

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Todd Summers
Subseries:

OA/ID Number: 21080
FolderID:

Folder Title:
Issues - Needle Exchange - Endorsements - Organization

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	3	3

American Medical Association

Physicians dedicated to the health of America



Statement

Statement attributable to: **Nancy W. Dickey, MD**
President-Elect
American Medical Association

"The American Medical Association recognized one year ago, in a policy statement adopted by our House of Delegates, that important advances to arrest the AIDS epidemic could be made through responsible needle exchange and drug treatment programs. Traditionally, AMA policy follows science, and as Secretary Shalala notes scientific evidence clearly shows that needle exchange is effective in curtailing HIV transmission and that the availability of clean needles does not increase drug abuse.

"We hope that drug treatment programs review the growing body of evidence concerning these serious public health issues, and take appropriate actions to intervene effectively."

-4-20-98-

For further information, contact: James Stacey 202 789-7419



Council of State and Territorial Epidemiologists

National Headquarters

2872 Woodcock Boulevard
Suite 303
Atlanta, GA 30341-4015
Phone: (770) 458-3811
Fax: (770) 458-8516
<http://www.cste.org/>

April 13, 1998

Executive Director:
Willis R. Forrester, M.P.A.

Sandra Thurman
Director, Office of National AIDS Policy
Executive Office of the President
736 Jackson PI, NW
Washington, DC 20503

Executive Committee

President:
Guthrie S. Birkhead, M.D., M.P.H.
Director, AIDS Institute
New York State Department of Health
Empire State Plaza
Corning Tower Building, Room 412
Albany, NY 12237-0658
Phone: (518) 473-7542
Fax: (518) 486-1315

President-Elect:
Patricia Quinlisk, M.D., M.P.H.
Medical Director/State Epidemiologist
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street, 4th Floor
Des Moines, IA 50319-0075
Phone: (515) 281-4941
Fax: (515) 281-4958

Vice-President:
David W. Fleming, M.D.
State Epidemiologist
Oregon Health Division
800 Northeast Oregon Street, #21
Suite 730
Portland, OR 97232
Phone: (503) 731-4023
Fax: (503) 731-4082

Secretary-Treasurer
Kathleen F. Gensheimer, M.D., M.P.H.
State Epidemiologist
Maine Department of Human Services
Bureau of Health
157 Capitol Street
State House Section 11
Augusta, ME 04333-0011
Phone: (207) 287-5301
Fax: (207) 287-6865

Members-at-Large:

Rebecca A. Meriwether, M.D., M.P.H.
Louisiana, (1998)

C. Mack Sewell, Dr.P.H., M.S.
New Mexico, (1999)

James Jerome Gibson, M.D., M.P.H.
South Carolina, (2000)

Infectious Diseases Epidemiology:

Kristine L. MacDonald, M.D., M.P.H.
Minnesota, (1999)

Chronic Diseases Epidemiology:

Eugene J. Lengerich, V.M.D.
North Carolina, (1998)

Environmental Epidemiology:

Bruce T. Brackin, M.P.H.
Mississippi, (2000)

Dear Ms. Thurman:

Injection drug use continues to be a major source of HIV transmission in the United States. It is imperative that public health officials develop effective prevention strategies aimed at reducing the risk of transmission in this setting. Currently available data suggest that improving access to sterile syringes and needles may be an important strategy in curtailing the spread of the HIV epidemic.

As state-based epidemiologists, our primary focus is on disease surveillance and aspects of data collection. However, we recognize that surveillance programs serve the broader purpose of disease prevention and control. Therefore, at our annual meeting in June 1997, the Council of State and Territorial Epidemiologists (CSTE) passed a position statement supporting increased access to sterile syringes and needles among injecting drug users; a copy of that statement is attached. CSTE strongly supports state-based efforts to reduce barriers involving access to sterile syringes and needles. Furthermore, we believe that programs aimed at reducing barriers should also serve as opportunities to help drug users access treatment and rehabilitation programs. Syringe and needle access is an issue that may have important implications for the long-term prevention of death and disability caused by HIV in this country.

Sincerely,

Willis R. Forrester
Willis R. Forrester, M.P.A.
Executive Director

Enclosure

1997 CSTE ANNUAL MEETING

CSTE POSITION STATEMENT # ID-19

COMMITTEE: Infectious Disease

TITLE: Increasing Access to Sterile Syringes and Needles to Prevent Transmission of Blood-Borne Infections Associated with Injection Drug Use

ISSUE: For injection drug users (IDUs) who continue to inject, use of sterile syringes and needles is important for prevention of blood-borne infections including HIV. However, the medical and public health value of IDU access to sterile syringes and needles for prevention of blood-borne infection transmission is not widely recognized. Every state has laws or regulations that limit IDU access to sterile syringes and needles.

POSITION TO BE ADOPTED: CSTE recommends that state health departments work with agencies regulating physician and pharmacist practice, professional organizations of physicians and pharmacists, substance abuse treatment providers, and law enforcement agencies to:

- clarify the legitimate medical purpose of use of sterile syringes and needles by IDUs to prevent blood-borne infections;
- repeal prescription requirements for purchase of syringes and needles;
- remove syringes and needles from drug paraphernalia laws;
- remove pharmacy restrictions on sale of syringes and needles; and
- promote the development of community-based programs for safe disposal of used syringes and needles.

BACKGROUND AND JUSTIFICATION:

- 1) More than one-third of all AIDS cases, and as many as half of new HIV infections are directly or indirectly related to injection drug use.
- 2) Restrictions on access to sterile syringes and needles for IDUs and criminal penalties for possession of syringes and needles promote multi-person use of syringes and needles and drug injection equipment which allows transmission of HIV and other blood-borne infections.
- 3) The American Medical Association's *A Physician Guide to HIV Prevention* and the Prevention Services Task Force endorse the one-time use of sterile syringes and needles for HIV prevention among IDUs.

- 4) After a Connecticut partial repeal of prescription requirement and criminal penalties for syringe and needle possession in 1992, IDUs in that state shifted purchases of syringes and needles to pharmacies, decreased syringe and needle sharing, and most pharmacists reported selling syringes and needles without prescriptions.

COORDINATION WITH OTHER ORGANIZATIONS:

Agency for Response: Association of State and Territorial Health Officials (ASTHO)

Agency for Information: Centers for Disease Control and Prevention (CDC)

CONTACT: Kristine (MacDonald) Moore, M.D., M.P.H.
Assistant State Epidemiologist
Minnesota Department of Health
717 Delaware Street, S.E.
P.O. Box 9441
Minneapolis, MN 55440-9441
(612) 623-5414 (tel)
krism@mdh-dpc.health.state.mn.us

WAP
Rosen



SOUTHWEST AIDS COMMITTEE, INC.

SWAC
▲▲▲

1505 Mescalero Drive
El Paso, Texas 79925

Office: (915) 772 3366
Fax: (915) 772 3494
swac@aol.com

March 24, 1998

The Honorable William J. Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, D.C. 20500

Dear Mr. President:

I am writing to urge you to make an immediate determination about the efficacy of needle exchange programs. Needle exchange programs play a critical role in reaching your stated goal of reducing the number of new HIV infections until there are none. The compelling scientific data overwhelmingly supports the implementation of needle exchange programs as part of a comprehensive HIV prevention strategy. By issuing such a determination, you will send an important public health message to the American people, and will keep the terms of this debate on science.

A National Institutes of Health consensus panel supports needle exchange programs and determined that a "preponderance of evidence shows that there is either no change or decreased drug use" as a result of needle exchange programs. The American Medical Association, the American Public Health Association, and over 60 percent of America support needle exchange programs. Half of all new HIV infections are injection drug use related, which is responsible for the disproportionate spread of HIV among African-Americans and Hispanics. The Congressional Black Caucus and the Hispanic Caucus support needle exchange programs.

The Congressionally imposed moratorium on federal funding for needle exchange programs expires March 31, and I hope you will act expeditiously and decisively to avert any further infections. This critical health issue requires your leadership to ensure its implementation. Needle exchange programs can bridge the gap between the racial and ethnic health disparities. I urge you to call on the reserve of scientific evidence to place this fiscally prudent intervention as a priority in our common fight against the transmission of HIV.

Thank you for your commitment to people living with HIV and AIDS.

Sincerely,

Rosemary Stuessy
Deputy Director



SOUTHWEST AIDS COMMITTEE, INC.

SWAC
▼▼▼▼

1505 Mescalero Drive
El Paso, Texas 79925

Office: (915) 772 3366
Fax: (915) 772 3494
swac@aol.com

March 24, 1998

The Honorable William J. Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, D.C. 20500

Dear Mr. President:

I am writing to urge you to make an immediate determination about the efficacy of needle exchange programs. Needle exchange programs play a critical role in reaching your stated goal of reducing the number of new HIV infections until there are none. The compelling scientific data overwhelmingly supports the implementation of needle exchange programs as part of a comprehensive HIV prevention strategy. By issuing such a determination, you will send an important public health message to the American people, and will keep the terms of this debate on science.

A National Institutes of Health consensus panel supports needle exchange programs and determined that a "preponderance of evidence shows that there is either no change or decreased drug use" as a result of needle exchange programs. The American Medical Association, the American Public Health Association, and over 60 percent of America support needle exchange programs. Half of all new HIV infections are injection drug use related, which is responsible for the disproportionate spread of HIV among African-Americans and Hispanics. The Congressional Black Caucus and the Hispanic Caucus support needle exchange programs.

AIDS ALLIANCE OF MARITIME VINEYARD INC PO BOX 2093 VINEYARD HAVEN MA 02568 508.693.8868

AAMV

FAX COVER SHEET

Date: 3/24/98

Time: 2pm

To: President Clinton

Fax: 202.456.2883

From: Patricia Rice RN

Phone: 508.693.8868

Fax: 508.696.6330

The Honorable William J. Clinton
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Dear Mr. President:

I am writing to urge you to make an immediate determination about the efficacy of needle exchange programs. Needle exchange programs play a critical role in reaching your stated goal of reducing the number of new infections until there are none. The compelling scientific data overwhelmingly supports the implementation of needle exchange programs as part of a comprehensive HIV prevention strategy. By issuing such a determination, you will send an important public health message to the American people, and will keep the terms of this debate on the science.

A National Institutes of Health consensus panel supports needle exchange programs and determined that a "preponderance of evidence shows that [there is] either no change or decreased drug use" as a result of needle exchange programs. The American Medical Association, the American Public Health Association, and over 60 percent of America support needle exchange programs. Half of all new infections are injection drug use related, which is responsible for the disproportionate spread of HIV among African-Americans and Hispanics. The Congressional Black Caucus and the Hispanic Caucus support needle exchange programs.

The Congressionally imposed moratorium on federal funding for needle exchange programs expires March 31, and I hope you will act expeditiously and decisively to avert any further infections. This critical health issue requires your leadership to ensure its implementation. Needle exchange programs can bridge the gap between the racial and ethnic health disparities. I urge you to call on the reserve of scientific evidence to place this fiscally prudent intervention as a priority in our common fight against the transmission of HIV. Thank you for your commitment to people living with HIV/AIDS.

Note: This Fax transmission may contain CONFIDENTIAL information; please treat all information as confidential unless otherwise directed. If you received this telecopy in error, please notify us immediately by phone and destroy the copy you received in error. Thank you for your cooperation.



Office of AIDS Research
Advisory Council

Building 31, Room 4C02
31 Center Drive
MSC 2340
Bethesda, MD 20892
TEL: 301 496 0357
FAX: 301 496 2119

MAY 14 1998

The Honorable Donna E. Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

As members of the NIH Office of AIDS Research Advisory Council, we feel a responsibility to ensure that relevant new scientific data are translated into appropriate action to improve the health of the nation.

As recently reported by you and the President's Advisory Council on HIV/AIDS, the overwhelming preponderance of data from numerous well-conducted scientific studies has demonstrated that needle exchange programs can decrease the transmission of HIV without encouraging the use of illegal drugs.

We strongly support the recent statements by you, Surgeon General David Satcher, NIH Director Harold Varmus, and White House Coordinator Sandra Thurman, each of whom has indicated that Federal funding of needle exchange programs would save American lives.

We therefore urge President Clinton and the Congress in a bipartisan demonstration of public health leadership, to do all in their power to initiate Federal funding of needle exchange programs.

Sincerely,

Charles C.J. Carpenter, M.D.
Chair, Office of AIDS Research Advisory Council

cc:

Dr. David Satcher, Surgeon General

Donald I. Van Giesen, M.D., FACS

A Medical Corporation
Adult & Pediatric Urology

June 13, 1997

*It's - needle
exchange*

864 Second Street
Santa Rosa, California, 95404
Telephone (707) 544-7611

Ms. Sandra Thurman, Director
Office of AIDS Policy
The White House
Washington, D.C.

Dear Sandy,

Thanks very much for chatting with me this morning. We'll
do our best in Chicago.

I forgot to mention that if anyone from your office wanted to
be at the AMA meeting to observe or meet with any of the
officers, I would be more than happy to arrange it.

Kris sends his best regards as do I.

Sincerely,

Don Van Giesen

Donald I. Van Giesen, M.D.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES**Resolution:
(A-97)**

Introduced by: California Delegation

Subject: Needle and Syringe Exchange Programs

Referred to:

1 Whereas, in recognizing the urgent need to reduce the spread of HIV and other infections
2 such as bacterial endocarditis and hepatitis B and C among injection drug users (IDUs), the
3 American Medical Association in 1994 (Policy 95.958) stated it "encourages needle
4 exchange programs (NEPs)"; and

5
6 Whereas, one of the most basic public health axioms in vector-borne disease is that to stop the
7 transmission of the disease you have to eliminate the vector, i.e., in this case, contaminated
8 syringes and needles; and

9
10 Whereas, the modification of the drug paraphernalia laws in Connecticut, allowing IDUs to
11 obtain their syringes from sterile sources, has led to a 39% decrease in syringe sharing; and

12
13 Whereas, if the 1988 ban on federal funding of NEPs continues, up to 11,000 preventable
14 HIV infections, including heterosexual partners and their unborn children, could occur by the
15 year 2000 at a cost of up to \$630,000,000, mostly at public expense; and

16
17 Whereas, to lift the funding ban, federal law requires that the NEPs be shown to (1) reduce
18 the transmission of HIV infection, and (2) not lead to increased illicit injection drug use; and

19
20 Whereas, during the past six years, seven (7) independently federally-funded studies have
21 reported that BOTH of these requirements had been met, and five of these study groups have
22 recommended revoking the existing federal funding ban, which to date has NOT been done;
23 and

24
25 Whereas, most of these groups also recommended the revocation and/or modification of state
26 laws that restrict IDUs' ability to possess syringes; and

27
28 Whereas, funded sterile syringe exchange programs and pharmacy sales of sterile syringes
29 are equally important in HIV transmission prevention, and often offer the only venues for
30 counseling on drug education and referrals to drug treatment programs; therefore be it

1 **RESOLVED**, That as an urgent public health need, the AMA initiate and support legislation
2 revoking the 1988 U.S. government ban on funding for needle exchange programs for
3 injection drug users (IDUs) and be it further

3 injection drug users (IDUs), and do it further

4

5 **RESOLVED**, That the AMA strongly encourage state medical associations to initiate state
6 legislation modifying drug paraphernalia laws, so that injection drug users (IDUs) can legally
7 purchase and possess syringes.

Fiscal Note:.

February 23, 1998

James P. Ahstrom, Jr., M.D.
H. Constance Bonbrest, M.D.
Co-Chairs of *Ad hoc* Committee on Needle Access
c/o Dean Devert
Illinois State Medical Society
20 N. Michigan, Suite 700
Chicago, IL 60602
312-782-1654 (ext 1156) fax 312-782-9212

Dear Colleagues:

This letter is intended to provide background information related to human immunodeficiency virus (HIV) prevention among injection drug users (IDUs) including recently adopted policies of the American Medical Association (AMA) and a variety of published articles and recommendations that emphasize the importance for HIV prevention of access to sterile syringes for IDUs.

(1) Policies Adopted at the June 25, 1997 Meeting of the House of Delegates of the American Medical Association

At the June 25, 1997 meeting of the AMA House of Delegates several new AMA policies were adopted.¹ Those policies relate to laws restricting the purchase and possession of syringes, syringe exchange programs, and drug use. Two of the new AMA policy positions are:

That the AMA encourage the extensive application of needle and syringe exchange and distribution programs and the modification of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes. The need for such programs and modification of laws and regulations is urgent, considering the contribution of injecting drug use to the epidemic of HIV infection.

That the AMA strongly encourage state medical associations to initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription.

(2) United States Public Health Service HIV Prevention Bulletin: Medical Advice for Persons who Inject Illicit Drugs

On May 9, 1997, the Centers for Disease Control and Prevention (CDC), the Health Resources

Best
Statement

Page 2 - Letter to Doctors Ahstrom and Bonbrest

and Services Administration, the National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration released a bulletin to update health care providers on medical advice that should be provided to persons who inject illicit drugs.²

The bulletin states that preventing drug abuse and providing effective substance abuse treatment for people who inject illicit drugs are the best ways to prevent drug-associated HIV transmission. The bulletin includes provisional recommendations that, to reduce the risks of HIV transmission and other health problems, individuals who continue to inject drugs should be advised to *use sterile syringes to prepare and inject drugs* and never reuse or share syringes and other equipment used to prepare drugs.

(3) American Medical Association *A Physician Guide to HIV Prevention*

In 1996, the AMA published *A Physician Guide to HIV Prevention*.³ The AMA sent this guide to about two hundred thousand primary care physicians in the United States. The document provides guidance on a variety of HIV prevention measures. Pages 6 and 7 specifically deal with "Injecting Drug Use and HIV Prevention." That section includes the following statement:

Some patients are unwilling or believe themselves unable to abstain from injecting drugs. Using new, sterile injection equipment each time drugs are injected eliminates the risk of acquiring HIV infection through injecting drugs. . .

The section concludes with the following advice:

Primary care physicians can help their patients reduce HIV risk from injecting drugs by encouraging their patients to...

- *Abstain from using drugs and to seek treatment.*
- *Use a new needle and syringe each time drugs are injected.*
- *Have their own personal injection equipment that is never shared.*
- *Share only needles and syringes that have been correctly cleaned.*
- *Use condoms with sex partners who share injecting equipment.*

(4) U.S. Preventive Services Task Force *Guide to clinical preventive services*

This guide was produced for the United States Department of Health and Human Services by the U.S. Preventive Services Task Force.⁴ On page 591, it includes the following recommendation:

... Patients with evidence of drug dependence should be referred to appropriate drug-

Page 3 - Letter to Doctors Ahstrom and Bonbrest

treatment providers and community programs specializing in the treatment of drug dependencies. Persons who continue to inject drugs should be screened periodically for HIV infection and advised of measures that may reduce the risk of infections due to drug use: use a new sterile syringe with each use, never share or re-use injection equipment, use clean (sterile, if possible) water to prepare drugs, clean the injection site with alcohol prior to injection, and safely dispose of syringes after use . . .

(5) United States National Academy of Sciences Report on Sterile Needles and Bleach

In September 1995, the National Research Council and the Institute of Medicine of the National Academy of Sciences (NAS) published the report *Preventing HIV Transmission: the Role of Sterile Needles and Bleach*.⁵ It includes the following statement:

For injection drug users who cannot or will not stop injecting drugs, the once-only use of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission.

(6) National Survey on the Regulation of Syringes and Needles

The January 1, 1997 issue of the *Journal of the American Medical Association* contained an article by Lawrence Gostin and colleagues entitled *Prevention of HIV/AIDS and Other Blood-Borne Diseases Among Injection Drug Users: A National Survey on the Regulation of Syringes and Needles*.⁶ The article includes the following statements:

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

Page 4 - Letter to Doctors Ahstrom and Bonbrest

for safe syringe disposal.

Finally, it is important to emphasize that deregulation of syringe sale and possession should constitute only one component of a comprehensive, well-financed strategy to impede the dual epidemics of drug use and HIV/AIDS. A realistic and sound national program must devote sufficient resources for expanded access to high-quality treatment for drug and alcohol dependency; education and counseling regarding the harms of illicit drugs; effective community efforts to discourage drug use; crime prevention in schools and communities; rehabilitation for offenders; and support and community activities for families and young people. Ultimately, both law enforcement and public health seek the same end—to promote the health and safety of the population through a comprehensive program designed to prevent HIV/AIDS and drug dependency.

(7) 1996 Survey of Syringe Exchange Programs in the United States

In June 1997, the CDC *Morbidity and Mortality Weekly Report* published the results of a survey of syringe exchange programs (SEPs) in the United States. Of 101 known SEPs, 87 participated in a survey carried out by the Beth Israel Medical Center in New York City. Those 87 programs were operating in 71 cities in 28 states and one territory. For the period January–December 1996, 84 SEPs reported exchanging approximately 14 million new, sterile syringes for used syringes (median 36,017 syringes per SEP).⁷

I hope these materials will be of use to you and the Illinois State Medical Society. If I can be of further assistance, please contact me at 404-639-5200.

Sincerely yours,

T. Stephen Jones, M.D.
Associate Director for Science
Division of HIV/AIDS Prevention
National Center for HIV, STD, and TB Prevention

Attachments

cc:
David Holtgrave, Ph.D.
Chet Kelley
William Longdon

Page 5 - Letter to Doctors Ahstrom and Bonbrest

References:

1. Lundberg GD. New winds blowing for American drug policies. (Editorial) *J Amer Med Assn* 1997;278:946-7.
2. United States Public Health Service. HIV prevention bulletin: medical advice for persons who inject illicit drugs. May 8, 1997, Atlanta, Georgia and Rockville, Maryland.
3. American Medical Association. A physician guide to HIV prevention. 1996. Chicago, Illinois.
4. U.S. Preventive Services Task Force. Guide to clinical preventive services, 2nd ed. Baltimore: Williams & Wilkins, 1996.
5. Normand J, Vlahov D, and Moses LE, eds. (1995). Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Washington, DC: National Academy Press.
6. Gostin LO, Lazzarini Z, Jones TS, Flaherty K. Prevention of HIV/AIDS and other blood-borne diseases among injection drug users: A national survey on the regulation of syringes and needles. *J Am Med Assoc* 1997;277:53-62.
7. CDC. Update: Syringe exchange programs--United States, 1996. *MMWR* 1997;46:565-8.

FAX COVER

To: Todd Summers

Ph: 202-632-1090

Fax: 202-632-1096

From: Kate Shindle

Ph: 217-529-7777, rm. 1200

Fax: 217-529-6666

Todd- Here's the letter (and cover letter). Please e-mail or call with suggestions, and feel free to pass this on!

Kate

Dear Friends,

In a recent meeting during which we were all expressing our frustration at the Administration's stalled activity on needle exchange, we got the idea to draft an open letter and have it signed by as many AIDS service organizations as possible. You should have received that letter along with this note, and I hope you agree with what I had to say.

So here's what to do.

If you want to add your support, please type an addendum to this letter (preferably on company stationery) and fax it to (609)-222-0514 by Friday, March 27. Then, please send a hard copy to Kate Shindle, c/o the Miss America Organization, P.O. Box 119, Atlantic City, NJ 08404. Please do not call MAO with questions. If you have questions, e-mail me at renee0131@aol.com.

I hope to submit this letter to major national newspapers (Washington Post, New York Times, etc.) Being a lowly college student (albeit one with a crown), I'm relying on good faith and the power of controversy to get this published. However, if you have a contact at a major paper and you can try to use it to get this printed, I'll be your best friend forever and ever. If it is not printed, I'll send it directly to the White House.

Thanks so much for your support, and please pass the letter and these instructions along to as many organizations as you know of who might be willing to contribute support. There are hundreds of ASO's for whom I simply do not have contacts. I continue to draw inspiration from all of you, and I thank you for all of the wonderful work you are doing.

Kate

March 21, 1998

Dear President Clinton:

Last week, your administration once again reviewed an issue which affects the lives and futures of thousands of American men, women, and children each year. And once again, organizations across the country have been discouraged and frustrated at the outcome of one of these reviews. I am asking you to reconsider the use of federal funds to support needle exchange programs and prevent the spread of the HIV/AIDS epidemic.

It has been eighteen years since AIDS began to decimate American families, and the epidemic shows no sign of slowing. Despite recent breakthroughs in AIDS treatment, the number of new infections continues to explode. Every day, 16,000 people, somewhere, contract HIV. And as you know, the epidemic is undergoing a dramatic demographic shift. Women, minorities, and the young are being infected at unprecedented rates. Every hour of every day, two American teenagers contract HIV. And heterosexual women account for the fastest-rising group of new infections. AIDS is no longer restricted to any one social group. It's happening to all of us.

But a unique phenomenon continues to sweep our nation. It is the dynamic created by a desire to end the AIDS epidemic and a hesitance to implement the programs which will eradicate it. *We know exactly how to stop the spread of HIV.* In the absence of a cure, scientists, educators, and public health officials agree upon the need for strong and proactive programs which empower individuals to protect themselves from this virus.

Statistics regarding the prevalence of HIV infection among IV drug users are astounding. 63% of all AIDS cases among women are related to the sharing of needles—these women contract HIV either through IV drug use or through sex with an IV drug user. Similarly, 58% of pediatric AIDS cases are attributable to a parent's drug use. Clearly, drugs are killing Americans in more ways than one.

But needle-exchange programs are overwhelmingly effective in combating HIV infection. By providing clean syringes in exchange for used ones, we can easily prevent the sharing of contaminated drug paraphernalia. *Needle exchange programs prevent HIV from being spread.* In Baltimore, the HIV seropositivity rate was reduced by 40% during the program's three-year trial period. And the community benefits as well. The lifetime cost of treating *just one* person with AIDS is estimated to be \$119,000, while the median cost of running an exchange is just \$169,000—eliminating a significant financial burden on taxpayers. And by providing the opportunity for a one-to-one syringe exchange, we can all but ensure that there are no contaminated needles lying around in streets, on playgrounds, or in other places where children can find them and hurt themselves.

Mr. Clinton, we are all familiar with the so-called arguments against needle exchange. Quite frankly, the idea that these programs promote drug abuse is unreasonable, and outdated, and has already been categorically disproven. Seven different independent agencies, including the Centers for Disease Control and the University of California at San Francisco, have shown unquestionably that there is no increase in the incidence of drug use in communities where needle-exchange programs have taken hold. In fact, the rate of use can actually decline when staff are able to counsel drug users into treatment. *No one wants more drugs on our streets.*

It's time to take action. Every 5.4 seconds, someone contracts HIV. While we bide our time and weigh our options, people are still dying. There seems to be a lot of "morality" talk surrounding HIV/AIDS prevention. Ironically, we have forgotten our moral obligation to save lives. We need to provide the information and tools which will empower all Americans to protect themselves. I am twenty-one years old, and my generation is dying.

It's time for us, finally, to have an intelligent and substantive dialogue about needle exchange. No more stalling. No more "looking into the issue." We no longer have the luxury of time. The facts are on the table. The AIDS-services community has done what you asked by providing these findings. Now you need to hold up your end of the deal.

There is still a lot of fear when it comes to talking about this issue, and dozens of warring factions. No one ever said ending a global pandemic would be easy. America needs money for needle exchange. We need to let scientists and public health officials determine the need for such programs on a community-by-community basis, and then we need funding to support their efforts. At this point, there is no more room for excuses. Americans are still dying, and we are to blame unless we protect them.

Sincerely,

A handwritten signature in black ink, appearing to read "Kate Shindle". The signature is fluid and cursive, with the first name "Kate" being more prominent than the last name "Shindle".

Kate Shindle

Miss America 1998

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

March 25, 1998

The Honorable William Jefferson Clinton
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

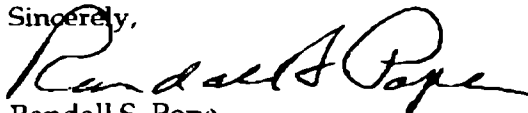
On behalf of those who are responsible for administering the HIV prevention and care programs in every state and territory of this nation, we write to convey our unequivocal support for the expression of "no confidence" by the Presidential Advisory Council on HIV/AIDS concerning the Administration's commitment and willingness to achieve the goal of reducing the number of new HIV infections.

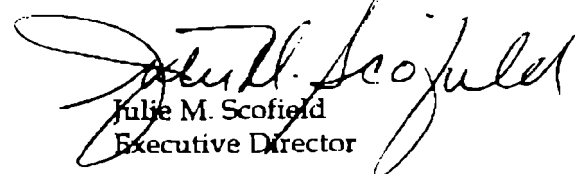
As stated in our December 19, 1997 correspondence, the preponderance of scientific data demonstrate the efficacy of needle exchange programs — as a part of a larger comprehensive HIV prevention program — in reducing HIV transmission among injecting drug users, their sexual partners and their children, while not increasing drug use. Therefore, we are extremely disheartened by the Administration's continued inactivity regarding the lifting of this federal ban. Jurisdictions wishing to use federal funding for the purpose of implementing needle exchange programs are at a critical juncture in the HIV epidemic. As you know, racial and ethnic minorities are disproportionately effected by HIV disease and substance abuse. In light of this, the Administration's inaction undermines the credibility of your stated goal of reducing racial and ethnic health disparities and is unacceptable.

While we agree with General McCaffrey's efforts to provide unambiguous anti-drug messages to the nation's youth, in this public health battle against drug abuse and HIV, we must use every scientifically proven measure to ameliorate casualties in our war against these twin epidemics. If you concentrate solely on substance abuse and allow people to contract HIV and die, you have still lost this war. For those of us on the front lines of battle, our common goals are to stop drug abuse by breaking addiction and to salvage individuals from a hastened death by preventing the transmission of HIV. We ask you to join us in these common goals. To do anything less sends a message to the nation that the Administration prefers allowing the further spread of a fatal disease for the promotion of a desirable yet narrow and simplistic message on substance abuse. This ignores the basic fact that many needle exchange programs have proven effective in assisting individuals to enroll in drug treatment programs.

We urge your immediate action on this matter. It is essential to ending the HIV epidemic.

Sincerely,


Randall S. Pope
Chair


Julie M. Scofield
Executive Director

Attachment

cc: Sandra Thurman, Director, Office of National AIDS Policy
General Barry McCaffrey, Director, Office of National Drug Control Policy

NASTAD

444 North Capitol Street, NW, Suite 339 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

OFFICERS

Chair
Randall S. Pope
Michigan
(517) 335-9460

Vice Chair
Sally Finney
Kansas
(913) 296-6173

Chair Elect
Casey Blass
Texas
(512) 990-2515

Secretary/Treasurer
Faylin Faust
North Carolina
(919) 733-7301

EXECUTIVE COMMITTEE

Ex officio
Douglas H. Morgan
New Jersey

John Auerbach
Massachusetts

Wendy Craytor
Alaska

Mariella Cummings
Washington

Jill DeBoer
Minnesota

Chet Kelly
Illinois

Tom Liberti
Florida

Gloria Maki
New York

Robert McAlister
Oregon

Beth Meserison
Missouri

Arlene Rose
Arkansas

Mark Schneider
Georgia

Leza Solomon
Maryland

Greg W. Thompson
Mississippi

Beth Weinstein
Connecticut

James C. Welch
Delaware

EXECUTIVE DIRECTOR

Julie M. Scofield

NASTAD

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

Action to Reduce the Transmission of HIV and Other Diseases Through Increased Access to Sterile Needles and Syringes

WHEREAS, the National Alliance of State and Territorial AIDS Directors (NASTAD) is aware of and recognizes that:

- I. HIV, hepatitis B and C, and other diseases are transmitted from one person to another by the transfer of blood through injection materials;
- II. transfer of blood through injection equipment and other injection materials is responsible for HIV transmission among injection drug users;
- III. recent data estimates that approximately 50% of all new HIV infections in the 96 largest U.S. metropolitan areas are occurring among injection drug users;
- IV. some states have taken action to remove legal barriers to the use of clean injection equipment and have documented reductions in needle sharing as a result;
- V. overwhelming evidence shows significant reductions in needle sharing among injecting drug users participating in needle exchange programs; and
- VI. needle exchange programs provide an effective link to drug treatment and other social services.

WHEREAS, the current Secretary of the Department of Health and Human Services has declared, "needle-exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infections in communities that choose to include them."

WHEREAS, the National Institutes of Health Consensus Statement concluded that research showed that needle exchanges are effective in reducing HIV infection and that the ban on federal funding should be lifted.

WHEREAS, the American Medical Association's report, "A Physician's Guide to HIV Prevention," encourages doctors to advise their injection drug using patients to "use a new needle and syringe each time drugs are injected."

WHEREAS, according to the North American Syringe Exchange Network, as of December 1996, 114 needle exchange programs are operating in 28 states and Puerto Rico.

WHEREAS, NASTAD also recognizes the need for states to have the flexibility to utilize federal funding to support state and locally identified HIV prevention priorities.

Page 2

NASTAD Resolution

Sterile Syringe Availability

THEREFORE BE IT RESOLVED, that NASTAD calls upon the Secretary of the Department of Health and Human Services to recommend to the Congress the removal of the prohibition on federal funding for the support of state and local needle exchange programs by certifying that needle exchange programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

BE IT FURTHER RESOLVED, that NASTAD calls on state and local legislative bodies to increase access to sterile needles and syringes through needle exchange programs; to deregulate possession of needles, syringes and associated injection equipment as drug paraphernalia; to increase access to sterile syringes via sale by pharmacies; and to increase access to drug treatment for those individuals ready for such treatment.

BE IT FURTHER RESOLVED, that NASTAD encourages each state health department to work with pharmacy boards and local law enforcement agencies to change local laws which would increase access to sterile injection equipment.

BE IT FINALLY RESOLVED, that NASTAD will work with other national organizations to influence national policy regarding the importance of sterile needle and syringe availability as an HIV prevention strategy.

Approved April 29, 1997

Organizations Supporting Needle Exchange

ACT UP, Washington
ACT UP, Philadelphia
AID Atlanta
AIDS Legal Referral Panel
AIDS Policy Center for Children, Youth and Families
AIDS National Interfaith Network
AIDS Action Council
AIDS Related Community Services
America Psychological Association
American Society of Addiction Medicine
American Academy of Pediatrics
American Public Welfare Association
American Public Health Association
American Foundation for ADS Research
American Bar Association
American Pharmaceuticals
American Nurses Association
American Psychiatric Association
American Civil Liberties Union
Association of Schools of Public Health
Association of Nurses in AIDS Care
Association of State and Territorial Health Officials
Atlanta Harm Reduction Coalition
Boulder County AIDS Project
Brotherhood Crusade
California Medical Association
California Latino Civil Rights Network
Californians for Justice
Center for Women Policy studies
Chicago Related Community
Cities Advocating Emergency AIDS Relief
Colorado Harm Reduction Coalition
Colorado AIDS Project
Committee for Children
Common Sense for Drug Policy
Community Health Network
Criminal Justice Policy
Drug Policy Forum
Drug Policy Foundation
Feminist Majority Foundation
Gay and Lesbian Medical Association
Guam Sterile Needle Exchange

Organizations Supporting Needle Exchange (Cont.)

Harm Reduction Coalition
Harm Reduction
Harm Reduction Outreach
Health Force: Women and Men Against AIDS
Hispanic Health Council
Human Rights Campaign
Legal Action Center
Lindesmith Center
Los Angeles AIDS Project
Lower East Side Needle Exchange
Lyon-Martin Women's Health
Mobilization Against AIDS
Mothers Against Misuse and abuse
Mothers Voices United to End AIDS
Mothers' Voices United to End AIDS
National AIDS Fund
National Association of Social Workers
National Black Nurses Association
National Black Police Association
1 National Urban Coalition
2 National Association of County and City Health Officials
National Association for the Advancement of Colored People (NAACP) Sacramento, CA
National Black Police Association
National Council for International Health
National Urban League
National Women's Law Center
National Alliance of State and Territorial Health Directors
National Latino/a Lesbian and Gay Organization
National Minority AIDS Council
National AIDS Treatment Advocacy Project
National Catholic AIDS Network
National Black Caucus of State Legislators
National Association of People with AIDS
National Native American AIDS Prevention Center
New York Academy of Medicine
New Hampshire Harm Reduction
National Organizations Responding to AIDS
North American Syringe Exchange Network
North American Syringe Exchange Network
Northern Exchange II
People of Color Against AIDS Coalition
People Engaged in Education and Reduction Strategies
People of Color Against AIDS Network
POZ Magazine
Project Inform
Rockford Urban Ministries
SFAIDS Foundation
San Francisco Medical Society
The Drug Policy Foundation

Organizations Supporting Needle Exchange (Cont.)

The Honorable Xavier Becerra (D-Ca) Chair, Congressional Hispanic Caucus

The Honorable Maxine Waters (D-Ca) Chair, Congressional Black Caucus

Title II Community AIDS National Network

United Church of Christ, AIDS/HIV Network Leadership Team

United States Conference of Mayors

United Church of Christ

Whitman-Walker Clinic

Womens' AIDS Network

Statements/Resolutions/Policies on Increased Access to Clean Needles and Syringes

American Medical Association

H95.958 Syringe and Needle Exchange Programs
The AMA encourages needle exchange programs

American Medical Association A Physician Guide to HIV Prevention
Primary care physicians can help their patients reduce HIV risk from injecting drugs by encouraging their patients to...

- Abstain from using drugs and to seek treatment.
- Use a new needle and syringe each time drugs are injected.
- Have their own personal injection equipment that is never shared.
- Share only needles and syringes that have been correctly cleaned.
- Use condoms with sex partners who share injection equipment.

Resolution 435 - Needle and Syringe Exchange Programs

...That the AMA encourage the extensive application of needle and syringe exchange and distribution programs and the modification of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes. The need for such programs and modification of laws and regulations is urgent, considering the contribution of injection drug use to the epidemic of HIV infection.

That the AMA initiate and support legislation revoking the 1988 federal ban on funding for needle exchange programs for injecting drug users.

That the AMA strongly encourage state medical associations to initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription.

American Academy of Pediatrics

Reducing the Risk of Human Immunodeficiency Virus Infection Associated With Illicit Drug Use, Pediatrics, December 1994, Provisional Committee on Pediatric AIDS

Conclusions and Recommendations:

The adverse consequences of illicit drug use are multiple and are a major factor in the spread of HIV infection to infants, children, and adolescents. The American Academy of Pediatrics believes that initiatives to address these consequences should include:

09/11/97 12:34
1) preventing illicit drug use, the ready availability of treatment to individuals who are drug users, and reducing the risk associated with continued drug use.

2) programs that improve knowledge about decontamination of injection equipment and provide access to sterile injection equipment thereby can reduce the spread of HIV and prevent new cases of AIDS. These programs should be encouraged and expanded; linked to drug treatment; and conducted within the context of continuing research to document effectiveness and clarify those factors that contribute to desired outcomes.

3) a reassessment of laws regarding the possession of needles, syringes, and bleach from a public health perspective with attention to both the desire to minimize the potential that such statutes might discourage individuals from engaging in risk-reducing behavior, and the continuing goal of discouraging illicit drug use.

American Foundation for AIDS Research

February 1997 Letter to President Clinton

The ethical imperative to provide sterile injection equipment to intravenous drug users is strongly supported by the nation's foremost bioethicists : Consensus Statement "On the Ethics of Denying Injection Drug Users Access to Sterile Injection Equipment"

...These principles inform our conclusion that the failure to fund needle exchange efforts, with the predictable loss of life that can be traced to HIV infections that might have been averted, is ethically unacceptable.

...We believe that a failure to lift the federal ban on funding of needle exchange programs represents a policy that will consign thousands of men, women and children to early deaths. By every principle of medical ethics this situation calls out for a change.

American Public Health Association

9515: Syringe and Needle Exchange and HIV Disease
therefore

1. Urges both Congress and the executive branch take positive steps to support syringe and needle exchange programs;
2. Urges state and local governments to take steps to improve drug users' access to clean injection equipment (e.g. through decriminalizing possession of injection equipment and institution of needle and syringe exchange programs) and to ensure that such programs complement the drug abuse treatment system; and
3. Urges further evaluation of programs to provide sterile injection equipment.

Association of State and Territorial Health Officials

Policy Statement: Needle Exchange

ASTHO promotes the following policy:

- ... Therefore ASTHO recommends that drug users who continue to inject should be advised of the following guidelines for reducing their risk of infection with injection-related blood-borne infections: Use a new sterile syringe to prepare drugs for injection; Only use clean or never-before-used "cookers and "cotton" in preparing drugs; Use clean water from a reliable source (tap water) and, if possible, sterile water for preparing drugs; Clean the injection site prior to injection with a new alcohol swab; Use a new sterile syringe to inject drugs; Use only syringes obtained from a safe, reliable source (e.g., pharmacy or syringe exchange); Never re-use or share syringes or drug preparation equipment; Safely dispose of syringes after one use.)

- As this nation's lead public health authority, the U.S. Public Health Service should provide in writing clear policy statements regarding the importance of sterile needles and syringes for injection drug users who continue to inject and clear advice to interested states on 1) how to increase access to sterile needles and syringes and 2) to deregulate possession of needles and syringes.

- The federal government should not restrict the use of federal funds for needle exchange services to also interested states and localities the financial flexibility to support successful prevention and treatment initiatives within their jurisdiction.

- As a possible public health strategy to reduce the transmission of injection-related blood-borne infections, states should explore the removal of legal barriers such as drug paraphernalia and prescription laws, which criminalize the distribution and/or possession of needles and syringes.

- States with needle exchange programs should continue development of state and local syringe exchange programs incorporating a strong evaluation component and disseminating the results of the evaluation research to the public health community. Interested states should develop and implement procedures to identify process, outcome and cost-effectiveness evaluation measures to assess the effectiveness of increased needle access.

- State health departments should explore conducting educational programs with pharmacists, police and members of the legal system about the public health importance of sterile syringes for drug users who continue to inject.

- States should provide leadership strategies to increase access to sterile needles and syringes in communities where such strategies are deemed an important component of the public health approach to reducing injection related blood borne infections. Such leadership could include community/provider education and outreach, as well as financial support for successful community based programs.

- Any strategy, whether developed at the federal, state, or local level, should make a good faith effort to include in the planning and implementation processes members of those communities affected/infected by injection related blood borne infections.

National Alliance of State and Territorial AIDS Directors

NASTAD Resolution

Action to Reduce the Transmission of HIV and Other Diseases Through Increased Access to clean Needles and Syringes

Therefore, be it resolved that:

NASTAD calls upon legislative bodies in the US to increase access to sterile needles and syringes and deregulate possession of needles and syringes and other drug paraphernalia as well as increase access to drug treatment for those individuals ready for such treatment.

NASTAD calls upon federal, state and local agencies carrying out HIV prevention programs to encourage injection drug users who continue to inject: to always use sterile needles and syringes obtained from a reliable source (i.e. pharmacy or syringe exchange program) to prepare and inject drugs; to use new cookers, cotton and water each time; and to safely dispose of injection equipment and other materials after one use.

NASTAD encourages each state health department to work with pharmacy boards and police organizations to convince them of the public health importance of sterile injection equipment for injection drug users who continue to inject, and to work together to increase access to sterile injection equipment and for deregulation of possession of needles and syringes.

NASTAD calls on the Department of Health and Human Services to provide in writing clear policy statements regarding the importance of sterile needles and syringes for injection drug users who continue to inject, and clear advice to states to change laws to increase access to sterile needles and syringes and to deregulate possession of needles and syringes. The Department is encouraged to expand resources for drug treatment and to facilitate linkages between syringe exchanges and treatment, health, and social service agencies.

National Black Caucus of State Legislators

Resolution 97-09 Support for Needle Exchange Programs to Limit the Rate of HIV Infection

Be it Further Resolved, that in the face of mounting positive evidence NBCSL calls on Congress to lift the ban on the use of federal funds for needle exchange programs; and

Be it Finally Resolved, that NBCSL calls upon legislative bodies throughout the country to amend drug paraphernalia and prescription requirements in consultation with their state public health authorities to allow greater access to sterile needle and syringes for those addicted to injection drugs.

85-11751 12734
New York Academy of Medicine

Report of the Academy Committee on Medicine in Society

Legal barriers to obtaining sterile needles and syringes should be removed. We support the enactment of the New York State legislative proposal to permit the sale by pharmacies of hypodermic needles and syringes without a prescription, and to deregulate the distribution and possession of sterile needles and syringes as a cost-effective approach to preventing HIV transmission.

We support increasing the availability of needle exchange programs to all those who seek such services; these programs should incorporate into their outreach services education on the proper disposal of needles. The State Legislature should substantially increase appropriations for state-sponsored needle exchange programs to \$7 million in order to expand capacity at the state's eleven existing programs, develop new programs, and increase the availability of supplies necessary to implement needle exchange. In addition, we advocate rescinding the present ban on utilizing federal funds for needle exchange programs and research.

U.S. Conference of Mayors

Resolution No.26: Rationale for Needle Exchange Programs
65th Annual Conference of Mayors Meeting June, 1997

Now, Therefore, Be It Resolved, that the Secretary of the Department of Health and Human Services, in recognition of the overwhelming scientific evidence that needle exchange is effective in preventing the spread of HIV and does not increase the use of illegal drugs, exercise the waiver authority provided under the FY1997 Labor, Health and Human Services, Education and Related Agencies appropriations legislation; and

Be It Further Resolved, that needle exchange is only one, vital component of a comprehensive HIV prevention program, including information, medical treatment, substance abuse treatment and a broad range of complementary social services necessary to prevent the spread of HIV; and

Be It Further Resolved, that state and local public health officials, consistent with the scientific and public health evidence supporting needle exchange as an effective HIV prevention tool, may utilize appropriate Federal resources for needle exchange programs, as a part of a community's comprehensive HIV prevention plan.

July 1997



MOTHERS' VOICES

United to end AIDS®

Some Helpful Facts About Needle Exchange Programs

- One-third of all new HIV infections are attributable to injecting drug users and their sexual partners. Sixty-three percent of all AIDS cases among women are related to sharing needles and syringes for the injection of drugs or to sex with an injecting drug user; and 58 percent of all pediatric AIDS cases are due to the mother's use of injecting drugs or sex with an injecting drug user. Over one-half of all AIDS-related deaths for African-Americans and Latinos are injection-related.
- The lifetime cost of treating 25,500 cases of needle/syringe sharing related AIDS (the number treated in 1995) was more than \$3 billion. If the federal ban on needle exchange funding continues to the turn of the century, the United States will have failed to prevent 11,000 cases of AIDS at a cost of at least \$1.3 billion for medical care.
- **Needle exchange programs work.** Seven federally supported studies have concluded that needle exchange programs are an effective means of slowing the rate of HIV transmission, without increasing drug use.¹ After instituting their needle exchange program, New Haven, Connecticut found an estimated 33% reduction in the rate of new HIV infections among their target population.
- **Needle exchange programs do not increase the incidence of drug abuse.** A study of a San Francisco based needle exchange program found that the rate of daily injections was actually decreased among program participants.
- **Needle exchange programs provide a point of access** for injecting drug users into a broader range of healthcare services including drug treatment, AIDS education and traditional medical care. Most cities have long waiting lists of drug treatment services. In Seattle, Washington eight of ten participants who requested vouchers entered into addiction treatment programs.
- **Needle exchange programs are an inexpensive way to prevent HIV infection.** The median cost of running a needle exchange program is \$169,000, which breaks down to approximately \$0.71 to \$1.63 per syringe distributed. The lifetime cost of treating a person with AIDS is estimated to be approximately \$119,000.

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

NEEDLE EXCHANGE:

An Effective Weapon in our HIV Prevention Arsenal

LET SCIENCE LEAD

Overview: Current law provides that no federal funds may be used for needle exchange programs until such time as the Secretary of Health and Human Services determines that these programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs. Last week because of an amendment sponsored by Congressman Hastert, the House of Representatives voted to strip the Secretary of her authority, and preempt local decision making about the implementation of needle exchange programs. Today we are here to listen to outrageous claims and accusations about the evils of needle exchange programs based on the programs underway in Switzerland.

We believe that the Swiss models have no bearing on the work being done in several U.S. jurisdictions, and is an attempt by a few to cloud the real issues in the debate about needle exchange programs. We also believe that federal funds should be available to localities that are equipped to carry out exchange programs as a part of their local prevention efforts.

- ❑ Decisions regarding whether to lift or maintain the current ban against the federal use of funds for needle exchange programs should be left in the hands of public health experts, not made in a politically charged arena.
- ❑ It is difficult to advocate on behalf of IV drug abusers because the behavior that places them at risk for HIV is illegal. However, estimates find that one third of all current HIV infections are due directly or indirectly to injecting drug use. Without aggressively addressing this target group, HIV will continue to spread among the non-using women and children associated with IV drug abusers. *Needle exchange programs work!*
- ❑ Needle exchange programs provide a point of access for injecting drug users into a broader range of healthcare services including drug treatment, AIDS education and traditional medical care. In Seattle, Washington eight of ten program participants who received vouchers for drug treatment entered into addiction treatment programs.
- ❑ Each of seven federally funded studies found that needle exchange programs are effective in slowing the rate of HIV transmission *without increasing drug use*. After instituting a needle exchange program in New Haven, Connecticut that city experienced a 33% reduction in the rate of new HIV infections among their target population. A study of a San Francisco based needle exchange program found that the rate of daily injections was decreased among program participants.
- ❑ We are calling on Secretary Shalala to exercise her waiver authority and lift the ban against federal funding of needle exchange programs. We are also calling on the Congress not to strip her of her ability to make a reasoned decision based on sound public health policy considerations. Please do not remove her authority to lift the ban.



MOTHERS' VOICES

United to end AIDS®

MOTHERS' VOICES TESTIMONY

**Needle Exchange: An Effective Weapon in
Our HIV Prevention Arsenal**

**Amy Whitcomb Slemmer, JD
Legislative Consultant**

***For the House Government Reform and Oversight Committee
Subcommittee on National Security, International Affairs, and Criminal Justice***

September 18, 1997

Mothers' Voices ■ 165 West 46th Street, Suite 701 ■ New York, NY 10036
telephone 212.730.2777 ■ facsimile 212.730.4378 ■ internet <http://www.mvoices.org>
1001 Pennsylvania Avenue, N.W., Suite 600 ■ Washington, D.C. 20004
telephone 202.624.3961 ■ facsimile 202.624.7222 ■ internet <http://www.ASlemmer@aol.com>

INTRODUCTION:

New AIDS treatments provide improved chances for long-term survival, and renewed hope for an ultimate cure. During this time of optimism, though, we must not lose sight of the need to continue to aggressively prevent the spread of AIDS. While the new drug combination therapies offer hope to those living with HIV (the virus that causes AIDS), we must remember that these medicines have not prevented one infection.

The public is increasingly familiar with many standard HIV prevention options. Education about the need for safer sex, including condom availability, seems to reach at least a portion of the intended audience, and healthcare workers know to practice universal precautions to avoid viral transmission.

However, one very important weapon in our prevention arsenal *that has been proven to work* remains stigmatized: i.e., providing access to clean needles to reduce the transmission of HIV when dirty needles are shared by injecting drug users. Even though the epidemic has been fueled by exposure to dirty needles, Congress has actually *prohibited* needle exchange programs from receiving federal funding. Without access to these funds, only a handful of such programs (around 100 or so) exist, operating on an ad-hoc basis with piecemeal funding, in an attempt by these communities to stem the tide of local HIV infection.

Because needle/syringe exchange programs have proven effective, there is now a growing call for a national strategy to increase the availability of these programs to reach more areas of the country. Citing an "urgent public health need," the American Medical Association recently called for a change in laws to allow injecting drug users to possess and have easy access to clean hypodermic needles. The AMA voted to work with Congress to develop legislation to revoke the nine-year-old ban on federal funding for needle exchange programs and to urge state medical groups to initiate state bills to relax their state's drug paraphernalia laws.¹

OVERVIEW:

Currently, the fastest growing cause of HIV transmission is injecting drug use (IDU), which is increasing at twice the rate of infections among gay men. The virus is spread through blood to blood contact among drug users who share dirty needles. HIV is then passed on to the sexual partners (many of whom are not injecting drug users themselves), or to their newborns via perinatal transmission (mother to baby). **It is estimated that one-third of all current HIV infections are due, either directly or indirectly, to injecting drug use.**

Researchers have found that nearly 10,000 HIV infections in the United States could have been prevented between 1987 and 1995 if needle exchange programs had been more widely available.²

As public health officials know, people who are addicted to drugs spread the virus because they have no access to clean needles or syringes, and because they are unaware of their HIV status. Surveys have found that injecting drug users are concerned about contracting HIV, but legal and

¹ Seelye, KQ. A.M.A. backs drug-user needle exchanges. *New York Times* 6/27/97: A15.

² Lurie P & Drucker E. *Lancet* 3/3/97

other barriers to clean needles keep them from taking the necessary precautions to prevent transmission of the virus.

Mothers' Voices believes that access to clean needles can significantly reduce HIV infections among injecting drug users, their sex partners and children. We believe that well designed needle exchange programs enable substance users to avoid HIV infection, and provide encouragement to enroll in drug treatment programs and vital links to other important health services.

Thus, we support lifting the ban on federal funding for needle exchange programs³ and revoking or modifying state prescription and paraphernalia laws that limit access to sterile syringes.⁴

FACTS:

- One-third of all new HIV infections are attributable to injecting drug users and their sexual partners. Sixty-three percent of all AIDS cases among women are related to sharing needles and syringes for the injection of drugs or to sex with an injecting drug user; and 58 percent of all pediatric AIDS cases are due to the mother's use of injecting drugs or sex with an injecting drug user. Over one-half of all AIDS-related deaths for African-Americans and Latinos are injection-related.
- The lifetime cost of treating 25,500 cases of needle/syringe sharing related AIDS (the number treated in 1995) was more than \$3 billion. If the federal ban on needle exchange funding continues to the turn of the century, the United States will have failed to prevent 11,000 cases of AIDS at a cost of at least \$1.3 billion for medical care.
- **Needle exchange programs work.** Seven federally supported studies have concluded that needle exchange programs are an effective means of slowing the rate of HIV transmission, without increasing drug use.⁵ After instituting their needle exchange program, New Haven, Connecticut found an estimated 33% reduction in the rate of new HIV infections among their target population.
- **Needle exchange programs do not increase the incidence of drug abuse.** A study of a San Francisco based needle exchange program found that the rate of daily injections was actually decreased among program participants.
- **Needle exchange programs provide a point of access** for injecting drug users into a broader range of healthcare services including drug treatment, AIDS education and traditional medical care. Most cities have long waiting lists of drug treatment services. In Seattle, Washington eight of ten participants who requested vouchers entered into addiction treatment programs.

³ Federal law currently prohibits funding needle exchange until "the Surgeon General of the United States [determines] that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs."

⁴ Ten states and the District of Columbia prohibit the purchase of a syringe without a prescription. Paraphernalia laws exist in 46 states and the District of Columbia precluding the possession or distribution of syringes except for "legitimate medical purposes."

⁵ The National Commission on AIDS, 1991; University of California, 1993; The Centers for Disease Control, 1993; The National Academy of Sciences 1995; General Accounting Office, 1993; and Office of Technology Assessment, 1995; NIH Consensus Document on HIV Prevention Strategies, 1997.

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

FEDERAL FUNDING, LOCAL DESIGN:

Needle exchange programs cannot begin to solve the problems of those addicted to drugs, nor the larger constellation of problems faced in poor and disenfranchised communities. However, when properly designed and with community support, such programs can have a major impact on reducing HIV transmission among injecting drug users, thus creating an opportunity for many to live long enough to overcome their drug addiction.

One critical element necessary for the success of these programs is local planning and authority over the design of the needle exchange efforts. Mayors and local health officials who have encouraged the creation of needle exchange coalitions have found that cooperative efforts with the local affected population and the community at large have been critically important to the success of these programs. Local autonomy provides health officials with the opportunity to tailor their programs to the specific concerns and conditions of their community.

The ban against the use of federal money for needle exchange programs has been a barrier to increasing the number of local programs in existence. Public health and elected officials report that the federal ban has had a chilling effect on creating new programs. While these programs have proven to be effective, local officials interested in implementing needle exchange programs point to the lack of federal leadership and support as a primary impediment to initiating their own local efforts.

Thus far, the ban against the use of federal funding for needle exchange programs has been motivated by politics. Elected officials and Administration appointees are concerned about being seen as supporting the habits of injecting drug users. But studies have shown that a majority of the American public actually support needle exchange programs -- one recent survey from the Kaiser Family Foundation reveals that 55 percent of 1,000 voters surveyed were either strongly or somewhat in favor of needle-exchange programs to prevent the spread of HIV.⁶ Leaders from the Centers for Disease Control and the National Institutes of Health, numerous national public health organizations, drug treatment programs, law enforcement officials, religious leaders, and organizations involved in the daily battle to prevent the spread of AIDS, support funding needle exchange programs.

There is bipartisan support from elected officials, as well. In June 1997 the United States Conference of Mayors approved a bipartisan resolution urging immediate elimination of the current restriction on the use of federal funds for needle exchange. Legislators in California, Rhode Island, and Minnesota recently have passed bills supporting needle exchange programs.

Finally, the scientific evidence is in. The National institutes of Health HIV Prevention Consensus report published in February 1997 found that needle exchange programs cause a 30 percent or greater reduction in HIV in injecting drug users and increase the likelihood that IDUs

⁶ Reuters. Most US voters favor needle exchange. 6/13/97

will enter drug treatment programs. The NIH found that needle exchange *does not* increase drug use or encourage non-drug users, especially youth, to use drugs; and does not lead to an increase in used needles discarded in public spaces.

CONCLUSION:

Needle exchange programs are a critical part of comprehensive HIV prevention. A commitment of funds and resources must be dedicated to these programs so that they will include additional services such as drug treatment programs and healthcare services that make effective intervention for the injecting drug user community possible.

Currently, all statutory conditions for lifting the ban have been met. In 1996 U.S. Secretary of Health and Human Services Shalala herself declared that these programs have been shown to reduce the rate of new HIV infections, and in 1997 she declared that needle exchange programs are "an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases."

The decision to lift the ban should be considered on the merits as a sound public health strategy.

The Clinton administration must exercise its ability to waive the ban, and the members of Congress must not usurp Secretary Shalala's authority to do so.

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



MOTHERS' VOICES

United to end AIDS®

Mothers' Voices ■ 165 West 46th Street, Suite 701 ■ New York, NY 10036
telephone 212.730.2777 ■ facsimile 212.730.4378 ■ internet <http://www.mvoices.org>

November 13, 1997

Honorable Donna Shalala
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Shalala:

On behalf of the over 2,400 community based organizations we represent, AIDS Action urges you immediately to make the determination that needle exchange programs are both effective in preventing the spread of HIV and do not encourage the use of illegal drugs. Furthermore, we strongly request that you and your department expeditiously develop the conditions and guidelines under which these exchange projects would operate without compromising the operation of existing programs.

AIDS Action and the NORA (National Organizations Responding to AIDS) coalition have actively and successfully worked with the Congress to preserve your authority from legislative attack. The American Medical Association as well as the American Bar Association, and the American Public Health Association joined us in this effort. We all agree with the NIH Consensus Panel finding that there is overwhelming scientific data to prove the effectiveness of needle exchange programs in reducing HIV transmission and not increasing the use of illegal drugs. We hope to continue this momentum to ensure your determination.

Although Congress ultimately preserved your authority, a moratorium on the flow of federal funds was established, along with several program parameters. It is critical that you take action before the expiration of the moratorium on March 31, 1998, to signal to Congress your unequivocal resolve to put science ahead of politics and to allow the use of federal funds for these programs. We pledge to work with you to lay the groundwork for you to exercise your authority on April 1, 1998. Furthermore, it is our expectation that federal funds will then be made available for needle exchange programs.

In addition, your prompt and aggressive action would signal to leaders on Capitol Hill that the Administration will oppose any attempts to revisit the removal of your authority. In the long legislative battle over the preservation of your authority, there was tremendous education on Capitol Hill about needle exchange programs. We are encouraged that you, the National Institutes of Health and Dr. Varmus, the Centers for Disease Control and Prevention and Dr. Satcher, Office of National AIDS Policy and Ms. Thurman have all endorsed needle exchange programs. This is a strong list of qualified individuals who can join AIDS Action and NORA in assisting your efforts to implement needle exchange programs and do battle, if necessary, on Capitol Hill.

1875

Connecticut Ave NW

Suite 700

Washington DC

20009

Fax 202 986 1345

Tel 202 986 1300



I look forward to your cooperation and expeditious work on this important matter. If we can be of assistance, please call on me. Thank you for your consideration.

Sincerely

A handwritten signature in cursive script that reads "Daniel Zingale".

Daniel Zingale
Executive Director

cc: Mr. Bruce Reed
Mr. Chris Jennings
Mr. John Hilley
Ms. Maria Echaveste
Ms. Sylvia Mathews
Mr. Donald Gipps
Mr. Kevin Thurm
Mr. Bill Corr
Ms. Sandy Thurman
Mr. David Satcher
Ms. Helene Gayle

September 4, 1997

The Honorable Bob Livingston, Chair
House Appropriations Committee
H218 The Capitol
Washington, DC 20515-6015

The Honorable John Porter, Chair
Labor, Health and Human Services and Education and
Related Agencies Subcommittee
House Appropriations Committee
2358 Rayburn House Office Building
Washington DC 20515

The Honorable David Obey, Ranking Minority Member
House Appropriations
1016 Longworth House Office Building
Washington DC 20515

Dear Sirs:

Current law, by way of Labor, Health and Human Services, Education and Related Agencies Appropriations authority, provides that no funds may be used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

We understand that there may be an effort underway to remove this Secretarial discretion and to impose an absolute ban on federal funding for needle exchange programs. Such an action would inappropriately remove this decision from public health experts and place it in the political domain. We, the undersigned organizations, oppose any effort to remove the Secretary's authority and strongly support a determination based on public health and science.

It is well established that the sharing of injection equipment among drug users is a leading cause of HIV transmission, exposing the more than one million Americans who inject illicit drugs to this preventable disease. Approximately one-third of all reported adult AIDS cases are directly or indirectly associated with injection drug use and drug users account for approximately two-thirds of all cases of newly acquired HIV infection.

Needle exchange programs offer sterile syringes to replace used ones in an effort to discourage the sharing or reusing of injection equipment with its risk of transmission of HIV and other blood-borne diseases. Numerous respected organizations have reviewed scientific research on needle exchange programs and concluded that these programs are an effective component of a comprehensive HIV prevention strategy that also includes drug treatment and outreach.

The groups represented below ask you to retain Secretarial discretion in the funding of needle exchange programs, as you consider the Labor-HHS Appropriations bill. Thank you for your consideration of this important public health issue.

American Academy of Pediatrics
American Medical Association
American Nurses Association
American Public Health Association
Association of Schools of Public Health
National Alliance of State and Territorial AIDS Directors
National Association of County and City Health Officials
National Black Caucus of State Legislators
United State Conference of Mayors

cc: The Honorable Newt Gingrich, Speaker
The Honorable Richard Gephardt, Minority Leader
Members House Appropriations Committee

AMERICAN BAR ASSOCIATION
NEWS RELEASE

Policy Statement
of the
AMERICAN BAR ASSOCIATION

HIV AND NEEDLE EXCHANGE PROGRAMS

RESOLVED, That in order to further scientifically based public health objectives to reduce HIV infection and other blood-borne diseases, and in support of its long-standing opposition to substance abuse, the American Bar Association supports the removal of legal barriers to the establishment and operation of approved needle exchange programs that include a component of drug counseling and drug treatment referrals.

Adopted by the ABA House of Delegates, August 1997

For more information, contact: Dolores Beasley, ABA Public Affairs, 202/662-1092

**AMERICAN BAR ASSOCIATION
SECTION OF INDIVIDUAL RIGHTS AND RESPONSIBILITIES
CRIMINAL JUSTICE SECTION
STANDING COMMITTEE ON SUBSTANCE ABUSE
COMMISSION ON HOMELESSNESS AND POVERTY
COMMISSION ON MENTAL AND PHYSICAL DISABILITY LAW
NATIONAL LESBIAN AND GAY LAW ASSOCIATION**

RECOMMENDATION

RESOLVED, That in order to further scientifically based public health objectives to
reduce HIV infection and other blood-borne diseases, and in support of our long-standing
opposition to substance abuse, the American Bar Association supports the removal of
legal barriers to the establishment and operation of approved needle exchange programs
that include a component of drug counseling and drug treatment referrals.

1
2
3
4
5

AMERICAN BAR ASSOCIATION ENDORSES NEEDLE EXCHANGE PROGRAMS,
PUTS PUBLIC HEALTH AND SAFETY FIRST, HRC SAYS

ABA Joins Growing Consensus Recognizing Such Programs
Help Curb HIV/AIDS While Complementing Fight Against Drug Abuse

WASHINGTON -- The American Bar Association endorsed the use of needle exchange programs today as an effective way to help stem the spread of HIV/AIDS while complementing the fight against drug abuse, and encouraged the removal of legal barriers to such efforts.

"The ABA has joined public health experts in recognizing the scientific evidence that needle exchange and drug treatment efforts complement each other and save lives," said Seth Kilbourn, senior health policy advocate for the Human Rights Campaign. "Needle exchange programs help meet an urgent public health need in communities combating the dual epidemics of AIDS and illegal drug use."

Needle exchange programs provide intravenous drug users with sterile syringes in exchange for used ones. Such programs have been implemented in more than 100 communities around the country, and have been shown to stem the spread of HIV and other blood-borne diseases transmitted through the sharing of injection equipment.

In February, the Department of Health and Human Services released a report concluding that needle exchange programs are effective in slowing the spread of HIV and AIDS.

The Human Rights Campaign continues to call on the secretary of Health and Human Services to act on the scientific evidence demonstrating the necessity and effectiveness of needle exchange programs. HRC is encouraging her to remove current restrictions preventing local communities from using federal funds for these life-saving programs.

The ABA's resolution states that "in order to further scientifically based public health objectives to reduce HIV infection and other blood-borne diseases, and in support of our long-standing opposition to substance abuse, the American Bar Association supports the removal of legal barriers to the establishment and operation of approved needle exchange programs that include a component of drug counseling and drug treatment referrals."

Approximately one-third of reported AIDS cases are related to injection drug use. Sixty-six percent of all AIDS cases among women -- and more than half of such cases among children -- are related to injection drug use.

With the adoption of its resolution today, the ABA has joined a growing consensus in favor of needle exchange programs. Groups supporting such HIV prevention efforts include the American Medical Association, the American Public Health Association, the Association of State and Territorial Health Officials, the National Academy of Sciences, the National Black Caucus of State Legislators and the United States Conference of Mayors.

The ABA cited evidence that needle exchange programs reduce the spread of HIV and hepatitis among injection drug users and their families; reduce the number of contaminated needles on the street that pose a risk to public safety; do not increase -- and may actually reduce -- illegal drug use; and are vastly more cost-effective than treating the additional people who would otherwise become HIV-positive.

"It's all too rare that saving lives and saving money end up on the same side of the public health equation," noted HRC's Kilbourn. "So ignoring the mountain of scientific evidence in favor of needle exchange efforts would be both morally and fiscally irresponsible."

Beyond the support from public health, scientific and legal experts, needle exchange programs are earning favor with the majority of Americans. Fifty-five percent of voters support such programs, according to a bipartisan poll commissioned by HRC and conducted April 8-10 by the Tarrance Group, a Republican firm, and Lake Sosin Snell and Associates, a Democratic polling company. The overall margin of error is plus or minus 3.1 percent.

In addition, a March 1996 survey by the Kaiser Family Foundation found that 66 percent of Americans favor "having clinics make clean needles available to IV drug users to help stop the spread of AIDS."

The Human Rights Campaign is the largest national lesbian and gay political organization, with members throughout the country. It effectively lobbies Congress, provides campaign support and educates the public to ensure that lesbian and gay Americans can be open, honest and safe at home, at work and in the community.

GOVERNMENTAL AFFAIRS
OFFICE

AMERICAN BAR ASSOCIATION

Governmental Affairs Office
740 Fifteenth Street, NW
Washington, DC 20005-1009
(202) 662-1760
FAX: (202) 662-1762
(202) 662-1032

September 29, 1997

Dear Conferee:

We are writing to urge you to reject the House-passed amendment to the FY 1998 appropriations bill for the Departments of Labor, Health and Human Services and Education, which would institute an outright ban on federal funding for needle exchange programs. By rejecting this House-passed provision, you will preserve current law, which authorizes the Secretary to make the critical public health decision to lift the current ban on federal funding for needle exchange programs if she can demonstrate that such programs are effective in preventing the spread of HIV and result in reduced drug abuse in this country.

Last month, the American Bar Association adopted the following policy on the subject of needle exchange programs:

Resolved, That in order to further scientifically based public health objectives to reduce HIV infection and other blood-borne diseases, and in support of our long-standing opposition to substance abuse, the American Bar Association supports the removal of legal barriers to the establishment and operation of approved needle exchange programs that include a component of drug counseling and drug treatment referrals.

There is uncontroverted evidence that the overall proportion of HIV cases attributable to injection drug use has steadily and dramatically increased over the last fifteen years; in fact, injection drug users now account for almost two-thirds of all cases of newly acquired HIV infection.

At the same time, there is convincing public health evidence, compiled and evaluated by the Centers for Disease Control, the National Research Council, and the National Institutes of Health, that needle exchange programs significantly reduce the rate of HIV transmission, do not increase illicit drug activity, prevent contaminated needles from being disposed of in ways that could endanger others, and increase

DIRECTOR

Robert D. Evans
(202) 662-1765
rd.evans@staff.abanet.org

SENIOR LEGISLATIVE COUNSEL

Kevin J. Driscoll
(202) 662-1766
kdriscoll@staff.abanet.org

Irene R. Emmelien
(202) 662-1767
emmelien@staff.abanet.org

Lillian B. Gaskin
(202) 662-1768
lgaskin@staff.abanet.org

LEGISLATIVE COUNSEL
Denise A. Cardman
(202) 662-1761
cardman@staff.abanet.org

Irving E. Daniels
(202) 662-1769
idaniels@staff.abanet.org

R. Larson Frisby
(202) 662-1660
lrisby@staff.abanet.org

Kristi Gaines
(202) 662-1764
gainesk@staff.abanet.org

E. Bruce Nicholson
(202) 662-1769
nicholson@staff.abanet.org

EDITOR GRASSROOTS
OPERATIONS
Mauricio Vivero
(202) 662-1764
vivero@staff.abanet.org

EXECUTIVE ASSISTANT
Diane Crucker-McFayer
(202) 662-1777
dcrucker@staff.abanet.org

INTELLECTUAL PROPERTY
LAW CONSULTANT
Hayden Gregory
(202) 662-1772
gregoryh@staff.abanet.org

STAFF DIRECTOR FOR
STATE LEGISLATION
Learne Plaut
(202) 662-1780
plautl@staff.abanet.org

STAFF DIRECTOR FOR
INFORMATION SERVICES
Sharon Greene
(202) 662-1014
sgreene@staff.abanet.org

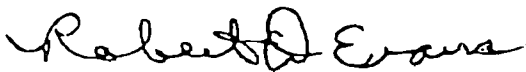
DIRECTOR WASHINGTON LETTER
Rhonda J. McMillion
(202) 662-1017
rjcmillion@staff.abanet.org

the opportunity for counseling drug addicts and encouraging their participation in appropriate treatment programs.

Since there is no cure for HIV and no vaccine to protect against HIV infection, it is essential that public health officials have the ability to use all reasonable methods to protect the uninfected public and to counsel and provide treatment to infected individuals who engage in high-risk behavior such as intravenous drug use. Needle exchange programs are currently operating in at least 46 cities in 21 states, according to a survey conducted by the U.S. Conference of Mayors, and are supported by the American medical community; indeed, the American Medical Association, citing "an urgent public health need," has strongly encouraged the expansion of needle exchange programs, and the Centers for Disease Control have stated that such programs are part of a comprehensive approach to the prevention of HIV in intravenous drug users and their sexual partners and children.

The House-passed provision would erect a substantial barrier to the establishment and expansion of such programs. By revoking the Secretary's discretion to lift the current ban, it would remove this medical and public health decision from the province of public health officials and would ban the use of a potentially powerful method for reducing HIV transmission and intravenous drug abuse. The American Bar Association therefore urges you to reject the House-passed amendment and retain the language of the Senate-passed bill which preserves the Secretary's discretion to make this important public health decision.

Sincerely,

A handwritten signature in cursive script that reads "Robert D. Evans". The signature is written in dark ink and is positioned above the typed name.

Robert D. Evans

**American Psychiatric Association
Position on Needle Exchange Programs**
September, 1996

This statement was written by the Commission on AIDS. It was approved by the Board of Trustees in September 1996.

Current treatment strategies for the acquired immune deficiency, syndrome (AIDS) and its sequelae reflect major advances in both knowledge about the human immunodeficiency virus (HIV) and effective new therapies, but there is still no known cure, and the most effective public health approach to this devastating epidemic remains the Prevention of HIV transmission.

Injection drug users are the second largest group at risk for transmitting HIV in the United States. HIV and other blood-borne pathogens are transmitted easily from person to person through the sharing of contaminated needles and other contaminated drug injection equipment. High rates of HIV infection among injection drug users also may increase the risk of transmission of the virus to the non-drug-using sexual partners and children of injection drug users. In fact, the majority of AIDS cases among women and children in the United States can be directly or indirectly traced to injection drug use.

Psychiatrists recognize the challenges achieving significant behavioral change, particularly with regard to the addictions. Programs that provide adequate therapeutic support and interventions directed toward the ultimate goal of abstinence are essential. However, the frequently remitting and relapsing course of injection drug use, in conjunction with the deadly risk of AIDS with each use, argues strongly for treatment approaches that start with reducing the associated harm of HIV transmission while attempting to engage the individual in more comprehensive treatment. Studies prepared for the U.S. General Accounting Office, the U.S. Centers for Disease Control and Prevention, and the X and XI International Congresses on AIDS have concluded that needle exchange programs are effective in reducing the sharing of drug injection equipment and in preventing significant numbers of HIV infections among those using such programs, their drug and sexual partners, and their children.

The Institute of Medicine released a major report that needle exchange programs are effective in reducing HIV transmission. After extensive review of the current available research, the panel members further concluded that needle exchange programs do not increase the amount of drug use by those using such programs and do not increase overall community levels of new or continued use of injection or noninjection drugs. The recommendations of the reports from the Centers for Disease Control and Prevention and from the Institute of Medicine to remove government restrictions on the availability of sterile syringes through needle exchange programs as a viable strategy for preventing the spread of HIV have also been endorsed by the American Medical Association.

Needle exchange programs should provide on-site counseling and education about alcohol and other substance use, as well as referrals and improved access to comprehensive drug treatment programs, medical and reproductive care, counseling and testing for HIV and other sexually transmitted diseases and blood-borne pathogens, psychiatric and psychosocial services, and alternative methods for further reducing the harm associated with drug use.

Therefore, the American Psychiatric Association supports the removal of government restrictions on the availability of sterile syringes specifically within the structure of organized needle exchange programs, encourages government-sponsored efforts to broaden the availability of these programs in targeted areas and provide public health education to promote safer hygiene practices among injection drug users, and continues to endorse the availability of quality detoxification and treatment programs for all substance abusers.



[Home] [Spirituality] [Entheogens] [Politics] [Culture] [Books] [Search] [Feedback]

Position Statements

Needle Exchange and HIV

Summary: An increasing percentage of HIV/AIDS cases are related to injection drug use (IDU). The sharing of contaminated needles is the primary method of transmission for intravenous drug users. Nurses support the availability of needle exchange programs which include adherence to public health and infection control guidelines, access for referral to treatment and rehabilitation services, and education about the transmission of HIV disease.

Background: According to the National Commission of AIDS, 32% of all adults with AIDS and 71% of all females with AIDS are directly or indirectly related to IDU. Among children with HIV, the majority are infected before birth by an intravenous drug using mother or a mother infected through sexual activity with an intravenous drug user. Therefore, needle sharing is directly linked to the transmission of HIV disease.

Successful substance abuse treatment for all injection drug users would eliminate the problem of HIV transmission through injection drug use; however, substance abuse treatment is not always sought by those in need, is not always available, and may not be immediately successful. Despite continuing efforts to increase the availability of drug treatment, it is unlikely that injection drug use will be completely eradicated in the near future. HIV/AIDS prevention measures are needed to reduce the spread of HIV among injection drug users until such time as treatment is available or accessed.

Studies have shown that needle exchange programs do not increase drug use. It is also found that there is a reduction in the incidence of needle sharing, a decrease in the transmission of other bloodborne infections such as Hepatitis B and a reduction in the incidence of HIV transmission (AMFAR, 1992).

Since needle exchange programs attract many difficult to reach individuals, it is important that there also be access to primary health care services for sexually transmitted disease (STD), HIV screening and drug treatment resources. Research indicates that it is also important to direct additional preventive measures at IDUs with an increased risk of borrowing needles (Hagan, et al, 1991). Documentation of participating patterns and barriers to exchange use and the effects on HIV serologic status are recommended.

Needle exchange programs with comprehensive substance abuse services, rehabilitation and referral components are an effective approach for prevention of transmission of HIV disease. Participants consistently report dramatic decreases in behaviors that are associated with transmission of disease and increases in safer behaviors such as sterilizing needles when sharing does occur (National Commission on AIDS). These programs provide access for the intravenous drug user to education, counseling, and HIV testing.

Therefore, the American Nurses Association (ANA) supports

- the availability of needle exchange programs which include:
- the adherence to public health and infection control guidelines,
- education about the transmission of HIV disease
- confidential HIV testing with pre & post-test counseling,
- access for referral of injection drug users (IDUs) to treatment and rehabilitation services.
- access to needle exchange programs at the local community level,
- the development of public policy to support needle exchange programs with access to health screening and drug treatment services,
- the utilization of qualified health care providers, including nurses, as resources for quality, cost-effective program outcomes, and
- continued research of the effectiveness of needle exchange programs which include access to primary health care screening and drug treatment.

References

- Bardsley, J., Turvey, J., Blatherwick, J., 1990. Vancouver's needle exchange program. Canadian Journal of Public Health, 81(1):39-45.
- Buning, E.C., 1991. Effects of Amsterdam needle and syringe exchange. International Journal on Addictions. 1303-11.
- Christensson, B., Ljungberg, B. 1991. Syringe exchange for prevention of HIV infection in Sweden: practical

- experiences and community reactions. *International Journal on Addictions*, 1293-302.
- Firlick, A.D, Schreiber, K. 1992. AIDS prevention by needle exchange. *N Y State J Medicine*, October, 92(10):426-30
 - Ginsburg, H.M., 1989. Needle exchange programs: A medical or a policy dilemma? *Am. J Public Health*, 79(10):1350-51.
 - Guydish, J., Clark, G., Garcia, D., Downing, M., Case, P., & Sorensen, J., 1991. Evaluating needle exchange: Do distributed needles come back? *Am. J Public Health*, 81:617-619
 - Hagan, H., Des Jarlais, D.C., Purchase, D., Reid, T., Friedman, S.R. 1991. The Tacoma Syringe Exchange. *Addictions Dispe*, 10(4):81-8.
 - Hartgers, C., van Ameijden, E.J., van den Hoek, J.A., Coutinho, R.A., 1992. Needle sharing and participation in the Amsterdam Syringe Exchange program among HIV-seronegative injecting drug users. *Public Health Report*, 107(6):675-81.
 - Kaplan, E.H., Heimer, R., 1992. HIV prevalence among intravenous drug users: model-based estimates from New Haven's legal needle exchange. *Acquired Immune Deficiency Syndrome*, 5(2):163-9.
 - Raymond, C.A., 1988. U.S. cities struggle to implement needle exchanges despite apparent success in European cities [news]. *Journal of the American Medical Association*, 260(18):2620-1.
 - 1992. Needle Exchange Programs: Are They Effective? ONDCP Bulletin No. 7. Executive Office of the President, Office of National Drug Control Policy
 - 1992. Spokane Needle Program Upheld; Health Department Powers Cited. *AIDS Policy & Law*, Buraff Publications, Washington, D.C.
 - 1991. *America Living With AIDS*. National Commission on AIDS, Washington, DC.
 - 1991. Needle Exchange and HIV/AIDS: Oppose Amendments to Thwart Washington, DC's Battle Against AIDS. American Foundation for AIDS Research, Washington, DC.

Effective Date: April 2, 1993

Status: New Position Statement

Originated by: Congress of Nursing Practice and Congress on Nursing Economics

Adopted by: ANA Board of Directors

Related Past Action:

1. Alcohol Abuse and Alcoholism, 1974 House of Delegates
2. U.S. "Dumping; of Unsafe Drugs and Devices on Third World Countries, 1980 House of Delegates Resources for the Treatment of Drug Addiction, 1990 House of Delegates

THIS INFORMATION COPYRIGHT 1997 AMERICAN NURSES ASSOCIATION

➤ [Return to the position statement index list.](#)

➤ [Return to the Reading Room.](#)



| [Sitemap](#) | [Home](#) | [Feedback](#) | [Membership](#)



AmFAR

NEW YORK, NY 10017-3204
TEL (212) 682-7440
FAX (212) 682-9812

BOARD OF DIRECTORS

Founding National Chairman
Elizabeth Taylor

*Founding Co-Chair and
Chairman of the Board*
Mathilde Krim, Ph.D.

Vice-Chairman of the Board
Tom Stoddard

Treasurer
Wallace Sherr, C.P.A.

Secretary
John F. Breglio, Esq.

Directors
Arlen H. Anderson, Esq.
Zev Braun
Robert L. Berkett, Esq.
Jonathan Canno
Kenneth Cole
Mrs. Michael D. Eisner
Wafaa El-Sadr, M.D., M.P.H.
Harvey V. Fineberg, M.D., Ph.D.
Michael Fuchs
Jerome E. Gropman, M.D.
Beatrix Ann Hamburg, M.D.
James C. Hormel, Esq.
Arnold Klein, M.D.
Michael J. Klingensmith
A. Levy, M.D.
Ruth H. Mayer, M.D.
Barbara Mesinger
Lincoln E. Moses, Ph.D.
Jane F. Nathanson
The Rev. Dr. Randolph Nugent
Leonard Rabinowitz
Michael D. Shriver
Mervyn F. Silverman, M.D., M.P.H.
Peter R. Staley
Michael Ward Stout, Esq.
The Rt. Rev. William E. Swing

Directors Emeriti
Arthur J. Ammann, M.D.
Jonathan M. Mann, M.D., M.P.H.
Abigail Van Buren
Joel D. Weisman, D.O.

In Memoriam
Sheldon W. Andelson, Esq.
Mrs. Albert D. Lasker
Peter Scott, Esq.

OFFICES

Los Angeles
5900 Wilshire Boulevard
Los Angeles, CA 90036-5032
Tel (213) 857-5900
Fax (213) 857-5920

Public Policy
1828 L Street, N.W., Suite 802
Washington, DC 20036-5104
(202) 531-8600
Fax (202) 531-8606

February 11, 1997

The Honorable William Jefferson Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

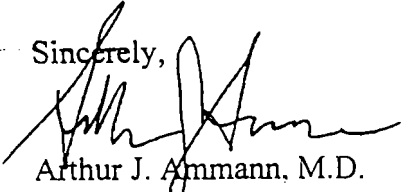
Dear President Clinton:

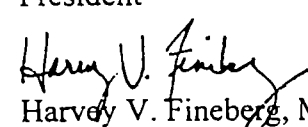
The American Foundation for AIDS Research (AmFAR) is writing to you regarding the upcoming Department of Health and Human Services report to Congress on needle exchange programs.

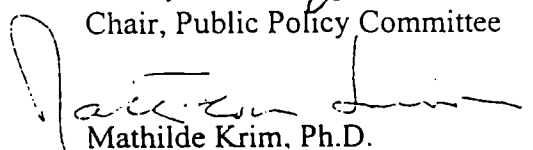
AmFAR has long been a major funder of needle exchange research, including the study recently published in *The Lancet*, one of the world's most respected medical journals. The study showed significantly lower rates of HIV infection among injection drug users who participated in needle exchange programs.

The ethical imperative to provide sterile injection equipment to intravenous drug users is strongly supported by the nation's foremost bioethicists, whose consensus statement is attached for your consideration.

Sincerely,


Arthur J. Ammann, M.D.
President


Harvey V. Fineberg, M.D., Ph.D.
Chair, Public Policy Committee


Mathilde Krim, Ph.D.
Founding Co-Chair and Chairman of the Board

cc: Vice-President Albert Gore, Jr.
Secretary of Health and Human Services Donna E. Shalala
Assistant to the President for Domestic Policy Bruce Reed
Office of Management and Budget Director Franklin Raines
National AIDS Policy Director Patsy Fleming

ON THE ETHICS OF DENYING INJECTION DRUG USERS ACCESS TO STERILE INJECTION EQUIPMENT

There are an estimated 1.5 million injection drug users (IDUs) in the United States. For more than a decade it has been clear that the sharing of injection equipment by such individuals can result in the transmission of HIV infection. Such infection can, in turn, be transmitted to sexual partners and infants born to infected mothers. As AIDS prevention efforts have taken hold in the gay community, slowing down the rate of new infections, injection drug users have emerged as the most critical element in the course of the AIDS epidemic in the United States. More than one third of all new cases of AIDS are among injection drug users, their sexual partners or their offspring. Fifty percent of incident cases of HIV infection are among those groups.

Although drug abuse treatment has a critical role to play in altering the course of this evolving public health tragedy, only about 15 percent of IDUs are in treatment on any given day. Limited treatment slots have resulted in lengthy waiting lists in many cities. Some drug users are not yet ready to forego drug use.

When the dangers of HIV among drug injectors became apparent early in the epidemic, IDUs were thought by many to be totally refractory to public health messages. After all, did they not imperil their health daily by injecting drugs? Yet this view was belied as early as 1984, when drug dealers began to capitalize on fears about AIDS by repackaging used needles and syringes and selling them as sterile.

At about this time, the idea of providing drug users with sterile injection equipment emerged in Europe as a method for reducing the risk of HIV infection in drug users. The idea was simple, yet controversial. Would drug users seek out needle exchange programs even if they were not yet ready to stop using drugs? If so, would the rate of HIV transmission be reduced? Would establishing needle exchange programs send a "mixed message," undermining efforts to reduce drug use? Would it pose other hazards in the form of contaminated needles left in parks or playgrounds?

What was open to question a decade ago is no longer a matter of responsible debate. Study after study has shown that needle exchange programs can reduce the rate of HIV transmission. While studies in different locales have reported varying degrees of success, none has demonstrated that the existence of needle exchange increases the risk to the public health. Given the data, as documented by the National Commission on AIDS (1991), the General Accounting Office (1993), the National Academy of Sciences (1995), and the Congressional Office of Technology Assessment (1995), we find the continued refusal by the federal government to permit the use of federal funds for needle exchange profoundly troubling from the perspective of medical ethics.

Among the principles of medical ethics that are pertinent to this issue, as well as to other public health challenges are:

Beneficence. Beneficence requires that we act on behalf of the interests and welfare of others. Potential risks must be weighed against potential benefits and actions with the most favorable risk-to-benefit ratio adopted.

and

Justice. Justice requires that the benefit and burdens of particular actions be distributed fairly. It also prohibits invidious discrimination.

These principles inform our conclusion that the failure to fund needle exchange efforts, with the predictable loss of life that can be traced to HIV infections that might have been averted, is ethically unacceptable.

When the risks and benefits of needle exchange are weighed against each other it becomes clear that the principle of beneficence is violated by the continued ban on federal funding. Given the scarcity of effective treatment and the cost of denying access to sterile injection equipment, the current federal policy represents a violation of the principle of justice. All public health decisions take place under varying degrees of uncertainty. The issue of needle exchange is no different. Thus, public health officials must make determinations that involve distributing the burdens of uncertainty. To continue the ban on federal funding of needle exchange represents a violation of the principle of justice because the entire burden, one with life-threatening consequences, falls on drug users, their sexual partners and their offspring.

Providing sterile injection equipment to drug users does not represent an endorsement of drug use. It is not a substitute for the treatment that seeks to address addiction. Public health measures often seek to reduce harm, even when there is dispute about the behaviors that are linked to an increased risk of morbidity and mortality. Condoms are provided to sexually active adolescents, not because it is believed that early sexual behavior is desirable, but because in the face of such behavior it is crucial to reduce the risk of pregnancy and sexually transmitted disease. It is with disbelief that one reads that at an earlier moment in American history the Army sought to express its disapproval of sexual activities by soldiers by denying them access to condoms. Sexual activity did not decrease, but the costs in venereal disease were staggering. Thus, providing sterile injection equipment falls squarely within the tradition of public health, and a failure to extend the benefits of that tradition to injection drug users comes at the cost of great suffering and loss of life.

This central concern makes the incessant call for more research before lifting the federal ban ethically troublesome. There was a moment when the evidence was either unavailable or equivocal, when the call for more research before action might have been supportable. But that moment has long since past. A refusal to lift the federal ban on needle exchange funding

constitutes a policy decision with life-threatening consequences. More research is crucial; there are indeed many questions that require further analysis. But such research cannot ethically serve to justify inaction at this moment. The laudable goal of improving our understanding of HIV transmission among drug users cannot be allowed to serve as a pretext to block a strategy of intervention that has proven effective and that has not resulted in the dire public health side effects feared a decade ago.

There are moments when ethical dilemmas pose nearly intractable problems for policy and decision makers, where any course of action comes at a price that appears morally troubling. This is not such an instance. Tens of thousands of drug users are at risk for HIV infection. Although needle exchange will not eliminate that risk, it can reduce it dramatically.

We believe that a failure to lift the federal ban on funding of needle exchange programs represents a policy that will consign thousands of men, women and children to early deaths. By every principle of medical ethics this situation calls out for a change.

**SIGNATURES TO STATEMENT
ON THE ETHICS OF DENYING INJECTION DRUG USERS
ACCESS TO STERILE INJECTION EQUIPMENT**

George J. Annas, J.D., M.P.H.
Edward R. Utley Professor and Chair
Health Law Department
Director, Law, Medicine & Ethics Program
Schools of Medicine and Public Health
Boston University

John D. Arras, Ph.D.
Porterfield Professor of Biomedical Ethics
Department of Philosophy
University of Virginia

Ronald Bayer, Ph.D.
Professor
School of Public Health
Columbia University

Dan W. Brock, Ph.D.
University Professor of Philosophy &
Biomedical Ethics
Director, Center for Biomedical Ethics
Department of Philosophy
Brown University

Arthur L. Caplan, Ph.D.
Trustee Professor
Director, Institute for the Medical
Humanities
University of Texas Medical Branch

Norman Daniels, Ph.D.
Goldthwaite Professor
Professor of Biomedical Ethics/Community
Medicine
Department of Philosophy
Tufts University

Nancy Neveloff Dubler, LL.B.
Director, Division of Bioethics
Department of Epidemiology & Social
Medicine
Montefiore Medical Center

Norman Frost, M.D., M.P.H.
Director, Program in Medical Ethics
School of Medicine
University of Wisconsin

Larry Gostin, J.D.
Professor
Georgetown University Law Center
and John Hopkins School of Hygiene
and Public Health

Bruce Jennings, M.A.
Executive Director
The Hastings Center

Albert R. Jonsen
Professor and Chair
Medical History and Ethics
University of Washington, Seattle

Patricia A. King, J.D.
Professor
Georgetown University Law Center

Carol Levine, M.A.
Executive Director
The Orphan Project

Ruth Macklin, Ph.D.
Professor of Bioethics
Department of Epidemiology
& Social Medicine
Albert Einstein College of Medicine

**SIGNATURES TO STATEMENT ON THE ETHICS
OF DENYING INJECTION DRUG USERS
ACCESS TO STERILE INJECTION EQUIPMENT**

Page 2

Steven H. Miles, M.D.
Associate Professor of Medicine
Center for Biomedical Ethics
University of Minnesota

Jonathan Moreno, Ph.D.
Professor, Director
Division of Humanities in Medicine
SUNY Health Science Center, Brooklyn

Timothy F. Murphy, Ph.D.
Associate Professor, Philosophy in
Biomedical Sciences
Department of Medical Education
University of Illinois, Chicago

William Ruddick, Ph.D.
Professor, Philosophy and Medicine
Program
New York University

Jeff Stryker
Center for AIDS Prevention Studies
University of California, San Francisco

Jeremy Sugarman, M.D.
Division of General Internal Medicine
Duke University Medical Center

Daniel Wikler, Ph.D.
Professor, Program in Medical Ethics
School of Medicine
University of Wisconsin

The logo for the American Public Welfare Association (APWA) is displayed in a stylized, bold, serif font. The letters 'APWA' are white and set against a solid black rectangular background.

NATIONAL COUNCIL OF STATE HUMAN SERVICE
ADMINISTRATORS

RESOLUTION ON FUNDING OF NEW RECOMMENDED HIV TREATMENT

Whereas, the Department of Health and Human Services released new clinical guidelines on June 19, 1997 that recommend treating HIV-infected patients in the early stages of their disease and treating it aggressively with combination drug therapies which include a protease inhibitor; and

Whereas, such a treatment regimen shows promise of maximally suppressing the viral replication, preserving the body's immune function, delaying the onset of disability, and prolonging the patient's life; and

Whereas, such a treatment regimen is expensive, requiring not only costly drugs but regular physician visits and laboratory testing to monitor the impact of the treatment; and

Whereas, despite federal assistance in funding treatment for HIV/AIDS patients through the Ryan-White program and the Medicaid program, states are finding it hard to identify sufficient financial resources to meet these increased treatment costs; and

Whereas, several states are interested in offering targeted Medicaid benefits to HIV patients not eligible under the state's regular Medicaid program; and

Whereas, delaying the onset of permanent disability will result in significant savings to the federal Supplemental Security Income program, the Social Security program, and the Medicare program in the future;

THEREFORE, BE IT RESOLVED that the National Council of State Human Services Administrators urges the Administration and the Congress to explore opportunities to identify and quantify those savings and share them with the states.

ADOPTED BY
THE NATIONAL COUNCIL OF STATE HUMAN SERVICES ADMINISTRATORS
JULY 23, 1997

**Hispanic Health Council
175 Main St.
Hartford, CT 06106
(860) 527-0856
FAX (860) 724-0437**

March 10, 1998

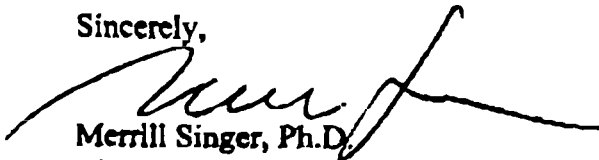
Dear President Clinton:

I am writing to express our strong support for certification of needle exchange as an effective HIV/AIDS prevention strategy and for the use of federal funds to directly support needle exchange programs. The basis for our support, in part, comes from our work in the evaluation of the Hartford needle exchange program, a task initiated under the direction of the Hartford Health Department and supported by research funding from the National Institute on Drug Abuse. The other primary basis of our support for needle exchange comes from a close familiarity with all of the existing studies on needle exchange conducted in other U.S. cities and in other countries. Living in a city with a very high rate of HIV infection and a startlingly high rate of infection among drug users (over 50% in some of our studies), we are especially concerned with putting public health above narrow political concerns.

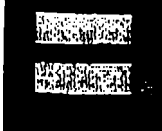
As we have reported to the National Institute on Drug Abuse, published in national health journals, and presented at national health conferences, our research in Hartford shows that: 1) needle exchange does not contribute to an increase in used needles being discarded on the street, rather, it leads rather to a reduction in such discard; 2) needle exchange, especially prolonged participation in a needle exchange program, leads directly to significant reductions in AIDS risk behavior; 3) rates of HIV in syringes returned to the needle exchange program have fallen significantly, indicating a sustained avoidance of infection among regular needle exchange users; and 4) needle exchange is an important and successful bridge to drug treatment, in that it reaches and can provide assisted referral into treatment for individuals who have limited experience with the drug treatment system. In short, the data from our evaluation of the Hartford Needle Exchange Program support the consistent finding of local and national studies of needle exchange, namely they do not increase drug use and they do contribute significantly to reducing the transmission of HIV/AIDS among drug users, their sexual partners, and family members.

In sum, we strongly urge you to step forward and support federal funding for syringe exchange.

Sincerely,



Merrill Singer, Ph.D.
Chief of Research



HUMAN
RIGHTS
CAMPAIGN

Saving Lives Through Syringe Availability

An estimated 1-2 million Americans inject illegal drugs and the sharing of needles among injection drug users (IDUs) is a leading cause of HIV transmission. In "A Physician's Guide to HIV Prevention," the American Medical Association states that "primary care physicians can help their patients reduce HIV risk from injecting drugs by encouraging patients to...use a new needle each time drugs are injected." The scarcity of clean syringes is the result of federal, state and local laws restricting the sale, distribution and possession of syringes. Lowering the rate of injection-related HIV infections requires increasing the availability of drug treatment and increasing access to clean needles through changes in federal, state and local laws and broad implementation of needle exchange programs.

DRUG USE AND AIDS

- Approximately one-third of reported AIDS cases are related to injection drug use.
- Sixty-six percent of AIDS cases reported among women are related to injection drug use.
- More than half of all AIDS cases among children are related to injection drug use.
- In 1994 and 1995, seventy-five percent of all new HIV infections were among drug users.

NEEDLE EXCHANGE PROGRAMS IN THE U.S.

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

Needle exchange programs have not been widely established because forty-seven states and two territories have laws that criminalize the sale or distribution of needles and syringes used to inject controlled substances. Eight states and the District of Columbia require a prescription for the purchase of a syringe. Most paraphernalia and prescription laws, adopted to combat illicit drug use, were enacted prior to the HIV/AIDS epidemic.

Through a variety of legal and tolerated mechanisms, including exceptions to state statutes, health department waivers, and local states of emergency, over 100 needle exchange programs operate in 40 U.S. cities in 28 states. In 1994, approximately 8 million needles/syringes were exchanged through these programs.

FEDERAL FUNDING BAN

Since 1988, Congress has enacted bans on using federal funds for needle exchange programs. The most recent federal ban is included in the Fiscal Year 1997 Omnibus Consolidated Appropriations Act. The ban prevents the use of federal funds for needle exchange programs unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

In addition to prohibiting the direct expenditure of federal funds, state public health officials report that the federal ban has made states less inclined to fund needle exchange programs.

SCIENCE SUPPORTS NEEDLE EXCHANGE

Numerous respected organizations have reviewed the research on needle exchange programs and concluded that needle exchanges are effective. Those organizations include: the Congressional Office of Technology Assessment; National Academy of Sciences; National Commission on AIDS; University of California, San Francisco, in a study for the Centers for Disease Control and Prevention; U.S. General Accounting Office.

Several major studies show that the needle exchange programs lower the rate of new HIV infections among IDUs. One recent study conducted by Beth Israel Medical Center showed a two-thirds decrease in HIV infections among participants in five New York City needle exchanges. In addition, exchanges have reduced significantly the rates of hepatitis B and C.

There is no evidence that needle exchange programs lead to increased drug use by exchange clients or in the wider community. In fact, exchanges have been effective links to drug treatment.

AMERICANS SUPPORT NEEDLE EXCHANGE

In March 1996, the Kaiser Survey on Americans and AIDS/HIV found that 66% of respondents favored "having clinics make clean needles available to IV drug users to help stop the spread of AIDS."

An April 1997 poll by the Tarrance Group and Lake Research indicates that a majority of people (53%) support needle exchange programs to prevent the spread of HIV.

After reviewing the facts, numerous leading professional organizations have voiced their support for needle exchange as an important HIV prevention strategy. They include the: American Medical Association, American Public Health Association, Association of State and Territorial Health Officials, National Academy of Sciences, and the National Black Caucus of State Legislators.

SUCCESS IN CONNECTICUT

Connecticut partially repealed its state prescription and paraphernalia requirements in 1992. Prior to the repeal, 74% of injection drug users obtained syringes on the street. Following the repeal, 78% obtained syringes through pharmacies. According to the Connecticut Department of Public Health, needle sharing among IDUs fell from 52 to 32% following the repeal.

THE COST OF NOT ACTING

According to a June 1996 University of California study, the number of HIV infections that could have been prevented between 1987 and 1995 in the U.S. had needle exchange programs been widely established is between 4,400 and 9,700. In addition, up to half a billion dollars in health care expenditures could have been avoided. The study also found that an additional 11,300 cases among IDUs, their sexual partners and children could be prevented by access to needle exchange programs through the year 2000.

Date: April 29, 1997

To: The Human Rights Campaign

From: Lori Gudermuth
The Tarrance Group (R)

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

Re: **AMERICANS SUPPORT NEEDLE EXCHANGE**

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

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

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

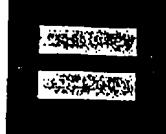
<i>strongly favor</i>	32	55
<i>somewhat favor</i>	23	
<i>somewhat oppose</i>	9	
<i>strongly oppose</i>	29	37
<i>(don't know)</i>	8	

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

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

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

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



HUMAN
RIGHTS
CAMPAIGN

1101 14th Street NW
Washington, DC 20005
website <http://www.hrc.org>
phone 202 628 4160
fax 202 347 5323

News Release

FOR IMMEDIATE RELEASE
Monday, Feb. 2, 1998

Contact: Kim I. Mills
Phone: (202) 216-1534
Pager: (800) 386-5997

CLINTON'S HIV/AIDS BUDGET ASKS FOR INCREASES FOR CARE, RESEARCH, HOUSING

No Increase for Prevention, 'The Only Sure Path' to Saving Lives, HRC Says

WASHINGTON — President Clinton's budget proposal includes increases for programs that deal with people living with HIV and AIDS, but shortchanges essential prevention programs administered through the Centers for Disease Control and Prevention, according to the Human Rights Campaign.

"The good news is that the president is asking for increases for care, housing, drugs and research in a budget that is balanced," Winnie Stachelberg, HRC's political director, said today. "Unfortunately, by calling for no increase for HIV prevention, we miss an opportunity because prevention is the only sure path we have right now to save lives."

Among the most significant increases in the president's overall HIV/AIDS budget for fiscal 1999 is 35 percent more for the AIDS Drug Assistance Program, which enables people with HIV and AIDS to obtain new, life-prolonging drugs. A year ago, the president's budget asked for no increase in the ADAP program.

"We are heartened that the administration has heard the message of the HIV and AIDS community and is asking for a significant increase for these programs," Stachelberg noted.

A report last July by the National Alliance of State and Territorial AIDS Directors and the AIDS Treatment Data Network, found that more than half of the 52 state ADAPs have had to impose limits on their programs because of inadequate federal funding.

Although the president's budget includes no increase for AIDS prevention programs at the CDC, it does earmark \$5 million in new money for HIV prevention in minority communities as part of \$80 million for a CDC program addressing racial inequities in health treatment.

"This is a good step, but small in light of the need," Stachelberg said. "As the president's own HIV/AIDS advisory council indicated in a report card last year, this administration needs to exercise bolder leadership in HIV prevention efforts. We had hoped to see an indication of that leadership in the budget request and are still waiting for Health and Human Services Secretary Donna Shalala to allow some of those federal funds to be used for lifesaving needle exchange programs."

The president also requested a \$21 million increase in the Housing Opportunities for People With AIDS program. This represents a 10 percent boost over fiscal 1998, when \$204 million was appropriated for HOPWA. About 90 percent of these funds go directly to states and cities to provide housing for people with AIDS.

In the area of care, the president asked for a \$165 million increase above the \$1.2 billion

appropriated last year. Of that increase, about \$27 million would go to states under Title II of the Ryan White CARE Act, giving them the flexibility to earmark the funds for drugs. Title I of the CARE Act would receive an increase of about \$25 million. Title I supports cities and counties hardest hit by the AIDS epidemic to fund primary medical care and essential support services like case management and transportation to and from the doctor. Title IIIB of Ryan White, which provides funds for direct services to people living with HIV and AIDS, would get an increase of \$10 million, 13 percent above fiscal '98 levels.

"These increases are particularly welcome in light of the dramatic health improvements some people with HIV and AIDS have shown after taking the new drug combinations," Stachelberg said. "We continue, however, to call on the administration to find ways to allow more people with HIV to enroll in Medicaid. This more systemic approach is essential to provide early and comprehensive access to medical care for people with HIV."

The budget also calls for \$1.7 billion for AIDS-specific research at the National Institutes of Health, an 8 percent increase over fiscal 1998.

The Human Rights Campaign is the largest national lesbian and gay political organization, with members throughout the country. It effectively lobbies Congress, provides campaign support and educates the public to ensure that lesbian and gay Americans can be open, honest and safe at home, at work and in the community.

- 30 -

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

August 29, 1997

John Edward Porter, Chair
Subcommittee on Labor, Health and
Human Services, and Education
2358 Rayburn House Office Building
U. S. House of Representatives
Washington, DC 20515

David R. Obey, Ranking Member
Subcommittee on Labor, Health and
Human Services, and Education
1016 Longworth House Office Building
U. S. House of Representatives
Washington, DC 20515

Dear Sirs:

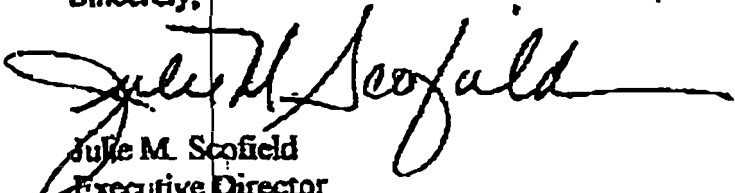
It is our understanding that an amendment may be offered to the FY 98 Labor, Health and Human Services and Education appropriations bill when it reaches the floor next week to prohibit the use of federal funds for needle exchange programs. In effect, such an amendment would remove the current authority of the Secretary of Health and Human Services to make a scientific determination regarding the effectiveness of needle exchange programs in reducing HIV transmission among injection drug users.

NASTAD strongly opposes such an amendment. It is the long-held position of NASTAD that needle exchange programs are an effective component of a comprehensive HIV prevention strategy and in the interest of the nation's public health. Thus, we oppose any and all efforts to further restrict the use of federal funds for such programs or to erect additional barriers.

NASTAD requests your leadership in opposing such an amendment if it is introduced during floor consideration and in working toward swift approval of the bill without amendments that would set back our nation's efforts to end the HIV/AIDS epidemic.

Thank you for your consideration.

Sincerely,


Julie M. Scofield
Executive Director

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

December 17, 1997

The Honorable William J. Clinton
President of the United States
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President:

On behalf of the National Alliance of State and Territorial AIDS Directors representing the nation's chief state HIV/AIDS care and prevention program administrators, we ask that you—through your appropriate agency representative—issue a determination based on the preponderance of current scientific data that access to sterile syringes and needle exchange programs are effective interventions in preventing spread of HIV and do not encourage the use of illegal drugs. This determination would allow states and local governments to utilize existing federal HIV prevention funds to initiate or augment existing needle exchange programs as a part of a jurisdiction's comprehensive HIV prevention plan.

Regarding the efficacy of these programs, the current scientific data is so compelling that all of this nation's major public health and public interest organizations have stated their support for access to sterile injection equipment for injection drug users and have called for the removal of the prohibition on the use of existing federal funds for these programs.

These organizations include the:

- American Academy of Pediatrics
- American Medical Association
- American Nurses Association
- American Public Health Association
- Association of Schools of Public Health
- Association of State and Territorial Health Officials
- National Association of County and City Health Officials
- National Black Caucus of State Legislators
- United States Conference of Mayors

Because this intervention saves lives, some states have not waited for a public health determination from the Administration or funding from the Congress. However, many state legislatures need to hear a clear message from the Administration concerning the efficacy of this intervention before beginning legislative deliberations on needle exchange programs or sterile syringe availability as a part of their comprehensive efforts on substance abuse and HIV prevention

NASTAD

444 North Capitol Street, NW, Suite 339 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

OFFICERS

Chair
Donald S. Pope
Michigan
(17)335-8468

Vice Chair
Sally Finney
Kansas
(13)296-6173

Chair Elect
Casey Blass
Texas
(12)490-2515

Secretary/Treasurer
Evelyn Foust
North Carolina
(919)733-7301

REGIONAL COMMITTEE

Ex Officio
Douglas H. Morgan
New Jersey

John Auerbach
Massachusetts

Wendy Graytor
Alaska

Annunzio
Pennsylvania

Jim DeBoer
Minnesota

Chet Kelly
Illinois

Tom Liberti
Florida

Gloria Maki
New York

Bert McAllister
Oregon

Keith Meyerson
Missouri

Arlene Rose
Arkansas

Mark Schrader
Georgia

Aliza Solomon
Maryland

Big W. Thompson
Mississippi

Keith Weinstein
Connecticut

James C. Welch
Delaware

EXECUTIVE DIRECTOR

He M. Scofield

Notwithstanding current data, the question remains, does the Administration have the will to make a favorable determination regarding the efficacy of sterile syringe availability and needle exchange programs.

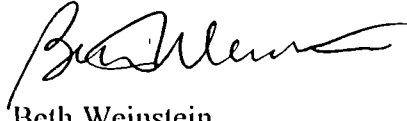
Additionally, since the majority of injection drug use-related HIV infections occur in African American and Hispanic populations, we feel it is imperative—in light of your initiatives on race relations—that your administration quickly issue a clear statement regarding the effectiveness of sterile syringe availability, needle exchange programs and the need for greater drug treatment resources. This action will help reduce the disproportionate HIV-related mortality, morbidity and emotional suffering in communities of color.

We appreciate your attention to this matter and look forward to hearing from you.

Sincerely,



Randall S. Pope
Chair



Beth Weinstein
Chair
Committee on HIV/AIDS and
Substance Users

cc: Sandra Thruman, Director, Office of National AIDS Policy
General Barry R. McCaffrey, Director, Office of National Drug Control Policy
Donna E. Shalala, Secretary, U.S. Department of Health and Human Services

NATIONAL
MINORITY
AIDS
COUNCIL

[illegible]

NMAC, is a membership organization representing over 600 community based organizations which provide HIV/AIDS related prevention, treatment/care and supportive services in communities of color throughout the United States, the District of Columbia, Puerto Rico, and the territories. We are facing a grave public health crisis in this country that is devastating communities of color. As of June 1997, the Centers for Disease and Prevention (CDC) reported that people of color account for 72% of the male and 78% of the female cumulative AIDS cases directly and indirectly related to injection drug use. The African American community is severely impacted by injection drug use which contributes directly to 38% of all adult/adolescent cases of AIDS in this community. An additional 10% of all AIDS cases among African Americans are attributed to having a sexual partner who is an injection drug user.

In light of this crisis, HIV prevention among injection drug users is a top priority for our organization and its constituents. Six government reports and numerous scientific studies have shown that syringe exchange programs prevent HIV infections among injection drug users, their partners and children and do not lead to an increase in the use of illegal drugs. NMAC supports the language in the Senate appropriations bill maintaining the public health authority of the Secretary and opposes the amendment in the House appropriations bill that eliminates this authority. As the conference committee for the FY Labor, HHS-Education Appropriations bill enters its final stages of deliberations, we call upon you and members of your administration to send the conferees a strong and unequivocal message that you want the Secretary's authority maintained. The crisis we face demands that science, not politics, lead public health policy in this country. Tens of thousands of lives can be saved if the Secretary's public health authority is protected. We need your strong leadership to ensure that good public health practice prevails.

Sincerely,

Miguelina Maldonado
Miguelina Maldonado

Miguelina Maldonado
Director of Government Relations & Policy

[illegible]

Congress of the United States
House of Representatives
Office of the Democratic Leader
Washington, DC 20515-6537

February 17, 1998

The Honorable Donna Shalala, Secretary
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, DC 20201

Dear Madame Secretary:

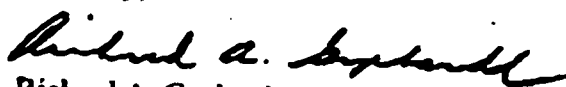
As you know, compromise language in the FY 1998 Labor-HHS-Education Appropriations Act preserves your authority to make a determination that would allow the use of federal funds for clean needle exchange programs. Your role in achieving that compromise helped keep the debate focused on science. While the compromise language prohibits the use of federal funds for needle exchange through March 31, your determination on the issue is not restricted. The language in the appropriations law also provides reasonable requirements for assuring that federal dollars, should their use become available, will be used wisely.

A clear and unequivocal message from you on this issue is critical at this time, should you be convinced, that based on the best available scientific evidence, needle exchange programs are effective in decreasing HIV transmission and do not encourage the use of illegal drugs -- the conditions set forth in the Act that would allow federal funds to be used. If the Administration joins with the American Medical Association, the American Public Health Association, the American Academy of Pediatrics and AIDS organizations in recognizing needle exchange to be a scientifically sound and effective tool in our arsenal to fight the AIDS epidemic it would help maintain that focus should authorizing committees choose to address this issue further in the coming months.

Public health considerations on this issue must prevail over politics. I opposed the Hastert amendment to the House version of the appropriations bill last fall for precisely that reason. As the HIV and AIDS epidemic affects more women, more children, more communities of color and other difficult to reach populations, we must be willing to support local authorities in utilizing the most effective prevention tools. That is why I believe that your timely action on this matter can help convince many people who have opposed clean needle exchange programs in the past of the efficacy and necessity of those programs.

Thank you for all you have done in our battle against HIV/AIDS. I look forward to continuing to work with you in this fight.

Sincerely,



Richard A. Gephardt, M.C.
House Democratic Leader

28 August 1997

Erskine B. Bowles
Chief of Staff to the President
The White House
Washington, DC 20502

Co-chairs

David Harvey
AIDS POLICY CENTER FOR
CHILDREN, YOUTH AND
FAMILIES

Miguelina Maldonado
NATIONAL MINORITY AIDS
COUNCIL

Executive Committee

Val Bias
NATIONAL HEMOPHILIA
FOUNDATION

Rose Gonzalez
AMERICAN NURSES
ASSOCIATION

Byron J. Harris
NATIONAL ALLIANCE OF
HIV TERRITORIAL
DIRECTORS

Christine Lubinski
AIDS ACTION COUNCIL

Mike Shriver
NATIONAL ASSOCIATION OF
PEOPLE WITH AIDS

Jane Silver
AMERICAN FOUNDATION FOR
AIDS RESEARCH

Winnie Stachelberg
HUMAN RIGHTS CAMPAIGN

Dear Mr. Bowles:

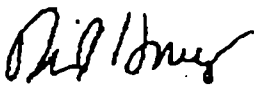
On behalf of the National Organizations Responding to AIDS (NORA) coalition, we respectfully request a meeting with you at your earliest convenience to discuss the recent actions of Administration officials related to syringe exchange, as well as to address the plans of the Administration to develop a position on the issue of federal funding for syringe exchange programs.

On July 24th, we sent a letter to President Clinton requesting a meeting on the Administration's strategy and timetable for federal funding for syringe exchange programs. We received no response from the White House to that request. Just last week, in response to a press conference hosted by the Family Research Council, the Office of National Drug Control Policy issued an inaccurate and misleading statement. Quite frankly, we were stunned and outraged by this message from the Administration, which bore little resemblance to the views that have been expressed by a number of Administration officials in the numerous meetings we have attended. Given last week's statement, we view the need for an expeditiously scheduled meeting with you and your staff to be urgent.

We have enclosed a copy of the July 24th letter to President Clinton for your information. We look forward to hearing from you with a meeting time and thank you in advance for your prompt consideration of our request.

Please contact David Harvey at 202-785-3564 or Miguelina Maldonado at 202-483-6622 to make arrangements for this meeting.

Sincerely,



David Harvey
Co-chair, NORA Executive Committee



Miguelina Maldonado
Co-chair, NORA Executive Committee

Enclosure.

NORA

A coalition convened by
AIDS Action Council

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

"A coalition of over 175 organizations responding to AIDS with resolve and action."

~~CONFIDENTIAL~~

DETERMINED TO BE AN ADMINISTRATIVE

MARKING INITIALS: MS DATE: 7/1/97

2015-0758-8

MEMORANDUM

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

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

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

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

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

~~CONFIDENTIAL~~

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

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

cc: Sandy Thurman
Kevin Thurm
Dr. Eric Goosby

\\slart\documents\hsp\jan\meme.s17

05/11/98 17:12

**NORA
NATIONAL
ORGANIZATIONS
RESPONDING
TO
AIDS**

002

21 November 1997

The Honorable Donna Shalala, Secretary
United States Department of Health and Human Services
200 Independence Ave., SE
Washington, DC 20201

Cochairs

David Harvey
AIDS POLICY CENTER FOR
CHILDREN, YOUTH AND
FAMILIES

Miguelina Maldonado
NATIONAL MINORITY AIDS
COUNCIL

Executive Committee

Vai Bize
NATIONAL MEMPHIS
FOUNDATION

Rosa Gonzalez
AMERICAN NURSES
ASSOCIATION

Byron J. Harris
NATIONAL ALLIANCE OF
STATE AND TERRITORIAL
AIDS DIRECTORS

Caroline Lubinski
AIDS ACTION COUNCIL

Mike Shriver
NATIONAL ASSOCIATION OF
PEOPLE WITH AIDS

Jane Silver
AMERICAN FOUNDATION FOR
AIDS RESEARCH

Winnie Stachelberg
HUMAN RIGHTS CAMPAIGN

Dear Secretary Shalala:

As members of the National Organizations Responding to AIDS (NORA) we, the undersigned organizations, urge you to issue an immediate determination based on the scientific data that needle exchange programs are effective in reducing HIV transmission and do not encourage the use of illegal drugs. As you know, NORA is a coalition of over 175 health, labor, religious, and professional advocacy groups that represent a broad consensus on HIV and AIDS related issues and policy.

We appreciate the work of the Department and the Administration in support of the Senate language on needle exchange in the Labor, Health and Human Services, and Education Appropriations bill. Although the Senate language did not prevail in the final bill, Congress ultimately preserved your authority to allow the use of federal funds for these life saving programs. Given the painstaking process undertaken by the conference committee to achieve that outcome, we now ask that you establish a clear Administration position in support of needle exchange programs. The American Medical Association, the American Public Health Association, and numerous other respected public health, religious, and legal organizations have all established similar positions based on scientific evidence.

While the bill suspends your authority to allow the use of federal funds for needle exchange until March 31, 1998, it is vital that you begin the process to make those funds available. An immediate determination that needle exchange programs reduce HIV transmission and do not encourage illegal drug use is the clear first step. It sends the appropriate public health message to states, affected communities, and members of Congress and represents an essential component of our collective effort to keep the debate on needle exchange focussed on science, not politics.

Once your determination is made, it is important that we work together over the next few months to stop additional efforts to restrict the use of federal funds for these life-saving programs and to develop the criteria necessary for the operation of federally funded programs as outlined in the appropriations bill. Mike Shriver (202-898-0414) and Seth Kilbourn (202-216-1526) of the NORA Needle Exchange working group are the contact people for this effort.

Thank you for your immediate attention to this urgent and life saving issue. We look forward to hearing from you soon.

Sincerely,

NORA

A coalition sponsored by
AIDS Action Council

75 Connecticut Ave., NW
#700

Washington, DC 20069

202 986 1300

202 286 1345 fax

"A coalition of over 175 organizations responding to AIDS with resolve and action."

AIDS Action Council
 AIDS Legal Referral Panel
 AIDS National Interfaith Network
 AIDS Policy Center for Children, Youth, and Families
 American Academy of Pediatrics
 American Civil Liberties Union
 American Foundation for AIDS Research
 American Nurses Association
 American Psychiatric Association
 Association of Nurses in AIDS Care
 Association of Schools of Public Health
 Association of State and Territorial Health Officials
 Center for Women Policy Studies
 Cities Advocating Emergency AIDS Relief Coalition
 Committee for Children
 Gay and Lesbian Medical Association
 Housing Works
 Human Rights Campaign
 Legal Action Center
 National AIDS Fund
 National AIDS Treatment Advocacy Project
 National Alliance of State and Territorial AIDS Directors
 National Association of County and City Health Officials
 National Association of People With AIDS
 National Catholic AIDS Network
 National Council for International Health
 National Latino/a Lesbian and Gay Organization
 National Minority AIDS Council
 National Native American AIDS Prevention Center
 National Women's Law Center
 Project Inform
 The Drug Policy Foundation
 Title II Community AIDS National Network
 United Church of Christ AIDS/HIV Network Leadership Team
 Women's AIDS Network

cc. Mr. Bruce Reed
 Mr. Chris Jennings
 Mr. John Hilley
 Ms. Maria Echaveste
 Ms. Sylvia Mathews
 Mr. Donald Gips
 Mr. Bill Carr
 Ms. Sandy Thurman
 Mr. David Satcher
 Ms. Helene Gayle

March 26, 1998

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear Mr. President:

We, the undersigned organizations, are writing to express our strong support for federally-funded needle exchange programs as a life saving HIV prevention strategy. As you know, NORA is a coalition of over 175 health, labor, religious and professional advocacy groups that represent a broad consensus on HIV and AIDS-related issues, policy, and funding levels.

As March 31, 1998 approaches, the date which ends the Congressional imposed moratorium on the use of federal funds for needle exchange programs, we cannot express strongly enough, the urgent need for Health and Human Services Secretary Donna Shalala to make an immediate public health determination regarding the effectiveness of needle exchange programs.

The Presidential Advisory Council on HIV/AIDS on March 17 unanimously passed a resolution both documenting the need for this determination and expressing "no confidence" in the Administration's commitment and willingness to achieve your stated goal of reducing the number of new HIV infections.

The public statements from the Administration regarding needle exchange to date have been less than helpful and in fact do not reflect the overwhelming statistics or the science. The research and public health communities have steadfastly endorsed needle exchange programs. We urge you to provide the leadership necessary to end this epidemic and to save the lives of thousands of men, women and children.

Please act immediately and provide the scientific determination required by Congress to allow state and local communities to implement these life-saving programs, if they so choose.

Sincerely,

cc: Erskine Bowles
Maria Echaveste
Donna Shalala

PACHA RESOLUTION ON NEEDLE EXCHANGE PROGRAMS

March 17, 1998

WHEREAS we the members of the Presidential Advisory Council on HIV/AIDS have on several occasions advised the President and Health and Human Services Secretary Donna Shalala that the Administration's current policy on needle exchange programs threatens the public health, and directly contradicts current scientific evidence regarding the efficacy of such programs; and

WHEREAS this Administration has yet to put forward a coherent plan to increase access to substance abuse treatment or to combat the spread of HIV among injection drug users and their partners; and

WHEREAS nearly 50% of all new HIV infections, and 44%, and 61% of all reported AIDS cases among African-Americans, Latinos, and women, respectively, are related to injection drug use; and

WHEREAS the Congress in 1997 reaffirmed Secretary Shalala's authority to make federal funds available for needle exchange programs, provided that she first determine that needle exchange programs reduce HIV transmission and do not encourage drug use; and

WHEREAS no fewer than six federally funded reports (including a 1997 Consensus Report prepared by the National Institutes of Health) and numerous other scientific studies have concluded that the above two criteria have been met; and

WHEREAS the nation's leading public health groups, including the American Medical Association, the American Public Health Association, the National Academy of Sciences, and the Association of State and Territorial Health Officers support needle exchange programs and the elimination of federal funding restrictions; and

WHEREAS 61% of Americans surveyed believe that decisions regarding the use of federal funds for needle exchange programs should be made by local communities and not the federal government; and

WHEREAS it is essential that the nation's health policies be based on sound, scientific evidence rather than on unsubstantiated fears or politics; and

WHEREAS in light of the disproportionate impact of injection drug-related HIV on communities of color in the United States, the Secretary's continuing inaction undermines the credibility of the Administration's stated goal of reducing racial and ethnic disparities; therefore

BE IT RESOLVED that, in the interest of the public health, and in our capacity as independent advisors to the Administration, we unanimously express "no confidence" in the Administration's commitment and willingness to achieve the President's stated goal of "reducing the number of new infections annually until there are no new infections"; and

BE IT FURTHER RESOLVED that the council urges Secretary Shalala to issue an immediate determination declaring the efficacy of needle exchange programs in preventing the spread of HIV while not encouraging the use of illegal drugs.