitement could be short-lived. If the potential bidder walks away, the shares could sink back towards the 400p level, valuing Courtaulds' coatings division at a more realistic 1.3 times sales. Still, short of a formal bid, yesterday's news could not have been more welcome for Courtaulds.

The same cannot be said for Akzo Nobel, believed to be behind yesterday's approach. True, the acquisition would give its coatings business longed-for exposure to Asia, and help it keep up with the global ambitions of Imperial Chemical Industries and Sherwin-Williams. And by moving now, Akzo avoids a bidding war. Neither ICI nor Sherwin will want to be lumbered with Courtaulds' unattractive fibres business, whereas Akzo could bundle it with its own fibres operation and take costs out.

But even if Akzo bids now, it will have to cough up between 450p and 500p, which is not cheap. More importantly, why did Akzo not bid back in January when Courtaulds' shares were trailing at 232½p? To consider making the acquisition now, with both sterling and the market against it, should attract some sharp questions from shareholders. The less than 1 per cent fall in Akzo's shares yesterday looks too sanguine.

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USP 45/10/11/12

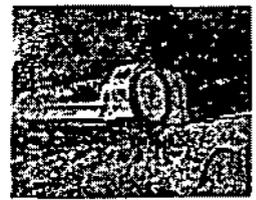
# FINANCIAL TIMES

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**The mother of all tongues:**  
**English will spread because**  
**the world demands it**



**Korean conglomerates**  
**Structured for growth**  
**despite recent troubles**  
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**US politics**  
**Clinton's prospects after**  
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## BAT warns of tobacco bankruptcies

By Richard Tomkins in New York

UK company's head fears effect of proposed US legislation

The head of one of the three big US cigarette makers yesterday said his own company's US operations, and those of the other manufacturers, would go bankrupt under legislation being considered by Congress.

Martin Broughton, chief executive of BAT Industries, the British insurance and tobacco group, said he doubted whether BAT's US subsidiary, Brown & Williamson Tobacco, would last more than a few years under the proposed legislation.

The first tobacco company to go bankrupt, he predicted, would be R.J. Reynolds Tobacco, part of the R.J.R. Nabisco tobacco and food group, which is still heavily laden with debt after a leveraged

buy-out in the 1980s. "Under this proposal, I would think that R.J.R.'s US domestic business has a short life span, and I am not sure ours would survive many years thereafter," Mr Broughton said.

That would leave Philip Morris, the biggest US cigarette maker, with a monopoly. But Mr Broughton said Philip Morris would eventually go under, too. "This is a proposal that leads to a monopoly, and then turns the monopoly bust."

Mr Broughton is the first tobacco executive to have spoken out about the tobacco settlement since Congress began considering it. His comments followed Wednesday's approval of draft

legislation that would impose heavy financial penalties on the tobacco industry without giving it the legal protections it had sought.

Mr Broughton said the legislation was an invitation to "sign up to suicide", and the industry was no longer prepared to co-operate with it. "If this is all that's on the table, forget it. Not interested. End of story," he said.

Last year the tobacco industry struck a deal with state attorneys-general under which it agreed to pay out \$368.5bn over 25 years and accept heavy advertising restrictions in return for immunity from big lawsuits and punitive damages awards.

But on Wednesday the Senate

commerce committee voted 19-1 in favour of legislation that would increase the penalties to well in excess of \$600bn over 25 years and require the companies to accept other restrictions, without giving them the legal immunities they had sought.

Mr Broughton said the industry had tried to take a conciliatory approach over the legislation, "offering to give up its constitutional rights to market and advertise its products in return for an end to confrontation."

"But it clearly hasn't worked. There are a series of things in these proposals way beyond the big numbers - the small print stuff - which clearly demon-

strate that, actually, the only thing behind this is to drive us all out of business. There is no way we can continue to negotiate under these circumstances."

The legislation is expected to pass into law by October, and Mr Broughton said he saw little hope of any softening of Congress's attitude in the meantime because it was an election year.

"This is sort of 'beat up on the tobacco companies in order to demonstrate that I can be more macho than the next man' time, so that suggests to me that any amendments are more likely to make it worse than better," he said.

**Tobacco test case reopens, Page 8**  
**Editorial Comment, Page 15**  
**Lex, Page 16**

### WORLD NEWS

**Prosecutor vows**  
**to pursue inquiry**  
**into perjury claims**  
**against Clinton**

Independent prosecutor Kenneth Starr is to pursue his inquiry into allegations that President Bill Clinton committed perjury over an affair with a White House intern, despite the collapse of the sexual harassment case that was the source of the charges. **Page 4; Off the hook, Page 15**

British PM draws line  
stand's prime minister, Bertie  
yem, said he would make no  
ore compromises, raising fresh  
dubts on whether the UK and  
sh governments can agree a

### BUSINESS NEWS

**Industrial Bank of**  
**Japan plans to**  
**write off \$5bn**  
**of problem loans**

Industrial Bank of Japan, one of the country's largest and most prestigious banks, plans to write off ¥630bn (\$5bn) of problem loans. The write-off is more than 50 per cent higher than previously forecast. **Page 17; I.B.J. Schroder in \$20m buy, Page 21**

GTE, the US telecoms group, unveiled a shake-up meant to raise between \$2bn and \$3bn from the sale of some operations and lead to a \$500m annual costs reduction. **Page 21**

## Sony chief says Japan's

