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April 1, 1998, Wednesday, City Edition

SECTION: EDITORIAL PAGE; Pg. A18

LENGTH: 364 words

HEADLINE: Squeamish on needle exchanges

BODY:

Boston and Cambridge have had a needle exchange program for four years now, and despite opponents' warnings, intravenous drug use has not increased as a result. What has happened is that drug addicts have reduced their chances of getting and spreading AIDS while increasing their chances of getting into treatment. According to the Massachusetts Department of Public Health, about 600 addicts enroll in the program each year, receiving not just sterile needles but drug education, HIV prevention materials, and referrals to detox centers or other treatment options. Many addicts simply drop in for the needles and skip the counseling, but the program is a crucial bridge to treatment when they are ready for it.

At the federal level, a 1992 congressional ban on funding needle exchange programs expired yesterday. Unfortunately, the Clinton administration has not taken the lead in restoring funds for this life-saving plan. The administration is split, with drug czar Barry McCaffrey opposed, Clinton's AIDS adviser, Sandra Thurman, in favor, and Secretary of Health and Human Services Donna Shalala - who is charged with deciding the question - determinedly straddling the fence.

McCaffrey argues that the government should be sending an unambiguous "no use" message and that the money is better spent on treatment. Certainly needle exchange programs cannot be a substitute for drug treatment or prevention. But they are a proven means of AIDS prevention. Sources as reliable as the Centers for Disease Control, the National Institutes of Health, and the General Accounting Office have concluded that needle exchange efforts reduce HIV transmission without increasing drug use. Still the administration calls for more study.

In the meantime, needles are speeding AIDS infections. Intravenous drug users, their sexual partners, and their children represent the largest segment of people with AIDS in Massachusetts: 46 percent. Fortunately, needle programs are cheap, and local funds and private donations can fill in. But the real message the Clinton administration is sending is that clean-needle programs are somehow tainted. That is not just wrong; it is deadly.

LANGUAGE: ENGLISH

LOAD-DATE: April 2, 1998

Journal

FRANK RICH

Lame Lame Duck

Clinton hides behind Paula.

In his latest standup gig, at the Washington correspondents' dinner last weekend, Bill Clinton made fun of the press for its retraction-stained, three-month romp in Monicaland. He can afford to yuk it up more than he ever let on. The scandal, not to mention the media's obsession with it, increasingly looks like the best thing that could have happened to him.

The longer the focus remains on such as Paula Jones — still the belle of the media ball, astonishingly enough, weeks after her 15 minutes of fame were officially terminated in Federal court — the less we notice the hollowness of Mr. Clinton's second term. The more we marvel at the sheer prowess of the President's 67 percent job approval rating, the less we ask how he might actually be using this sky-high popularity to lead the country to some national end loftier than deflecting an impeachment proceeding. We know what the press has been doing since January, when it dumped the Pope in Cuba to administer Mr. Clinton's last rites. What has Mr. Clinton been up to?

Certainly he has sharpened his already superb skills as an entertainer. The man who didn't show up to explain his ineffectual Iraq policy to a disastrous Columbus town hall meeting has been as ubiquitous as the late, great Henny Youngman as an after-dinner speaker at celebrity fetes, from the Gridiron show to the Time magazine gala to the correspondents' dinner. (He doesn't do press conferences, though.) He has been fearlessly courageous in slaying Joe Camel even as he solicits cash at a fund-raiser thrown by a lawyer likely to gorge on fees from tobacco legislation. He has toured Africa, where he delivered a cost-free apology for American inattentiveness to the genocide in Rwanda on his own watch.

But Mr. Clinton's disingenuousness may have reached a new apogee last week in a Presidential action (or, more accurately, non-action) involving domestic disease, if not distant genocide. Like other such Administration non-sexual affairs since January, this one was forgotten by Washington's revelers within hours, as soon as Paula traipsed back on stage.

The story involved the President's literally last-minute decision not to lift the nine-year-old ban on Federal donations to programs, now in more than 20 states, that reduce the spread of AIDS by providing clean needles to drug addicts. Mr. Clinton didn't make this decision on the intellectually honest basis that he disapproved of such programs or deemed them ineffective. Quite the contrary. In announcing the President's decision, his Health Secretary, Donna Shalala, was flanked by top Government scientists endorsing new research indicating that needle exchange does reduce H.I.V. infection, and does so without encouraging drug abuse. "This is another life-saving intervention" was how Ms. Shalala put it — even as she simultaneously offered nothing but hot air to aid such interventions.

"It is like saying, 'We acknowledge the world is not flat, but we are not going to give Columbus the money for the ships,'" said Daniel Zingale, of AIDS Action. That's a kind analogy. David Satcher, the Surgeon General, says that 40 percent of new AIDS cases — some 33 a day — are due to contaminated needles, 75 percent in the case of women and children.

So why did Mr. Clinton at the last minute fail to put money where his Administration's mouth is? He didn't have the stomach for fighting conservative Republicans in Congress who would predictably demagogue needle-exchange programs as a Government endorsement of heroin use. Though Secretary Shalala had been prepared to defend Federal financing of needle exchange against such attacks by arguing that "science, science, science" had driven the Administration to take action — according to a "talking points" memo uncovered by The Washington Post — it was politics, politics, politics in the end that persuaded the Administration to do nothing.

Had President Clinton had the courage of his convictions he might well have faced a fight in Congress. Perhaps he would even have lost it. But if a lame-duck President backed by a 67 percent approval rating and a booming economy won't risk a political battle over saving lives at home in an epidemic, what *will* he spend his political capital on? Nothing, it would seem, except saving himself. □

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PROGRAM:	LATE EDITION
STATION:	CNN
AIR TIME:	12:00 PM
DATE:	MAY 3, 1998
LENGTH:	1:30

WOLF BLITZER, ANCHOR: Welcome back to "Late Edition." House Speaker Newt Gingrich came out swinging this week. What's the White House response? Joining me now, the President's Senior Policy Advisor Rahm Emanuel. Mr. Emanuel thanks for joining us.

EXCERPT:

BLITZER: We only have a few seconds left. The President's being hammered by several of his best friends on this needle exchange issue. You personally urged the President not to support funding for needle exchanges, even though the Health Secretary, Donna Schalala wanted it, why?

RAHM EMANUEL, WHITE HOUSE SENIOR ADVISOR: Well, first of all, I think what the President did, as he explained in his press conference, is he approved the science that dealt with—well, let me just back up. You have two goals here. One, to cut down on drug use, and the other is also to cut down on the transmission of HIV. A needle exchange program effectively does that on AIDS, on the drug area there is in fact some dispute as to what happens there. The President chose to validate the science, but the local decision of funding should be left as a local matter. And what you really need to do to effectively attack the war on drugs, hard core drug use, different from teenagers, hard core drug users, is make sure you have enough funding for treatment.

BLITZER: Okay. Rahm Emanual, Senior Advisor, Policy Advisor to the President of the United States, thanks for joining us on "Late Edition.

ers say Congress ife-saving HIV

WILLIAM PECK

are dying. We need to make sure that we're paying attention to
of the Office of National AIDS Policy, who was in Kansas City
ting federal funds for needle exchange programs.

Kansas City's needle exchange program is a service of the Kansas City Free Health Clinic, and is run by Ron McMillan, who also agreed that needle exchange saves lives. McMillan said the Kansas City clinic exchanges 300 to 400 needles per week and serves between 200 and 300 clients.

"We're talking about health; we're talking about saving lives," he said. "They're talking about politics and making political bedfellows." McMillan said needle exchange programs would not end because of the ban on federal funding, but admitted that federal support would make his effort to save lives easier. The Kansas City needle exchange is currently funded with a combination of state, local and private monies.

Rep. Gerald Solomon (R-NY) sponsored the bill banning federal funding for needle exchange. Solomon's press secretary, Bill Teator, argued that needle exchange sends a message that it's okay to use drugs to America's youth. He cited "skyrocketing" rates of drug use by American teenagers. "Why is that happening? Because of messages like this," he said. "We had made tremendous strides over a 12-year stretch in decreasing drug use and increasing the lack of tolerance, and now it's all being reversed."

Beilenson, however, said that in Baltimore, there was no evidence of increased drug abuse among teenagers because of needle exchange. The average age of needle exchange clients served by the Baltimore program is 39. "What we have found is that we have not attracted teenagers to the needle exchange program at all. In fact, of our 7,500 clients, two are 18 or under. It simply does not attract adolescents," he said.

Todd Summers, deputy director of the Office of National AIDS Policy, agrees with Beilenson. "The vast majority of people that participate in needle exchange programs are long-term, hard-core, older drug users, and this is perhaps the only way to reach out to them and try to encourage them not only to stay safe from HIV, STDs and other diseases that are common among injection drug users, but also, hopefully, to lure them into drug treatment."

"We're talking about health; we're talking about saving lives," McMillan said. "They're talking about politics and making political bedfellows."

That's one of the chief benefits of needle exchange, according to Beilenson: It is successful in reaching addicts who otherwise wouldn't have sought out rehabilitation. "In many cases, including here in Baltimore, it serves as an excellent bridge to drug treatment," he said.

Summers claimed Republicans were using the needle exchange debate as an opportunity for political grandstanding. "There was no real interest in engaging the scientific evidence about this," he said. "This is not about the issue of needle exchange...this is about pure politics. This is about taking an issue and using it as a cudgel to beat up the president."

Summers said the bill, which passed with a veto-proof majority, was forced through the house before the issue could be adequately disseminated. "He (Solomon) is also chair of the House Rules Committee, which explains how it managed to bypass committee and go right to the floor," Summers said. "Because the bill bypassed the committee process, there was no opportunity...to present the scientific evidence about it."

Solomon's office claimed the bill was rushed because of a pressing need for immediate action, not because Solomon wanted to skirt a debate. "This bill, in Mr. Solomon's opinion, needed to be moved that quickly because he saw an endorsement of these programs by the Office of AIDS Policy, by the Health and Human Services secretary and by the surgeon general, who encouraged ways to try and funnel money for AIDS programs to give out needles. So, in his opinion, there was no telling when they were going to start releasing federal money," said Teator.

Before the ban on federal funding for needle exchange becomes law it has to pass through the Senate, but backers of the bill are confident of success.

Meanwhile, AIDS experts agree that years of research remain before scientists can develop a vaccine. It is for this reason that the AIDS policy office is so adamant about prevention programs such as needle exchange. "More than 50 percent of all new cases of HIV in this country are a result of either directly or indirectly intravenous drug use," Thurman said.

"We have far more people living with HIV and AIDS than we've ever had," said Summers, "and that puts a strain on our service system, puts a strain on our health system and makes it ever more important that we slow down the front end of this epidemic by doing more and more with prevention."

"We will never have a drug-free society," said Beilenson. "Never have human beings been drug-free. In Mesopotamian times they were coming up with mind-altering substances, and we have ever since. Some people are going to use anyway, no matter what, and for them you've got to reduce harm to them, their partners, their babies and society. That's why needle exchange is so useful."

Local and national leaders say Congress is playing politics with life-saving HIV prevention program

BY WILLIAM PECK

Sandra Thurman, director of the Office of National AIDS Policy, was in Kansas City April 30 when the U.S. House of Representatives passed a bill (HR3717) banning any use of federal funds to subsidize needle exchange programs. Thurman, a long-standing proponent of needle exchange, and Cornelius Baker, executive director of the National Association of People With AIDS, were in town for meetings with members of Kansas City's HIV-positive community.

"Science is clear that needle exchange programs reduce the rate of HIV infection and do not encourage drug use," Thurman said in a public forum at the Holiday Inn Crowne Plaza. She called for Congress to base its decisions on science instead of politics. "We're having an epidemic and people are dying. We need to make sure that we're paying attention to reality," she said.

Most scientific data supports Thurman's claim that needle exchange programs are effective in slowing the rate of HIV infection. Recently, the surgeon general and the secretary of Health and Human Services have joined the AIDS policy office in acknowledging the effectiveness of these programs, but not everyone on Capitol Hill is convinced.

"The (needle exchange) programs are very likely killing the people they're supposed to help," said John Hart, press secretary for Rep. Tom Coburn (R) of Oklahoma, who was among the 247 members of Congress to vote in favor of the ban. Coburn is a licensed physician trained in research, and he maintains that the scientific data proponents of needle exchange cite as evidence of success is actually not scientific at all.

"The two most recent and comprehensive studies indicate that needle exchange programs not only increase drug use, but they also increase the rate of HIV infection," said Hart. "These are studies that were conducted in Montreal and Vancouver, and they're the most comprehensive ones to date."

"We're having an epidemic and people are dying. We need to make sure that we're paying attention to reality," says Sandra Thurman, director of the Office of National AIDS Policy, who was in Kansas City when the U.S. House passed a bill banning federal funds for needle exchange programs.

But Dr. Peter Beilenson, health commissioner for the city of Baltimore, who oversees the largest needle exchange program in the U.S., said the Canadian studies weren't scientifically sound. "They compared two different groups; it's not a valid comparison," he said. "If you're going to do a study, you've got to have a control group that matches the study group. Vancouver compared needle exchange clients with other drug addicts in the city, but they were not matched," Beilenson said in a telephone interview with *PitchWeekly*.

Beilenson said there are currently 111 needle exchange programs operating in cities around the U.S. "Across the board, they're all finding that it (needle exchange) reduces transmission of HIV and it does not increase drug use," Beilenson said. "There are only two such studies that don't show that, and they are Montreal and Vancouver." Studies of the Baltimore program show a 40-percent reduction in the rate of HIV infection among needle exchange clients.

Kansas City's needle exchange program is a service of the Kansas City Free Health Clinic, and is run by Ron McMillan, who also agreed that needle exchange saves lives. McMillan said the Kansas City clinic exchanges 300 to 400 needles per week and serves between 200 and 300 clients.

"We're talking about health; we're talking about saving lives," he said. "They're talking about politics and making political bedfellows." McMillan said needle exchange programs would not end because of the ban on federal funding, but admitted that federal support would make his effort to save lives easier. The Kansas City needle exchange is currently funded with a combination of state, local and private monies.

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EYE OF THE BEHOLDER *by Peter Kuper*

Princess Francis Brady, who resigned, Carnahan's office announced Thursday. Birch is a former member of the Missouri House.

Carnahan also announced that Lewis Glendon Ullery of Lee's Summit had been named to the Gaming Commission. Ullery, 65, replaces Erwin Mall, whose term has expired. Ullery retired last year from the Missouri Highway Patrol after 27 years.

Donald Gann of Ozark and Carl Greenwell of Shelbina were named to the Missouri Ethics Commission. They replace John Howald and Ervin Harder, whose terms have expired.

One-millionth chili dog: On Wednesday, the Sack-N-Save grocery store in St. Joseph sold its millionth chili dog since it launched into the chili dog business 11 years ago.

Chuck Davis, news director for a local radio station, bought the magic dog and then the next seven as part of the 30 he purchased for his staff.

Owner L.B. Newey has kept the price at three chili dogs for $1 since he started. In 1988, the store sold 44,191 chili dogs. By 1997, the number of annual dogs sold swelled to 152,864.

The store keeps a daily record of dogs sold. Newey won't reveal the recipe for his chili, but he did say he doesn't plan on raising the price of his dogs.

KANSAS

Emu roundup: State troopers needed backup to bring in a native: an emu, 4½ feet tall, 80 pounds, running down the highway in Wellington, Kan., during rush hour.

The flightless Australian bird escaped from an unidentified place Wednesday morning and led Kansas Highway Patrol and Kansas Turnpike Authority officers on a mile-long chase.

Troopers finally captured the animal with the help of a bird handler from the Sedgwick County Zoo in Wichita, about 20 miles away.

"They were really happy to see us," said bird curator Jon Seltz. Seltz and two other zoo employees found troopers in their cars trying herding the emu off the highway near a fence. The birds are capable of running up to 30 mph.

Seltz and two other zoo employees carefully backed the bird into a

Many activists unhappy over refusal to fund needle-exchange plans.

By ALAN BAVLEY
Medical Writer

The federal government's refusal to fund needle-exchange programs to prevent AIDS has ignited controversy within the Clinton administration and among AIDS activists who usually have supported White House AIDS policies.

The administration's policy "was a huge loss for me," Sandra Thurman, director of the White House Office of National AIDS Policy, said Thursday in Kansas City.

The White House said for the first time this month that needle-exchange programs effectively prevented the spread of the disease among intravenous drug users and did not encourage illegal drug use.

But the administration backed away from lifting a ban on federal money for such programs. And on Wednesday, the House of Representatives reinforced that ban by voting to bar funding.

Thurman, who lobbied in favor of federal money for the programs, said the Clinton administration was walking a "political high wire" between AIDS advocates who support needle exchanges and critics who think the programs condone drug use.

"We made a huge step" in saying needle exchanges work, Thurman said. "We're in a good position to encourage local communities to do them with private, local or state dollars."

Thurman was in Kansas City for several meetings with AIDS service providers and patients from Kansas and Missouri. Many brought complaints that Midwest AIDS programs, particularly in rural areas, were slighted by Washington.

Accompanying Thurman at the meetings was Cornelius Baker, executive director of the National Association of People with AIDS.

Baker's criticism on the needle exchange issue was blunt.

"The president was a coward," he said. "Some of us have to stand up and say the president lost an opportunity to lead. A century from now we may still have this awful disease here, and we don't have to have it."

White House AIDS official Sandra Thurman, known informally as AIDS czar, got a show of support from Marcos Williams (left) and Ray Anderson, both of St. Louis, during a visit to Kansas City Thursday.

The refusal to fund needle exchanges is equivalent to genocide, he said, because a large number of the drug users at risk of AIDS are members of minority groups. More than half of new HIV infections nationwide are directly or indirectly the result of intravenous drug use.

AIDS spreads among drug users when they share contaminated hypodermic needles. Needle exchange programs try to discourage the practice by providing clean needles in exchange for used ones.

Locally run needle exchange programs operate in many cities, including Kansas City. An outreach worker from a private Kansas City health agency regularly visits several midtown locations to distribute needles and provide information on drug treatment.

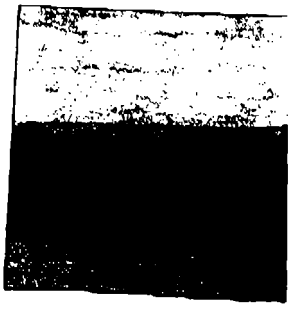
About two dozen persons interrupted one of Thurman's meetings with cheers and signs proclaiming, "Sandy is our Hero," "Thurman Fighting for Our Lives," and "Czarina is in our Arena," a reference to her informal title of AIDS czar.

Thurman's position on needle exchange funding was opposed most strongly within the Clinton administration by Barry McCaffrey, the federal drug policy czar.

"In Washington, they were calling our little battle 'Czar Wars,'" Thurman said.

Baker said his organization would lobby for McCaffre moval.

"McCaffrey is now our enemy," he said. "We wi everything we can to get hi of there."



PRESS CONFERENCE WITH PRESIDENT BILL CLINTON
THE WHITE HOUSE
WASHINGTON DC
2:01 P.M. EDT THURSDAY, APRIL 30, 1998

TRANSCRIPT BY FEDERAL NEWS SERVICE, 620 NATIONAL PRESS BUILDING, WASHINGTON, DC 20045

EMAIL JACK GRAEME AT INFO@FNSG.COM OR CALL 202-824-0520.

PRESIDENT CLINTON: Good afternoon. Please sit down. Before I take your questions I'd like to make a few comments on a couple of matters that I believe are essential to the strength of America in the 21st century.

[Blah blah blah] – Editorial Comments by Amy
{This comes toward the very end of the press conference, and there are no follow up questions along these lines.}

April?

Q Mr. President, General Barry McCaffrey's in the midst of controversy over the needle exchange program as well as a personality conflict. Mr. President, what are your words to General McCaffrey's detractors, especially those in your cabinet, your administration, and those Democrats in the CBC that are joining Newt Gingrich to get McCaffrey out of the drug czar's office?

PRESIDENT CLINTON: Well, first of all, I think we ought to look at his record. I think he's got quite a commendable record. We've had a strategy that was as follows with the drug issue:

One, to try to help parents teach their children that drugs are wrong and illegal and can kill you;

Two, to try to support local law enforcement efforts and local community efforts at not only punishment but prevention;

Three, to try to increase our capacity to stop drugs from coming in at the border. We more than doubled border guards, for example, from 3,000 to 6,000, and we've got another thousand coming in this budget. We've got a fund set aside in the highway bill to increase the technological capacity of the government to stop drugs coming in at the border. And General McCaffrey has been behind a lot of that. He's also done enormous work with the supply countries in Latin America, trying to get them to work with us, and he's made some real headway. He's one of the reasons we got this alliance against drugs at the last summit of the Americas. He supported huge increases in funding for treatment and for testing and treatment for inmates not only in federal but in state and local penitentiaries. So I think he's got a good record.

Now, he believes that the benefits of needle exchange are uncertain and that the message you send out, which is that -- is not good, that somehow the government is empowering drug use. There are people all over the country who agree with that.

Now, the weight of medical research and the American Medical Association have a different view. Their view that it may help to lower the transmission of HIV, and there's no evidence that it increases drug use. I think, if I might -- I mean, that's the next logical question, why did we make the decision we did, because the weight of scientific evidence was what I just said.

But if you look at it, it's clear. If you go anywhere all across the American cities, or go to Vancouver, Canada, anyplace where they have had a needle exchange program, where there's been serious testing, the only place it really works to reduce HIV transmission and to reduce drug use is when the people who come in to exchange needles get pulled into treatment programs.

So the real issue is, "Will there be more funds for treatment?" And that's, obviously, we're giving -- or I am getting as much money out there as I can. But that's why I think it should remain a local decision and why I made the decision I did and why I'd like to see this controversy put behind us, because I think in a way, in terms of impact on people, it's been -- there have been more heat than light on it.

(Cross talk.)

Puncturing an AIDS Initiative

By John F. Harris and Amy Goldstein
Washington Post Staff Writers
Thursday, April 23, 1998; Page A01

At 8:30 a.m. on Monday, Health and Human Services Secretary Donna E. Shalala was huddled with her top scientific advisers, preparing for a news conference later that morning in which she planned to announce that federal funds could be used for needle-exchange programs.

A news release announcing the long-debated decision was ready. So were talking points for the secretary's case: Federal funding could start flowing because there was now conclusive research that needle exchanges slowed the spread of AIDS without encouraging drug use.

"The evidence is airtight," Shalala planned to say, according to a copy of the talking points.

But the decision was not as airtight as Shalala and her staff believed. Shortly before 9 a.m., she was called out of the meeting for a phone call from White House Chief of Staff Erskine B. Bowles. The needle-exchange decision, he told Shalala, was proving too politically risky. President Clinton had changed his mind.

So the secretary quickly changed hers. When Shalala, joined by her visibly uncomfortable advisers, faced reporters at midday, it was to announce that federal funds would not be used to support needle-exchange programs.

The last-minute reversal over paying for clean needles for addicts offers a vivid view into decision-making in Clinton's second term, according to several administration officials in the White House and other agencies.

In one sense, the decision reflects lessons learned after five years. Unlike the early days of his tenure, when Clinton became ensnared in controversies over gun control and gays in the military, he is determined to avoid giving his opponents any openings against him on lightning-rod issues. If Clinton had approved needle funding, White House aides contend, Congress would have overturned the decision, scorching the administration while doing nothing to combat AIDS.

But the needle decision also shows that Clinton, even with a more seasoned staff and organizational structure beneath him, is still prone

to last-minute agonizing that leaves Cabinet members unsure what to expect of him.

In the debate over how to fight AIDS, needle-exchange programs have been particularly divisive. The idea is to slow the spread of HIV among intravenous drug users -- and to their sex partners and children -- by giving them clean syringes, thus lessening the number of addicts who contract the virus by sharing dirty needles. But the programs have many critics, largely conservative, who contend they essentially condone illegal drug use by handing free needles to addicts.

While avoiding a showdown with Republicans on Capitol Hill, the administration's retreat on funding the programs enraged many AIDS activists and researchers who felt betrayed on the brink of a long-sought victory.

"The politics of this issue . . . overshadowed the fact that lives can be saved," said Winnie Stachelberg, political director of the Human Rights Campaign.

Yesterday, a few dozen patients and activists brought their anger directly to HHS, picketing the agency's headquarters on Independence Avenue SW.

Within the White House, advisers said they were resigned to the criticism on what they considered a no-win issue. "This was a case of pick your poison," said one senior official who worked closely on the needle issue.

Clinton also had to pick between two members of his Cabinet. Shalala, like most of the administration's senior health officials, argued that needle-exchange programs are sensible. Barry R. McCaffrey, the retired general who heads the Office of National Drug Control Policy, warned that funding needles would send a devastating message about the administration's commitment to fighting drugs. Both made their cases vociferously in memos and in person to Clinton.

Vice President Gore, according to officials in the White House and other agencies, had sided with Shalala in favor of the programs, believing that the inevitable political flak the decision would incite was worth absorbing. But Rahm Emanuel, a senior Clinton adviser, warned that the political risks were foolhardy.

Domestic policy adviser Bruce Reed was left to arbitrate the conflict and divine the president's true wishes.

When Clinton left a week ago for a summit in Chile, Clinton had given subordinates the clear sense that he was ready to move forward with some kind of federal funding for needle exchanges -- though exactly what was still open to question. In a meeting in Bowles's office last Thursday, according to several officials, the chief of staff told Reed and Shalala to proceed on the assumption there would be some federal funding and to continue working on the details. Bowles

cautioned that Clinton had not yet made a final decision.

Meanwhile, bureaucratic warfare continued. Officials at the drug control policy office suspected they were being deliberately kept out of the loop. The drug agency had not been invited to a Roosevelt Room meeting Friday to discuss how to announce the decision. James McDonough, a deputy of McCaffrey, found out about the meeting anyway and walked in halfway through, according to several officials.

HHS officials, meanwhile, were livid at McCaffrey. They were convinced his office was leaking information about administration deliberations to subvert Clinton's anticipated decision. In addition, White House and agency officials were certain that he was urging congressional Republicans to speak out early against paying for needles.

One of the offices to get a call was that of Rep. J. Dennis Hastert (R-Ill.), chairman of the House speaker's task force for a drug-free America. "We heard from a number of administration sources that, if you at least want to delay the announcement and perhaps affect the final outcome, get the word out," Hastert's spokesman said yesterday.

Friday, while Hastert was traveling with Clinton in Chile, the congressman's office issued a statement denouncing the prospect of lifting the funding ban. McDonough said the drug control agency is by its charter supposed to work with both parties. While McCaffrey made his views known, he said, the director did not try to undermine Clinton.

"General McCaffrey constantly keeps the Congress informed of where he stands on the drug issue," McDonough said. "He is not reticent in defining his concerns."

HHS officials continued on the belief that they had triumphed over McCaffrey. HHS and the White House told AIDS activists to expect good news at the Monday news conference. All last weekend, officials faxed Reed documents at his home laying out various ideas to explain the decision. At one stage, the idea was to allow federal funds on a demonstration basis in eight cities.

Shalala knew that reporters would ask if politics affected the decision. "Absolutely not," she planned to say, according to the talking points. "From the beginning of this effort, it has been about science, science, science."

She and her aides did not know that Clinton's mind was turning. On the plane ride to Chile, officials said, the strong-willed McCaffrey had further pressed his case. In addition, Clinton told aides he had read a persuasive letter against needle exchanges from former health, education and welfare secretary Joseph A. Califano Jr.

Flying back to Washington late Sunday night, Clinton made his decision. Caught by surprise, HHS canceled the full-scale news conference it had planned and replaced it with a small briefing at

which no cameras were allowed.

With the new federal imprimatur that needle exchanges are scientifically sound, Shalala announced, state and local governments and community groups should feel free to move ahead with them. Today, the George Soros Foundation plans to announce that it will give $1 million in matching grants to needle exchanges across the United States. But the ban on federal funds, Shalala said, would remain in place.

Staff writer Maria Elena Fernandez contributed to this report.

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Editorials & Opinion : Thursday, April 9, 1998

Stemming twin epidemics: substance abuse and AIDS

by Ron Sims
Special to The Times

KING County, Seattle and Washington state are recognized as leaders in the fight against HIV/AIDS. As a part of the response to the AIDS epidemic, needle-exchange programs were launched to help stem the spread of HIV infection among injection drug users. Seattle-King County's needle-exchange program is operated by the Seattle-King County Department of Public Health.

This partnership between the health department, community activists and community-based organizations has saved hundreds of lives and millions of dollars in medical costs. Fortunately, our region has allowed scientific arguments, rather than political rhetoric, to shape our response to the AIDS epidemic. It is time for our federal government to do the same.

It has long been recognized that HIV/AIDS is an equal-opportunity disease. The virus does not discriminate between gender, race or sexual orientation. It is also recognized that HIV/AIDS is more prevalent in communities affected by social ills such as discrimination, poverty and a lack of access to adequate health care.

Sharing syringes and needles for injection drug use is one of the easiest ways to spread HIV infection. More than half of new HIV infections in America are attributed to injection drug users, many of whom pass the infection on to their partners and their children. In 1996, federal officials estimated that 85 percent of new AIDS cases among heterosexuals and 66 percent of those among women were linked to injection drug use. Of these, approximately half occurred among African Americans and nearly a quarter more among Hispanic Americans.

Here in King County, and throughout Washington, the story is different. The estimated level of HIV infection among injection drug users in King County is less than 3 percent. This is attributed to the early implementation of needle-exchange programs in our county. The success of the Seattle and Tacoma programs has since been duplicated in Everett, Olympia, Spokane, Vancouver and Yakima. Once again, recognition of needle exchange as an effective HIV prevention tool and collaborative efforts by public-health officials, policy makers and community advocates, has been the key to the success of these programs. In cities that waited to set up needle-exchange programs, particularly on the East Coast and in the South, infection rates among injection drug users range as high as

20-30 percent. Clearly, our response was not only the right one from a public-health perspective, but the humane and ethical one, as well.

Needle-exchange programs save money and health-care resources by preventing new infections. This is far more cost effective than providing medical care for those who develop AIDS. In 1997, the Seattle-King County Department of Public Health spent $475,000 to exchange sterile needles in exchange for used ones, effectively removing contaminated needles from circulation. Even before the new highly effective but expensive AIDS drugs like protease inhibitor cocktails, the cost of treating someone from HIV infection to death was estimated to be $119,000. Clearly, prevention is a far less costly alternative to expensive AIDS care services.

Needle-exchange programs also play an important role in helping to get injection drug users into drug treatment, as well as providing access to care services and housing assistance for those who are homeless. In Seattle-King County, needle-exchange programs have helped more than 330 people enter drug-treatment programs over the last four years. Considering their positive impact, why won't our federal government help fund needle-exchange programs in King County and across the country?

Political debate over the moral and legal aspects of needle exchange has led to thousands of preventable AIDS deaths and countless new HIV infections among injection drug users and their children. For the past several years, members of Congress have blocked all attempts to allow the federal government to help finance local needle exchanges. By removing this restriction, our legislators would help fulfill what should be a federal-state partnership in the fight against AIDS. They would allow communities to decide what is best for themselves.

Right now, Secretary of Health and Human Services Donna Shalala has the opportunity to help save lives. By publicly announcing the administration's support for needle exchange as an effective HIV prevention tool, Secretary Shalala can help re-focus this debate. The President's Advisory Council on HIV/AIDS recently called on the administration to take immediate action to make federal funds available for needle-exchange programs. It was right to do so. Positive federal action is long overdue and desperately needed.

Other states and communities should have the same opportunity to experience the public health and cost-saving benefits of needle-exchange programs as we have in Washington. Our state's congressional delegation should do everything in its power to ensure that the needle-exchange debate shifts from one of political sparring to one based on science. Fear and discrimination should not dictate policy; scientific evidence of lives saved, conserving precious resources, and fighting AIDS should.

Ron Sims is Metropolitan King County executive.

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April 9, 1998

The Politics of Needles and AIDS

By JULIE BRUNEAU and MARTIN T. SCHECHTER

Debate has started up again in Washington about whether the Government should renew its ban on subsidies for needle-exchange programs, which advocates say can help stop the spread of AIDS.

In a letter to Congress, Barry McCaffrey, who is in charge of national drug policy, cited two Canadian studies to show that needle-exchange plans have failed to reduce the spread of H.I.V., the virus that causes AIDS, and may even have worsened the problem. Congressional leaders have cited these studies to make the same argument.

As the authors of the Canadian studies, we must point out that these officials have misinterpreted our research. True, we found that those who participated in programs in Vancouver and Montreal allowing addicts to exchange used needles for new ones had higher H.I.V. infection rates than addicts who did not. That's not surprising. Because the programs are in inner-city neighborhoods, they serve those who are at highest risk.

Also, needle-exchange programs must be tailored to local conditions. For example, in Montreal and Vancouver, cocaine injection is a major source of H.I.V. transmission.

Some users inject the drug up to 40 times a day. At that rate, we have calculated that the two cities we studied would each need 10 million clean needles a year to prevent the re-use of syringes. Currently, the Vancouver program exchanges two million syringes annually, and Montreal, half a million.

A study conducted last year and published in The Lancet, the British medical journal, found that in 29 cities worldwide where programs are in place, H.I.V. infection dropped by an average of 5.8 percent a year among drug users. In 51 cities that had no needle-exchange plans, drug-related infection rose by 5.9 percent a year. Clearly these efforts can work.

But clean needles are only part of the solution. A comprehensive approach that includes needle exchange, health care, treatment for drug addiction, social support and counseling is also needed. In Canada, the Government responded to our research by expanding needle exchange programs and adding related services. We hope the Clinton Administration and Congress will provide the same kind of leadership in the United States.

Julie Bruneau is an assistant professor of psychiatry at the University of Montreal. Martin T. Schechter is a professor of epidemiology at the University of British Columbia.

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The Sacramento Bee

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Needle exchange: A program to save lives faces another Wilson veto

(Published July 20, 1997)

■ Watching state legislators try for the fifth time in as many years to pass into law a bill allowing California cities to establish needle-exchange programs has become like watching salmon fling themselves repeatedly at a high dam. Though this year's version of the bill -- Sen. Diane Watson's SB 885 -- is again on its way to approval by the Legislature, Gov. Pete Wilson has already promised to veto it in what is becoming an annual rite.

California is one of only 10 states that continue to ban needle exchange, a sound public-health program that allows intravenous drug users to trade used and potentially HIV-infected needles for clean ones, thus removing the deadly implements from continued circulation. In several East Coast cities and in San Francisco, needle exchange has helped prevent the spread of the AIDS virus among IV drug users, who often share needles. And that, in turn, protects their sexual partners and children.

SB 885 would allow city councils or boards of supervisors in four cities -- Long Beach, Los Angeles, San Francisco and San Jose -- to establish two-year exchange programs, which would be evaluated by the University of California. Depending on the results, the Legislature could consider extending or expanding the programs.

Missing from that list is Sacramento County, home to an estimated 15,000 people who regularly inject drugs, 10 percent of whom are infected with HIV. They represent 37 percent of the county's 4,000 HIV cases; the disease is spreading most rapidly among users and their female sex partners. Even more compelling, the overwhelming majority of the county's 23 cases of pediatric AIDS since 1989 were found in children whose mothers were either partners of drug users or users themselves.

Not surprisingly, county health officials would like to establish a needle-exchange program here. Watson's office says a simple request from a Sacramento legislator -- Assemblywomen Barbara Alby or Deborah Ortiz, or Sens. Leroy Greene or Patrick Johnston -- is all it would take to add Sacramento to the list of pilot sites.

In past veto messages, the governor said that handing out paraphernalia

lends government sanction to illegal drug use. He has asked for "clear and convincing evidence" that needle exchange would not contribute to such an increase.

Two separate and reputable studies -- from the University of California, San Francisco, and the National Research Council -- have provided that evidence. They reported that needle exchange reduces the prevalence of HIV infection among injection drug users without increasing the number of addicts. That was convincing enough for the California Medical Association and the American College of Obstetricians and Gynecologists, both of whom have endorsed SB 885, and the recent U.S. Conference of Mayors, which supports the concept.

It's an understatement to say a gubernatorial decision to sign SB 885 would shock a lot of people. But given the cost and the tragedy of those pediatric AIDS cases alone, it's worth hoping Wilson still has the capacity to surprise.

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EDITORIAL SUPPORT FOR NEEDLE EXCHANGE

The Washington Post, July 14, 1997

"Study after study shows that exchanges do not promote greater use of illegal drugs... The federal government has a clear and important role in the attack on AIDS and drug abuse. Needle exchange is but a part of a broader effort, but it deserves federal support. It must be accompanied by improved drug-abuse prevention and treatment programs."

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"Studies in cities with needle exchange programs -- including Tacoma, Baltimore, New Haven and New York -- show a decrease of at least 33 percent in HIV and hepatitis transmission... Almost every needle exchange program also provides referrals for drug treatment... Providing for needle exchange does not mean supporting or encouraging intravenous drug use."

Los Angeles Times, July 8, 1997

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

The Plain Dealer, April 3, 1997

"Just over two years ago, however, this newspaper took a position related to illegal drugs that we have reconsidered... The facts have overtaken our prior conclusion. Those facts demonstrate that needle exchanges do reduce the incidence of HIV transmission among addicts who inject drugs. Just as important, such programs have not increased drug use."

Chicago Tribune, March 10, 1997

"AIDS is spreading faster among intravenous drug users than in any other group. AIDS has become the leading cause of death in the African-American and Hispanic communities, primarily because of drug use and dirty needles. Most tragically, many of the victims are the babies or innocent sex partners of HIV-infected addicts."

The New York Times, February 22, 1997

"The consistency of [scientific] findings justifies Federal support to help pay for needle exchange programs in communities that need and want them. Unfortunately, the debate continues to focus on politics and morality rather than public health needs."

The Seattle Times, July 23, 1997

"Secretary Shalala has the power to lift the ban. Unless miguided lawmakers attempt to interfere with her duties, she can clear the way for use of federal funds for needle exchanges in those communities that seek them. Standing in the way of this proven strategy to reduce HIV infections is folly."

Needle Programs Are Needed

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

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

Understandably uneasy with government agencies giving drug addicts needles and other paraphernalia, Congress prohibited federally funded needle exchange programs in 1988. The ban could be lifted, Congress said, when there was proof that such programs reduced trans- mission of the AIDS virus without increasing illegal drug use. Now, that time has come.

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

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

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

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

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

5TH STORY of Level 1 printed in FULL format.

Newsday (New York, NY)

March 23, 1998, Monday, NASSAU AND SUFFOLK EDITION

SECTION: VIEWPOINTS; Page A24

LENGTH: 371 words

HEADLINE: EDITORIAL / LIFE SAVER / NEEDLE EXCHANGES WORK. THE WHITE HOUSE SHOULD ENDORSE FEDERAL FUNDING FOR THEM.

BODY:

A presidential advisory group last week gave President Bill Clinton a well-deserved scolding for his rubber-spined refusal to let the federal government fund needle-exchange projects. "Tragically, we must conclude that it is a lack of political will, not scientific evidence, that is creating this failure," fumed the Presidential Advisory Council on AIDS/HIV.

No kidding. Researchers determined years ago that needle-exchange programs help cut transmission of the AIDS virus among drug injectors - and do not exacerbate overall problems of drug abuse. But Congress has prohibited using federal funds for needle-exchanges unless Clinton approves them.

Result: There are only about 110 exchanges nationwide and no more than 12 in New York State. Long Island - which has one of the worst AIDS problems of any suburban area in the country - has a grand total of zero.

This shouldn't be a shock, given Clinton's silence. Few local politicians have the courage to go to bat for a necessary-but-controversial tactic that Washington refuses to endorse.

Meanwhile, the administration continues to dither. "We have not yet concluded that needle exchange programs do not encourage drug use," said a spokesman for Health and Human Services Secretary Donna Shalala. "We are continuing to look at the evidence." This is baloney. The facts have been in for ages - and they support needle exchange.

Much is at stake here. About 50 percent of all new HIV infections in this country are among intravenous drug injectors. Another 15 percent to 20 percent are among the sex partners of drug injectors. Needle exchanges - which allow drug injectors to trade dirty syringes for clean ones - reduce the chances of HIV transmission, because addicts are not forced to share their equipment.

While Washington hems and haws, the State Legislature could help by passing a measure that would let pharmacies sell syringes without a prescription. New York is one of only about seven states that require a doctor's approval to buy a syringe.

True, even if the president approved needle exchanges, Congress might ultimately balk. But even so, Clinton needs to understand: These programs are worth a very strong fight.

THE LANCET

Volume 351, Number 9096 - Saturday 10 January 1998

Editorial

Needle-exchange programmes in the USA: time to act now

One in three of the more than 570 000 AIDS cases reported in the USA since the beginning of the epidemic has been caused, directly or indirectly, by injection drug misuse. Although HIV-infection rates among homosexual men have fallen, rates due to intravenous drug misuse have soared and about half of new HIV infections now can be traced to that source. Those affected are not only the drug misusers infected by contaminated needles but their sexual partners (most of whom have been poor, black, and Hispanic women) and the children of women infected by drug misuse or sexual contact with infected drug misusers. Injection drug misuse is now the leading primary cause of paediatric AIDS.

Yet, despite this epidemic, the USA remains one of the few industrialised countries that refuses to provide easy access to sterile syringes. Of the 100 or so US needle-exchange programmes most are small and underfunded, and some are illegal. Most US states still have laws on drug paraphernalia or syringe prescription that make it a crime to give a drug misuser a clean needle.

The Clinton Administration now has an opportunity to address this problem. In 1997 the US Congress banned the use of Federal funds for needle-exchange programmes until March 31, 1998, but after that date the legislation allows funding if the Secretary of Health and Human Services determines that exchange programmes are effective in preventing the spread of HIV and do not encourage the use of illegal drugs. But with the deadline fast approaching, the Secretary of Health and Human Services, Donna Shalala, has yet to make an official determination, causing AIDS activists to wonder whether the Administration will refuse to endorse needle-exchange programmes out of fear that the step will open the President to the charge that he is "soft on drugs".

If this is true, it would be a remarkably callous decision for the Administration to make. Yet, given the weight of the scientific evidence supporting the efficacy of needle-exchange schemes, it is hard to attribute the reluctance to back such programmes to anything other than political considerations. Study after study has found that needle-exchange programmes reduce the risk of HIV infection. In 1993, a study on needle-exchange programmes by the Centers for Disease Control and Prevention and the University of California, San Francisco, concluded that "the time has arrived for federal, state, and local governments to remove the legal and administrative barriers to increased needle availability and to facilitate the expansion of needle exchange programmes in the US". In 1995, the National Academy of Science's Institute of Medicine, an independent organisation set up by Congress for advice on scientific and technical matters, concluded that needle-exchange programmes were effective and did not encourage illegal drug use. In 1997 an independent consensus panel convened by the National Institutes of Health found that "an impressive body of evidence suggests powerful effects from needle-exchange programmes . . . there is no longer doubt that these programs work".

Just last month, the President's Advisory Council on HIV/AIDS issued a report urging the Administration to move immediately to end the ban on Federal funding for needle exchanges. "The debate at this time should no longer be if, but how, needle exchange programs should be established", wrote the council's chairman, R Scott Hitt. And the debate is not academic. A study published in *The Lancet* last year by Peter Lurie and Ernest Drucker, who used conservative estimates of interventions that give injection drug misusers access to sterile injection equipment, concluded that if the USA had adopted such programmes in 1987, it could have prevented between 4394 and 9666 HIV infections. Moreover, they found that if current policies are not changed, an additional 5150-11 329 preventable HIV infections could occur by the year 2000 in the USA. Who will stop these preventable infections? The Clinton Administration should act now. Delay is costing lives.

National Report

The New York Times

FRIDAY, JUNE 27, 1997

A.M.A. Backs Drug-User Needle Exchar

By KATHARINE Q. SEELYE

Lenon Wilson, a longtime heroin addict in Chicago with puffy scars the size of leeches on his arms, climbed into an unmarked silver van and unfurled a paper bag concealing 28 dirty hypodermic needles.

"If the van wasn't here, I'd use the same needle three, four, five times, even when it's dirty and has bacteria running through it, and then I'd use somebody else's when I couldn't use mine anymore," said Mr. Wilson, known as Smoky, as he scooped up 33 clean needles in exchange for his 28. The volunteers for the Chicago Recovery Alliance at this mobile van in Harvey, Ill., 25 miles from downtown Chicago, like to give out a bonus of five to their regulars.

"You get a better hit with a clean needle, and it leaves less of a scar," Mr. Wilson said. "It's more hygienic all the way around."

It was people like Mr. Wilson that the American Medical Association had in mind yesterday when it joined a growing chorus of voices and called for a change in laws to allow intravenous drug users easier access to clean needles to help block the spread of H.I.V., the virus that causes AIDS.

More than one-third of all new AIDS cases in the nation are caused by contaminated needles or sex with drug users. And drug users now account for the highest rates of new H.I.V. infection — at nearly twice that of homosexual men.

The medical association had previously "encouraged" needle-exchange programs, in which addicts turn in dirty needles in exchange for clean ones. But yesterday, citing an "urgent public health need," it was broader and more emphatic. The association's policy-making House of Delegates, meeting in Chicago, voted overwhelmingly to work with members of Congress to initiate legislation revoking the 1988 ban on Federal financing for needle-exchange programs and to encourage state medical societies strongly to initiate state legislation relaxing drug paraphernalia laws so users can legally buy and possess needles.

"There is more and more evidence that the advantages of needle exchange outweigh the disadvantages," Dr. Nancy Dickey, chairwoman of the board of trustees and president-elect of the medical association, which represents half the nation's doctors, said in an interview. "We're addressing a public health epidemic."

The association said that if the ban continued to the year 2000, the United States would have failed to prevent up to 11,000 cases of AIDS, including those among heterosexual partners of drug users and their children, at a cost of up to $630 million for medical treatment.

Public health professionals applauded the association, saying that its action, combined with a similar bipartisan resolution from the United States Conference of Mayors earlier this week, could increase pressure on the politically sensitive Clinton Administration and a reluctant, conservative Congress to reverse the Federal ban on financing needle-exchange programs.

In San Francisco, Roslyn Allen, project director at the AIDS Foundation H.I.V. Prevention Project, the nation's largest needle-exchange program, said of the medical association's decision, "It sends a message to other agencies that still view this as a dark and sinister practice."

Outside, Allison, a 26-year-old prostitute with bruises on her arm, said the clean needles were safer. Referring to the bad needles she used until recently, she said: "Works would get clogged, broken and it was pretty common for people to pass them around."

Dr. Peter Lurie, a researcher at the University of Michigan who is one of the world's foremost experts on needle exchange programs, said the public health benefits of needle

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exchange had been evident for years.

"If an infection is spread from person to person by an inanimate object, you can prevent it by removing that object," he said. "This is not rocket science."

But what is obvious to public-health professionals is less clear-cut for politicians. The medical group's action was greeted coolly in Washington, which remains fearful of putting its official imprimatur on something that many perceive as tantamount to promoting drug use.

Some critics see needle exchange as a foot in the door toward legalizing drugs. They say that the exchange may help addicts avoid AIDS, but that they may die instead of overdoses. Focusing on needle exchange, they argue, takes attention away from treatment.

An influential group speaks out to help drug users avoid AIDS.

Beyond that, while many programs offer condoms to those who arrive for clean needles, critics say the needle exchange ignores the vast number of cases of H.I.V. infection that are transmitted through sex. And addicts still need money for drugs, so clean needles do nothing to reduce robberies or violent crime.

One critic of needle exchange is Representative Charles B. Rangel, a Democrat whose Harlem district is home to some of the worst drug-infestations in urban America. Mr. Rangel said needle exchange is acceptable as part of a drug rehabilitation program, but, "if the budget is just for clean needles, I don't want it."

When Congress prohibited the spending of Federal money for needle exchange, it said the ban could be lifted only when such programs met two conditions: that they be shown to reduce transmission of H.I.V. and not to increase illegal drug use. The medical association came to just that conclusion yesterday.

Previously, numerous studies, including ones by the Federal Centers for Disease Control and Prevention, the National Institutes of Health, the General Accounting Office and the National Academy of Sciences, have generally found that needle exchanges are effective in slowing the spread of H.I.V. and that they have not increased drug use.

But no one in Congress has even tried to lift the ban, and signals from the Clinton Administration, which has the authority to lift the ban, have been cautious.

Dr. David Lewis, director of the Brown University Center for Alcohol and Addiction Studies, said of the mood: "The Administration is scared. If they move to bring the issue up, Congress will be even more strict and make it harder for addicts to obtain clean needles."

Representative Jesse L. Jackson Jr., Democrat of Chicago, who supports needle-exchange, said the "demagoguing" on the issue "sometimes makes it hard for politicians to vote or do the right or healthy thing."

But Gary Bauer, president of the Family Research Council, a conservative group, said the collective mind-set in Congress was so opposed to needle exchange that conservatives felt no need to organize against the issue. "It strikes the average voter in the gut as being against common sense," he said. He said the matter was "untouchable" for Mr. Clinton because drug use had gone up on his watch. "I don't see how this Administration could do anything on this that wouldn't blow up in their face," he said.

EDITORIAL SUPPORT FOR NEEDLE EXCHANGE

The Washington Post, July 14, 1997

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Editorials

A potential step back on AIDS

A proposal before Congress to permanently ban federal funding or endorsement of clean-needle programs as an AIDS-prevention strategy puts politics and rhetoric ahead of science and common sense. It should be defeated.

Five years ago Congress imposed a provisional ban on clean-needle programs, pending certification and assurances by the Health and Human Services secretary that first, such programs were helpful in reducing HIV infections among intravenous drug users, and second, that they did not foster addiction.

In February of this year, HHS Secretary Donna E. Shalala did just that: She submitted to Congress a compendium of all the major scientific evaluations of needle exchanges—which unanimously indicated that they help reduce the rate of HIV infections without promoting drug use.

The next logical step would have been for the Clinton administration to lift the ban on federal funding of clean-needle programs. And that's probably why Republican Reps. Tom A. Coburn of Oklahoma and J. Dennis Hastert of suburban Aurora attached an amendment to a House appropriations bill that would make the funding ban permanent, regardless of proof of their usefulness.

The latest round of opposition relies partly on two recent Canadian studies that seem to run counter to the flood of research supporting the needle exchanges. Or do they? The Vancouver researchers, for example, do not advocate elimination of the exchanges but instead argue for a more comprehensive set of measures, including drug counseling. And nowhere does either of the studies suggest that needle exchanges encourage drug addiction—one of Hastert's chief concerns.

Other facts, however, remain indisputable. Today in Illinois, 41 percent of the HIV infections are directly or indirectly attributable to contaminated needles. Saddest of all are the infected babies, 90 percent of whom inherited the virus from their drug-addicted mothers.

AIDS is a monster that won't be slain by any one bullet. But needle-exchange programs, combined with counseling and rehabilitation programs, have been proven time and again to be a key part of an effective AIDS prevention strategy.

The Coburn-Hastert amendment was approved by the House but failed in the Senate. It's now headed for a conference committee—which is as far as it deserves to go.

Chicago Tribune

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Editorials

Shalala punts on a crucial call

The Feb. 18 memo by Health and Human Services ecretary Donna E. Shalala, forwarding to Congress a eport on the latest research on the effectiveness of needle-exchange programs in reducing HIV infections among drug users, is a triumph of pusillanimous politics and double talk over facts and sound public policy.

All the research cited in the report corroborates what already has been known for years: Needle-exchange programs reduce HIV infections and save money. They even encourage a significant percentage of addicts to seek treatment.

Yet Shalala couldn't bring herself to ask Congress to lift its 1992 ban on HHS funding of needle-exchange programs. The ban stands until the surgeon general—who reports to Shalala—vouches to Congress that such programs are safe and effective.

AIDS is spreading faster among intravenous drug users than in any other group. According to a study by the National Academy of Sciences, between 1981 and 1993 the percentage of new HIV infections due to unsafe homosexual sex dropped to 47 percent from 74 percent, while those attributable to the use of dirty needles by intravenous drug users doubled, to 24 percent.

Indeed, despite the recently reported annual decline in AIDS deaths overall, AIDS has become the leading cause of death in the African-American and Hispanic communities, primarily because of drug use and dirty needles. Most tragically, many of the victims are the babies or innocent sex partners of HIV-infected addicts.

Needle-exchange programs work. In a 1993 study by Yale University, they were shown to reduce HIV infections by a third. Another study, funded by the Centers for Disease Control and Prevention, indicated that needle exchanges even worked as a bridge for getting significant numbers of users into rehabilitation.

One of the most persuasive arguments is financial. Some 70 needle-exchange research projects, of varying sizes and uncertain funding, operate mostly in large cities, including Chicago. Their average annual budget comes to approximately $169,000—about what it costs to treat just one HIV-infected addict during the course of the disease.

None of the six studies cited in the HHS report found any basis for the fear that needle exchanges encourage drug use.

Yet the argument—largely symbolic—against these programs is that it looks incongruous for one branch of the government to "subsidize" drug use, however indirectly, while other agencies wage a multibillion-dollar war against it.

It is Shalala's responsibility to sort out facts from symbols—and fears from reality—and argue for sound, effective federal policies. By simply tossing the needle-exchange hot potato back to Congress without comment, she has failed in that role.

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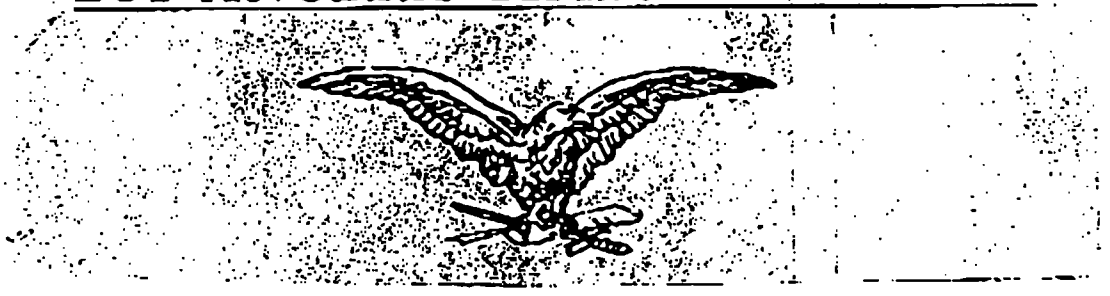

Needle Programs Are Needed

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

Understandably uneasy with government agencies giving drug addicts needles and other paraphernalia, Congress prohibited federally funded needle exchange programs in 1988. The ban could be lifted, Congress said, when there was proof that such programs reduced transmission of the AIDS virus without increasing illegal drug use. Now, that time has come.

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

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

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

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

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

The New York Times

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Federal Funds for Clean Needles

Health and Human Services Secretary Donna Shalala says in a new report to the Senate that needle-exchange programs are an effective way to combat the spread of H.I.V., the virus that causes AIDS. But the Secretary does not go far enough. It is time the Clinton Administration lifted the ban on Federal funding for needle-exchange programs.

Such programs now exist in more than 50 American cities, including New York. They provide intravenous-drug users with sterile needles, thus reducing the likelihood that addicts will share needles contaminated with H.I.V. The programs typically have very small budgets, often are run by volunteers and are plagued with unstable funding from year to year. Yet even these modest programs have been effective.

Secretary Shalala's report reviews the research on the issue. Earlier studies done by the National Academy of Sciences, the General Accounting Office, the Centers for Disease Control and the University of California at Berkeley found that providing addicts with sterile needles could help slow the spread of the virus. Equally important, those studies found no evidence that needle-exchange programs increased the amount of drug use by addicts or attracted new users.

More recent studies done for the Massachusetts Department of Public Health and in Baltimore by the Johns Hopkins School of Public Health confirmed those observations. Federally funded studies conducted by the National Institute on Drug Abuse also report no increase in the frequency of drug injection associated with needle-exchange programs. A conference of scientists convened by the National Institutes of Health on AIDS prevention stated unequivocally last week that there is no doubt that needle-exchange programs work.

The consistency of these findings justifies Federal support to help pay for needle-exchange programs in communities that need and want them. Unfortunately, the debate continues to focus on politics and morality rather than public health needs. Opponents argue that providing addicts with needles implies approval of drug abuse. They forget that addicts can infect their spouses and offspring who do not abuse drugs and yet must live with the consequences of dirty needles.

Congress imposed the ban on Federal funding for needle exchanges in 1992. But the Administration can lift the ban if the Surgeon General declares that the programs can reduce H.I.V. spread and do not increase drug use. Secretary Shalala's report offers ample evidence that both requirements have been met. The Administration no doubt wants to avoid giving its opponents any reason to bash President Clinton for being soft on drugs. But lives can be saved with needle-exchange programs. The President should show some courage on this issue.

THE PLAIN DEALER

THURSDAY, APRIL 3, 1997

Point taken

Studies of needle-exchange programs show a practicality that must be recognized

The use of illegal drugs is wrong and physically devastating both to individuals and communities. The consumption of cocaine, heroin and widely available barbiturates not only plays havoc in society, but contributes directly to predatory crime, human misery, loss of life and enormous public expense.

Just over two years ago, however, this newspaper took a position related to illegal drugs that we have now reconsidered. That opinion, born out of a sense of moral outrage and frustration in the failing effort on the war on drugs, declared that an experimental needle-exchange program the city of Cleveland had sanctioned amounted to morally untenable surrender.

Given the dearth of hard data on the effectiveness of needle exchanges and our conclusion that any effort that provided syringes to addicts would only encourage consumption, we judged the needle-exchange program misguided. Although we agreed that better efforts were needed to slow the spread of HIV among intravenous drug users, we could not quite conceive of how providing needles to addicts could retard the spread of AIDS.

The facts have overtaken our prior conclusion. Those facts demonstrate that needle exchanges do reduce the incidence of HIV transmission among addicts who inject drugs. Just as important, such programs have not increased drug use.

"Health and Human Services Secretary Donna Shalala recently briefed a Senate committee evaluating the effectiveness of needle exchanges. Her conclusion: "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."

No less authorities than the National Academy of Sciences, the General Accounting Office and the Centers for Disease Control have concluded that such programs work. These research-based organizations say programs they monitor have radically reduced the numbers of HIV-tainted needles in circulation and have slowed the rate of infection. That means such endeavors have prevented the infection of some babies who might otherwise have been born HIV-positive and spared others who would have been at risk from a drug-addicted spouse.

Indeed, the GAO, after evaluating a forecast model developed at Yale University, estimated that an exchange program operating in New Haven, Conn., had reduced the rate of new HIV infections by 33 percent. That much-emulated program also has proved an effective route into drug treatment for users. Furthermore, the National Academy of Sciences concluded that 75 needle-exchange programs it examined offered no credible evidence that such efforts encourage drug use.

Needle exchange is not a panacea. Heroin addicts, by their nature, are destructive to themselves and those around them. But AIDS is now the leading cause of death for Americans between the ages of 25 and 44. Although the number of deaths experienced in some high-risk groups has declined recently, the rate of new infection among IV drug users has skyrocketed. This group, fueling an epidemic that is decimating some urban neighborhoods, desperately needs to be reached.

Finally, it costs nearly $120,000 for the care of someone stricken with AIDS. A clean needle costs 6 cents. When we wrote our original needle-exchange editorial in February 1995, Cleveland had not joined the ranks of cities with more than 2,000 documented cases of HIV infection. Today, that has changed. Cleveland now ranks among the top 15 cities in documented cases.

Heroin users now compose the fastest-growing group of people with AIDS. They pass this illness off to unborn children, lovers and, ultimately, to wider society. Making clean needles accessible to them has been shown not only to save some of their lives, but to save our money.

That in itself makes needle exchange a worthy endeavor.

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EDITORIALS

One more chance

Last month, the American Medical Association joined a chorus of health professionals in calling for laws to allow needle exchange programs to help prevent the spread of AIDS. The U.S. Conference of Mayors adopted a similar resolution in a bipartisan vote.

But California Gov. Pete Wilson has been a steadfast foe of needle exchange programs, regularly vetoing bills on the subject passed by the Legislature. Opponents say the programs promote drug use, although numerous studies have shown no evidence of that.

The Legislature is trying again to give the governor the chance to do the right thing. SB 885 would set up two-year pilot programs in Long Beach, Los Angeles, San Francisco and San Jose to study needle exchange programs.

Given the studies that have already been done, the bill might be criticized as a too-timid step. But at least it would be a step in a humane direction, toward saving lives.

Intravenous drug users now account for the highest rates of new HIV infection, and more than one-third of all new AIDS cases nationwide. The AMA said that if the federal ban against needle exchange programs continues through 2000, the United States would have failed to prevent up to 11,000 cases of AIDS, many among sexual partners of drug users and their children.

The evidence in support of needle exchange programs keeps growing. The Legislature should pass these bills until the governor recognizes that.

The Washington Post

MONDAY, JULY 14, 1997

... Offering Clean Needles

ONE TERRIBLE side effect of drug abuse is the spread of AIDS among intravenous drug users. Those who share contaminated needles and other drug paraphernalia endanger not only their own lives but also those of their sexual partners and their children. What is less known and more difficult for some people to accept is the mounting evidence that needle-exchange programs do save lives, markedly lowering rates of HIV infection, but do not increase drug use. This is why state and local officials—and most recently, the U.S. Conference of Mayors—are urging Secretary of Health and Human Services Donna Shalala to eliminate the ban on the use of federal funds for needle-exchange programs.

The federal government has a clear and important role in the attack on AIDS and drug abuse. Needle exchange is but a part of a broader effort, but it deserves federal support. It must be accompanied by improved drug-abuse prevention and treatment programs. This is the chief concern of those who resist the clean-needle approach: They fear that by distributing the tools of drug use, governments are surrendering to drug abuse and even abetting it.

Yet study after study shows that the exchanges do not promote greater use of illegal drugs. The best programs do refer—not order—their participants to treatment centers, although facilities are few. It is established that drug users who are not under treatment will not or cannot stop their drug use just because clean needles aren't available. They will go to infected needles for that fix.

If administration officials need an example of a program that offers clean needles and also instruction and equipment for cleansing syringes and other paraphernalia, they may look in their own backyard. The D.C. Needle Exchange, run by the Whitman-Walker Clinic with limited city funds, refers users to treatment programs, offers free HIV tests and has become a useful communications link to more than 1,600 addicts. Staffers make no great claims of reducing addiction; they note that treatment services are critical—and in this city, seriously limited.

The National Institutes of Health reports that needle exchange has brought about an estimated 30 percent or greater reduction of HIV in injection users of illegal drugs. In terms of expense, a sterile needle costs about a dime, while officials of AIDS organizations estimate the average lifetime cost of treating an individual with HIV/AIDS is at least $119,000. Needle exchange programs alone certainly will not stop substance abuse, but they are helping to stop HIV—and that needs to be a priority of the federal government.

The Washington Post

AN INDEPENDENT NEWSPAPER

Needles and Classroom Candor

THE AIDS EPIDEMIC has been a politically charged subject since the discovery of the virus more than 15 years ago. Patients have demanded and won public attention, a well-financed research effort, privacy and civil rights protections and a streamlined FDA approval system to get drugs for the disease on the market faster. None of this has been easy. Now a panel of 12 nongovernment public health experts has highlighted more obstacles in the path of those working to stem the epidemic and charged that political considerations have brought about a "dangerous chasm" between science and public policy. Two problems in particular were cited.

Sex education is the first. While political leaders give lip service to prevention programs in the classroom, the panel found that the curricula with the most public support are far too timid. They focus on—and in some cases are limited to—encouraging abstinence by teenagers. This is an unexceptionable position that just about everyone can support. But it simply isn't enough. This is not an easy problem to correct, since parental attitudes and moral convictions about sexual practices vary widely and are strongly held. But young lives are at stake and, in the case of AIDS, ignorance kills. Realistic programs designed to modify behavior, both in the teenage years and beyond, are necessary and—according to the panel's scientists—effective.

So are needle-exchange programs aimed at preventing the spread of infection among intravenous drug users who share paraphernalia. There are about 100 such programs in operation around the country, and there are now data, cited by the panel, demonstrating that they greatly reduce the sharing of needles and slow the spread of infection without increasing drug use. In this city, an exchange program started small four years ago. Local law initially required that users be in a drug treatment program before being eligible for needle exchange. But it quickly became clear that the shortage of drug treatment slots made this requirement extremely difficult to meet. Now a privately funded effort by the Whitman-Walker Clinic and others exchanges 4,000 needles a week. The city is about to take over the funding of the program, and while this will cost $200,000 a year, it is far less expensive than caring for AIDS patients in this vulnerable group.

It is tempting to be lulled by recent progress in the development of drugs to treat AIDS. But that is premature and wrong. The rate of new infection continues to be high, and emphasis must remain on prevention. Young people and drug users are at the greatest risk. Scientists have demonstrated that better sex education and needle exchanges are effective ways to limit the spread of the disease without encouraging either sexual promiscuity or drug addiction. Government policies that reject these findings and ignore these preventive steps should be changed.