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August 21, 1997

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

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

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

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

What credible local research addresses the impact of a needle exchange programs that are not combined with other services? If no such research exists, is it possible to isolate the specific impact of needle exchange from the research on multiple services?

More specifically, will research permit the development of relative cost/effectiveness measures for needle exchange programs, for outreach programs (without needle exchange), and for drug treatment?

4. The significance of contrary findings. Research is not universally positive regarding needle exchange. Some studies seem to indicate increases in injecting, increases in drug use, and increases in HIV transmission.

What relative weight should be given to these negative studies? How should research track these possible increases in destructive, compulsive drug behavior?

5. Alternative approaches to making sterile equipment available. There is evidence of a reported reduction in needle sharing in Connecticut after state drug paraphernalia and prescription practices were modified.

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

Dec. 8, 1997

NOTE TO SANDY THURMAN FROM PETER HARTSOCK

Re: Cooperation with Russia

I wanted to relay some information to you concerning Russian Minister Yasin. He did want to meet with you during his short stay in Washington but was overwhelmed with the major needs of his trip here concerned with saving the Russian currency.

The fact is, however, that Minister Yasin, who basically controls the Russian economy and provides all AIDS financing (including support to the Ministry of Science, which funds the Russian HIV Vaccine R&D Program--of which Andrei Kozlov is in charge), is very interested in cooperating with us in AIDS and in the vaccine work. Indeed, he has already met with Robert Gallo in this respect.

Importantly, while the Russian government has put real money into the HIV vaccine program, it also plans to go to the World Bank to request further funding. As Andrei Kozlov discussed with your deputy, Mr. Summers, a word from your office endorsing help from the World Bank for Russian HIV vaccine development would carry a lot of weight and could play the critical role in this matter--similar to what happened at last summer's G-8 Summit, after which the Russian government freed up the first HIV vaccine money.

Even though the money would come from the World Bank, the U.S., and in particular the White House, would be seen in a very favorable light by the Russians. It would be a win win situation for everyone and with no financial cost to the U.S. It would also follow on the heels of and reinforce the positive aspects of the just released report by the Presidential Council on HIV/AIDS which praised the President for calling for an HIV vaccine.

The most realistic scenario would be for Minister Yasin to request such an endorsement to the World Bank from you. This is why he wanted to meet with you but, unfortunately, was unable to do so. It's also important for him to hear from you about what was said at the Presidential level at the G-8 Summit about HIV vaccine development and international cooperation in this respect.

The potential for speeding up HIV vaccine research is very high with such cooperation. The Russians already have large capabilities (the same capabilities which played THE major role in eradicating smallpox worldwide) which they want to use to complement and cooperate with what we are doing and to not reinvent the wheel. Work has already begun but World Bank support would be of immense assistance.

Again, as well as public health benefits coming out of such cooperative efforts (i.e., with increased economies of scale, the time involved in developing an HIV vaccine would be decreased) the political benefits are enormous. With general desperation in Russia and with rapidly increasing

concern there about AIDS, goodwill actions like those described above can significantly help produce hope and political stability. This is certainly of benefit to the rest of the world and especially to the U.S., which has begun to support Russia in its AIDS efforts. Creating more goodwill with Russia and enhancing Russian political stability are critical needs for the U.S., in addition to our benefitting from Russian AIDS research--helping the Russians gives us the most rapid access to their findings.

We thus want to arrange for you to speak briefly with Minister Yasin by phone. Such person-to-person contact would help to insure that the cooperative process described above takes place.

Of additional possible interest is the fact that Dr. Michael Merson, Dean of Public Health at Yale University and former head of the WHO Global Program on AIDS, leaves with a team for St. Petersburg, Russia this week to begin formal research collaboration with Dr. Andrei Kozlov in a number of AIDS-related areas, including biomedical and behavioral-oriented research.

Also, a team from Robert Gallo's laboratory has just returned from St. Petersburg, where joint HIV research research is beginning.

Additionally, we hope you can go to St. Petersburg in May. The Russians are serious about honoring you and you are in good company. The award you are to receive was given last year to Lars Kallings, Director General of the International AIDS Society and sponsor of the 1998 Geneva World AIDS Conference. The year before, it was given to Robert Gallo. The Russians want to recognize people of foresight and good will who have been instrumental in international AIDS cooperation and who have helped Russia.

Several last things. In January, we are having a meeting in Washington for AIDS policy makers to learn their most important needs from economic analyses of AIDS interventions. I fund a large-scale project (Yale, Stanford, and UCSF) dealing with this and have asked my UCSF, Dr. Jim Kahn, to send you a letter of invitation. There will be many opportunities for interaction.

Also, we are putting on a satellite conference, right after Geneva, bringing together the top AIDS economic modelers in the world with the object of informing planners and policy makers. There will be an excellent opportunity for in-depth interaction and you will be invited.

Lastly, I have been working closely with the European Union Concerted Action on AIDS and the director of this work will be coming over in early 1998. I hope to have him brief you about the EU work and our collaborative efforts. I also hope to have you meet the Dutch attache for health, who is a close friend. I have learned more from the Netherlands than any other country about what really saves lives.

You are doing sacred work and we appreciate it.

Many best wishes for Christmas and the new year.

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

December 4, 1997

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

Dear Dr. Leshner:

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

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

It is the judgement of ONDCP that we should not endorse the use of Federal funds (including CDC funds) to support needle exchange programs. Effective drug treatment offers the better long-term policy for both drug control and AIDS prevention. Lifting the ban on Federal funding for needle exchange programs at this time would present serious and complex issues regarding drug use and drug control policy. There is the troubling question of how such a message would be received by our young people during this period of rising heroin and methamphetamine use. In addition, ONDCP is concerned that needle exchange programs might be considered as a low cost substitute for much needed drug treatment. Finally, we are opposed to diverting Federal drug treatment resources to states and communities that are not prohibited from operating their own programs with non-Federal funds. More than 100 communities already support needle exchange programs without Federal funding.

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

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

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

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

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

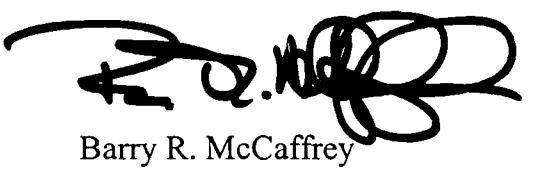
percent, drug selling by 78 percent, and arrests by 64 percent. Exchange of sex for money or drugs dropped by 56 percent, homelessness by 43 percent, and receipt of welfare income by 11 percent. Employment increased 19 percent.

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

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

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

Sincerely,



Barry R. McCaffrey
Director

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

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

December 4, 1997

Dear Ms. Thurman:

Am enormously grateful for your national leadership in confronting the HIV/AIDS epidemic. There is no question that our mandates are complementary, given the well-established nexus between drug use and HIV transmission.

Have viewed with mounting concern efforts in the press to portray us as divided on the question of needle exchange. To further clarify our views on this question, have enclosed a copy of the Director's letter to Alan Leshner of the National Institute on Drug Abuse. This letter makes the case for additional targeted research to answer critical questions about the relationship between needle exchange programs, drug use, and HIV transmission.

Look forward to close collaboration between our offices on drug abuse/AIDS issues. Believe you are truly making a difference in ensuring a healthier America.

Best wishes,

Hoover Adger Jr

Hoover Adger, MD
Deputy Director

Ms. Sandra Thurman
Director, Office of National AIDS Policy
Executive Office of the President
808 17th Street, NW
Washington, DC 20006

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10355	Hoover	Adger	12/5/97

Addressed To

Thurman, Sandra

Sender's Organization

ONDCP

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

needle exchange

☐ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

August 21, 1997

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NRC

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Teens, Drugs and the Media

by Barry R. McCaffrey
Director, Office of National Drug Control Policy
Executive Office of the President

Media influences on teen attitudes toward sex and drugs have striking similarities, as reviewed in a recent PSAY Network Newsletter, "Teens and the Media." Just as teen sexual practices are influenced by media depictions, perceptions also shape beliefs about using illegal drugs. For both issues, notions of what is normal and risky shape behavior.

Youth perceptions are critically important to the nation's effort to reduce drug abuse. Dramatic progress in the drug issue has been made since 1979, with the number of regular users dropping from 23 million to 12 million. However, in the last six years, drug use among teens has risen at an alarming rate, tripling for eighth graders. Research clearly shows the reasons for this trend -- today's youth have more favorable attitudes toward drugs. More teens fail to associate drugs with danger and think drug use is "normal," compared to their peers of only a decade ago.

Many people think that the media deserves much of the blame for the recent surge in drug use. Although the media plays a significant role in shaping youth attitudes toward drugs, it is only part of the problem. The real effort to combat drug abuse begins at the kitchen table in discussions between children and parents.

Studies show that youngsters are less likely to turn to addictive drugs if they have a concerned adult spending time with them. Children who eat dinner with their parents five times a week have the greatest chance of reaching adulthood drug-free. However, in the wake of shattered families and the increasing need for two-parent wage earners, the adults talking to our children frequently reach them through the media.

In addition, children are receiving mixed messages about drugs, alcohol, and tobacco. Well publicized and organized efforts to legalize drugs and media stories about drug use by popular role models -- entertainers and professional athletes -- further confuse young people about the harmfulness of drugs. New fashion trends

and marketing practices also send mixed signals about appropriate behavior. The picture is further clouded by parents who may be ambivalent about their own past drug use and inadvertently send mixed messages to kids.

Today, young people are increasingly bombarded by a myriad of powerful pro-drug images and messages from TV, film, music, video, advertising, and marketing. Many of these sources glamorize, condone, or legitimize the use of drugs, alcohol, and tobacco. This environment undermines efforts to instill anti-drug attitudes traditionally learned at home, in school, and from religious instruction. The result is that children are having more difficulty making healthy lifestyle choices about drugs.

The entertainment industries have undergone dramatic transformation in the form of consolidation, competition, and technological changes. Whereas in my generation there were just a handful of major television networks and movie studios, today the media have never been less monolithic. Fragmentation is rampant in the entertainment business, and the vertical integration of media conglomerates adds pressure to the marketplace and creative process. Cable television has taken a large slice from broadcast territory, and competition among stations puts greater emphasis on ratings and offers less free time for public service announcements.

Since 1991, public service time donated by the networks for anti-drug messages has dropped by a third. Network news coverage of the drug issue declined by more than 80 percent between 1989 and 1995. Commercial forces also work against children, squeezing out family programming where positive role models and constructive themes can be presented. Pop culture, too, has had an impact. In addition to music and other electronic media, interactive games, Internet web sites, and heroin-chic fashion extol the use of drugs, alcohol and tobacco. Humor, particularly "wink and nod" jokes on TV talk shows and comedies, promotes acceptance of drugs among youth and conveys the false impression that drugs are not harmful and everybody is using them.

While the media can negatively affect young peoples' attitudes toward drugs, it is also part of the solution. President Clinton has supported a number of efforts to address the situation, including children's hours, the V-chip, and the TV rating system. The Office of National Drug Control Policy is also addressing media influences on young people's attitudes about drugs.

o ONDCP has launched an entertainment industry initiative to promote the realistic portrayal of drugs. Drugs are not a part of most young people's lives, so the media should not depict them accordingly. The National Institute on Drug Abuse, in conjunction with the Entertainment Industries Council, has begun to recognize responsible, accurate depiction of public health issues in television and film.

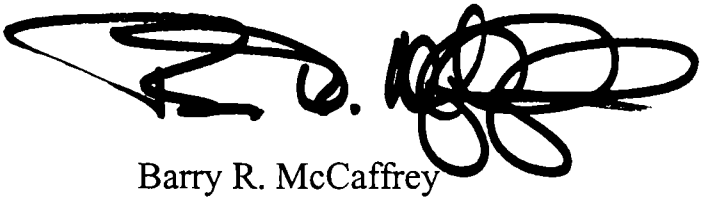
o ONDCP has requested $175 million from Congress to fund a paid media campaign to motivate youth to reject illegal drugs and encourage parents to talk with children about drugs. National and local media campaigns, including paid advertising, offer the fastest, most cost-efficient way to change attitudes and behavior. The media provides the most efficient system for delivering messages concerning risk and social disapproval.

o ONDCP included "media literacy" in the *1997 National Drug Control Strategy.* Media literacy promotes critical thinking that helps youth "see through" seductively, confusing pro-drug messages. By understanding how the media works, young people can develop the insight necessary for making healthy choices about using drugs or engaging in other negative behaviors.

o ONDCP is collaborating with 53,000 pediatricians from the American Academy of Pediatrics (AAP) to educate parents about pop culture influences that promote the use of drugs, alcohol, and tobacco. The AAP will soon begin recommending that during office visits pediatricians question parents and children on the family's "media history," i.e., hours and types of radio, recorded music, television, and other video presentations. Parents will be encouraged to become familiar with what their children are listening to and/or watching and intervene when appropriate. The effort is part of a five-year AAP project to promote media literacy and critical thinking skills in dealing with the influence of drugs, sex, and violence on television.

o ONDCP has begun a year-long study to document how drugs are portrayed in television, film, and music. Next year at this time, we will have objective information on how drugs are glamorized or joked about on TV talk shows, sit coms, dramas, music videos, and motion pictures.

All of these initiatives will help, but most important are the conversations we have with young people to discourage them from using drugs. Listening to children's problems, offering positive role models, and clarifying acceptable behavior can make all the difference.



Barry R. McCaffrey
Director

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

October 21, 1997

Ms. Sandy Thurman
Director
White House Office of National AIDS Policy
808 17th Street, NW
Suite 820
Washington, DC 20006

Dear Ms. Thurman:

The Office of National Drug Control Policy (ONDCP) is initiating an historic multi-million dollar youth anti-drug advertising and communications campaign to prevent and reduce young people's use of illegal drugs. The media campaign will position drug use as high risk and unacceptable behavior and encourage parents to talk to their children about drugs. The campaign will also; develop initiatives involving the entertainment industry, sports organizations, media and the Internet; wherever possible, link advertising to local drug prevention resources; and seek corporate sponsorship for advertising and related efforts.

Working with ONDCP, Porter Novelli, a Washington, D.C.-based public relations and communications firm, will lead the planning effort using a research and expert-driven approach that consists of:

- Extensive analysis of relevant, successful media campaigns in public health, safety and consumer product marketing to change youth attitudes.

- A review of existing messages to determine which are effective and where gaps exist in terms of new messages or audiences needed to support ONDCP's strategy.

- Professional input from panels of experts in media, advertising, marketing, communications, research, drug prevention, entertainment, sports marketing, corporate fundraising and other sectors.

- Efforts to extend the reach of campaign messages to youth and their families by creating partnerships with national, state and local organizations representing government, health care professionals, teachers, coaches, the faith community, and minority/ethnic groups.

We need your help in two areas, specifically, we wish to:

1. Solicit your views regarding the proposed media campaign including message content, target audiences and strategy.

2. Obtain your input regarding individual experts or key organizations that ONDCP may wish to contact for participation in expert panels.

Please contact Natalie Adler with your comments or suggestions by phone (202-973-5865) or fax (202-973-5858) no later than Friday, November 7, 1997. As the campaign develops, you will be informed of its progress and invited to educate your members about how they can participate. Thank you in advance for your assistance and support.

Best wishes,

Barry R. McCaffrey
Director