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Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Preventing Substance Abuse and HIV:

A National Leadership Forum

Tampa FL

August 14, 1996

GOOD MORNING:

Thank you Dr. Satcher for that gracious introduction and for your remarkable leadership of the CDC. Thank you Dr. Gayle and Dr. Johnson for convening this meeting and for your continuing work to end this epidemic.

I'd also like to thank our hosts: The Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, and the National Institute on Drug Abuse.

And, finally, I want to express my appreciation for the very hard work done by the planning committee and the many organizations that participated in that process.

Most of all, I want to thank each of you for taking the time out of your busy schedules to participate in this meeting. You bring a great deal of expertise, real-life experience, and a true commitment to saving lives.

I bring you greetings from President Clinton, who also appreciates your participation today. In December, at the first-ever White House Conference on HIV and AIDS, the President presented us all with an important task. He asked us to develop an action plan that integrates HIV prevention and substance abuse prevention.

Many of us in this room were in Vancouver last month for the Eleventh International Conference on AIDS. And we came away from that meeting with new reason for hope and optimism.

The progress we are making in treating HIV disease is truly remarkable and it holds out great promise for the future. But none of us should be fooled into thinking our work or this epidemic is over. No matter how many drugs we develop, no matter how many promising results we discover, we cannot, we must not, and we will not reduce our dedication to prevention. After all, you and I know that the best way to extend the length and quality of a person's life is to make sure that they don't become infected with HIV in the first place.

In that light, the President's request is even more important today than it was when he made it in December.

Now let me make clear that by asking this of us, the President was not indicating that there is an absence of integration in what is being done today.

You are evidence that collaboration already exists. The point is that with the twin threats of substance abuse and HIV and the ever-tighter weaving of these two menaces, there is an even greater need to work together.

And that responsibility extends to the Federal government. Agencies that focus on the treatment and prevention of HIV and substance abuse need to do a better job communicating with each other or we have no right to tell you to do so on the community level.

We all must work harder to speak the same language. When HIV prevention experts talk about harm reduction it often rings alarm bells among those who focus on substance abuse prevention. But we are all talking about the same thing: Changing behavior so that people don't use drugs and don't transmit HIV.

The themes of this meeting are cooperation, collaboration, and partnership. These are not foreign concepts to the public health professionals and community leaders who are here today. They are, in fact, the foundation of everything you do.

The relationship between substance abuse and HIV disease is not new. In fact, it has been with us since this epidemic began 15 years ago. According to the CDC, more than one-third of all cases of AIDS reported during the first 15 years of the AIDS epidemic have been associated with drug injection. Today, it has been estimated that one-third of all new HIV infections are directly related to drug injection. And we all know that the impact of drug use goes far beyond injectible drugs. The use of alcohol and noninjecting drugs has been shown to impair people's judgment and lead to unsafe sexual practices.

We know that in today's America too many people are exchanging sex for drugs. And for thousands and thousands of men and women, that exchange includes something neither side bargained for -- HIV. I think too many of us have paid too little attention to the connection between the epidemic of crack use and the spread of HIV. There is also growing evidence that the use of injectible amphetamines is becoming a source of HIV infection. These trends demand new approaches to both substance abuse prevention and HIV prevention.

In the last three years, we have worked together to increase our efforts to combat HIV infection and substance abuse. I am proud of our record of accomplishment but it is also clear that we have a long way to go.

We have increased funding for HIV prevention by 24 percent and strengthened our partnership with local communities by creating the community planning process. That has enabled communities to direct HIV prevention dollars at the populations that are most in need -- including substance abusers.

We have empowered the prevention experts here at CDC and produced a series of public service announcements that feature the real lives of young people trying to cope with the threat of HIV.

We have preserved the HIV set-aside in the substance abuse block grant. And we have been fighting for additional funding not only for HIV prevention but also for substance abuse prevention and treatment.

It is in this last area that we have had the greatest difficulty. Despite the growing need for strong prevention campaigns, the Congress has not seen fit to increase funding for HIV prevention in either of the last two years. In fact, in the current fiscal year, Congress reduced CDC's AIDS prevention budget by $5 million.

This has clearly hampered the ability of that agency to be as aggressive as it would like to be. The same holds true for our efforts to increase the availability of drug treatment and substance abuse prevention. Despite the absence of new funds, CDC and SAMHSA have done an excellent job of stretching the dollars they do have. But it is clear that we need more money and the President is fighting for those funds on Capitol Hill.

You and I know that additional funding alone is not the answer to these vexing problems. A major impediment to the work that we are trying to do is the continuing stigma attached to both HIV and substance abuse.

Let's face it, our society has very little tolerance for people who are living with HIV and they have virtually no tolerance for people who abuse drugs. The stigma attached to these twin epidemics is a powerful, negative factor in the lives of these men and women.

Whether you are a gay man infected during sex; an African-American woman infected during drug use; or a Latino teenager infected by a sexual partner who previously used drugs, society has a very direct message -- we don't want you.

It is that stigma that we all struggle to overcome. And it is that stigma that erects a huge barrier in our path to prevention.

We have worked hard to fight the bias that afflicts people living with HIV and AIDS. The Americans with Disabilities Act provides legal protection against discrimination in employment, housing, and public accommodations. And the Justice Department and the EEOC have done a remarkable job of enforcing those protections.

But we have seen less success in protecting the rights of people who have used or are using drugs. This is, in part, understandable. After all, none of us want to send a mixed message to our children that drug abuse is tolerated in this society. Because it is not.

But we can condemn the action without condemning the actor. We need to reach out to the millions of Americans who are working hard to stay clean of drugs in their daily lives. These men and women are heroes and they should be role models for young people.

If we have learned anything in our efforts to combat HIV and AIDS it is that peer educators are the most effective agents of prevention that we have. In my travels around the country I make a point of visiting peer education programs aimed at teenagers and young adults. I have seen the power of the words and deeds of young people and their ability to reach across the communication barriers that often prevent important prevention messages from reaching the ears that need to hear them.

In addition to giving a voice to those who are using or have used drugs we also must give them a seat at the table. The work of the Ryan White and CDC prevention planning councils has been extraordinary. I'm also pleased by the early results from C-SAT's linkages projects. Such efforts give members of the affected communities the voice they need in the decisions that affect their lives. We have to continue to increase the participation of substance abusers -- recovering or otherwise -- in this important work.

I am pleased to be here with you today and for the next two days. I am here to listen to your discussion and your advice and to take that information to shape policies that make your work easier and even more productive.

Thank you.

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GOOD MORNING:

Thank you Dr. Satcher for that gracious introduction and for your remarkable leadership of the CDC. Thank you Dr. Helene Gayle and Dr. Elaine Johnson for convening this meeting and for your continuing work to end this epidemic.

I'd also like to thank our hosts: the Centers for Disease Control and Prevention, Nelba Chavez of the Substance Abuse and Mental Health Services Administration, Ciro Sumaya of the Health Resources and Services Administration, and Richard Millstein in the National Institute on Drug Abuse. A true collaborative effort.

And, finally, I want to express my appreciation for the very hard work done by the planning committee who worked through many long conference calls.

Most of all, I want to thank each of you for taking the time out of your busy schedules to participate in this meeting. You bring expertise, real-life experience, and a true commitment to saving lives.

I bring you greetings from President Clinton, who also appreciates your participation today. In December, at the first-ever White House Conference on HIV and AIDS, the President presented us all with an important task. He asked us to develop an action plan that integrates HIV prevention and substance abuse prevention.

Many of us in this room were in Vancouver last month for the Eleventh International Conference on AIDS. And we came away from that meeting with new reason for hope and optimism.

The progress we are making in treating HIV disease is truly remarkable and it holds out great promise for the future. But none of us should be fooled into thinking our work or this epidemic is over. No matter how many drugs we develop, no matter how many promising results we discover, we cannot, we must not, and we will not reduce our dedication to prevention. After all, you and I know that the best way to extend the length and quality of a person's life is to make sure that they don't become infected with HIV in the first place.

In that light, the President's request is even more important today than it was when he made it in December.

Now let me make clear that by asking this of us, the President was not indicating that there is an absence of integration in what is being done today.

You are evidence that this kind of cooperation and collaboration currently exists. The point is that with the twin threats of substance abuse and HIV and the ever-tighter weaving of these two menaces together there is an even greater need to work together.

And that responsibility extends to the Federal government. Agencies that focus on the treatment and prevention of HIV and substance abuse need to do a better job communicating with each other or we have no right to tell you to do so at the state, local and community levels.

We all must work harder to speak the same language. When HIV prevention experts talk about harm reduction it often rings alarm bells among those of us who focus on substance abuse prevention. But we are all talking about the same thing: Changing behavior so that people don't use drugs and don't transmit HIV.

The themes of this meeting are cooperation, collaboration, and partnership. These are not foreign concepts to you the public health professionals and community leaders who are here today. They are, in fact, the foundation of everything you do.

The relationship between substance abuse and HIV disease is not new. In fact, it has existed since this epidemic began 15 years ago. According to CDC, more than one-third of all cases of AIDS reported during the first 15 years of the epidemic have been directly and indirectly associated with drug injection. Today, we estimate that one-third of all new HIV infections are directly related to drug injection. And we know that the impact of drug use goes far beyond injectable drugs. The use of alcohol and noninjecting drugs has been shown to impair people's judgment and lead to unsafe sexual practices.

We know that in today's America many people are exchanging sex for drugs. And for thousands and thousands of men and women, that exchange includes something neither side bargained for -- HIV. I think we have paid too little attention to the connection between the epidemic of crack use and the spread of HIV. There is also growing evidence that the use of injectable amphetamines is becoming a source of HIV infection, especially among gay men in Los Angeles and other West Coast cities. These trends demand new approaches to both substance abuse prevention and HIV prevention.

In the last three years, we have increased our efforts to fight HIV infection and substance abuse. I am proud of our record of accomplishment but it is also clear that we have a long way to go.

We have increased funding for HIV prevention by 24 percent and strengthened our partnership with local communities by creating the community planning process. That has enabled communities to direct HIV prevention dollars at the populations that are most in need -- including substance abusers.

We have empowered the prevention experts at CDC and produced a series of public service announcements that feature the real lives of young people trying to cope with the threat or the reality of HIV.

We have preserved the HIV set-aside in the substance abuse block grant. And we have been fighting for additional funding not only for HIV prevention but also for substance abuse prevention and treatment.

It is in this last area that we have had the greatest difficulty. Despite the growing need for strong prevention campaigns, the Congress has not seen fit to increase funding for HIV prevention in either of the last two years. In fact, in this fiscal year, Congress reduced CDC's AIDS prevention budget by $5 million.

This has clearly hampered CDC's ability to be as aggressive as it would like to be. The same holds true for our efforts to increase the availability of drug treatment and substance abuse prevention programs. Despite the absence of new funds, CDC and SAMHSA have done an excellent job of stretching the dollars they do have. But it is clear that we need more money and the President is fighting for those funds on Capitol Hill.

You and I know that funding alone is not the answer to these problems. A major impediment to the work that we are trying to do is the continuing stigma attached to both HIV and substance abuse.

Let's face it, segments of our society have very little tolerance for people who are living with HIV and they have virtually no tolerance for people who abuse drugs. The stigma attached to these twin epidemics is a powerful, negative factor in the lives of these men and women.

Whether you are a gay man infected during sex; a Latino teenager infected during drug use; or an African woman infected by a sexual partner who previously used drugs, society has a very direct message -- we don't want you.

It is that stigma that we all struggle to overcome. And it is that stigma that erects a huge barrier in our path to prevention.

We have worked hard to fight the bias that afflicts people living with HIV and AIDS. The Americans with Disabilities Act provides legal protection against discrimination in employment, housing, and public accommodations. And the Justice Department and the EEOC have done a remarkable job of enforcing those protections.

But we have seen less success in protecting the rights of people who have used or are using drugs. This is, in part, understandable. After all, none of us wants to send a mixed message to our children that drug abuse is tolerated in this society. Because it is not.

But we can condemn the action without condemning the actor. And we need to reach out to the millions of Americans who are working hard to stay clean of drugs in their daily lives. These men and women are heroes and they should be role models for young people.

If we have learned anything in our efforts to combat HIV and AIDS it is that peer educators are the most effective agents of prevention that we have. In my travels around the country I make a point of visiting peer education programs aimed at teenagers and young adults. I have seen the power of the words and deeds of young people and their ability to reach across the communication barriers that often block important prevention messages from reaching the ears that need to hear them.

In addition to giving a voice to those who are using or have used drugs we also must give them a seat at the table. The work of the Ryan White and CDC prevention planning councils has been extraordinary. I'm also pleased by the early results from C-SAT's linkages projects. Such efforts give members of the affected communities the voice they need in the decisions that affect their lives. We have to continue to increase the participation of substance abusers -- recovering or otherwise -- in this important work.

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Florida Speech

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And, finally, I want to express my appreciation for the very hard work done by the planning committee who worked through many long conference calls ~~**and the many organizations that participated in that process.**~~

~~Steve Jones~~

~~Barbara Garcia~~

~~LaVerne Ponocki~~

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