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Issues - Needle Exchange - Talking Points

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Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. table	re: Needle exchange talking points (Personal) [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

O/Box Number: 19400

FOLDER TITLE:

Issues - Needle Exchange - Talking Points

2018-0764-F

jm2156

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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Freedom of Information Act - [5 U.S.C. 552(b)]

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January 15, 1998

To: Todd Summers

From Brad Austin

Re: **Comments on the 1998 National Drug Control Strategy**

Overall, the report does not overly emphasize HIV/AIDS, although it does mention that \$6.3 billion of the roughly \$17.5 or \$20.9 billion of health-related drug use costs in the United States are from drug-use-driven HIV/AIDS transmission. This translates into either 36% or 30% of all drug-related health costs. The Strategy also notes/concedes that the proportion of HIV cases due to injection drug users (IDUs) is estimated to increase. (Chapter 2, page 16)

However, it is no surprise that the Strategy does not recognize Needle Exchange Programs (NEPs) as a viable strategy to help complement the Public Health approach to this problem. (chapter 2, pages 16-17, chapter 4, pages 18-20) The report does address General McCaffrey's objection to Needle Exchange Programs, primarily by trying to refute harm reduction arguments. ONDCP tries to tie together "Harm Reduction," "Harm Minimization," and "Public Health" approach as "smoke screens" for legalizing marijuana, removing legal sanctions on drug use, and providing drugs and syringes to addicts. This is inflammatory rhetoric.

In fact, the Public Health model is the basis for the approximately 120 NEPs in operation in 28 states in 71 different communities. The communities in which the NEPs operate are epidemiologically different and none, except for those in California and Arizona (with only 1 NEP in Tucson) have attempted to do anything about legalizing marijuana. Most of the NEPs are operating legally, having had their community bodies sanction their activity by declaring it a Public Health emergency.

ONDCP tries to play NEPs and substance abuse treatment off on another. This is false. The Public Health community views NEPs as only one additional yet crucial tool to be used in the effort to decrease both drug addiction and new HIV infections. *No states are suggesting that funds be diverted from current substance abuse treatment to NEPs.*

Drug treatment most relevant to IDUs is methadone maintenance. Even if we were to assume that treatment-on-demand was available for this population (and it is not) data from Baltimore, MD tells us that we will lose 50% of all entering methadone treatment. Moreover, within the first 3 months of treatment, people will still continue to use/inject drugs. For these individuals, NEPs can continue to offer some protection from HIV. Moreover, people wishing to enter methadone maintenance are usually in their 30s but have been shooting for years. Young people who begin injecting in their teens or early 20s are not interested in methadone maintenance. It is not realistic to assume that substance abuse treatment can alone provide the solution for all.

Finally, NEPs reach a high risk population. All NEPs offer referrals, and 87/100 NEPs who responded to a recent survey affirmed that they actually help IDUs get into treatment. And new data from NIDA suggests that these IDUs (referred by NEPs) can be maintained at a high rate and that their high risk behavior can be modified. Thus, the data supports linking NEPs with substance abuse treatment, and seeing both as *complimentary strategies rather than competing strategies*.

I have blue-tagged the document where it refers to NEPs. I have white-tagged the documents where there are references to either AIDS or substance abuse treatment.

NEEDLE EXCHANGE TALKING POINTS	
WHAT NEEDLE EXCHANGE PROGRAMS ARE	Needle exchange programs are about • public health workers getting dirty needle off the street and away from kids • exchanging those contaminated needles for clean ones • reducing the spread of HIV and helping get drug users into treatment
CENTRAL ROLE IN FUELING AIDS EPIDEMIC	Approximately one-third of reported AIDS cases are related to injection drug use • 66% percent of all AIDS cases among women--and more than half of AIDS cases among children--are related to injection drug use (either contracted directly through use of contaminated needles, through sexual contact, or mother-to-child transmission) • intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population
SECRETARY SHOULD KEEP AUTHORITY	This is the appropriate role of a public health official: assessing the value of various interventions and then allowing local communities the option of using those interventions to address their own unique needs
GOAL OF NEPs	Goal of needle exchange programs is to stop HIV and to provide a bridge to drug treatment. Needle exchange is the beginning of the process to stop the dual epidemics of HIV and drug abuse - it is not the end, it's a means to an end.
IT'S ABOUT LOCAL CONTROL	Removal of the federal restrictions on needle exchange would <u>not</u> create a federal needle exchange program; it would provide local communities with the flexibility to include this strategy as part of a comprehensive HIV prevention program--if they so choose • it has been the role of the federal government to support the efforts of local health departments without tying their hands--this is surely an extension of that respectful policy • to date, over 100 local communities have pursued needle exchange programs with their own resources
PUBLIC SUPPORTS IT	Recent polls conducted by the Tarrance Group (R) and the Kaiser Family Foundation shows that a majority (55%, 66% respectively) of Americans support needle exchange programs

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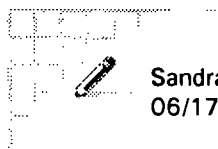
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SCIENCE LEADS POLITICS	Particularly in the context of AIDS the politics have always lagged behind sound science - examples: • prevention messages promoting homosexuality • condom availability promoting sexual activity • needle exchange promoting drug use This has also been true for other public health issues: • this was just another example • like tobacco, the fight can be long and emotionally charged • politics have often lagged behind science • in the end, once the dialogue begins science always wins
McCAFFREY	General McCaffrey has his opinion, but • Dr. Shalala, Dr. Varmus, Dr. Satcher, and Dr. Fauci are all of one mind on the science • so did the American Medical Association, American Public Health Association, American Academy of Pediatrics
RACE	I am very encouraged that the President has begun the conversation on race relations in this country • recent civil rights meeting at the White House • needle exchange was on the agenda because AIDS is raging in communities of color • 65% of new infections are people of color
RACE LEADERS WANT DRUG TREATMENT AND NEPs	Leaders from communities of color have been telling us for years that the solution to drug abuse was more aggressive drug treatment • only one treatment slot for every 10 drug users in need of treatment • these same leaders have told us that until we get there, needle exchange programs save lives
NO MIXED MESSAGE TO KIDS	Needle exchange programs don't send a mixed message to kids • doesn't encourage drug use any more than giving out matches encourages smoking • (b)(6) • drug prevention among youth is important • treatment for those who are addicted is important • needle exchange programs are important [001]
WHAT WE'VE LEARNED FROM DEBATE	What we've learned from the debate: • people don't understand addiction • therefore don't understand why needle exchange programs help stop drug use, not encourage it • need to continue our outreach on drug use and AIDS • need to help America understand more about addiction • need to explain how NEPs are a bridge to treatment (Baltimore study)

CHILDREN	IV drug use causes over 75% of pediatric AIDS cases in this country • if we want to stop pediatric AIDS in this country, we need needle exchange programs and treatment
VANCOUVER STUDY	The study has been misinterpreted and misused • the scientists that did the Vancouver study argued (in a New York Times op-ed) that their science was being misused • there was a higher rate of HIV among NEP participants because the programs were effectively targeting hard-core drug users who were already at risk • the public health experts in Vancouver credit their NEP for keeping the high HIV rate from going even higher • they also argued that there biggest problem was the lack of drug treatment



Sandra Thurman
06/17/97 05:32:43 PM

Record Type: Record

To: Paul J. Weinstein Jr./OPD/EOP

CC:

Subject: Talking Points on Needle Exchange

Attached are talking points on needle exchange as requested.

We are awaiting comments from HHS on language we drafted for the POTUS speech as the U.S. Conference of Mayors meeting in San Francisco. It should be completed by tomorrow morning.

Thanks bunches!

(Let me know if the attachment does not come through - I'm still learning!)



NEEDLES.WP

DRAFT
June 17, 1997 (5:16pm)

TALKING POINTS ON NEEDLE EXCHANGE

Injection drug use plays a major role in continuing the spread of the AIDS epidemic.

- 50% of new infections are from injection drug users, their partners, and children (these are occurring in the 96 largest metropolitan areas)
- 1/3 of all AIDS cases to date are associated with injection drug use
- injection drug use is the leading factor for current spread of the epidemic in the United States, including among women and children

The science supports the efficacy of needle exchange in reducing the transmission of HIV without promoting illegal drug use.

- there have been 3 major reviews (NIH, CDC, NAS) of over 100 programs
- these reviews report overwhelming evidence that needle exchange programs can have a positive impact on curbing the spread of HIV among users, their partners, and children
- found no evidence that needle exchange programs increase drug use by program participants or in the communities in which programs are located
- Yale University study, for example, estimated a 33 percent reduction in new HIV infections in the New Haven, Connecticut program

Local communities and public health officials should be supported if they decide to utilize needle exchange programs in AIDS prevention campaigns.

- needle exchange will be available to--not imposed upon--local communities as part of comprehensive HIV prevention strategies
- mayors and city councils, including those in Boston, San Francisco, New York, Los Angeles and New Haven, have approved needle exchange programs

Needle exchange programs will provide a pathway to medical and drug treatment as well as addiction recovery services.

- they should be closely linked to drug treatment, HIV counseling and testing, and prevention education
- the hope offered by the new AIDS treatments can be used as a powerful incentive to program users to get off and stay off illegal drugs

Needle exchange programs have been endorsed as a component of comprehensive HIV prevention strategies by numerous national organizations, including:

- American Medical Association
- National Association of County and City Health Officials
- American Public Health Association
- American Nurses Association
- Association of State and Territorial Health Officers
- National Alliance of State and Territorial AIDS Directors

Capsule quotation from report by Secretary Shalala to Congress:

“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.”

*** Background Note**

I believe that the Administration and Congress should follow the science on needle exchange, which supports their use as part of a comprehensive HIV prevention strategy. However, neither Congress nor the Office of National Drug Control Policy are on the program at this point. A premature decision to lift the ban on the use of federal funds for needle exchange could be counterproductive at this point (as happened with the gays in the military and HIV immigration restriction issues). We need to do our homework with Congress and other members of the Administration for this to work.

Needles Exchange Talking Points

- * The AIDS epidemic is evolving, and IV drug use now plays a central role in fueling the spread of HIV, particularly among women, children, and people of color (more than 50% of new cases)

- * Credible evidence from NIH, CDC, and the National Academy of Sciences documents that needle exchange programs save lives.

- * Maintaining and even exercising the Secretary's authority does not create a national needle exchange program -- it simply gives state and local public health officials the flexibility to include this strategy as part of comprehensive HIV prevention program -- if they so chose.

- HIV prevention has always been a difficult political challenge -- raising issues that people would rather not talk about. In the 80s, the right wing said AIDS education promoted homosexuality; in the 90s, they say needle exchange promotes drug use. In reality, public health officials employ these strategies because they reduce the spread of a deadly virus.

- This issue is really about protecting two longstanding public health principles: (1) let science drive; and (2) let state and local public health officials decide. There is nothing radical about that.

- * This is not gays in the military. This is not a national policy and it does not force anyone to do anything. In this case, those that would implement the decision (state and local public health officials) are the ones asking for the discretion. Mainstream groups (the American Medical Association, the Academy of Pediatrics, the American Public Health Association, the American Bar Association, and countless others) and editorial boards are all lined up in support. And polls show that the public is on our side. Finally, the Senate is with us and is simply looking for our help. There is no real organized opposition -- like the US military -- it is just the Family Research Council and a few right wing drug control groups.

- * Core constituencies are looking for leadership from the Administration on this one.

- For the AIDS community, as money becomes tighter, how it gets spent becomes increasingly important. While the gay community was able to raise private funds to do what government would not, IV drug users, their partners and their children cannot. If this policy goes south, the AIDS community will feel abandoned, several commissioners have threatened to resign, and a protest at the HRC dinner will likely be scheduled.

- For the public health community, seeing the Administration walk away from longstanding public health principles, and allowing politics to run rough-shod over public health, will add to their growing discontent with the Administration.

- For communities of color, anything but holding the line will be seen as racism. Many have already said as much. They perceive that this issue is of lesser importance to the Administration because it does not affect the gay community. AIDS is the leading the cause of death of young African Americans. Again, this policy can help save lives.

- * If it is true that needle exchange reduces the spread of HIV and does not increase drug use, then this is clearly a public health issue, not a law enforcement issue. Giving law enforcement the authority to make this important public health decision won't work and is bad precedent.

*McCurry Talking Points***Q&A's on Needle Exchange
April 27, 1998**

Q: What is your reaction to the fact that Dr. Satcher criticized the Administration's position on needle exchange?

A: The Administration is committed to reducing the transmission of HIV and reducing drug use. We believe that the decision that was made last week was the best way to advance these two goals. The Secretary of Health and Human Services made clear that appropriate needle exchange programs can cut HIV transmission without increasing drug use. At the same time, the Administration tried to prevent the politicization of needle exchange by keeping decision making at the local level. We understand that this decision raises strong feelings on both sides, but we think Dr. Satcher would agree that HHS's release of the scientific findings relating to needle exchange was critically important.

Q: What is your position on the Solomon Amendment to prohibit any Federal funding for needle exchange programs?

A: We believe that the only purpose of this legislation is to politicize a decision that should be made at the local level. That is what this Administration tried to avoid: it is contrary to good policy on both AIDS reduction and anti-drug measures.

While we are still reviewing this legislation, we are also concerned that the language is so broadly drafted so that it could have the effect of undermining the ability of local communities to use their own money to fund needle exchange programs. We strongly oppose efforts to prevent communities from making these decisions for themselves.

Talking points for MEG

Miguel --

Here are some quick talking points in response to your request. They are informal comments we offer, not for attribution to HHS. Hope these help.

- * Injection drug use by a parent has long been the leading cause of pediatric HIV infection. Over 75% of reported pediatric AIDS cases are attributable to injection drug use by a mother or by her sex partner. This is a conservative estimate, as the CDC now indicates that up to 90% of pediatric HIV infections may be indirectly related to substance abuse.

- * There has been a lot of discussion recently about the role of needle exchange programs as a prevention tool to reduce new HIV infections among injection drug users. It is an issue that people feel very strongly about with wide differences of opinion. Without a doubt, the most effective way to eliminate pediatric HIV related to substance abuse is to provide effective drug treatment. Needle exchange programs serve a more limited role of reducing the immediate risks of transmission and of interfacing with hard-to-reach populations to help them get the medical and drug treatment they need.

- * On Monday, Secretary Shalala released a report reviewing the scientific data about needle exchange programs. There is now good evidence that these programs, when they are properly combined with referrals to medical and substance abuse services, do reduce the number of new HIV infections among injection drug users that use them, and do not increase the use of drugs.

- * The benefit needle exchange programs offer is to interface with adults who are actively using drugs, to lower their risks of HIV infection by reducing their use of dirty syringes, and to encourage them to enter drug treatment and help them access medical care. These individuals are most often outside of all systems of care, and afraid of approaching systems because of their illegal behavior.

- * All too often what happens is that the injection drug user brings home HIV to their partner, and their future children. Where the injection drug epidemic has driven the HIV epidemic, some communities have chosen to implement needle exchange programs to try to break this vicious cycle of transmission, as well as to serve as a conduit to care.

- * Understanding the role that these programs can play, it is also true that many communities do not support this HIV prevention tool. This is an issue that must be determined locally by local communities. Needle exchange programs aren't effective if they stand alone; they must be part of a broader effort within a community that is locally designed.

- * We have a real opportunity of eradicating pediatric AIDS in this country now, both through appropriate antiretroviral treatment of pregnant women, and in targeting the known routes of transmission which lead to pediatric HIV infection. It is a time to be encouraged, and every prevention opportunity we identify should be thoughtfully considered by those responsible at the local level.

BREIFING ON NEEDLE EXCHANGE

BACKGROUND INFORMATION

- Former drug czar Bob Martinez and former Centers for Disease Control (CDC) director Bill Roper decide in Summer '91 that an objective review of data on needle exchange programs (NEPs) is needed. University of California (UC), Berkeley and UC San Francisco agree to do the work. The study is funded by CDC through a Cooperative Agreement with the Association of Schools of Public Health
- Conclusions reveal that available [data] 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." (page 18 of report Summary)
- Multiple lines of evidence suggest that it is "likely" that NEPs decrease the rate of new HIV infection: (page 26).
 1. Biologic plausibility; removing potentially infected syringes from circulation and replacing them with clean ones must decrease new infections
 2. Behavioral data: 10/14 studies showed a decrease in HIV risk behavior (the sharing of syringes) and none showed an increase
 3. Three- to four-fold decrease in new hepatitis B infections [with later data this increased to seven- to eight-fold for hepatitis B and C infection]
 4. Mathematical models from New Haven (33% decrease in new HIV infections) and by the UC study model (15-17%)
- Recommendations (page 27):
 - "The federal government should repeal the ban on the use of federal funds for needle exchange services."
 - "Substantial federal funds should be committed to both providing needle exchange services and to expanding research into these programs."
 - "State governments in the ten states and the District of Columbia that have prescription laws should repeal these laws."
 - "States should repeal the paraphernalia laws as they apply to syringes."

Report released 9/30/93

- In fall 1994, Brian Biles of the Office of the Assistant Secretary for Health, wrote to CDC asking for an update on information since the University of California Report.

This second review, much shorter and less expansive than the first review, is sent to the

Associate Director for HIV/AIDS (James Curran) by the Assistant Director for Substance Abuse and HIV Prevention (T. Stephen Jones) on November 22, 1994, and presumably forwarded on to the Office of the Assistant Secretary for Health.

The review contains the following:

Summary of new evidence from New York City showing a decrease in HIV transmission among NEP clients that concludes that "although the numbers are small, the evidence is plausible." (page 1)

Three additional studies with evidence of decreases in HIV risk behavior (page 3)

☞ No evidence of increased drug use in a San Francisco study (page 3)

☞ New data showing that the decrease in hepatitis B and C infections associated with needle exchange is now seven- to eight-fold. "this study demonstrates more clearly than any previous research that use of NEPs is associated with decreases in blood borne infections." (Page 4)

Data from Montreal showing higher HIV infection rates, higher rates of HIV risk behaviors and higher rates of new HIV infection among NEP clients that "require further study."

This finding is most reasonably interpreted as showing that NEPs are reaching the drug users at highest risk for HIV (a good thing). No formal recommendations with respect to federal policy. The existence of this review has never been made public.

STATISTICS

- Approximately 1/3 of all AIDS cases occur among injections drug users, their sex partners and their children.
- Only about 15% of injectors are in drug treatment on any given day.
- Over 10,000 drug users, their sex partners and their children contract HIV each year. This is 1-2 preventable HIV infections per hour. Needle exchange may decrease new HIV infections by 33%, according to the New Haven mathematical model.

TALKING POINTS ON NEEDLE EXCHANGE

The Department intends to allow States and local communities the option to use their existing HIV prevention funds to support needle exchange projects that meet criteria established by the Secretary. For Fiscal Year 1998 funding, we expect no more than ten such projects to qualify.

Q: Once the Secretary certifies, does HHS have the legal authority to restrict the way that grantees can use their dollars for needle exchange programs?

A: Yes.

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

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

Q: How will requests for these funds be assessed?

A: These funds are administered by the Centers for Disease Control and Prevention. They will review any requests to use FY98 federal funds for needle exchange projects against the strict criteria established by the Secretary.

We have built on the well-constructed **criteria outlined by Congress**, which require

- linkage to drug treatment and HIV prevention services,
- participation in research and evaluation projects, and
- support by State or local public health officials.

The **criteria added by the Secretary** are designed to focus on areas where there's a real problem with drug abuse, and where women and their children are being disproportionately impacted. We will prioritize those projects serving communities that the Secretary determines:

- have a high incidence of substance abuse; or
- have a high incidence of injection drug-related HIV/AIDS; or
- have a high proportion of new HIV/AIDS cases among women of childbearing age.

Does Needle Exchange Work?



Why do we need needle exchange?

More than a million people in the United States inject drugs, at a cost to society (in health care, lost productivity, accidents, and crime) of more than \$50 billion a year.¹ People who inject drugs imperil their health. If they contract HIV, their needle sharing partners, sexual partners and offspring may also be endangered.

One-third of all AIDS cases are linked to injection drug use. For women, 64% of all AIDS cases are due to injection drug use or sex with partners who inject drugs. Injection drug use is the source of infection for more than half of all children born with HIV.²

Around the world and in more than sixty locations in the United States, needle exchange programs have sprung up to address drug injection risks. These programs not only distribute clean needles and safely dispose of used ones for injection drug users (IDUs), they generally offer a variety of related services, including referrals to drug treatment and HIV counseling and testing.³

Why do drug users share needles?

In part because there are not enough needles and syringes to go around. The overwhelming majority of IDUs are aware of the risk of the transmission of HIV and other diseases if they share contaminated equipment. However, sterile needles are not always available or affordable.

Most US states have paraphernalia laws that make it a crime to possess or distribute drug paraphernalia not for a "legitimate medical purpose," which subjects drug injectors to prosecution. In addition, ten states and the District of Columbia have laws that require a prescription to buy a needle and syringe. Even where over-the-counter sales of syringes are permitted by law, pharmacists are often unwilling to sell to IDUs.⁴

In July of 1992, the state of Connecticut passed a law permitting the purchase and possession of up to ten syringes without a prescription. After the new law went into effect, the sharing of needles among IDUs decreased, and there was a shift from street needle and syringe purchasing to pharmacy purchasing.⁵

How can injection risks be reduced?

Getting drug injectors into treatment and off drugs is the best answer. Unfortunately, not all drug injectors are ready to quit. Even those who are highly motivated may find few services available. Drug treatment centers frequently have long waiting lists and fewer than 15% of IDUs are in treatment at any given time.⁶

For those who cannot or will not stop injecting drugs, the best way to avoid spreading HIV is to use a sterile needle for each injection, or at least not to share needles. Users who share should disinfect their injection equipment thoroughly with bleach, although this is not as safe as always using a sterile needle and syringe.⁷

Does needle exchange encourage drug use?

There is no evidence that needle exchange programs increase the amount of drug use by needle exchange clients or in the wider community.³ A study of a San Francisco needle exchange program that opened in 1988 found that from 1987 to 1992, frequency of injecting drugs among street-recruited IDUs declined from 1.9 to 0.7 injections per day. The mean age of IDUs increased from 36 to 42 years, and the percentage of new initiates into injection drug use dropped from 3% to 1%.⁸ Drug abuse and the recruitment of new or younger users did not increase in the presence of the exchange; in fact, the exchange may have helped *decrease* the amount of drug abuse in the area.

Does needle exchange reduce the spread of HIV?

Yes, almost certainly. Needle exchange programs are based on a sound public health principle - eliminating the item that helps transmit infection from one person to another, just as reducing the number of mosquitoes helps prevent malaria.

In New Haven, CT, a study tested needles returned to the needle exchange, and developed a mathematical model that estimated a possible 33% reduction in the rate of new HIV infections among needle exchange program clients.⁹ A review of the modeling literature by a CDC-sponsored research team suggested this estimate may even be low.³

In New York City, NY, a large comprehensive study of needle exchange programs found that the rate of new HIV infections for participants in the exchange was 2%. This rate is much lower than the estimated 4-7% HIV infection rate among IDUs

not enrolled in the exchange.¹⁰ The study also found that among clients, using rented syringes decreased 75%, using borrowed syringes decreased 62%, and using alcohol wipes before injecting went up 150%.

Needle exchange programs have also achieved reductions in the rate of hepatitis B infection, which can also be spread through sharing needles. In Tacoma, WA, clients of a needle exchange program were up to eight times less likely to contract hepatitis B and C than non-client IDUs.¹¹

Needle exchange programs also have the potential to act as a bridge to drug treatment, and can provide referrals and, in some cases, actual services for HIV testing and counseling, primary medical care, tuberculosis and sexually transmitted disease screening. In Seattle, WA, the needle exchange program issued 181 vouchers for drug treatment, and 78% were successfully redeemed. Fifty-eight percent entered methadone maintenance, and 86% of those were still in treatment three months after intake.¹²

Is needle exchange cost-effective?

Yes. The median annual budget for running a program is \$169,000, with a range of \$31,000-\$393,000. This translates to \$.71 to \$1.63 per syringe distributed.³ In addition, mathematical models predict that over five years, needle exchanges could prevent many HIV infections among clients, their sex partners, and offspring, at a cost of about \$9,400 per infection averted.³ This is far below the \$119,000 lifetime cost of treating an HIV-infected person.

What must be done?

Efforts to increase the availability of sterile needles must be a part of a broader strategy of drug treatment and prevention efforts. The currently available data provide sufficient evidence to repeal the ban on the use of federal funds for needle exchange services. States with prescription laws should repeal them; those with paraphernalia laws should revise them insofar as they restrict access to needles and syringes. Local governments and public health officials should work with community groups to develop comprehensive approaches to HIV prevention among IDUs and their sexual partners, including, but certainly not limited to, needle exchange programs.

Needle exchange programs have become a standard of public health practice around the world. Failure to support ready access to sterile needles has been described as tantamount to medical malpractice.¹³

Prepared by Peter Lurie and Pamela DeCarlo

TALKING POINTS ON NEEDLE EXCHANGE

Q: What does the Administration plan to do about lifting the ban on federal funding of needle exchange programs?

A: We firmly believe that we must do everything possible to address the twin epidemics of HIV and substance abuse. We have overwhelming evidence that needle exchange programs reduce the rate of HIV transmission. However, there is still considerable discussion with regard to their impact on drug use. The Administration has been consistent in its belief that any decision on federal involvement in needle exchange programs must be based on science, not politics or public opinion. We are continuing to work with Congress, the research community, and AIDS advocacy groups to protect the waiver authority of Secretary Shalala to decide this issue on the basis of public health.

Q: Do you believe local communities ought to be able to spend federal money for needle exchange programs to help prevent the spread of AIDS?

A: Many local communities and some states have chosen to support needle exchange programs as one component of a broader HIV prevention strategy. As you know, the Congress has restricted the use of federal funds to support needle exchange until the data is clear that it reduces the spread of HIV without increasing injection drug use.

HHS has been carefully reviewing the data on this. Although this review is yet ongoing, I understand the body of evidence is growing in support of needle exchange as a useful prevention strategy. We must continue to work with both the public health leadership and our colleagues in Congress to ensure their support for effective HIV prevention strategies.

DRAFT POSITION STATEMENT ON NEEDLE EXCHANGE

September 26, 1997

Injection drug use continues to play a major role in the spread of the AIDS epidemic. More than one-third of the cases to date are directly associated with injection drug use and 50% of new infections are among injection drug users, their partners, and children. This makes injection drug use the leading factor in the current spread of the epidemic in the United States.

In February, the Secretary of HHS presented a report to the Congress that clearly indicates that needle exchange programs reduce the rate of HIV infection among drug users, their partners, and children. The report also concluded that the scientific evidence to date does not, in fact, indicate that these programs increase the rate of drug use in communities that decide to use needle exchange programs as a component of their HIV prevention strategy. Other major reviews conducted by the National Institutes of Health, the Centers for Disease Control and Prevention, and the National Academy of Sciences support these findings.

The Administration has been consistent in its belief that any decision on federal involvement in needle exchange programs, or any other disease prevention programs for that matter, must be based on science, not on politics or public opinion.

We must make every effort to address the twin epidemics of HIV and substance abuse. Needle exchange programs offer not only an opportunity to reduce the spread of HIV, but also can serve as a bridge to drug treatment and health care. It is important to note that any decision to remove the restriction on the ability to utilize their federal funds for needle exchange programs would simply permit--not require--local communities to take make their own determination on how best to fight the AIDS epidemic in accordance with their own unique needs.

TALKING POINTS ON NEEDLE EXCHANGE

September 26, 1997

Public health policy should be driven by sound science, not politics.

Injection drug use plays a central role in fueling the AIDS epidemic, particularly among women, children and people of color

- approximately one-third of reported AIDS cases are related to injection drug use
- **66% percent** of all AIDS cases among women--and more than half of AIDS cases among children--are related to injection drug use (either contracted directly through use of contaminated needles, through sexual contact, or mother-to-child transmission)
- intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population

The Secretary of Health and Human Services should retain her authority to gather credible scientific data and, based on that data, to give local communities the flexibility to design HIV prevention programs that meet their needs

- this is the appropriate role of a public health official: assessing the value of various interventions and then allowing local communities the option of using those interventions to address their own unique needs

Americans support needle exchange programs as a tool for preventing the spread of HIV and AIDS

- recent polls conducted by the Tarrance Group (R) and the Kaiser Family Foundation shows that a majority (55%, 66% respectively) of Americans support needle exchange programs

Scientific evidence demonstrates that needle exchange programs reduce the spread of HIV without promoting illegal drug use

- three major reviews (NIH, CDC, National Academy of Science) of over 100 programs have been conducted
- reviews report overwhelming evidence that needle exchange programs can have a positive impact on curbing the spread of HIV among users, their partners, and children
- these reviews found no evidence that needle exchange programs increase drug use by program participants or in communities in which the programs are sited

Removal of the federal restrictions on needle exchange would not create a federal needle exchange program; it would provide local communities with the flexibility to include this strategy as part of a comprehensive HIV prevention program--if they so choose

- it has been the role of the federal government to support the efforts of local health departments without tying their hands--this is surely an extension of that **respectful** policy
- to date, over 100 local communities have pursued needle exchange programs with their own resources

Needle exchange programs provide a critical pathway to drug treatment and health care services

- because IV drug users and their families are often far removed from the help they need, needle exchange programs should be linked to drug treatment, HIV counseling and testing, prevention education, and health care
- the hope offered by the new AIDS treatments can be used as a powerful incentive to program users to get off of and stay off illegal drugs

Needle exchange programs have been endorsed by many prominent national organizations as an important component of comprehensive HIV prevention strategies

- | | |
|---|---|
| • American Medical Association | • National Assoc. of County and City Health Officials |
| • American Bar Association | • National Assoc. of State & Territorial AIDS Directors |
| • American Public Health Association | • National Black Caucus of State Legislators |
| • Association of State & Territorial Health Officials | • U.S. Conference of Mayors |
| • National Academy of Science | |

TALKING POINTS ON NEEDLE EXCHANGE

Injection drug use plays a major role in continuing the spread of the AIDS epidemic.

- 1/3 of all AIDS cases to date are associated with injection drug use
- injection drug use is the leading factor for current spread of the epidemic in the United States, including among women and children

The science supports the efficacy of needle exchange in reducing the transmission of HIV without promoting illegal drug use.

- there have been 3 major reviews (NIH, CDC, NAS) of over 100 programs
- these reviews report overwhelming evidence that needle exchange programs can have a positive impact on curbing the spread of HIV among users, their partners, and children
- found no evidence that needle exchange programs increase drug use by program participants or in the communities in which programs are located
- Yale University study, for example, estimated a 33 percent reduction in new HIV infections in the New Haven, Connecticut program

Local communities and public health officials should be supported if they decide to utilize needle exchange programs in AIDS prevention campaigns.

- needle exchange will be available to--not imposed upon--local communities as part of comprehensive HIV prevention strategies
- mayors and city councils, including those in Boston, San Francisco, New York, Los Angeles and New Haven, have approved needle exchange programs

Needle exchange programs will provide a pathway to medical and drug treatment as well as addiction recovery services.

- they should be closely linked to drug treatment, HIV counseling and testing, and prevention education
- the hope offered by the new AIDS treatments can be used as a powerful incentive to program users to get off and stay off illegal drugs

Needle exchange programs have been endorsed as a component of comprehensive HIV prevention strategies by numerous national organizations, including:

- American Medical Association
- National Association of County and City Health Officials
- American Public Health Association
- American Nurses Association
- Association of State and Territorial Health Officers
- National Alliance of State and Territorial AIDS Directors
- United States Conference of Mayors

Capsule quotation from report by Secretary Shalala to Congress:

“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.”

*** Background Note**

I believe that the Administration and Congress should follow the science on needle exchange, which supports their use as part of a comprehensive HIV prevention strategy. However, neither Congress nor the Office of National Drug Control Policy are on the program at this point. A premature decision to lift the ban on the use of federal funds for needle exchange could be counterproductive at this point (as happened with the gays in the military and HIV immigration restriction issues). We need to do our homework with Congress and other members of the Administration for this to work.

MEMORANDUM

TO: Elena Kagan
CC: Richard Socarides
FROM: Sandy Thurman
SUBJECT: Needle Exchange Q & A

I am concerned that our current Q & A on needle exchange is obsolete. The question the President is most likely to be asked is as follows:

Q: What does the Administration plan to do about lifting the ban on federal funding of needle exchange programs?

A: We firmly believe that we must do everything possible to address the twin epidemics of HIV and substance abuse. We have overwhelming evidence that needle exchange programs reduce the rate of HIV transmission. However, there is still considerable discussion with regard to their impact on drug use. Until we can make the case that these programs do not encourage drug use our chances are marginal, at best, of averting a negative Congressional backlash. We do not want to find ourselves in a worse position on this issue than where we started. We are continuing to work with Congress, the research community, and AIDS advocacy groups to protect the waiver authority of Secretary Shalala to decide this issue on the basis of public health.

On-Record

I know that there has been talk around Washington that “Czar Wars” has broken out over needle exchange. What I can tell you is that Barry McCaffrey is a powerful and passionate advocate for fighting this nation’s drug epidemic, just like I am passionate about fighting this nation’s AIDS epidemic. Our job is to work together to end those twin epidemics.

You have to know that every day I wake up heartsick that another 33 Americans will have their lives torn apart by HIV as a result of I.V. drugs. Thirty-three lives that might not have been imperiled had local communities been given the support to implement needle exchange programs. These are not numbers but real lives. Many are women and children. I have cradled them in my arms, often in their last moments. I am haunted by the responsibility to use my position to do everything I can to stop this carnage.

One of the reasons that I am utterly convinced that Barry McCaffrey and I can work together on this issue for the President is that he also knows what it is like to hold dying young people in his arms. He did that in Vietnam, and later in the Gulf War. That changes your life forever. We are both committed to reducing the body count of young people lost in this country.

Barry and I agree that issues like needle exchange should be decided strictly on the basis of public health science, not political science, and that Congress appropriately vested the decision-making power on needle exchange with the Secretary of HHS. We both see the wisdom in that and will strongly support Secretary Shalala in making her determination.

Q & A

What about the leaked letter? How does that make you feel?

Of course I’m not happy about it. This was a personal letter from Barry to me and it should have been kept private. But it won’t get in the way of our working together. Both of us know how to read an organization chart -- we both work for the President of the United States.

Policy-making on a controversial issue like needle exchange involves listening to all sides of the debate. That’s how you come up with the best ideas. It’s the policy that counts, not the process of getting there. What’s important in all this is that Barry and I have come out of this together. Read our joint statement. It plainly declares our unequivocal support for Donna to make the decision on needle exchange.



HIV Prevention Project (Needle Exchange)

Needle Exchange Questions and Answers

At a needle exchange program, injection drug users bring their used equipment to a known exchange site and trade their dirty syringes for clean equipment. Syringes are dispensed on a one-for-one basis only, thus encouraging participants to return all equipment and not increasing the number of needles discarded and available on the streets. Used syringes are disposed of in accordance with established biohazardous waste standards. Needle exchange programs are intended to prevent the spread of the HIV virus and other blood-borne diseases, such as hepatitis B and C, among injection drug users and, therefore, their sexual partners and children. Equally important as the actual exchange of syringes is the opportunity for outreach workers to provide participants with updated information and referrals regarding medical and social services in the community related to both drug treatment and HIV medical care and support services.

Does needle exchange reduce the number of HIV infections?

Yes. Scientific study after scientific study has shown that needle exchange reduces the number of new HIV infections. Six federally funded reports, conducted independently by: the National Commission on AIDS in 1991, the General Accounting Office in 1993, the University of California in 1993, the Centers for Disease Control and Prevention (CDC) in 1993, the National Academy of Sciences in 1995 and the Office of Technology Assessment in 1995 are among those scientific studies. Studies show that needle exchange programs can reduce HIV infections by at least one-third and reduce risk behavior by as much as 80%.

Does needle exchange increase drug use?

No. Scientific study after scientific study has shown that needle exchange does not increase drug use when conducted with referrals to both drug treatment and HIV medical care and support services. The same six federally funded reports (listed above) found that needle exchange programs do not increase drug use and that needle exchange programs do reduce new HIV infections.

Does needle exchange increase crime?

No. In fact, needle exchange may ultimately result in diminishing drug-related crime. If needle exchange programs are able to link drug users with drug treatment, the number of individuals using drugs may decrease, thereby reducing demand for drugs. Decreased demand for drugs can contribute to decreased drug-related crime, and therefore, increased public safety.

Does needle exchange increase the number of contaminated syringes on the streets?

No. Needle exchange programs actually encourage individuals to retrieve dirty needles from the streets to trade them in at the needle exchange site. In fact, the discarding of used, infectious needles on the streets was virtually eliminated due to needle exchange in New

Haven, according to a US Conference of Mayors report. Eliminating needles on the streets can reduce the risk of accidental needle sticks to children and others. Law enforcement officials report that "pat downs" of those individuals participating in a needle exchange program are less likely to result in needle sticks because syringes are more likely to be capped.

How can needle exchange help a community?

The CDC reports that more than 33% of all AIDS cases are among injection drug users, their partners and children, and the numbers continue to climb. Over 63% of AIDS cases among women are related to injection drug use and over 50% of AIDS cases among children are attributable to injection drug use by their parents, according to the CDC. Because AIDS cases are growing fastest among these vulnerable populations, needle exchange should be an option for local communities to utilize as part of a comprehensive HIV prevention plan. In San Francisco, needle exchange, coupled with effective prenatal HIV intervention, has been credited with eliminating pediatric AIDS for the past two years. Results like this show that needle exchange can directly reduce HIV infection among drug users, their partners and children.

Do Americans support needle exchange?

Yes. Two recent national surveys indicate that a majority of voters support needle exchange, and a Kaiser Family Foundation survey in March 1996 found that 66% of Americans support such programs. At least 100 needle exchange programs, in both fixed and mobile sites, currently operate in the United States. Local communities have developed and implemented needle exchange programs, which operate in a manner appropriate to the community standards and norms of the locale.

What is our current federal policy on needle exchange?

At this time, there are three separate and distinct prohibitions on needle exchange programs at the federal level — in the Ryan White CARE Act authorization; in the Substance Abuse and Mental Health Services Administration (SAMHSA) authorization; and in the FY 1997 Labor-Health and Human Services (HHS)-Education appropriations legislation. The prohibition in the Labor-HHS appropriations legislation not only applies to the Ryan White and SAMHSA authorizations, but also to HIV prevention funding at the CDC. The Labor-HHS appropriations legislation prohibits needle exchange "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."

What should the federal government do regarding needle exchange?

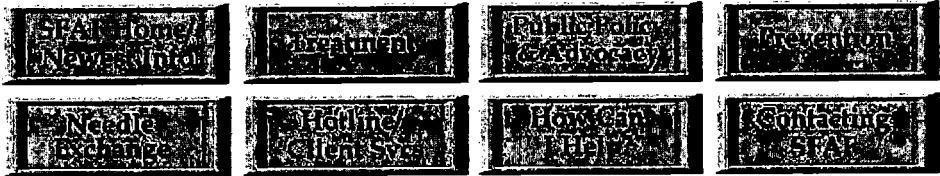
The Secretary of Health and Human Services, in recognition of the overwhelming scientific evidence that needle exchange is effective in preventing the spread of HIV and does not increase the use of illegal drugs, should exercise the waiver authority provided under the FY 1997 Labor HHS appropriations legislation. Once the federal prohibition is removed, resources should be made available, if desired, so that state and local public health officials may utilize appropriate federal resources for needle exchange as part of a community's comprehensive HIV prevention plan.

Page last updated 9 November 1997

Enter keyword(s) to search the San Francisco AIDS Foundation site:

Search

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[San Francisco AIDS Foundation Home Page (www.sfaf.org) & Newest Info] [Treatment] [Policy]
[Prevention] [Needle Exchange] [Hotline/Client Svcs] [How Can I Help?] [Contacting SFAF]

Does Needle Exchange Work?



Why do we need needle exchange?

More than a million people in the United States inject drugs, at a cost to society (in health care, lost productivity, accidents, and crime) of more than \$50 billion a year.(1) People who inject drugs imperil their health. If they contract HIV, their needle sharing partners, sexual partners and offspring may also be endangered.

One-third of all AIDS cases are linked to injection drug use. For women, 64% of all AIDS cases are due to injection drug use or sex with partners who inject drugs. Injection drug use is the source of infection for more than half of all children born with HIV.(2)

Around the world and in more than sixty locations in the United States, needle exchange programs have sprung up to address drug injection risks. These programs not only distribute clean needles and safely dispose of used ones for injection drug users (IDUs), they generally offer a variety of related services, including referrals to drug treatment and HIV counseling and testing.(3)

Why do drug users share needles?

In part because there are not enough needles and syringes to go around. The overwhelming majority of IDUs are aware of the risk of the transmission of HIV and other diseases if they share contaminated equipment. However, sterile needles are not always available or affordable.

Most US states have paraphernalia laws that make it a crime to possess or distribute drug paraphernalia not for a "legitimate medical purpose," which subjects drug injectors to prosecution. In addition, ten states and the District of Columbia have laws that require a prescription to buy a needle and syringe. Even where over-the-counter sales of syringes are permitted by law, pharmacists are often unwilling to sell to IDUs.(4)

In July of 1992, the state of Connecticut passed a law permitting the purchase and possession of up to ten syringes without a prescription. After the new law went into effect, the sharing of needles among IDUs decreased, and there was a shift from street needle and syringe purchasing to pharmacy purchasing.(5)

How can injection risks be reduced?

Getting drug injectors into treatment and off drugs is the best answer. Unfortunately, not all drug injectors are ready to quit. Even those who are highly motivated may find few services available. Drug treatment centers frequently have long waiting lists and fewer than 15% of IDUs are in treatment at any given time.(6)

For those who cannot or will not stop injecting drugs, the best way to avoid spreading HIV is to use a sterile needle for each injection, or at least not to share needles. Users who share should disinfect their injection equipment thoroughly with bleach, although this is not as safe as always using a sterile needle and syringe.(7)

Does needle exchange encourage drug use?

There is no evidence that needle exchange programs increase the amount of drug use by needle exchange clients or in the wider community.(3) A study of a San Francisco needle exchange program that opened in 1988 found that from 1987 to 1992, frequency of injecting drugs among street-recruited IDUs declined from 1.9 to 0.7 injections per day. The mean age of IDUs increased from 36 to 42 years, and the percentage of new initiates into injection drug use dropped from 3% to 1%.(8) Drug abuse and the recruitment of new or younger users did not increase in the presence of the exchange; in fact, the exchange may have helped *decrease* the amount of drug abuse in the area.

Does needle exchange reduce the spread of HIV?

Yes, almost certainly. Needle exchange programs are based on a sound public health principle: Eliminating the item that helps transmit infection from one person to another, just as reducing the number of mosquitoes helps prevent malaria.

In New Haven, CT, a study tested needles returned to the needle exchange, and developed a mathematical model that estimated a possible 33% reduction in the rate of new HIV infections among needle exchange program clients.(9) A review of the modeling literature by a CDC-sponsored research team suggested this estimate may even be low.(3)

In New York City, NY, a large comprehensive study of needle exchange programs found that the rate of new HIV infections for participants in the exchange was 2%. This rate is much lower than the estimated 4-7% HIV infection rate among IDUs not enrolled in the exchange.(10) The study also found that among clients, using rented syringes decreased 75%, using borrowed syringes decreased 62%, and using alcohol wipes before injecting went up 150%.

Needle exchange programs have also achieved reductions in the rate of hepatitis B infection, which can also be spread through sharing needles. In Tacoma, WA, clients of a needle exchange program were up to eight times less likely to contract hepatitis B and C than non-client IDUs.(11)

Needle exchange programs also have the potential to act as a bridge to drug treatment, and can provide referrals and, in some cases, actual services for HIV testing and counseling, primary medical care, tuberculosis and sexually transmitted disease screening. In Seattle, WA, the needle exchange program issued 181 vouchers for drug treatment, and 78% were successfully redeemed. Fifty-eight percent entered methadone maintenance, and 86% of those were still in treatment three months after intake.(12)

Is needle exchange cost-effective?

Yes. The median annual budget for running a program is \$169,000, with a range of \$31,000-\$393,000. This translates to \$.71 to \$1.63 per syringe distributed.(3) In addition, mathematical models predict that over five years, needle exchanges could prevent many HIV infections among clients, their sex partners, and offspring, at a cost of about \$9,400 per infection averted.(3) This is far below the \$119,000 lifetime cost of treating an HIV-infected person.

What must be done?

Efforts to increase the availability of sterile needles must be a part of a broader strategy of drug treatment and prevention efforts. The currently available data provide sufficient evidence to repeal the ban on the use of federal funds for needle exchange services. States with prescription laws should repeal them; those with paraphernalia laws should revise them insofar as they restrict access to needles and syringes. Local governments and public health officials should work with community groups to develop comprehensive approaches to HIV prevention among IDUs and their sexual partners, including, but certainly not limited to, needle exchange programs.

Needle exchange programs have become a standard of public health practice around the world. Failure to support ready access to sterile needles has been described as tantamount to medical malpractice.(13)

Says who?

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This fact sheet is drawn from two recent reports, single copies of which are available free from the following sources:

"The Public Health Impact of Needle Exchange Programs in the United States and Abroad" from the CDC National AIDS Clearinghouse, 800/458-5231.

"Dimensions of HIV Prevention: Needle Exchange" from the Kaiser Family Foundation Publication Request Line at 800/656-4533.

Prepared by Peter Lurie and Pamela DeCarlo

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TALKING POINTS ON NEEDLE EXCHANGE

August 22, 1997

Prepared by the
Office of National AIDS Policy
(202) 632-1090

INJECTION DRUG USE IS A LEADING CAUSE OF THE SPREAD OF HIV

Approximately one-third of reported AIDS cases are related to injection drug use. Sixty-six percent of all AIDS cases among women--and more than half of AIDS cases among children--are related to injection drug use (either contracted directly through use of contaminated needles, through sexual contact, or mother-to-child transmission). Intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population.

HHS REPORT FINDS NEEDLE EXCHANGE REDUCES HIV TRANSMISSION

The Secretary of the Department of Health and Human Services issued a report to Congress in February of 1997 that concluded that needle exchange programs can be effective in slowing the spread of HIV and AIDS among program participants. The HHS report involved a review of all the available scientific literature on the subject before reaching this conclusion.

"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." HHS Report (p. 11).

NIH PANEL OF SCIENTISTS SUPPORTS NEEDLE EXCHANGE

In February of 1997, a panel of public health experts convened by the National Institutes of Health concluded that needle exchange programs are a powerful and proven weapon in HIV prevention campaigns: *"An impressive body of evidence suggests powerful effects from needle exchange programs. The number of studies showing beneficial effects on behaviors such as needle sharing greatly outnumber those showing no effects. There is no longer doubt that these programs work, yet there is a striking disjunction between what science dictates and what policy delivers."* NIH Consensus Development Statement (p. 5).

THERE IS NO EVIDENCE NEEDLE EXCHANGE INCREASES DRUG USE

According to the report to Congress by HHS and the NIH report, there is no scientific evidence that needle exchange programs have resulted in increased drug use:

"Does needle exchange promote drug use? A preponderance of evidence shows either no change or decreased drug use...Additionally, individuals in areas with needle exchange programs have increased likelihood of entering drug treatment programs." NIH Consensus Development Statement (p. 5).

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." HHS Report (p.5).

NATIONAL HEALTH AND LEGAL EXPERTS SUPPORT NEEDLE EXCHANGE

Needle exchange programs, as part of a comprehensive strategy to reduce the transmission of HIV, have been endorsed by (among others):

- American Medical Association
- American Bar Association
- American Public Health Association
- Association of State and Territorial Health Officials
- National Academy of Science
- U.S. Conference of Mayors
- National Black Caucus of State Legislators

GENERAL PUBLIC SUPPORTS NEEDLE EXCHANGE

A poll commissioned in 1996 by the Kaiser Family Foundation found that 66 percent of Americans favor "having clinics make clean needles available to IV drug users to help stop the spread of AIDS."

SWITZERLAND'S "NEEDLE PARK" IS NOT ANALOGOUS

Opponents of needle exchange programs have recently used the example of "needle park" in Zurich as evidence that needle exchange results in increased drug use. That conclusion is not supported by fact. "Needle park" resulted from a failed social experiment to geographically concentrate injection drug users, provide them with drug equipment and medical attention, and tacitly accept open drug sales and use within this concentrated area (Fritzsplatz or "needle park"). The experiment, launched in 1986, failed and has been widely discredited. Not one of the over 100 communities in the U.S. that operate needle exchange programs have a model even remotely similar to that used by the Swiss.

MEMORANDUM

RE: Needle Exchange Programs

Injection drug use continues to play a major role in the spread of the AIDS epidemic. More than one third of the cases to date are associated with injection drug use and 50% of new infections are among injection drug users, their partners, and children. This makes injection drug use the leading factor in the current spread of the epidemic in the United States.

In February, the Secretary of HHS presented a report to the Congress that clearly indicates that needle exchange programs reduce the rate of HIV infection among drug users, their partners, and children, and that evidence to date does not, in fact, indicate that these programs increase the rate of drug use. Other major reviews conducted by the National Institutes of Health, the Centers for Disease Control and Prevention, and the National Academy of Sciences support these findings.

The Administration has been consistent in its belief that any decision on federal involvement in needle exchange programs, or any other disease prevention programs for that matter, must be based on science, not politics or public opinion.

We must make every effort to address the twin epidemics of HIV and substance abuse. Needle exchange programs offer not only an opportunity to reduce the spread of HIV, but also can serve as a bridge to drug treatment and health care. It is important to note that the lifting of restrictions on federal funding of needle exchange programs would simply make federal funds available to -- not imposed upon -- local communities as part of their comprehensive HIV prevention strategies.

FACSIMILE MEMORANDUM

Date: 19 August 1997
To: NORA Needle Exchange Working Group
From: Shriver
Re: Zurich facts, etc

Everyone:

The call for data on Zurich has led to some compelling and interesting data. Below is from an e-mail from Dr. Robert Heimer (from Yale, and one of the more published needle exchange researchers in the US in partnership with Kaplan). Here is what he wrote:

About the scene in Zürich and other Swiss cities Dominique and Daniel Kübler wrote (in a letter in *Addiction* v.90, pp 291-2 (1995): "The examples of other cities in Switzerland have shown that providing effective harm reduction and other services can go along with a relatively small and controllable drug scene which need not cause [Zürich's] needle park's nuisances to their neighbourhood. The cities of Basel and Geneva, for example, implement a liberal drug policy, addressing health and living conditions of users and the security of city residents at the same time. Such policy is possible...since involved authorities such as police, justice, and public health services collaborate and consult each other before making any important decisions. That has not been the practice of the Zürich authorities. There is a general consensus on drug issues among the population of both Geneva and Basel; in June 1994, the Basel drug policy was democratically approved in a city-wide referendum.

Based on a referral, I spoke with Dr. Robert Haemmig in Bern, Switzerland (of University Psychiatric Services). He then filled in some more epidemiological data as well as a demographic tid-bit that is helpful in addressing criticisms of Switzerland, needle exchange and Zurich in particular:

- **According to WHO Epi date, Switzerland has had a stable seroincidence in their addict population since 1990.**
- **The rate of HIV infection in active injection drug users in Switzerland is one-half that of active IDUs in Spain.**
- **Switzerland is a country of approximately 7 million people with approximately 30,000 heroin and cocaine addicts.**
- **New York City is a city of approximately 8 million people with approximately 250,000 heroin and cocaine addicts.**

More news as I get it.

The Facts About:

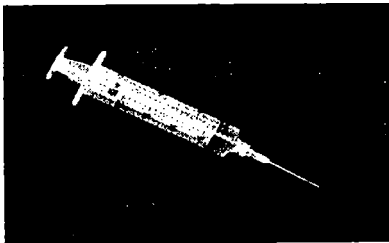
Needle Exchange

DRAFT
to be released
8/25/97

The Federal Ban

The Congressional language barring the use of federal funds for needle exchange, as articulated in the Conference report to the FY 1997 Omnibus Consolidated Appropriations Act (PL 104-208)(p. 286), states:

Notwithstanding any other provision of this Act, no funds appropriated under this Act shall be used 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.



Additionally, the FY 1997 Senate Committee Report Language to this bill states:

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.

The Consensus Development Conference

The National Institutes of Health (NIH) Consensus Development Program, established in 1977, is the premier health technology assessment and transfer program in American medicine. Under this program, the Office of Medical Applications of Research at NIH organizes major conferences that produce Consensus Statements and Technology Assessment Statements on controversial issues in medicine important to health care providers, patients and the general public.

The result of these NIH Consensus conferences is the issuance of a Consensus Statement which is prepared by a nonadvocate, non-Federal panel of experts. The Consensus Statement is based on presentations by investigators working in areas relevant to the Consensus questions during a 2-day public session, questions and statements from conference attendees during open discussion periods that are part of the public session and closed deliberations by the panel during the remainder of the second day and morning of the third.

The NIH hosted a Consensus Development Conference specifically addressing "Interventions to Prevent HIV Risk Behaviors." On February 13, 1997, the Consensus Development Conference released their recommendations to the general public for comment upon which an official document was prepared.

The Consensus Conference made eight specific conclusions and/or recommendations dealing with HIV prevention, four of which specifically address needle exchange. *These recommendations are:*

- I. Interventions are effective for reducing behavioral risk for HIV/AIDS: needle exchange programs, drug abuse treatment, and outreach programs for drug users not enrolled in treatment are particularly effective for reducing risk in drug abuse behavior; information about HIV/AIDS and building skills to use condoms and negotiate the interpersonal challenges of safe sex are effective for risky sexual behavior.
- II. Legislative restrictions on needle exchange programs must be lifted.
- III. Erosion of funding for drug abuse treatment programs must be halted.
- IV. The catastrophic breach between behavioral science of HIV/AIDS prevention and the legislative process must be healed.

The Report

In response to the Senate Report Language accompanying the FY Omnibus Appropriations Act, on February 18, 1997, Secretary Shalala submitted a report to Senators Specter and Harkin. This document was intended to:

Provide(s) the Committee with an overview of the current status of knowledge regarding the impact needle exchange may have on the seroincidence of HIV and their impact on drug using behavior of needle exchange participants.

Secretary Shalala did not exercise the waiver authority because of this document. However, it does conclude with the following statement:

Over all, 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.

The Legacy

Prior to the release of the NIH Consensus Conference Recommendations and Secretary Shalala's report to Senators Specter and Harkin, three federally-funded reviews of the most current literature on the effectiveness of needle exchange were published. All three reports concurred that needle exchange reduces HIV infections and did not encourage drug use. These three reports are:

The U.S. General Accounting Office: Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy. 1993.

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The National Research Council and Institute of Medicine: Prevention of HIV Transmission: The Role of Sterile Needles and Bleach. 1995.

The Science

Two specific Congressional barriers must be proven scientifically in order for the Secretary to exercise the waiver authority and allow for the use of federal funds for a clean needle exchange program. Needle Exchange Programs (NEPs) must demonstrate that they are:

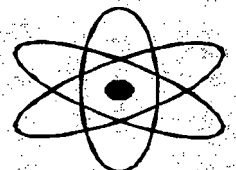
- Effective in preventing the spread of HIV
- Do not encourage the use of illegal drugs

In over 22 published studies of Needle Exchange in the United States findings indicate that Needle Exchange Programs:

- Reduce the risk of HIV infection and other blood-borne infections in IDUs
- Reduce high-risk behaviors that are associated with HIV infection among IDUs.
- Do not increase the number of discarded syringes on the streets where NEPs are sited
- Do not recruit or encourage new injectors
- Play a crucial role within a comprehensive HIV prevention portfolio that includes linking IDUs into appropriate drug treatment settings.
- Increase protective behaviors taken by IDUs against HIV infection

In addition to these 22 published or in-press studies, a significant body of scientific literature has been amassed that has identified the critical and comprehensive strategies that, when employed properly and consistently with adequate funding, reduce drug-related HIV transmission. These strategies include:

- Enhanced access to drug treatment
- Psychoeducational interventions
- Syringe exchange
- Syringe availability through increased access at pharmacies
- Outreach to active injection and non-injection drug users
- Counseling and testing services



Needle Exchange Works

FACT:

Needle Exchange Programs (NEPs) reduce the risk of HIV infection in IDUs. Several studies have definitively concluded that NEPs reduce the spread of HIV in the communities where these programs have been introduced. Some studies have shown remarkable decreases in seroincidence rates, others have shown stabilized and reduced seroprevalence rates. Other studies have shown that injection drug users NOT enrolled in NEPs are MORE LIKELY to become HIV infected than IDUs enrolled in NEPs.

FACT:

Using the surrogate marker of rates of Hepatitis B and C rates, studies have shown that clients who access NEPs are far LESS likely to become infected with Hepatitis B or C.

FACT:

NEPs reduce high-risk behaviors that are associated with HIV infection among IDUs. Injection drug users who access NEPs significantly reduce the number of times per day and per month that they inject drugs.

FACT:

NEPs reduce participants' re-use of used injection equipment. Injection drug users who access NEPs significantly decrease the high-risk behavior of sharing used injection equipment. Data also state that for injection drug users, the longer they access NEPs, the more significant the reduction in unsafe needle sharing.

FACT:

NEPs increase participant's needle disinfection practices. The rate of using bleach to disinfect a used syringe increases dramatically for injection drug users who access NEPs.

FACT:

There is compelling and substantial data that show that NEPs have had a positive impact on the number of injection drug users who have gained access to drug treatment programs. NEPs can and have served as a major referral source for a significant number of active IDUs for treatment. Clients of NEPs are more likely to remain in drug treatment than non-NEP IDUs.

FACT:

NEPs reduce the number of used syringes discarded on the streets.

FACT:

NEPs do NOT encourage initiation of injection drug using behavior. While it was feared that the presence of NEPs would environmentally encourage young people to become injection drug users, data shows that the presence of NEPs do NOT encourage new injection drug users.

FACT:

The legal status (sanctioned vs. underground) of NEPs influence service delivery. Legal or local community sanctioning has a positive and beneficial impact on NEPs. Specifically, programs associated with local community sanctioning, or operating legally, consistently have:

- Formal and effective referrals to drug treatment
- Sufficient supply of syringes
- Funding for appropriate bio-hazardous waste disposal
- Longer hours of operation
- Stable funding

FACT:

NEPs successfully provide linkages and referrals to drug treatment programs.

- ★ *Seattle/Tacoma NEPs demonstrate the positive impact of NEPs on referrals into drug treatment and a local cooperative to help improve access to appropriate drug treatment services.*
- ★ *Seattle and Tacoma NEPs provide vouchers for free treatment to distribute to clients on-site.*
- ★ *Tacoma NEP was the source of 43% of all the new recruits into methadone treatment in 1995.*
- ★ *Seattle's treatment slots have increased by 350 slots since they initiated a NEP.*
- ★ *When Baltimore established 90 treatment slots for drug treatment for NEP clients, all 90 slots were rapidly filled.*

FACT:

A significant body of scientific literature has been amassed and has identified the critical and comprehensive strategies that, when employed properly and consistently, and with adequate funding, reduce drug-related HIV transmission. Sixteen studies collectively demonstrate that these necessary strategies are:

- Enhanced access to drug treatment
- Psychoeducational interventions
- Syringe exchange
- Syringe availability through increased access at pharmacies
- Outreach to active injection and non-injection drug users
- Counseling and testing services



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Remember, the point
is to save lives

The National Association of People with AIDS (NAPWA) serves as "the voice" of people living with HIV disease by setting a moral agenda for the nation to save lives, support research for a cure and stop human suffering caused by the HIV epidemic through education and advocacy.

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Special thanks: National Institutes of Drug Abuse, National Institute of Mental Health, Centers for Disease Control and Prevention, Center for AIDS Prevention Studies/UCSF, the American Foundation for AIDS Research, Office of AIDS Research (NIH), NORA Needle Exchange Working Group, and the San Francisco AIDS Foundation.

Written by Mike Shriver, Director of Public Policy
Designed by Jillian M. Mackin, Director of Constituent Relations

Funding for this report made possible by a generous grant by the Paul Rapoport Foundation.

does needle exchange work?

why do we need needle exchange?

More than a million people in the United States inject drugs, at a cost to society (in health care, lost productivity, accidents, and crime) of more than \$50 billion a year.¹ People who inject drugs imperil their health. If they contract HIV, their needle sharing partners, sexual partners and offspring may also be endangered.

One-third of all AIDS cases are linked to injection drug use. For women, 64% of all AIDS cases are due to injection drug use or sex with partners who inject drugs. Injection drug use is the source of infection for more than half of all children born with HIV.²

Around the world and in more than sixty locations in the United States, needle exchange programs have sprung up to address drug injection risks. These programs not only distribute clean needles and safely dispose of used ones for injection drug users (IDUs), they generally offer a variety of related services, including referrals to drug treatment and HIV counseling and testing.³

why do drug users share needles?

In part because there are not enough needles and syringes to go around. The overwhelming majority of IDUs are aware of the risk of the transmission of HIV and other diseases if they share contaminated equipment. However, sterile needles are not always available or affordable.

Most US states have paraphernalia laws that make it a crime to possess or distribute drug paraphernalia not for a "legitimate medical purpose," which subjects drug injectors to prosecution. In addition, ten states and the District of Columbia have laws that require a prescription to buy a needle and syringe. Even where over-the-counter sales of syringes are permitted by law, pharmacists are often unwilling to sell to IDUs.⁴

In July of 1992, the state of Connecticut passed a law permitting the purchase and possession of up to ten syringes without a prescription. After the new law went into effect, the sharing of needles among IDUs decreased, and there was a shift from street needle and syringe purchasing to pharmacy purchasing.⁵

how can injection risks be reduced?

Getting drug injectors into treatment and off drugs is the best answer. Unfortunately, not all drug injectors are ready to quit. Even those who are highly motivated may find few services available. Drug treatment centers frequently have long waiting lists and fewer than 15% of IDUs are in treatment at any given time.⁶

For those who cannot or will not stop injecting drugs, the best way to avoid spreading HIV is to use a sterile needle for each injection, or at least not to share needles. Users who share should disinfect their injection equipment thoroughly with bleach, although this is not as safe as always using a sterile needle and syringe.⁷

does needle exchange encourage drug use?

There is no evidence that needle exchange programs increase the amount of drug use by needle exchange clients or in the wider community.⁸ A study of a San Francisco needle exchange program that opened in 1988 found that from 1987 to 1992, frequency of injecting drugs among street-recruited IDUs declined from 1.9 to 0.7 injections per day. The mean age of IDUs increased from 36 to 42 years, and the percentage of new initiates into injection drug use dropped from 3% to 1%.⁸ Drug abuse and the recruitment of new or younger users did not increase in the presence of the exchange; in fact, the exchange may have helped decrease the amount of drug abuse in the area.

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does needle exchange reduce the spread of HIV?

Yes, almost certainly. Needle exchange programs are based on a sound public health principle—eliminating the item that helps transmit infection from one person to another, just as reducing the number of mosquitoes helps prevent malaria.

In New Haven, CT, a study tested needles returned to the needle exchange, and developed a mathematical model that estimated a possible 33% reduction in the rate of new HIV infections among needle exchange program clients.⁹ A review of the modeling literature by a CDC-sponsored research team suggested this estimate may even be low.³

In New York City, NY, a large comprehensive study of needle exchange programs found that the rate of new HIV infections for participants in the exchange was 2%. This rate is much lower than the estimated 4-7% HIV infection rate among IDUs not enrolled in the exchange.¹⁰ The study also found that among clients, using rented syringes decreased 75%, using borrowed syringes decreased 62%, and using alcohol wipes before injecting went up 150%.

Needle exchange programs have also achieved reductions in the rate of hepatitis B infection, which can also be spread through sharing needles. In Tacoma, WA, clients of a needle exchange program were up to eight times less likely to contract hepatitis B and C than non-client IDUs.¹¹

Needle exchange programs also have the potential to act as a bridge to drug treatment, and can provide referrals and, in some cases, actual services for HIV testing and counseling, primary medical care, tuberculosis and sexually transmitted disease screening. In Seattle, WA, the needle exchange program issued 181 vouchers for drug treatment, and 78% were successfully redeemed. Fifty-eight percent entered methadone maintenance, and 86% of those were still in treatment three months after intake.¹²

is needle exchange cost-effective?

Yes. The median annual budget for running a program is \$169,000, with a range of \$31,000-\$393,000. This translates to \$.71 to \$1.63 per syringe distributed.³ In addition, mathematical models predict that over five years, needle exchanges could prevent many HIV infections among clients, their sex partners, and offspring, at a cost of about \$9,400 per infection averted.³ This is far below the \$119,000 lifetime cost of treating an HIV-infected person.

what must be done?

Efforts to increase the availability of sterile needles must be a part of a broader strategy of drug treatment and prevention efforts. The currently available data provide sufficient evidence to repeal the ban on the use of federal funds for needle exchange services. States with prescription laws should repeal them; those with paraphernalia laws should revise them insofar as they restrict access to needles and syringes. Local governments and public health officials should work with community groups to develop comprehensive approaches to HIV prevention among IDUs and their sexual partners, including, but certainly not limited to, needle exchange programs.

Needle exchange programs have become a standard of public health practice around the world. Failure to support ready access to sterile needles has been described as tantamount to medical malpractice.¹³

PREPARED BY PETER LURIE AND PAMELA DECARLO

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This fact sheet is drawn from two recent reports, single copies of which are available free from the following sources:

"The Public Health Impact of Needle Exchange Programs in the United States and Abroad" from the CDC National AIDS Clearinghouse, 800/458-5231.

"Dimensions of HIV Prevention: Needle Exchange" from McCutchan Marketing Services, 1950 Colony Street, Mountain View, CA, fax - 415/965-3221.

SAVING LIVES THROUGH SYRINGE AVAILABILITY

An estimated 1 to 2 million Americans inject illegal drugs and the sharing of needles among injecting-drug users (IDUs) is a leading cause of HIV transmission. Through June 1996, approximately one-third of all reported adult AIDS cases were directly or indirectly related to injecting-drug use. In addition, more than half of all children with AIDS contracted the disease from mothers who were IDUs or the sexual partners of IDUs.

The scarcity of clean syringes is the result of federal, state and local laws restricting the sale, distribution and possession of syringes. Lowering the rate of injection-related HIV infections requires increasing the availability of drug treatment and increasing access to clean needles through changes in federal, state, and local laws and broad implementation of needle exchange programs.

Barriers to Clean Syringes

STATE AND LOCAL LAWS

Most paraphernalia and prescription laws, adopted to combat illicit drug use, were mostly enacted prior to the HIV/AIDS epidemic. Forty-seven states and two territories have laws that criminalize the sale or distribution of needles and syringes used to inject controlled substances. Eight states and the District of Columbia require a prescription for the purchase of a syringe. Research suggests that legal impediments to syringe possession encourage high-risk behavior while doing little to reduce drug use.

THE FEDERAL FUNDING BAN

Since 1988, Congress has enacted bans on the federal funding of needle exchange programs. The most recent federal ban is included in the Fiscal Year 1997 Omnibus Consolidated Appropriations Act. The ban prevents the use of federal funds for needle exchange programs 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 significance of the federal ban extends beyond prohibiting direct expenditure of federal funds. State public health officials and needle exchange program administrators claim that the federal ban has had a chilling effect on state government funding, making states less inclined to fund these programs.

The Clinton Administration has not exercised its discretion in lifting the ban. This position, however, has been contradicted by studies conducted by numerous prestigious organizations and the federal government's own analyses.

Needle Exchange Programs in the U.S.

Needle exchange programs exchange sterile needles or syringes for used ones to prevent the sharing of injection equipment and the accompanying risk of transmission of HIV or other blood-borne diseases. The programs dispose safely of the used needles and offer a variety of related services to participants, including referrals to drug treatment and HIV counseling and testing.

More than 100 exchange programs operate in more than 40 U.S. cities in 28 states. In 1994, approximately 8 million needles/ syringes were exchanged through these programs. Programs operate under a variety of legal and tolerated mechanisms, including exceptions to state statutes, such as health department waivers or local states of emergency.



The Report

In response to the Senate Report Language accompanying the FY Omnibus Appropriations Act, on February 18, 1997, Secretary Shalala submitted a report to Senators Specter and Harkin. This document was intended to:

Provide(s) the Committee with an overview of the current status of knowledge regarding the impact needle exchange may have on the seroincidence of HIV and their impact on drug using behavior of needle exchange participants.

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The Legacy

Prior to the release of the NIH Consensus Conference Recommendations and Secretary Shalala's report to Senators Specter and Harkin, three federally-funded reviews of the most current literature on the effectiveness of needle exchange were published. All three reports concurred that needle exchange reduces HIV infections and did not encourage drug use. These three reports are:

The U.S. General Accounting Office: Needle Exchange Programs: Research Suggests Promises as an AIDS Prevention Strategy, 1993.

The Centers for Disease Control and Prevention & The University of California, San Francisco: The Public Health Impact of Needle Exchange Programs in the United States and Abroad, Volume 1, 1993.

The National Research Council and Institute of Medicine: Prevention of HIV Transmission: The Role of Sterile Needles and Bleach, 1995.

If you would like to receive copies of these reports, or further information, please contact NAPWA at 202-898-0414.

The Science

Two specific Congressional barriers must be proven scientifically in order for the Secretary to exercise the waiver authority and allow for the use of federal funds for a clean needle exchange program. Needle Exchange Programs (NEPs) must demonstrate that they are:

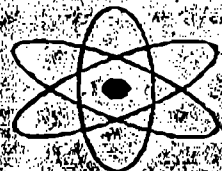
- Effective in preventing the spread of HIV
- Do not encourage the use of illegal drugs

In over 22 published studies of NEPs in the United States findings indicate that NEPs:

- Reduce the risk of HIV infection and other blood-borne infections in Injection Drug Users (IDUs).
- Reduce high-risk behaviors that are associated with HIV infection among IDUs.
- Do not increase the number of discarded syringes on the streets where NEPs are sited.
- Do not recruit or encourage new injectors.
- Play a crucial role within a comprehensive HIV prevention portfolio that includes linking IDUs into appropriate drug treatment settings.
- Increase protective behaviors taken by IDUs against HIV infection.

In addition to these 22 published or in-press studies, a significant body of scientific literature has been amassed that has identified the critical and comprehensive strategies that, when employed properly and consistently with adequate funding, reduce drug-related HIV transmission. These strategies include:

- Enhanced access to drug treatment
- Psychoeducational interventions
- Counseling and testing services
- Syringe availability through increased access at pharmacies
- Outreach to active injection and non-injection drug users
- Syringe exchange



Needle Exchange Works

FACT:

Needle Exchange Programs (NEPs) reduce the risk of HIV infection in Injection Drug Users (IDUs). Several studies have definitively concluded that NEPs reduce the spread of HIV in the communities where these programs have been introduced. Some studies have shown remarkable decreases in seroincidence rates, others have shown stabilized and reduced seroprevalence rates. Other studies have shown that injection drug users NOT enrolled in NEPs are **MORE LIKELY** to become HIV infected than IDUs enrolled in NEPs.

FACT:

Using Hepatitis B and C rates as a surrogate marker of exposure to HIV, studies have shown that clients who access NEPs are far **LESS** likely to become infected with Hepatitis B or C.

FACT:

NEPs reduce high-risk behaviors that are associated with HIV infection among IDUs. Injection drug users who access NEPs significantly reduce the number of times per day and per month that they inject drugs.

FACT:

NEPs reduce participants' re-use of used injection equipment. Injection drug users who access NEPs significantly decrease the high-risk behavior of sharing used injection equipment. Data also state that for injection drug users, the longer they access NEPs, the more significant the reduction in unsafe needle sharing.

FACT:

NEPs increase participant's needle disinfection practices. The rate of using bleach to disinfect a used syringe increases dramatically for injection drug users who access NEPs.

FACT:

There is compelling and substantial data that show that NEPs have had a positive impact on the number of injection drug users who have gained access to drug treatment programs. NEPs can and have served as a major referral source for a significant number of active IDUs for treatment. Clients of NEPs are more likely to remain in drug treatment than non-NEP IDUs.

FACT:

NEPs reduce the number of used syringes discarded on the streets.

FACT:

NEPs do NOT encourage initiation of injection drug using behavior. While it was feared that the presence of NEPs would environmentally encourage young people to become injection drug users, data shows that the presence of NEPs do NOT encourage new injection drug users.

FACT:

The legal status (sanctioned vs. underground) of NEPs influence service delivery. Legal or local community sanctioning has a positive and beneficial impact on NEPs. Specifically, programs associated

with local community sanctioning, or operating legally, consistently have:

- Formal and effective referrals to drug treatment
- Sufficient supply of syringes
- Funding for appropriate bio-hazardous waste disposal
- Longer hours of operation
- Stable funding

FACT:

NEPs successfully provide linkages and referrals to drug treatment programs.

- ★ *Seattle/Tacoma NEPs demonstrate the positive impact of NEPs on referrals into drug treatment and a local cooperative to help improve access to appropriate drug treatment services.*
- ★ *Seattle and Tacoma NEPs provide vouchers for free treatment to distribute to clients on-site.*
- ★ *Tacoma NEP was the source of 43% of all the new recruits into methadone treatment in 1995.*
- ★ *Seattle's treatment slots have increased by 350 slots since they initiated a NEP.*
- ★ *When Baltimore established 90 treatment slots for drug treatment for NEP clients, all 90 slots were rapidly filled.*

FACT:

A significant body of scientific literature has been amassed and has identified the critical and comprehensive strategies that, when employed properly and consistently, and with adequate funding, reduce drug-related HIV transmission. Sixteen studies collectively demonstrate that these necessary strategies are:

- Enhanced access to drug treatment
- Psychoeducational interventions
- Syringe exchange
- Syringe availability through increased access at pharmacies
- Outreach to active injection and non-injection drug users
- Counseling and testing services



Needle Exchange Facts

- **Needle exchange is simply exchanging used, contaminated syringes for clean new ones.** There are over 100 needle exchange programs in the U.S, but most of them are small programs run out of the pockets of activists. No syringe exchange has come close to filling the need.
- **The federal government pays for most disease prevention in the United States. However, there is a ban on the use of federal dollars for syringe exchange.**
- **Conservative estimates place the cost of the syringe exchange funding ban at 100,000 lives.** The percentage of new infections due to sharing needles is rapidly and steadily rising.
- **The majority of people with HIV in Philadelphia are either injection drug users or the sexual partners of drug users.** These infections could have been prevented if clean syringes were freely available.
- **Numerous studies prove that needle exchange curbs the spread of AIDS.** In ZIP codes with large syringe exchange programs, rates of new infection decline by one to two-thirds.
- **Syringe exchange programs do not contribute to increases in drug use.**
- **No one becomes addicted to drugs because of needle exchange.** In fact, needle exchanges serve as a bridge to treatment. For many drug users, needle exchange sites are the only point of contact with health care professionals. In Philadelphia, the single largest source of referrals to drug treatment programs is the city-funded syringe exchange.
- **While many people stop using drugs at some point, there is no cure for AIDS.**
- **A new needle cost tax payers around nine cents.** The cost of treating each person infected with HIV is hundreds of thousands of dollars.

MEMORANDUM

TO: Interested Parties
FROM: NORA Needle Exchange Working Group
SUBJECT: Family Research Council Needle Exchange Press Conference
DATE: August 15, 1997

On Wednesday, August 20, the Family Research Council will release the results of a poll that they say will declare "what the American people really think about needle exchanges." At this point, it is unclear what the underlying questions and specific findings of the FRC poll are. However, we wanted to make you aware of this press conference in the event that you are asked to respond and to encourage you to provide a positive public health message. Also, we have included the following which may be helpful in a potential response.

- Approximately one-third of reported AIDS cases are related to injection drug use. Sixty-six percent of all AIDS cases among women -- and more than half of such cases among children -- are related to injection drug use. Intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population.
- The Department of Health and Human Services issued a report in February concluding that needle exchange programs can be effective in slowing the spread of HIV and AIDS. HHS reviewed all the available scientific literature on the subject before reaching this conclusion.
- Six federally funded studies have reported that needle exchange programs reduce HIV transmission and do not increase drug use.
- Also in February, a panel of public health experts at the National Institutes of Health concluded that needle exchange programs are a powerful and proven weapon in the war against AIDS. They also asserted that misguided politics continue to block institution of such programs.
- Needle exchange programs have been implemented in more than 100 communities around the country and have been shown to stem the spread of HIV and other blood-borne diseases transmitted through the sharing of injection equipment. Such programs have reduced by 80 percent the amount of needle sharing among drug users, the NIH committee found, leading to an estimated 30 percent reduction in new HIV infections. These programs can offer HIV prevention information and medical and support services to hard-to-reach populations.
- Needle exchange programs can offer a bridge to drug treatment. Virtually every needle exchange program operating in this country provides referrals to drug treatment programs and can demonstrate a clear track record in linking injecting drug users to drug treatment. Needle exchange programs are a critical component of a comprehensive strategy that includes drug treatment to reduce HIV infection among injecting drug users, their sex partners and their children.

- A growing number of respected organizations are in favor of needle exchange programs, including the American Bar Association, the American Medical Association, the American Public Health Association, the Association of State and Territorial Health Officials, the National Academy of Sciences, the National Black Caucus of State Legislators and the United States Conference of Mayors.
- Beyond the support from public health, scientific and legal experts, needle exchange programs are earning favor with a majority of Americans. Fifty-five percent of voters support such programs, according to a bipartisan poll commissioned by the Human Rights Campaign and conducted April 8-10 by the Tarrance Group, a Republican firm, and Lake Sosin Snell and Associates, a Democratic polling company.¹ In addition, a March 1996 survey by the Kaiser Family Foundation found that 66 percent of Americans favor "having clinics make clean needles available to IV drug users to help stop the spread of AIDS."
- The Family Research Council, attempting to make a case against needle exchange programs, cited one ill-conceived experiment in Switzerland. That program, which began in 1988 and ended in 1992, coincided with a tidal wave of hard drugs hitting Europe as a result of the United States' cracking down on illegal drugs and saturation of the U.S. drug market. Plus, Switzerland allowed the open use of hard drugs in some cities. Clearly, the Swiss experiment bears little resemblance to needle exchange programs in the United States, none of which tolerate the open use of hard drugs.

¹ The overall margin of error was plus or minus 3.1 percent.

THE TARRANCE GROUP *Lake Sosin Snell & Associates*

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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HUMAN
RIGHTS
CAMPAIGN

MEMORANDUM

TO: Appropriations/Health Staff
FROM: Seth Kilbourn, Senior Health Policy Advocate
SUBJECT: Amendment to Labor/HHS Appropriations Bill on Needle Exchange
DATE: September 2, 1997

Background

When the House considers the Labor/HHS Appropriations bill this week, we understand an amendment will be offered which will prohibit local communities from using federal funds for needle exchange programs. Current language in the Labor/HHS bill prohibits such use of federal funds unless the Secretary determines that needle exchange programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs. It is vital that the authority to determine federal policy on this issue remain with public health officials and we ask for your help in preserving that authority.

The Secretary's Authority

- The Department of Health and Human Services issued a report in February concluding 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 implement them". HHS reviewed all the available scientific literature on the subject before reaching this conclusion.
- Policy on the use of federal funds should not be based on political expediency. The Secretary's authority with respect to federal funding of needle exchange ensures that the decision will be made on the basis of sound scientific evidence and public health need.
- Federal funding for needle exchange programs does not require local communities to implement them. Local communities will be able to implement needle exchange programs, if they feel that such programs will be an effective component of an overall HIV prevention plan.
- Because the HIV epidemic is different in various parts of the country, communities should be able to develop their own HIV prevention plans, without unnecessary limitations from the federal government. These plans should be based on the size and demographics of the local epidemic, community values, and a local decision making process.

WORKING FOR LESBIAN AND GAY EQUAL RIGHTS.

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Support for Needle Exchange

- A growing number of respected organizations are in favor of needle exchange programs, including the American Bar Association, the American Medical Association, the American Public Health Association, the Association of State and Territorial Health Officials, the National Academy of Sciences, the National Black Caucus of State Legislators and the United States Conference of Mayors.
- Beyond the support from public health, scientific and legal experts, needle exchange programs are earning favor with a majority of Americans. Fifty-five percent of voters support such programs, according to a bipartisan poll commissioned by the Human Rights Campaign. A March 1996 survey by the Kaiser Family Foundation found that 66 percent of Americans favor "having clinics make clean needles available to IV drug users to help stop the spread of AIDS."

Facts on Needle Exchange

- Approximately one-third of reported AIDS cases are related to injection drug use. Sixty-six percent of all AIDS cases among women -- and more than half of such cases among children -- are related to injection drug use. Intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population.
- Studies completed by the National Commission on AIDS (1991), the General Accounting Office (1993), the University of California (1993), the National Academy of Sciences (1995), and the Office of Technology Assessment (1995) have concluded that needle exchange programs reduce HIV transmission and do not increase drug use.
- In February, an independent, non-Governmental panel of public health experts at the National Institutes of Health concluded that needle exchange programs are a powerful and proven weapon in the war against AIDS.
- Needle exchange programs have been implemented in more than 100 communities around the country and have reduced needle sharing among drug users by as much as 80 percent (Tacoma, WA) and have resulted in an estimated 30 percent reduction in new HIV infections (New Haven, CT).
- In addition to offering HIV prevention information and medical and support services to hard-to-reach populations, virtually every needle exchange program operating in this country provides referrals to drug treatment programs and can demonstrate a clear track record in linking injecting drug users to drug treatment.
- The Family Research Council, attempting to make a case against needle exchange programs, cited one ill-conceived experiment in Switzerland. That program, which began in 1988 and ended in 1992, coincided with a tidal wave of hard drugs hitting Europe as a result of the United States' cracking down on illegal drugs and saturation of the U.S. drug market. Plus, Switzerland allowed the open use of hard drugs in some cities. Clearly, the Swiss experiment bears little resemblance to needle exchange programs in the United States, none of which tolerate the open use of hard drugs.

Date: April 28, 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**

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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?

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<i>strongly oppose</i>	29	37
<i>(don't know)</i>	8	

While Republicans overall are split evenly on this issue (45% favor, 48% oppose, 7% don't know), opposition is concentrated among "conservative" Republicans (41% favor, 50% oppose, 9% don't know), while more moderate 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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CDCCENTERS FOR DISEASE CONTROL
AND PREVENTION

National Center for HIV, STD, & TB Prevention

Office of the Director
FAX TRANSMITTAL COVER SHEET

From the desk of
Terry Hammond

Date: 6/97

Tel. no.: 404/639-8895

Fax no.: 404/639-8910

Current Mailing Address Below:

11 Corporate Square, Room 1212

Mailstop E-07

Atlanta, Georgia 30329

Pages 2 (including cover)

Name: Sandy Thurman

Phone: 202-632-1090

Fax No.: 202-632-1096

Comments:

Please find attached a copy of the messages we developed with Sheehan. I made a couple of minor changes for accuracy. For example, there haven't been over 100 studies--- but have been studies evaluating over 100 programs. IDU transmission is not increasing--- but has stabilized at a high level. So, I changed the message to Now Plays a Major Role. IDU has increased over time as a Proportion of AIDS cases. I also added some city examples where possible. Please let me know if we can be of further assistance. It was great meeting you.

Terry

IDU Now Plays Major Role in Spread of Epidemic

- Landscape has changed
- 50% of new infections estimated to be among IDU, partners, and children
- 1/3 of all AIDS cases to date associated with IDU (directly or indirectly)
- Leading factor fueling current spread of the epidemic—both drug related and heterosexual
- Major factor for AIDS cases among women and children

Will Provide a Positive Pathway

- Point of Access
- Linked to Intervention, Education, and Treatment
- Add examples of # linked to treatment (SF, Mass.)

A Tool... Option for Local Communities which Choose

- Public health officials
- Mayor/city council (Boston, San Francisco, New York have chosen)
- Law enforcement (Boston law enforcement supports)
- Citizens
- Not for all communities
- "Embraced, Not Imposed"

Data and Research Compelling

- At least 3 major reviews (NAS, NIH, CDC) of over 100 programs
- Overwhelming evidence that NEPs can have a positive impact on curbing spread of HIV infection to users, partners, and their children
- No evidence that they increase drug use
 - * 2 Canadian studies— Need to be clear on what those studies show and don't show
- Found no evidence that the NEPS increase drug use
- Conflicting and confounding information on the impact of their NEPs on HIV transmission versus experience of over 100 programs in the U.S. in cities like Hartford, Tacoma, and New York

Vice-President of the United States
Talking Points:
“Needle Exchange”

- The Administration supports the Senate version of the Labor/HHS Appropriations Bill.
- The Senate Bill leaves intact the authority of the Secretary of Health and Human Services to waive the ban on the use of Federal funds by States for needle exchange programs. The ban may only be waived so long as there is demonstrated scientific evidence that such a program would reduce the spread of HIV disease and would not lead to an increase in the use of illegal substances.
- The Administration believes that the correct course of action is to let science lead on this public health issues.

TALKING POINTS ON NEEDLE EXCHANGE

August 22, 1997

Prepared by the
Office of National AIDS Policy
(202) 632-1090

INJECTION DRUG USE IS A LEADING CAUSE OF THE SPREAD OF HIV

Approximately one-third of reported AIDS cases are related to injection drug use. Sixty-six percent of all AIDS cases among women--and more than half of AIDS cases among children--are related to injection drug use (either contracted directly through use of contaminated needles, through sexual contact, or mother-to-child transmission). Intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population.

HHS REPORT FINDS NEEDLE EXCHANGE REDUCES HIV TRANSMISSION

The Secretary of the Department of Health and Human Services issued a report to Congress in February of 1997 that concluded that needle exchange programs can be effective in slowing the spread of HIV and AIDS among program participants. The HHS report involved a review of all the available scientific literature on the subject before reaching this conclusion.

"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." HHS Report (p. 11).

NIH PANEL OF SCIENTISTS SUPPORTS NEEDLE EXCHANGE

In February of 1997, a panel of public health experts convened by the National Institutes of Health concluded that needle exchange programs are a powerful and proven weapon in HIV prevention campaigns: *"An impressive body of evidence suggests powerful effects from needle exchange programs. The number of studies showing beneficial effects on behaviors such as needle sharing greatly outnumber those showing no effects. There is no longer doubt that these programs work, yet there is a striking disjunction between what science dictates and what policy delivers."* NIH Consensus Development Statement (p. 5).

THERE IS NO EVIDENCE NEEDLE EXCHANGE INCREASES DRUG USE

According to the report to Congress by HHS and the NIH report, there is no scientific evidence that needle exchange programs have resulted in increased drug use:

"Does needle exchange promote drug use? A preponderance of evidence shows either no change or decreased drug use...Additionally, individuals in areas with needle exchange programs have increased likelihood of entering drug treatment programs." NIH Consensus Development Statement (p. 5).

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." HHS Report (p.5).

NATIONAL HEALTH AND LEGAL EXPERTS SUPPORT NEEDLE EXCHANGE

Needle exchange programs, as part of a comprehensive strategy to reduce the transmission of HIV, have been endorsed by (among others):

- American Medical Association
- American Bar Association
- American Public Health Association
- Association of State and Territorial Health Officials
- National Academy of Science
- U.S. Conference of Mayors
- National Black Caucus of State Legislators

GENERAL PUBLIC SUPPORTS NEEDLE EXCHANGE

A poll commissioned in 1996 by the Kaiser Family Foundation found that 66 percent of Americans favor "having clinics make clean needles available to IV drug users to help stop the spread of AIDS."

SWITZERLAND'S "NEEDLE PARK" IS NOT ANALOGOUS

Opponents of needle exchange programs have recently used the example of "needle park" in Zurich as evidence that needle exchange results in increased drug use. That conclusion is not supported by fact. "Needle park" resulted from a failed social experiment to geographically concentrate injection drug users, provide them with drug equipment and medical attention, and tacitly accept open drug sales and use within this concentrated area (Fritzsplatz or "needle park"). The experiment, launched in 1986, failed and has been widely discredited. Not one of the over 100 communities in the U.S. that operate needle exchange programs have a model even remotely similar to that used by the Swiss.

TALKING POINTS ON NEEDLE EXCHANGE

Injection drug use plays a major role in continuing the spread of the AIDS epidemic.

- 50% of new infections are from injection drug users, their partners, and children (these are occurring in the 96 largest metropolitan areas)
- 1/3 of all AIDS cases to date are associated with injection drug use
- injection drug use is the leading factor for current spread of the epidemic in the United States, including among women and children

The science supports the efficacy of needle exchange in reducing the transmission of HIV without promoting illegal drug use.

- there have been 3 major reviews (NIH, CDC, NAS) of over 100 programs
- these reviews report overwhelming evidence that needle exchange programs can have a positive impact on curbing the spread of HIV among users, their partners, and children
- found no evidence that needle exchange programs increase drug use by program participants or in the communities in which programs are located
- Yale University study, for example, estimated a 33 percent reduction in new HIV infections in the New Haven, Connecticut program

Local communities and public health officials should be supported if they decide to utilize needle exchange programs in AIDS prevention campaigns.

- needle exchange will be available to--not imposed upon--local communities as part of comprehensive HIV prevention strategies
- mayors and city councils, including those in Boston, San Francisco, New York, Los Angeles and New Haven, have approved needle exchange programs

Needle exchange programs will provide a pathway to medical and drug treatment as well as addiction recovery services.

- they should be closely linked to drug treatment, HIV counseling and testing, and prevention education
- the hope offered by the new AIDS treatments can be used as a powerful incentive to program users to get off and stay off illegal drugs

TALKING POINTS ON NEEDLE EXCHANGE

September 26, 1997

Public health policy should be driven by sound science, not politics.

Injection drug use plays a central role in fueling the AIDS epidemic, particularly among women, children and people of color

- approximately one-third of reported AIDS cases are related to injection drug use
- **66% percent** of all AIDS cases among women--and more than half of AIDS cases among children--are related to injection drug use (either contracted directly through use of contaminated needles, through sexual contact, or mother-to-child transmission)
- intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population

The Secretary of Health and Human Services should retain her authority to gather credible scientific data and, based on that data, to give local communities the flexibility to design HIV prevention programs that meet their needs

- this is the appropriate role of a public health official: assessing the value of various interventions and then allowing local communities the option of using those interventions to address their own unique needs

Americans support needle exchange programs as a tool for preventing the spread of HIV and AIDS

- recent polls conducted by the Tarrance Group (R) and the Kaiser Family Foundation shows that a majority (55%, 66% respectively) of Americans support needle exchange programs

Scientific evidence demonstrates that needle exchange programs reduce the spread of HIV without promoting illegal drug use

- three major reviews (NIH, CDC, National Academy of Science) of over 100 programs have been conducted
- reviews report overwhelming evidence that needle exchange programs can have a positive impact on curbing the spread of HIV among users, their partners, and children
- these reviews found no evidence that needle exchange programs increase drug use by program participants or in communities in which the programs are sited

Removal of the federal restrictions on needle exchange would not create a federal needle exchange program; it would provide local communities with the flexibility to include this strategy as part of a comprehensive HIV prevention program--if they so choose

- it has been the role of the federal government to support the efforts of local health departments without tying their hands--this is surely an extension of that **respectful** policy
- to date, over 100 local communities have pursued needle exchange programs with their own resources

Needle exchange programs provide a critical pathway to drug treatment and health care services

- because IV drug users and their families are often far removed from the help they need, needle exchange programs should be linked to drug treatment, HIV counseling and testing, prevention education, and health care
- the hope offered by the new AIDS treatments can be used as a powerful incentive to program users to get off of and stay off illegal drugs

Needle exchange programs have been endorsed by many prominent national organizations as an important component of comprehensive HIV prevention strategies

- | | |
|---|---|
| • American Medical Association | • National Assoc. of County and City Health Officials |
| • American Bar Association | • National Assoc. of State & Territorial AIDS Directors |
| • American Public Health Association | • National Black Caucus of State Legislators |
| • Association of State & Territorial Health Officials | • U.S. Conference of Mayors |
| • National Academy of Science | |

Expected Expansions in Needle Exchange Upon Repeal of the Ban on Federal Funding

Here are some thoughts about what we might expect if the ban on the use of federal funds for Needle Exchange Programs (NEPs) is lifted. These projections are based on a NIDA-sponsored survey of existing NEPs; however, the data are somewhat incomplete owing to the understandable reluctance of some illegal programs to provide identifying information.

The survey by the North American Syringe Exchange Network (NASEN) indicates that 101 NEPs were operating in the U.S. as of December 1996 (today we estimate that there are about 120 NEPs in existence). Questionnaire returns from 87 sites indicate that 53% (n=46) of the NEPs were legal, 23% (n=20) were illegal but tolerated, and 24% (n=21) were illegal and operated underground. We know that NEPs operate in 28 states and one territory and in 71 cities; however, 24 of the 87 NEPs asked that their location not be reported.

Should the ban on federal funds for NEPs be removed, we can expect expanded access to NEPs through (1) changes in existing NEPs and (2) the establishment of new NEPs.

- (1) Changes that are likely involve the expansion of services on the part of existing legal and illegal-but-tolerated NEPs as well as the evolution of existing underground/illegal NEPs into more permanent delivery systems with legal status. An existing NEP could expand by opening additional sites within its current geographical area, using mobile vans, involving pharmacies, and offering home delivery. With the repeal of the ban, the 21 illegal underground exchanges are likely to advocate for formal recognitions.
- (2) New NEPs are likely to be established in states or Metropolitan Statistical Areas (MSAs) with substantial numbers of injection drug users and/or increased spread of HIV among heterosexual women. A new NEP is a program in a geographically distinct community, not a satellite site in the current MSA.

Currently, only about 10% of IDUs have access to NEPs. Expanded access to NEPs will mean increased penetration and saturation of the community (thus reaching more people) as well as an increased volume of syringes being exchanged (thus reducing circulation time and providing access to the means for behavior change). Note that expanded access is not inconsistent with the overall goal of helping IDUs to stop drug injection by getting them into treatment. With greater community penetration and saturation, and increased volume of exchanged syringes, we increase the likelihood that IDUs will initiate or maintain risk reduction and avert the transmission of blood borne diseases.

Expanded Access

Stabilization of funding for existing needle exchange programs and the establishment of a legal operating environment will result in expanded operations (hours, locations, use of mobile vans) and services (increased risk reduction information and counseling on HIV, hepatitis, TB screening, vouchers for drug treatment and acute care, and perhaps more female barrier control methods).

43

1998

1. States/MSAs with Several NEPs

Expansion of services will most likely occur in the four states with the greatest number of NEPs: California (17 NEPs), Washington (11 NEPs), New York (10 NEPs) and Connecticut (6 NEPs). The NASEN survey shows that 51% of existing exchanges are located in these four states; all, or almost all, of their MSAs have needle exchange programs. It is not likely that new NEPs will be established in these states, although additional NEPs could be established in New York.

2. States/MSAs with Few NEPs

Federal funding for needle exchange will allow states and/or cities with fewer NEPs also to expand services, and possibly to add new NEP sites to existing programs. This dual expansion effort will probably occur in six states: Illinois (3 NEPs), Michigan (3 NEPs), Massachusetts (2 NEPs), Puerto Rico (2 NEPs), Texas (2 NEPs) and Wisconsin (2 NEPs).

- Illinois recently increased the number of NEP sites operating in Chicago, so most of its expansion will be in terms of services.
- Puerto Rico is the most likely to increase its number of sites and services to contain its HIV epidemic. Puerto Rico has a large at-risk population and high prevalence/incidence of HIV among IDUs.
- Texas has six MSAs with large populations and substantial numbers of IDUs, but its HIV seroprevalence is fairly low. Expanded NEP access will help maintain low seroprevalence.

3. States with One or Two NEPs

Fifteen states have one or two NEPs in operation: Colorado, Florida, Indiana, Louisiana, Maryland, Minnesota, Missouri, New Hampshire, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, and Tennessee. It is unlikely that these states will greatly increase the numbers of new NEPs, although two—Florida and New Jersey—may do so as needle exchange moves from underground status to legal status. These are the NEPs that, because of their illegal situations, are most likely exchanging the fewest needles and offering the fewest services.

- New Jersey has substantial populations of IDUs at risk as well as high HIV seroprevalence and seroincidence rates. Specifically, there are 5 MSAs that might consider establishing NEPs. The range in HIV prevalence among IDUs in these MSAs ranges from 22% in Monmouth-Ocean to 38% in Newark.
- Florida has 5 MSAs with high HIV seroprevalence rates among IDUs. Seroprevalence ranges from 9% in Sarasota to 24% in Fort Lauderdale. Miami's rate is 22%.
- Other states with one or two NEPs that might expand are Pennsylvania, Missouri and Louisiana.

Summary

Currently, about 120 NEPs operate in the U.S. With the repeal of the ban we expect, first, the expansion of services in existing NEPs and, second, the establishment of new NEPs. The number of new NEPs has been increasing by about 20% per year; however, there is a limit to the number

information, to help IDUs avoid risks of acquiring or transmitting HIV sexually to their partners. NEPs have also been effective in referring IDUs to drug treatment, and data clearly indicate that if IDUs access and remain in treatment, they will change their drug use, needle use, and to a lesser extent, their sexual risk behaviors, and thereby reduce their risks of acquiring HIV. Research clearly indicates that needle exchange programs can prevent HIV and other blood-borne infectious diseases. **Drug treatment can also result in improved birth outcomes, and drug treatment for drug abusing pregnant women has been demonstrated to be cost-effective.**

Expanding access for syringe availability through NEPs and pharmacies to more IDUs, in combination with expansion of drug treatment, is essential to slow the spread of HIV and other blood-borne diseases. NEPs and drug treatment are complementary public health strategies. They represent components of a comprehensive HIV prevention strategy that have been demonstrated to effectively reduce risk behaviors and prevent the spread of HIV and other blood-borne diseases.

References:

1. Centers for Disease Control and Prevention. *HIV/AIDS Surveill Rep.* Atlanta, Ga: Centers for Disease Control and Prevention; 1997;9.
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MOTHERS' VOICES

United to end AIDS®

Some Helpful Facts About Needle Exchange Programs

Sandy and Todd – This is my older information, without stuff bout Baltimore and Hawaii. I will fax you my up to date version as soon as it is finished, Amy

- One-third of all new HIV infections are attributable to injecting drug users and their sexual partners. Sixty-three percent of all AIDS cases among women are related to sharing needles and syringes for the injection of drugs or to sex with an injecting drug user; and 58 percent of all pediatric AIDS cases are due to the mother's use of injecting drugs or sex with an injecting drug user. Over one-half of all AIDS-related deaths for African-Americans and Latinos are injection-related.
- The lifetime cost of treating 25,500 cases of needle/syringe sharing related AIDS (the number treated in 1995) was more than \$3 billion. If the federal ban on needle exchange funding continues to the turn of the century, the United States will have failed to prevent 11,000 cases of AIDS at a cost of at least \$1.3 billion for medical care.
- **Needle exchange programs work.** Seven federally supported studies have concluded that needle exchange programs are an effective means of slowing the rate of HIV transmission, without increasing drug use.¹ After instituting their needle exchange program, New Haven, Connecticut found an estimated 33% reduction in the rate of new HIV infections among their target population.
- **Needle exchange programs do not increase the incidence of drug abuse.** A study of a San Francisco based needle exchange program found that the rate of daily injections was actually decreased among program participants.
- **Needle exchange programs provide a point of access** for injecting drug users into a broader range of healthcare services including drug treatment, AIDS education and traditional medical care. Most cities have long waiting lists of drug treatment services. In Seattle, Washington eight of ten participants who requested vouchers entered into addiction treatment programs.

¹ The National Commission on AIDS, 1991; University of California, 1993; The Centers for Disease Control, 1993; The National Academy of Sciences 1995; General Accounting Office, 1993; and Office of Technology Assessment, 1995; NIH Consensus Document on HIV Prevention Strategies, 1997.

- **Needle exchange programs are an inexpensive way to prevent HIV infection.** The median cost of running a needle exchange program is \$169,000, which breaks down to approximately \$0.71 to \$1.63 per syringe distributed. The lifetime cost of treating a person with AIDS is estimated to be approximately \$119,000.

Every day the ban is in place is a day when new HIV infections will be spread -- unnecessarily -- to at least 33 American men, women, and children.



FAX TRANSMITTAL

DATE: 12/15/97

TO: Sandy Shuman

FAX #:

FROM: Jon Sheridan

4 PAGES INCLUDING COVER SHEET

Urgent!

NO. 016 002
DRAFT

- The most important principle for us to keep in mind as we talk today is that making the determination to allow for needle exchange is the right thing to do from a moral and public health perspective – it will save lives.
- My tenure with the Clinton Administration started with a public commitment that science, not politics would lead our national response to HIV – particularly on needle exchange. As the President's spokesperson, I need to deliver on that message for him and the time is now.
- Let me share something very encouraging with you – there have been no pediatric AIDS cases in San Francisco in two years. This is not a coincidence – San Francisco has the largest comprehensive needle exchange program operating in the country. Our goal should be to duplicate that success at a national level.
- By letting local communities use federal resources to implement the most effective HIV programs possible, this Administration can leave a legacy. We can lead the way in halting this killer among children. Who can imagine this headline in a few years? "No more cases of pediatric AIDS."
- Like the Reagan Administration's dilemma over condom distribution in the early eighties – we are charged with leadership critical to halting AIDS. We cannot fail like they did -- we are living with the deadly results.
- As we sit in this room, AIDS is spreading among injection drug users, their partners and children -- over half of the 40,000-80,000 new HIV infections are related to injection drug use. CDC tells us that injection drug use is indirectly responsible for 63% of AIDS cases among women and over half of pediatric AIDS cases. We will continue to see increases cases among women and children if we do not allow for the most effective HIV prevention measures possible.
- AIDS is no longer just a disease of gay men -- it is increasingly a disease of the poorest, most disenfranchised and hardest to reach population in our country -- and their kids. These individuals and families will have no other alternative than to turn to public assistance for their basic human needs. From a fiscal perspective – we **MUST** halt AIDS – we cannot underestimate the cost that caring for new cases will be and we cannot tolerate the human toll.
- The AIDS advocacy community has been asking the Secretary to allow for needle exchange funding for years – we are finally at a point where the science is in and supports that request. Despite right-wing efforts to thwart the Secretary's authority, the Congress upheld the authority, making an important distinction between "exchange" and "distribution" of needles, asking the Secretary to issue criteria related to the operation of a needle exchange program and imposing an arbitrary moratorium on federal funding for needle exchange until March 31, 1998.

- The short window of time between now and March 31 would allow us to make a determination on the public health merits of needle exchange – absent a Congressional debate about funding. If Secretary Shalala makes this determination in advance of the Congress's return, then the onus for escalation of the debate rests squarely on the shoulders of the Republican Congress. I will challenge the Congressional opponents of needle exchange to make an argument why halting AIDS among babies is a bad idea.
- Politics runs behind public policy in this country. The right public policy position has clearly been laid out by the Presidential Advisory Council on HIV/AIDS. We will continue to be criticized if we do not take strong steps to curb the AIDS epidemic where it exists today.
- If the Administration is to make the determination on needle exchange - we would take an offensive stance that would be respected and supported by a majority. If we continue silence – silence that is interpreted as support for groups like the Family Research Council – we will be vilified by the public health community. We are wiser to take the high road – isn't one child's life that important? Morally, that is an unchallengeable position and this Administration should pursue it aggressively.
- Polling data released by the Kaiser Family Foundation indicates that with adequate information and education, Americans support needle exchange by a 71% majority. 61% of Americans think that state and local governments should be allowed by the federal government to decide for themselves whether or not to use federal funds for needle exchange.
- Secretary Shalala has the power to make this decision. She should be empowered to act upon the science. Scientific study after scientific study shows that needle exchange reduces the number of new HIV infections. Six federally funded reports, conducted independently by the National Commission on AIDS in 1991, the General Accounting Office in 1993, the University of California in 1993, the Centers for Disease Control and Prevention (CDC) in 1993, the National Academy of Sciences in 1995 and the Office of Technology Assessment in 1995 are among those scientific studies. There is also a National Institutes of Health report that supports needle exchange. Dr. Satcher is on record supporting needle exchange. Science shows that needle exchange programs can reduce HIV infections by at least one-third and reduce risk behavior by as much as 80%. We funded our evidence. We should stand behind it.
- The advocacy community has delivered credible support from a broad-based coalition of respected organizations including: the American Medical Association; the United States Conference of Mayors (passed a bipartisan resolution this summer); the American Bar Association; the American Academy of Pediatrics; the American Public Health Association; the NAACP; the American Nurses Association; Mother's Voices; and the list goes on. Major newspapers have written editorials in support of needle exchange – urging us to act, including The New York Times, The Washington Post, The Chicago Tribune, the Seattle Times, the Los Angeles Times, the Detroit Free Press and The Plain Dealer.

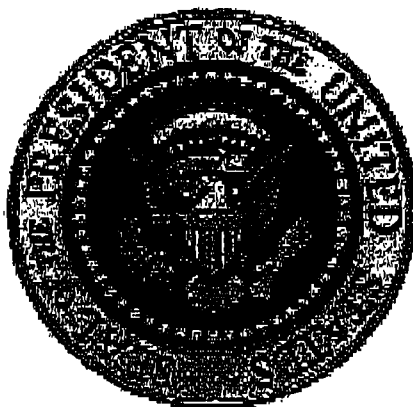
DRAFT

- I am not suggesting merely passing out needles to addicts. I believe that strong oversight of existing federal resources made available for this purpose should be monitored responsibly. The President's Drug Czar is concerned about needle exchange replacing drug treatment services. As the President's AIDS Czar, I support him and suggest that we limit our focus to HIV prevention funds to avert any supplanting of critical drug treatment services. Additionally, whether or not to fund needle exchange should be up to a local community – it is our job to give them the flexibility to do so.
- If the Secretary does not act now, the Clinton Administration will be vulnerable to attacks from the political left that it lacks the moral conscience to do everything in its power to end the AIDS epidemic. The science supports action. Inaction demonstrates a willingness to kowtow to right wing extremists like the Family Research Council. The Family Research Council spends millions of dollars annually supporting campaigns against us.
- We shall not lose today if we articulate a credible, scientifically based message and a public health perspective. We shall not lose in the future if we are able to say – We did all we could to stop pediatric AIDS.

*** ERROR TX REPORT ***

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FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

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

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

TO:

Toby Donnenfeld

FAX NUMBER:

6-6231

FROM:

Todd

DATE:

12/15

Page 1 of 6

To: Sandy Thurman

From: Christine Lubinski

Re: Needle exchange talking points

My home phone number is 202-543-7564. Don't hesitate to call. Attached are our needle exchange talking points. Use them as you see fit.

As I indicated on the call, I think the flow of the talking points should be

- demographics of epidemic vis a vis injection drug users
- HHS report on the efficacy of needle exchange in reducing HIV transmission
- Bipartisan commitment on the part of mayors to use all tools in the prevention arsenal to develop a comprehensive prevention plan to reduce HIV transmission among drug users and their partners and children. Name Republican mayors involved in funding syringe exchange programs and in cosponsoring the resolution.
- Clinton's willingness to work with Congress to ensure that local communities can make local decisions about needle exchange as a prevention strategy with federal support if they make that choice.

Good luck, (to all of us).

NEEDLE EXCHANGE PROGRAMS TO PREVENT THE SPREAD OF AIDS

Background:

An amendment may be offered that would prohibit the use of federal funds for the purchase or distribution of clean needles to injection drug users as part of an AIDS prevention effort. The rationale for this prohibition is a concern that clean needle exchanges encourage injection drug use.

Talking Points Against the Proposal:

- One of the primary and fastest growing ways that AIDS is spread is through the sharing of needles by injection drug users.
- According to the CDC, 67% of AIDS among women is connected directly or indirectly to injection drug use. (48% of cases are those who inject drugs; 19% of cases is among those who had sexual contact with an ID user.)(Source: CDC Year-End Summary, 1994, Vol. 6, No. 2)
- According to the CDC, 54% of all pediatric AIDS cases are due to the mother contracting HIV directly or indirectly through injection drug use. (38% of cases from mother with injecting drug use, 16% of cases due to mother having sex with ID user) (CDC Year-End Summary, 1994, Vol.6, No. 2)
- In New York and New Jersey, AIDS attributed to ID use is now the leading cause of death among African-American women.
- Decisions about programs such as needle exchange should be made at the local level, as the community seeks to prevent the spread of HIV.
- A report from the GAO on March 23, 1993, concludes that "needle exchange programs show promise as an AIDS prevention strategy." The report found that instead of encouraging drug use, the programs actually facilitated intervenous users to seek treatment.
- Sterile needle exchange programs now exist in 16 states--Alaska, California, Colorado, Connecticut, The District of Columbia, Hawaii, Illinois, Indiana, Massachusetts, Minnesota, New York, Oregon, Pennsylvania, Rhode Island, Texas, and Washington.
- A 1993 study of needle exchange programs, conducted by Peter Lurie, M.D., at the University of California at San Francisco, found that exchange programs reduce needle sharing. The study further found no evidence that needle exchange programs increase the amount of drug use by program clients or change the overall community levels of injection or non-injection drug use. In fact, providing clean needles is for many drug users their first link to treatment and the beginning of the difficult journey to clean and sober living.
- Another study of San Francisco needle exchange program found that from 1987 to 1992 frequency of injecting drugs **declined**, as did the number of new users. The exchange may have actually helped decrease the amount of drug use in the area.(Watters, JAMA, 1994; 271:115-120)

- Needle exchange is cost-effective. The average cost of running a program is \$169,000. Mathematical models predict needle exchange programs could prevent many HIV infections at a cost of approximately \$9,400 per infection averted. This is well below the \$119,000 lifetime cost of treating an HIV-infected person. (Source: Reingold, Public Health Impact of Needle Exchange Programs in the United States and Abroad, 1993, Prepared for the CDC)
- Needle exchange programs operating in Hawaii, Oregon, Washington, Colorado, and Connecticut have demonstrated that needle exchange programs work in decreasing the spread of HIV by decreasing the sharing of needles.
- The National Research Council of the National Academy of Sciences found that "none of the current studies of safer injection programs has shown increased IV drug use. Indeed, it appears that safer injection programs may indirectly encourage IV drug users to seek treatment."
- Needle exchange programs have led to increased numbers of injection drug users seeking treatment for their addiction. To date, more than 200 addicts who participated in the New Haven needle exchange program have been referred and entered drug treatment programs. Similarly, the Tacoma, Washington needle exchange project also became the largest source of referrals to drug treatment programs in the county.
- Needle exchange programs have a significant environmental effect. An evaluation of the Portland, OR needle exchange program showed that the NEP "reduces the incidence of discarded syringes in public places." (The Tacoma, WA program also drew this conclusion.)
- Needle exchange programs may actually decrease criminal activity; there has been a 20 percent decrease in crime in New Haven since the needle exchange program began two years ago.
- Recent findings have indicated three limitations in the effectiveness of using bleach to sterilize injection equipment. First, the presence of blood on the equipment can reduce the effectiveness of bleach. Second, there is a minimum contact time needed for bleach to inactivate HIV. Third, many injection drug users do not follow recommendations for bleach as a disinfectant. More recent data have raised new questions about the efficacy of bleach cleaning . . . the use of bleach is an imperfect approach to eradicate or inactivate HIV from injection equipment. . . . A Baltimore study among a cohort of injecting drug users compared "those reporting use of disinfectants all the time versus those who denied ever using disinfectants to clean needles and syringes . . . No significant difference in HIV infection incidence between disinfectant users and nondisinfectant users was found."
- According to a 1993 report by the Kaiser Family Foundation, "Several studies dating back to 1984 have reported considerable awareness of HIV transmission among injection drug users. Users have shown considerable willingness to change their behavior, going to great lengths to gain access

Needle Exchange Programs -- 2

to sterile injection equipment. Unfortunately a number of precautionary measures that addicts reportedly use are likely to be quite ineffective."

- According to the CDC's MMWR of June 4, 1993 "sterile, never-used needles and syringes are safer than bleach-disinfected, previously used needles and syringes."
- The NIDA bulletin reported, "Needle/syringe exchange programs may provide another means of providing sterile equipment to user and decreasing sequential use of injection equipment by addicts . . ."
- On March 10, 1993, the CDC's Dr. James Curran testified "that while expanding drug treatment is the most important component of prevention, making sterile needles available to drug users is also an important bridge to treatment."
- In 1992 the Supreme Court of Washington State ruled, "The undisputed evidence presented to the trial court proves sterile needles and syringes are appropriate to any intervention program designed to reduce the spread of HIV infection among intravenous drug users."
- The court also noted the 1989 message of Gov. Booth Gardner, "I do not condone use of illegal drugs or their taking by intravenous means. The reality is that these programs have very little potential for encouraging more illegal drugs use but a very high potential for limiting the spread of serious and deadly diseases which impact not only the persons involved but others. For both humane and economic reasons, we must do everything we can to halt the spread of AIDS."
- According to a February 18, 1993 New York Times story, "New York City's ambitious research effort to measure whether needle exchange programs can slow the spread of AIDS among intravenous drug users has attracted significant number of addicts and convinced many of them to share their needles less often. . .the city's four demonstration programs . . . have succeeded in enrolling 5,000 addicts. In addition, they say the new programs have not resulted in increased drug use."
- There is no evidence to suggest that such programs entice people who do not use injection drugs to do so. According to the Portland evaluation:

There is not evidence that the NEP produced any harmful effects in any of its clients. It seems that predictions of exchange programs harming its clients are not supported.

- The Portland program showed that:

. . .we find significant improvements in many risk behaviors, including: Sharing of syringes, renting or borrowing syringes from others, throwing away used syringes,

Needle Exchange Programs -- 3

cleaning syringes before use, and using works without cleaning.

- Needle exchange programs dramatically decrease the rate of HIV infection among injection drug users. A two-year study conducted in New Haven, Connecticut demonstrated that needle exchanges dramatically slowed the rate of HIV infection among injection drug users -- by a third within six months of the start of the needle exchange program. Similarly, the needle exchange program in Tacoma, Washington has resulted in an approximate 80 percent reduction in behaviors that put injection drug users at risk for contracting HIV infection.
- Needle exchange programs do not increase or encourage illegal drug use. The New Haven study established that the injection drug users using the needle exchange program were not young people newly experimenting with injection drug use because of the availability of needles; the average participant was 35 years old and had been shooting drugs for seven years.
- Prohibitions on needle exchange programs ignore the reality of the growing epidemic of AIDS among injection drug users. According to the National Commission on AIDS, approximately 32 percent of all adult/adolescent AIDS cases are related to injection drug use.
- Both the National Commission on AIDS and the National Research Council of the National Academy of Sciences have recommended needle exchange programs as a means of reducing the spread of HIV. According to a July, 1991 report by the National Commission on AIDS, "Legal sanctions on injection equipment do not reduce illicit drug use, but they do increase the sharing of injection equipment and hence the spread of HIV infection."
- Referrals to treatment alone cannot stop the spread of HIV among injection drug users. There are not enough treatment slots available to treat all the injection drug users who want treatment.
- The National Institutes of Drug Abuse (NIDA) estimated in 1991 that approximately 107,000 persons were on waiting lists for drug treatment. New York City has more than an estimated 200,000 injection drug users (50 percent of whom are HIV positive) and only 38,000 publicly funded drug treatment slots. Without needle exchanges and bleach distribution programs, these people are being condemned to risk infection and death from AIDS while they wait for treatment slots.
- The failure to provide needle exchanges and bleach distribution to injection drug users contributes to the spread of AIDS to people outside of the drug-using community, through sexual activity with infected injection drug users.
- African-American and Hispanic communities are especially affected by AIDS through injection drug use. While African-Americans make up 28 percent of all diagnosed AIDS cases and Hispanics make up 16 percent, African-Americans account for 45 percent of AIDS cases attributed to injection drug use and Hispanics make up 26 percent of the AIDS cases attributed to injection

Needle Exchange Programs -- 4

drug use.

- Even in jurisdictions where syringes may legally be purchased without a prescription at pharmacies, minorities are less likely than whites to have access to clean needles. A study in St. Louis, Missouri, where syringes may legally be purchased without a prescription, showed that half of the 33 pharmacists in the study refused to sell syringes to researchers posing as buyers. The study, published in the American Journal of Public Health, found that pharmacists were more likely to sell syringes to a white researcher than to a black researcher, reflecting racial bias. The authors of this study observed that, "African-American intravenous drug users may therefore be placed at greater risk for contracting AIDS because of racial bias in the availability of sterile syringes," and concluded, "It is ironic that one of the populations most in need of prevention measures ... is denied access to sterile syringes even when access is not legally denied."

Needle Exchange Programs -- 5

Prepared by AIDS Action Council (202) 986-1300

TALKING POINTS ON NEEDLE EXCHANGE

September 26, 1997

Public health policy should be driven by sound science, not politics.

Injection drug use plays a central role in fueling the AIDS epidemic, particularly among women, children and people of color

- approximately one-third of reported AIDS cases are related to injection drug use
- **66% percent** of all AIDS cases among women--and more than half of AIDS cases among children--are related to injection drug use (either contracted directly through use of contaminated needles, through sexual contact, or mother-to-child transmission)
- intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population

The Secretary of Health and Human Services should retain her authority to gather credible scientific data and, based on that data, to give local communities the flexibility to design HIV prevention programs that meet their needs

- this is the appropriate role of a public health official: assessing the value of various interventions and then allowing local communities the option of using those interventions to address their own unique needs

Americans support needle exchange programs as a tool for preventing the spread of HIV and AIDS

- recent polls conducted by the Tarrance Group (R) and the Kaiser Family Foundation shows that a majority (55%, 66% respectively) of Americans support needle exchange programs

Scientific evidence demonstrates that needle exchange programs reduce the spread of HIV without promoting illegal drug use

- three major reviews (NIH, CDC, National Academy of Science) of over 100 programs have been conducted
- reviews report overwhelming evidence that needle exchange programs can have a positive impact on curbing the spread of HIV among users, their partners, and children
- these reviews found no evidence that needle exchange programs increase drug use by program participants or in communities in which the programs are sited

Removal of the federal restrictions on needle exchange would not create a federal needle exchange program; it would provide local communities with the flexibility to include this strategy as part of a comprehensive HIV prevention program--if they so choose

- it has been the role of the federal government to support the efforts of local health departments without tying their hands--this is surely an extension of that **respectful** policy
- to date, over 100 local communities have pursued needle exchange programs with their own resources

Needle exchange programs provide a critical pathway to drug treatment and health care services

- because IV drug users and their families are often far removed from the help they need, needle exchange programs should be linked to drug treatment, HIV counseling and testing, prevention education, and health care
- the hope offered by the new AIDS treatments can be used as a powerful incentive to program users to get off of and stay off illegal drugs

Needle exchange programs have been endorsed by many prominent national organizations as an important component of comprehensive HIV prevention strategies

- | | |
|---|---|
| • American Medical Association | • National Assoc. of County and City Health Officials |
| • American Bar Association | • National Assoc. of State & Territorial AIDS Directors |
| • American Public Health Association | • National Black Caucus of State Legislators |
| • Association of State & Territorial Health Officials | • U.S. Conference of Mayors |
| • National Academy of Science | |

Restrictions on Funding of Needle Exchange Programs

Question

Why isn't the Federal government willing to fund needle or syringe exchange programs?

Answer

The Congress has enacted several statutory prohibitions against Federal funding for needle or syringe exchange programs. Those tests are: (1) that such programs reduce the transmission of HIV; (2) that such programs not increase the use of illegal drugs; and (3) that such programs reduce the use of illegal drugs. The Federal government continues to fund research into the effectiveness of needle/syringe exchange programs but is not able to conclude that the requirements enacted by the Congress have been met.

Background

The following statutory restrictions relate to the use of Federal funds for needle/syringe exchange programs:

Health Omnibus Programs Extension (HOPE) Act of 1988

No funds authorized by the HOPE Act may be used for needles unless the Surgeon General determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with HIV.

(Note: Most of the programs authorized under the HOPE Act have expired in 1991.)

Substance Abuse Block Grant (1990)

No funds under this program may be used for needles unless the Surgeon General determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with HIV.

(Note: This language is still in effect.)

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

The use of CARE Act money for needle exchange programs is expressly prohibited under both the original Act and the 1996 reauthorization.

(Note: This language is still in effect.)

Labor/HHS/Education Appropriations

For several years, the Congress has attached to the HHS appropriations bill language barring the use of Federal funds for needle exchange programs:

" . . . unless the Surgeon General certifies such programs are effective in stopping the spread of HIV and do not encourage the use of illegal drugs."

(Note: This language is still in effect.)

#

TALKING POINTS ON NEEDLE EXCHANGE

Q: What does the Administration plan to do about lifting the ban on federal funding of needle exchange programs?

A: We firmly believe that we must do everything possible to address the twin epidemics of HIV and substance abuse. We have overwhelming evidence that needle exchange programs reduce the rate of HIV transmission. However, there is still considerable discussion with regard to their impact on drug use. The Administration has been consistent in its belief that any decision on federal involvement in needle exchange programs must be based on science, not politics or public opinion. We are continuing to work with Congress, the research community, and AIDS advocacy groups to protect the waiver authority of Secretary Shalala to decide this issue on the basis of public health.

TALKING POINTS ON NEEDLE EXCHANGE

Q: What does the Administration plan to do about lifting the ban on federal funding of needle exchange programs?

A: We firmly believe that we must do everything possible to address the twin epidemics of HIV and substance abuse. We have overwhelming evidence that needle exchange programs reduce the rate of HIV transmission. However, there is still considerable discussion with regard to their impact on drug use. The Administration has been consistent in its belief that any decision on federal involvement in needle exchange programs must be based on science, not politics or public opinion. We are continuing to work with Congress, the research community, and AIDS advocacy groups to protect the waiver authority of Secretary Shalala to decide this issue on the basis of public health.

Q: Do you believe local communities ought to be able to spend federal money for needle exchange programs to help prevent the spread of AIDS?

A: Many local communities and some states have chosen to support needle exchange programs as one component of a broader HIV prevention strategy. As you know, the Congress has restricted the use of federal funds to support needle exchange until the data is clear that it reduces the spread of HIV without increasing injection drug use.

HHS has been carefully reviewing the data on this. Although this review is yet ongoing, I understand the body of evidence is growing in support of needle exchange as a useful prevention strategy. We must continue to work with both the public health leadership and our colleagues in Congress to ensure their support for effective HIV prevention strategies.

TALKING POINTS ON NEEDLE EXCHANGE

September 26, 1997

INJECTION DRUG USE IS A LEADING CAUSE OF THE SPREAD OF HIV

Approximately one-third of reported AIDS cases are related to injection drug use. Sixty-six percent of all AIDS cases among women--and more than half of AIDS cases among children--are related to injection drug use (either contracted directly through use of contaminated needles, through sexual contact, or mother-to-child transmission). Intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population.

LOCAL COMMUNITIES AND PUBLIC HEALTH OFFICIALS SHOULD MAKE DECISION ABOUT WHETHER TO USE NEEDLE EXCHANGE AS PART OF THEIR PREVENTION STRATEGY

Since the beginning of the AIDS epidemic, the federal government has supported local decision-making by public health experts and community members working together to address unique local needs. In order to be effective in our efforts to address this epidemic, it is essential that we continue to allow science to dictate our policies, not politics. **Science should drive the public health policy, and local communities should decide how best to use the information provided by the scientists to meet their needs.**

NEEDLE EXCHANGE GOOD EXAMPLE OF IMPORTANCE OF LOCAL DECISION-MAKING

The complexities involved in the design and implementation of needle exchange programs as a component of comprehensive HIV prevention campaigns help illustrate the importance of leaving decision-making to local public health experts. Throughout the history of federally-supported HIV prevention efforts, the Federal role has never been proscriptive in telling communities what they should or must do. State and local health officers have been supported in designing and implementing the programs that meet their needs. **This is how we have always conducted our HIV prevention efforts, and this is the right approach on needle exchange. Let the Secretary of HHS look at the public health data, and let communities determine how best to address the HIV epidemic they face.**

A BIPARTISAN CONGRESS GAVE SECRETARY AUTHORITY TO MAKE DETERMINATION

A bipartisan Congress has given the Secretary of HHS the authority to gather information on the effectiveness of this strategy, and if viable, to give local communities the option to use their federal funds in a way that is most responsive to the epidemic they face. This is the appropriate role of public health - to assess the value of various interventions, and to then allow local communities to make determinations on applicability to their unique needs.

NATIONAL HEALTH AND LEGAL EXPERTS SUPPORT NEEDLE EXCHANGE

Needle exchange programs, as part of a comprehensive strategy to reduce the transmission of HIV, have been endorsed by (among others):

- American Medical Association
- American Bar Association
- American Public Health Association
- Association of State and Territorial Health Officials
- National Academy of Science
- National Black Caucus of State Legislators
- U.S. Conference of Mayors

GENERAL PUBLIC SUPPORTS NEEDLE EXCHANGE

A poll commissioned in 1996 by the Kaiser Family Foundation found that 66 percent of Americans favor "having clinics make clean needles available to IV drug users to help stop the spread of AIDS." A similar poll by the Tarrance Group found that 55% support needle exchange programs as a way to curb the spread of HIV and AIDS.

Sarah T. Holewinski

03/16/98 05:33:38 PM

Record Type: Record

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

cc:

Subject: Needle Exchange Talking Points

ABBREVIATED TALKING POINTS ON NEEDLE EXCHANGE

ABBREVIATED ACCOMPLISHMENTS

**The Clinton Administration
A Record of Fighting the AIDS Epidemic**

It has been more than 15 years since the epidemic of HIV/AIDS struck our nation. In that time, more than 600,000 Americans have been diagnosed with AIDS and more than 300,000 men, women, and children have died of AIDS. President Clinton has worked hard to reinvigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources, and a closer working relationship with affected communities.

Overall Increases. Since President Clinton took office in 1993, overall funding for AIDS related programs has increased by ~~more than 55%~~ *8670%*.

Supported the Ryan White CARE Act. President Clinton in five years has tripled funding for the Ryan White CARE Act, the largest distributor of funds for medical and support services to people living with HIV and AIDS. In 1996, the Administration earmarked Ryan White funds for the AIDS Drug Assistance Program to help those without insurance obtain much needed prescription drugs; since then, ADAP funds have increased by 450%.

Supported the National Institutes of Health. The Administration has increased NIH AIDS research funds by 50% in five years. In 1993, President Clinton signed the NIH Revitalization Act creating a permanent Office of AIDS Research at NIH and investing it with new authority to plan and carry out the AIDS research agenda.

Accelerated AIDS Drug Approval to Record Times. Since 1993, the Food and Drug Administration has approved *10* new AIDS drugs, 20 new drugs for AIDS-related conditions, and three new diagnostic tests. Included in the approvals are a class of drugs known as protease inhibitors, which, in combination with previous drugs, have shown tremendous promise in the treatment of HIV progression.

Pushed for an AIDS Vaccine. On May 18, 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He has supported that goal by dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations.

Increased Access to HIV Prevention Services for Youth. In a directive issued on World AIDS Day 1997, President Clinton instructed each Federal agency to identify all programs under its control that offer opportunities to youth for preventing HIV infection and develop within 180 days a plan through which those programs can increase preventative education as well as support services for those already infected.

Protected Medicaid. The President fought to preserve Medicaid coverage for people living with AIDS. Nearly 50% of people with AIDS and 92% of children with AIDS rely on Medicaid for health coverage. He also revised eligibility

rules for Social Security Disability Insurance to increase the number of HIV+ persons who qualify for benefits.

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