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Issues - Needle Exchange - Legislation - Cordell (s. 1959)

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The Coverdell-Craig-Abraham Drug-Free Neighborhoods Act

I. Stop the Flow of Drugs at Our Borders

(1) **INCREASED RESOURCES FOR INTERDICTION:**

- ***U.S. Customs***: doubles the interdiction budget;
- ***Coast Guard:*** doubles the interdiction budget;
- ***Department of Defense:*** doubles the interdiction budget;

(2) **DRUG-FREE BORDERS ACT**: strengthens civil and criminal penalties for customs violations; provides U.S. Customs greater authority to rotate agents, irrespective of any collective bargaining agreement; doubles the number of border agents by 2003.

II. Protect Our Neighborhoods & Schools From Drugs

(3) **DRUG-FREE TEEN DRIVERS ACT**: provides $10 million per year in grants for states that institute voluntary drug testing for teen drivers license applicants and for states that enact and enforce laws which crack down on drivers who use drugs.

(4) **DRUG-FREE SCHOOLS:** makes it an allowable use of federal funds to provide school choice or compensation for K-12 students who are the victims of school violence, including drug-related crimes; creates incentives for states to provide an annual report card to parents and teachers listing incidents of school violence, weapon possession, or drug activity; makes voluntary random drug testing programs an allowable use of federal funds; provides for parental consent drug testing demonstration projects.

(5) **DRUG-FREE STUDENT LOANS ACT:** restricts loans for students convicted of drug possession (1 year for 1st offenders, 2 years for 2nd offenders, and indefinite for 3rd; restricts loans for students convicted of drug trafficking (2 years for 1st offenders and indefinitely for 2nd

offenders); resumes loan eligibility on an expedited basis for students who satisfactorily complete a drug rehabilitation program that includes drug testing.

-over-

(6) DRUG-FREE WORKPLACES: authorizes $10 million per year in SBA demonstration grants for small and medium-sized businesses to implement drug-free workplace programs and provides technical assistance for businesses through SBA.

(7) DRUG-FREE COMMUNITIES ACT: authorizes $50 million per year to encourage communities nationwide to establish comprehensive, sustainable and accountable anti-drug coalitions through flexible matching grants. Allows up to $10 million of these funds to be used each year to encourage the formation of parent/youth drug prevention strategies.

(8) BAN FREE NEEDLES FOR DRUG ADDICTS: This provision, identical to S. 1959 introduced by Sen. Coverdell (R-GA), would ban taxpayer financing of needle programs.

III. Defeat the Drug Mafia

(9) INCREASED RESOURCES FOR LAW ENFORCEMENT

- ***Drug Enforcement Agency:*** increases overall budget by 25%;
- ***Federal Bureau of Investigation:*** increases drug enforcement budget by 25%;

(10) MONEY-LAUNDERING PREVENTION ACT: strengthens the ability of law enforcement to crack down on both international and domestic money launderers; increases criminal penalties; allows federal courts to restrain the U.S. assets of a person arrested abroad for money laundering.

(11) REGISTRATION OF CONVICTED DRUG DEALERS: provides $5 million per year in incentive grants to states that require convicted drug dealers who target kids to register with local law enforcement.

IV. *Increase Accountability*

(12) NATIONAL DRUG CONTROL STRATEGY: requires development of a 4-year National Drug Control Strategy at the beginning of each President's term in office; requires progress reports on or before February 1 of each year thereafter; requires a report to Congress every 6 months on illegal drug use by teens.

SECTION 1. PROHIBITION ON THE USE OF FUNDS FOR HYPODERMIC NEEDLES.

Notwithstanding any other provision of law, no Federal funds for fiscal year 1998 shall be made available or used to carry out a program of distributing sterile hypodermic needles or syringes to individuals for the hypodermic injection of any illegal drug.

SECTION 1. PROHIBITION ON THE USE OF FUNDS FOR HYPODERMIC NEEDLES.

Notwithstanding any other provision of law, no Federal funds *[for fiscal year 1998]* shall be made available or used to carry out ~~or support, directly or indirectly,~~ a program of distributing sterile hypodermic needles or syringes to individuals for the hypodermic injection of any illegal drug.

Senate Needle Exchange Target List

Republicans [possible pick-ups - 11]

Campbell (CO)
Chafee (RI)
Collins (ME)
DAmato (NY)
Dewine (OH)
Frist (TN) *****
Gorton (WA)
Hatch (UT)
Jeffords (VT)
Snowe (ME)
Specter (PA)

Democrats [need to be sure to hold - 15]

Biden (DE)
Breaux (LA)
Bryd (WV)
Bumpers (AR)
Cleland (GA)
Daschle (SD)
Dorgan (ND)
Feinstein (CA)
Ford (KY) -- retiring
Graham (FL)
Hollings (SC)
Kohl (WI)
Reid (NV)
Rockefeller (WV)
Torricelli (NJ)

bold=up in 98

II

105TH CONGRESS
2D SESSION

S. 1959

To prohibit the expenditure of Federal funds to provide or support programs to provide individuals with hypodermic needles or syringes for the use of illegal drugs.

IN THE SENATE OF THE UNITED STATES

APRIL 21, 1998

Mr. COVERDELL (for himself, Mr. ASHCROFT, and Mr. BROWNBACK) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

---

A BILL

To prohibit the expenditure of Federal funds to provide or support programs to provide individuals with hypodermic needles or syringes for the use of illegal drugs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROHIBITION ON USE OF FUNDS FOR HYPODERMIC NEEDLES.

Notwithstanding any other provision of law, no Federal funds shall be made available or used to carry out or support, directly or indirectly, any program of distribut-

ing sterile hypodermic needles or syringes to individuals for the hypodermic injection of any illegal drug.

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STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS (Senate - April 21, 1998)

THE NEEDLE EXCHANGE PROGRAMS PROHIBITION ACT OF 1998

Mr. COVERDELL. Mr. President, I am today introducing, along with Senators **Ashcroft** and **Brownback**, a bill to prohibit the use of federal funds to carry out or support programs for the distribution of sterile hypodermic needles or syringes to illegal drug users.

This bill would effectively continue and make permanent the ban imposed through the appropriations process which expired at the end of March. We are pleased that the Administration has decided not to use federal tax dollars to fund needle exchanges despite the expiration of the ban. But coinciding with this announcement, Health and Human Services Secretary Donna Shalala strongly endorsed needles exchanges and encouraged local communities to use their own dollars to fund needle exchange programs. This legislation is therefore needed to foreclose any temptation the Administration may feel to federally fund needle exchanges in the future.

The Drug Czar, General Barry McCaffrey, has laid out the strong case against needle exchange programs. Handing out needles to drug users sends a message that the government is condoning drug use. It undermines our anti-drug message and undercuts all of our drug prevention efforts.

A report by General McCaffrey's office reviewed the world's largest needle exchange program in Vancouver, British Colombia, in operation since 1988. It found the program to be a failure. HIV infections were higher among users of free needles than those without access to them. The death rate from drugs jumped from 18 a year in 1988 to 150 in 1992. In addition, higher drug use followed implementation of the program.

Dr. James L. Curtis of New York, who has studied needle exchange programs was quoted in the Washington Times stating that the programs `should be recognized as reckless experimentation on human beings, the unproven hypothesis being that it prevents AIDS.'

According to recent scientific studies, eight persons a day are infected with the HIV virus by using borrowed needles, while 352 people start using heroin each day and 4,000 die every year from heroin-related causes other than HIV. Far more addicts die of drug overdoses and related violence than from AIDS. It is wrong to aid and abet those deaths by handing out free needles to drug addicts. We should not be encouraging higher rates of heroin use.

Therefore, I hope my colleagues will join me in making permanent the prohibition on federal funding and support of needle giveaway programs.

Mr. President, I ask unanimous consent that the text of the bill be printed in the Record.

There being no objection, the bill was ordered to be printed in the **Record**, as follows:

S. 1959

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

[Page: S3357]

SECTION 1. PROHIBITION ON USE OF FUNDS FOR HYPODERMIC NEEDLES.

Notwithstanding any other provision of law, no Federal funds shall be made available or used to carry out or support, directly or indirectly, any program of distributing sterile hypodermic needles or syringes to individuals for the hypodermic injection of any illegal drug.

Mr. ASHCROFT. Mr. President, I rise today to introduce, along with Senator **Coverdell**, a very important piece of legislation. It is a tragedy that this legislation is necessary. However, following yesterday's announcement by the Secretary of Health and Human Services that this Administration supports giving clean needles to drug addicts, I believe that Congress must now act. Congress must act to ensure that federal funds are never used to support these programs. This decision by the Administration, to support clean needle programs--but to withhold federal funding--is an intolerable message that it's time to accept drug use as a way of life.

Not surprisingly, the American people do not want their hard earned tax dollars spent to give illegal drug users the tool to continue their habit. We already take too much money from the American people. We should not use it to subsidize a lifestyle of which the people so fundamentally disagree. When we pass this bill we will send a message that giving free needles to drug addicts is not a policy that this nation should embrace.

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STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS (Senate - April 21, 1998)

Federal policy should call Americans to their highest and best and not accommodate them at their lowest and least. That is exactly what needle exchange programs do. They tell drug addicts, `we know that you are too weak to beat your addiction; therefore, we are going to make the lifestyle you have chosen easier.'

This approach is called `harm reduction.' The Harm Reduction Coalition states on their webpage that the organization `accepts drug use as a way of life.' Therefore, they support policies which make drugs as harmless as possible. There are many that are part of this harm reduction movement who believe that legalization of drugs is the appropriate policy. In fact, the logical conclusion to their belief that drug use is a way of life and that it should be made as harmless as possible is legalization. The harm reduction philosophy is the basis of needle exchange programs. They say that if we provide people with clean needles, there will be less risk involved in using drugs. I am here today to reject that view.

Since 1988, the United States Congress has banned the use of federal funds for needle exchange programs. Recognizing that government subsidies for drug addicts is bad policy, this ban consistently has been supported by both sides of the aisle. Unfortunately, the 1998 Labor and Health and Human Services Appropriations bill included language to allow the Secretary of HHS to lift the ban after March 31, 1998. Yesterday, the Administration stated--wisely--that the federal funding ban should not be lifted. However, the Administration foolishly recommended that local communities fund these programs.

This endorsement of needles on demand opens the door to a subsequent decision to fund needle exchanges with the hard-earned money of American taxpayers. Yesterday's endorsement of clean needle programs sends the intolerable message that the Administration accepts illegal drug use as a way of life. It says clearly that this Administration will give approval to taxpayer funding the moment it appears that the decision can be sneaked past Congress. That is why this

legislation has become necessary.

Mr. President, needle exchange programs are touted as a way of reducing HIV rates among intravenous drug users. First, there is no sound scientific evidence to support that assertion. Second, even if there were, there are other public health and moral reasons to oppose needle exchange programs.

Experts agree that the only scientifically sound method of making an affirmative showing that NEPs reduce the rate of HIV is to withhold clean needles from one group of drug users while providing clean needles to another. Since there are obvious problems in conducting such a study, it has not been done. In fact, there are studies which find just the opposite--that there are significant increases in HIV among clean needle program participants.

Participants in the Montreal needle exchange program were two times more likely to become infected

than those who did not participate in the program. Vancouver has the largest needle exchange program in North America which was started in 1988. In 1987, the estimated HIV prevalence among IV drug users was 1-2 percent, in 1997, it was 23 percent.

Even the so-called `California' study which is heavily relied upon by needle exchange proponents, merely found that it is `likely' that NEPs decrease the rate of new HIV infection in intravenous drug users.

The nation's drug czar, Gen. Barry McCaffrey agrees that studies have not yet scientifically substantiated the claims embraced by Secretary Shalala in her announcement. In an April 17, 1998, letter to my office outlining the concerns of General McCaffrey, the Office of National Drug Control policy states that `science [on needle exchange programs] is uncertain.' The letter states further that ` [s]upporters of needle exchange frequently gloss over gaping holes in the data--holes which leave significant doubt regarding whether needle exchanges exacerbate drug use and whether they uniformly lead to decreases in HIV transmission.'

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STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS (Senate - April 21, 1998)

A significant concern of those of us who oppose federal funding of needle exchange programs--and I oppose all needle exchange programs, whether federally funded or not--is that they will increase drug use. That is the precise reason that the Secretary was required to show that NEPs do not increase drug use before lifting the ban. There is absolutely no data to support the Secretary's finding that NEPs do not increase drug use.

While the California study found `no evidence' of increased drug use, the conclusion was based on interviews with drug users--illegal drug users.

In Vancouver, deaths from drug overdoses have increased more than 5 times since 1988--the year the needle exchange program started. Since their needle exchange program began, hospital admissions for heroin have increased 66 percent in San Francisco. In fact, the researcher who founded the San Francisco program and the founder of the New York program have both died of heroin overdoses during the last two years.

I think the letter outlining General McCaffrey's concerns says it best. `The bottom line is that General McCaffrey believes that we need a better understanding of how needle exchange programs will impact our nation's fight against drugs before we consider altering the current policy.'

I believe that needle exchange programs send the wrong message to the youth of America. To say on the one hand, that drug use is wrong, and then on the other hand--to provide the tools necessary to safely use illegal drugs--undoubtedly will confuse the nation's youth. When their parents are paying taxes to the federal government that ultimately will be used to inject heroin into an addict's arm--how do you tell them that the government thinks drug use is wrong?

According to the drug czar's office, each day over 8,000 young people will try an illegal drug for the first time. While perhaps eight persons contract HIV directly or indirectly from dirty needles, 352 people start using heroin each day. More than 4,000 people die each year from heroin/morphine related causes.

General McCaffrey, who has been entrusted by this administration to advise the President on drug policy agrees. He says: `The problem is not dirty needles, the problem is heroin addiction. . . . The focus should be on bringing help to this suffering population--not give them more effective means to continue their addiction. One does not want to facilitate this dreadful scourge on mankind.'

Secretary Shalala also said that NEPs are effective when supported by the communities. I think she would be hard pressed to find a community that embraces the needle exchange program in their neighborhood. I wonder if the Secretary would like a clean needle program in her neighborhood.

As the name suggests, needle exchange programs are supposed to get a dirty needle back from an addict for every needle they hand out. The idea is that these dirty needles will not be used again or left on the streets. However, according to needle exchange workers, an `exchange' usually does not

take place.

According to the Associated Press, in Willimantic, Connecticut, `more than 350 discarded hypodermic needles were collected from the city's streets, lots, and alleys in a single week.' These were found after a two year old girl found and accidentally pricked herself with a dirty needle.

One needle exchange worker, who said they got approximately one-third to one-half of the needles back, handed out 950 needles in just one night. That means that about 475 dirty needles are either being used again--defeating the stated objective of these programs--or they

are lying on our cities' streets, parks and playgrounds. In response to low number of needles they get back, the worker casually said that `one-for-one exchange does not fit the reality of how injection drug users live.'

Needle exchanges also turn into one-stop shopping for drug addicts. Even the needle exchange proponents recognize this and talk about it as though it were a virtue of the program. From Harm Reduction Communication--`A user might be able to do the networking needed to find good drugs in the half hour he spends at a street-based needle exchange site--networking that might otherwise have taken half a day.'

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STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS (Senate - April 21, 1998)

There are many tragic examples all over the nation. However, one article from the Pittsburgh Post Gazette best explains what this does to America's neighborhoods. `Our community has worked hard to battle the drug problem that plagues our neighborhoods at many levels. But the needle exchange program gives dealer and users one more reason to stay here. In addition, drug users from outside our community now find reasons to frequent our neighborhood. Drug addiction is not a victimless crime. Not only does it kill the addict, but also, in the process, the addict preys on those around him. Prostitution, burglary, and now violence are an increasing problem in our community. So while the needle exchange people try to help addicts, they do so at the expense of our neighborhoods.'

This legislation is simple. It says that federal funds cannot be used to support directly, or indirectly, needle exchange programs.

The Nation's drug policy should be one of zero tolerance. It should not be a policy of accommodation. Drugs are turning our once vibrant cities into the centers of despair and hopelessness. We need an Administration who has no tolerance for the drug culture. An Administration who says that America can be called to a higher standard rather then accommodated in a culture of consuming drugs.

This Administration has shown that it is willing to ignore the record, ignore sound drug policy, and ignore the will of the American people. This is just another example of Washington, D.C. attacking, through policy, American values. Giving bulletproof vests to bank robbers would make bank robbery safer and simpler, and send the message that we accept bank robbery. A free needle policy is no different. What advocates of free needles on demand would clothe in rhetoric of `harm reduction' and `public health' is, instead a decision to subsidize, tolerate, and facilitate the use of illegal drugs.

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Mr. BROWNBACK. Mr. President, I rise today to join my colleagues Senator **Coverdell** and Senator **Ashcroft** in introducing legislation that would prohibit the use of federal funds for any program that gives out hypodermic needles or syringes for use with illegal drugs.

Mr. President, last Friday, the Clinton Administration announced their intention to use federal funds to distribute free drug needles. Although they abruptly reversed course this week, they have maintained their intention of encouraging state and local governments and other institutions to distribute drug needles.

This is bad policy, bad science, and bad news for our country. A comprehensive study of the needle exchange program in Vancouver, British Columbia--the city with the world's largest needle give-away program--found that drug use, crime, and HIV transmission all increased where drug needles were handed out.

This should come as no surprise. One of the primary principles of economics is that you get more of

what you subsidize and less of what you tax. You do not discourage drug use by giving out free needles. You cannot reduce disease by encouraging addiction.

More than ever before, we need strong leadership in the war on drugs, and a clear message that drugs are wrong, and harmful. Consider the facts: Over the past three years, casual drug us among teens has almost doubled. A survey by the National Institute on Drug Abuse found that the proportion of eighth graders who had tried heroin had doubled between 1991 and 1996. Every year, there are thousands of young people who fall prey to drugs. We need to send the clear message that using drugs is illegal and wrong. Drug use must be stopped, not subsidized.

That is why I am proud to stand with Senators **Coverdell** and **Ashcroft** in introducing legislation that to prohibit spending taxpayer dollars on drug needle give-aways, and urge my colleagues to expedite passage of this legislation.

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STATEMENT OF SENATOR PAUL COVERDELL
INTRODUCING LEGISLATION TO PROHIBIT
NEEDLE EXCHANGE PROGRAMS
April 21, 1998

MR. COVERDELL: Mr. President, I am today introducing, along with Senators Ashcroft and Brownback, a bill to prohibit the use of federal funds to carry out or support programs for the distribution of sterile hypodermic needles or syringes to illegal drug users.

This bill would effectively continue and make permanent the ban imposed through the appropriations process which expired at the end of March. We are pleased that the Administration has decided not to use federal tax dollars to fund needle exchanges despite the expiration of the ban. But coinciding with this announcement, Health and Human Services Secretary Donna Shalala strongly endorsed needles exchanges and encouraged local communities to use their own dollars to fund needle exchange programs. This legislation is therefore needed to foreclose any temptation the Administration may feel to federally fund needle exchanges in the future.

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According to recent scientific studies, eight persons a day are infected with the HIV virus by using borrowed needles, while 352 people start using heroin each day and 4,000 die every year from heroin-related causes other than HIV. Far more addicts die of drug overdoses and related violence than from AIDS. It is wrong to aid and abet those deaths by handing out free needles to drug addicts. We should not be encouraging higher rates of heroin use.

Therefore, I hope my colleagues will join me in making permanent the prohibition on federal funding and support of needle giveaway programs.

Mr. President, I ask unanimous consent that the text of the bill be printed in the record, accompanied by the statements of myself, Senator Ashcroft, and Senator Brownback.