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Issues - Needle Exchange - Endorsements - Public Officials

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C. EVERETT KOOP, M.D., SC.D.
SURGEON GENERAL (RET.)
U.S. PUBLIC HEALTH SERVICE

July 26, 1999

Honorable Dennis Hastert
Speaker
U.S. House of Representatives
H-232
The Capitol
Washington, DC 20515

Dear Mr. Speaker:

Having worked on the HIV/AIDS epidemic since its emergence in the U.S., I am now writing to express my strong belief that local programs of clean needle exchange can be an effective means of preventing the spread of the disease without increasing the use of illicit drugs. While I do not believe that clean needle programs are a panacea for all settings, it is clear from careful and well-documented public health studies that such programs have worked in many areas and have great potential for making further reductions in the incidence of new infections.

Consequently, it would be counterproductive for the Congress to enact a Federal measure that would limit the ability of local and State public health agencies and voluntary organizations to carry out needle exchange programs. Such action by the Congress would undoubtedly result in HIV infections that could have been prevented and would unnecessarily enlarge and prolong the epidemic. If local authorities or organizations determine that needle exchange programs are appropriate to the epidemic as it affects their communities, the Congress should allow them to use all possible measures and funding sources to stem the spread of this deadly disease.

I urge you to oppose any effort to limit the public health response to the AIDS epidemic.

Sincerely,

C. Everett Koop, M.D., Sc.D.

SENT BY: AMERICAN FOUNDATION FOR

AmFAR
AIDS RESEARCH

PUBLIC POLICY OFFICE
1828 L Street, N.W., Suite 802
Washington, D.C. 20036
(202) 331-8600
FAX: (202) 331-8606

FACSIMILE COVER SHEET

DATE: 4/27

TO: Sandy

FROM: X Jane Silver

___ Scott Sanders

TOTAL # OF PAGES:
(INCLUDES COVER) ___

MESSAGE: Has Gen. McCaffrey done a study? With friends like him —

Congress of the United States
House of Representatives
Washington, DC 20515

April 27, 1998

Federal Funds for Drug Needles?

Dear Colleague:

As you know, the Clinton Administration recently endorsed needle exchange programs for drug addicts. This is an outrage and that is why we have just introduced legislation, H.R. 3717, to permanently ban the use of federal funds for needle distribution.

Numerous studies – including those done by General McCaffrey's Office of National Drug Control Policy – have concluded that needle exchange programs increase illegal drug use. In addition, they do not reduce the spread of HIV. A recent study published in the prestigious *American Journal of Epidemiology* confirmed this: drug addicts who participate in needle exchange programs are 2.2 times more likely to contract HIV than addicts who do not participate.

We have led the fight against illegal drug use and we are not going to allow the pro-drug contingent in this Administration to reverse the progress we have made.

Please support our legislation when it comes to the floor this week.

Sincerely,

GERALD B. H. SOLOMON
Member of Congress

TOM DELAY
Member of Congress

DENNIS HASTERT
Member of Congress

BOB BARR
Member of Congress

ROGER WICKER
Member of Congress

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 105th CONGRESS, SECOND SESSION

STATEMENT AT THE HEARING OF THE SUBCOMMITTEE ON HEALTH AND ENVIRONMENT ON PREVENTING THE TRANSMISSION OF HIV

HON. TOM LANTOS
of California

IN THE HOUSE OF REPRESENTATIVES
Thursday, February 26, 1998

Mr. LANTOS. Mr Speaker, earlier this month the Subcomittee on Health and Environment of the Commerce Committee held a hearing on "Preventing the Transmission of the Human Immunodeficiency Virus (HIV)," at which a number of witnesses discussed the problems related to this serious health issue facing our nation. The subcommittee also considered legislation that has been introduced in the House relating to HIV transmission. I requested the opportunity to present a statement for inclusion in the record of the hearing. Mr. Speaker, because of the importance of this issue to my congressional district and because of the serious national importance of this health problem. Unfortunately, there is considerable misunderstanding of the issue and the best way to deal with it.

Mr Speaker, I ask that my statement to the Subcommittee on Health and Environment be placed in THE RECORD, and I urge my colleagues to give thoughtful consideration to this important issue. It is probable that the House will be considering legislation involving the transmission of HIV later this year, and it is important that all of us here in this body be well informed on this issue.

Statement of
Congressman Tom Lantos
Hearing of the Subcommittee
on Health and Environment
on Preventing the
Transmission of the Human
Immunodeficiency Virus (HIV)

Mr. Chairman, I thank you for conducting this hearing on HIV transmission and prevention and for this opportunity to express my support of our country's public health efforts in dealing with this serious epidemic.

As you know, the Center for Disease Control (CDC) reports over 600,000 AIDS cases reported nationally since the outbreak of the AIDS epidemic. Annually, 40,000 new HIV infections are reported and approximately 650,000 - 900,000 Americans are diagnosed HIV-positive. According to the San Francisco AIDS Foundation, California alone currently reports over 100,000 cases which accounts for nearly 18% of all AIDS cases in the U.S. Only New York reports a larger total number of AIDS cases. These figures indicate precisely why the fight against HIV transmission and infection is a top public health priority.

Despite these overwhelming numbers associated with HIV infection, I am greatly encouraged by the fact that California has recently reported a 60% decline in AIDS-related deaths in the first six months of 1997, as compared to the first six months of 1996. And it is especially urgent that we understand what has enabled California to dramatically decrease its number of AIDS deaths and cases so that we may reproduce these efforts and continue to successfully combat the disease. Federal funding has been a main impetus through which we have developed new drug therapies, and we cannot underestimate the significance of improved access to medical care and increased

prevention efforts in reducing AIDS transmissions and fatalities

Our country needs to take an intelligent approach to the AIDS epidemic. By intelligent approach, I mean that we need to take into account how different populations are affected by this disease. We now know that new HIV infections in the U.S. occurs among people between the ages of 13 and 20. Young gay and bisexual men experience disproportionately high numbers of AIDS cases and HIV infections. We know that the proportion of AIDS cases has risen among women and among several minority groups, despite declining in several other populations. The facts are compelling, and rather than ignore these facts, we should direct our attention to specific populations that have been specifically affected.

Research and science are our tools, we should use them to guide us in our federal policies. Because the scientific and statistical findings in regards to HIV transmission indicate significantly different proportions of HIV infection in different population groups, I am fully supportive and a proud cosponsor of H.R. 1219, the Comprehensive HIV Prevention Act of 1997, introduced by my esteemed colleagues Representative Nancy Pelosi (D-CA) and Representative Constance Morella (R-MD). Their legislation will promote targeted, primary prevention programs that effectively consider the increasing challenge for high risk populations such as people of color and women. H.R. 1219 would enhance federal coordination and planning by giving authority and responsibility for developing a strategic HIV prevention and appropriations plan to the Secretary of HHS, in consultation with an Advisory Committee. In addition, the bill will authorize further research for investigating possible new HIV infection sites. With its provisions for community-based prevention programs, counseling and testing programs, treatment and related services for rape victims, funding for AIDS/HIV education and information dissemination, as well as adolescent and school-based programs -- the Pelosi-Morella act is a thorough and natural extension of current HIV prevention programs in the United States. It will approach HIV prevention through methods that are locally defined, community-based, and that utilize at-risk population targeting.

In contrast, the HIV Prevention Act of 1997 (H.R. 1062) is based upon a belief that identifying individuals who are HIV positive, in and of itself, can prevent new infections. It is a major setback to the progress we have been making in implementing effective HIV prevention programs. Despite the fact that no other disease is required to be reported by federal mandate, and despite the fact that the CDC has not requested that Congress create such an unprecedented mandate for HIV, H.R. 1062 still calls for mandatory partner notification.

Furthermore, H.R. 1062 mandates reporting of HIV infected people to the State public health officer and the CDC. Not only should HIV reporting remain a state responsibility, but this mandate is a coercive measure which would discourage people at risk for HIV from seeking treatment and testing at a time when we are making impressive breakthroughs in new treatments. This measure would only hurt our efforts to slow HIV transmission, a public health concern. There is no reason for us to isolate and differentiate HIV from other sexually transmitted diseases, nor to stigmatize HIV infected citizens.

The creation of a national partner notification program as would be mandated by H.R. 1062 would also be an unnecessary waste of resources. Furthermore, the Ryan White CARE Act Amendments of 1996 already requires states to administer partner/spousal notification programs as a condition of receiving HIV care funding. The HIV Prevention Act of 1997 would prevent state and local officials from effectively targeting their programs and making decisions to meet the needs of their individual, unique populations. We cannot tolerate a reductive one-size-fits all solution to HIV infection, a complex epidemic.

We should not simplify our efforts to prevent HIV transmission. In fighting the epidemic of HIV, we have learned a great deal from our colleagues in scientific research. Because I believe that needle

exchange programs have proven to be an effective and cost-effective way of reducing the spread of HIV. I am delighted to also be a cosponsor of H.R. 2212, the HIV Prevention Outreach Act of 1997, introduced by Representatives Elijah Cummings and Nancy Pelosi

A single clean syringe costs less than 10 cents, and treatment for one HIV-infected individual costs over $100,000. More than half a billion dollars in health care expenditures could be avoided through the implementation of needle exchange programs. There is a tragic cost to not acting and implementing needle exchange programs The Cummings-Pelosi bill would end the ban on federal funding of needle exchange programs, and along with H R 1219, it enables us to battle AIDS in such a way that does not ignore the inroads we have already made into how the disease has affected certain populations.

It is my pleasure to announce that I am not alone in my sentiments about needle exchange The findings of the scientific community support my view that needle exchange is a necessary and extremely efficient way of dealing with HIV transmission. To date, six federally funded studies, including a Consensus Development Conference by the National Institutes of Health and also a study by the University of California, San Francisco for the Centers of Disease Control and Prevention, all demonstrate the effectiveness of needle exchange in reducing an important risk factor for HIV transmission. It is not a coincidence that by providing clean needles to injection drug users who comprise nearly 50% of newly infected HIV victims, we are slowing the spread of HIV not only to those who will use the needles but to their partners and their children as well.

This information has found the ears of the American public, approximately 66% of which support needle exchange. Distinguished and respected public health organizations such as the American Medical Association, the American Public Health Association, as well as public officials and legal groups such as the United States Conference of Mayors and the American Bar Association have all heard the facts supporting needle exchange and are supportive of preserving the authority of the Secretary of Health and Human Services to determine if federal funds can be used for needle exchange programs.

In the matter of HIV transmission and infection, we should listen to what our scientific knowledge makes undeniable; we need comprehensive programs such as those authorized by the Pelosi-Morella bill, and we need to give our public health officials the means to combat HIV through needle exchange, as expressed through the Cummings-Pelosi bill.

I urge the Congress not to delay the use of federal funds for needle exchange programs. Furthermore, I want to reiterate the importance of learning from our research investigations of HIV infection and AIDS cases. The spread of HIV has taken a specific path that we have traced, and that we must take steps to counteract. The word is out that needle exchange is a successful way of addressing HIV transmission. The word is out that we can best approach this problem by funding research and funding programs that will allow states to target and address the specific developments of the HIV/AIDS epidemic. We need to lift the ban on federal funding of needle exchange and to address the needs of children, women, and minorities who are affected by AIDS and the HIV infection.

Thank you again for holding this important hearing. I hope you will be supportive of state and local officials in their efforts to combat HIV transmission and infection.

Congress of the United States
House of Representatives
Washington, DC 20515

February 9, 1998

The Honorable Donna Shalala
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Room 615-F
Washington, DC 20201

Dear Secretary Shalala,

As Chairs of the Congressional Black Caucus and the Hispanic Caucus, we urge you to make an immediate determination that needle exchange programs reduce the risk of HIV transmission and do not promote the use of illegal drugs. Having successfully preserved your authority from legislative attack, we strongly urge you to make available federal funds after the moratorium expires on March 31, 1998. We believe there is ample scientific data to make such a determination and exercise your authority. We are equally concerned that you exercise this authority expeditiously in order to avoid future efforts to codify a ban in the Fiscal Year 1999 Labor, Health and Human Services Appropriations bill or any other legislative "vehicle."

By issuing a determination immediately, you will help keep the focus of the debate on science and not politics. Congress would construe an immediate determination as a less political response than if you waited until the end of the Congressional moratorium. If some of our colleagues are successful in further restricting the use of federal funds, the Administration will be able to send the right public health message.

Needle exchange programs are a proven HIV prevention tool and will save lives, particularly among the constituencies we represent. Half of all new HIV infections are attributed to injection drug use. Among African Americans diagnosed with AIDS through June 1997, injection drug use accounted for 36% of the total cases in men and 46% of the total cases in women (compared with 9% for white men and 43% of white women). In 1996, of the Latinos diagnosed with AIDS, injection drug use accounted for 39% of the total cases in men and 51% of the total cases in women.

Minority populations are disproportionately affected by HIV/AIDS and this scientifically proven intervention is one way to stop this trend. Although overall AIDS deaths have declined since the first time the epidemic started, these declines have been much less dramatic for minority populations. AIDS is still the number one killer of African Americans and Latinos between the ages of 25 and 44. It is estimated that 33 American men, women, and children are infected with HIV every single day that would not be infected if comprehensive needle exchange was implemented in this country.

Minority communities recognize the importance of needle exchange programs because of their linkages to drug treatment services, primary health care, job counseling, psychosocial services, testing and counseling, and public assistance. These services are very important to minority populations who often do not receive services and referrals in other venues. As

you stated in your February 1997 report, "needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services."

Needle exchange programs have been proven to reduce the risk of HIV transmission without increasing the use of illegal drugs. Furthermore, needle exchange programs are also very cost-effective. The cost of a needle is only 10 cents compared to the $119,000 lifetime cost of treating one HIV infected person. We appreciate your continued support in issues dealing with people living with HIV/AIDS. We look forward to your cooperation on this important matter.

Sincerely,

Maxine Waters
Chair, Congressional Black Caucus

Xavier Becerra
Chair, Congressional Hispanic Caucus

ONE HUNDRED FIFTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515–6143

MAJORITY (202) 225–5074
MINORITY (202) 225–5051
TTY (202) 225–6852

September 26, 1997

The Honorable John E. Porter
Chairman
Subcommittee on Labor, Health
and Human Services, and Education
Committee on Appropriations
2358 Rayburn House Office Building
Washington, D.C. 20515-6024

Dear John:

As you approach conference on the Labor, Health and Human Services, and Education Appropriations bill and consideration of an absolute ban on the use of federal funds for needle exchange programs, we wish to draw your attention to the testimony of Dr. Peter Beilenson, Commissioner of Health in Baltimore City, who appeared before the Subcommittee on National Security, International Affairs and Criminal Justice on September 18, 1997. We urge you to consider the example of the Baltimore needle exchange program and recede to the sounder Senate position on this issue.

Dr. Beilenson's program operates out of two 26-foot vans that travel among six sites in Baltimore City. Expressly invited to each participating neighborhood, the vans spend two hours at each site. At the vans, counselors exchange with enrolled participants new needles for old needles on a one-for-one basis. They give drug users advice on drug treatment, the prevention of HIV, and practices to reduce the spread of infectious and sexually transmitted diseases. Testing is available on-site for detection of HIV, syphilis, and tuberculosis. Through city funds, approximately 90 drug treatment slots are dedicated to needle exchange program participants, treating roughly 200 clients per year at Bon Secours' New Hope Treatment Center, Johns Hopkins Bayview Medical Center, or the University of Maryland.

In its three years of operation, the Baltimore needle exchange program has achieved remarkable results. The rate at which injection drug users convert from HIV-negative to HIV-positive has dropped 39.7 percent as compared to the same population of drug users outside the program. Moreover, the Baltimore program debunks myths perpetuated by those ideologically opposed to any and all needle exchange programs:

- The benefit of reduced rates of HIV infection among program participants has not come at the expense of increased drug use. To the contrary, needle exchange participants in Baltimore report a 22 percent decrease in drug use frequency since joining the program.

- The yearly cost of the Baltimore needle exchange program is $310,000. The average cost of caring for an adult patient from the time of AIDS diagnosis (not HIV infection) is approximately $102,000. A single case of AIDS in an infant costs taxpayers $230,000. If three adult cases or two infant cases of HIV infection are prevented, taxpayers save money on health care costs. Based on a comparison of the blood results of needle exchange participants with similar drug users in Baltimore, Dr. Beilenson estimated that the needle exchange program prevented approximately 300 AIDS cases over the past three years.

- The Baltimore program requires drug users to turn in a used needle in exchange for a new needle; it does not distribute needles. A well-designed Baltimore study, which examined areas outside needle exchange sites in expanding concentric circles, reported no increase in discarded needles as compared to other areas in the city.

Robert Maginnis, a hearing witness from the Family Research Council and a strong advocate against needle exchange programs, testified that he was impressed by what he had heard of the Baltimore program and applauded its good work.

As you consider the House position in the conference committee on Labor-HHS appropriations, we hope that you will remember that many programs, like Baltimore's, reach out to a hopeless population of the hardest drug users and save lives. For this reason, we urge that the House conferees recede to the Senate position on this important issue.

Cordially,

Tom Barrett

THOMAS M. BARRETT
Ranking Minority Member
Subcommittee on National Security,
International Affairs and Criminal Justice

Elijah E. Cummings

ELIJAH E. CUMMINGS
Member of Congress

cc: Members, Subcommittee on Labor, Health and Human Services, and Education

Congress of the United States
House of Representatives

September 26, 1997

The Honorable John Edward Porter
Chairman
Appropriations Subcommittee on Labor, Health and Human Services
2358 Rayburn HOB
Washington, D.C. 20515

Dear Chairman Porter:

As Members committed to ensuring that not one person become needlessly infected with HIV and to eliminating HIV-tainted syringes from our streets, we urge you to support in conference the Senate position in the FY '98 Labor HHS appropriations bill that retains the Secretary's authority to use federal funds for needle exchange programs.

As you know, there is extensive research -- including an independent, non-government consensus panel convened by the National Institutes of Health in February 1997 -- that has proven conclusively that needle exchange programs do reduce the risk of HIV transmission and do not increase the use of illegal drugs. Numerous professional organizations have supported needle exchange as an effective means of preventing the spread of HIV, including the American Medical Association, the American Public Health Association and the American Bar Association.

We urge you to support the flexibility for localities and states to target specific HIV/AIDS prevention programs for ravaged communities. The public health system needs all the tools available in its arsenal to effectively respond to the HIV/AIDS epidemic. Half of all new infections are attributed to injection drug use. We can reduce that number with an investment of one dime -- 10 cents, the cost of a syringe -- as opposed to $15,000 yearly for treatment of an infected person.

We are deeply appreciative of your continued commitment to people living with and at risk for HIV/AIDS. We hope that you will recede to the Senate with respect to the needle exchange provision and allow science -- not politics -- to drive this public health concern. Needle exchange programs are an important and effective part of a comprehensive HIV prevention strategy, which we believe your original mark recognized.

Thank you in advance for your help and consideration.

Sincerely,

Stephen Horn
Eleanor Holmes Norton
Nancy L. Johnson
Jim Talent
Greg Ganske
Connie Morella
James Greenwood
Tom Campbell

09/29/97 MON 15:33 [illegible]

and House/Senate Appropriations HHS/Labor Subcommittee Members. Prepared by C.Haney x424

American Medical Association
Physicians dedicated to the health of America

P. John Seward, MD
Executive Vice President

515 North State Street
Chicago, Illinois 60610

312 464-5000
312 464-4184 Fax

September 23, 1997

The Honorable Trent Lott
United States Senate
S-230 Capitol Building
Washington. DC 20510

Dear Senator Lott:

The American Medical Association (AMA) is extremely concerned about an amendment to the FY98 Labor-HHS Appropriations bill, adopted by the House of Representatives, that would eliminate Secretarial discretion in the funding of "needle exchange" programs. **We urge you to reject this amendment language and adopt the Senate language in conference committee.**

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 AIDS and other blood-borne diseases. Scientific support for these programs is overwhelming. Scientific evaluations of such programs by the National Institutes of Health, the Institute of Medicine, the Centers for Disease Control and Prevention and the General Accounting Office all conclude that needle exchange programs overall are successful in reducing HIV infection rates without increasing drug use. The AMA reaffirmed existing Association policy supporting these programs at our annual meeting in June, 1997, and expanded our policy to "encourage the extensive application of needle and syringe exchange and distribution programs" and to seek revocation of the federal ban on funding for needle exchange programs for injection drug users.

Current law provides that no funds may be used to carry out any needle exchange program, 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 believe that this is an appropriate delegation of authority, in that it allows the evaluation of needle exchange programs to be made on a public health, rather than political, basis.

WE URGE YOU TO SUPPORT THE SENATE LANGUAGE IN CONFERENCE TO RETAIN SECRETARIAL DISCRETION IN THE FUNDING OF NEEDLE EXCHANGE PROGRAMS. Thank you for your consideration in this important public health matter. Please do not hesitate to contact us with any questions you may have.

Sincerely,

P. John Seward, M.D

P. John Seward, MD

150 Years of Caring for the Country
1847 • 1997

CONSTANCE A. MORELLA
8TH DISTRICT, MARYLAND

COMMITTEE ON SCIENCE
SUBCOMMITTEE ON BASIC RESEARCH
CHAIR,
SUBCOMMITTEE ON TECHNOLOGY

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEE ON CIVIL SERVICE
VICE CHAIR
SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA

Congress of the United States
House of Representatives

September 8, 1997

2228 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5341
FAX: (202) 225-1389

EMAIL: rep.morella@mail.house.gov

51 MONROE STREET
SUITE 507
ROCKVILLE, MD 20850
(301) 424-3501
FAX: (301) 424-5992

Dear Colleague:

I urge you to read the following letter from the American Bar Association in opposition to any effort to revoke the authority of the Secretary of Health and Human Services to manage public health threats, particularly in regard to the prevention of HIV/AIDS.

Sincerely,

Connie

Connie Morella

GOVERNMENTAL AFFAIRS OFFICE

DIRECTOR

DIR. LEGISLATIVE COUNSEL

LEGISLATIVE COUNSEL

DIRECTOR GRASSROOTS OPERATIONS

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 4, 1997

Dear Representative:

We understand that an amendment may be offered during floor consideration of H.R. 2264, the FY98 appropriations bill for the Departments of Labor, Health and Human Services and Education, which would revoke the authority of the Secretary of Health and Human Services to remove the restriction on federal funding for hypodermic needle exchange programs upon a showing that such programs are effective in preventing the spread of HIV and result in reduced drug abuse. In addition, the amendment may propose an absolute ban on needle exchange programs. We are writing to urge you to defeat any such amendment.

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

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 mounting 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 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 has strongly encouraged the expansion of needle exchange programs and the Centers for Disease Control have stated that such programs are one part of a comprehensive approach to the prevention of HIV in intravenous drug users and their sexual partners and children.

The proposed amendment would erect a substantial barrier to the establishment and expansion of such programs. By revoking a provision that has been in the last eight appropriations bills for the Department of Health and Human Services that would allow federal funds to be used for needle exchange programs if the Secretary (previously the Surgeon General) determines that there is conclusive evidence of their value, the proposed amendment 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 proposed amendment.

Sincerely,

Robert D. Evans

Robert D. Evans

MEMBER'S PERSONAL ATTENTION

MEMBER'S PERSONAL ATTENTION

Congress of the United States
Washington, DC 20515

SUPPORT FOR PUBLIC HEALTH

September 5, 1997

Dear Colleague:

The authority of the Secretary of Health and Human Services to determine if federal funds can be used for needle exchange programs is under attack by those who would put politics before public health.

Contrary to statements made in the House of Representatives (9/4/97), the LABOR-HHS-ED appropriations bill before the House right now includes the SAME LANGUAGE regarding needle exchange as has been in this bill since 1990.

What is being threatened by an amendment to the Labor, Health and Human Services, and Education Appropriations bill is an amendment that would strike the Secretary's waiver authority. This is unacceptable.

We believe that it is vital that we protect the Secretary's waiver authority and NOT take away from her the ability to protect the health of all Americans. This includes protecting against the further spread of HIV/AIDS through the sharing of contaminated injection equipment.

Respected public health and medical experts have all agreed that -- needle exchange, as part of a comprehensive HIV prevention strategy, -- works. Further, they have agreed that needle exchange does not increase drug use. These groups include:

National Commission on AIDS, 1991 (federally funded study)
General Accounting Office, 1993 (federally funded study)
Centers for Disease Control and Prevention, through the University of California, San Francisco, 1993 (federally funded study)
National Academy of Sciences, 1995 (federally funded study)
Office of Technology Assessment, 1995 (federally funded study)
Consensus Conference, NIH, 1997 (federally funded analysis)
American Public Health Association (APHA)
American Medical Association (AMA)
National Academy of Sciences (NAS)
American Nurses Association (ANA)
American Academy of Pediatrics (AAP)
U.S. Conference of Mayors (USCM)
National Black Caucus of State Legislators (NBCSL)
Association of State and Territorial Health Officers (ASTHO)
American Bar Association (ABA)

Please join with us in opposing Representative Coburn's amendment to strike the Secretary, Health and Human Services' authority to protect the public health of the American people. Public Health should be based on science and not on politics.

Sincerely,

LOUIS STOKES
Member of Congress

NANCY PELOSI
Member of Congress

ttee Chair /Rankers, and House/Senate Leadership, House/Senate Appropriations Committee Chair /Rankers, and House/Senate Appropriations HHS/Labor Subcommittee Members. Prepared by C.Haney x424

American Medical Association
Physicians dedicated to the health of America

P. John Seward, MD
Executive Vice President

515 North State Street
Chicago, Illinois 60610

312 464-5000
312 464-4184 Fax

September 23, 1997

The Honorable Trent Lott
United States Senate
S-230 Capitol Building
Washington, DC 20510

Dear Senator Lott:

The American Medical Association (AMA) is extremely concerned about an amendment to the FY98 Labor-HHS Appropriations bill, adopted by the House of Representatives, that would eliminate Secretarial discretion in the funding of "needle exchange" programs. We urge you to reject this amendment language and adopt the Senate language in conference committee.

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 AIDS and other blood-borne diseases. Scientific support for these programs is overwhelming. Scientific evaluations of such programs by the National Institutes of Health, the Institute of Medicine, the Centers for Disease Control and Prevention and the General Accounting Office all conclude that needle exchange programs overall are successful in reducing HIV infection rates without increasing drug use. The AMA reaffirmed existing Association policy supporting these programs at our annual meeting in June, 1997, and expanded our policy to "encourage the extensive application of needle and syringe exchange and distribution programs" and to seek revocation of the federal ban on funding for needle exchange programs for injection drug users.

Current law provides that no funds may be used to carry out any needle exchange program, 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 believe that this is an appropriate delegation of authority, in that it allows the evaluation of needle exchange programs to be made on a public health, rather than political, basis.

WE URGE YOU TO SUPPORT THE SENATE LANGUAGE IN CONFERENCE TO RETAIN SECRETARIAL DISCRETION IN THE FUNDING OF NEEDLE EXCHANGE PROGRAMS. Thank you for your consideration in this important public health matter. Please do not hesitate to contact us with any questions you may have.

Sincerely,

P. John Seward, MD

150 Years of Caring for the Country
1847 • 1997

House of Representatives

Dear Colleagues,

Following is a letter sent by nine nationally recognized health and public service organizations urging Congress not to undermine their efforts in the war against the spread of HIV/AIDS. We urge you to read this letter and to support these doctors, nurses, public health experts, mayors and state legislators in their fight to contain and eliminate this deadly but preventable disease.

Sincerely,

Nancy Johnson | Mark Foley | Greg Ganske

September 5, 1997

The Honorable John Porter, Chair
Labor, Health and Human Services and Education Appropriations Subcommittee
2358 Rayburn HOB
Washington, D.C. 20515

The Honorable David Obey, Ranking Minority Member
Labor, Health and Human Services and Education Appropriations Subcommittee
1016 Longworth HOB
Washington, D.C. 20515

Dear Sirs:

Current law, by way of Labor, Health and Human Services and Education 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 use 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 Nurses Association
Association of Schools of Public Health
National Black Caucus of State Legislators
National Alliance of State and Territorial AIDS Directors
National Association of County and City Health Officials
American Medical Association
American Public Health Association
United States Conference of Mayors

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:

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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

Congress of the United States

Washington, DC 20515

September 30, 1997

Dear Conferee:

We are writing to urge you to remove language passed in the House version of the Labor-HHS-Education Appropriations bill that will prohibit the Secretary of Health and Human Services from lifting the ban on federal funding of needle exchange programs. As you know, the Senate did not include this harmful provision in its version of the bill.

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We must slow this alarming trend by keeping intravenous drug users from sharing needles, and this can be accomplished by supporting needle exchange programs. Scientific evidence has shown that these programs work. In a 1995 study commissioned by Congress, the National Academy of Sciences found that needle exchange programs reduced the spread of AIDS. The Congressional Office of Technology Assessment, the National Commission on AIDS, and the US General Accounting Office have all reviewed studies on needle exchange and have endorsed the finding that needle exchange programs are effective in slowing the spread of AIDS. Needle exchange programs are also supported by leading health organizations including the American Medical Association and the American Public Health Association.

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That is why it is critical that this harmful language be dropped from the Labor-Health and Human Services-Education Appropriations conference report. Current law already prohibits

federal funding for needle exchange programs, while leaving the Secretary of Health and Human Services with the authority to lift this ban. We should leave the Secretary with the discretion to do what is best for the health of the people of this nation.

We urge you to remove this language from the Labor-HHS-Education Appropriations conference report. We need every tool that we have to fight the deadly AIDS epidemic.

Sincerely,

Lynn Woolsey

Elizabeth Furse

Eleanor E. Cummings

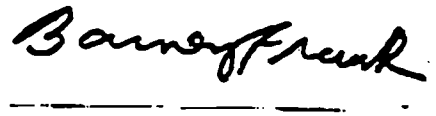
Sam Farr

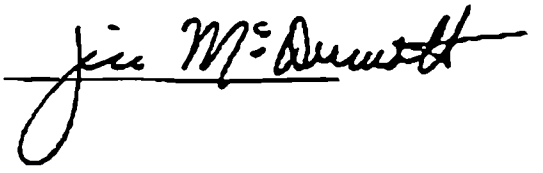
Henry A. Waxman

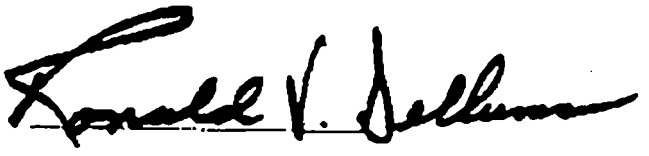
Bill Delahunt

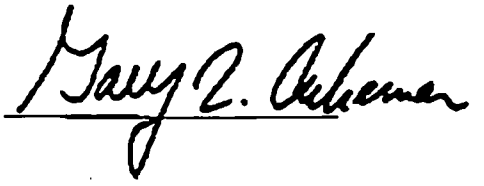
John W. Olver

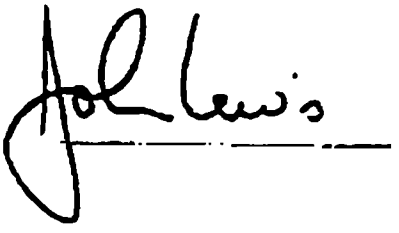
Tom Lantos

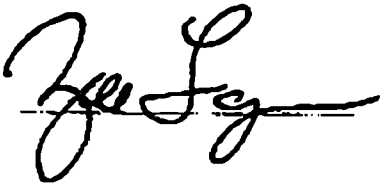


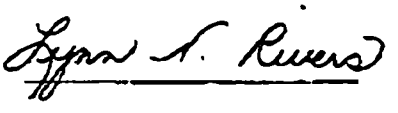


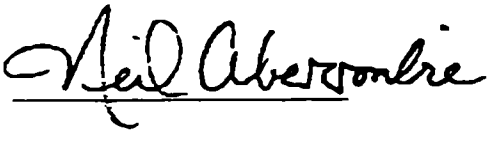


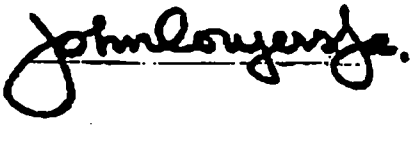


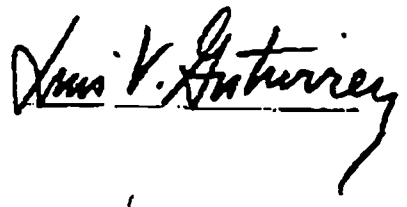


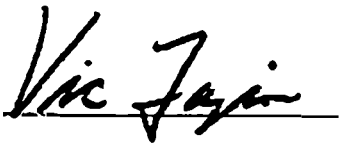


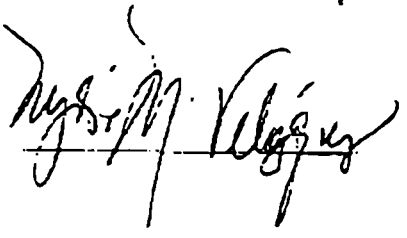


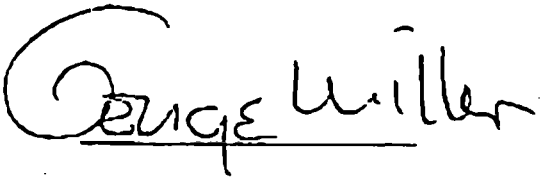


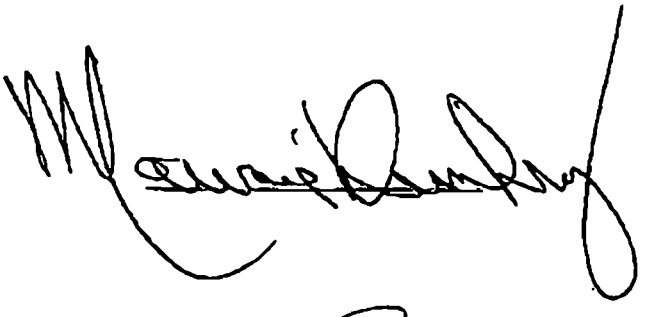


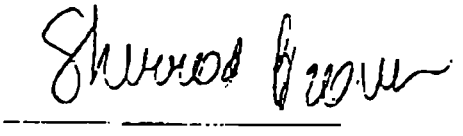


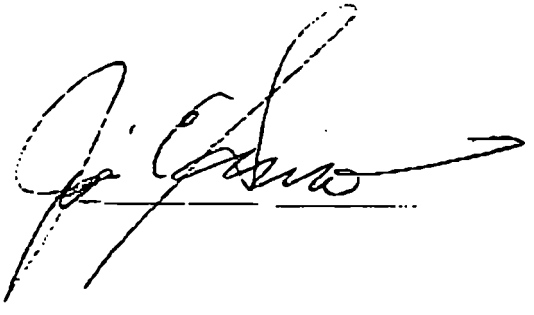


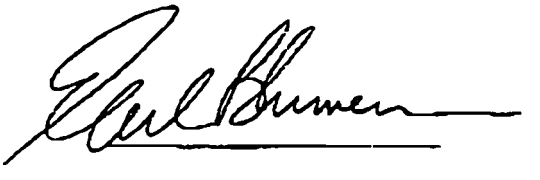












Eddie Bernice Johnson

Patsy T. Mink

Dennis J. Kucinich

Bernard Sanders

Frank Pallone Jr.

Bob Filner

Dana Rohrabacher

Matthew G. Martinez

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Congress of the United States
House of Representatives
Washington, DC 20515–2110

September 29, 1997

The Honorable John Edward Porter, Chairman
Appropriations Subcommittee on Labor,
Health and Human Services and Education
U.S. House of Representatives
Washington, DC 20515

The Honorable David Obey, Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services and Education
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Porter and Ranking Member Obey:

Current law provides that no federal funds may be used to carry out programs that distribute sterile needles for the injection of illegal drugs ("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 enacting this provision, Congress sought to ensure that the decision as to whether such programs merit federal support would be made by public health experts acting on the basis of sound science, rather than by politicians acting on the basis of uninformed opinion.

Unfortunately, an amendment passed by the House during consideration of the FY1998 Labor-HHS-Education Appropriation bill would overturn existing law, prohibiting the use of federal funds for such programs even if the Secretary makes the required findings.

As members of the House Judiciary Committee, we take very seriously the epidemic of drug addiction in our society. However, we believe the House amendment is both unnecessary and unwise, and we urge you to reject it in favor of the language in the Senate bill, which would maintain current law.

An absolute ban on funding for needle exchange programs is not needed to prohibit federal support for programs that encourage the use of illegal drugs. Current law

THE Sheridan GROUP

FAX TRANSMITTAL

DATE: 2/20/98

TO: Sandy Thurman

FAX #: 632 1096

FROM: Kristin O'Connell

4 *PAGES INCLUDING COVER SHEET*

Dennis Archer, Mayor, Detroit is great on NEX

1808 SWANN STREET NW • WASHINGTON DC 20009
phone 202.462.7288 *fax* 202.483.1964

Fax

CHAG
Community Health Awareness Group
"Providing Services For a Healthier Community"
3028 East Grand Blvd.
Detroit, MI. 48202
Ph. 313-872-2424 Fax. 313-872-5546

Name:	Kristen O'Connell
Organization:	[Of]
Fax:	202-483-1964
Phone:	202-462-7288
From:	Harry L. Simpson
Date:	Feb 26, 1998
Subject:	NEP
Pages:	3

kristen,

As I mentioned in our earlier telephone conversation, the Detroit City Council amended the local paraphernalia ordinance in the summer of 1996 to allow for legal syringe exchange within the city limits. The effort was spearheaded by Councilmember Alberta Tinsley-Williams but was supported by a unanimous vote. The Council later awarded Life Points - the name of our SEP - funds to support *outreach activities* in conjunction with the SEP. At any rate, the Council recognized the program through the Spirit of Detroit Award in October 1997.

It should also be noted that Detroit's mayor, the Honorable Dennis Archer, has been very vocal in his support of SEPs and, in fact, gave a compelling speech to that effect at last year's US Conference of Mayors meeting in Californonia.

Hope this is helpful.

City of Detroit

CITY COUNCIL

ALBERTA TINSLEY-WILLIAMS

February 10, 1998

Michigan AIDS Fund
Grants Manager
678 Front Street, NW, Suite 159
Grand Rapids, Michigan 49504

To Whom It May Concern:

It is my pleasure to support the proposal submitted by Community Health Awareness Group (CHAG) to continue providing syringe exchange through its Life Points Needle Exchange Program in the City of Detroit. Increased access to sterile needles was ranked as the highest unmet need for African-American Injection Drug Users (IDU) by the Region 1 Community Planning Group.

With the AIDS rate for African-American IDUs more than 20 times the rate of whites, it is critical that the City of Detroit have an organization like CHAG going into the neighborhoods where those most at risk are likely to be found to provide harm reduction, health education and risk reduction counseling, HIV counseling and testing and assistance with accessing drug treatment. In the first year alone, Life Point staff and volunteers were able to refer 70 individuals for drug treatment.

Needle exchange programs are a critical component of HIV prevention. The Michigan AIDS Fund is to be commended for its commitment to funding for an intervention which has been found to reduce HIV transmission by at least 30%. Please continue this commitment by funding Life Points for another year.

Remember, the cost of distributing clean syringes is minimal when compared to the lifetime cost of treating an HIV infected person.

Sincerely,

Alberta Tinsley-Williams
Council Member

1340 City-County Building, Detroit, Michigan 48226
(313) 224-1645 FAX (313) 224-1787

SPIRIT OF DETROIT AWARD

is presented herewith as an expression of the gratitude and esteem of the citizens of Detroit to

Community Health Awareness Group

LIFE POINTS PROGRAM

In recognition of exceptional achievement, outstanding leadership, and dedication to improving the quality of life.

By the City Council of Detroit, Michigan

Maryann Mahaffey
COUNCIL PRESIDENT

Gil Hill
COUNCIL PRESIDENT PRO TEM

Nicholas Hood III
COUNCIL MEMBER

Clyde Cleveland
COUNCIL MEMBER

Mel Ravitz
COUNCIL MEMBER

Sheila M. Cockrel
COUNCIL MEMBER

Brenda M. Scott
COUNCIL MEMBER

Barry Everett
COUNCIL MEMBER

Alberta Tinsley-Williams
COUNCIL MEMBER

October 17, 1997

Congress of the United States

Washington, DC 20515

September 30, 1997

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We are writing to urge you to remove language passed in the House version of the Labor-HHS-Education Appropriations bill that will prohibit the Secretary of Health and Human Services from lifting the ban on federal funding of needle exchange programs. As you know, the Senate did not include this harmful provision in its version of the bill.

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Lynn Woolsey

Bill Delahunt

John W. Olver

Tom Lantos

Barney Frank

Jim McDermott

Ronald V. Dellums

Gary L. Ackerman

John Lewis

Carolyn C. Kilpatrick

Zoe Lofgren

Sheila Jackson Lee

Ben Cardin

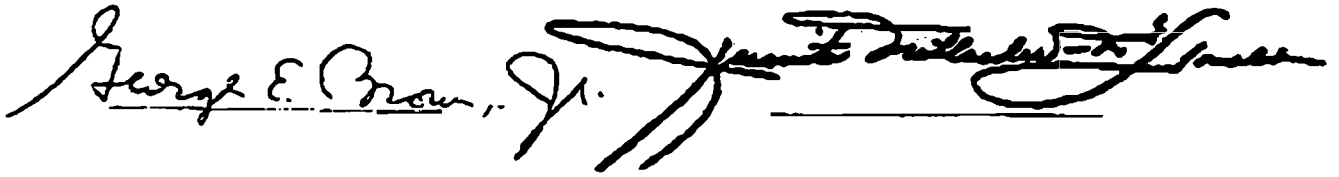
Lynn N. Rivers

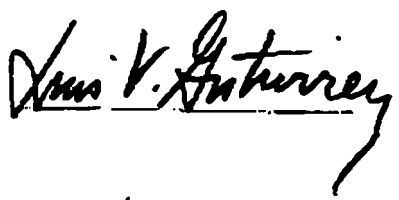
Lorette Sanchez

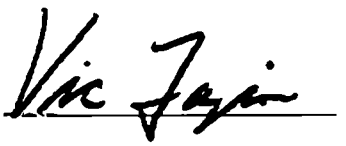
Neil Abercrombie

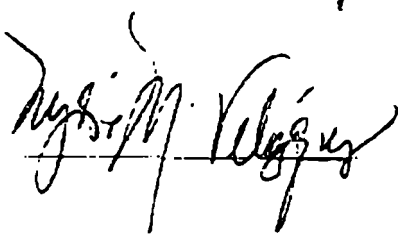
John Conyers Jr.

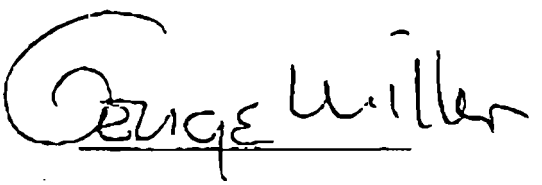
Lucille Roybal-Allard

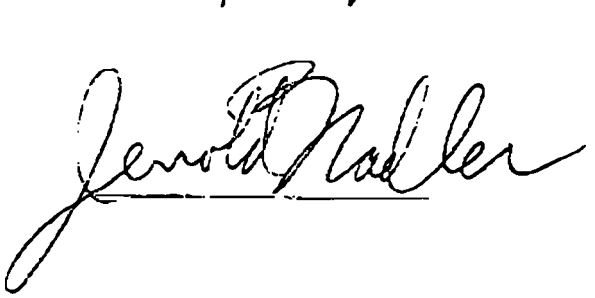


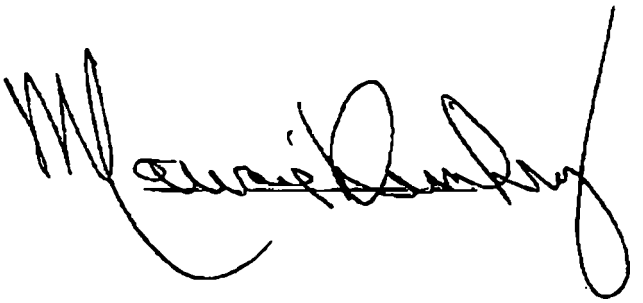


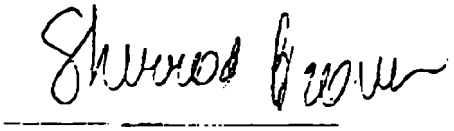


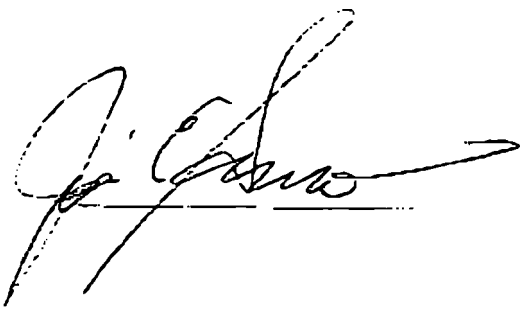


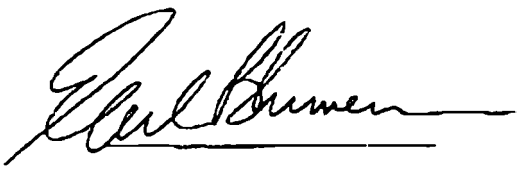












Eddie Bernice Johnson

Patsy T. Mink

Dennis J. Kucinich

Bernard Sanders

Frank Pallone Jr.

Bob Filner

Dana Rohrabacher

Matthew G. Martinez

_____ _____

_____ _____

Needle exchange letter signers

1. Representative Lynn Woolsey
2. Representative Neil Abercrombie
3. Representative Anna Eshoo
4. Representative Ron Dellums
5. Representative Sam Farr
6. Representative Elijah Cummings
7. Representative Barney Frank
8. Representative William Delahunt
9. Representative Jim McDermott
10. Representative John Lewis (GA)
11. Representative Bobby Rush
12. Representative Tom Lantos
13. Representative Gary Ackerman
14. Representative Elizabeth Furse
15. Representative John Olver
16. Representative Benjamin Cardin
17. Representative Lucille Roybal-Allard
18. Representative Loretta Sanchez
19. Representative John Conyers, Jr.
20. Representative Zoe Lofgren
21. Representative Sheila Jackson-Lee
22. Representative Lynn Rivers
23. Representative George Brown (CA)
24. Representative Henry Waxman
25. Representative Juanita Millender-McDonald
26. Representative Luis Gutierrez
27. Representative Vic Fazio
28. Representative Nydia Velazquez
29. Representative George Miller
30. Representative Jerrold Nadler
31. Representative Maurice Hinchey
32. Representative Sherrod Brown
33. Representative Ed Pastor
34. Representative Jose Serrano
35. Representative Earl Blumenauer
36. Representative Carolyn Cheeks-Kilpatrick
37. Representative Eddie Bernice Johnson
38. Representative Patsy Mink
39. Representative Dennis Kucinich
40. Representative Bruce Vento
41. Representative Frank Pallone
42. Representative Diana DeGette
43. Representative Bob Filner
44. Representative Matthew Martinez

Congress of the United States

Washington, DC 20515

September 30, 1997

Dear Conferee:

We are writing to urge you to adopt the House funding level for Title I of the Ryan White CARE Act, which provides health and supportive services to people living with HIV/AIDS. As you know, the House included $471.6 million for this critical program, while the Senate only included $457.9 million.

Congress adopted the Ryan White CARE Act in 1990 with the nearly unanimous support of both the House and Senate. With this act, we recognize HIV/AIDS as a national crisis that needs our immediate and focused attention. Seven years later, the AIDS epidemic continues to ravage our towns and cities, and the 900,000 Americans infected by HIV urgently need our help.

The Title I program provides grants to the metropolitan areas most affected by this epidemic to provide health care and supportive services to people living with HIV/AIDS. Critical breakthroughs in drug technologies and higher standards of care for HIV/AIDS patients have given us new hope to combat this disease. But with this new hope also comes added costs that have put great financial pressure on cities and towns fighting to provide care. Without adequate Title I funding, the promise of these life-saving drugs cannot be fulfilled.

We urge you to include the full $471.6 million for Title I of the Ryan White CARE Act in the Labor-HHS-Education conference report. Let's turn the promise of new AIDS treatments and care into a reality for every American living with HIV/AIDS.

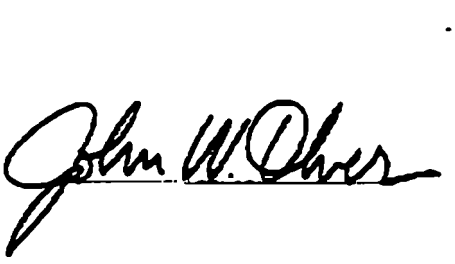
Sincerely,

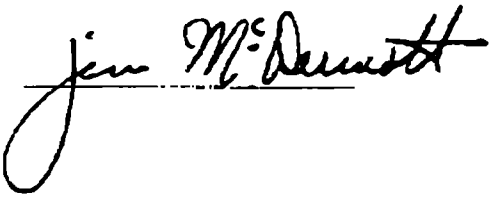
Lynn Woolsey

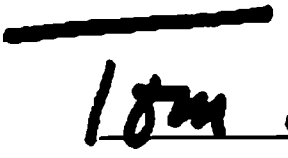
Elizabeth Furse

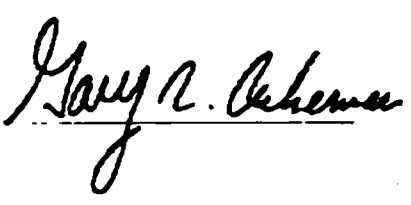
Bobby Rush

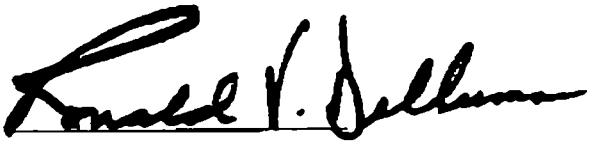
Bob Ballenger

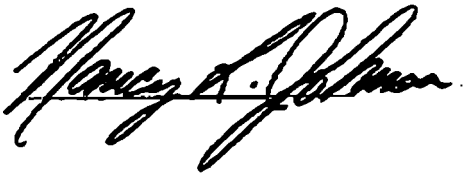


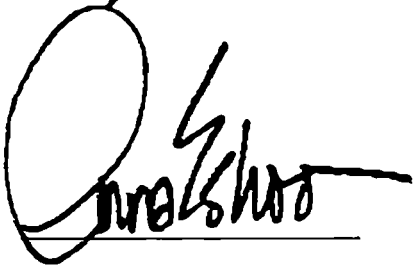


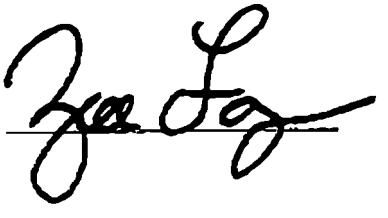


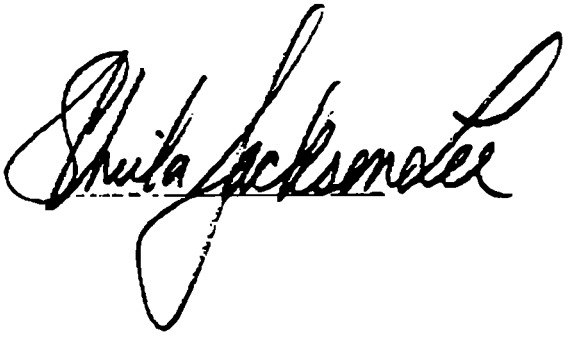


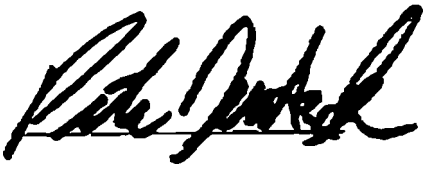


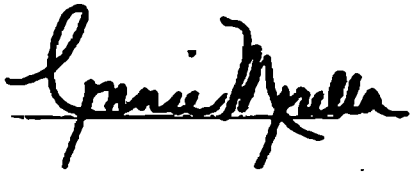


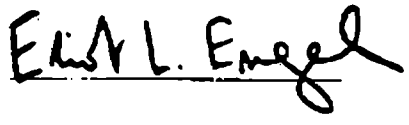


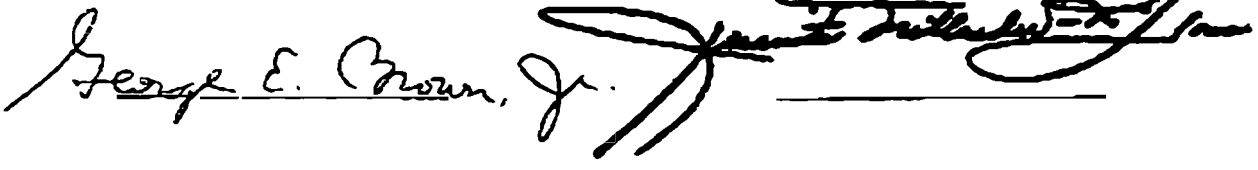


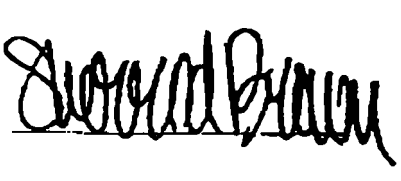












Sam V. Gutierrez

Martin O. Sabo

Jane Evans

Barney Frank

Vic Fazio

Lydia M. Velázquez

George Miller

Gerald Nadler

Ed Pastor

Joe Sanchez

Eddie Bernice Johnson

Patsy T. Mink

Earl Blumenauer

Frank Pallone Jr.

Dennis J. Kucinich

Bob Filner

Bruce F. Vento

Diana DeGette

Martin Frost

Carolyn McCarthy

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Title I - The Ryan White CARE Act

1. Representative Lynn Woolsey
2. Representative Anna Eshoo
3. Representative Barney Frank
4. Representative Benjamin Cardin
5. Representative Bob Filner
6. Representative Bobby Rush
7. Representative Brian Bilbray
8. Representative Bruce Vento
9. Representative Carolyn C. Kilpatrick
10. Representative Christopher Shays
11. Representative Connie Morella
12. Representative Dennis Kucinich
13. Representative Diana DeGette
14. Representative Earl Blumenauer
15. Representative Ed Pastor
16. Representative Eddie Bernice Johnson
17. Representative Eliot Engel
18. Representative Elizabeth Furse
19. Representative Frank Pallone
20. Representative Gary L. Ackerman
21. Representative George Miller (CA)
22. Representative George Brown (CA)
23. Representative Henry Waxman
24. Representative Jerrold Nadler
25. Representative Jim McDermott
26. Representative John W. Olver
27. Representative John Conyers
28. Representative Jose Serrano
29. Representative Juanita Millender-McDonald
30. Representative Lane Evans
31. Representative Loretta Sanchez
32. Representative Lucille Roybal-Allard
33. Representative Luis Gutierrez
34. Representative Martin Frost
35. Representative Matthew Martinez
36. Representative Martin Sabo
37. Representative Marty Meehan
38. Representative Nancy Johnson
39. Representative Nydia Velazquez
40. Representative Patsy Mink
41. Representative Peter Deutsch
42. Representative Ronald Dellums
43. Representative Sheila Jackson-Lee
44. Representative Sherrod Brown
45. Representative Tom Lantos
46. Representative Vic Fazio
47. Representative Zoe Lofgren
48. Representative Carolyn McCarthy

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

September 23, 1997

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

Dear Mr. Chairman:

As you know, current law, by way of Labor, Health & Human Services, Education & 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.

As you work to decide issues related to the FY98 Labor-HHS Appropriations Bill, we are particularly concerned about 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. The Hastert-Weicker amendment in the House bill undermines the Secretary's authority. We urge you to adopt the Senate language in conference committee. 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
The Honorable Richard Gephardt
The Honorable Trent Lott
The Honorable Tom Daschle
Senate Appropriations Committee Members
House Appropriations Committee Members

Resolution No. 26

Submitted By:

The Honorable Willie Brown, Jr.
Mayor of San Francisco

The Honorable Richard Riordan
Mayor of Los Angeles

RATIONALE FOR NEEDLE EXCHANGE PROGRAMS

1. **WHEREAS**, as of December 1996, 581,429 persons have been diagnosed with AIDS since 1982; and

2. **WHEREAS**, one in 250 people in the United States is infected with human immunodeficiency virus (HIV), and every year an additional 40,000-80,000 Americans become infected with the AIDS virus; and

3. **WHEREAS**, AIDS is the leading cause of death among men and women between the ages of 25 and 44; and

4. **WHEREAS**, intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population; and

5. **WHEREAS**, by 1996, among children under the age of 13 with AIDS, 53 percent were born to women who contracted HIV through injection drug use or sex with a spouse or partner who used injection drugs; and

6. **WHEREAS**, the FY 1997 Labor, Health and Human Services, Education and Related Agencies appropriations legislation prohibits the use of Federal funds 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;" and

7. **WHEREAS**, six federally funded studies, conducted independently by the National Commission on AIDS in 1991,

the General Accounting Office in 1993, the University of California in 1993, the Centers for Disease Control and Prevention in 1993, the National Academy of Sciences in 1995 and the Office of Technology Assessment in 1995 report that needle exchange programs reduce HIV transmission and do not increase drug use; and

8. **WHEREAS**, the NIH Consensus Panel reviewed studies on the effectiveness of needle exchange programs and concluded that needle exchange programs do not increase syringe injecting behavior among current drug users, do not increase the number of drug users, and do not increase the amount of discarded drug paraphernalia. In addition, the NIH stated that "legislative restriction on [needle exchange programs] must be lifted. Such legislation constitutes a major barrier to realizing the potential of a powerful approach and exposes millions of people to unnecessary risk;" and

9. **WHEREAS**, the average lifetime cost of care is $119,000 for one AIDS patient from diagnosis to death; and

10. **WHEREAS**, the average cost of a sterile syringe is less than 10 cents; and

11. **WHEREAS**, studies show reduction in risk behavior as high as 80 percent with estimates of a 30 percent or greater reduction of HIV among injecting drug users in needle exchange programs; and

12. **WHEREAS**, Secretary of Health and Human Services Donna Shalala, reported that "studies indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them;" and

13. **WHEREAS**, needle exchange programs can offer a bridge to drug treatment, HIV prevention information and medical and support services to hard to reach populations who might not otherwise receive such services; and

14. **WHEREAS**, there are 113 needle exchange programs in 29 states, the District of Columbia and Puerto Rico; and

15. **WHEREAS**, The U.S. Conference of Mayors reports that "the clock is ticking in terms of stemming the spread of HIV among drug users and the subsequent spread to their sexual partners and unborn children" and "it may be time to shift discussion to how effective prevention strategies, such as syringe exchange, can be implemented at the local level...;" and

16. **WHEREAS**, the Federal ban on funding for needle exchange impedes states and local communities from implementing HIV prevention strategies that have been scientifically proven effective,

17. **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 FY 1997 Labor, Health and Human Services, Education and Related Agencies appropriations legislation; and

18. **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

19. **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.

Projected Cost: None

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 18 1997

The Honorable Arlen Specter
Chairman
Subcommittee on Labor, Health
and Human Services, and Education
Committee on Appropriations
United States Senate
Washington, D.C.

Dear Senator Specter:

In accordance with the request of the Committee included in Senate Report 104-368, I am transmitting the enclosed report reviewing completed and ongoing research on the efficacy of needle exchange programs in reducing HIV transmission and their impact on illegal drug use.

A number of communities have established outreach programs for out-of-treatment drug users to get them into treatment and to get them to reduce high risk sexual and drug using behaviors. Needle exchange programs have also been developed in many communities to reach injecting drug users who are not in treatment and to reduce the transmission of hepatitis and HIV through the reduction of drug use behaviors and unsafe injection practices.

The intravenous use of illegal drugs is wrong and is clearly a major public health problem as well as a law enforcement concern. Among the many secondary health consequences of injection drug use are the transmission of hepatitis, HIV and other bloodborne diseases. The Department supports a range of activities to cope with these public health issues, from basic research supported by the National Institute on Drug Abuse to substance abuse prevention and treatment programs at the community level.

HIV disease is also an urgent public health problem in our Nation as the leading cause of death among adults age 25-44, and the seventh leading cause of death for all Americans. Injecting drugs with nonsterile equipment is one of three key risk factors for HIV infection, along with unprotected sexual intercourse and untreated sexually transmitted diseases. Unsafe drug injection is the second most frequently reported risk behavior for HIV infection, accounting for a growing proportion of new HIV infections among users, their sexual partners and their children. To realize our goal of effective HIV prevention, it is vital that we identify and evaluate sound public health strategies to address the twin epidemics of HIV and substance abuse.

The Department has played an important role in supporting evaluations of needle exchange programs as they impact HIV transmission and patterns of drug use. As requested, this report provides the Committee with the findings of published studies conducted in our country, and a description of current research and interim findings where these are available.

Sincerely,

Donna E. Shalala

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 18 1997

The Honorable Tom Harkin
Ranking Minority Member
Subcommittee on Labor, Health
and Human Services, and Education
Committee on Appropriations
United States Senate
Washington, D.C.

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Sincerely,

Donna E. Shalala

REPORT TO THE COMMITTEE ON APPROPRIATIONS
FOR THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,
EDUCATION AND RELATED AGENCIES

NEEDLE EXCHANGE PROGRAMS IN AMERICA: REVIEW OF PUBLISHED STUDIES AND ONGOING RESEARCH

DONNA E. SHALALA
SECRETARY OF HEALTH AND HUMAN SERVICES
FEBRUARY 18, 1997

REPORT TO THE COMMITTEE ON APPROPRIATIONS FOR THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES

NEEDLE EXCHANGE PROGRAMS IN AMERICA: REVIEW OF PUBLISHED STUDIES AND ONGOING RESEARCH

Introduction

On September 12, 1996, the Committee on Appropriations for the Departments of Labor, Health and Human Services, Education and Related Agencies made the following request of the Department of Health and Human Services:

> "The Committee understands the Department is continuing to support research, reviewing the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illegal drug use. The Committee requests that the Secretary provide a report by February 15, 1997 on the status of current research projects, an itemization of previously supported research, and the findings to date regarding the efficacy of needle exchange programs for reducing HIV transmission, and not encouraging illegal drug use." Senate Report 104-368, p.68

In response to the Committee's request, this report provides an overview of the current status of knowledge regarding needle exchange programs (NEPs) with a compilation of relevant reviews and abstracts pertinent to the issues of efficacy of NEPs in reducing HIV transmission and their effect on utilization of illegal drugs. In reviewing the body of literature gathered, it is important to note the wide range of methodologic approaches utilized and the impact of these study design choices on the conclusions drawn. For example, studies varied significantly in terms of study populations, survey instruments, and assumptions made in the design of mathematical models used to predict seroincidence and seroprevalence. Given the significantly different design elements, making comparisons or drawing conclusions across studies requires an understanding of these complexities.

In the Department's assessment, providing the findings and conclusions from specific studies without benefit of the context of their specific methodologies would not facilitate a sound understanding of this issue, as the nature of the findings is not consistent. For these reasons, the original reviews and source documents with their discussions of methodological issues are being provided to the Committee for consideration along with the findings and conclusions. The data presented are limited to published studies conducted in the United States, consistent with the approach taken by the National Academy of Sciences, as the legal and cultural

environments of other countries differ sufficiently enough to raise questions about whether the conclusions are applicable to the United States.

The report is presented in four parts. Part One provides a review of completed studies and published abstracts addressing the efficacy of needle exchange programs for reducing HIV transmission and their effect on illegal drug use. Several major reviews, including a report by the National Research Council/Institute of Medicine (NRC/IOM) analyzes those studies published prior to 1995; subsequent studies are identified individually. Part Two describes the status of federally supported evaluation studies of needle exchange programs, with preliminary findings noted where these are available. Part Three provides the results of a national survey of State and local regulation of syringes and needles. Part Four is a set of Appendices which include the reviews of needle exchange programs described in Part One, two studies published since the NRC/IOM review, and relevant abstracts presented at the XI International AIDS Conference in Vancouver, BC in July, 1996.

I. Review of Published Studies

Three reviews of the literature on needle exchange programs have been commissioned by the federal government: (1) Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy, United States General Accounting Office, March 1993; (2) The Public Health Impact of Needle Exchange Programs in the United States and Abroad, prepared by the faculty and research staffs of the San Francisco and Berkeley campuses of the University of California for the Centers for Disease Control and Prevention, U.S. Public Health Service, in September 1993; and (3) Preventing HIV Transmission: The Role of Sterile Needles and Bleach, National Research Council and Institute of Medicine, September 1995.

Report of the U.S. General Accounting Office

The U.S General Accounting Office (GAO) was requested by the Chairman of the House Select Committee on Narcotics Abuse and Control to: (1) review the results of studies addressing the effectiveness of needle exchange programs in the United States and abroad, (2) assess the credibility of a forecasting model developed at Yale University that estimates the impact of a needle exchange program on the rate of new HIV infections, and (3) determine whether federal funds can be used in support of studies and demonstrations of needle exchange programs.

The GAO conducted a literature review and site visits to two needle exchange programs. While the GAO noted that there were 32 known needle exchange programs in operation in 27 different U.S. cities or counties, their staff visited only those programs located in Tacoma, Washington and New Haven, Connecticut. Needle exchange programs studied by GAO were located in Australia (1), Canada (1), Netherlands (2), Sweden (1), United Kingdom (3), and the United States (1).

The full report with data from nine needle exchange programs and GAO findings are provided at Appendix A. The Results in Brief are abstracted below:

"Measuring changes in needle sharing behaviors is an indicator often used to assess the impact of needle exchange programs on HIV transmission. We identified nine needle exchange projects that had published results. Only three of these reported findings that were based on strong evidence. Two of these three reported a reduction in needle sharing while a third reported an increase.

One concern surrounding needle exchange programs is whether they lead to increased injection drug use. Seven of the nine projects looked at this issue, and five had strong evidence for us to report on outcomes. All five found that drug use did not increase among users; four reported no increase in frequency of injection and one found no increase in the prevalence of use. None of the studies that addressed the question of whether or not the needle exchange progams contributed to injection drug use by those not previously injecting drugs had findings that met our criteria of strong evidence. Our review of the projects also found that seven reported success in reaching out to injection drug users and referring them to drug treatment and other health services.

We also found the forecasting model developed at Yale University to be credible. This model estimated a 33 percent reduction in new HIV infections among New Haven, Connecticut, needle exchange program participants over 1 year. Based on our expert consultant review, we found the model to be technically sound, its assumptions and data values reasonable and the estimated 33 percent reduction in new HIV infections defensible. This reduction stems from the program's ability to lessen the opportunity for needles to become infected, to be shared, and to infect an uninfected drug user. To gather data in assessing program impact for use in the New Haven model, the researcher developed a new system for tracking and testing for HIV in returned needles.

While these findings suggest that needle exchange programs may hold some promise as an AIDS prevention strategy, HHS is currently restricted from using certain funds to directly support the funding of needle exchange programs. Under the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992, block grant funds authorized by title XIX of the PHS Act may not be used to carry out any needle exchange program unless the Surgeon General determines that they are effective in reducing the spread of HIV and the use of illegal drugs. However, HHS does have the authority to conduct demonstration and research projects that could involve the provision of needles." Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy, GAO/HRD-93-60, pages 3-4.

Report of the University of California

Under a contract with the Centers for Disease Control and Prevention (CDC), faculty of the University of California, at Berkeley and San Francisco, undertook a review and analysis of the literature on needle exchange programs to answer a set of 14 research questions, including the effect of needle exchange programs on HIV infection rates and prevention of HIV infection and effect on drug using behavior. At the time this study, 37 active needle programs were known to exist in the U.S.; the 33 programs which were up and running for sufficient time to be included in this review operated a total of 102 sites. Over 1900 data sources were analyzed and ranked according to the quality of study design and evidence reported; study results report only on those judged to be of acceptable quality, or better. A complete summary of findings and data sources utilized is provided in the final report at Appendix B.

The Executive Summary of the report is provided below:

"**How and Why did Needle Exchange Programs Develop?**
Needle exchange programs have continued to increase in number in the US and by September 1, 1993 at least 37 active programs existed. The evolution of needle exchange programs in the US has been characterized by growing efforts to accomodate the concerns of local communities, increasing likelihood of being legal, growing institutionalization, and increasing federal funding of research, although a ban on federal funding for program services remains in effect.

How do Needle Exchange Programs Operate?
About one-half of US needle exchange programs are legal, but funding is often unstable and most programs rely on volunteer services to operate. All but six US needle exchange programs require one-for-one exchanges and rules governing the exchange of syringes are generally well enforced. In addition to having distributed over 5.4 million syringes, US needle exchange programs provide a variety of services ranging from condom and bleach distribution to drug treatment referrals.

Do Needle Exchange Programs Act as Bridges to Public Health Services?
Some needle exchange programs have made significant numbers of referrals to drug abuse treatment and other public health services, but referrals are limited by the paucity of drug treatment slots. Integrating needle exchange programs into the existing public health system is a likely future direction for these programs.

How Much Does it Cost to Operate Needle Exchange Programs?
The median annual budget of US and Canadian needle exchange programs visited is relatively low at $169,000, with government-run programs tending to be more expensive. Some needle exchange programs are more expensive because they also

provide substantial non-exchange services such as drug treatment referrals. The annual cost of funding an average needle exchange program would support about 60 methadone maintenance slots for one year.

Who Are the IDUs Who Use Needle Exchange Programs?
Although needle exchange program clients vary from location to location, the programs generally reach a group of injecting drug users with long histories of drug injection who remain at significant risk for human immunodeficiency virus (HIV) infection. Needle exchange program clients in the US have had less exposure to drug abuse treatment than IDUs not using the program.

What Proportion of All Injecting Drug Users in a Community Uses the Needle Exchange Program?
Studies of adequately funded needle exchange programs suggest that the programs do have the potential to serve significant proportions of the local injecting drug user population. While some needle exchange programs appear to have reached large proportions of local drug injectors at least once, others are reaching only a small fraction of them. Consequently, other methods of increasing sterile needle availability must be explored.

What Are the Community Responses to Needle Exchange Programs?
Unlike in many foreign countries, including Canada, proposals to establish needle exchange programs in the US have often encountered strong opposition from a variety of different communities. Consultation with affected communities can address many of the concerns raised.

Do Needle Exchange Programs Result in Changes in Community Levels of Drug Use?
Although quantitative data are difficult to obtain, those available provide no evidence that needle exchange programs increase the amount of drug use by needle exchange program clients or change overall community levels of non-injection and injection drug use. This conclusion is supported by interviews with needle exchange program clients and by injecting drug users not using the programs, who did not believe that increased needle availability would increase drug use.

Do Needle Exchange Programs Affect the Number of Discarded Syringes?
Needle exchange programs in the US have not been shown to increase the total number of discarded syringes and can be expected to result in fewer discarded syringes.

Do Needle Exchange Programs Affect Rates of HIV Drug and/or Sex Risk Behaviors?

The majority of studies of needle exchange program clients demonstrate decreased rates of HIV drug risk behavior but not decreased rates of HIV sex risk behavior.

What is the Role of Studies of Syringes in Injection Drug Use Research?
The limitations of using the testing of syringes as a measure of injecting drug users' behavior or behavior change can be minimized by following syringe characteristics over time, or by comparing characteristics of syringes returned by needle exchange program clients with those obtained from non-clients of the program.

Do Needle Exchange Programs Affect Rates of Diseases Related to Injection Drug Use Other than HIV?
Studies of the effect of needle exchange programs on injection-related infectious diseases other than HIV provide limited evidence that needle exchange programs are associated with reductions in subcutaneous abscesses and hepatitis B among injecting drug users.

Do Needle Exchange Programs Affect HIV Infection Rates?
Studies of the effect of needle exchange programs on HIV infection rates do not and, in part due to the need for large sample sizes and the multiple impediments to randomization, probably cannot provide clear evidence that needle exchange programs decrease HIV infection rates. However, needle exchange programs do not appear to be associated with increased rates of HIV infection.

Are Needle Exchange Programs Cost-effective in Preventing HIV Infection?
Multiple mathematical models of needle exchange programs impact support the findings of the New Haven model. These models suggest that needle exchange programs can prevent significant numbers of infections among clients of the programs, their drug and sex partners, and their offspring. In almost all cases, the cost per HIV infection averted is far below the $119,000 lifetime cost of treating an HIV-infected person." The Public Health Impact of Needle Exchange Programs in the United States and Abroad, Volume 1, pp.iii-v.

Report of the National Academy of Sciences

In 1992, Congress included a provision in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act directing the Secretary of DHHS to request the National Academy of Sciences (NAS) to conduct a study of the impact of needle exchange and bleach distribution programs on drug use behavior and the spread of infection with the human immunodeficiency virus (HIV). The National Research Council and the Institute of Medicine (NRC/IOM) of the NAS convened an expert panel in 1993, conducted a thorough review of the scientific literature on these issues, and published the report Preventing HIV Transmission: The Role of Sterile Needles and Bleach, in September, 1995.

Approximately 75 needle exchange programs had been initiated in 55 US cities at the time of this report. Data was also newly available assessing the effects of a 1992 Connecticut law decriminalizing the possession of syringes without a prescription.

The scope of the NRC/IOM study extended well beyond the information requested for this report. A review of the scientific data on the effects of needle exchange programs on reduction in HIV transmission rates and impact on drug utilization is presented in Chapter Seven of the report. The text of the full report is provided at Appendix C. The study reviewed and expanded on the previous studies of the GAO and University of California as well as analyzing subsequently published studies through 1994. The NRC/IOM study panel included a discussion of experimental study design and data quality issues in weighing the contribution of published studies. The conclusions and recommendations of the report were based in part on an assessment of the patterns of evidence, and not solely on the quality of evidence in individual studies.

Provided here is a summary of the conclusions of the NRC/IOM panel on the scientific assessment of needle exchange program effectiveness:

Scientific Assessment of Program Effectiveness

" On the basis of its review of the scientific evidence, the panel concludes:

- Needle exchange program increase the availability of sterile injection equipment. For the participants in a needle exchange program, the fraction of needles in circulation that are contaminated is lowered by this increased availability. This amounts to a reduction in an important risk factor for HIV transmission.

- The lower the fraction of needles in circulation that are contaminated, the lower the risk of new HIV infections.

- There is no credible evidence to date that drug use is increased among participants as a result of programs that provide legal access to sterile equipment.

- The available scientific literature provides evidence based on self-reports that needle exchange programs do not increase the frequency of injection among program participants and do not increase the number of new initiates to injection use.

- The available scientific literature provides evidence that needle exchange programs have public support, depending on locality, and that public support tends to increase over time." Preventing HIV Transmission: The Role of Sterile Needles and Bleach, Executive Summary, page 4.

Other Recent Studies

Other studies and abstracts published since the NRC/IOM report which address the effects of needle exchange programs on HIV transmission and drug-using behavior are provided at Appendix D. These include: (1) a study published by Des Jarlais et al in Lancet, October 1996 researching the question if NEPs have an individual-level protective effect against HIV transmission, (2) an evaluation commissioned by the Massachusetts Department of Public Health on the effects of a pilot needle exchange program, presenting Year One and Year Two data, and (3) abstracts accepted at the XI International Conference on AIDS held in Vancouver, BC July 1996. Although many abstracts included findings relevant to NEPs, only those designed to specifically study the research questions raised by the Appropriations Committee are included in this report.

(1) **Des Jarlais DC, et al. HIV incidence among injecting drug users in New York City syringe-exchange programmes. Lancet 1996; 348: 987-991.**

This study employed meta-analytic techniques to compare HIV incidence among injecting drug users participating in syringe-exchange programs in New York City with that among non-participants. Data from three cohorts (total n=1630) was pooled to assess HIV incidence rates.

" **Findings** HIV incidence among continuing exchange users in the Syringe Exchange Evaluation was 1.58 per 100 person-years at risk (95% CI 0.54, 4.65) and among continuing exchange users in the Vaccine Preparedness Initiative it was 1.38 per 100 person-years at risk (0.23, 4.57). Incidence among non-users of the exchange in the Vaccine Preparedness Initiative was 5.26 per 100 person-years at risk (2.41, 11.49), and in the National AIDS Demonstration Research cities (non-exchange users) 6.23 per 100 person-years at risk (4.4, 8.6). In a pooled-data multivariate proportional-hazards analysis, not using the exchanges was associated with a hazard ratio of 3.35 (95% CI 1.29, 8.65) for incident HIV infection compared with using the exchanges.
Interpretation We observed an individual-level protective effect against HIV infection associated with participation in a syringe-exchange programme. Sterile injection equipment should be legally provided to reduce the risk of HIV infection in persons who inject drugs." p. 987.

(2) **The Medical Foundation, Final Report: First Year of the Pilot Needle Exchange Program in Massachusetts, October 1995; and Second Year Update: Program Characteristics of Massachusetts Needle Exchange Programs, 1994-95, August 1996.**

These two reports were prepared by The Medical Foundation under contract to the Massachusetts Department of Public Health, to evaluate the effects of a pilot needle exchange program (AHOPE) authorized by State law in 1993. Two needle exchange programs served 1,315 and 1,999 unduplicated clients in 1994 and 1995, respectively. The Executive Summary of the 1995 report and the Second Year Update of 1996 summarize study results to the following questions:

- o What were the demographic characteristics of people who enrolled in the program and did the program reach those at risk for HIV infection in Metro Boston and Cambridge
- o What were the reported injection behaviors and risks of program clients
- o How many client-contacts did the program have and what supplies were distributed
- o Did the program act effectively as a "bridge to treatment" for needle exchange clients
- o Did crime increase in areas with needle exchange sites compared to areas without needle exchange sites
- o Did needle stick injuries to public service workers increase as a result of the program

"Conclusion Upon completion of its first full year of operation, AHOPE has been successful in enrolling 1,315 clients, exchanging 37,575 syringes, and linking 16.6% of the eligible clients to drug treatment. Many of the major concerns regarding the establishment of the program -- namely the danger of increased crime, the initiation of young people into drug use and injection, the attraction of addicts from wide geographic areas into Boston, and the possibility of needle stick injuries to public workers -- did not come to pass. AHOPE appears to have significantly contributed to the reduction of HIV risk among a diverse population at high risk for HIV infection and transmission with little negative community impact." Final Report: First Year of the Pilot Needle Exchange Program in Massachusetts, October 1995, p.7.

"Conclusion The program is expanding into areas of the state where there is much need for prevention services while maintaining continuity of care in areas where the program is already established. There is no evidence that the program is attracting young or new injectors, there have been no other negative community impacts. The programs have had significantly positive impacts, both in preventing HIV through the provision of sterile syringes and prevention supplies and education and in the form of enhanced drug treatment linkage for the older, impoverished long-term addicts who utilize the program." Second Year Update: Program Characteristics of Massachusetts Needle Exchange Programs, 1994-1995, August 1996, p.3.

(3) Abstracts from the XI International Conference on AIDS, Vancouver, BC, July 1996. The following two abstracts reported on US needle exchange programs in Baltimore, MD and New York City.

Vlahov, D et al. Evaluation of the Baltimore Needle Exchange Program: Preliminary Results. [Abstract Mo.D.361] The following key variables were addressed in the abstract: frequency of drug injection, frequency of needle exchanges, needle sharing patterns, use of shooting galleries, number of injections on the street, and disposal of used needles on the street.

"**Conclusion** This NEP has recruited a large number of IDUs and preliminary data suggest that the NEP attracts high risk IDUs, and that a reduction in HIV risk drug use is observed."

Schoenbaum, EE et al. Needle Exchange Use Among a Cohort of Drug Users. [Abstract Tu.C.2523] The abstract reports on a prospective study of injection behaviors among IDUs enrolled in a methadone maintenance program who did and did not utilize a local needle exchange program in the Bronx, New York City between 1985-1993. The following key variables were addressed in the abstract: the percent of clients injecting over time, percent of clients using the needle exchange program, needle sharing behavior, and HIV seropositivity status.

"**Conclusion** Methadone treated IDUs with access to a needle exchange decreased injection and needle sharing. This pattern of harm reduction, which began years before the needle exchange program opened, occurred in those who did and did not utilize the needle exchange. Needle exchange, as a strategy to decrease injection-related harm, should not be viewed as discordant with methadone treatment."

II. Current Federally Supported Research on Needle Exchange Programs

The Department has taken an active interest in evaluating the public health impact of needle exchange programs since 1992, in light of the opportunity to reduce bloodborne transmissible diseases among IDUs and to serve as a gateway to substance abuse treatment. These research activities have been centered at the National Institute on Drug Abuse (NIDA). A description of NIDA's needle exchange research portfolio which includes 15 funded studies is described in Appendix E. All federally sponsored research is limited by statute to evaluations of existing NEPs and does not support the purchase or distribution of needles.

Of the 15 studies funded by NIDA, only two have been completed. A summary of findings to date follows here. Of 4 studies reporting data on frequency of injection, three report no evidence of increased injection frequency, and one shows a decreased rate of injections. All four of the 15 studies reporting data on multi-person reuse, or sharing, of syringes show a decrease in the reuse of syringes. Data on the prevalence or incidence of hepatitis and HIV is available for 2 of the 15 projects. In one study between 51% - 55% of syringes returned were seropositive; of note, multiple syringes may have been returned by a single

individual affecting interpretation of these results. In the other study, a 33 percent relative reduction in HIV incidence in needle exchange program users was predicted based on a mathematical model. This model was reviewed and assessed to be methodologically sound in the GAO report found at Appendix A.

III. National Survey on the Regulation of Syringes and Needles

A recent national survey of laws and regulations governing the sale and possession of needles and syringes in the United States and its territories is included at Appendix F, to provide the Committee with additional background on the variety of state and local drug paraphernalia laws, syringe prescription statutes, and pharmacy regulations in effect. A number of states and local ordinances have created exceptions to laws and regulations for operators of syringe exchange programs and their participants. An overview of the legislative history and the specifics of exemptions are included along with the results of the national survey.

Summary

This review provides the Committee with an overview of the current status of knowledge regarding the impact needle exchange programs may have on the seroincidence of HIV and their impact on drug using behavior of needle exchange participants. Overall these studies indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them.

IV. Appendices

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

Appendix B. The Public Health Impact of Needle Exchange Programs in the United States and Abroad, Volume 1. San Francisco, CA: University of California. 1993

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

Appendix D. Des Jarlais DC, Marmor M, Paone D et al. HIV Incidence Among Injecting Drug Users in New York City Syringe-Exchange Programmes. Lancet. 1996;348:987-991.

First year report (October 1995) and Second Year Update (August 1996) of the Pilot Needle Exchange Program in Massachusetts. The Medical Foundation, for the Massachusetts Department of Public Health.

Abstracts from the XI International Conference on AIDS, Vancouver, BC July 1996:

1) Vlahov D. et al. Evaluation of the Baltimore Needle Exchange Program: Preliminary Results. Abstract Mo.D.361

2) Schoenbaum, E. et al. Needle Exchange Use Among a Cohort of Drug Users. Abstract Tu.C.2523

Appendix E. NIDA's Needle Hygiene and Needle Exchange Evaluation Research Program Portfolio, 1992 - Present.

Appendix F. Gostin LO, Lazzarini JD, Jones TS, Flaherty K. Prevention of HIV/AIDS and Other Blood-Borne Diseases Among Injection Drug Users. JAMA. 1997;277:53-62.

GAO

Report to the Chairman, Select Committee on Narcotics Abuse and Control, House of Representatives

March 1993

NEEDLE EXCHANGE PROGRAMS

Research Suggests Promise as an AIDS Prevention Strategy

GAO/HRD-93-60

Prepared by the
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

CDC

APPENDIX B

THE PUBLIC HEALTH IMPACT OF NEEDLE EXCHANGE PROGRAMS IN THE UNITED STATES AND ABROAD

Volume 1

SCHOOL OF PUBLIC HEALTH,
UNIVERSITY OF CALIFORNIA, BERKELEY

INSTITUTE FOR HEALTH POLICY STUDIES
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

PREPARED FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION

October 1993

ATTACHMENT C

Preventing HIV Transmission

The Role of Sterile Needles and Bleach

NATIONAL RESEARCH COUNCIL • INSTITUTE OF MEDICINE

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HIV incidence among injecting drug users in New York City syringe-exchange programmes

Don C Des Jarlais, Michael Marmor, Denise Paone, Stephen Titus, Qiuhu Shi, Theresa Perlis, Benny Jose, Samuel R Friedman

Summary

Background There have been no studies showing that participation in programmes which provide legal access to drug-injection equipment leads to individual-level protection against incident HIV infection. We have compared HIV incidence among injecting drug users participating in syringe-exchange programmes in New York City with that among non-participants.

Methods We used meta-analytic techniques to combine HIV incidence data from injecting drug users in three studies: the Syringe Exchange Evaluation (n=280), in which multiple interviews and saliva samples were collected from participants at exchange sites; the Vaccine Preparedness Initiative cohort (n=133 continuing exchangers and 188 non-exchangers, in which participants were interviewed and tested for HIV every 3 months; and very-high-seroprevalence cities in the National AIDS Demonstration Research (NADR) programme (n=1029), in which street-recruited individuals were interviewed and tested for HIV every 6 months. In practice, participants in the NADR study had not used syringe exchanges.

Findings HIV incidence among continuing exchange-users in the Syringe Exchange Evaluation was 1·58 per 100 person-years at risk (95% CI 0·54, 4·65) and among continuing exchange-users in the Vaccine Preparedness Initiative it was 1·38 per 100 person-years at risk (0·23, 4·57). Incidence among non-users of the exchange in the Vaccine Preparedness Initiative was 5·26 per 100 person-years at risk (2·41, 11·49), and in the NADR cities, 6·23 per 100 person-years at risk (4·4, 8·6). In a pooled-data, multivariate proportional-hazards analysis, not using the exchanges was associated with a hazard ratio of 3·35 (95% CI 1·29, 8·65) for incident HIV infection compared with using the exchanges.

Interpretation We observed an individual-level protective effect against HIV infection associated with participation in a syringe-exchange programme. Sterile injection equipment should be legally provided to reduce the risk of HIV infection in persons who inject illicit drugs.

Introduction

The provision of sterile injection equipment (syringe exchanges or pharmacy sales) has been the main method for reducing HIV infection among injecting drug users (IDUs) in most industrialised countries.[1] After nearly a decade of research on legal injection equipment for preventing HIV infection, there is no evidence that such programmes are associated with increased illicit drug injection, whereas that participation is associated with lower rates of drug-injection HIV-risk behaviour.[2-5] To date, however, there has been no direct evidence that participation is associated with a lower risk of incident HIV infection for the individual IDU.[1]

New York City had rapid transmission of HIV among drug injectors between 1978 and 1984, with seroprevalence reaching about 50%.[6] A small-scale pilot syringe-exchange programme was started by the City Department of Health in 1988, although this programme was discontinued by a new mayor in 1990.[6] Community activists then opened a number of "underground" exchanges. In 1992, the New York State Health Department permitted legal operation of five community exchanges. These exchanges expanded rapidly, providing services to about 36 000 IDUs by September, 1995, and exchanging 1·75 million syringes in 1994.

We report on incident HIV infections among IDUs in community-based syringe-exchange programmes in New York City from 1992 to 1995. We have reported on reductions in HIV risk behaviour among participants.[7-11]

Lancet 1996; 348: 987–91

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[Mo.D.361] EVALUATION OF THE BALTIMORE NEEDLE EXCHANGE PROGRAM: PRELIMINARY RESULTS

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Objective: To evaluate the first year of the Needle Exchange Program (NEP) for injection drug users (IDUs).

Methods: All participants between 8/12/94 and 8/11/95 who underwent enrollment interviews on sociodemographic and drug use practices. A systematic sample was interviewed at initial, two week and six month follow-up visits about needle acquisition, use and disposal practices during the 2 weeks before each interview. Data were analyzed using paired T-tests. In a community cohort (the ALIVE Study) demographics and HIV seroconversion rates were compared between participants who used vs. did not use the NEP.

Results: During the first year, 2965 IDUs enrolled in the NEP of whom 87% were African-American, 72% were male, 56% had < 12 years of education, 92% were unemployed and 90% injected | 1/day; the median age was 38 years old. Within the ALIVE cohort, NEP users were more likely to inject | 1/day, otherwise IDUs not enrolled in NEP were statistically similar. Of the 2965, 55% returned at least once to exchange, and 7% were high volume exchangers (> 50/visit); among high volume exchangers injection frequency and needles exchanged were similar. In the interviewed subset, there was a significant decrease ($p < .05$) of injections on the street, frequency of injection, needle sharing, use of galleries, and discarding needles on the street in the 2 weeks prior and subsequent to enrollment. These changes were sustained at the six month visit. Conclusion: This NEP has recruited a large number of IDUs and preliminary data suggest that the NEP attracts high risk IDUs, and that a reduction in HIV risk drug use is observed.

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Second Year Update

Program characteristics of Massachusetts needle exchange programs, 1994-95

August 1996

THE MEDICAL FOUNDATION

Final Report

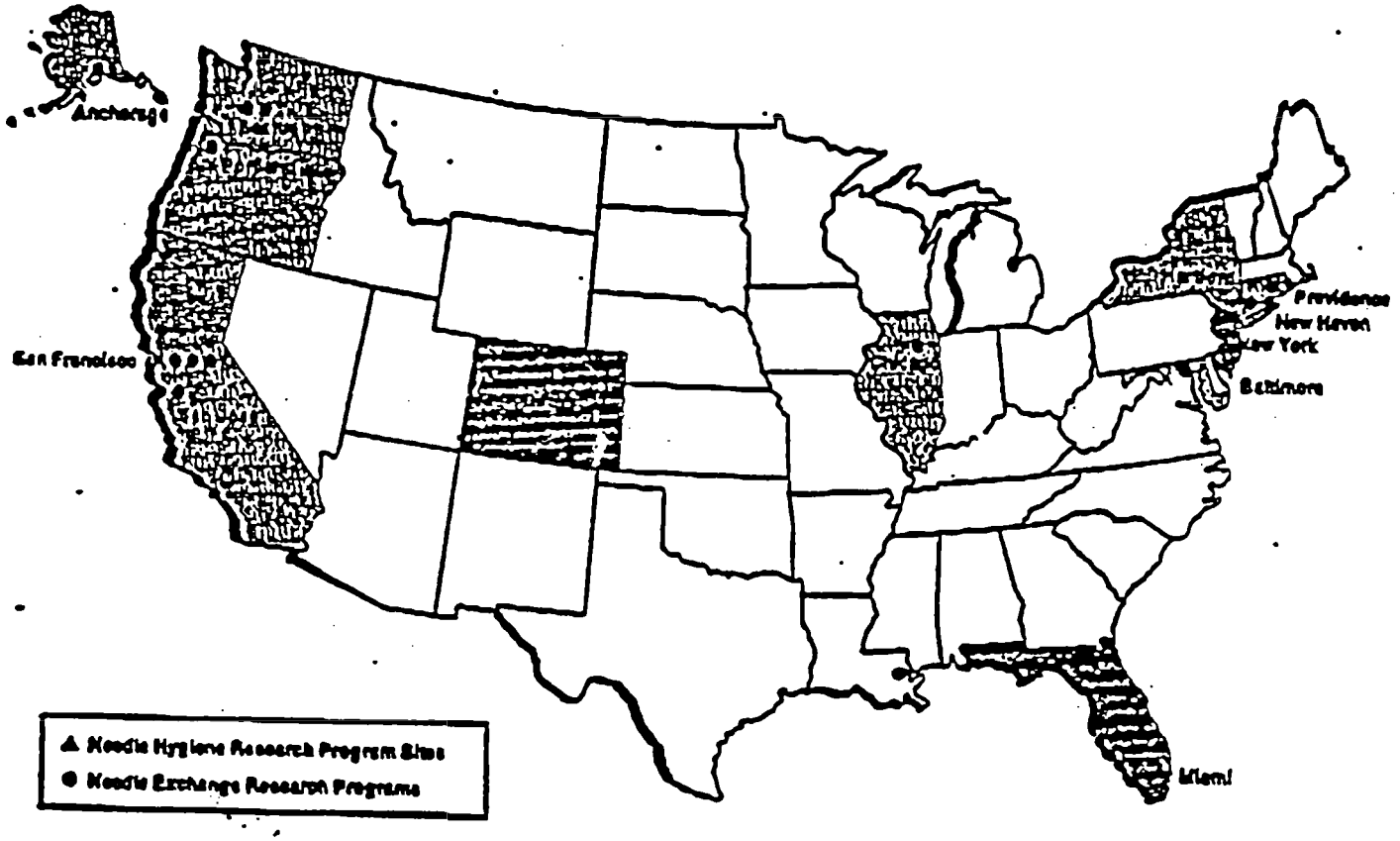
First Year of the Pilot Needle Exchange Program in Massachusetts

October 1995

The Medical Foundation
95 Berkeley Street
Boston MA 02116

NIDA's Needle Hygiene and Needle Exchange Evaluation Research Program Portfolio 1992-Present

Needle Hygiene and Needle Exchange Evaluation Research Program Sites:



Needle Exchange Research Program Grantees

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Prevention of HIV/AIDS and Other Blood-Borne Diseases Among Injection Drug Users

A National Survey on the Regulation of Syringes and Needles

Lawrence O. Gostin, JD; Zita Lazzarini, JD, MPH; T. Stephen Jones, MD, MPH; Kathleen Flaherty, JD

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 for safe syringe disposal.

JAMA. 1997;277:53-62

THE MAGNITUDE OF THE EPIDEMICS OF DRUG USE AND BLOOD-BORNE DISEASES

The dual epidemics of drug use and the human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) are highly destructive of public health and social life in America.[1] The drug-related health problems of the estimated 1.[2] million injection drug users (IDUs) in the United States[2,3] rang[e] from blood-borne infections such as hepatitis B and C, HIV AIDS, endocarditis, and malaria[4-7] to physical deterioration an[d] death. Illegal drug use and the drug industry that fuels it ar[e] associated with a multitude of crimes against persons and pro[p]erty. Drug use induces family disintegration, child neglect, ec[o]nomic ruin, and social decay. Drug use exacts an estimate[d] annual cost to society of $58.3 billion—in lost productivity, m[o]tor vehicle crashes, crime, stolen property, and drug treatment.

Injection drug use is the second most frequently reporte[d] risk for AIDS, accounting for 184 359 cases through Decembe[r] 1995.[9] In 1995, 36% of all AIDS cases occurred among IDU[s] their heterosexual sex partners, and children whose mothe[rs] were IDUs or sex partners of IDUs.[10] In contrast, in 1981, on[ly] 12% of all reported AIDS cases were associated with injectio[n] drug use.[11] In some areas, seroprevalence among IDUs is [as] high as 65%; in other areas, the rates are significantly lower.[12] Minorities, moreover, bear a disproportionately high burde[n]. The rate of IDU-associated AIDS per 100 000 population is 8 for whites, 21.9 for Hispanics, and 50.9 for African Americans.

Transmission of HIV infection through injection drug u[se] has a cascading effect; infections spread from IDUs to the[ir] sexual and needle-sharing partners and from HIV-infected mot[h]ers to their children. Of the 71 818 AIDS cases among wom[en] reported through December 1995, nearly 65% were IDUs [or] were sexual partners of an IDU. Further, of the 6256 perin[a]tally acquired AIDS cases reported through December 19[95], 60% had mothers who were IDUs or had sex with an IDU. These data suggest that drug use and related behaviors[13] [are] potent catalysts for spreading HIV throughout the popu[la]tion.[11] It has been estimated that approximately half of all n[ew] HIV infections in the United States occur among IDUs.[20]

THE ROLE OF SYRINGES IN THE TRANSMISSION OF BLOOD-BORNE DISEASE

Injection drug users transmit HIV infection and oth[er] blood-borne diseases to other users primarily through m[ul]tiperson use (often called "sharing") of syringes.[21] (For t[he] purpose of this article, "syringe" includes both syringes a[nd] needles.) Each time an IDU injects drugs, the syrin[ge]

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The views expressed herein are those of the authors and do not necessarily reflect the official policy of the US Department of Health and Human Services, the Carter Presidential Center, the Centers for Disease Control and Prevention, or the cosponsors of the consultation held at the Carter Presidential Center.

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NEEDLE EXCHANGE PROGRAMS: BACKGROUND ON RECENT EVENTS

There have been a number of recent events involving needle exchange programs. On February 13, an NIH Consensus Conference Statement recommended lifting the ban on use of federal funds for needle exchange programs. On Tuesday, February 18, HHS will send a report to the Senate Appropriations Committee reviewing the scientific data on needle exchange programs to date. Before discussing these two events, some background is provided to put the issue in context.

Current Statute There are three statutory restrictions on the use of federal funds for needle exchange programs. (1) The Substance Abuse and Mental Health (SAMHSA) block grant prohibits the use of federal funds for needle exchange unless the Surgeon General determines that they are effective in reducing the spread of HIV and the use of illegal drugs. The statute does permit federal research and evaluation of existing needle exchange programs. (2) The 1996 Ryan White CARE Act reauthorization places a flat prohibition on the use of Ryan White funds for needle exchange. (3) The Labor/HHS Appropriations bill prohibits funding of needle exchange unless the Secretary determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

Epidemiology of HIV Infection Thirty six percent of AIDS cases are directly or indirectly caused by IV drug use. Up to fifty percent of new HIV infections may be related to IV drug use. The effects of IV drug use have become a driving force in the HIV epidemic.

Number of Needle Exchange Programs There are over 100 needle exchange programs up and running in the US, with most programs distributing through two or more sites. As of 1995, 21 States had local needle exchange programs, with the 7 largest located in New York City (2), Chicago, Philadelphia, San Francisco, Seattle and Tacoma, WA (1 each).

Federally Sponsored Research The National Institute on Drug Abuse (NIDA) at NIH has funded 15 demonstration projects to evaluate the impact of needle exchange programs on rates of HIV infection, patterns of drug use, and their effectiveness as a gateway to entering IV drug users into substance abuse treatment. Only two of the 15 studies are completed, with 13 yet ongoing. There has also been a significant amount of privately funded research on needle exchange programs through foundations and other nonprofit groups.

HHS Report to Senate Appropriations Report language was included in the September 1996 Senate L/HHS Appropriations bill requesting that HHS provide a report on the status of current research projects, an itemization of previously supported research, and the findings-to-date regarding the efficacy of needle exchange programs for reducing HIV transmission and not encouraging illegal drug use, by February 15, 1997. The report prepared by HHS reviews all published studies of U.S. needle exchange programs, including one by the Institute of Medicine, and does not attempt to determine if the Congressional standard has been met for lifting the ban on federal funding. The summary section of the report contains the following: "Overall these studies indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate that needle exchange programs can be an effective

component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them."

NIH Consensus Conference An NIH Consensus Development Conference on Interventions to Prevent HIV Risk Behaviors was held February 11 - 13, 1997. This conference was developed and directed by a non-Federal panel of experts, predating the Congressional request for an HHS report. The resulting Consensus Development Conference Statement is an independent report of the expert panel, not a policy statement of the NIH. The Consensus Statement released on February 13 concluded that needle exchange programs are effective in reducing both HIV transmission and IV drug use, and recommended lifting the legislative restrictions on needle exchange programs.

Coordination of the Administration's Response HHS, ONDCP, and the White House are using the attached Q & A's to answer questions about the HHS Report to Congress and the NIH Consensus Conference.

Questions and Answers on Needle Exchange
- Background - For Internal Use Only -

On the New Report:

Q. Why did you do this report on needle exchange?

A. The report is in accordance with the September 12, 1996 request of the Senate Committee on Appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies.

Q. Based on this report, are you lifting the ban on the use of Federal funds for needle exchange programs?

A. No, we are not. In its request for this report (Senate Report 104-368, p.68), the Committee specifically asked us to report on the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illicit drug use.

Based on the studies conducted to date, as the report says, "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." However, we do not believe there is a similar degree of evidence on the question of whether such programs encourage drug use. Therefore, the prohibition remains in effect. However, local communities remain free to use non-Federal funds to support such programs if they so choose.

Q. Why does the report draw conclusions about the efficacy of needle exchange programs in HIV reduction and not about their effects on drug abuse?

A. Because the scientific evidence is strong enough on the first question, and not on the second. As the report says, the existing body of research suggests that "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." That statement is backed up by empirical evidence (i.e., measurable differences in HIV transmission rates) in several studies, including reviews by the GAO and the IOM.

Similar scientific evidence does not exist to meet the congressional test that needle exchange programs also reduce drug use.

Q. Are you saying needle exchange programs encourage illegal drug use?

A. No, we are not saying that at all. What we are saying is that the evidence gathered to date does not provide us with conclusive evidence that needle exchange programs do not encourage drug use - the standard set by Congress. We will continue to support research into this question.

On Views on Needle Exchange:

Q. Do you think communities should fund needle exchange programs?

A. It is up to each community to decide if they want to fund needle exchange programs. It's important to note that dozens of locally and privately funded needle exchange programs are underway around the country. We are interested in reviewing their research, but it is appropriate for local communities to take the lead.

Q. If you think the research shows this is a good policy, why not fund it?

A. Congress has set very high thresholds for funding such programs. Those hurdles have not been met yet.

Q. Why not ask Congress to lift the ban or change the standards so that federal funds can be used for needle exchange?

A. Congress has made clear its intent that both of the standards be met. We share Congress's concern about making sure that our efforts do not encourage illegal drug use. We will continue to work with Congress on this important matter.

Q. If you say needle exchange programs are effective in reducing HIV transmission, isn't it unnecessary to fund the Alaska needle exchange demonstration?

A. The Alaska program looks at a very specific question – whether over the counter sales of needles is more or less effective than a needle exchange program. These are two kinds of interventions and they need to be evaluated. We have built in specific safeguards to make sure this demonstration is conducted in an ethical manner.

Q. Isn't there $17 million in new federal funds for other programs designed to prevent HIV/AIDS transmission among intravenous drug users? Are you going to use that money for needle exchange programs - or for something else?

A. CDC plans to use those funds for other programs designed to prevent HIV/AIDS transmission in this group - for education and treatment, for example. The goal of any intervention with this group is to provide an entry into treatment programs and to reduce the transmission of hepatitis and HIV.

On Needle Exchange and Drugs:

Q. Why give needles to drug addicts at all? Why not just throw them in jail?

A. The intravenous use of illegal drugs is clearly a major law enforcement concern, and it is also an urgent public health problem. We are extremely concerned with preventing the spread of HIV, which is the leading cause of death among adults age 25-44, and the seventh leading cause of death among all Americans. The goal of needle exchange programs is to provide an entry into treatment programs and to reduce the transmission of hepatitis and HIV. To realize our goal of effective HIV prevention, it is vital that we identify and evaluate sound public health strategies to address the twin epidemics of HIV and substance abuse.

Researching NEPs is just one part of the Clinton Administration's intensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, reduce drug-related crime and violence, reduce the number of chronic drug users, and increase drug treatment capacity, outreach, and effectiveness.

Q. But doesn't NIDA grow marijuana, and doesn't FDA provide it to some seriously ill patients?

A . NIDA grows marijuana for research purposes only. We stopped adding people to the FDA's "compassionate use" program in 1992, and that policy was reexamined and reaffirmed in 1994, based on a medical review by PHS.

Q. How can the Secretary say that the Clinton Administration wants to send "clear, consistent no-use messages" about drugs, but still condone giving needles to drug addicts? Isn't that inconsistent?

A. There is no inconsistency - we believe that any use of drugs is illegal, unhealthy and wrong. We have also said consistently that illegal use of intravenous drugs can cause HIV and AIDS.

The Clinton Administration has a comprehensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, prosecute drug pushers, reduce the number of hard-core drug users, and increase drug treatment options.

On Background:

Q. What criteria has Congress required us to meet regarding federal funding for needle exchange programs?

A. In its request for this report (Senate Report 104-368, p.68), the Committee specifically asked us to report on the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illicit drug use.

In addition, there are two public laws restricting the use of federal funding for needle exchange programs until certain criteria are met, specifically:

Our appropriation, Public law 104-208, requires the Secretary to certify that such programs reduce the spread of HIV and do not encourage drug abuse.

The second standard, in the Substance Abuse block grant, is even tougher. It requires certification that such programs both reduce the spread of HIV and reduce drug abuse.

Additional Q&As - **For HHS Internal Use Only. Not for Distribution, outside the Dept.**

Q. How can you conclude that needle exchange programs reduce HIV transmission when you say only 2 out of 15 studies are complete?

A. As the report indicates, there is a body of research on this subject that suggests that "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." That statement is backed up by empirical evidence (i.e., measurable differences in HIV transmission rates) in several studies, including reviews by the General Accounting Office (GAO) and the National Academy of Sciences/Institute of Medicine (IOM).

Q. Does this report include the studies reviewed by the NIH consensus conference? Why are your conclusions so different than theirs?

A. The report review some, but not all, of the studies reviewed by the NIH consensus conference. For example, the NIH conference looked at studies conducted in other countries, and this report does not, because, as the report itself states, "the legal and cultural environments of other countries differ sufficiently enough to raise questions about whether the conclusions are applicable to the United States." The NIH conference also heard some presentations on unpublished data that were not available to the department as we prepared this report.

Q. Why didn't you delay the publication of this report to look at the new data reviewed by the NIH consensus conference?

A. Because the department had to meet a congressionally mandated deadline of February 15. (NOTE: Since February 15 was a Saturday, we sent it to Congress the next working day, which was Tuesday, February 18.)

Q. Are you concluding in the report that the first test required to lift the ban on federal funding for needle exchange programs has been met? In other words, are you certifying that needle exchange programs reduce HIV transmission?

A. No. This report responds to a congressional request that we provide a status report on research in this area. It is not intended in any way to address the separate question of the ban on federal funding for needle exchange programs.

Q. How can you deny pot to cancer victims but give needles to heroin addicts?

A. These are two different issues, but the government role in both is primarily limited to research - on the medicinal use of marijuana, and on the efficacy of needle exchange programs in reducing HIV and AIDS. We do not fund needle exchange programs, and we spoke out against the California and Arizona marijuana initiatives in the strongest possible terms.