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Folder Title:
Issues - Needle Exchange - Press Articles [2]

Stack:	Row:	Section:	Shelf:	Position:
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Bulletin's Frontrunner

April 21, 1998, Tuesday

SECTION: LEADING THE NEWS

LENGTH: 620 words

HEADLINE: Administration To Continue Ban On Needle-Exchange Funds.

BODY:

The AP (4/21, Neergaard) said the Clinton Administration announced yesterday that "programs that let drug addicts exchange used needles for clean ones fight AIDS and do not encourage illegal drug use," but the Administration said "it will not allow Federal tax dollars" to fund exchanges. HHS Secretary Donna Shalala issued the decision, saying that "the Administration hopes a strong endorsement will encourage communities to start their own needle exchanges" without Federal funds. The story appeared on the front pages of most of today's newspapers, and on television newscasts.

ABC (4/20, 74 words, Jennings) reported last night that Clinton "decided to maintain the ban on using Federal funds to pay for needle-exchange programs."

ABC (4/21, Newman) reported this morning, "The head of the White House AIDS panel says the Administration's policy shows 'a lack of courage.' The criticism came after the Administration endorsed needle exchange programs but refused to pay for them." ABC (Strait) broadcast a report in support of needle exchanges, saying, "Officials who run the country's 110 needle exchange programs were pleased that the government finally acknowledged that these efforts can reduce the spread of HIV by up to 30% while not increasing drug abuse. But they were livid that the Administration still refuses to allow Federal money to be used to fund these programs. ... Today, politics have taken precedence over science and sound public policy. ... Even the Surgeon General was disappointed that more money won't be available for needle exchange. ... In answering this criticism, all the Administration would say is the decision to fund needle exchange programs should be left to local communities." ABC showed four sources, all supporting needle exchange, then concluded, "So even though they have been shown to work, needle exchange programs will remain underfunded. Like so many decisions concerning AIDS, the politics surrounding the epidemic has again overwhelmed the science."

USA (4/21, A1, Sternberg) said the Administration "will not fund programs that allow drug abusers to trade dirty needles for clean ones, even while acknowledging that such exchanges reduce the spread of AIDS without encouraging drug abuse." Shalala, "flanked by top health officials," said that "the Administration decided not to fund needle exchange because research shows that programs are better designed locally." USA said, "AIDS advocacy groups welcomed the endorsement, but decried the funding decision as morally indefensible. Each day, 33 drug users become infected with HIV, advocates say."

The NY Times (4/21, A1, Stolberg) said the decision followed "a week of negotiations between Dr. Shalala's staff and the White House," and " public health experts and advocates for people with AIDS...had been told in recent days that the ban" on Federal funding "was about to be lifted." Dr. R. Scott Hitt, head of the presidential Advisory Council on HIV and AIDS, said of yesterday's announcement: "At best, this is hypocrisy. At worst, it's a lie. And no matter what, it's immoral." Added the NYT: "Many Administration officials strongly supported lifting the ban and were disappointed by the final decision. But the position taken by Gen. Barry R. McCaffrey, the Administration's director of national drug policy, was that lifting the ban would send the wrong message to the nation's children."

Headline, W. Times (4/21, A1, Bedard): "Free Needles OK, But No Funds."

W. Post (4/21, A1, Goldstein): "Clinton Supports Needle Exchanges But Not Funding."

The WSJ (4/21, A10): "Secretary Shalala Backs Needle Exchange Program."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

U.S. Newswire

April 21, 1998 12:38 Eastern Time

SECTION: TELEVISION WRITER

LENGTH: 1052 words

HEADLINE: TV TRACK -- TV Headlines From April 21, 1998

DATELINE: WASHINGTON, April 20

BODY:

The following headline summary of evening network news programs for April 20 was prepared by U.S. Newswire. Headlines are in the order that stories appeared on the broadcast and include the name of the correspondent, dateline, and running time. <STAB> NETWORK TELEVISION NEWS HEADLINES Copyright U.S. Newswire 1998 Monday, April 20, 1998 ABC World News Tonight 1 Study Finds Drug Combats & Prevents Breast Cancer

John McKenzie	New York	2:20 2 Demand For Impotence Pill Is Enormous
Bob Jamieson	New York	1:55 3 Impotence Pill Effective, But Only Those In Need Should Take It
Timothy Johnson	New York	1:15 4 Clinton Retains Ban On Use Of Federal Funds For Needle Programs

U.S. Newswire

April 21, 1998 11:30 Eastern Time

SECTION: NATIONAL DESK

LENGTH: 426 words

HEADLINE: Sen. Ashcroft: Shalala Support for Free Needles Signals Approval of Drug Use Lifestyle

BYLINE: Steve Hilton, 417-881-7068 or Greg Harris, 202-224-4589, both of the Office of U.S. Sen. John Ashcroft

DATELINE: WASHINGTON April 21

BODY:

The following was released Monday, April 20, by the Office of Sen. John Ashcroft (R-Mo.):

Sen. John Ashcroft (R-Mo.) said today that the Clinton Administration's endorsement of clean needle programs accepts and encourages drug use as a way of life.

Ashcroft said that Congress should reinstate the ban on federal funding of clean needle programs, in order to prevent the Administration from approving federal taxpayer dollars to support needle exchange programs.

Ashcroft called the decision announced today -- to support clean needle programs, but to withhold federal funding -- "an intolerable message that it's time to accept drug use as a way of life."

Ashcroft said: "The Secretary's decision to endorse needles on demand opens the door wide to a subsequent decision to fund needle exchanges with the hard-earned money of American taxpayers. Today's decision sends the intolerable message that the Administration accepts illegal drug use as a way of life. It says clearly that the Clinton Administration will give approval to taxpayer funding the moment it appears that the decision can be sneaked past Congress. We should simply reinstate the ban on subsidizing drug addicts with clean needles on demand.

"Taxpayers must not be saddled with providing drug users with the tools to feed their addiction. The Secretary's decision today -- to endorse free needles, but to withhold federal funds at this time -- sends all the wrong messages. I believe that America's drug policy should be one of zero tolerance. It must not send a message of accommodation and tolerance toward illegal drugs. It must not subsidize drug addiction by providing users with free needles financed by the American taxpayer.

"The Administration's position accommodates drug use, and would make drug use simpler and more accessible. Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer? It is noteworthy that clean needles are strongly opposed by the Administration's own drug czar, General Barry McCaffrey, who says such programs facilitate a 'dreadful scourge on mankind.' 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."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

Associated Press

April 21, 1998; Tuesday 03:56 Eastern Time

SECTION: Domestic, non-Washington, general news item

LENGTH: 656 words

HEADLINE: U.S. Won't Fund Needle Exchanges

BYLINE: HAL SPENCER

AP-AIDS-Needle-Exchange ,0689

DATELINE: LACEY, Wash.

BODY:

Tom Deem opened the cardboard box full of used syringes, looked inside and dumped them into a red plastic tub. Then he reached into the back seat of a minivan for another box, this one full of 200 new needles.

"Here you go," the Thurston County health worker said as he handed the box to a young woman. The two chatted briefly about the weather, a glorious Monday after a weekend of rain.

The needles will last about two weeks for the 22-year-old woman and her husband, both heroin addicts. Clear-eyed, she said she has no plans to end her habit even as she hinted at its toll: "It's a heavy load."

Addicts come from as far as 60 miles away to swap needles in a parking lot near a shopping mall in Lacey, an hour's drive south of Seattle. And they came Monday as the federal government sent a double-edged message.

Health and Human Services Secretary Donna Shalala, under orders from the White House, endorsed needle exchanges and encouraged more communities to create them. But she said the government would not help pay for the programs.

The announcement sidestepped a political fight with conservatives, but it disappointed and angered AIDS activists. They said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"This administration is now publicly stating how to slow it (the AIDS epidemic) down and is saying they lack the courage to do it," said an angry Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council.

Scientific evidence proves that exchange programs reduce HIV transmission without increasing

drug use, added Terry Stone, executive director of the Northwest AIDS Foundation. But, he said, many local governments don't have the money for the programs.

Half of all people who catch HIV are infected by needles or through sex with injecting drug users, or are children of infected addicts.

Republicans argue that needle exchanges are bad policy. Rep. Gerald Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala changed her mind.

"Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?" asked Sen. John Ashcroft, R-Mo.

President Clinton's own drug policy chief, Barry McCaffrey, is opposed to needle exchanges. He spent the weekend arguing that exchanges jeopardize the administration's war on drugs and send the wrong message to children.

Officials familiar with the debate said McCaffrey's objections were central to killing a proposed compromise, a pilot project paying for needle exchanges in 10 cities.

The administration is counting on Shalala's endorsement to persuade communities to expand the 110 needle exchanges operating in 22 states, including the Lacey program and three others in Washington state.

"The reality is that people are going to use the drugs," Deem said. "What we're doing is reducing harm. We're preventing the spread of disease by dirty needles."

The nation's top science organizations have long said needle exchanges would cut the AIDS toll. Activists say federal funding is key to expanding the programs.

Congress had opposed federally funded needle exchanges until Shalala certified that such programs fight the spread of HIV without encouraging drug use.

On Monday, she did that, saying a review of studies concluded that programs that provide drug counseling and push addicts into treatment work best. The studies found that cities with the programs saw a decrease in the spread of HIV while those without saw an increase, and the programs brought more addicts into treatment.

The young woman here said she had no time for drug counseling or HIV tests, which are offered in the parking lot along with clean needles. But she comes regularly to exchange her used syringes.

"This is a good thing they do here. This keeps people from passing on HIV or hepatitis," she said.

LANGUAGE: ENGLISH LOAD-DATE: April 21, 1998

The Boston Globe

April 21, 1998, Tuesday, City Edition
SECTION: METRO/REGION; Pg. A1

LENGTH: 1129 words

HEADLINE: Needle exchanges endorsed but won't get federal funds

BYLINE: By Richard A. Knox, Globe Staff

BODY:

Scientific evidence "clearly shows" that providing free sterile syringes to illicit drug users prevents the spread of AIDS while not promoting drug use, the Clinton administration said yesterday. But it balked at allowing federal funds to pay for controversial needle-exchange programs.

The long-awaited decision surprised and angered AIDS activists and public health authorities, who had hoped the administration would bow to data rather than to politics.

"This is like refusing to throw a life raft to a drowning person," said David Harvey of the AIDS Policy Center.

Dr. Mathilde Krim, chairman of the American Foundation for AIDS Research, called the decision "immoral" and "totally contrary to the practice of public health."

Critics of needle exchanges claimed victory. "Supplying drug addicts with needles is counterproductive and sends entirely the wrong message," said Representative Gerald Solomon, a New York Republican who proposes to take away presidential discretion about funding such programs.

The split decision reflected a battle within the administration between health officials and General Barry McCaffrey, director of the White House Office on Drug Policy, who opposes needle exchange programs. McCaffrey reportedly was instrumental in killing a proposal to use federal money for pilot programs in 10 cities.

US Surgeon General David Satcher, former chief of the Centers for Disease Control and Prevention, favors more needle exchange programs. "If we had more prime quality needle exchange programs, we would save more lives," Satcher said.

In certifying the effectiveness of needle-exchange programs, the administration noted that more

than 60 percent of new AIDS cases in many regions result from drug users sharing needles. Needle-sharing also transmits hepatitis B and other blood-borne diseases.

Nine years ago, Congress passed a law that bars federal funding of needle exchange programs unless the secretary of health and human services certifies, on the basis of scientific evidence, that they curtail transmission of the human immunodeficiency virus (HIV) and do not increase illicit drug use.

Secretary Donna E. Shalala, the nation's top health official, declared that a "meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs."

Dr. Harold Varmus, director of the National Institutes of Health, backed her up. "Recent findings have strengthened the scientific evidence that needle exchange programs do not encourage the use of illegal drugs," Varmus said.

But Shalala said the Clinton administration has decided that "the best course at this time" is to let local communities "use their own dollars" for needle exchange programs.

Nationwide there are currently about 110 needle exchange programs, about half of which are sanctioned. The rest are tolerated by law enforcement authorities or operate underground. But all are relatively small-scale, advocates said.

Needle exchange programs have been endorsed by an array of medical and public health organizations, including the American Medical Association and the American Public Health Association.

Some observers of the long-running debate say the administration's decision represents a victory of election-year politics over public health.

"It's probably very smart politics to continue the restrictions on federal funds," said Donald DesJarlais, director of chemical dependency research at Beth Israel Medical Center in New York City.

"If Shalala had permitted the use of federal funds, there's a 99 percent chance Congress would have overridden it anyway," DesJarlais said. "Now the secretary of health and human services has made a scientific finding, but no one can get up and say Clinton tried to give needles to drug addicts."

While he was disappointed about the administration's withholding of federal funds, DesJarlais said its unequivocal statement about needle-exchange studies "will be very helpful for local decision makers who want to make their prevention planning on scientific evidence."

He was also relieved that the administration did not release federal funds with restrictions that were widely rumored to be under consideration, such as an absolute time limit on a drug user's

participation in a needle exchange program.

Krim, a longtime veteran of emotional battles over AIDS funding, predicted "an uproar in the AIDS community," but said that was a calculated strategy on the administration's part.

"I think Mr. Clinton decided to let the Congress handle it," Krim said in interview. "He will let the activists go after Congress."

State health officials said the administration's stance will not affect needle exchange programs already in operation, and may make it somewhat easier to expand them because of the explicit federal endorsement.

In Massachusetts, "the governor, the public health commissioner, and the Department of Public Health support needle exchange programs, with the stipulation that municipalities be allowed to decide for themselves," said Mark Leccese, a department spokesman.

"We've believed for a couple of years that needle exchange does decrease the spread of HIV and does not lead to increased drug use," Leccese added.

Massachusetts currently has state-funded needle exchange programs in Boston, Cambridge, Provincetown, and Northampton. State officials have been stymied in their attempts to expand to other communities, such as New Bedford, in part because opponents claimed that the benefits were not supported by sound data.

In the current fiscal year, the state Legislature funded needle exchange programs for 10 communities, even though only four programs are under way.

Beth Weinstein, director of AIDS programs in the Connecticut Department of Public Health, said Shalala's Solomonlike decision "split the baby and gave some to each side."

"There will be a lot of concern in the AIDS community that this is a hollow action, because it's not accompanied by funding to carry out the programs," said Weinstein, who oversees \$ 400,000 in Connecticut funding for five needle exchange programs.

Weinstein echoed other advocates of needle exchange in saying that such programs are "an effective way not only of stemming HIV infection but of getting people into treatment."

Varmus, the NIH director, said this is now backed up by evidence. A Baltimore study last October showed that drug-treatment programs linked to needle exchange programs have high levels of retention.

An NIH report last year concluded that needle exchange programs reduced risky needle-sharing behavior by as much as 80 percent, with a resulting 30 percent or greater reduction in HIV transmission.

LANGUAGE: ENGLISH LOAD-DATE: April 21, 1998

Los Angeles Times

April 21, 1998, Tuesday, Home Edition
SECTION: Part A; Page 18; National Desk

LENGTH: 1004 words

HEADLINE: U.S. DECISION AGAINST FUNDING NEEDLE PLAN DRAWS FIRE;
HEALTH: ADMINISTRATION AGREES EXCHANGE PROGRAM CUTS AIDS SPREAD,
DOESN'T FOSTER ILLICIT DRUG USE, BUT WILL LEAVE FINANCING TO STATE,
LOCAL GROUPS.

BYLINE: MARLENE CIMONS and ELIZABETH SHOGREN, TIMES STAFF WRITERS

DATELINE: WASHINGTON

BODY:

The Clinton administration declared Monday that needle exchange programs reduce the spread of AIDS and do not encourage illegal drug use--but it will continue to oppose federal funding for this approach, a decision that provoked anger on both sides of the long-raging debate.

Health and Human Services Secretary Donna Shalala said that, although the administration has concluded that it is best to leave the funding of such programs to state and local sources, she encouraged communities to include needle exchanges as part of their AIDS prevention strategies.

But many AIDS service organizations were stunned by the administration's announcement, given that half of all new HIV infections are linked to needle-injected drug use, according to federal health officials.

"This is like acknowledging the world is not flat, then refusing to fund Columbus' voyage," said Daniel Zingale, executive director of AIDS Action Council, a Washington-based lobbying group.

Congressional conservatives, meanwhile, expressed chagrin over the administration's ringing endorsement of needle exchange programs.

Sen. John Ashcroft (R-Mo.) said that the administration's expression of support "accepts and encourages drug use as a way of life." He also expressed concern that "it opens the door" to future federal funding of needle exchange programs.

Numerous studies have shown the efficacy of such programs but the subject of government-backed needle exchanges has remained a politically volatile one. Not only have

conservatives adamantly opposed such programs but President Clinton's own advisors have argued heatedly over whether to support them. Barry R. McCaffrey, director of the White House office of drug control policy, for example, has insisted that such programs send the wrong message about drug use.

The administration's announcement Monday was reminiscent of Clinton's past approaches to some hot-button issues--gays in the military, for example--where he has attempted to strike a middle ground that pleased few.

Federal funding of needle exchange programs was banned by Congress in 1988 but the secretary of Health and Human Services has the authority to remove the ban. Many public health officials, AIDS activists and others--including Clinton's own AIDS advisory panel--have called on her repeatedly to do so.

Armed with new scientific findings by high-ranking administration health officials showing that the programs help reduce HIV transmission, Shalala was willing to defend funding the programs before lawmakers on Capitol Hill, sources said.

But White House officials said they doubted they could win such a fight with the GOP-controlled Congress and were afraid that the battle would dampen state and local efforts to establish or sustain the programs.

Funding efforts "would have been voted down immediately and you would have scared off the local people," White House advisor Rahm Emanuel said.

Ultimately, Clinton decided that it was not worth the fight with Congress, sources said.

Referring to the politics surrounding the issue, Emanuel said: "You've got to see three, four or five moves down the checkerboard." And Clinton, by endorsing the concept that needle exchanges help reduce HIV transmission, hopes to boost local efforts to fund needle exchanges, he said.

But AIDS activists predicted that it would have the opposite effect, saying they feared local programs now will founder without federal help.

Monday's decision "has the potential to do damage to the funding that exists today," said James Loyce Jr., chief executive officer of AIDS Project/Los Angeles. "The funding is barely there now. The local governments, such as the city of Los Angeles . . . that have taken needle exchanges on have already taken a big risk--this will only undermine the advocacy that's already been done on the local level."

Shalala noted that the use of needle exchange programs has increased throughout the AIDS epidemic. Citing figures from the federal Centers for Disease Control and Prevention, she said communities in 28 states and one U.S. territory operate needle exchange programs supported by state, local or private funds.

In Los Angeles, three organizations run needle exchange programs at multiple sites throughout the region. They are funded in part by a \$ 180,000 grant from the city, according to AIDS Project/Los Angeles.

Shalala said the administration decided "that the best course at this time" is to leave the creation and funding of needle exchange programs to communities and "to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV."

She said the programs should be part of a comprehensive HIV prevention strategy that includes referring participants to drug treatment and counseling and that needles must be made available only on a replacement basis.

Rep. Nancy Pelosi (D-San Francisco), a longtime advocate of needle exchange programs, said the administration's stance "shows a lack of political will in the midst of a public health emergency."

And Rep. Henry A. Waxman (D-Los Angeles) said: "It is unfortunate that fear of congressional backlash sustains the funding freeze."

But Rep. Gerald B. H. Solomon (R-N.Y.), in a letter sent Monday to Clinton, condemned the administration's "seemingly continued support for such programs" and urged administration support "in pursuing a permanent ban on the use of federal tax dollars for needle exchange programs."

Times staff writer Alissa J. Rubin contributed to this story.

(BEGIN TEXT OF INFOBOX / INFOGRAPHIC)

Needle Swaps

Los Angeles and San Francisco are among major cities that offer legally sanctioned needle exchange programs. But many cities still don't. Half of all new HIV infections are associated with needle injections.

MAJOR CITIES LACKING NEEDLE PROGRAMS:

San Diego Dallas Houston Fort Worth Miami St. Louis Newark, N.J. New Orleans

GRAPHIC: GRAPHIC-CHART: Needle Swaps / Los Angeles Times

LANGUAGE: English

LOAD-DATE: April 21, 1998

The New York Times

April 21, 1998, Tuesday, Late Edition - Final

NAME: David Satcher

SECTION: Section F; Page 1; Column 2; Science Desk

LENGTH: 1361 words

HEADLINE: SCIENTIST AT WORK: Dr. David Satcher;
Tiptoeing Through the Mine Fields of Health Policy

BYLINE: By SHERYL GAY STOLBERG

DATELINE: WASHINGTON

BODY:

THE pictures in Dr. David Satcher's office lean like oversized dominoes beneath a wooden table, waiting to be hung on the walls. Their owner, however, has little time for decorating these days.

It has been two months since Dr. Satcher, the son of uneducated farmers from rural Alabama who rose above poverty and racism to become one of the nation's most respected doctors, was sworn in as the 16th Surgeon General of the United States. During that time, he has been working furiously, and mostly behind the scenes, to carve out an agenda to restore dignity to an office that has long been mired in controversy.

"I want to be known as the Surgeon General who listened better than any Surgeon General before," he said in his first extensive interview since taking office. "Now obviously I've got to talk, but I want to be especially known for listening to people around this country, teen-agers, people in rural areas, inner cities, suburban communities, really getting a feel for the concerns of the American people."

Those concerns, Dr. Satcher believes, have little to do with the hot-button topics -- abortion, condoms in schools, clean needles for intravenous drug addicts -- that have left some of his predecessors tiptoeing through a political mine field and, for a while, threatened his own confirmation.

Americans, the Surgeon General said, have more pressing matters on their minds, like how violence and drugs affect their children and whether they can afford good medical care, or any medical care at all.

At the same time, Dr. Satcher has concerns of his own, which form what he calls his list of

evolving priorities: a healthy start for all children, including good prenatal care; persuading Americans of the virtues of a healthy life, including exercise, shunning tobacco and eating five servings of fruits and vegetables each day; eliminating racial disparities in disease, and seeing that mental health receives the same priority as physical health.

Dr. Satcher acknowledges that these goals are not particularly "exotic or sexy." But those who know him well say they are in keeping with his almost missionary zeal to extend to the less fortunate, particularly minorities, advantages that might enable them to prosper, as he has.

"David Satcher is an extraordinarily humanistic man," said Dr. Reed Tuckson, a vice president of the American Medical Association, in an interview before Dr. Satcher was confirmed in February. "Much of his work has been out of concern for those who are the most needy in American society. That comes from a very deep place within him."

Yet while Dr. Satcher said he had little appetite for controversy, he holds no illusions that his tenure will be free of it. Complaints, he said, will inevitably emerge.

And, true to his prediction, complaints erupted on Monday, when Donna E. Shalala, the Secretary for Health and Human Services, announced that while needle exchange programs reduce the spread of AIDS and do not encourage drug abuse, the Government would not pay for them.

It was a decision that clearly made the Administration's top scientists -- including Dr. Satcher -- uncomfortable. He said last week that advocates for people with AIDS were justified in feeling frustrated that the money was not available. Yet on Monday, he defended the Administration position, even as advocates for people with AIDS called it morally indefensible. Asked if financing for the programs could save lives, he sidestepped the question, saying, "We would save more lives if we had more quality needle exchange programs."

Other, equally contentious issues are also bound to surface. Curbing unwanted pregnancy, for instance, will mean talking more to teen-agers about abstinence, which Dr. Satcher says he plans to do. But he said he also intended to talk about "the importance of sex and the beauty of sex." "Am I looking for controversy? No," Dr. Satcher said. "The first thing that I am looking for is agreement on where we want to go as a nation. I love a good fight, but I don't go out looking for one."

After six years as director of the Centers for Disease Control and Prevention in Atlanta, Dr. Satcher, 57, commuted from that city to Washington for his first month on the job.

Last month, he and his wife, Nola, moved into a stately brick home on the grounds of the National Institutes of Health in Bethesda, Md., that is reserved for the Surgeon General. Dr. Satcher's four children are grown and no longer live at home.

A cautious, stately man who deliberates before he speaks, Dr. Satcher has kept a low profile

until now. He refused repeated requests for interviews, saying that he wanted to think first about what he wanted to say.

He said he had a lot to learn; in addition to being Surgeon General, a job that is largely a bully pulpit, Dr. Satcher also holds the post of Assistant Secretary for Health at the Department of Health and Human Services, a policy-making position over 10 disparate programs, including the Office of H.I.V./AIDS, the Office of Women's Health and the Office of Minority Health.

"If he hasn't seemed to be very visible in the first month or so, that was by design," said Dr. Satcher's spokesman, Damon Thompson. "He spent a great deal of time focusing on the job of assistant secretary, trying to make sure he had a solid familiarity with the program offices under him. Now he feels he can confidently go on the road."

In recent weeks, Dr. Satcher has begun to do just that, traveling to New Orleans, where he spoke to 1,000 high school students who are minorities and considering careers in medicine, and to Boston, where he presided over a celebration of the bicentennial of the United States Public Health Service, and visited a middle school in nearby Charlestown, Mass., where students have developed a program to keep their peers from smoking.

He said he was struck by his celebrity status. In Charlestown, he said, he told the schoolchildren, "I don't have a clue what it's going to take to get teen-agers not to smoke," and solicited their advice. When the session ended, he said, the youngsters rushed the stage to ask for his address so they could write with suggestions.

Indeed, after three years without a Surgeon General, Dr. Satcher said, the nation seems to be yearning for one. Since he has taken office, he has been flooded with speaking requests -- more than 1,000 in all, from every state and some foreign countries. And while he is "not a big uniform person," he takes care to wear the Surgeon General's official garb -- starched white shirt and double-breasted navy blue suit, with its gold epaulets and shiny brass buttons -- wherever he goes.

"There is a lot of excitement about the Surgeon General in uniform," he said. "I'm surprised. Young children want to take a picture with the Surgeon General. That is an awesome thing, and it brings with it a responsibility to use that enthusiasm in the best way."

The last person to capture, and capitalize on, that enthusiasm was former Surgeon General C. Everett Koop, whose commanding presence on the public stage set a standard by which other Surgeons General will be compared.

Dr. Satcher is well aware that his performance will undoubtedly be measured against that of Dr. Koop, although as he is quick to point out, they come from such different backgrounds that there is in fact little basis for comparison.

Dr. Koop, the descendant of Dutch colonists, grew up comfortably middle class in Brooklyn and attended Ivy League schools.

Dr. Satcher, by his own account, "grew up on what most people call the other side of the tracks." His parents never finished elementary school; as a child, he spent hours on school buses traveling to racially segregated schools. He attended Morehouse College in Atlanta, which awarded him a full scholarship, and went on to medical school at Case Western Reserve University in Cleveland, where he was one of only two black students.

"I love the shadow of C. Everett Koop," Dr. Satcher said, laughing, when asked if he felt Dr. Koop's shadow. "Do I want to be C. Everett Koop? No. I want to be David Satcher, the best David Satcher I can be."

GRAPHIC: Photo: Dr. David Satcher, the new Surgeon General, believes Americans are most concerned about affordable health care and the effects of violence and drugs on their children. (Amy Toensing for The New York Times)

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

The New York Times

April 21, 1998, Tuesday, Late Edition - Final

SECTION: Section A; Page 1; Column 1; National Desk

LENGTH: 1238 words

HEADLINE: Clinton Decides Not to Finance Needle Program

BYLINE: By SHERYL GAY STOLBERG

DATELINE: WASHINGTON, April 20

BODY:

After a bitter internal debate, the Clinton Administration today declined to lift a nine-year-old ban on Federal financing for programs to distribute clean needles to drug addicts, even as the Government's top scientists certified that such programs did not encourage drug abuse and could save lives by reducing the spread of AIDS.

The decision, announced by Donna E. Shalala, the Secretary of Health and Human Services, was immediately denounced by public health experts and advocates for people with AIDS, who had been told in recent days that the ban was about to be lifted.

The announcement has no practical effect; it simply means that state and local governments, which receive block grants from Washington for AIDS prevention efforts, remain barred from

using that money for needle exchange. But the decision is of huge significance to advocates for people with AIDS, who have viewed it as a test of the Administration's commitment to reducing the spread of the disease.

"At best this is hypocrisy," said Dr. R. Scott Hitt, chairman of the President's Advisory Council on H.I.V. and AIDS, which last month issued a vote of "no confidence" in the Administration. "At worst, it's a lie. And no matter what, it's immoral."

Many Administration officials strongly supported lifting the ban and were disappointed with the final decision. But the position taken by Gen. Barry R. McCaffrey, the Administration's director of national drug policy, was that lifting the ban would send the wrong message to the nation's children. One official called that issue "an important consideration" for Mr. Clinton. The announcement came after a week of negotiations between Dr. Shalala's staff and the White House, according to three Administration officials familiar with the talks. Dr. Shalala had been pressing to rescind the ban, with some restrictions, and was prepared to defend that decision on Capitol Hill, knowing it was bound to be controversial.

But his advisers feared a political disaster for Mr. Clinton and worried that Republicans might push through legislation stripping Federal money from groups that provide free needles, even though the money was used for other purposes.

"Any Republican could have offered a resolution and we almost certainly would have lost," said one of the officials, all of whom spoke on the condition of anonymity. "We don't have the votes for this in an election year."

To further complicate matters, General McCaffrey had been in an open debate on the issue with Sandra L. Thurman, the White House director of national AIDS policy, who had argued strenuously against the ban. Ms. Thurman made no public comment about the decision today.

The ban dates to 1989, when Congress declared that no Federal money could be spent to support clean-needle programs until the Government could provide scientific evidence that such programs both reduced the spread of H.I.V., the virus that causes AIDS, and did not encourage drug use. The two prong test was difficult to meet.

In February, the Administration certified that needle exchange reduced the spread of AIDS, but it took until today for officials to provide evidence that the programs did not promote drug use. With that evidence in hand, the Administration was free to begin drafting guidelines for how Federal money might be spent for needle-exchange programs. Although Dr. Shalala's staff had come up with such guidelines, the President declined to endorse them, officials said.

Over the last decade, needle exchange programs have cropped up across the country; today there are about 100 in more than 20 states. Many operate on a shoestring budget, with private or local money.

In many states, needle exchange remains illegal, but law-enforcement officers look the other way and allow the programs to continue. Public health experts had been hoping a release of

Federal money would have legitimized these programs. (In New York, officials can grant permission for certain needle exchange programs to operate.)

"There are states that for years have hidden behind Federal opposition to needle exchange to justify their own inaction," said Dr. Peter Lurie, who in 1993, while teaching at the University of California at San Francisco, published the first Government-financed survey of the effectiveness of needle exchanges.

Federal officials have estimated that each day, 33 people are infected with the AIDS virus as a result of intravenous drug use, a figure that includes drug abusers, their partners and their children.

Intravenous drug use is also responsible for most of the growth in the spread of AIDS, particularly among the poor and minorities. Dr. David Satcher, the Surgeon General, said today that 40 percent of new AIDS infections in the United States are either directly or indirectly attributed to infection with contaminated needles; among women and children, the figure is 75 percent.

Dr. Lurie, who works as a research associate at Public Citizen, a Washington advocacy group specializing in public health issues, estimated today that had the Government paid for needle exchange programs, 17,000 lives could have been saved in Mr. Clinton's terms in office.

"It is frustrating in the extreme," he said, "to see political considerations take precedence over public health ones, particularly when a huge cost in human life is predictable."

The decision clearly made the Government's top scientists uncomfortable. At the news conference announcing it, Dr. Shalala was flanked by many of them, including Dr. Satcher and Dr. Harold Varmus, director of the National Institutes of Health.

Most shifted uncomfortably in their seats as reporters peppered Dr. Shalala with questions about the Administration's decision, although none publicly disagreed with it.

Dr. Shalala declined to discuss the internal debate between her office and the White House, or even her recommendations to the President, but said the Administration hoped that its pronouncement would spur state and local governments to pay for the programs on their own. In defending the decision not to release Federal money, she said studies showed that needle exchange programs worked best when they were carefully designed within local communities.

"We are sending the message that the senior scientists of this Government, in conjunction with a number of scientists around the world," have concluded that these needle exchange programs do reduce H.I.V. transmission and do not encourage drug use, she said.

Dr. Varmus said a review of the scientific literature, provided "increasingly strong evidence" that needle exchange programs can be an effective means of bringing addicts in for treatment.

He cited a Baltimore study of nearly 3,000 addicts, which found that the needle exchange

program dramatically reduced the sharing of tainted needles and that half the participants in the program entered treatment.

As expected, today's decision prompted a flurry of announcements from Congress. Senator John Ashcroft, Republican of Missouri, called the Administration's position "an intolerable message that it's time to accept drug use as a way of life."

But Representative Nancy Pelosi, Democrat of California, complained that the Administration had missed an opportunity to save lives. "It defies logic," she said, "to determine a program's efficacy and then not fund the program, especially in the middle of an epidemic."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

Newsday (New York, NY)

April 21, 1998, Tuesday, NASSAU AND SUFFOLK EDITION
SECTION: NEWS; Page A05

LENGTH: 754 words

HEADLINE: THE NEEDLE DEBATE / FEDS STRADDLE ISSUE OF DRUG USE, AIDS
SPREAD

BYLINE: By Jamie Talan. STAFF WRITER

BODY:

Providing clean needles to drug users substantially reduces the risk of HIV transmission, a top federal health official said yesterday, and it doesn't encourage drug abuse.

Nonetheless, Health and Human Services Secretary Donna E. Shalala said the Clinton administration won't lift a federal ban on funding such programs, a statement that drew strong condemnation from AIDS researchers and activists.

"This constitutes public-health malpractice," said Don DesJarlais, director of the Chemical Dependency Institute at Beth Israel Medical Center and a professor of epidemiology at Albert Einstein College of Medicine in the Bronx.

"We have known for years that these programs reduce the risk of HIV transmission and do not lead to drug abuse," DesJarlais said. "It is extremely disappointing that the federal government agrees with our studies but won't support the programs financially."

"With every hour and every day the administration refuses to act on funding these programs, people are needlessly becoming infected with HIV," added Jeffrey Reynolds, director of public policy at the Long Island Association for AIDS Care.

At a news briefing, Shalala said studies had proved "that needle-exchange programs, as part of a comprehensive strategy, will . . . not encourage the use of drugs." But she said these programs work best "only if carefully designed . . . and used as a bridge to pull people into using health services."

As a result, she went on, "We want to leave it to local communities at this time." She said she hoped her statement might prompt state or local governments to fund needle-exchange programs in their individual areas.

Nationally, there are about 100 syringe-exchange programs, and New York State has 12

programs. Nine are in New York City, including three in Queens.

There is no program on Long Island, which has meant that addicts seeking clean syringes must travel into the city, said Barry Feldstein, director of People With AIDS Coalition of Long Island. He said activists have been meeting for almost a year to figure out how to fund such a program.

As of 1997, 5,558 Long Islanders have been diagnosed with AIDS, Reynolds said, and more than 40 percent of this total reported using injectable drugs. More than 36 percent of females with AIDS on Long Island were infected by having sex with an injecting-drug user, he said.

The concept for needle- and syringe-exchange programs was conceived in the mid-1980s when it became clear that the Human Immunodeficiency Virus (HIV) was being transmitted via shared needles. It was a political hot potato from the start because many believed handing out needles was tantamount to supporting drug abuse.

There are an estimated 1.3 million people in the United States who routinely inject illegal drugs, experts say, and about 25 percent of these addicts are HIV positive. In New York State, experts say, there may be as many as 200,000 drug-injecting addicts, 50,000 of whom have confirmed HIV infection.

The Centers for Disease Control and Prevention in Atlanta has said half of all new HIV infections are linked to the use of shared needles and an additional 10 to 15 percent of infections occur when drug-using HIV patients engage in sex with people who don't inject drugs.

In 1988, a federal bill was passed saying no federal funds could be spent on syringe-exchange programs until the administration determined its effects on AIDS transmission and increased drug abuse. That ban officially ran out in March.

In October, 1996, DesJarlais published a study in the British medical journal Lancet that said needle-exchange programs reduced risk of HIV transmission by as much as two-thirds and did not encourage drug abuse.

With this and other studies in hand, AIDS activists have urged the administration to lift the federal-funding ban. The issue has also generated opposition from among conservative Republicans.

Yesterday, Rep. Gerald Solomon of New York welcomed the ban extension, saying, "Supplying drug addicts with needles is counterproductive and sends entirely the wrong message." He said he would introduce legislation this week seeking a permanent ban.

But Terry Riefil, director of New York Harm Reduction Educators in the Bronx, the largest syringe-exchange program in the United States, noted that each syringe costs about a nickel.

"That's a pretty good bargain in today's health-care environment," he said. "Every infection we prevent helps save \$120,000" in HIV treatment costs.

GRAPHIC: 1) Newsday Photo by John Keating-Jeffrey Reynolds. 2) AP Photo- Donna E. Shalala. 3) Newsday File Photo by Audrey C. Tiernan-Barry Feldstein with AIDS message wall.

LANGUAGE: English

LOAD-DATE: April 21, 1998

THE ORLANDO SENTINEL

April 21, 1998 Tuesday, CENTRAL FLORIDA
SECTION: A SECTION; Pg. A3

LENGTH: 284 words

HEADLINE: NO CASH FOR CLEAN NEEDLES;
THE WHITE HOUSE SAID NEEDLE EXCHANGES CURB HIV, BUT IT REFUSED TO
PAY FOR THEM.

BYLINE: Compiled From Wire Reports

DATELINE: WASHINGTON

BODY:

The Clinton administration Monday endorsed needle exchange programs for drug users but refused to pay for them, angering AIDS activists who say 33 people are being infected with HIV by shared needles every day.

Health and Human Services Secretary Donna Shalala said her scientific endorsement should encourage more communities to start their own needle exchanges.

But Shalala, under orders from the White House, sidestepped a political fight with conservatives and stopped short of providing communities with federal money to let addicts swap dirty needles for clean ones.

Half of all people who catch HIV are infected by needles or by sex with injecting-drug users, or are children of infected addicts.

The decision bitterly disappointed AIDS activists, who said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"They've now said we know how to save lives and we don't want to do what's necessary to save the lives," said Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council. "This administration is now publicly stating how to slow it[the AIDS epidemic] down and is saying they lack the courage to do it."

"It's like saying the world is not flat but not funding Columbus' voyage," added Daniel Zingale of AIDS Action, saying that politics and not science had driven the decision.

Republicans continued to argue that needle exchanges are bad policy. Rep. Gerald Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala

changes her mind.

"Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?" scoffed Sen. John Ashcroft, R-Mo.

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

Pittsburgh Post-Gazette

April 21, 1998, Tuesday, SOONER EDITION

SECTION: SCIENCE, TECHNOLOGY & MEDICINE, Pg. A-3

LENGTH: 763 words

HEADLINE: A PUZZLEMENT ON NEEDLE PROGRAMS

BYLINE: JUDY PACKER-TURSMAN, POST-GAZETTE WASHINGTON BUREAU

DATELINE: WASHINGTON

BODY:

Caroline Acker, a college history professor who runs an underground needle exchange program in Pittsburgh, is baffled: The Clinton administration officially declared yesterday that programs such as hers not only help prevent the spread of HIV and AIDS, but also don't encourage illegal drug use.

Yet the administration also refused to lift a federal funding ban on the programs that Congress, fearful of promoting drug use, instituted nine years ago.

Now Acker, who had to shut down her sidewalk program in late February after police responded to complaints, worries the White House's endorsement of her strategy - handing out free sterile syringes to drug addicts in exchange for dirty ones, and referring them into drug treatment and counseling - sends a confusing message unless it is backed by taxpayer dollars.

"I'm stunned and appalled. . . . It seems to me this announcement, this position, leaves a lot of unclarity and ambiguity in the air," said Acker, who helped start Pittsburgh's Prevention Point program in May 1995 even though it is illegal under state drug paraphernalia laws.

Nearly 40 percent of the 652,000 AIDS cases reported nationwide have been linked to injection drug use. As of last summer, 111 needle exchange programs were reported in 29 states and the District of Columbia. About six in 10 programs were legal, two in 10 were illegal but tolerated, and two in 10 were underground.

"In Pittsburgh, a lot of AIDS agencies get federal funds and they feel constrained in working with us," Acker said, "and anything that leaves in doubt whether federal funds are jeopardized undermines those kinds of partnerships."

At a news conference in Washington yesterday, seven AIDS advocacy groups likened the action by Health and Human Services Secretary Donna Shalala to acknowledging that the Earth is not flat but refusing to fund Christopher Columbus' voyage.

"We can now all agree that the science is there, and we know that this intervention will in fact save lives if employed. It does not increase drug use. . . . What we're now fighting against is a political message that basically says . . . these (drug addicts') lives aren't what we're going to fight for," said A. Cornelius Baker, executive director of the National Association of People With AIDS.

Sensing imminent action, AIDS advocacy groups sent a letter Friday to President Clinton urging him to act immediately and end the prohibition on federal funding for needle exchange programs. That same day the mayors of San Francisco, Detroit, Seattle, New Haven and Baltimore asked Shalala to lift the ban.

Yesterday Sen. Paul Coverdell, R-Ga., introduced a bill to prevent HHS from lifting the federal funding ban. Rep. Nancy Pelosi, who introduced a bill last July to end the prohibition - legislation sitting in a House Commerce subcommittee with seven cosponsors - said Shalala's action "defies logic."

HHS spokesman Campbell Gardett said Shalala expects her action to "create a better climate" for people who advocate needle exchange programs in their communities - paid for with local dollars.

"I know Dr. Shalala hopes the official long-term look at this and the official finding that these programs do not increase drug abuse will be of use to communities as they consider whether to have such programs," Gardett said.

In its heyday, Pittsburgh Prevention Point served 35 to 50 people a week; more than 500 people visited its sidewalk setup at least once from November 1996 through October 1997. The program spent about \$ 20,000 in private money last year.

After police halted the distribution of sterile syringes, the program's volunteers spent the next six weeks handing out bleach with instructions on how to disinfect needles. "By a week ago Sunday, only two people came to get the bleach," Acker said.

"We just have to continue trying to build local support," she said. "We are committed to getting back out on the street and doing this work, and that's what we're working toward."

But Earl Woodyard, assistant chief of the Pittsburgh Police Department's investigations branch, pointed out that state law still makes Pittsburgh's needle exchange program illegal.

"We'll continue to make arrests until we are directed otherwise by the state Attorney General's Office or the District Attorney of Allegheny County," he said. "It still falls under drug paraphernalia."

"We're going to pay either way, because the people are getting infected" with HIV, he added. "But we're policemen. We're just bound to uphold the law."

LOAD-DATE: April 21, 1998

The Record (Bergen County, NJ)

April 21, 1998; TUESDAY; ALL EDITIONS
SECTION: NEWS; Pg. A09

LENGTH: 496 words

HEADLINE: U.S. WON'T FUND NEEDLE SWAPS ;
WHITE HOUSE DISAPPOINTS AIDS ACTIVISTS

SOURCE: Wire services

BYLINE: LAURAN NEERGAARD, The Associated Press

DATELINE: WASHINGTON

BODY:

The Clinton administration refused on Monday to use federal tax dollars to buy clean needles for drug addicts, even though it said needle exchanges fight AIDS without encouraging illegal drug use.

Health and Human Services Secretary Donna Shalala said her scientific endorsement should encourage more communities to start their own needle exchanges.

But Shalala, under orders from the White House, sidestepped a political fight with conservatives and stopped short of providing communities with federal money to let addicts swap dirty needles for clean ones.

Half of all people who catch HIV are infected by needles or by sex with injecting drug users, or are children of infected addicts.

The decision bitterly disappointed AIDS activists, who said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"They've now said we know how to save lives and we don't want to do what's necessary to save the lives," said an angry Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council. "This administration is now publicly stating how to slow it the AIDS epidemic down and is saying they lack the courage to do it."

"It's like saying the world is not flat but not funding Columbus voyage," added Daniel Zingale of AIDS Action.

Republicans continued to argue that needle exchanges were bad policy, and Rep. Gerald

Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala changed her mind.

"Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?" asked Sen. John Ashcroft, R-Mo.

President Clinton's own drug policy chief, Barry McCaffrey, spent the weekend arguing that needle exchanges jeopardize the administration's war on drugs and send the wrong message to children.

Officials familiar with the heated debate said McCaffrey's objections were central to killing a proposed compromise, a pilot project paying for needle exchanges in 10 cities.

Asked about the criticisms, National Institutes of Health Director Harold Varmus said they were being made only by politicians, not scientists. Every major public health organization has supported needle exchanges.

The Clinton administration is counting on Shalala's endorsement to persuade communities to expand the 110 needle exchanges now operating in 22 states. And Surgeon General David Satcher suggested communities could avoid the political impasse by seeking federal dollars for all other HIV prevention activities, from youth education to drug treatment, so that local money could be directed to buy needles.

Asked if more funding would help, Satcher said: "Yes, we think we would save more lives."

The nation's top science organizations have long said needle exchanges would cut the AIDS toll. Activists say federal funding is key to expanding the programs.

LANGUAGE: English

LOAD-DATE: April 21, 1998

The San Francisco Chronicle

APRIL 21, 1998, TUESDAY, FINAL EDITION
SECTION: EDITORIAL; Pg. A24; EDITORIALS

LENGTH: 344 words

HEADLINE: Needle Exchange Cowardice

BODY:

IN A DISPLAY of political timidity the Clinton administration yesterday refused federal funding for needle exchange programs, while conceding exchanges reduce AIDS transmission and don't encourage illegal drug use.

"A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," said Health and Human Services Secretary Donna Shalala.

But even with that unequivocal endorsement, she said the federal government will not pay to let drug addicts exchange used needles for clean ones. She advised local communities to pay for their own needle exchange programs.

That was a craven bit of political double-talk from Shalala whose mission is to protect the health of the nation, when she knows that nearly 40 percent of all AIDS cases reported in the United States have been linked to illegal intravenous drug use.

And, according to her own department's statistics, 70 percent of HIV/AIDS infections among women of childbearing age are directly or indirectly related to intravenous drug use and more than 75 percent of infected babies had a parent who used needles.

A Clinton administration official said the decision not to fund the programs was made by Shalala after consultation with the White House.

Stunned AIDS activists asked how federal public health officials could say needle exchanges work, but refuse to fund them.

"This is obviously immoral to say we know how to save lives but we are not going to let federal funds be used for that purpose," said Dr. R. Scott Hitt, chairman of the Presidential Advisory Commission on AIDS.

"Americans should ask why," said Hitt, the administration's top AIDS advisor, appointed by President Clinton.

By refusing to fund needle exchange programs that have proven to work in nearly a hundred cities -- including San Francisco, Oakland and San Jose -- the Clinton administration has shamefully chosen political expedience over human welfare.

GRAPHIC: PHOTO,Secretary Shalala

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

The San Francisco Chronicle

APRIL 21, 1998, TUESDAY, FINAL EDITION

SECTION: NEWS; Pg. A1

LENGTH: 1063 words

HEADLINE: White House Needle Swap Surprise
A refusal to lift ban on program funding

BYLINE: Louis Freedberg, Chronicle Washington Bureau

DATELINE: Washington

BODY:

Ending weeks of speculation, the Clinton administration yesterday refused to lift a 10-year ban on using federal funds for needle exchange programs, despite concluding for the first time that such exchanges prevent the spread of HIV and do not encourage drug use.

Leaders in the fight against AIDS condemned the unexpected decision, which was announced by Health and Human Services Secretary Donna Shalala.

"It is a purely political decision, and an abdication of her public health responsibilities," said Pat Christen, executive director of the San Francisco AIDS Foundation, which runs the nation's largest needle exchange program, which uses private and city funds. "She has chosen to protect herself politically, and people will die as a result of that decision."

Pounding his fist at an AIDS prevention meeting in San Francisco, Thomas Coates, director of the University of California at San Francisco's AIDS Research Institutes, accused Shalala of "public health malpractice."

In recent weeks, the administration had led AIDS activists to believe it was finally moving to lift the ban. However, the plan was derailed when word of the administration's intentions leaked out late last week, and a slew of conservative organizations issued a flurry of press releases warning the administration not to do so.

Several influential GOP lawmakers said they would introduce legislation reinstating the ban should the administration move to lift it. That brought a weekend of intense discussions between the White House and Health and Human Services officials, who were apparently ready to lift the ban. In a political calculation, sources close to the discussions said, the White House concluded that it would not have the votes to block legislation reimposing the ban.

Also key was the the opposition of President Clinton's "drug czar," retired General Barry

McCaffrey, who continued to lobby vigorously against allowing federal funds for needle exchange programs, arguing that it would send the wrong message to the nation's young people and undermine the administration's anti-drug message. McCaffrey also vehemently opposed a compromise proposal that would have funded pilot programs in 10 cities.

Shalala had the authority to lift the ban if she could point to solid scientific evidence demonstrating that needle exchange programs both reduce the spread of AIDS and do not encourage drug use. Until now, Shalala had said the evidence satisfied the first requirement but not the second. AIDS experts assumed that once she had satisfied herself that needle exchange programs do not encourage drug use, she would take action.

However, no one expected the administration to both declare that the conditions for lifting the ban had been met -- and then refuse to lift it.

To help her make the decision, Shalala commissioned the nation's leading scientists and public health officials to review all the available evidence on needle exchange programs. They included Dr. Harold Varmus, director of the National Institutes of Health; Dr. David Satcher, the newly appointed surgeon general; Dr. Claire Broome, acting head of the Centers for Disease Control and Prevention; and Alan Leshner, director of the National Institute on Drug Abuse.

Yesterday morning, those officials met with Shalala, armed with a 300-page report, which concluded that the conditions for lifting the ban have been met.

But by that time, the White House had already decided against such a move. After meeting with the scientists for an hour, Shalala issued a detailed press release in which she extolled the value of needle exchange programs -- and in the same breath said the administration would not authorize using federal funds to support them.

"A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in their fight against AIDS," she said. She noted that injection drug use accounts for 60 percent of new AIDS cases in certain areas, and that 40 percent of all 652,000 cases of AIDS reported in the United States have been linked to injection drug use.

She also quoted NIH director Varmus, a Nobel laureate in biochemistry, as saying: "An exhaustive review of the science indicates that needle exchange programs can be an effective component of the global effort to end the AIDS epidemic. Recent findings have strengthened the scientific evidence that needle exchange programs do not encourage the use of illegal drugs."

But without explanation, she said the administration has "decided that the best course at this time is to have local communities use their own dollars to fund needle exchange programs."

Representative Nancy Pelosi, D-San Francisco, who had lobbied vigorously for lifting the ban,

said "it defies logic to determine a program's efficacy, and then not fund the program, especially in the middle of an epidemic." She said the decision reveals a "a lack of political will in the midst of a public health emergency."

About 130 communities across the nation have set up their own needle exchange programs without federal funds, but AIDS experts say that these programs are often underfinanced, and that many communities and regions are completely underserved.

Administration officials tried to put the best spin on their decision yesterday, saying they hope the federal endorsement will encourage local communities to set up their own programs.

"Hopefully local communities and states will see this as encouragement to open their own needle exchange programs even as the federal government ducks for cover," said Peter Lurie of the UCSF Center for AIDS Prevention and the principal investigator of the first national survey showing the effectiveness of needle exchange in 1993.

At the same time, Lurie said the decision "made a mockery of the administration's purported commitment to HIV prevention."

He noted that President Clinton endorsed lifting the ban in his 1992 presidential campaign. That commitment, he said, dissipated in the face of stiff Republican opposition. "Republicans showed they were willing to play hardball, and the administration has never been able to take a principled stand on this issue when faced with a possible political fallout."

GRAPHIC: PHOTO

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

USA TODAY

April 21, 1998, Tuesday, FIRST EDITION

SECTION: NEWS; Pg. 1A

LENGTH: 283 words

HEADLINE: U.S. won't fund needle exchanges

BYLINE: Steve Sternberg

DATELINE: WASHINGTON

BODY:

WASHINGTON -- The Clinton administration said Monday it will not fund programs that allow drug abusers to trade dirty needles for clean ones even while acknowledging that such exchanges reduce the spread of AIDS without encouraging drug abuse.

"We have come to the conclusion that we will not release federal funds at this point," said Health and Human Services Secretary Donna Shalala.

AIDS advocacy groups welcomed the endorsement but decried the funding decision as morally indefensible.

Each day, 33 drug users become infected with HIV, advocates say.

Flanked by top health officials, Shalala said that the administration decided not to fund needle exchange because research shows that programs are best designed locally.

AIDS activists countered that state and local health resources are stretched thin. They also charged that the compromise reeks of a political dodge.

Republicans had vowed to block funds for needle-exchange programs if Shalala had given the go-ahead.

Winnie Stachelberg of the Human Rights Campaign said White House officials were deterred both by the prospect of a battle with Congress and internal conflicts.

"Today, politics takes precedence over sound science and public health policy," said Julie Scofield of the National Alliance of State and Territorial AIDS Directors.

Administration officials say the funding question prompted heated discussions in the White

House over the weekend.

President Clinton's drug czar, Barry McCaffrey, has opposed needle-exchange programs, saying they send the wrong message to children. On Monday, he issued a statement praising Shalala "for making a difficult decision."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

The Washington Times

April 21, 1998, Tuesday, Final Edition

SECTION: Part A; Pg. A1

LENGTH: 945 words

HEADLINE: Free needles OK, but no funds;
White House lays costs on localities

BYLINE: Paul Bedard; THE WASHINGTON TIMES

BODY:

The Clinton administration yesterday endorsed providing free needles to drug abusers to fight the spread of AIDS but stopped short of funding the programs, bowing to opposition from the president's drug-policy office and Republican critics.

The middle-ground decision by the Department of Health and Human Services infuriated AIDS activists who had expected immediate federal funding and GOP lawmakers who saw it as the first step to eventual federal funding of the programs.

"This has all the markings of a policy that was going to go forward by lifting the federal funding ban and then, 'Whoops, they caught us,' " said a knowledgeable administration official. "This was an 11th-hour reversal."

The Washington Times reported Friday that the administration was expected to meet congressional requirements to lift the funding ban by certifying that free needles do not boost drug use and HIV infections.

Republican lawmakers, saying they were acting to support the president's drug-policy office, vowed to kill the plan by passing legislation to permanently bar federal funding for free needles.

As a result, Donna Shalala, secretary of health and human services, stopped short of calling for federal funding in her statement yesterday.

"A meticulous scientific review has now proven that needle-exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," Miss Shalala said in a statement.

But, she added, "the administration has decided that the best course at this time is to have local communities which choose to implement their own programs use their own dollars to fund needle exchange programs."

Miss Shalala said "we had to make a choice. It was a decision. It was a decision to leave it to local communities."

Eighty-eight communities have free needle programs. The goal is to reduce needle sharing by drug addicts. Needle sharing is a major cause of AIDS in women and children.

AIDS activists were disappointed that the ban on federal funding of needle-exchange programs will not be lifted but said they hope to use the Shalala statement to help local communities broaden their programs.

"It's like saying the world is not flat but not funding Columbus' voyage," said Daniel Zingale of the activist group AIDS Action. He said his group would help local communities use the HHS statement to fight opponents to funding needle-exchange programs.

"It's politics rather than public science," added Winnie Stachelberg of the Human Rights Campaign, the nation's largest homosexual lobby. "Local communities have been scraping together programs for the last several years, but it's clear federal funds are needed."

Wayne Turner of the AIDS Coalition to Unleash Power, or ACT-UP, said: "Clinton pulled another 'Slick Willie.' We're outraged. They aren't even doing the little we thought they'd be doing."

Sandra Thurman, director of the president's AIDS office, has been pressuring the president to lift the funding ban. She has argued that scientific reports show free needles to drug addicts do not promote drug use or AIDS.

But two days before the White House was expected to give HHS and the AIDS office the green light to lift the funding ban, the president's Office of National Drug Control Policy provided The Times with a report showing that drug use and cases of infection with HIV, which causes AIDS, jumped in Vancouver, British Columbia, the city with the world's largest free-needle program.

HHS officials would not comment on the drug policy office's study of the Vancouver program, which also reported higher crime where free needles were distributed.

Officials associated with the office said scientific studies do not support Miss Shalala's statement. They cited Dr. Mitchell S. Rosenthal, head of New York's Phoenix House treatment center, who wrote to the office condemning needle exchanges.

"There is no consistent evidence that the availability of needle exchange reduces the transmission of the HIV virus among IV drug users," Dr. Rosenthal wrote to Barry McCaffrey, director of the White House drug-policy office. "Nor is there evidence that needle exchange programs are necessary to reduce the spread of HIV through needle exchange."

He and others backed Gen. McCaffrey's efforts to spend tax dollars on drug treatment

programs - not free needles so that drug addicts, some infected with HIV, do not share dirty needles.

Administration officials suggested that Miss Shalala's statement was universally endorsed throughout the administration, but Gen. McCaffrey's office continued to fight it and was not consulted by Miss Shalala. For example, Miss Shalala's statement was not provided to the White House drug-policy office.

In an effort to downplay the internal White House struggle, Clinton aides said the opposition to needle-exchange programs was led by GOP leaders, but Republicans said they were simply following Gen. McCaffrey's lead.

On Capitol Hill, lawmakers said the administration was laying the groundwork for lifting the federal funding ban in the near future.

Sen. John Ashcroft, Missouri Republican, warned: "The secretary's decision to endorse needles on demand opens the door wide to a subsequent decision to fund needle exchanges with the hard-earned money of American taxpayers."

"Secretary Shalala's decision today to forbid federal funding for drug needle exchange programs comes to me with great relief, however I am distressed at her seemingly continued support for such programs," said Rep. Gerald B.H. Solomon, New York Republican, chairman of the House Rules Committee.

GRAPHIC: Photo, AIDS activists Paul Kawata, Winnie Stachberg and Daniel Zingale join Cornelius Baker in Washington yesterday to discuss funding needle exchanges., By AP

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

Chicago Tribune

April 21, 1998 Tuesday, NORTH SPORTS FINAL EDITION
SECTION: NEWS; Pg. 4; ZONE: N

LENGTH: 451 words

HEADLINE: CLINTON BACKS PROGRAMS FOR NEEDLES BUT WITHOUT FUNDS

BYLINE: By Adam C. Holland, Washington Bureau.

DATELINE: WASHINGTON

BODY:

The Clinton administration on Monday endorsed needle-exchange programs as an effective step to fight AIDS but withheld the support that AIDS activists wanted most: federal funds.

In a long-awaited statement, Secretary of Health and Human Services Donna Shalala said programs that let drug addicts exchange used needles for clean ones can reduce the spread of HIV and do not encourage illegal drug use, based on extensive scientific research.

But she said the decision to implement and fund these programs rests with local communities. Avoiding a fight with conservatives, the administration kept in place the ban on federal funding for needle-exchange programs.

AIDS activists, who had hoped recent research and their active lobbying would lift the barriers to obtaining federal money, denounced the administration's decision to maintain the federal funding ban as an instance of putting politics before science.

"The Earth is not flat, the moon is not made of cheese, and needle exchange does not create drug addiction," said Daniel Zingale of AIDS Action, referring to findings of a 1997 National Institutes of Health study. "But tragically, it's like saying, 'We acknowledge the Earth is not flat, but we won't fund Columbus' voyage.' "

Needle-exchange programs are illegal in Illinois and in 21 other states; however two experimental Chicago programs are exempt from the state ban.

More than half of all new HIV cases, averaging 33 people a day, can be attributed to direct or indirect contact with an injecting drug user. Public health groups have long argued that needle-exchange programs can help to reduce this risk, and 88 such programs operate throughout the country through local, state or private funding.

At 10 cents per syringe, health advocates say free needle replacement is considerably cheaper than waiting for full-blown AIDS to develop, currently the only way for HIV patients to obtain Medicaid funds.

A lifting of the federal ban would not authorize new funds but would enable states to tap into \$630 million in existing nationwide funds for AIDS prevention.

"It's just so frustrating," said Mark Ishaug of the AIDS Foundation of Chicago, a not-for-profit agency that has funded needle-exchange programs in the Chicago area since 1992. "They're saying, 'We know how to stop the spread of AIDS, but we're not going to help you.' "

Instead, Ishaug said the federal government should make the funds available and leave it up to each community to determine its own comprehensive approach.

"And if needle exchanges are the best way to stem the spread of HIV, then local communities should have the opportunity to spend those dollars that way."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

The Washington Post

April 21, 1998, Tuesday, Final Edition

SECTION: A SECTION; Pg. A04

LENGTH: 893 words

HEADLINE: Clinton Supports Needle Exchanges But Not Funding; Needle Swaps Curb AIDS, Shalala Says

BYLINE: Amy Goldstein, Washington Post Staff Writer

BODY:

The Clinton administration declared yesterday that needle exchange programs can help curb the AIDS epidemic without fostering the use of illegal drugs, but refused to allow federal money to be spent on the controversial approach.

The continued ban on federal funds stunned leading AIDS researchers and many activists, who had long believed that government money would begin flowing as soon as the administration determined there is enough scientific evidence to show that needle exchange programs work.

But by divorcing the science from the matter of subsidies, the administration found a way to surmount lingering disagreements among President Clinton's top advisers over one of the most contentious public health questions they have confronted.

Needle exchanges have become a lightning rod in the debate over how the nation will combat the AIDS epidemic, now that it is well into its second decade. The programs, which have sprung up in more than 100 cities across the country, including Washington and Baltimore, attempt to slow the spread of HIV by giving clean syringes to intravenous drug users, thus lessening the sharing of needles that contain residue of tainted blood.

Advocates of the programs say such a strategy is increasingly important as the epidemic has veered more heavily into populations of drug users and their sex partners and children. Such drug-related cases account for nearly one-third of the more than 600,000 AIDS cases reported in the United States since the epidemic began. The proportion is substantially higher among people who have been infected in recent years and particularly in the nation's large cities.

But the strategy also has a large army of critics, including many conservatives and President Clinton's drug policy chief, Barry McCaffrey, who contend that it tacitly condones the use of illegal drugs since it puts the government in the business of handing out free needles.

Administration sources said yesterday that Secretary of Health and Human Services Donna E. Shalala preferred to begin allowing certain needle exchange programs to qualify for federal aid,

even though such a decision would have touched off a fight with Congress that even some Democratic leaders had warned would be foolhardy. "She knew this would be tough, but she was willing to defend it on the Hill," said one administration official close to the discussions.

But Sunday night, while flying back to Washington from a South American trip, Clinton decided in favor of a second alternative Shalala had proposed: leaving the ban in place while announcing that needle exchanges were scientifically sound. His decision ended an agonizing debate among his senior aides.

Yesterday, Shalala said that, even without the subsidies, the administration's decision that needle exchanges have scientific merit will galvanize syringe programs at the state and local level by sending a signal that the federal government endorses the efforts. "This is another life-saving intervention, which requires a careful local design," she said at a news briefing, surrounding the director of the National Institutes of Health, the acting director of the Centers for Disease Control and Prevention, the surgeon general, and other top federal health officials.

In the Washington area, the District and Baltimore operate needle exchange programs with local funds. The Maryland General Assembly this year decided to allow a similar program to begin in Prince George's County, but defeated a measure that would have allowed exchanges statewide. There are no needle exchanges in Virginia.

Shalala's announcement, in effect, answered the second of a pair of questions Congress posed several years ago. Congress said that federal money could be spent on needle exchanges only if research conclusively established that they met two criteria.

Last year, Shalala told Congress the administration was satisfied that the programs met one of those criteria -- determining that the programs do indeed diminish the spread of HIV. Until yesterday, the administration had said it remained uncertain on the question of whether exchanges inadvertently contribute to increased drug use, despite six major reviews of the research literature, including one by NIH last year, that found they do not.

Shalala's announcement was derided immediately by major AIDS organizations. "It is like saying, 'We acknowledge the world is not flat, but we are not going to give Columbus the money for the ships,' " said Daniel Zingale, executive director of AIDS Action.

"It's helpful to get the scientific obstacles out of the way once and for all," said Peter Lurie, a University of Michigan AIDS researcher, "but absent the federal funding, it's unlikely the programs will expand to meet the tremendous need."

But the political dangers of expressing support for the programs, much less allowing federal money to be used for them, were quickly evident. Determining that the programs work "is an intolerable message that it's time to accept drug use as a way of life," said Sen. John D. Ashcroft (Mo.), one of several congressional Republicans who denounced the administration's decision. Sen. Paul Coverdell (R-Ga.), introduced a bill yesterday that would prevent the HHS secretary from ever lifting the ban.

Staff Writer John F. Harris contributed to this report.

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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AP Online

April 21, 1998; Tuesday 03:56 Eastern Time

SECTION: Domestic, non-Washington, general news item

LENGTH: 656 words

HEADLINE: U.S. Won't Fund Needle Exchanges

BYLINE: HAL SPENCER
AP-AIDS-Needle-Exchange ,0689

DATELINE: LACEY, Wash.

BODY:

Tom Deem opened the cardboard box full of used syringes, looked inside and dumped them into a red plastic tub. Then he reached into the back seat of a minivan for another box, this one full of 200 new needles.

"Here you go," the Thurston County health worker said as he handed the box to a young woman. The two chatted briefly about the weather, a glorious Monday after a weekend of rain.

The needles will last about two weeks for the 22-year-old woman and her husband, both heroin addicts. Clear-eyed, she said she has no plans to end her habit even as she hinted at its toll: "It's a heavy load."

Addicts come from as far as 60 miles away to swap needles in a parking lot near a shopping mall in Lacey, an hour's drive south of Seattle. And they came Monday as the federal government sent a double-edged message.

Health and Human Services Secretary Donna Shalala, under orders from the White House, endorsed needle exchanges and encouraged more communities to create them. But she said the government would not help pay for the programs.

The announcement sidestepped a political fight with conservatives, but it disappointed and angered AIDS activists. They said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"This administration is now publicly stating how to slow it (the AIDS epidemic) down and is saying they lack the courage to do it," said an angry Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council.

Scientific evidence proves that exchange programs reduce HIV transmission without increasing drug use, added Terry Stone, executive director of the Northwest AIDS Foundation. But, he said, many local governments don't have the money for the programs.

Half of all people who catch HIV are infected by needles or through sex with injecting drug users, or are children of infected addicts.

AP Online, April 21, 1998

Republicans argue that needle exchanges are bad policy. Rep. Gerald Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala changed her mind.

'Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?' asked Sen. John Ashcroft, R-Mo.

President Clinton's own drug policy chief, Barry McCaffrey, is opposed to needle exchanges. He spent the weekend arguing that exchanges jeopardize the administration's war on drugs and send the wrong message to children.

Officials familiar with the debate said McCaffrey's objections were central to killing a proposed compromise, a pilot project paying for needle exchanges in 10 cities.

The administration is counting on Shalala's endorsement to persuade communities to expand the 110 needle exchanges operating in 22 states, including the Lacey program and three others in Washington state.

'The reality is that people are going to use the drugs,' Deem said. 'What we're doing is reducing harm. We're preventing the spread of disease by dirty needles.'

The nation's top science organizations have long said needle exchanges would cut the AIDS toll. Activists say federal funding is key to expanding the programs.

Congress had opposed federally funded needle exchanges until Shalala certified that such programs fight the spread of HIV without encouraging drug use.

On Monday, she did that, saying a review of studies concluded that programs that provide drug counseling and push addicts into treatment work best. The studies found that cities with the programs saw a decrease in the spread of HIV while those without saw an increase, and the programs brought more addicts into treatment.

The young woman here said she had no time for drug counseling or HIV tests, which are offered in the parking lot along with clean needles. But she comes regularly to exchange her used syringes.

'This is a good thing they do here. This keeps people from passing on HIV or hepatitis,' she said.

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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The Boston Globe

April 21, 1998, Tuesday, City Edition

SECTION: METRO/REGION; Pg. A1

LENGTH: 1129 words

HEADLINE: Needle exchanges endorsed but won't get federal funds

BYLINE: By Richard A. Knox, Globe Staff

BODY:

Scientific evidence "clearly shows" that providing free sterile syringes to illicit drug users prevents the spread of AIDS while not promoting drug use, the Clinton administration said yesterday. But it balked at allowing federal funds to pay for controversial needle-exchange programs.

The long-awaited decision surprised and angered AIDS activists and public health authorities, who had hoped the administration would bow to data rather than to politics.

"This is like refusing to throw a life raft to a drowning person," said David Harvey of the AIDS Policy Center.

Dr. Mathilde Krim, chairman of the American Foundation for AIDS Research, called the decision "immoral" and "totally contrary to the practice of public health."

Critics of needle exchanges claimed victory. "Supplying drug addicts with needles is counterproductive and sends entirely the wrong message," said Representative Gerald Solomon, a New York Republican who proposes to take away presidential discretion about funding such programs.

The split decision reflected a battle within the administration between health officials and General Barry McCaffrey, director of the White House Office on Drug Policy, who opposes needle exchange programs. McCaffrey reportedly was instrumental in killing a proposal to use federal money for pilot programs in 10 cities.

US Surgeon General David Satcher, former chief of the Centers for Disease Control and Prevention, favors more needle exchange programs. "If we had more prime quality needle exchange programs, we would save more lives," Satcher said.

In certifying the effectiveness of needle-exchange programs, the administration noted that more than 60 percent of new AIDS cases in many regions result from drug users sharing needles. Needle-sharing also transmits hepatitis B and other blood-borne diseases.

Nine years ago, Congress passed a law that bars federal funding of needle exchange programs unless the secretary of health and human services certifies, on the basis of scientific evidence, that they curtail transmission of the human immunodeficiency virus (HIV) and do not increase illicit drug use.

The Boston Globe, April 21, 1998

Secretary Donna E. Shalala, the nation's top health official, declared that a "meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs."

Dr. Harold Varmus, director of the National Institutes of Health, backed her up. "Recent findings have strengthened the scientific evidence that needle exchange programs do not encourage the use of illegal drugs," Varmus said.

But Shalala said the Clinton administration has decided that "the best course at this time" is to let local communities "use their own dollars" for needle exchange programs.

Nationwide there are currently about 110 needle exchange programs, about half of which are sanctioned. The rest are tolerated by law enforcement authorities or operate underground. But all are relatively small-scale, advocates said.

Needle exchange programs have been endorsed by an array of medical and public health organizations, including the American Medical Association and the American Public Health Association.

Some observers of the long-running debate say the administration's decision represents a victory of election-year politics over public health.

"It's probably very smart politics to continue the restrictions on federal funds," said Donald DesJarlais, director of chemical dependency research at Beth Israel Medical Center in New York City.

"If Shalala had permitted the use of federal funds, there's a 99 percent chance Congress would have overridden it anyway," DesJarlais said. "Now the secretary of health and human services has made a scientific finding, but no one can get up and say Clinton tried to give needles to drug addicts."

While he was disappointed about the administration's withholding of federal funds, DesJarlais said its unequivocal statement about needle-exchange studies "will be very helpful for local decision makers who want to make their prevention planning on scientific evidence."

He was also relieved that the administration did not release federal funds with restrictions that were widely rumored to be under consideration, such as an absolute time limit on a drug user's participation in a needle exchange program.

Krim, a longtime veteran of emotional battles over AIDS funding, predicted "an uproar in the AIDS community," but said that was a calculated strategy on the administration's part.

"I think Mr. Clinton decided to let the Congress handle it," Krim said in interview. "He will let the activists go after Congress."

State health officials said the administration's stance will not affect needle exchange programs already in operation, and may make it somewhat easier to expand them because of the explicit federal endorsement.

In Massachusetts, "the governor, the public health commissioner, and the Department of Public Health support needle exchange programs, with the

The Boston Globe, April 21, 1998

stipulation that municipalities be allowed to decide for themselves," said Mark Leccese, a department spokesman.

"We've believed for a couple of years that needle exchange does decrease the spread of HIV and does not lead to increased drug use," Leccese added.

Massachusetts currently has state-funded needle exchange programs in Boston, Cambridge, Provincetown, and Northampton. State officials have been stymied in their attempts to expand to other communities, such as New Bedford, in part because opponents claimed that the benefits were not supported by sound data.

In the current fiscal year, the state Legislature funded needle exchange programs for 10 communities, even though only four programs are under way.

Beth Weinstein, director of AIDS programs in the Connecticut Department of Public Health, said Shalala's Solomonlike decision "split the baby and gave some to each side."

"There will be a lot of concern in the AIDS community that this is a hollow action, because it's not accompanied by funding to carry out the programs," said Weinstein, who oversees \$ 400,000 in Connecticut funding for five needle exchange programs.

Weinstein echoed other advocates of needle exchange in saying that such programs are "an effective way not only of stemming HIV infection but of getting people into treatment."

Varmus, the NIH director, said this is now backed up by evidence. A Baltimore study last October showed that drug-treatment programs linked to needle exchange programs have high levels of retention.

An NIH report last year concluded that needle exchange programs reduced risky needle-sharing behavior by as much as 80 percent, with a resulting 30 percent or greater reduction in HIV transmission.

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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The New York Times

April 21, 1998, Tuesday, Late Edition - Final

NAME: David Satcher

SECTION: Section F; Page 1; Column 2; Science Desk

LENGTH: 1361 words

HEADLINE: SCIENTIST AT WORK: Dr. David Satcher;
Tiptoeing Through the Mine Fields of Health Policy

BYLINE: By SHERYL GAY STOLBERG

DATELINE: WASHINGTON

BODY:

THE pictures in Dr. David Satcher's office lean like oversized dominoes beneath a wooden table, waiting to be hung on the walls. Their owner, however, has little time for decorating these days.

It has been two months since Dr. Satcher, the son of uneducated farmers from rural Alabama who rose above poverty and racism to become one of the nation's most respected doctors, was sworn in as the 16th Surgeon General of the United States. During that time, he has been working furiously, and mostly behind the scenes, to carve out an agenda to restore dignity to an office that has long been mired in controversy.

"I want to be known as the Surgeon General who listened better than any Surgeon General before," he said in his first extensive interview since taking office. "Now obviously I've got to talk, but I want to be especially known for listening to people around this country, teen-agers, people in rural areas, inner cities, suburban communities, really getting a feel for the concerns of the American people."

Those concerns, Dr. Satcher believes, have little to do with the hot-button topics -- abortion, condoms in schools, clean needles for intravenous drug addicts -- that have left some of his predecessors tiptoeing through a political mine field and, for a while, threatened his own confirmation.

Americans, the Surgeon General said, have more pressing matters on their minds, like how violence and drugs affect their children and whether they can afford good medical care, or any medical care at all.

At the same time, Dr. Satcher has concerns of his own, which form what he calls his list of evolving priorities: a healthy start for all children, including good prenatal care; persuading Americans of the virtues of a healthy life, including exercise, shunning tobacco and eating five servings of fruits and vegetables each day; eliminating racial disparities in disease, and seeing that mental health receives the same priority as physical health.

Dr. Satcher acknowledges that these goals are not particularly "exotic or sexy." But those who know him well say they are in keeping with his almost

The New York Times, April 21, 1998

missionary zeal to extend to the less fortunate, particularly minorities, advantages that might enable them to prosper, as he has.

"David Satcher is an extraordinarily humanistic man," said Dr. Reed Tuckson, a vice president of the American Medical Association, in an interview before Dr. Satcher was confirmed in February. "Much of his work has been out of concern for those who are the most needy in American society. That comes from a very deep place within him."

Yet while Dr. Satcher said he had little appetite for controversy, he holds no illusions that his tenure will be free of it. Complaints, he said, will inevitably emerge.

And, true to his prediction, complaints erupted on Monday, when Donna E. Shalala, the Secretary for Health and Human Services, announced that while needle exchange programs reduce the spread of AIDS and do not encourage drug abuse, the Government would not pay for them.

It was a decision that clearly made the Administration's top scientists -- including Dr. Satcher -- uncomfortable. He said last week that advocates for people with AIDS were justified in feeling frustrated that the money was not available. Yet on Monday, he defended the Administration position, even as advocates for people with AIDS called it morally indefensible. Asked if financing for the programs could save lives, he sidestepped the question, saying, "We would save more lives if we had more quality needle exchange programs."

Other, equally contentious issues are also bound to surface. Curbing unwanted pregnancy, for instance, will mean talking more to teen-agers about abstinence, which Dr. Satcher says he plans to do. But he said he also intended to talk about "the importance of sex and the beauty of sex." "Am I looking for controversy? No," Dr. Satcher said. "The first thing that I am looking for is agreement on where we want to go as a nation. I love a good fight, but I don't go out looking for one."

After six years as director of the Centers for Disease Control and Prevention in Atlanta, Dr. Satcher, 57, commuted from that city to Washington for his first month on the job.

Last month, he and his wife, Nola, moved into a stately brick home on the grounds of the National Institutes of Health in Bethesda, Md., that is reserved for the Surgeon General. Dr. Satcher's four children are grown and no longer live at home.

A cautious, stately man who deliberates before he speaks, Dr. Satcher has kept a low profile until now. He refused repeated requests for interviews, saying that he wanted to think first about what he wanted to say.

He said he had a lot to learn; in addition to being Surgeon General, a job that is largely a bully pulpit, Dr. Satcher also holds the post of Assistant Secretary for Health at the Department of Health and Human Services, a policy-making position over 10 disparate programs, including the Office of H.I.V./AIDS, the Office of Women's Health and the Office of Minority Health.

The New York Times, April 21, 1998

"If he hasn't seemed to be very visible in the first month or so, that was by design," said Dr. Satcher's spokesman, Damon Thompson. "He spent a great deal of time focusing on the job of assistant secretary, trying to make sure he had a solid familiarity with the program offices under him. Now he feels he can confidently go on the road."

In recent weeks, Dr. Satcher has begun to do just that, traveling to New Orleans, where he spoke to 1,000 high school students who are minorities and considering careers in medicine, and to Boston, where he presided over a celebration of the bicentennial of the United States Public Health Service, and visited a middle school in nearby Charlestown, Mass., where students have developed a program to keep their peers from smoking.

He said he was struck by his celebrity status. In Charlestown, he said, he told the schoolchildren, "I don't have a clue what it's going to take to get teen-agers not to smoke," and solicited their advice. When the session ended, he said, the youngsters rushed the stage to ask for his address so they could write with suggestions.

Indeed, after three years without a Surgeon General, Dr. Satcher said, the nation seems to be yearning for one. Since he has taken office, he has been flooded with speaking requests -- more than 1,000 in all, from every state and some foreign countries. And while he is "not a big uniform person," he takes care to wear the Surgeon General's official garb -- starched white shirt and double-breasted navy blue suit, with its gold epaulets and shiny brass buttons -- wherever he goes.

"There is a lot of excitement about the Surgeon General in uniform," he said. "I'm surprised. Young children want to take a picture with the Surgeon General. That is an awesome thing, and it brings with it a responsibility to use that enthusiasm in the best way."

The last person to capture, and capitalize on, that enthusiasm was former Surgeon General C. Everett Koop, whose commanding presence on the public stage set a standard by which other Surgeons General will be compared.

Dr. Satcher is well aware that his performance will undoubtedly be measured against that of Dr. Koop, although as he is quick to point out, they come from such different backgrounds that there is in fact little basis for comparison.

Dr. Koop, the descendant of Dutch colonists, grew up comfortably middle class in Brooklyn and attended Ivy League schools.

Dr. Satcher, by his own account, "grew up on what most people call the other side of the tracks." His parents never finished elementary school; as a child, he spent hours on school buses traveling to racially segregated schools. He attended Morehouse College in Atlanta, which awarded him a full scholarship, and went on to medical school at Case Western Reserve University in Cleveland, where he was one of only two black students.

"I love the shadow of C. Everett Koop," Dr. Satcher said, laughing, when asked if he felt Dr. Koop's shadow. "Do I want to be C. Everett Koop? No. I want to be David Satcher, the best David Satcher I can be."

The New York Times, April 21, 1998

GRAPHIC: Photo: Dr. David Satcher, the new Surgeon General, believes Americans are most concerned about affordable health care and the effects of violence and drugs on their children. (Amy Toensing for The New York Times)

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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April 21, 1998, Tuesday, Late Edition - Final

SECTION: Section A; Page 1; Column 1; National Desk

LENGTH: 1238 words

HEADLINE: Clinton Decides Not to Finance Needle Program

BYLINE: By SHERYL GAY STOLBERG

DATELINE: WASHINGTON, April 20

BODY:

After a bitter internal debate, the Clinton Administration today declined to lift a nine-year-old ban on Federal financing for programs to distribute clean needles to drug addicts, even as the Government's top scientists certified that such programs did not encourage drug abuse and could save lives by reducing the spread of AIDS.

The decision, announced by Donna E. Shalala, the Secretary of Health and Human Services, was immediately denounced by public health experts and advocates for people with AIDS, who had been told in recent days that the ban was about to be lifted.

The announcement has no practical effect; it simply means that state and local governments, which receive block grants from Washington for AIDS prevention efforts, remain barred from using that money for needle exchange. But the decision is of huge significance to advocates for people with AIDS, who have viewed it as a test of the Administration's commitment to reducing the spread of the disease.

"At best this is hypocrisy," said Dr. R. Scott Hitt, chairman of the President's Advisory Council on H.I.V. and AIDS, which last month issued a vote of "no confidence" in the Administration. "At worst, it's a lie. And no matter what, it's immoral."

Many Administration officials strongly supported lifting the ban and were disappointed with the final decision. But the position taken by Gen. Barry R. McCaffrey, the Administration's director of national drug policy, was that lifting the ban would send the wrong message to the nation's children. One official called that issue "an important consideration" for Mr. Clinton. The announcement came after a week of negotiations between Dr. Shalala's staff and the White House, according to three Administration officials familiar with the talks. Dr. Shalala had been pressing to rescind the ban, with some restrictions, and was prepared to defend that decision on Capitol Hill, knowing it was bound to be controversial.

But his advisers feared a political disaster for Mr. Clinton and worried that Republicans might push through legislation stripping Federal money from groupsthat provide free needles, even though the money was used for other purposes.

The New York Times, April 21, 1998

"Any Republican could have offered a resolution and we almost certainly would have lost," said one of the officials, all of whom spoke on the condition of anonymity. "We don't have the votes for this in an election year."

To further complicate matters, General McCaffrey had been in an open debate on the issue with Sandra L. Thurman, the White House director of national AIDS policy, who had argued strenuously against the ban. Ms. Thurman made no public comment about the decision today.

The ban dates to 1989, when Congress declared that no Federal money could be spent to support clean-needle programs until the Government could provide scientific evidence that such programs both reduced the spread of H.I.V., the virus that causes AIDS, and did not encourage drug use. The two prong test was difficult to meet.

In February, the Administration certified that needle exchange reduced the spread of AIDS, but it took until today for officials to provide evidence that the programs did not promote drug use. With that evidence in hand, the Administration was free to begin drafting guidelines for how Federal money might be spent for needle-exchange programs. Although Dr. Shalala's staff had come up with such guidelines, the President declined to endorse them, officials said.

Over the last decade, needle exchange programs have cropped up across the country; today there are about 100 in more than 20 states. Many operate on a shoestring budget, with private or local money.

In many states, needle exchange remains illegal, but law-enforcement officers look the other way and allow the programs to continue. Public health experts had been hoping a release of Federal money would have legitimized these programs. (In New York, officials can grant permission for certain needle exchange programs to operate.)

"There are states that for years have hidden behind Federal opposition to needle exchange to justify their own inaction," said Dr. Peter Lurie, who in 1993, while teaching at the University of California at San Francisco, published the first Government-financed survey of the effectiveness of needle exchanges.

Federal officials have estimated that each day, 33 people are infected with the AIDS virus as a result of intravenous drug use, a figure that includes drug abusers, their partners and their children.

Intravenous drug use is also responsible for most of the growth in the spread of AIDS, particularly among the poor and minorities. Dr. David Satcher, the Surgeon General, said today that 40 percent of new AIDS infections in the United States are either directly or indirectly attributed to infection with contaminated needles; among women and children, the figure is 75 percent.

Dr. Lurie, who works as a research associate at Public Citizen, a Washington advocacy group specializing in public health issues, estimated today that had the Government paid for needle exchange programs, 17,000 lives could have been saved in Mr. Clinton's terms in office.

"It is frustrating in the extreme," he said, "to see political considerations take precedence over public health ones, particularly when a huge cost in human life is predictable."

The New York Times, April 21, 1998

The decision clearly made the Government's top scientists uncomfortable. At the news conference announcing it, Dr. Shalala was flanked by many of them, including Dr. Satcher and Dr. Harold Varmus, director of the National Institutes of Health.

Most shifted uncomfortably in their seats as reporters peppered Dr. Shalala with questions about the Administration's decision, although none publicly disagreed with it.

Dr. Shalala declined to discuss the internal debate between her office and the White House, or even her recommendations to the President, but said the Administration hoped that its pronouncement would spur state and local governments to pay for the programs on their own. In defending the decision not to release Federal money, she said studies showed that needle exchange programs worked best when they were carefully designed within local communities.

"We are sending the message that the senior scientists of this Government, in conjunction with a number of scientists around the world," have concluded that these needle exchange programs do reduce H.I.V. transmission and do not encourage drug use, she said.

Dr. Varmus said a review of the scientific literature, provided "increasingly strong evidence" that needle exchange programs can be an effective means of bringing addicts in for treatment.

He cited a Baltimore study of nearly 3,000 addicts, which found that the needle exchange program dramatically reduced the sharing of tainted needles and that half the participants in the program entered treatment.

As expected, today's decision prompted a flurry of announcements from Congress. Senator John Ashcroft, Republican of Missouri, called the Administration's position "an intolerable message that it's time to accept drug use as a way of life."

But Representative Nancy Pelosi, Democrat of California, complained that the Administration had missed an opportunity to save lives. "It defies logic," she said, "to determine a program's efficacy and then not fund the program, especially in the middle of an epidemic."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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Newsday (New York, NY)

April 21, 1998, Tuesday, NASSAU AND SUFFOLK EDITION

SECTION: NEWS; Page A05

LENGTH: 754 words

HEADLINE: THE NEEDLE DEBATE / FEDS STRADDLE ISSUE OF DRUG USE, AIDS SPREAD

BYLINE: By Jamie Talan. STAFF WRITER

BODY:

Providing clean needles to drug users substantially reduces the risk of HIV transmission, a top federal health official said yesterday, and it doesn't encourage drug abuse.

Nonetheless, Health and Human Services Secretary Donna E. Shalala said the Clinton administration won't lift a federal ban on funding such programs, a statement that drew strong condemnation from AIDS researchers and activists.

"This constitutes public-health malpractice," said Don DesJarlais, director of the Chemical Dependency Institute at Beth Israel Medical Center and a professor of epidemiology at Albert Einstein College of Medicine in the Bronx.

"We have known for years that these programs reduce the risk of HIV transmission and do not lead to drug abuse," DesJarlais said. "It is extremely disappointing that the federal government agrees with our studies but won't support the programs financially."

"With every hour and every day the administration refuses to act on funding these programs, people are needlessly becoming infected with HIV," added Jeffrey Reynolds, director of public policy at the Long Island Association for AIDS Care.

At a news briefing, Shalala said studies had proved "that needle-exchange programs, as part of a comprehensive strategy, will . . . not encourage the use of drugs." But she said these programs work best "only if carefully designed . . . and used as a bridge to pull people into using health services."

As a result, she went on, "We want to leave it to local communities at this time." She said she hoped her statement might prompt state or local governments to fund needle-exchange programs in their individual areas.

Nationally, there are about 100 syringe-exchange programs, and New York State has 12 programs. Nine are in New York City, including three in Queens.

There is no program on Long Island, which has meant that addicts seeking clean syringes must travel into the city, said Barry Feldstein, director of People With AIDS Coalition of Long Island. He said activists have been meeting for almost a year to figure out how to fund such a program.

Newsday (New York, NY), April 21, 1998

As of 1997, 5,558 Long Islanders have been diagnosed with AIDS, Reynolds said, and more than 40 percent of this total reported using injectable drugs. More than 36 percent of females with AIDS on Long Island were infected by having sex with an injecting-drug user, he said.

The concept for needle- and syringe-exchange programs was conceived in the mid-1980s when it became clear that the Human Immunodeficiency Virus (HIV) was being transmitted via shared needles. It was a political hot potato from the start because many believed handing out needles was tantamount to supporting drug abuse.

There are an estimated 1.3 million people in the United States who routinely inject illegal drugs, experts say, and about 25 percent of these addicts are HIV positive. In New York State, experts say, there may be as many as 200,000 drug-injecting addicts, 50,000 of whom have confirmed HIV infection.

The Centers for Disease Control and Prevention in Atlanta has said half of all new HIV infections are linked to the use of shared needles and an additional 10 to 15 percent of infections occur when drug-using HIV patients engage in sex with people who don't inject drugs.

In 1988, a federal bill was passed saying no federal funds could be spent on syringe-exchange programs until the administration determined its effects on AIDS transmission and increased drug abuse. That ban officially ran out in March.

In October, 1996, DesJarlais published a study in the British medical journal Lancet that said needle-exchange programs reduced risk of HIV transmission by as much as two-thirds and did not encourage drug abuse.

With this and other studies in hand, AIDS activists have urged the administration to lift the federal-funding ban. The issue has also generated opposition from among conservative Republicans.

Yesterday, Rep. Gerald Solomon of New York welcomed the ban extension, saying, "Supplying drug addicts with needles is counterproductive and sends entirely the wrong message." He said he would introduce legislation this week seeking a permanent ban.

But Terry Rieff, director of New York Harm Reduction Educators in the Bronx, the largest syringe-exchange program in the United States, noted that each syringe costs about a nickel.

"That's a pretty good bargain in today's health-care environment," he said. "Every infection we prevent helps save \$120,000" in HIV treatment costs.

GRAPHIC: 1) Newsday Photo by John Keating-Jeffrey Reynolds. 2) AP Photo- Donna E. Shalala. 3) Newsday File Photo by Audrey C. Tiernan-Barry Feldstein with AIDS message wall.

LANGUAGE: English

LOAD-DATE: April 21, 1998

LEVEL 1 - 6 OF 13 STORIES

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THE ORLANDO SENTINEL

April 21, 1998 Tuesday, CENTRAL FLORIDA

SECTION: A SECTION; Pg. A3

LENGTH: 284 words

HEADLINE: NO CASH FOR CLEAN NEEDLES;
THE WHITE HOUSE SAID NEEDLE EXCHANGES CURB HIV, BUT IT REFUSED TO PAY FOR THEM.

BYLINE: Compiled From Wire Reports

DATELINE: WASHINGTON

BODY:

The Clinton administration Monday endorsed needle exchange programs for drug users but refused to pay for them, angering AIDS activists who say 33 people are being infected with HIV by shared needles every day.

Health and Human Services Secretary Donna Shalala said her scientific endorsement should encourage more communities to start their own needle exchanges.

But Shalala, under orders from the White House, sidestepped a political fight with conservatives and stopped short of providing communities with federal money to let addicts swap dirty needles for clean ones.

Half of all people who catch HIV are infected by needles or by sex with injecting-drug users, or are children of infected addicts.

The decision bitterly disappointed AIDS activists, who said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"They've now said we know how to save lives and we don't want to do what's necessary to save the lives," said Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council. "This administration is now publicly stating how to slow it [the AIDS epidemic] down and is saying they lack the courage to do it."

"It's like saying the world is not flat but not funding Columbus' voyage," added Daniel Zingale of AIDS Action, saying that politics and not science had driven the decision.

Republicans continued to argue that needle exchanges are bad policy. Rep. Gerald Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala changes her mind.

"Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?" scoffed Sen. John Ashcroft, R-Mo.

LANGUAGE: ENGLISH

Orlando Sentinel Tribune, April 21, 1998

LOAD-DATE: April 21, 1998

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The San Francisco Chronicle

APRIL 21, 1998, TUESDAY, FINAL EDITION

SECTION: EDITORIAL; Pg. A24; EDITORIALS

LENGTH: 344 words

HEADLINE: Needle Exchange Cowardice

BODY:

IN A DISPLAY of political timidity the Clinton administration yesterday refused federal funding for needle exchange programs, while conceding exchanges reduce AIDS transmission and don't encourage illegal drug use.

'A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs,' said Health and Human Services Secretary Donna Shalala.

But even with that unequivocal endorsement, she said the federal government will not pay to let drug addicts exchange used needles for clean ones. She advised local communities to pay for their own needle exchange programs.

That was a craven bit of political double-talk from Shalala whose mission is to protect the health of the nation, when she knows that nearly 40 percent of all AIDS cases reported in the United States have been linked to illegal intravenous drug use.

And, according to her own department's statistics, 70 percent of HIV/AIDS infections among women of childbearing age are directly or indirectly related to intravenous drug use and more than 75 percent of infected babies had a parent who used needles.

A Clinton administration official said the decision not to fund the programs was made by Shalala after consultation with the White House.

Stunned AIDS activists asked how federal public health officials could say needle exchanges work, but refuse to fund them.

'This is obviously immoral to say we know how to save lives but we are not going to let federal funds be used for that purpose,' said Dr. R. Scott Hitt, chairman of the Presidential Advisory Commission on AIDS.

'Americans should ask why,' said Hitt, the administration's top AIDS advisor, appointed by President Clinton.

By refusing to fund needle exchange programs that have proven to work in nearly a hundred cities -- including San Francisco, Oakland and San Jose -- the Clinton administration has shamefully chosen political expedience over human welfare.

The San Francisco Chronicle, APRIL 21, 1998

GRAPHIC: PHOTO, Secretary Shalala

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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The San Francisco Chronicle

APRIL 21, 1998, TUESDAY, FINAL EDITION

SECTION: NEWS; Pg. A1

LENGTH: 1063 words

HEADLINE: White House Needle Swap Surprise
A refusal to lift ban on program funding

BYLINE: Louis Freedberg, Chronicle Washington Bureau

DATELINE: Washington

BODY:

Ending weeks of speculation, the Clinton administration yesterday refused to lift a 10-year ban on using federal funds for needle exchange programs, despite concluding for the first time that such exchanges prevent the spread of HIV and do not encourage drug use.

Leaders in the fight against AIDS condemned the unexpected decision, which was announced by Health and Human Services Secretary Donna Shalala.

"It is a purely political decision, and an abdication of her public health responsibilities," said Pat Christen, executive director of the San Francisco AIDS Foundation, which runs the nation's largest needle exchange program, which uses private and city funds. "She has chosen to protect herself politically, and people will die as a result of that decision."

Pounding his fist at an AIDS prevention meeting in San Francisco, Thomas Coates, director of the University of California at San Francisco's AIDS Research Institutes, accused Shalala of "public health malpractice."

In recent weeks, the administration had led AIDS activists to believe it was finally moving to lift the ban. However, the plan was derailed when word of the administration's intentions leaked out late last week, and a slew of conservative organizations issued a flurry of press releases warning the administration not to do so.

Several influential GOP lawmakers said they would introduce legislation reinstating the ban should the administration move to lift it. That brought a weekend of intense discussions between the White House and Health and Human Services officials, who were apparently ready to lift the ban. In a political calculation, sources close to the discussions said, the White House concluded that it would not have the votes to block legislation reimposing the ban.

Also key was the the opposition of President Clinton's "drug czar," retired General Barry McCaffrey, who continued to lobby vigorously against allowing federal funds for needle exchange programs, arguing that it would send the wrong message to the nation's young people and undermine the administration's anti-drug message. McCaffrey also vehemently opposed a compromise proposal that would have funded pilot programs in 10 cities.

The San Francisco Chronicle, APRIL 21, 1998

Shalala had the authority to lift the ban if she could point to solid scientific evidence demonstrating that needle exchange programs both reduce the spread of AIDS and do not encourage drug use. Until now, Shalala had said the evidence satisfied the first requirement but not the second. AIDS experts assumed that once she had satisfied herself that needle exchange programs do not encourage drug use, she would take action.

However, no one expected the administration to both declare that the conditions for lifting the ban had been met -- and then refuse to lift it.

To help her make the decision, Shalala commissioned the nation's leading scientists and public health officials to review all the available evidence on needle exchange programs. They included Dr. Harold Varmus, director of the National Institutes of Health; Dr. David Satcher, the newly appointed surgeon general; Dr. Claire Broome, acting head of the Centers for Disease Control and Prevention; and Alan Leshner, director of the National Institute on Drug Abuse.

Yesterday morning, those officials met with Shalala, armed with a 300-page report, which concluded that the conditions for lifting the ban have been met.

But by that time, the White House had already decided against such a move. After meeting with the scientists for an hour, Shalala issued a detailed press release in which she extolled the value of needle exchange programs -- and in the same breath said the administration would not authorize using federal funds to support them.

"A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in their fight against AIDS," she said. She noted that injection drug use accounts for 60 percent of new AIDS cases in certain areas, and that 40 percent of all 652,000 cases of AIDS reported in the United States have been linked to injection drug use.

She also quoted NIH director Varmus, a Nobel laureate in biochemistry, as saying: "An exhaustive review of the science indicates that needle exchange programs can be an effective component of the global effort to end the AIDS epidemic. Recent findings have strengthened the scientific evidence that needle exchange programs do not encourage the use of illegal drugs."

But without explanation, she said the administration has "decided that the best course at this time is to have local communities use their own dollars to fund needle exchange programs."

Representative Nancy Pelosi, D-San Francisco, who had lobbied vigorously for lifting the ban, said "it defies logic to determine a program's efficacy, and then not fund the program, especially in the middle of an epidemic." She said the decision reveals a "a lack of political will in the midst of a public health emergency."

About 130 communities across the nation have set up their own needle exchange programs without federal funds, but AIDS experts say that these programs are often underfinanced, and that many communities and regions are completely underserved.

The San Francisco Chronicle, APRIL 21, 1998

Administration officials tried to put the best spin on their decision yesterday, saying they hope the federal endorsement will encourage local communities to set up their own programs.

'Hopefully local communities and states will see this as encouragement to open their own needle exchange programs even as the federal government ducks for cover,' said Peter Lurie of the UCSF Center for AIDS Prevention and the principal investigator of the first national survey showing the effectiveness of needle exchange in 1993.

At the same time, Lurie said the decision 'made a mockery of the administration's purported commitment to HIV prevention.'

He noted that President Clinton endorsed lifting the ban in his 1992 presidential campaign. That commitment, he said, dissipated in the face of stiff Republican opposition. 'Republicans showed they were willing to play hardball, and the administration has never been able to take a principled stand on this issue when faced with a possible political fallout.'

GRAPHIC: PHOTO

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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USA TODAY

April 21, 1998, Tuesday, FIRST EDITION

SECTION: NEWS; Pg. 1A

LENGTH: 283 words

HEADLINE: U.S. won't fund needle exchanges

BYLINE: Steve Sternberg

DATELINE: WASHINGTON

BODY:

WASHINGTON -- The Clinton administration said Monday it will not fund programs that allow drug abusers to trade dirty needles for clean ones even while acknowledging that such exchanges reduce the spread of AIDS without encouraging drug abuse.

"We have come to the conclusion that we will not release federal funds at this point," said Health and Human Services Secretary Donna Shalala.

AIDS advocacy groups welcomed the endorsement but decried the funding decision as morally indefensible.

Each day, 33 drug users become infected with HIV, advocates say.

Flanked by top health officials, Shalala said that the administration decided not to fund needle exchange because research shows that programs are best designed locally.

AIDS activists countered that state and local health resources are stretched thin. They also charged that the compromise reeks of a political dodge.

Republicans had vowed to block funds for needle-exchange programs if Shalala had given the go-ahead.

Winnie Stachelberg of the Human Rights Campaign said White House officials were deterred both by the prospect of a battle with Congress and internal conflicts.

"Today, politics takes precedence over sound science and public health policy," said Julie Scofield of the National Alliance of State and Territorial AIDS Directors.

Administration officials say the funding question prompted heated discussions in the White House over the weekend.

President Clinton's drug czar, Barry McCaffrey, has opposed needle-exchange programs, saying they send the wrong message to children. On Monday, he issued a statement praising Shalala "for making a difficult

USA TODAY, April 21, 1998

decision."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

Copyright 1998 News World Communications, Inc.
The Washington Times

April 21, 1998, Tuesday, Final Edition

SECTION: Part A; Pg. A1

LENGTH: 945 words

HEADLINE: Free needles OK, but no funds;
White House lays costs on localities

BYLINE: Paul Bedard; THE WASHINGTON TIMES

BODY:

The Clinton administration yesterday endorsed providing free needles to drug abusers to fight the spread of AIDS but stopped short of funding the programs, bowing to opposition from the president's drug-policy office and Republican critics.

The middle-ground decision by the Department of Health and Human Services infuriated AIDS activists who had expected immediate federal funding and GOP lawmakers who saw it as the first step to eventual federal funding of the programs.

"This has all the markings of a policy that was going to go forward by lifting the federal funding ban and then, 'Whoops, they caught us,' " said a knowledgeable administration official. "This was an 11th-hour reversal."

The Washington Times reported Friday that the administration was expected to meet congressional requirements to lift the funding ban by certifying that free needles do not boost drug use and HIV infections.

Republican lawmakers, saying they were acting to support the president's drug-policy office, vowed to kill the plan by passing legislation to permanently bar federal funding for free needles.

As a result, Donna Shalala, secretary of health and human services, stopped short of calling for federal funding in her statement yesterday.

"A meticulous scientific review has now proven that needle-exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," Miss Shalala said in a statement.

But, she added, "the administration has decided that the best course at this time is to have local communities which choose to implement their own programs use their own dollars to fund needle exchange programs."

Miss Shalala said "we had to make a choice. It was a decision. It was a decision to leave it to local communities."

Eighty-eight communities have free needle programs. The goal is to reduce needle sharing by drug addicts. Needle sharing is a major cause of AIDS in

The Washington Times, April 21, 1998

women and children.

AIDS activists were disappointed that the ban on federal funding of needle-exchange programs will not be lifted but said they hope to use the Shalala statement to help local communities broaden their programs.

"It's like saying the world is not flat but not funding Columbus' voyage," said Daniel Zingale of the activist group AIDS Action. He said his group would help local communities use the HHS statement to fight opponents to funding needle-exchange programs.

"It's politics rather than public science," added Winnie Stachelberg of the Human Rights Campaign, the nation's largest homosexual lobby. "Local communities have been scraping together programs for the last several years, but it's clear federal funds are needed."

Wayne Turner of the AIDS Coalition to Unleash Power, or ACT-UP, said: "Clinton pulled another 'Slick Willie.' We're outraged. They aren't even doing the little we thought they'd be doing."

Sandra Thurman, director of the president's AIDS office, has been pressuring the president to lift the funding ban. She has argued that scientific reports show free needles to drug addicts do not promote drug use or AIDS.

But two days before the White House was expected to give HHS and the AIDS office the green light to lift the funding ban, the president's Office of National Drug Control Policy provided The Times with a report showing that drug use and cases of infection with HIV, which causes AIDS, jumped in Vancouver, British Columbia, the city with the world's largest free-needle program.

HHS officials would not comment on the drug policy office's study of the Vancouver program, which also reported higher crime where free needles were distributed.

Officials associated with the office said scientific studies do not support Miss Shalala's statement. They cited Dr. Mitchell S. Rosenthal, head of New York's Phoenix House treatment center, who wrote to the office condemning needle exchanges.

"There is no consistent evidence that the availability of needle exchange reduces the transmission of the HIV virus among IV drug users," Dr. Rosenthal wrote to Barry McCaffrey, director of the White House drug-policy office. "Nor is there evidence that needle exchange programs are necessary to reduce the spread of HIV through needle exchange."

He and others backed Gen. McCaffrey's efforts to spend tax dollars on drug treatment programs - not free needles so that drug addicts, some infected with HIV, do not share dirty needles.

Administration officials suggested that Miss Shalala's statement was universally endorsed throughout the administration, but Gen. McCaffrey's office continued to fight it and was not consulted by Miss Shalala. For example, Miss Shalala's statement was not provided to the White House drug-policy office.

The Washington Times, April 21, 1998

In an effort to downplay the internal White House struggle, Clinton aides said the opposition to needle-exchange programs was led by GOP leaders, but Republicans said they were simply following Gen. McCaffrey's lead.

On Capitol Hill, lawmakers said the administration was laying the groundwork for lifting the federal funding ban in the near future.

Sen. John Ashcroft, Missouri Republican, warned: "The secretary's decision to endorse needles on demand opens the door wide to a subsequent decision to fund needle exchanges with the hard-earned money of American taxpayers."

"Secretary Shalala's decision today to forbid federal funding for drug needle exchange programs comes to me with great relief, however I am distressed at her seemingly continued support for such programs," said Rep. Gerald B.H. Solomon, New York Republican, chairman of the House Rules Committee.

GRAPHIC: Photo, AIDS activists Paul Kawata, Winnie Stachberg and Daniel Zingale join Cornelius Baker in Washington yesterday to discuss funding needle exchanges., By AP

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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April 21, 1998 Tuesday, NORTH SPORTS FINAL EDITION

SECTION: NEWS; Pg. 4; ZONE: N

LENGTH: 451 words

HEADLINE: CLINTON BACKS PROGRAMS FOR NEEDLES BUT WITHOUT FUNDS

BYLINE: By Adam C. Holland, Washington Bureau.

DATELINE: WASHINGTON

BODY:

The Clinton administration on Monday endorsed needle-exchange programs as an effective step to fight AIDS but withheld the support that AIDS activists wanted most: federal funds.

In a long-awaited statement, Secretary of Health and Human Services Donna Shalala said programs that let drug addicts exchange used needles for clean ones can reduce the spread of HIV and do not encourage illegal drug use, based on extensive scientific research.

But she said the decision to implement and fund these programs rests with local communities. Avoiding a fight with conservatives, the administration kept in place the ban on federal funding for needle-exchange programs.

AIDS activists, who had hoped recent research and their active lobbying would lift the barriers to obtaining federal money, denounced the administration's decision to maintain the federal funding ban as an instance of putting politics before science.

"The Earth is not flat, the moon is not made of cheese, and needle exchange does not create drug addiction," said Daniel Zingale of AIDS Action, referring to findings of a 1997 National Institutes of Health study. "But tragically, it's like saying, 'We acknowledge the Earth is not flat, but we won't fund Columbus' voyage.' "

Needle-exchange programs are illegal in Illinois and in 21 other states; however two experimental Chicago programs are exempt from the state ban.

More than half of all new HIV cases, averaging 33 people a day, can be attributed to direct or indirect contact with an injecting drug user. Public health groups have long argued that needle-exchange programs can help to reduce this risk, and 88 such programs operate throughout the country through local, state or private funding.

At 10 cents per syringe, health advocates say free needle replacement is considerably cheaper than waiting for full-blown AIDS to develop, currently the only way for HIV patients to obtain Medicaid funds.

A lifting of the federal ban would not authorize new funds but would enable states to tap into \$630 million in existing nationwide funds for AIDS

Chicago Tribune, April 21, 1998

prevention.

"It's just so frustrating," said Mark Ishaug of the AIDS Foundation of Chicago, a not-for-profit agency that has funded needle-exchange programs in the Chicago area since 1992. "They're saying, 'We know how to stop the spread of AIDS, but we're not going to help you.' "

Instead, Ishaug said the federal government should make the funds available and leave it up to each community to determine its own comprehensive approach.

"And if needle exchanges are the best way to stem the spread of HIV, then local communities should have the opportunity to spend those dollars that way."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

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April 21, 1998, Tuesday, Final Edition

SECTION: A SECTION; Pg. A04

LENGTH: 893 words

HEADLINE: Clinton Supports Needle Exchanges But Not Funding; Needle Swaps Curb AIDS, Shalala Says

BYLINE: Amy Goldstein, Washington Post Staff Writer

BODY:

The Clinton administration declared yesterday that needle exchange programs can help curb the AIDS epidemic without fostering the use of illegal drugs, but refused to allow federal money to be spent on the controversial approach.

The continued ban on federal funds stunned leading AIDS researchers and many activists, who had long believed that government money would begin flowing as soon as the administration determined there is enough scientific evidence to show that needle exchange programs work.

But by divorcing the science from the matter of subsidies, the administration found a way to surmount lingering disagreements among President Clinton's top advisers over one of the most contentious public health questions they have confronted.

Needle exchanges have become a lightning rod in the debate over how the nation will combat the AIDS epidemic, now that it is well into its second decade. The programs, which have sprung up in more than 100 cities across the country, including Washington and Baltimore, attempt to slow the spread of HIV by giving clean syringes to intravenous drug users, thus lessening the sharing of needles that contain residue of tainted blood.

Advocates of the programs say such a strategy is increasingly important as the epidemic has veered more heavily into populations of drug users and their sex partners and children. Such drug-related cases account for nearly one-third of the more than 600,000 AIDS cases reported in the United States since the epidemic began. The proportion is substantially higher among people who have been infected in recent years and particularly in the nation's large cities.

But the strategy also has a large army of critics, including many conservatives and President Clinton's drug policy chief, Barry McCaffrey, who contend that it tacitly condones the use of illegal drugs since it puts the government in the business of handing out free needles.

Administration sources said yesterday that Secretary of Health and Human Services Donna E. Shalala preferred to begin allowing certain needle exchange programs to qualify for federal aid, even though such a decision would have touched off a fight with Congress that even some Democratic leaders had warned would be foolhardy. "She knew this would be tough, but she was willing to defend it on the Hill," said one administration official close to the discussions.

The Washington Post, April 21, 1998

But Sunday night, while flying back to Washington from a South American trip, Clinton decided in favor of a second alternative Shalala had proposed: leaving the ban in place while announcing that needle exchanges were scientifically sound. His decision ended an agonizing debate among his senior aides.

Yesterday, Shalala said that, even without the subsidies, the administration's decision that needle exchanges have scientific merit will galvanize syringe programs at the state and local level by sending a signal that the federal government endorses the efforts. "This is another life-saving intervention, which requires a careful local design," she said at a news briefing, surrounding the director of the National Institutes of Health, the acting director of the Centers for Disease Control and Prevention, the surgeon general, and other top federal health officials.

In the Washington area, the District and Baltimore operate needle exchange programs with local funds. The Maryland General Assembly this year decided to allow a similar program to begin in Prince George's County, but defeated a measure that would have allowed exchanges statewide. There are no needle exchanges in Virginia.

Shalala's announcement, in effect, answered the second of a pair of questions Congress posed several years ago. Congress said that federal money could be spent on needle exchanges only if research conclusively established that they met two criteria.

Last year, Shalala told Congress the administration was satisfied that the programs met one of those criteria -- determining that the programs do indeed diminish the spread of HIV. Until yesterday, the administration had said it remained uncertain on the question of whether exchanges inadvertently contribute to increased drug use, despite six major reviews of the research literature, including one by NIH last year, that found they do not.

Shalala's announcement was derided immediately by major AIDS organizations. "It is like saying, 'We acknowledge the world is not flat, but we are not going to give Columbus the money for the ships,' " said Daniel Zingale, executive director of AIDS Action.

"It's helpful to get the scientific obstacles out of the way once and for all," said Peter Lurie, a University of Michigan AIDS researcher, "but absent the federal funding, it's unlikely the programs will expand to meet the tremendous need."

But the political dangers of expressing support for the programs, much less allowing federal money to be used for them, were quickly evident. Determining that the programs work "is an intolerable message that it's time to accept drug use as a way of life," said Sen. John D. Ashcroft (Mo.), one of several congressional Republicans who denounced the administration's decision. Sen. Paul Coverdell (R-Ga.), introduced a bill yesterday that would prevent the HHS secretary from ever lifting the ban.

Staff Writer John F. Harris contributed to this report.

LANGUAGE: ENGLISH

The Washington Post, April 21, 1998

LOAD-DATE: April 21, 1998

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April 21, 1998, Tuesday, Final Edition

SECTION: A SECTION; Pg. A01

LENGTH: 892 words

HEADLINE: Clinton Supports Needle Exchanges But Not Funding

BYLINE: Amy Goldstein, Washington Post Staff Writer

BODY:

The Clinton administration declared yesterday that needle exchange programs can help curb the AIDS epidemic without fostering the use of illegal drugs, but refused to allow federal money to be spent on the controversial approach.

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The Washington Post, April 21, 1998

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Staff Writer John F. Harris contributed to this report.

LANGUAGE: ENGLISH

The Washington Post, April 21, 1998

LOAD-DATE: April 21, 1998

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The New York Times

April 19, 1998, Sunday, Late Edition - Final

SECTION: Section 1; Page 27; Column 1; National Desk

LENGTH: 154 words

HEADLINE: National News Briefs;
Five Big City Mayors Back Needle Exchanges

BYLINE: Reuters

DATELINE: WASHINGTON, April 18

BODY:

The Mayors of five cities urged the Clinton Administration on Friday to allow Federal money to be used for needle exchange programs for drug users, but an influential Congressman said he would act to stop such a move.

The Mayors, who serve in San Francisco, Detroit, Seattle, New Haven and Baltimore, said in a letter to Donna E. Shalala, the Secretary of Health and Human Services, that 33 Americans were infected every day with the virus that causes AIDS as a result of injecting drugs.

But Representative Gerald B. H. Solomon, the New York Republican who heads the House Rules Committee, said he would work to pass legislation permanently banning such payments.

Congress has asked Dr. Shalala to determine whether needle exchange programs would reduce H.I.V. infection and would not promote illegal drug use. She certified the first condition in February 1997 and her determination on the second is pending.

LANGUAGE: ENGLISH

LOAD-DATE: April 19, 1998

San Francisco Chronicle

NORTHERN CALIFORNIA'S LARGEST NEWSPAPER

SATURDAY, APRIL 11, 1998

415-777-1111 50 C

Ban on Funding For Needle Swap Expected to End

White House decision
is imminent, sources say

By Louis Freedberg
Chronicle Washington Bureau

Washington

Under intense pressure from scientists, public health experts, activists and its own AIDS advisers, the Clinton administration is moving to lift a 10-year-old ban on using federal funds for needle exchange programs, according to key individuals close to the issue.

Although the administration's official stand is that it is still studying the matter, a range of AIDS organizations and key individuals say they have been assured a decision is imminent — and they are anticipating that the ban will be lifted.

"We have reason to be optimistic that the administration will lift the ban, because it will fit comfortably within their perspective of research, prevention and care of people with AIDS," said Representative Nancy Pelosi, D-San Francisco. "I know they are committed to stop the spread of AIDS, and I am confident they won't let politics stand in the way of that."

Dr. Scott Hitt, a Los Angeles physician and the

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NEEDLE SWAPS: Funding Ban Expected to End

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chairman of President Clinton's advisory council on AIDS, said he believes an announcement could be made within a week.

About 100 communities — approximately 30 of them in California — run needle exchange programs without federal funds. The San Francisco AIDS Foundation runs the largest in the nation, using a combination of city and private funds to hand out 2.2 million needles a year.

State and federal laws require a public health emergency to operate a needle exchange program, forcing the Board of Supervisors to make such a declaration every two weeks since the program started in 1993.

Lifting the ban would allow San Francisco to spend federal AIDS prevention funds on needle exchanges and free up funds for other programs. It would also allow many other communities that do not have a needle exchange program to initiate one.

"There could certainly be a financial benefit to San Francisco, and it would certainly benefit hundreds of other programs around the country that do not have the kind of support that San Francisco has," said Regina Aragon, policy director of the San Francisco AIDS Foundation.

According to authoritative estimates, more than half of new cases of HIV infection are related to drug use. Some experts argue that at least 14,000 new cases of HIV could be prevented each year if needle exchange programs were widely in place across the nation.

The congressional ban imposed in 1988 gives the secretary of health and human services the authority to lift the ban if there is sufficient scientific evidence to meet two criteria: needle exchange programs reduce the spread of HIV, and they do not encourage drug use.

As late as this week, a spokesman for Health and Human Services Secretary Donna Shalala said the administration is not yet convinced that needle exchange programs do not promote drug use.

Pressure on Shalala

As frustration at the administration's inaction mounted, the president's advisory council approved a resolution of "no confidence" last month in the administration, marking an embarrassing rebuke to a president who has prided himself on his efforts to fight the AIDS epidemic. Hitt sent a sharply worded letter to Shalala saying that her failure to lift the ban represented an "abdication" of her responsibilities.

On Thursday, council members held a conference call to decide whether to approve an even tougher resolution calling on Shalala to resign. But they decided to hold off after administration officials said a decision on the ban was imminent — although they didn't provide details about what the decision would be.

But those close to the controversy believe the administration will lift the ban in light of the mountain of scientific evidence demonstrating the efficacy of needle exchange programs. Scientific panels and reports commissioned by the National Institutes of Health, the Centers for Disease Control and Prevention, the National Academy of Sciences, as well as the American Medical Association and the American Public Health Association have come to similar conclusions.

Within the administration, the emotional debate among Clinton's top advisers on AIDS and drug policy has led some officials to wryly refer to the conflict as "czar wars."

On the one side is Clinton's "drug czar," retired General Barry McCaffrey, who insists that handing out clean needles to drug users

would send the message that the government is condoning drug use. He has been supported in that view by a combination of conservative Republicans and some Democratic representatives of cities with large African American populations.

The 'AIDS Czar'

On the other side is "AIDS czar" Sandra Thurman, head of Clinton's Office of National AIDS Policy, although she downplayed her differences with McCaffrey.

"We are not warring," said Thurman. "General McCaffrey is every bit as committed to stopping the AIDS epidemic as I am."

At the same time, she said "We have convincing evidence that the criteria (needed to lift the ban) have been met."

On Wednesday, a major obstacle appeared to be removed when the authors of the only major study suggesting that needle exchange programs lead to increased drug use contended that their research in Montreal and Vancouver had been misinterpreted by McCaffrey and others.

Some AIDS advocates say they are skeptical of administration assurances that it is moving on the issue, saying they have heard the same thing too many times before.

"Until the decision is made, it is premature to say we have a victory here," said San Francisco's Aragon. "This is not an easy thing for the administration to do, and I would caution my colleagues not to be overly optimistic."

But others believe the administration is finally ready to act. "I don't think it will be much longer now," said Daniel Zingale, executive director of AIDS Action in Washington, D.C. "They understand where the science comes down on this issue."



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Pr. George's Needle Plan Wins Vote

Md. House Backs Exchange Program

By Robert E. Pierre
Washington Post Staff Writer
Wednesday, March 25, 1998; Page A01

Maryland House members gave their preliminary endorsement yesterday to a plan to expand to Prince George's County a controversial needle exchange program intended to slow the spread of AIDS among drug users by allowing them to swap used hypodermics for new ones.

Numerous federally funded studies have shown that needle exchange programs nationwide have helped reduce new HIV infections by 20 percent or more by making it less likely that drug users will reuse contaminated needles. But critics have charged that the programs -- more than 100 nationwide -- send the wrong message and amount to a backdoor sanctioning of illegal drug use.

Prince George's would be the first suburban county in the Washington area to institute such a program. Up to now, needle exchanges have been limited to the District and Baltimore. From 1986 to 1996, the number of new AIDS cases diagnosed each year in Prince George's rose from 61 to 296. During the same period, the percentage of those cases attributed to intravenous drug use and the sharing of needles doubled to more than 26 percent of the total cases, officials said.

"This is a bill that will save lives," said Del. Pauline H. Menes (D-Prince George's), the bill's primary sponsor.

Needle exchange programs remain controversial in city halls and state legislatures across the country and on Capitol Hill. The Clinton administration has not allowed local governments to use federal funding for needle exchange programs, arguing that although research has shown that those programs can reduce the spread of HIV and AIDS, there is not adequate research showing that they do not encourage drug use.

"It sends a terrible message to every young person in the state," said Del. John S. Morgan (R-Prince George's/Howard), who opposes the program. "We shouldn't be subsidizing heroin addiction. That's what this really is. I don't want my tax money used for this."

The District first tried its needle exchange program in 1992, and the program was rejuvenated last year with \$200,000 in city funds. Baltimore has handed out free needles to drug users for four years and experienced a 20 percent decline in new HIV infections while cases in surrounding counties increased by 1 percent.

Two weeks ago, Maryland senators killed a proposal to permit needle

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exchanges to occur throughout the state, not just in Baltimore. But a House bill expanding the program to Prince George's County alone won preliminary approval from the House of Delegates yesterday, after all but one of the county's 21 delegates rallied to support the program, provided it was coupled with enhanced drug treatment programs.

Should the measure be formally adopted by the House today, the proposal would go to the state Senate. Because six of the eight Prince George's senators back the idea, a bill affecting only Prince George's customarily would win approval from the full Senate. State legislators traditionally have deferred to the wishes of local lawmakers on legislation that affects no other county.

Even with state approval, it still would be up to the County Council and County Executive Wayne K. Curry (D) to decide whether to implement a needle exchange program and when to do it. Curry has not taken a position on the matter, but the County Council and Prince George's Health Officer Art Thatcher already have expressed their support for a needle exchange.

"It makes sense for us to try to prevent the spread of disease and illness," said Prince George's County Council member Stephen J. Del Giudice (D-Hyattsville), who supports the measure.

Currently, the county has 375 patients in methadone treatment for drug abuse problems. Thatcher said that for a needle exchange program to be effective, the county would have to beef up the number of treatment slots. State Sen. Paul G. Pinsky (D-Prince George's) said he would gladly approach the governor about providing some state aid for such a program.

"There is a fair amount of largess in the state budget," said Pinsky, a key supporter.

State lawmakers must approve the program because needles are considered drug paraphernalia under Maryland law, and people caught carrying them are subject to arrest. In Baltimore, people identified as being registered for the program are not subject to arrest if they are caught with a needle. But police said they are not immune to prosecution or arrest if police catch them with illegal drugs.

"Without this bill, anybody caught with needles would be arrested," Menes said.

Despite the overwhelming support of state lawmakers in Prince George's, Sen. Gloria G. Lawlah (D-Prince George's) conceded that the idea may not sit well with some residents in the affluent African American community.

"This is a very difficult issue to talk about," she said. "Successful suburban neighborhoods don't have these kinds of problems. . . . But of course we do. Actually admitting that we have a problem is the first step."

Staff writer Barbara Vobejda contributed to this report.

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Needle Exchanges Can Save Lives

By Robert Dawidoff

IMAGINE IF YOU were the nation's top public health official and you could save thousands of lives and curb the spread of AIDS with your signature. That is the opportunity facing Secretary of Health and Human Services Donna Shalala. On April 1, she can authorize federal support for needle exchange programs for intravenous drug users and thereby significantly reduce the transmission of HIV.

Intravenous drug users habitually share their hypodermic needles, exposing each other as well as their sexual partners and their offspring to the deadly disease. In an exchange program, addicts turn in their used dirty needles for clean ones.

April 1 date is significant because federal legislation prohibiting federal support of needle exchange expires on March 31. If these programs can be shown to reduce the spread of AIDS without encouraging drug use, then HHS may proceed with the exchange. Needle exchange has been shown to meet these conditions. So what are public health officials waiting for? They must seize this chance to save American lives.

Needle exchange is nobody's ideal solution to the problems of AIDS transmission or intravenous drug use. But there is no doubt that it works. According to studies of five New York City needle exchange programs, the HIV-infection rate was cut by two-thirds. The urgency and effectiveness of needle exchange have been endorsed by the president's own advisory council on AIDS, the American Medical Association, the National Academy of Sciences, the American Public Health Association, the National Commission on AIDS, the U.S. Conference of Mayors and the American Bar Association, to name a few.



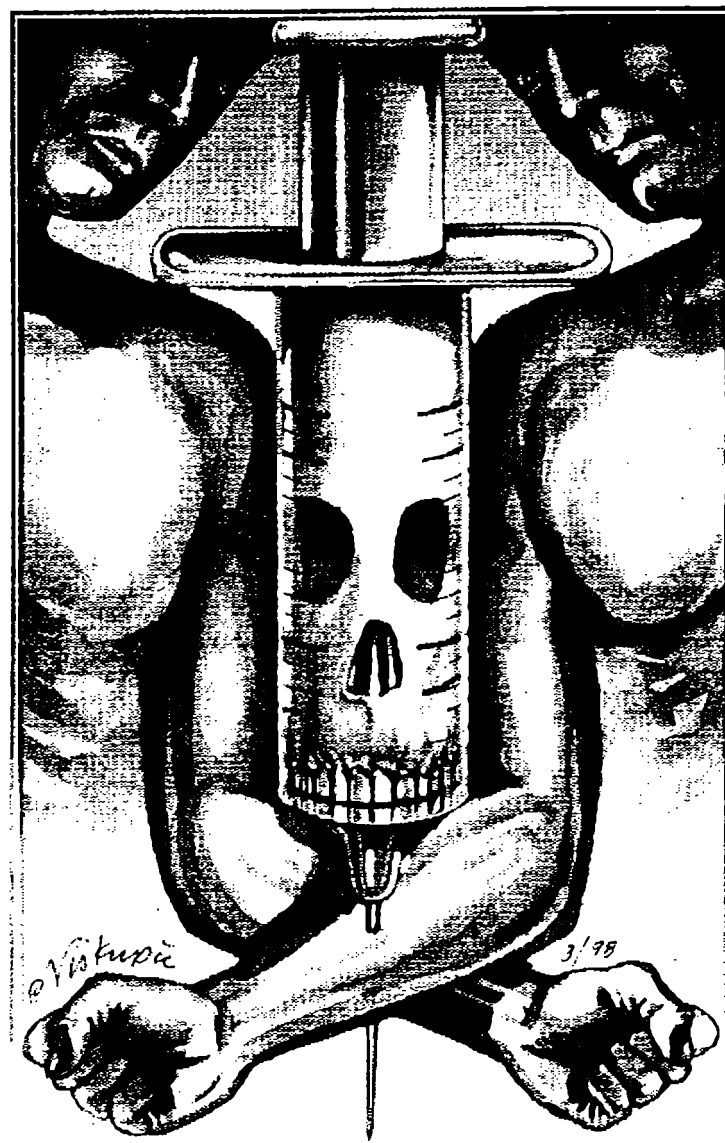
Robert Dawidoff is a professor of American history at Claremont Graduate University.

Between 650,000 and 900,000 people in the United States are infected with HIV, and more than a million Americans inject illegal drugs. New medical therapies have reduced AIDS deaths significantly but have no impact on the rate of infection. There is a scientific consensus that clean needles and safer sex significantly reduce the rates. But the focus of public response has been on treatment, not prevention, as if these were competitive goals.

The habitual sharing of needles spreads AIDS among users, their sexual partners and their babies. A large proportion of the estimated 6,000 cases of pediatric AIDS can be traced to shared needles. One third of all AIDS cases and more than half of those involving women result from injections of drugs or having sex with people who do. Fighting drug use is hard enough. When you add AIDS and its transmission, however, the public health system is overwhelmed.

Needle exchange programs safely dispose of used needles. Most programs refer clients to HIV testing and counseling and drug treatment programs. A 1997 study, published in *The Lancet* (a British medical journal), estimated that needle exchange programs might have prevented between 4,400 and 9,700 HIV infections, which would have saved as much as half a billion dollars in health care expenditures. The same study estimated that needle exchange might prevent 11,300 more cases among drug injectors, their sexual partners and their children.

It isn't hard to figure out why the government is not preparing the



Newsday: Gary Viskupic

Newsday 3/24/98

Clean Needles

— Continued from Page A37

public to support needle exchange. Officials seem to have confused saving American lives with saving their own skins.

It may well be that the political consequences of instituting needle exchange will be as contentious as the administration apparently fears. But politics as usual will not stop the AIDS plague. Courageous, professional and mature decisions about public health will. Surely we have learned something from the deadly results of government inaction during the first decade of the AIDS epidemic.

An informed public must make it politically dangerous for the administration *not* to act on April 1 to save lives. Otherwise a missed opportunity will become a fatal April Fool's joke.

Newsday
3/24/98

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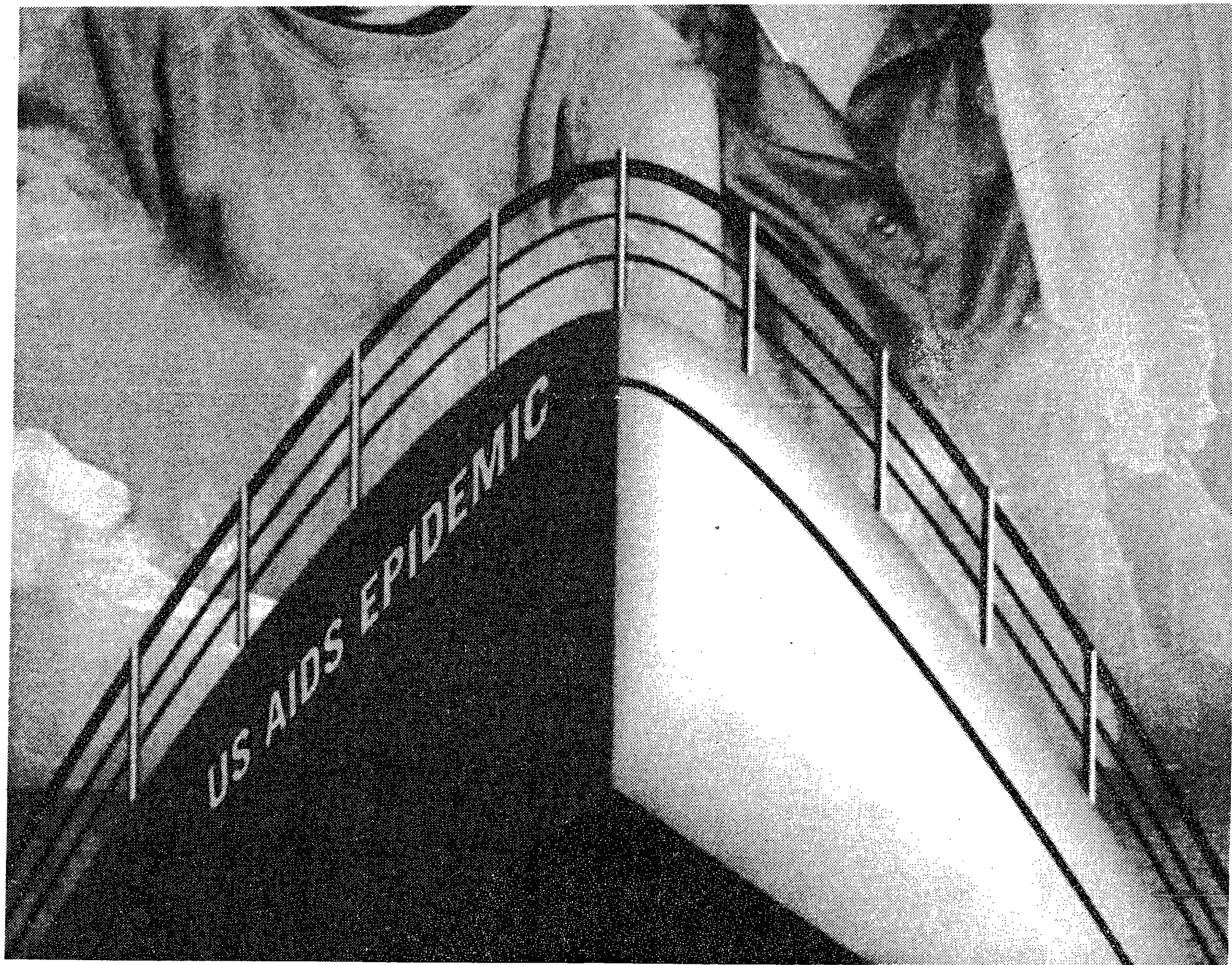
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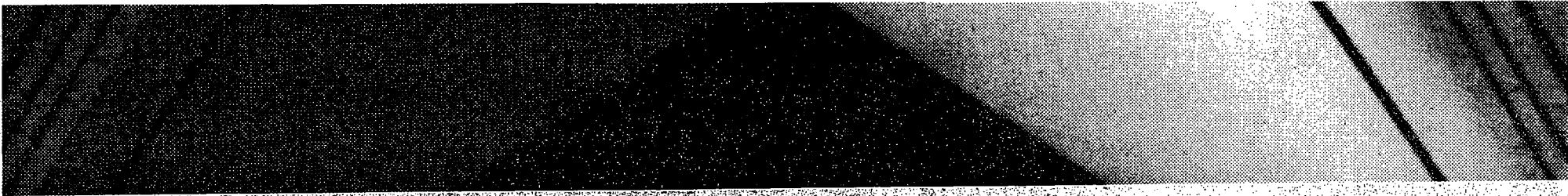
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[The Washington
Post, Tuesday,
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Every day, men, women and children are needlessly infected with HIV because of tainted needles.

The American Medical Association, the National Institutes of Health, the President's own AIDS Advisory Council and 71 percent of the American people agree: Needle exchange programs reduce HIV infection and don't increase drug use. President Clinton, Vice President Gore and Secretary Shalala should act now to allow federal funds to be used by local communities to remove HIV-tainted needles from our streets.

Needle exchange saves lives.

For more information call 202-986-1300 or go to www.aidsaction.org

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Governor Signs Bill to Promote Needle Exchange for Addicts

Guthrie, Patricia

Albuquerque Tribune (04/12/97)

New Mexico Gov. Gary Johnson has signed the Harm Reduction Act, which authorizes the New Mexico Department of Health to establish a needle-exchange program for intravenous drug users in an effort to help fight the spread of HIV and hepatitis. The department's AIDS and HIV bureau chief, Don Torres, says the law, which goes into effect June 20, "will make a big difference with the health of New Mexicans in preventing HIV and other blood-borne pathogens." While the state will use current street outreach workers for the program, some \$20,000 was shifted within the state's health budget to make the program possible. Advocates, who had lobbied unsuccessfully for needle exchange for seven years before this bill was passed, maintained during its legislative hearings that preventing the spread of HIV and hepatitis could save New Mexico billions in indigent health care costs. Gov. Johnson also signed into law the Health Test Reporting bill, another AIDS-related piece of legislation. This law says that physicians are to report a patient's positive test result to the state Health Department. Previously, physicians did not report patients until they developed AIDS.

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"Needle Exchange in New Haven: The Drug Treatment Paradox"

AIDS Information Exchange (03/92) Vol. 9, No. 1, P. 10

Abstract: Treatment for injecting drug users (IDUs) in New Haven, Connecticut's needle exchange program is not easily accessible, and often times IDUs must wait. The outreach team puts works hard to get participants to obtain drug treatment, but the limitations of the drug treatment system are a persistent source of frustration. Although availability is a substantial obstacle to treatment, there are other factors of the system that make the job of the outreach workers difficult, such as working with a population of drug users who might have already accessed drug treatment two or more times and are still not cured. While the needle exchange program does not have any special agreements with drug treatment facilities to give their participants priority treatment, IDUs do benefit from the support and advocacy of the outreach workers, whose services are not available to IDUs outside of the program. Staff limitations and confidentiality requirements sometimes make follow-ups for drug treatment impossible.

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Politics Polarizing Issues in Needle-Exchange Study

Benowitz, Steven

Scientist (02/03/97) Vol. 11, No. 3, P. 1

Despite numerous studies that show the effectiveness of needle-exchange programs for reducing the spread of disease and estimated public support of such programs, the U.S. government refuses to lift a ban on federal funding for the programs. The government contends that there is no conclusive evidence that needle exchanges both reduce incidence of disease and do not promote drug use. However, a controversial trial in Alaska, which would compare the efficacy of providing access to syringes through needle exchanges and at pharmacies, would also attempt to determine if access to clean needles encourages drug use. Ethical and scientific concerns have been raised about the University of Alaska, Anchorage study, which was allowed to continue with the December approval of a federally-appointed panel of scientists. The three-year trial will compare the rates of hepatitis B virus among participants who use clean needles through exchange programs to those who obtain them at pharmacies. But bioethicist Arthur Caplan, of the University of Pennsylvania, says the study is a "\$2.4 million waste," and that Congress is using it as a way to put off the issue, rather than deal with it. For many scientists, the study illustrates the problems that arise when politics is involved in the funding of scientific studies. According to Robert Heimer of Yale University's medical school, the federal ban represents a "blatant example of science not being able to change policy and of policy made without consideration of science."

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"Weld Nomination Highlights AIDS Issues"

Washington Times (08/20/97) P. A4; Bedard, Paul

The controversy surrounding the nomination of former Massachusetts Governor William Weld, who supports needle-exchange programs and the medical use of marijuana, to the position of ambassador to Mexico may be undermining President Clinton's quiet efforts to investigate such anti-AIDS programs. Clinton, although opposed to the legalization of marijuana for medicinal purposes, reportedly has said he might reconsider his position if medicinal cannabis was considered safe. He is also said to have told AIDS activists and others that he would support lifting the ban on federal funding of needle-exchange programs if continuing research shows they do not increase drug abuse. Previous polls had indicated that the American public supported both strategies, but a new survey to be released today by the Family Research Council indicates that few people were as enthusiastic after seeing recent studies that suggested that needle-exchange programs do not stem the spread of HIV. As for Weld's nomination, ACT UP spokesman Steve Michael noted, "Weld helps us because if we can get hearings on him we will end up with hearings on these two issues which he pushed in Massachusetts."

"More Addicts, More AIDS"

Investor's Business Daily (08/20/97) P. A30

Financier George Soros recently showed his support of needle-exchange programs to stem the spread of HIV with a \$1 million grant to fund them. However, according to the editors of Investor's Business Daily, Soros is only wasting his money, because distributing free needles will attract even more drug addicts. As an example, the editors cite Switzerland's needle-exchange program, which started in 1988 by handing out 300 syringes and needles a day in Zurich. By 1992, some 12,000 needles and syringes were being given away each day, forcing the government to close the park in which the program was being held. The editors note that Switzerland has the highest proportion of drug addicts in Europe, as well as the second highest rate of HIV infection on the continent. Meanwhile, Canadian researchers also found that addicts who got free needles from the city of Montreal had a 33 percent risk of contracting HIV, compared to just a 13 percent chance for those who did not participate in the exchange. The White House should take care to resist giving in to programs that can actually spread HIV, the editors conclude.

"U.S. Lawyers Back Needle Programs to Fight AIDS"

Reuters (08/05/97); Croft, Adrian

The American Bar Association (ABA), the world's largest legal group, has urged an end to legal barriers that prevent the implementation of needle-exchange programs. On Tuesday, at its annual meeting in San Francisco, the ABA's House of Delegates voted 233 to 175 in favor of adopting a resolution stating that the group "supports the removal of legal barriers to the establishment and operation of approved needle exchange programs that include a component of drug counseling and drug treatment referrals." Proponents of the measure noted that needle-exchange programs help curb the spread of HIV and other bloodborne diseases without increasing drug use. Critics pointed out that the policy condones illegal drug use and question the ABA's involvement in the debate.

"Needle Exchange Is Not Enough: Lessons From the Vancouver Injecting Drug Use Study"

AIDS (07/97) Vol. 11, P. F59; Strathdee, Steffanie A.; Patrick, David M.; Currie, Sue L.; et al.

Researchers studied more than 1,000 injection drug users in Vancouver, British Columbia, to assess the prevalence and incidence of HIV-1 and hepatitis C virus. The subjects received blood tests for HIV-1 and HCV and filled out surveys on demographics, behaviors, and use of the city's needle-exchange -- the largest such program in North America. According to the data, some 23 percent of the participants tested HIV positive and 88 percent tested positive for HCV. More than 90 percent of the IDUs had attended Vancouver's exchange program, and 78 percent cited the program as the source of their syringes. Two-fifths of both the HIV-positive and -negative groups reported sharing used syringes. The researchers noted that while the distribution of sterile syringes is important, needle-exchange programs should be just one part of an HIV prevention program that also includes counseling, education, and support.

Source: CDC AIDS Daily News Summary

"Needle-Exchange Bill Faces Battle"

USA Today (08/05/97) P. 11A; Leavitt, Paul

To drum up support for a controversial drug measure, Rep. Elijah Cummings (D-Md.) plans to have needle-exchange participants testify before Congress later this year. Cummings' bill would end a nine-year federal ban on needle-exchange programs, which he claims have reduced the spread of HIV while not increasing drug use. "It is now time to lift the ban," he stated. Supporting that assertion are the Centers for Disease Control and Prevention, the American Medical Association, the National Institutes of Health, and the National Academy of Sciences.

Source: CDC AIDS Daily News Summary

"Church Calls For Needle Exchange In Prisons"

Australian Associated Press (08/01/97)

The Catholic Church in Australia is calling for the distribution of needles and syringes to incarcerated drug addicts to help stem the spread of diseases in correctional facilities. The Adelaide Diocesan AIDS Council said in the most recent issue of SA Catholic magazine that a needle- and syringe-exchange program is a morally acceptable solution to the problem. Council Coordinator David Waterford note: "As the authorities are unable to stop injecting drug use in our prisons, the only viable way to prevent sharing is to provide clean needles and syringes to prisoners who inject drugs." Waterford expressed concern that individuals who contracted diseases like hepatitis C and HIV in prison would then transmit the diseases to their sexual and drug-using partners when they were released.

"Update: Syringe-Exchange Programs--United States, 1996"

Morbidity and Mortality Weekly Report (06/20/97) Vol. 46, No. 24,
P. 565

In November 1996, the Beth Israel Medical Center in New York City mailed questionnaires to the directors of 101 syringe-exchange-programs (SEPs) and followed them up with structured telephone interviews to try to determine the efficacy of needle-exchange programs. Of the SEPs involved, 53 percent were legally operated, 23 percent were operating in a state where SEPs were illegal but tolerated, and 24 percent were illegal and underground. The results of the research showed that the SEPs all distribute information on safe injection techniques, and all engage in the use of bleach to disinfect injection equipment. The survey also found that 97 percent distributed information on condom and dental dam use, 40 percent offered on-site counseling and HIV testing, 17 percent offered primary health care, 26 percent tested for tuberculosis, and 20 percent screened for other sexually transmitted diseases. A San Francisco SEP reported exchanging 1,461,096 syringes in 1996, the most by any SEP in the survey. The total number of syringes exchanged in all the surveyed programs was 13,940,672.

"Offering Clean Needles"

Washington Post (07/14/97) P. A18

The spread of HIV is a continued threat among intravenous drug users (IDUs), observe the editors of the Washington Post. The authors contend that IDUs, when confronted with the choice between no fix and using an infected needle, will generally use the needle.

An effective means of preventing the transmission of HIV through needle use is the needle-exchange program, they assert. The programs have not been shown to increase drug addiction, the editors note, and they have reduced HIV transmission by up to 30 percent among participating IDUs. Moreover, while a new needle costs about 10 cents, the cost of HIV treatment for a patient who has contracted the disease from an infected needle is at least \$119,000. Although needle-exchanges will not put an end to drug abuse, they can help to stem the spread of HIV, the editors conclude.

"Effectiveness of Needle-Exchange Programmes for Prevention of HIV Infection"

Lancet (06/21/97) Vol. 349, No. 9068, P. 1797; Hurley, Susan F.; Jolley, Damien J.; Kaldor, John M.

Australian researchers used an ecological study design to examine changes over time in HIV seroprevalence in intravenous drug users throughout the world in cities with and without needle-exchange programs (NEPs). Of the 52 cities without NEPs, seroprevalence rose by about 5.9 percent per year. However, the 29 cities that did have NEPs saw an approximate 5.8 annual decrease in seropositivity. The results, the researchers concluded, indicate that NEPs are effective in reducing HIV incidence among drug addicts.

"Needle Programs Are Needed"

Los Angeles Times--Washington Edition (07/08/97) P. A10

Now is the time to end the ban on federal funding of needle-exchange programs, write the editors of the Los Angeles Times, because they have been proven to reduce HIV transmission without increasing drug abuse. The editors note that several studies in the past four years have shown the benefits of giving addicts clean needles in exchange for used ones, but several state laws, as well as the federal one, bar government from providing clean needles. The Centers for Disease Control and Prevention reports that the majority of the 41,000 new HIV infections each year are among injection drug users, their sex partners, and their children. The editors also point out that the average lifetime cost of care for HIV and AIDS patients is about \$120,000, versus 10 cents for each sterile needle. Lawmakers should heed the advice of civic leaders and public health experts who say that needle-exchange programs can be a useful and inexpensive method of stemming the spread of HIV, the editors conclude.

"A.M.A. Backs Drug-User Needle Exchanges"

New York Times (06.27/97) P. A15; Seelye, Katharine Q.

Citing an "urgent public health need," the American Medical Association on Thursday called for a change in laws to allow injection drug users to possess and have easy access to clean hypodermic needles. Over a third of new HIV cases in the United States are caused by use of contaminated needles or by sex with drug addicts. Infection among drug users now represents the highest rate of new HIV infection, almost two times that among homosexual men. Although the AMA had previously "encouraged" the needle-exchange programs, Thursday's decree was broader and more pointed. The AMA's House of Delegates voted to work with Congress to develop legislation revoking the nine-year-old ban on federal funding for the programs and to urge state medical groups to initiate state bills to relax drug paraphernalia laws. "There is more and more evidence than the advantages of needle exchanges outweigh the disadvantages," said Dr. Nancy Dickey, chair of the AMA's board of trustees and president-elect of the medical association. If the ban continues to the turn of the century, the AMA noted, the United States would have failed to prevent 11,000 cases of AIDS at a cost of \$630 million for medical care.

"The Use of Injection and Heroin Are Rising in Cities, a Study Says"

New York Times (06/25/97) P. A14; Wren, Christopher S.

A new report on national trends in illicit drug use shows that use of heroin, especially through injection, is on the rise. Pulse Check, the twice-yearly report found that overall heroin use has increased somewhat, while cocaine use is generally stable or on the decline, marijuana use is popular among adolescents, and synthetics like ecstasy and LSD are also increasing in popularity. Although the Pulse Check report does not offer specific numbers of drug users, the White House Office of National Drug Control Policy estimates that approximately 12.8 million Americans use illegal drugs each month, down from 25 million in 1979. The reported increase in frequency of injecting heroin is particularly alarming because it puts users at a greater risk of contracting HIV through dirty needles. Many heroin addicts have taken to injecting the drug instead of snorting it because injection provides a more efficient high.

"Mayors Want to End Needle Restrictions"

United Press International (06/24/97)

The U.S. Conference of Mayors ended its meeting on Tuesday with a cry to government officials to lift restrictions imposed on the use of federal funds for needle-exchange programs. The bipartisan resolution, co-sponsored by San Francisco Mayor Willie Brown and Los Angeles Mayor Richard Riordan, urges U.S. Secretary of Health and Human Services Donna Shalala, to allow federal monies to be used towards the programs. Brent Coles, mayor of Boise, ID, opposed the measure. A needle-exchange program, observes the San Francisco AIDS Foundation, "is one of the most cost-effective means of serving difficult-to-reach individuals at highest risk for HIV." The foundation reports that almost half of the 40,000 to 80,000 new cases of HIV infection each year are due to intravenous drug use.

Source: CDC AIDS Daily News Summary

"Across The USA: D.C."

USA Today (06/23/97) P. 10A

Under a new city-funded HIV prevention program, clean needles are being distributed to injection drug users in Washington, D.C. The \$200,000 program, run by the D.C. Needle Exchange, will use a mobile unit crew to serve about 1,600 drug addicts.

Source: CDC AIDS Daily News Summary

"UPI Science News: [More Needles Being Exchanged]"

United Press International (06/19/97); Manning, Elizabeth

New research indicates that about 25 percent more needles were exchanged in the United States last year, despite the government's ban on funding for the programs. Denise Paone of the Beth Israel Medical Center in New York reports that a survey of 87 programs showed that they dispensed a total of 14 million clean needles to intravenous drug users last year, up from 11 million dispensed by 70 programs in 1995. Paone points out that virtually all of the needle-exchange programs also refer users to drug treatment and instruct them on how to prevent the transmission of HIV. Intravenous drug use accounts for about a third of the United States' 206,000 AIDS cases, according to the Centers for Disease Control and Prevention.

Document 0002

DOCN LT970802

TI (LT) Foes of Needle Exchange Say Most Favor Ban

DT 970821

AU Kasper Zeuthen; Times Staff Writer

SO Los Angeles Times (Home Edition); Thursday, August 21, 1997,
Page A-10

TX WASHINGTON -- Fearing that the ban on federal funds for needle exchange programs might be lifted, opponents on Wednesday warned Congress and the Clinton administration that a majority of the public is against reversing the current policy.

Needle exchange programs are "a dopey idea," said Gary L. Bauer, president of the Family Research Council, a conservative interest organization, as he held up a handful of syringes. "Congress and the Clinton administration would make a radical mistake to flirt with the idea of needle exchange programs as sound and effective policy."

But supporters of such programs held their own news conference in Washington on Wednesday, saying that removing HIV-contaminated syringes from circulation and replacing them with sterile ones had proved the most effective form of AIDS prevention among drug users.

Federal funding of programs providing drug users a clean needle when they turn in a used one has been banned by Congress since 1988. But Health and Human Services Secretary Donna Shalala, who has the power to lift the ban, recently said that needle exchange programs slow the spread of HIV --which some saw as an indication she may reverse the policy.

Moreover, a growing chorus of voices recently has urged her to take that action. Led by Los Angeles Mayor Richard Riordan and San Francisco Mayor Willie Brown, the U.S. Conference of Mayors recently urged an end to the federal ban, and Rep. Nancy Pelosi (D-San Francisco) on Wednesday introduced a bill that would require Shalala to do so. Also, the American Bar Assn. is on record backing needle exchange programs.

California is among 10 states that still ban such programs. Thus, even if the federal ban on funding were lifted, legislation at the state level would be needed to clear the way for needle exchange programs.

**FAMILY RESEARCH COUNCIL
PRESS RELEASE**

FOR IMMEDIATE RELEASE: August 13, 1997
CONTACT: Kristin Hansen, (202) 393-2100

ARE TAXPAYERS READY TO SUBSIDIZE HEROIN ADDICTS?

**FRC TO INTRODUCE NATIONAL POLL ON
NEEDLE EXCHANGE PROGRAMS**

WASHINGTON, D.C. -- Donna Shalala is feeling the heat. The American Medical Association, the National Institutes of Health, the U.S. Conference on Mayors, and others are "strongly urging" her to lift the ban on federally funded needle exchange programs (NEPs). Last month, the Washington Post said that "study after study shows that the exchanges do not promote greater use of illegal drugs" (July 14). On July 8, the Los Angeles Times reported that "several major studies have shown that the programs that give addicts clean needles in exchange for used ones decrease HIV infection in injected-drug users by 30%." And Rep. Elijah Cummings told USA Today that NEPs have "cut the spread of the virus while not increasing drug use" (August 5). But is this the whole truth? Are NEPs stopping the spread of AIDS?

In 1986, Switzerland began implementing NEPs. Chaos resulted. Syringes were made available in every pharmacy, and then in public vending machines. Zurich's Platzpitz Park was opened as a "safe haven" for Zurich's own drug addicts and needles were distributed freely. The city was soon flooded with foreign addicts and the number of exchanged needles skyrocketed to 12,000 per day! In 1992, the city closed the distribution center and thousands of addicts relocated to a nearby abandoned railway station called Letten. There, it evolved into a war zone among gangs dealing drugs, while the number of exchanged needles reached 15,000 per day. By February 1995, Letten was closed. Addicts were moved to government-sponsored centers and "shooting galleries."

The result -- Switzerland now claims the highest number of heroin addicts and the second highest HIV infection rate in Europe. It also experiences Europe's highest heroin drug overdose death rate each year.

Now, the United States may be on the verge of federally funding NEPs, but the Family Research Council will fight to keep this from happening.

On August 20, FRC will release an unprecedented national poll declaring what the American people really think about needle exchanges. Anti-drug leaders will join FRC's president Gary Bauer and senior policy adviser Robert Maginnis to brief the press on this urgent matter. The meeting will be held in the National Press Club's Conference Room at 10 a.m.

THE NATION

Needle exchanges still stir debate

Programs slow AIDS, but some say bad message is sent

By Gary Fields
USA TODAY

Respected organizations such as the American Bar Association and American Medical Association have endorsed needle-exchange programs as a way to combat AIDS.

But critics, including the Clinton administration, say such programs encourage drug abuse and send the wrong message to the nation's youth.

In 29 states and the District of Columbia, 112 programs provide intravenous drug users with clean syringes. A soon-to-be-released report by the Asso-

ciation of State and Territorial Health Officials says more than 14 million syringes were distributed in 1996.

The exchange programs were established after a link was found between the sharing of needles by intravenous drug users and the transmission of blood-borne diseases and the virus that causes AIDS.

According to the Centers for Disease Control and Prevention in Atlanta, 36% of the 573,000 cases of AIDS among adults reported through December 1996 were the result of intravenous drug use.

In addition to reducing the

incidence of AIDS, supporters of needle-exchange programs say the practice also brings drug abusers into regular contact with counselors, who often can steer them into drug treatment programs.

But opponents say that providing free syringes to addicts only encourages the addicts to continue using drugs and also suggests that such drug use is acceptable.

Most states require prescriptions to buy syringes, which typically are used by individuals to inject themselves with insulin and other prescription medicines. Only Connecticut sells syringes over the counter and does not consider them illegal paraphernalia.

David Purchase of the North American Syringe Exchange Network says a study of a pro-

gram in Tacoma, Wash., shows that the percentage of intravenous drug users who tested positive for HIV has dropped by a third since the program started in 1988. Purchase says the study also shows that those in the group now are four times less likely to contract hepatitis B and 65% less likely to be infected or reinfected with hepatitis C.

"We have scientific proof that syringe exchanges help reduce the incidence of HIV and other blood-transmitted disease," Purchase says.

The Family Research Council, a conservative family policy organization that lobbies on issues such as sex education, opposes needle exchanges.

On Wednesday, it released the findings of a survey it commissioned, in which 51% of 1,000 people surveyed said that

they think the programs are irresponsible.

"The American people are saying, 'Look, Congress, we don't want this,'" the council's Robert Maginnis says. "We're all concerned about the AIDS epidemic, but it must be handled with good public policy."

Administration anti-drug czar Barry McCaffrey says that at a time when he is pushing for a \$170 million ad campaign to keep teens off drugs, syringe exchanges send "the wrong message."

The federal government provides no funding for needle exchange programs. And only a handful of states provide funds. In most cases, the costs of the programs are covered by private organizations.

Contributing: Andrea L. Mays

A 'dopey' program slows HIV's spread

By CLARENCE PAGE

Holding up a fist full of hypodermic syringes, Gary Bauer, president of the Family Research Council, declared needle-exchange programs to be "a dopey idea."

If so, there must be a lot of dopey people around these days.

Take, for example, that dopey American Medical Association, that dopey American Public Health Association, that dopey U.S. Centers for Disease Control and Prevention and that dopey American Academy of Pediatrics. All of them have endorsed programs that provide clean needles and syringes in exchange for HIV-contaminated needles and syringes.

Or take the dopey British medical journal, The Lancet. It published a five-year study in its June 21 edition that found the number of HIV infections rose 5.9 percent in 52 cities that did not have needle-exchange and dropped 5.8 percent in the 29 cities that did have needle-exchange programs.

The net difference: "Cities with needle-exchange programs had 11 percent fewer cases of HIV infection each year than cities without the programs."

A few months earlier, the same magazine published another study that found Americans could have saved between \$250 million and \$500 million in health-care costs with HIV infections that could have been prevented, if only the United States had a needle-exchange program similar to Australia's.

The same day Bauer declared needle exchanges to be a "dopey idea," Rep. Nanty Pelosi, D-San Francisco, announced a new bill to end the government's nine-year-old ban on federal funding for needle-exchange programs.

This came after a recent pronouncement by Health and Human Services Secretary Donna Shalala that needle-exchange programs really do slow the spread of HIV. I guess that makes Pelosi and Shalala dopes, too. So, then, are all those mayors in the U.S. Conference of Mayors who recently called an end to the ban.

On the other side, 10 states still ban such programs, and Bauer unveiled a new poll that shows 62 percent of Americans oppose needle-exchange programs.

That didn't surprise me, since

much about needle-exchange programs. But other polls indicate that, the more they know, the more they like the idea.

Those needle-exchange programs have been around for about a decade, plenty of time to study their effectiveness. So far, at least a dozen major studies show they reduce the spread of HIV. I have yet to find one that shows they encourage new drug users, unless the study is being repressed by some dopey conspiracy in the medical community.

Quite the contrary, once the needle-exchanging drug users have been lured out of the drug underworld, many have been lured right into treatment and rehabilitation programs to help them kick their habits.

Mohammad N. Akhter, executive director of the American Public Health Association, found that out in 1993 when, as health commissioner for the District of Columbia, he proposed a needle-exchange program.

When the District's council heard that dopey idea, the proverbial stuff hit the fan.

So, Dr. Akhter worked out a compromise that provided needles only to those who signed up for drug rehabilitation, for which there was a waiting list several months long — as the waiting lists are in every American city.

After a couple of years, the program proved to be so effective at reducing the spread of HIV and the almost-as-deadly Hepatitis B virus that the council extended the needle program to drug users who were not signed up for treatment.

As a result, many were lured into treatment who otherwise might not have been reached, all because of the dopey needle-exchange program.

"I know (needle exchange) is not the best choice, but all the other choices are worse," Akhter said. He supports the idea because it works, because there are not enough treatment facilities, and because many innocent lives are at stake.

Yes, the idea of providing clean needles to junkies sounds pretty dopey, all right.

But not as dopey as some of the people who oppose the idea.

Clarence Page is a columnist for

8-25-97

A 'dopey' program slows HIV's spread

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Clarence Page is a columnist for.

8-25-97

Wall Street Journal

\$1 million offered for needle exchange

NEW YORK — Financier George Soros says he will donate \$1 million to buy clean hypodermic needles for drug addicts nationwide who risk contracting AIDS.

Mr. Soros challenged government leaders to "respect the scientific evidence" that needle-exchange programs curb the spread of HIV, the virus that causes AIDS.

Mr. Soros said in an interview with the New York Times that he will give his new gift to the Tides Foundation, a San Francisco-based grants program that will distribute the money to needle-exchange programs around the country.

Mr. Soros said he does not support legalizing drugs, but since they are practically impossible to outlaw, he proposed trying to reduce the harm that drug users cause themselves.

Washington Times

8/18/97

Soros to Donate \$1 Million For Needle Exchanges

NEW YORK (AP)—Billionaire George Soros said he will donate \$1 million to purchase clean hypodermic needles for drug addicts nationwide who risk contracting AIDS.

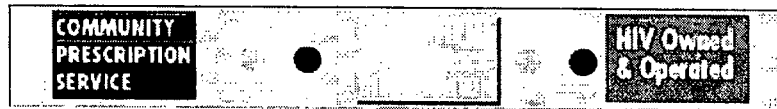
The financier challenged government leaders to "respect the scientific evidence" that needle-exchange programs curb the spread of HIV, the virus that causes AIDS. Such programs "are scientifically proven to save lives, do not encourage drug use, and are supported by a majority of the American public," Mr. Soros said in a statement.

Critics of Mr. Soros have said his programs encourage drug use.

The federal Centers for Disease Control and Prevention estimates that intravenous-drug users, their sex partners and newborn children account for over one-third of new cases of HIV infection.

Mr. Soros said he will give his new gift to the Tides Foundation, a San Francisco-based grants program that will distribute the money to needle-exchange programs around the country.

Last year, Mr. Soros funded ballot initiatives to legalize the medicinal use of marijuana, measures that were approved by voters in California and Arizona.



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S.O.S.

S.O.S.

Monday, February 24, 1997

The continuing failure of Health and Human Services Secretary Donna Shalala to lift the ban on federal funding of needle exchange programs will stand, historically, as an act of genocidal neglect.

Secretary Shalala's record on this issue has been one of lies and cowardice.

Shalala ignited an international firestorm of criticism from scientists over a year ago, when she lied about findings from research on needle exchange. She claimed the research was conflicted over the critical questions of whether needle exchange reduces new infections or impacts use of illegal drugs.

At that time three (now four) major studies, all funded by the US government, had concluded that needle exchange works, without increasing drug use.

Then Shalala lied about whether she had the authority to lift the ban, when Congress has granted her that authority explicitly, for some federal budgets. She's repeatedly chosen obfuscation over leadership.

Shalala intimates and supporters would have us believe that lifting the ban would result in Congress immediately overturning her action. Others disagree, and claim Congressional support for needle exchange is far broader than assumed and only needs federal leadership, from Shalala or the Infector-in-Chief, Bill Clinton.

Either way, Shalala's failure to take a strong public stand, in favor of federal needle exchange funding as an essential HIV prevention tool, is a grotesquely cruel lack of morality of which she ought be ashamed.

Joycelyn Elders recently commented about the difference between "commitment" and "concern" when it comes to AIDS. There is no compromise on commitment, she said, while concern leaves a lot of leeway.

Secretary Shalala is, at best, concerned. Her commitment is to her own cowardice.

Previous S.O.S.

--Sean O. Strub

POZ.com Monday, February 24, 1997

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POZ Resources

Where to go to learn about needle exchange

There are at least 63 registered needle exchange programs in the United States. Because of legal issues, many more exist but keep very low profiles. Here are a few organizations that include needle exchange in a variety of harm reduction services benefiting substance users such as information distribution, clinics and counseling.

HARM REDUCTION AND NEEDLE EXCHANGE PROGRAMS

AIDS Resource Center of Wisconsin

820 North Plankinton, Milwaukee, WI 53203

414.273.1991

Harm reduction center: Needle exchange, case management, drug trials, food pantry, transportation, library and 24-hour information line.

Alameda County Exchange

3223 Lakeshore Avenue, Oakland, CA 94610

510.433.0451

Needle exchange and street outreach.

Austin Harm Reduction Coalition

P.O. Box 13482, Austin, TX 78711-3482

512.912.5096

Needle exchange.

Bronx-Harlem Needle Exchange

903 Dawson Street, Bronx, NY 10459

718.842.6050

Needle exchange, men's group, women's group and acupuncture.

Bridgeport Health Department

752 East Main Street, Bridgeport, CT 06608

203.576.7776

Needle exchange, harm reduction, counseling and drug treatment advocacy.

Chicago Recovery Alliance

P.O. Box 368069, Chicago, IL 60636
312.471.0999

Needle exchange and harm reduction.

Community AIDS Resource and Education (CARE)

1633 East 2nd Street, Austin, TX 78702
512.473.2273

Free and anonymous HIV testing and counseling, street outreach, counseling and acupuncture.

Lower East Side Harm Reduction Center

39 Avenue C, New York, NY 10009
212.228.7734

Needle exchange, acupuncture, counseling, case management, support groups and peer education.

Needle Exchange Program of Marin

P.O. Box 9604, San Rafael, CA 94912
415.455.4409

Syringe exchange, prevention information, education and referrals upon request.

Prevention Point Philadelphia

2560 Kensington Avenue, Philadelphia, PA 19125
215.235.6001

Needle exchange, community advocacy, recreation, art projects, newsletter and shooting gallery outreach.

Saint Ann's Corner of Harm Reduction

312-316 Cypress Avenue, Bronx, NY 10454
718.585.5544

Needle exchange (mobile unit), acupuncture, massage, nutritional program, women's groups, men's groups and referrals.

San Andres Syringe Exchange

1406 Madison Avenue, Redwood City, CA 94061
415.369.0330

Needle exchange (mobile by appointment), referrals and peer education.

San Francisco HIV Prevention Point

P.O. Box 429018, San Francisco, CA 94142
415.861.6710

Anonymous needle exchange, women's care, referrals and clinical care.

Santa Cruz Needle Exchange Program

138 Younger Way, Santa Cruz, CA 95060

408.427.4557

Syringe exchange, food provisions, hygienic materials, information exchange, acupuncture, massage and chiropractic care.

ADVOCACY AND INFORMATION CLEARINGHOUSES

Drug Policy Foundation,

888 Seventh Avenue, Suite 2900, New York, NY 10106

212.307.5630

Public education on harm reduction, decriminalization, medicalization and legalization of drugs.

Harm Reduction Coalition

22 West 27th Street, 9th Floor, New York, NY 10001

212.477.6863

Advocacy for harm reduction policies which include drug users' views. Provides conferences, newsletter, resources and training.

International Coalition for Addicts Resources and Enlightenment (ICARE)

223 East 2nd Street, New York, NY 10009

718.401.8233

Drug-policy reform advocacy and information by and for drug users.

New York Needle Exchange Network

312 Cypress Avenue, 2nd Fl., Bronx, NY 10454

718.401.8233

Advocacy referrals, public education and information exchange in New York State.

North American Syringe Exchange Network,

535 Dock Street, Tacoma, WA 98402

206.272.4857

Referrals by area, throughout United States and Canada.

Regional Users Group

2282 Broadway, Denver, CO 80205

303.295.7306

Advocacy group of active drug users and persons in treatment.

The Lindesmith Center

888 Seventh Avenue, 27th Fl., New York, NY 10106

212.887.0695

Information center and library on drug policy and harm reduction.

WEB SITES

North American Syringe Exchange Network

<http://www.nasen.org>

The Lindsmith Center

<http://www.soros.org//lindsmith/tlc.main.html>

--Edited by Bob Lederer

POZ Magazine November, 1996

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CULTURE[POZ Forum](#)[Archive](#)[Glossary](#)*Gazette***No Will, No Way**

Shalala lies first about science, now about the law

Donna Shalala, the secretary of the Department of Health and Human Services (HHS), told another whopper recently when justifying the administration's refusal to lift the federal ban on funding needle exchange. During Clinton's first term, according to a letter signed by 32 leading international AIDS researchers, Shalala "grossly mischaracterized" the findings of six major studies concluding that syringe swaps reduce the spread of HIV while not increasing drug use. As Clinton's second term starts, Shalala has declined to lift the ban based on the findings of a seventh major study, claiming now that the law—rather than the science—forces her to withhold clean needles from the nation's estimated 1.4 million intravenous drug users.

"Congress has set two very high bars for federal funding for needle exchange," Shalala told POZ at a November press conference. "First, that needle exchange reduce HIV. Second, that it reduce—not just not increase, but reduce—drug abuse. These have not been met."

But Peter Lurie, a University of California needle-exchange expert, said the semantic distinction is a smoke-screen. The more restrictive "reduce drug abuse" language is contained in the 1988 Health Omnibus Program Extension Act. But less restrictive language exists in the 1992 Labor/HHS Appropriations Act; according to that act's provisions, needle exchanges need only be shown to "not increase" the amount of drug use before the funding ban can be lifted. Although HHS flaks argue that the terms of both bills must be met, in fact each law regulates a separate funding pool. If Shalala truly wished to fund syringe exchanges, she would use monies governed by the least restrictive language. "Shalala could lift the ban today,"

Lurie said, "and fund needle exchanges through the community mental-health block grants or any other program governed by the less-restrictive appropriations-act language. But she does not have the will."

The new research, conducted over two years by Dr. Don Des Jarlais and Dr. Denise Paone, found that syringe swaps cut by two-thirds the rate of HIV infection among intravenous-drug users in New York City. The findings are important, the co-authors say, because they are the first to directly measure HIV seroconversions rather than using hepatitis B or other surrogate measures of effectiveness.

Some 4,000 new "Shalala infections"-those she could have prevented by implementing the law-are expected in 1997.

--Reported by Faye Penn and edited by Walter Armstrong

POZ Magazine February, 1997

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restrict its lending to people who had at least some history of informal entrepreneurial activity. "One might call the mindset sort of a positive hustler," says Executive Director Penny Penrose. "Someone who's going to succeed and create and sell whether or not you help them at some level."

Still, the Good Faith Fund spent far more time teaching potential borrowers about the ways of business than most microcredit programs in developing countries. Indeed, over the last nine years, it has essentially changed from a lending program to a training program. Roughly 800 people have gone through its classrooms. Of that number, only around 260 have taken out loans. And there were other problems. In the Grameen model, peer-lending groups are self-formed: applicants who already know each other band together and approach the bank for a loan. The fact that the applicants know each other, and can therefore exert moral pressure on each other, is essential to the concept of peer lending. But the Good Faith Fund was unable to attract self-formed groups. It was forced to form the groups itself, putting together coalitions of strangers. This undercut the principle of peer lending, and the fund had little early success with the practice. It now uses peer lending more as a support network than as a way to make each group member responsible for other members' loans.

Another difference between the Third World and the First emerged to plague the fund. In developing countries, the programs are allowed to charge relatively high interest rates. This, combined with economies of scale that result from fast-growing programs, allows them to recoup most of their operating costs. But developed countries tend to impose limits on interest rates; Arkansas's strict anti-usury laws would have made it impossible for the Good Faith Fund to cover most of its expenses, even if clients had been pouring in. So, while microcredit programs overseas pride themselves on self-sufficiency, the Good Faith Fund and others like it in the United States became dependent on government and foundation support. An annual report by the Charles Stewart Mott Foundation, one of the biggest American supporters of microcredit programs, estimates that almost 90 percent of U.S. microlenders' budgets will need to come from outside sources.

And what about welfare recipients? In 1994, the Good Faith Fund evaluated how AFDC recipients responded to its program. At first glance, the results seemed positive. The fund gave roughly 140 AFDC recipients twelve weeks of self-employment training and financing, as well as membership in a peer group. Three years later, eighty-one people had completed the program. Of those, seventy-nine are either employed, self-employed, both, or in a subsequent training program. "That program was really successful by our standards," says Penrose. And, indeed, 60 percent is an impressive rate of retention for a job-training program for AFDC recipients. But how many of those people were fully self-employed in their own businesses? Only four.

Amazingly, microcredit enthusiasts still point to the Good Faith Fund's record as proof that Grameen Bank

programs can work anywhere, as well in Detroit as in Dhaka. But to see Good Faith as a ringing affirmation of microcredit's ability to help welfare recipients is to enter the world of the looking glass, where modest results are magnified into massive achievements, and where micro-ideas become macro-boasts. "This is a big idea," says the first lady, "an idea with vast potential." Or at least vast appeal to a president who has earned a reputation for thinking small and talking large.

JOHN BUNTIN writes case studies in public policy at Harvard University's Kennedy School of Government.

Clinton shoots down needle exchange.

LIE OF THE NEEDLE

By Stephen Chapman

The AIDS epidemic has unleashed a slew of efforts to stop transmission of the virus—from distributing condoms to teenagers to tightly screening blood transfusions. But, for years, one of the most effective and inexpensive weapons has languished on the shelf: needle exchange. Last December, the Clinton administration recommended additional money for AIDS research, but barely mentioned needle exchange. The neglect comes at a price: though the virus has abated among gay men, it has proliferated among intravenous drug users, their sexual partners and their children. According to the Centers for Disease Control, this group now accounts for a full third of new HIV infections—up from just 12 percent in 1981. The news gets worse. Unlike other groups, addicts are often cut off from new treatments because of cost or regimen. So, while some hail the coming end of the epidemic, for drug addicts the plague is just entering a new phase.

President Clinton could change all of this. Although current law prohibits federal funds for clean-syringe programs, the executive branch can lift the ban if it finds that needle exchanges slow the spread of AIDS without promoting more drug use. Clinton, facing an election last year, refused to do so. But this year, he had no political pretext. He was not only free of election pressures but Congress had handed him the perfect opportunity: it instructed the administration to report by February 15 on the efficacy of needle exchange. When the long-awaited report from the Department of Health and Human Services arrived, it declared the obvious: needle exchanges do indeed combat HIV transmission. Yet, in classic Clintonesque style, the president straddled, saying such programs may or may not

encourage drug use. HHS hailed the report as a change in policy. Meanwhile, the ban on federal funding remains in place.

Needle-exchange advocates were understandably upset. "I'd say they mugwumped—you know, mug on one side of the fence, wump on the other," says Dave Purchase, head of the North American Syringe Exchange Network in Tacoma, Washington. "The scientists have spoken on this issue. It's time for the politicians to catch up," adds Dan Bigg, who runs Chicago's largest program. Bigg says he's \$130,000 short of what he needs to keep his program going this year. Opening the federal tap even a little would help a lot.

A little more than a decade ago, needle-exchange programs began to provide sterile hypodermic syringes to drug users. The first exchange was started in Boston in 1986, and the idea soon spread to San Francisco and other cities. Often the programs defied state laws requiring a prescription to obtain a syringe and treating possession of them, except for medical purposes, as a crime. But they soon won the blessing of many mayors and police chiefs, who were willing to look the other way rather than discard a weapon against AIDS. There are now some 111 needle-exchange programs in the United States and Puerto Rico, from the biggest cities to smaller urban areas such as Rockford, Illinois, and Fairbanks, Alaska; together, they collect and distribute some 10 million syringes every year.

The initial theory behind the exchanges remains unchanged: that addicts share their needles not because they want to but because they have to. Since laws banning over-the-counter sale of syringes made the devices scarce, drug users learned to hoard, re-use and share them—even after the emergence and spread of AIDS made this potentially fatal. Grant them cheap or free access to sterile injecting equipment, activists argued, and many users would act with more regard for self-preservation. But opponents contended that anyone eager to put heroin in his arm was unlikely to be terribly fastidious about what he used to inject it. Offering addicts access to clean syringes at low or no cost, they maintained, would do little to slow the epidemic and would foster more drug addiction by signaling society's indulgence of such behavior.

Both theories were entirely plausible, but only one has turned out to be right. In recent years, one study after another has reached the same conclusion. The most definitive one was a report released in September 1995 by the National Academy of Sciences' National Research Council, which concluded that "well-implemented needle exchange programs can be effective in preventing the spread of HIV and do not increase the use of illegal drugs." The council endorsed an end to the federal funding ban and proposed repealing state prescription and drug paraphernalia laws that make syringes scarce.

But the Clinton administration has apparently decided that the political price of endorsing needle exchange outweighs any lives the programs might save. Certainly, there is no potent lobby for drug addicts.

And Republicans would doubtless portray a reversal as proof of Clinton's permissive attitude toward drug use. So inaction prevails. After a federally financed study by researchers at the University of California at San Francisco gave a strong endorsement to such programs in 1993, HHS asked scientists at the CDC to review the study and make their own recommendations—which turned out to be identical to those of the UCSF panel. HHS, finding the results unsatisfactory, simply declined to release the CDC analysis, even after it was leaked to *The Washington Post*.

President Clinton will never have a more auspicious opportunity to take the modest risk of giving his blessing to needle exchange. The ferocity of drug czar Barry McCaffrey has largely insulated the president from any charge of being soft on drugs. And Clinton can offer needle exchange as a way not only to prevent AIDS, but to funnel addicts into treatment programs—a claim that has the virtue of being true. Besides sterile equipment, most needle-exchange providers offer counseling and drug treatment referrals.

Lifting the ban can be easily justified to the public as a simple matter of saving lives, not just of drug users, but of their innocent spouses and children. Here Clinton can count on the backing of public health experts. A recent article in the British medical journal *The Lancet* by Peter Lurie, a physician at the Center for AIDS Research at the UCSF, and Ernest Drucker, an epidemiologist at Montefiore Medical Center/Albert Einstein College of Medicine in New York, estimates that, if the United States had begun widely promoting clean syringes in 1987, as Australia did, it could have prevented between 4,000 and 10,000 HIV infections between 1987 and 1995. By 2000, another 11,000 might be averted. Clinton can also defend the policy change on unsentimental fiscal grounds, since the aversion to clean-needle programs costs society a lot of money. Preventing a single HIV transmission through syringe exchanges, according to the 1993 UCSF study, costs between \$3,773 and \$12,000. Repealing prescription and drug paraphernalia laws offers an even better payoff, since many addicts are more than willing to spend their own cash on sterile equipment. Caring for an AIDS patient, by contrast, means an average expense of some \$119,000—a cost that usually falls on taxpayers.

After the 1995 White House conference on AIDS, one attendee expressed pleasant surprise at hearing President Clinton denounce homophobia, but said it would be nice to hear him mention clean needles as well. For the president to ignore the value of needle exchange in combating AIDS is to invite a harsh historical judgment: that he knew what needed to be done but, for flimsy political reasons, refused to do it. For the likely victims of AIDS, of course, the consequences will be even worse.

STEPHEN CHAPMAN is a syndicated columnist on the staff of the *Chicago Tribune*.

Selling Syringes: The Swiss Experiment

DOCUMENT 4 OF 16

J9524900084

Selling Syringes: The Swiss Experiment

By Rachel Ehrenfeld

806 Words

5503 Characters

09/06/95

The Wall Street Journal

A18

(Copyright (c) 1995, Dow Jones & Company, Inc.)

* ZURICH -- As U.S. communities continue to experiment with programs to cut drug addiction and HIV infection spread by drug users, some have cited European experiments with the decriminalization of drug use. But before venturing further in this direction, policy makers should acquaint themselves with an elaborate new "scientific" program set in motion in 1992 in Switzerland, which has the highest per-capita rate of drug addiction and HIV infection in Europe.

Seven hundred of the 30,000 to 40,000 opiate addicts in Switzerland were targeted; nine cities participate. The experiment -- in which heroin, morphine and methadone are administered intravenously, orally and by smoking -- is scheduled to end in December 1996. Previously, the Swiss addicts were concentrated in central parts of major cities, such as "Needle Park" in Zurich. But the result was increased drug use, crime, violence and prostitution, which quickly became intolerable. So the addicts are now in government-sponsored centers and "shooting galleries."

In analyzing this "scientific" project, I met with its administrators and evaluators and visited the major heroin distribution center,

* Arbeitsgemeinschaft fur risikoarmen Umgang mit Drogen (ARUD), in Zurich, which currently treats 70 to 80 heroin addicts. Most have a criminal record, are unemployed and are on social welfare. Nearly half are HIV positive. A majority of the patients are multidrug users, and many use cocaine in addition to the heroin they're given at the center. Their outside drug use, however, does not prohibit their participation in the program. Urine analysis to monitor drug consumption is conducted once a month on a set day because "the treatment in our center is based on trust," said Andre Seidenberg, director of ARUD.

The center is easily accessible and anyone can enter. A half-dozen people sit in the waiting room smoking specially developed cigarettes containing 100 milligrams of heroin, which are distributed by the receptionist behind the window. She also provides syringes with heroin up to nine times a day and a maximum of 300 milligrams. Each addict is listed in a computer system that monitors his consumption. The injecting room, off the entrance, contains a large mirror used to provide the

*News clips on
"Needle Park" in
Switzerland*

addicts with a better view of their veins, so they can inject more efficiently, explained the director. Why feed heroin to the addicts? "Because the addicts prefer heroin [to methadone]," responded Dr. Seidenberg, "and we should give them what they want without conditions."

The design of the project calls for supervision of the injecting process, to make sure the addicts don't save the drugs to sell them later on the street, but I saw none. Although the addicts return the syringe after the injection, they could easily inject the heroin into a small container to be sold later. Moreover, in addition to the injectable heroin, they are given 26 heroin cigarettes to be used at home overnight. The heroin costs the addicts about \$12.50 a day, covered by health insurance, the City Council, the canton (state) or the federal government. The design of the project also calls for support services -- especially psychiatric and medical treatment, job training, occupational therapy, etc. But none of these are available at the center.

In an emergency, the addict is sent either to a psychiatric hospital or to an emergency room. As for therapy: "There is no proof that there is long-term effect to therapy -- therapy doesn't make a difference," Dr. Seidenberg said. And as for work, "you go when you feel like it -- you really don't have to [work]," according to Ueli Locher, the deputy * director of the Department of Social Services of Zurich.

The Swiss experiment originated from a desire to reduce HIV infection among the population. Complementing this experiment are information programs and pamphlets supplied to teenagers, young adults and adults. This information equates homosexuality and drug addiction and describes both as "alternative lifestyles." Both sexual activity and drug use are described in detail with illustrations and the motto that "if you want to experiment -- do it well."

Currently, according to Mr. Locher, "cocaine is not given [to addicts] because of political reasons." But he and his comrades in drug liberalization hope that this will change and that all drugs will be available to those who need them. Drug supply by the government is supposed to reduce the number of addicts, but so far there is no indication that fewer people are taking illegal drugs in Switzerland. There are no signs that crime and violence have gone down. And the Swiss taxpayer is footing the bill for a growing number of AIDS patients, more welfare recipients, and a growing police force.

Ms. Ehrenfeld is the author of "Narco-Terrorism" (Basic Books). She is currently writing a book on the movement to legalize drugs.

(See related letter: "Letters to the Editor: Swiss Program Rescues 'Hopeless' Addicts" -- WSJ Sept. 27, 1995)

I0607 * End of document.

Lessons From Needle Park

DOCUMENT 14 OF 16

WP9415147251

OP/ED

* Lessons From Needle Park

Arnold S. Trebach

908 Words

6077 Characters

03/17/92

The Washington Post

FINAL

a17

OP-ED

(Copyright 1992)

There was a typographical error in Tuesday's op-ed piece by Arnold S. Trebach. The affected sentence should have read: "Switching drug strategies to any form of descriminalization or legalization should not mean having no laws or restrictions. (Published 3/21/92)

Like The Post, I too have long been skeptical of the Swiss

* experiment in Platzspitz, also known as "Needle Park." However, it was wrong for The Post to take the recent closing of the park as evidence that all drug-policy reform proposals - in particular, * clean needle exchange and legalization - are equally ill-conceived {editorial, Feb. 29}.

* Needle Park evolved as a compromise between addicts who congregated at Platzspitz and local officials. The Swiss attempted * to "ghettoize" the drug problem in Zurich by isolating drug users at a location away from the main parts of the city. Within the confines * of the park, a drug free-for-all flourished. Outside Needle Park, possession, sale and use of drugs were still illegal.

This localized decriminalization plan served the city's interest in reducing the number of drug dealers and users on the streets. It also made it possible to focus addict-outreach programs in one central locale. But many aspects of the plan were not managed effectively. For instance, the plan did not deal with how addicts would get their drugs or who could come into the park. The result: Drug users and dealers of all ages and nationalities were free to join the chaos at Platzspitz.

Things could have been done differently to stem the major problems before they happened. Switching drug strategies to any form of discrimination or legalizing should not mean having no laws or

* restrictions. Indifference to age limits for entry to Needle Park was clearly one of the worst mistakes made by the Swiss. Failure to

- * ensure that park users were residents of Zurich also created huge problems.

Planners could have removed the financial incentive for drug dealers to frequent the park in search of customers. The Swiss might have employed a system similar to the one I have seen work in Liverpool, England, where clean needles are given out to all, and some doctors provide medicinal drugs to their addict patients. This

- * strategy curtails the spread of AIDS through needle sharing, eliminates the drug dealer from the equation and ensures that a minimum number of nonaddicts will begin using drugs.
- * But these criticisms of Needle Park are secondary to its major flaw. Because of the Swiss desire to isolate drug users from the rest of society, planners opted to allow public drug use in the park. While there are advantages to bringing the drug problem above ground in order to deal with it, the Swiss went too far. The spectacle of strung-out addicts lying on benches and on the grass oblivious to the world is clearly unfit for a public place.

Still, to construe this scene as an example of what drug

- * legalization or even needle exchange programs would bring to the United States is disingenuous at best and maliciously deceptive at worst. No responsible advocate of drug policy reform I know - and I know many such people worldwide - supports allowing the public use of drugs as part of the transition to a new policy. Indeed, many of the proposed legalization and decriminalization plans I have seen call for harsh sanctions against those who use drugs in public or work or drive while intoxicated. Most plans would discourage the rise of "drug pubs" similar to alcohol bars.

While reformers would not emulate most aspects of the Swiss experiment, we would not choose to make denial of the realities of drug use, addiction and AIDS a national policy either. Outreach

- * programs such as sterile needle exchanges, which played a role at Needle Park, bring addicts into contact with health care workers and help prevent the spread of AIDS. They should be part of our drug policy.
- * The Bush administration refuses to consider needle exchange programs because it fears creating an American Needle Park.
- * Administration officials need only look at the needle exchange programs in New Haven; Tacoma, Wash.; San Francisco and other U.S. cities to see that such programs can be run effectively without increasing drug use and without allowing public use. In addition to the Liverpool program, I have also seen firsthand the successful
- * needle exchange programs in Amsterdam. In contradiction to The Post
- * editorial, Dutch policy never duplicated the Needle Park scene by
- * allowing public drug use. In fact their needle exchanges are operated out of nondescript buildings.
- * Unlike those who would like to use the closing of Needle Park

to rebuke proposals for conscientious drug policy change, I believe we can learn from the mistakes of the Swiss. We can hardly feel vindicated by their failure, as deaths from drug-trade homicides and AIDS are at much higher levels in the United States. We need to find ways to respond to these problems. The lesson of Platzspitz is simply that frustration with total prohibition can breed bad models of drug-policy reform.

* The addicts of Zurich are still there. American addicts are wandering our streets. They all need our help, and we need to find ways to bring them in. As long as we continue defining them as despised outlaws, they will keep living outside the law. One thing is certain: As the Swiss are again faced with the prospect of drug dealers and addicts wandering the streets of their cities, they will not be looking to the United States for guidance on what to do about the problem.

The writer is a professor of criminal justice at American University and president of the Drug Policy Foundation, an independent think tank on drug policy alternatives.

I0607 * End of document.

Zero Tolerance for Addiction

DOCUMENT 27 OF 30

WP9415147364

OP/ED

LETTERS TO THE EDITOR

Zero Tolerance for Addiction

212 Words

1524 Characters

03/30/92

The Washington Post

FINAL

a16

LETTER

(Copyright 1992)

I was disappointed in the analysis offered by Arnold Trebach
* in his "Lessons From Needle Park."

We have learned some profound lessons from the Swiss experiment. Addicts need our help, not further misery. Addiction requires serious treatment efforts, not the means to maintain the grip of chronic drug use. Similarly, needle-exchange programs send the wrong message. The message is that drug use is tolerable within limits (which it is not), that addiction can be handled (which it cannot) and that our society can tolerate addiction (which we cannot and should not).

Academics like Mr. Trebach see the drug war as counterproductive and look for ways to minimize the nation's
* progress. But if the Swiss "needle park" instance proves anything, it is that needle-exchange programs fail the people who need our help most.

In 1991 there were almost 2 million fewer drug users than in 1988, thanks in part to the president's strong stance against illegal drug use. We need to maintain this steadfast commitment. Our objective is to get drug users into effective treatment programs while deterring new drug use. Anything less would be inhumane and unfair, both for addicts and for the nation as a whole.

BOB MARTINEZ

Director

Office of National Drug Control Policy

Executive Office of the President

Washington

I0607 * End of document.

Second Thoughts in Switzerland

DOCUMENT 30 OF 30

WP9415152580

EDITORIAL

Second Thoughts in Switzerland

461 Words

3128 Characters

02/29/92

The Washington Post

FINAL

a22

EDITORIAL

(Copyright 1992)

AN EXPERIMENT prompted by good intentions has failed in Switzerland. In response to the rising rate of both heroin addiction and AIDS in that country, city authorities in Zurich decided in 1989 to create a refuge for addicts in a park near the main railroad station. Because of this central location, the area, known as * Platzspitz, was easily accessible to addicts, and because it is on a peninsula of land it was easily avoided by the general public.

The idea was to gather the addicts in a convenient place to keep them out of the increasingly frightened residential neighborhoods, while also making medical care, free syringes and condoms available at a place of congregation. But in order to draw drug users, a moratorium on arrests for possession and use was declared, and small sales were ignored.

In theory, it was a thoughtful, well-meaning plan. In practice it was a disaster. A few hundred addicts came in the beginning, but as the word spread, tens of thousands congregated, many from other countries in Europe. By last year, drug dealers from as far away as the Middle East had moved in.

International coverage of conditions in the park, including some stories in this paper, presented a picture of young people shooting up, hallucinating, acting wild or staring, stoned, into space. Television images were powerful. In Zurich, citizens were quickly disillusioned. There were increases in theft and violence in the area and almost continuous medical emergencies. Last year, there were 81 drug-related deaths in the park.

* Swiss officials closed Platzspitz in February, and though they fear the dispersal of addicts throughout the city, they could no longer tolerate either the flood of outsiders or the chaotic conditions in the park. The incidence of AIDS in Switzerland is still high, though authorities claim that the rate of increase among intravenous drug users in Zurich has been slowed. Is there more addiction? That is not yet known. Statistical comparisons are hard

to make because of the influx of addicts from other cities in Europe. But even some of the park's users have said that the absence of barriers to use and the easy availability of drugs in a public place attracted youngsters.

There must be a better way to reach addicts and to deal with AIDS in that population. That effort must continue. But an important lesson can be learned from the Zurich experience and from a similar experiment in Amsterdam, where drug use in public was tolerated. Notwithstanding the crime and related social problems associated with the drug culture, addiction itself is a terrible condition - degrading, dehumanizing and dangerous. One glimpse of * the faces in the crowds at Platzspitz should convince even the most fer-vent reformer that legalization is the wrong way to go.

I0601 * End of documents in list. Press ENTER or enter another command.

DOCUMENT 4 OF 33

WP9415143160

OP/ED

LETTERS TO THE EDITOR

Needle Exchanges and the Spread of AIDS

289 Words

2082 Characters

04/22/92

The Washington Post

FINAL

a20

LETTER

(Copyright 1992)

In two recent articles {"New Needles for Old," Close to Home, April 12, and "Needle Trades Win Favor," front page, April 13}, advocates of clean needle exchange programs allege that such initiatives will decrease the spread of AIDS among IV drug abusers. This assertion labors under several flaws.

First, many studies that proponents of needle exchange rely upon to bolster their case are methodologically flawed. In a major effort in Amsterdam, an oft-cited example of the success of needle exchange programs, researchers failed to collect data from more than 50 percent of the study population. This fact undermines the ability of analysts to assess the impact of their program. Similar studies have lacked appropriate control groups, which also weakens their value.

Second, other research projects have shown that needle exchange programs may increase the spread of AIDS. For example, data from a study in Manchester, England, revealed that IV drug users who regularly exchanged needles were more likely to share needles than those who did not.

Third, there is the legitimate concern that needle exchange programs may keep IV drug users out of rehabilitation programs. In other words, if IV drug users face less difficulty in perpetuating their addictions, they simultaneously have less incentive to seek treatment.

Needle exchange programs may only serve to keep addicted those who would otherwise opt for treatment. Adopting needle exchange programs, therefore, might result in our doing a disservice to people we are trying to help.

Finally, at least one needle exchange effort has been an abysmal failure. Recently, in Switzerland, government officials were * forced to close "needle park." In that park, where needle exchange

was allowed, used needles lined the streets and posed a public health threat to all.

ANDREW SHORR

Potomac

I0607 * End of document.

DOCUMENT 14 OF 33

LATM9400355728

PART-A; Advance Desk

* Police Losing Patience Over Zurich's 'Needle Park'

Drugs: Proponents say experimental distribution of sterile syringes and needles to combat the spread of diseases is working. Critics say it encourages consumption.

MITYA NEW

REUTERS

726 Words

5020 Characters

11/04/90

Los Angeles Times

Bulldog

5

Wire

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Late every afternoon, drug dealers and users throng around a converted public toilet in Platzspitzpark, an experimental open drug market by the scenic Limmat River.

They cook up mixtures of heroin, cocaine and methadone, shooting them into arms, legs, ankles and necks.

* It is rush hour in "Needle Park," and some addicts are already slumped to the ground in a stupor.

* For drug users, Platzspitz, a narrow wooded peninsula jutting into the Limmat, is utopia.

But police are starting to lose patience over the park.

They say it is becoming increasingly dangerous and are threatening to withdraw their cooperation with a city policy that permits the open drug scene, provided it is small-scale.

* Platzspitz is also the scene of a city project to distribute sterile syringes and needles to combat the spread of AIDS-acquired immune deficiency syndrome-among drug users.

"It is much better here since they started the service," said a swaying, 21-year-old Yugoslav male prostitute who had just taken his daily cocaine injection.

Critics of the Zurich Intervention Pilot Project (ZIPP), which distributes more than 8,000 syringes and needles a day, as well as about 200 condoms, say the park encourages drug consumption and attracts addicts from all over Europe.

Tales of addicts mugging people by threatening them with possibly AIDS-infected needles are part of city lore. The tabloid newspaper Blick refers to the park as "Zurich's Drug Hell."

Police have complained that the city policy means that they are powerless to maintain order in the park. In October, police representatives confronted the city government by calling a news conference and saying the policy should be abandoned.

"The policy of the City Council disturbs us. We can't have a free hand down there," the head of the Police Officers' Assn. said.

"The climate is getting harder and harder down there," another police spokesman said. "The users and the dealers are getting tougher and officers have been attacked and threatened with needles."

Police say they seize on average 2.2 pounds of heroin or cocaine a week at the park and are confiscating an increasing number of guns and knives.

Those running the intervention program support the city government in saying the project is the only way to deal effectively with drug addiction and its inherent problem of AIDS.

"We have to live with the drug problem; nobody in the world has been able to eradicate it," said Peter Grob, a founder of ZIPP.

City Councilman Robert Neukomm said, "The drug problem cannot be solved by tougher police measures, although we certainly need a
* police presence at Platzspitz. It's better to have the drug scene
* concentrated at Platzspitz where we can see it than hidden in the alleys of Zurich."

Grob, under attack for promoting a permissive drug culture, answered: "What we do here is break the link between drug addiction and the transmission of AIDS."

Through a window in the converted public toilet, doctors and medical students hand out one sterilized syringe and needle for every used one discarded into a large, blood-spattered vat.

Sterile wipes, creams for damaged veins and, on request, fresh water are also available.

"I prefer to give them clean water than have them go to the Limmat River," said Regula Haeseli, a ZIPP nurse, as she turned to help a woman who burst into the room bleeding from a broken needle embedded in her arm.

Grob said the project, which is funded by an annual \$1.1-million grant from the city, the canton and the federal government, is the cheapest AIDS prevention program available. AIDS, which is transmitted through blood and other bodily fluids, strips the body

of its defense against disease.

According to official statistics, by the end of August 12,198 people in Switzerland were AIDS carriers and 1,462 were suffering the full disease.

- * Of the 2,000 to 2,500 people who visit Platzspitz every day, about one in four are "socially integrated" people with regular jobs, Grob said.
- * About 500 are hard-core cases who virtually live at Platzspitz, he added.

"The addicts are not dangerous," Grob said.

A party of schoolchildren walked by and stared at a junkie who collapsed. He began to shake uncontrollably.

A ZIPP doctor came running, donned surgical gloves and revived him with oxygen.

"This happens almost every day because of the cocktails they mix," Grob said. "Luckily we catch most of them before it's too late."

I0607 * End of document.

DOCUMENT 18 OF 33

LATM8500229935

1; Advance Desk

Assist Drug Users in Heart of Zurich

Swiss Try Radical Approach in Fighting AIDS

KEVIN LIFFEY

Reuters

884 Words

5750 Characters

10/01/89

Los Angeles Times

Bulldog

5

Wire

(Copyright, The Times Mirror Company; Los Angeles Times 1989
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These days even the newcomer to Switzerland's most opulent city knows where to get a fix and shoot up in peace.

Since the start of the year Zurich has set aside a zone where small-time drug dealing and taking are unofficially tolerated and monitored by medical services.

Switzerland has the highest rate of acquired immune deficiency syndrome in Europe, and Zurich, the country's biggest drug-center, had to find a radical way to stop drug users from spreading the

disease.

However, a wave of drug-related crime-culminating in a grisly murder-threatens to intrude on a population that would rather be left to high finance and art-dealing.

Zurich's junkies gather every day around a disused iron
* bandstand on the Platzspitz-a spit of parkland bounded by two rivers but only 200 yards from the city's shopping and banking quarter-to peddle, cook fixes and inject.

Syringes Exchanged

In a converted public toilet, volunteers exchange fresh syringes for used ones, dispense sterile wipes and condoms and chat to the endless line of addicts at the window.

Swapping syringes helps cut needle-sharing, one of the sure-fire ways to transmit AIDS. Authorities estimate Zurich has up to 800 carriers.

The volunteers distribute 6,000 needles a day.

As a result, for most citizens the once-beloved park has become
* a no man's land, its name transformed into "Platzspritz" or "Needle
* Park." The tabloid Blick now refers to it as "Zurich's Drug Hell."

While the city and federal governments approved funds for syringes and medical care for the addicts, police say this undermines the law.

Futility of Punishment

Drug taking and dealing are strictly illegal, although a federal commission has acknowledged the futility of punishment and called for both to be legalized if the quantities are small.

"We do not tolerate dealing The clear task of the police is to enforce the law. That goes from hashish to hard drugs," Arthur Grob, second-in-command of Zurich's drug police, told Reuters. "But the open drugs scene has political support through
* the help given on the Platzspitz."

The city police say the park attracts drug tourism from all over Switzerland and Europe, with an inevitable rise in crime.

* "The Platzspitz is a magnet for people from all over There's been an increase in all crime from pickpocketing to burglary and robbery, much of it directly linked to drugs," Grob said.

Lack of Resources

He accepts there is little point in arresting small-time addicts. But many users sell to finance their habit, and police say they would arrest and charge all dealers if it weren't for the lack of resources.

They would like the park cleared and the addicts dispersed. Every two weeks or so they raid the park, sealing off the area and checking the identity of everyone there. But they detain only suspected criminals on a wanted list.

The contradiction between the strategies of police and the city council is evident. "It's politically very hard to carry out a raid when soup is just being dished out," Grob said.

The volunteers have protested against the police raids.

"The drugs are injected too quickly out of fear. The incidence of respiratory and heart stoppages is mounting," one action group said in a protest letter.

Breakthrough in Treatment

The volunteers, who staff a bus where the junkies can socialize, argue the park is a breakthrough in treating addicts as human beings.

- * However, Platzspitz doctor Claude Bossy admits: "Yes, there are fights, rapes, murders. The drug Mafia are never far away."

The dividing line between life and death is thin on the

- * Platzspitz.

During a Reuter interview with Bossy an addict ran into the van to say another addict had overdosed and fallen unconscious.

When the doctors reached the woman with an oxygen mask, she was shuddering violently, slumped on a bench, her eyes glazed. But repeated coaxing and mentions of her name penetrated the stupor and brought a hint of a nod.

She was lucky and did not need resuscitating, as one or two addicts do every day.

Difficulty of Treatment

Bossy explained the difficulty of treating overdoses when addicts have AIDS and suffer from a range of disorders that their immune systems cannot fend off.

Business at the bandstand had not stopped.

At messy tables some addicts offer a service to others-new syringes, a spoon and a flame for dissolving the small brown cubes of heroin in water and gauze pads to filter the impure drug solution.

They keep the gauzes. Their fee is the residue that, after ten or so filtrations, is enough for a fix.

Just across the park, visitors to the stately neo-Gothic National Museum have a good view of the proceedings as they sip tea in its courtyard.

Putting Problem Out of Sight

- Grob sees the desire to put the drug problem out of sight as one
- * factor behind the establishment of the Platzspitz.

"Everyone says, help them, yes. But not in my neighborhood."

Bossy adds: "The politicians weren't unhappy to have them all somewhere where they aren't so conspicuous."

But both admit bringing the "scene" into the open might make it easier for the first-time user to start taking drugs.

An evaluation now in progress will show if costs to the city of

7094 Characters

05/29/89

The Washington Post

FINAL

a18

NEWS FOREIGN

(Copyright 1989)

The youth strode swiftly into the tree-shaded Platzpromenade park just behind Zurich's graceful National Museum, his dirty-blond curls bouncing with his gait. He had the furrowed brow of someone on an important mission.

Five minutes later, after a visit to the open-air drug market around the bandstand and a quick stop at the nearby health station for a free syringe, he was sitting on the grass shooting heroin into his arm as calmly and openly as if he were taking a drink of soda.

Mission accomplished, the brow unfurrowed.

All around him-under trees, on benches, beside statues; alone, in couples or in little groups-scores of other youths were shooting up with similar abandon and, for many, desperation. It was another * day in Zurich's Needle Park, a free-fire zone for drug addicts instituted by city fathers in an experimental effort to control the spread of AIDS.

Switzerland, the home of Heidi and discreet bankers, is also home to the highest per capita AIDS rate in Europe, just ahead of France and Denmark. With 7.6 victims per 100,000 inhabitants, Switzerland has not come close to the U.S. level-31.4 victims per 100,000-but officials here have found that the infection rate is rising particularly fast among intravenous drug users.

A report last month from the Federal Public Health Office estimated that half the drug addicts in Switzerland have acquired the virus. The fear now is that this percentage could surge higher through the sharing of needles by drug users forced to hide their habit.

Zurich, with strong local authority in the Swiss confederal system, has responded by putting Platzpromenade temporarily outside the laws that make selling or using drugs an offense. Youths have understood they can come to the park, buy drugs in single-dose amounts and shoot up without fear of arrest. With the addicts thus concentrated, city health authorities have set up a first-aid station and a free dispensary for new syringes and skin sterilization pads in what used to be the park lavatory.

Police have orders to back away. Although they continue to fight the wholesale drug market, they have begun tolerating the small-time drug users who display powder for sale around a wrought-iron platform where in happier days a band used to oom-pah for strolling families.

Officers dressed in civilian clothes have been assigned to

prevent robberies or violence. But they stand aside as dealers sell plastic sachets of heroin or cocaine and junkies cook their solutions and slide needles into their veins.

The distraught Zurich police chief, Hans Frick, has told reporters he does not intend to seek another term in his elected office. In an interview with a French magazine, he said that neither he nor his men are happy with the city and cantonal authorities who decided on the drug enclave early this year in what appears to be an extension of recommendations from the Federal Public Health Office.

"Parallel to prevention of AIDS, it is important to preserve or reestablish understanding and solidarity toward affected people," the office said in its report. "Otherwise these people will go underground and will no longer be disposed to receive the information they have urgent need of and to accept the advice it is possible to provide them. . . . If satisfactory solutions are not found, particularly so that drug addicts have access to sterile syringes and condoms, these links in the chain of the infection's propagation will not be interrupted."

Platzpromenade has provided a solution in part because of its geography. The park, although it is near Zurich's main railway station and only a short walk from the renowned banking district, is naturally removed from the rest of the city, lying at the tip of a small peninsula formed by the confluence of the Limmat and Sihl rivers.

The park also has acquired a history as a refuge for the alternative cultures that grew out of the 1960s. At one point it was declared a "liberated zone." Graffiti spray-painted on a little snack stand at the entrance advocate "Revolution" in one line and "Resignation" in the other.

As if obeying the second injunction, a girl sat alone near the entrance, rubbing her nose and looking straight ahead. Beside her on the park bench lay a swath of white powder.

A couple moved behind her onto a stretch of grass bathed in sunlight. The girl knelt and began searching for something on the ground, making slow movements with her hands. The boy stood watching her, gently swaying. They found nothing.

Another youth, light-skinned and red-haired and tall enough to be a basketball player, marched back and forth with his hand outstretched, palm upward in search of something only he seemed to understand. A young man sporting a neatly trimmed beard and well-ironed clothes ran softly groaning toward several friends who had just made a purchase.

On a grassy patch just opposite the museum, a girl stripped off her sweater and, standing topless in the sun, began whirling her arm around in a windmill pattern while her companion knelt to heat up a dose. The couple, absorbed in anticipation, was in easy sight of

visitors pausing for a kaffee on the museum's back terrace.

Back under the trees, a slight haze of dust rose from the shuffle of hundreds of feet around the bandstand as potential customers moved from dealer to dealer looking for a dose at the best price. Out of the crowd came a slim blond girl in a miniskirt walking on long, delicate legs to a drinking fountain, where she rinsed off a syringe and headed back to the bandstand.

At the other end of the park, in the shadow of the high-rise Hotel Zurich, another girl walked up to a man and said something in German. When he responded in French that he did not understand, she switched to that language.

"Oh, you speak French?" she asked, her speech slurred and her blue eyes watery. She swayed precariously as she continued, "Do you want a man, I mean a woman? No? Okay. Good-bye."

As the sun fell and thunderclouds piled up over the city, an ambulance arrived. It rolled slowly down a gravel path to the health station. A youth was lifted inside, apparently unconscious, and a white-clad medic bent over him.

The ambulance moved away just as slowly as it had come. As it passed, two youths crossed through the dust cloud stirred in its wake, looking hungrily at the packets of white powder in their hands and seeming not to notice the receding vehicle.

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NATIONAL

AIDS deaths down for some groups, problems up

by Bob Roehr

A "State of AIDS Forum," June 14 at the National Press Club, brought the epidemic back into the public spotlight to look at the problems that remain in light of treatment breakthroughs. While the quick headline was more data showing the impact of protease inhibitors in reducing the death rate from AIDS, the underlying issue was that of money to pay for the drugs.

Deaths from AIDS decreased 19 percent in the first three quarters of 1996 as compared to the previous year, according to figures released by Dr. Helene Gayle, director of the National Center for HIV, STD and TB Prevention at the CDC. This national picture confirms and lags behind data reported in January from New York City.

The new cases of AIDS broke down to 40 percent gay, 25 percent injection drug users, 13 percent heterosexual, and smaller vectors of transmission. Women are now 20 percent of newly reported cases, and for the first time African Americans surpassed whites in gross numbers of new cases. Estimates are of at least 40,000 new infections each year.

Gayle was distressed that the decline in AIDS deaths "was not equal across all demographic groups." For whites the decline was 28 percent, for Hispanics 16 percent, and African Americans only 10 percent. She hoped that expanded access to therapy by the poor would begin to equalize those rates.

James Loyce, Jr., executive director of AIDS Project Los Angeles, offered an explanation based on their client survey conducted last November. People of color were "2-3 times less knowledgeable of protease inhibitors" than were white males. African Americans were 1.4 times,

and non-English speakers 2.4 times less likely to be on protease inhibitors. Lower levels of education and income reinforced these patterns.

Winnie Fairchild, a PWA from Washington, D.C., spoke of protease inhibitors boosting her T-cells from 146 to 388. But "just last month I had a new doctor who wanted to take me off because the medication was too expensive for Medicaid to pay for. He said, 'It was not his policy to tax the public.' I told him, it was not my policy to die for them either."

Christine Lubinski, lobbyist with the AIDS Action Council the chief sponsor of the Forum, said that expanding Medicaid eligibility "could contribute to reducing the disparity in death rates between men and women" as well as between ethnic groups. She pushed for that expansion and for an increase in funding for AIDS Drug Assistance Programs (ADAP).

Dr. Victoria Sharp, medical director of St. Luke's-Roosevelt Hospital in Manhattan, offered another insight to the racial disparity. "Riker's Island is our city jail system, 100,000 people a year pass through there. People behind bars in our state are primarily people of color. Up until three days ago if you were HIV positive and found to be someone who clinically should be on protease therapy, you did not have access to that therapy."

Reimbursement Patterns

"The good news is that patients are living longer. It is also good news for payers," Sharp said. "It is bad news for medical providers." They are caught in a "revenue crunch" that leaves them inadequately compensated for their services.

She outlined how in the past, hospital admissions had subsidized out-patient treatment of PWAs. But in New York state, better therapies

have reduced hospitalization by \$200 million while out-patient expenditures have increased only \$10 million. Added pressure comes from "much more complicated medical regimens" which have doubled the average amount of time (to about 40 minutes) a physician must spend on each PWA visit.

Dr. Linda Frank, with the Pennsylvania AIDS Education and Training Center, cautioned of dangers to PWAs in a managed care environment. "This limitation of time and increased fragmentation (being seen by multiple providers) can lead to ineffective communications at a time when this communication is more important than ever."

"We are in the eye of the storm," said activist Gregg Gonsalves with the Treatment Action Group (TAG), "We have bought ourselves some time" with protease inhibitors. But he warned, "The 20th century has been one of incredible hubris when it comes to pestilence. We thought we had beaten common bacterial infections and defeated things like tuberculosis with antibiotics. And malaria with drugs and pesticides. But in each of those cases it is the bug that has had the last laugh and roared back with a most sophisticated attack."

AIDS programs to get more Federal money

by Bob Roehr

AIDS hit the financial jackpot at budgetary markups on Capitol Hill on July 15. There will be \$250 million more in funding next year over the current budget, if Congress goes along with the House Appropriations subcommittee, as seems likely. The biggest chunk goes to the Ryan White Care Act, which will reach \$996.3 million in appropriations.

The AIDS Drug Assistance Programs (ADAP) got the major piece of the pie, a 79 percent increase, all \$132 million that the ADAP Working Group had made a case was needed. "It's rare in this atmosphere to get what you ask for, to the penny, and have the chair say, you deserve it,"

said Bill Arnold, co-chair of the Group.

"We owe (Appropriations subcommittee chair John) Porter (R-Illinois) big time. Sticking his neck out on something like this was not particularly easy, especially in the context of the balanced budget amendment. And of course the administration didn't do a fucking thing." The Clinton White House refused to support the ADAP increase.

Daniel Zingale, executive director of the AIDS Action Council, was "elated" with the results. "Fortunately, many of our elected officials—especially Rep. Porter—understand the correlation between a sustained federal investment in AIDS research, prevention, housing, and care and the dramatic drop in AIDS deaths announced yesterday at our State of AIDS Forum."

He estimated that the increase "could allow overburdened, cash-strapped ADAPs to continue to provide medications to over 80,000 Americans living with HIV/AIDS."

Most AIDS programs received a 4-5 percent increase. That includes research at the National Institutes of Health which will grow by \$73 million. The increases were significant in the face of grumbling by a few members of Congress that AIDS receives too much money relative to other diseases. Rep. Ernest Istook, R-Okla., made those arguments in ROLL CALL July 14.

"Chairman Porter has shown true humanitarian leadership where the Clinton administration has only offered lofty rhetoric," said Rich Tafel, executive director of Log Cabin Republicans. "The only thing worse than the Clinton administration's lack of leadership on this issue is the lack of criticism against the White House from AIDS and gay organizations who have so visibly supported [Clinton]."

AIDS lobbyists were also pleased that no amendments were offered which would have restricted the administration's ability to lift the ban on federal funding for needle-exchange programs. They expect that a "clean" bill will survive the full House because of the rules under which it operates, but are unsure of what may happen in the Senate.

[Outlines, August 1997]