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March 12, 1997

TO: Terry Hammond cc: Robin Murphy
David Zucker
FROM: Tracey Freshwater
RE: Media Coverage Support for Needle Exchange as a Part of a
Comprehensive HIV Prevention Approach Among Intravenous Drug Users

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This report is provided in three parts: 1) an analysis of media coverage from January 1997 to the present including summaries and citations of editorials, news articles, and columnists; 2) an analysis of media coverage from July 1996 through December 1996 including summaries and citations of editorials, news articles, and letters to the editor; and 3) background information on needle exchange including a summary of critical reports, studies, and policy statements released between 1988 and June 1996.

I. Media coverage January 1997-February 1997

A. Editorials

1. Editorial summary

Over the past two months, there have been nine editorials supporting needle exchange programs.

All of the nine editorials cite or mention studies that prove the effectiveness of needle exchange programs and state that either the Clinton Administration or government has not lifted the ban on federal funds for the programs. Seven of the editorials, *Asbury Park Press*, *Atlanta Journal and Constitution*, *Chicago Tribune*, *The Denver Post*, *Newsday*, *The New York Times* and *San Jose Mercury News* mentioned HHS Secretary Donna Shalala's needle exchange report to Congress, which said that the concept of needle exchange programs is an effective way to combat the spread of HIV. The *Asbury Park Press*, *Atlanta Journal and Constitution*, *New York Times*, *Newsday*, *San Jose Mercury News* and *The Washington Post* cite studies or list recommendations made by various groups that needle exchange programs save lives. The *Asbury Park Press*, *The New York Times* and *San Jose Mercury News* also criticize Secretary Shalala because she ultimately "failed to recommend lifting the ban on federal funding for needle exchange programs."

The Atlanta Journal and Constitution, *The Washington Post*, *The New York Times* and *San Jose Mercury News* mentioned the panel of scientists that convened at the three day conference at NIH in February, recommending the ban on needle exchange programs be lifted. Both the *San Jose Mercury News* and *Atlanta Journal and Constitution* report that in addition to Secretary Shalala's

conclude that letting drug injectors swap used needles for clean needles pays off in HIV prevention, "*it is hardly news.*"

In addition to Donna Shalala's report and the NIH Conference, another editorial in *The Denver Post* discussed that the Colorado House of Representatives defeated a bill that would have created needle exchange programs, despite studies that have proven that the programs work. A commentary in *The Washington Post* reviews a study at New York's Beth Israel Medical Center showing that needle exchange, condom use and other behavioral changes can lower rates of HIV infection, confirming that needle exchange programs work. The commentary goes on to say that the study of the efficacy of needle exchange programs in Anchorage, Alaska is unethical, noting the Tuskegee syphilis study.

2. Editorial citations (from most recent to least recent)

- *San Jose Mercury News*, Joanne Jacobs, February 28, 1997
- *The Atlanta Journal and Constitution*, Tom Teepen, February 25, 1997
- *Asbury Park Press*, February 22, 1997
- *The New York Times*, February 22, 1997
- *The Denver Post*, February 21, 1997
- *Newsday*, February 20, 1997
- *The Washington Post*, February 15, 1997
- *The Washington Post*, Arthur Caplan and George Annas, February 11, 1997
- *Chicago Tribune*, Robert Fogel, January 29, 1997

B. News Articles

1. News Article summary

There were 12 news articles about needle exchange over the past two months. Five articles were of national scope, while seven were of local interest. Of the national articles, two articles reported on the conclusions about needle exchange programs made by the NIH Consensus Conference in February, and one article reported on Secretary Shalala's presentation of her department's \$375.8 billion budget. One article focused on Health and Human Services Secretary Donna Shalala's report on needle exchange programs, while another focused on the Fourth Conference on Retroviruses and Opportunistic Infections held in Washington, DC. Of the seven localized stories, four reported on Colorado and Michigan's attempt to implement needle exchange programs to prevent the spread of HIV. Two articles reported on the success of Baltimore's needle exchange program and the slow of the city's HIV infection, while one focused on the decline in AIDS cases in New York City.

The Washington Post and *The New York Times* were the only two articles of the 12 that solely focused on the NIH Consensus Conference. *The Washington Post* and *New York Times* reported the panel's conclusion that needle exchange programs and safe-sex education are proven weapons to fight the AIDS epidemic, but "*misguided political considerations*" and "*moral and government objections*" block the effectiveness of the programs. *The New York Times* article

quoted Robert Maginnis of the Family Research Council for his rejection of scientific evidence that sex education and needle exchange programs work, stating that the programs remained inconclusive and involved "faulty science."

Newsday reported on Secretary Donna Shalala's report to Congress about needle exchange programs, "but the report offered no clear recommendations or policy guidelines." *Newsday* continued to report, "legally, Shalala could unilaterally lift the federal ban on needle exchange funding...but has chosen not to do so." Administration sources who believe that negotiations between the Senate and White House might produce a "softening of the ban" on needle exchange funding. The NIH conference report in favor of needle exchange programs was also mentioned in the *Newsday* article.

CDC's budget for AIDS prevention was cited in the February 10 *Washington Post* article "...as it calls for programs to prevent needle sharing, but does not specifically address the utility of needle exchange programs." British Columbia was cited in the February 4 *Washington Post* for its HIV care and ambitious needle exchange programs. In 1995, British Columbia exchanged 1.8 million needles, while in 1996 the number rose to 2.3 million. A January 25 *Los Angeles Times* article reported of the sharp decline in AIDS deaths in New York City. The article also cites that a needle exchange study in Vancouver, Canada "showed a disappointingly high incidence of new infections among intravenous drug users." British Columbia city officials support "overwhelming evidence from other cities that needle exchange works....but it is only one part of what needs to be a comprehensive program."

The Detroit News and *Chicago Tribune* reported about the implementation of new needle exchange programs in Michigan. The *Denver Post* and *Rocky Mountain News* discussed how needle exchange programs are being considered by policy-makers in Colorado. The *Washington Times* and *USA Today* both reported on the success of Baltimore's needle exchange program and the slow of the city's HIV infection rate.

2. News Article citations

- *The Detroit News*, Suzette Hackney, February 25, 1997
- *Newsday*, Laurie Garrett, February 19, 1997
- *The Denver Post*, Ann Schrader, February 16, 1997
- *The New York Times*, February 14, 1997
- *The Washington Post*, Susan Okie, February 14, 1997
- *The Washington Post*, Rick Weiss, February 10, 1997
- *The Rocky Mountain News*, Dan Luzadder, February 7, 1997
- *The Washington Post*, David Brown, February 4, 1997
- *The Washington Times*, January 27, 1997
- *USA Today*, Kim Painter, January 27, 1997
- *Los Angeles Times*, Marlene Cimonis, January 25, 1997
- *Chicago Tribune*, January 24, 1997

C. Wire Services

1. Wire Services summary

Of 15 wire stories about needle exchange, four stories were national in scope. The four national stories were about HHS Secretary Donna Shalala's needle exchange report to Congress and the findings of the scientific panel that convened at NIH. The additional eleven wire articles were written from the local angle, focusing on specific cities' needle exchange programs or their attempt to implement such programs within the states.

Three of the national stories, from Reuters February 18 and Associated Press and American Health Line on February 19, featured HHS Secretary Donna Shalala's needle exchange report to Congress. The AP story reports that "*Shalala stops just short of recommending lifting the ban on federal money for needle exchange programs.*" In addition, the Reuters story reports "*Federal health officials endorsed needle exchange programmes for drug users to combat AIDS at the community level but did not seek a federally-funded national programme.*" Both the AP and Reuters story mention the backing of needle exchange programs as an aspect of AIDS prevention by the scientific panel that convened at NIH. The February 14 AP story focused on the conclusion of the panel of scientific experts selected by NIH, saying that "*Government policies are crippling efforts to combat the AIDS epidemic by blocking clean needle exchanges and safe education programs that cause people to change dangerous behavior.*"

2. Wire Services citations

- United Press International, February 27, 1997
- United Press International, February 26, 1997
- Associated Press, February 19, 1997
- American Health Line, February 19, 1997
- Associated Press, February 18, 1997
- Reuters, February 19, 1997
- Associated Press, February 17, 1997
- Associated Press, February 17, 1997
- Associated Press, February 14, 1997
- Associated Press, February 14, 1997
- Associated Press, February 5, 1997
- Associated Press, Frank Fisher, February 5, 1997
- Associated Press, February 1, 1997
- Associated Press, January 31, 1997
- Associated Press, January 27, 1997

D. Other Newspapers

1. Other Newspapers summary

There were 13 additional newspaper stories about needle exchange programs. Of the 13, four newspapers reported on the national scope and nine reported at the local angle.

Of the national scope, *The St. Louis Post Dispatch*, *Florida Today* and *Sacramento Bee* and *The Des Moines Register* reported about the conference at NIH, discussing that the effectiveness of powerful weapons against the AIDS epidemic is “being blocked by moral and government objections.” The *Bergen Record* was the only paper focus on Secretary Donna Shalala’s report to Congress, saying she “stopped short of recommending lifting the ban on federal funds for needle exchange programs.”

Locally, *The Hartford Courant* mentioned that the scientific panel at NIH endorsed needle exchange programs, but focused on Hartford’s needle exchange program and the jeopardy it faces by bills to remove needle exchange programs in the local area. Two additional newspapers, the *Baltimore Sun*, *Detroit News* printed articles regarding the success of their city’s own needle exchange programs. Two articles in *The Philadelphia Inquirer* and *Philadelphia Daily News* reported of an attack by Philadelphia City Council to suspend the city’s needle exchange program while it is under investigation. Council members are questioning the success and moral scope of the program. *The Columbus Dispatch* unveiled Columbus’ alternate plan to encourage “safer drug using” and implementing “harm-reduction” strategies. *The Boston Globe* reported that “a bill to establish a pilot needle exchange program to combat the spread of AIDS among intravenous drug users has its best chance ever to become law.” The CDC was cited in the *Austin American-Statesman*’s article about New York City’s drop in AIDS deaths, with Dr. John Ward and Dr. Harold Jaffe quoted.

2. Other Newspapers citations

- *The Philadelphia Daily News*, Mark McDonald, February 28, 1997
- *The Philadelphia Inquirer* Dianna Marder, February 28, 1997
- *News Tribune*, Caroline Young Ullmann, February 20, 1997
- *The Record*, February 19, 1997
- *The Hartford Courant*, Garret Condon, February 18, 1997
- *The Des Moines Register*, February 14, 1997
- *Florida Today*, February 14, 1997
- *Sacramento Bee*, February 14, 1997
- *St. Louis Post-Dispatch*, February 14, 1997
- *Portland Press Herald*, Frank Fisher, February 6, 1997
- *The Columbus Dispatch*, Alice Thomas, January 23, 1997
- *Austin American-Statesman*, Marlene Cimon, January 25, 1997
- *The Boston Globe*, January 19, 1997
- *Baltimore Sun*, Diana Sugg, January 26, 1997

E. Columnists

1. Columnist summary

Jane Brody writes in her *New York Times* article that in theory, needle exchange programs could reduce the likelihood of transmitting HIV infection.

2. Columnist citation

- *The New York Times*, Jane E. Brody, January 22, 1997

II. Media coverage July 1996-December 1996

A. Editorials

1. Editorial summary

Over the past seven months, eight editorials regarding needle exchange programs appeared in newspapers among the country's top-25 markets. Of the eight placements, all but three appeared to be proponents of needle exchange programs.

The CDC was cited in three of the eight. In the *San Francisco Chronicle*, the editor referenced CDC's conclusion that needle exchange programs decrease HIV transmission without increasing drug use. The *Los Angeles Times* editorial referenced CDC's endorsement of lifting the ban on federally funded needle exchange programs. Finally, in the *Chicago Sun-Times*, Salim Muwakkil referenced statistics compiled by the CDC, which said African Americans are six times more likely than whites to be infected with HIV.

The National Academy of Sciences was cited twice. In the *Chicago Tribune*, the editor made a reference to the NAS's statistic, which said the percentage of intravenous drug users in the AIDS population more than doubled from 12 to 24 percent between 1981 and 1993. Another editor for the *Detroit News* made a reference to The Department of Health and Human Services citing of a 1995 NAS report that suggests the rate of HIV infection and community drug usage had increased after the advent of needle exchange programs.

There were several issues which prompted these editorials, including President Clinton's December 1996 National AIDS Strategy, Congress' refusal to support needle exchange programs with federal funds, and the ongoing "war on drugs." Two editorials specifically commented on President Clinton's National AIDS strategy to combat the AIDS epidemic. In the *Los Angeles Times* Beau Kilmer said it ignored needle exchange programs, which are "an empirically proven measure" to reduce the spread of HIV and AIDS. These programs he said also serve as way to encourage drug addicts to seek treatment. "*Workers at these exchanges have direct, personal contact with the users and may be our best hope of reaching them.*" Mr. Kilmer feels Congress' disapproval of needle exchanges has influenced many state and local governments to take the same position.

In the *Chicago Tribune*, the editor states that some public policy issues seem “dataproof” no matter how much data and research there may be to recommend a course of action. The Clinton administration’s \$8 billion plan for combating AIDS demonstrates that point. It offers no initiatives and is silent on the issue of needle exchanges despite data and statements by the chairman of the Administration’s own AIDS council that they need to be part of the “arsenal” to slow the spread of AIDS.

Three of the editorials discussed the use of state and federal government money to fund needle exchange programs. *The Detroit News* editorial “Needle exchange: Bad Medicine” was written in response to the Detroit City Council’s unanimous approval of the legalization of needle exchange programs. Health officials it said believe swapping used syringes used by addicts for clean, sterile ones will help curb the spread of AIDS. But the editorial expressed the thought that the underlying problem is not dirty needles, but drug addiction and that City health officials would be better off focusing on getting addicts off drugs instead of offering them a safer way to abuse them.

The other two editorials, however, did not feel the same way. In the October 10 *Newsday* Jeffrey L. Reynolds, director of public policy for the Long Island Association for AIDS Care and a member of the New York State AIDS Advisory Council, points out that state and federal laws have prevented drug addicts from getting sterile needles and as a result those addicts have resorted to sharing contaminated one and have become infected with HIV and AIDS. *“New York State should deregulate the sale and possession of syringes, while simultaneously taking steps to ensure safe disposal and close evaluation. The health department should expand syringe exchange initiatives, increasing hours of operation and geographic diversity-particularly in suburban areas like Long Island. Giving the absolute proof of their success, President Bill Clinton should lift the ban on federal funding.”*

In the *Cleveland Plain Dealer* Kenneth A. Vail, founding director of the Xchange Point, responds to the column “Free condoms, clean needles - no lectures” (December 17) which shows that although Phillip Morris may not agree with needle exchange programs, he still remains factual. Mr. Vail thanks *The Plain Dealer* and Mr. Morris for a “fair and accurate description” of some of the activities Xchange Point’s harm reduction and AIDS prevention program are conducting. He states that adults who use drugs for nontherapeutic reasons and youths who are sexually active “...require and deserve immediate access to life-saving tools and information in a manner that is both dignified and respectful.” Mr. Vail also feels strategies aimed at reducing HIV and other infectious diseases must be proactive, easily accessible, and as nonjudgemental as possible.

There were two editorials which focused on needle exchange programs and the “war on drugs.” “The drug czar’s views” in the *San Francisco Chronicle* discussed drug czar, Barry McCaffrey, and his belief that treatment programs are an important and effective, but underfunded, part of the effort to stop drug abuse. However, it also criticized General McCaffrey for his views against exchange programs. The other editorial found in the September 20 issue of *Newsday* was written by Eva Bertram, a Washington policy analyst and Kenneth Sharpe, professor and chairman of Swathmore College’s political science department, co-authors of “Drug War Politics: The Price

of Denial.” With regard to needle exchange programs, it said insisting to use force to stop drug use prevents public health measures, such as needle exchange programs, to stop the spread of AIDS. *“A smart drug strategy would measure harms caused by drug abuse against the harms caused by drug policies, to make certain that the cure isn’t worse than the disease.”*

Finally, in the *Chicago Sun-Times* Salim Muwakkil accuses Black leaders of ignoring the threat of AIDS. He cites the main reason as internal barriers. Public perception of AIDS as a “gay disease” has distanced African Americans, who tend to be affiliated with a church, with “doctrinal antagonisms to gays.” *“Increasing numbers of African Americans believe AIDS is part of a genocidal plot to wipe out black people.”* In addition, many of the same people also see risk reduction precautions as another part of the plot. For example, many African American leaders condemn needle exchange programs as pretext for pushing drugs upon African Americans.

Below is a listing and summaries of the needle exchange editorials from major papers across the country.

2. Editorial citations (from most recent to least recent)

- *Los Angeles Times*, Beau G. Kilmer, January 13, 1997
“Are needle exchanges a forgotten weapon in the war against AIDS?’ Yes: Lift the funding ban on these proven programs and make them part of the national strategy for fighting the disease”
Author is a policy analyst in the Preventive Diplomacy Program at the Center for Strategic and International studies in Washington, DC; Kilmer says needle exchange programs should be a focal point of any AIDS strategy; criticizes Clinton’s six-point plan to combat AIDS by not mentioning needle exchange programs; CDC, National Research Council and IOM reports cited.
- *Cleveland Plain Dealer*, Kenneth A. Vail, January 4, 1997
“AIDS is enemy, not needles”
Writer is founding director of Xchange Point, an organization that provides harm reduction and AIDS prevention programs to individuals. He quotes: *“We need to remember that HIV/AIDS is the ‘enemy,’ not those of us involved in helping reduce its spread.”*
- *Chicago Tribune*, December 22, 1996
“Open a new front in the AIDS war”
Says needle exchanges are not the grand solution to AIDS or drug addiction, but until a cure or medical treatment is developed, needle exchange is the best means to battle the epidemic; Illinois and ten other states still ban sales of hypodermic needles without prescription; National Academy of Science, Kaiser Family Foundation statistics cited.

- *Chicago Sun-Times*, Salim Muwakkil, December 11, 1996
“Black leaders ignore AIDS threat”
“Increasing numbers of African Americans believe that AIDS is part of a genocidal plot to wipe out black people. Although many AIDS experts endorse needle-exchange programs to curtail the spread of the disease, many African American leaders condemn such programs as pretexts for pushing drugs to blacks.” The author writes that black America cannot afford this “foolish obstinacy.” CDC statistics cited throughout.
- *Newsday*, Jeffrey L. Reynolds, October 10, 1996
“Needle ban isn’t curing drug epidemic”
 Author is director of public policy for the Long Island Association for AIDS Care and a member of the NY State AIDS Advisory Council; writes that *“NY state should deregulate the sale of and possession of syringes, while simultaneously taking steps to ensure safe disposal and close evaluation.”*
- *Newsday*, Eva Bertram and Kenneth Sharpe, September 20, 1996
“We’re fighting the wrong drug war”
 Bertram is a Washington policy analyst and Sharpe is a professor and chairman of Swarthmore College’s political science department. They are co-authors of “Drug War Politics: The Price of Denial.” Writing about the presidential debate on drugs, they conclude that “the insistence on using force to stop drug use thwarts public health measures, such as needle exchange programs to stem the spread of AIDS.”
- *San Francisco Chronicle*, August 17, 1996
“The drug czar’s views”
 Editorial staff comments on drug czar Barry McCaffrey’s views against needle exchange programs and denial of medicinal value of marijuana; cited CDC statistic: *“Needle exchanges diminish HIV transmission without increasing drug use.”*
- *The Detroit News*, August 8, 1996
“Needle exchange: Bad medicine”
 The Detroit City Council unanimously approved legalizing needle-exchange programs. The editorial staff does not agree with needle exchange and says that needle-exchange “may cause more damage than it avoids.” Staff writes that the underlying problem is drug addiction, not dirty needles; HHS and National Academy of Sciences cited.

B. News Articles

1. News Articles summary

From July 1996 to the present, there were 23 news stories on needle exchange written by staff writers in the top-25 markets. CDC was referenced one time in each of the following articles: July 16 *Washington Post*, July 22 *Boston Globe*, and August 1 *Detroit News*. In addition, Dr. Helene Gayle was quoted in an article in the July 24 issue of *The Houston Chronicle*.

The articles were primarily on the controversy surrounding needle exchanges, as an effort to prevent the spread of HIV. And overall, most critics wrote that support for such programs is condoning drug use. The focus varied slightly, however, depending on whether the issue was related to the federal, state, or local government. On a federal level, articles focused on the Clinton Administration and the fact that few needle exchange programs exist due to federal restrictions on funding. Donna E. Shalala, the Secretary of Health and Human Services was constantly criticized because of her refusal to endorse such programs. Next, on a state level, there was a fair amount of coverage of California Governor Pete Wilson, New Jersey Governor Christine Todd Whitman, and New York Governor George Pataki because they are so strongly opposed to needle exchange programs. Finally, on a local level, particular needle exchange programs in cities such as New York, New Bedford, CT, Detroit, Baltimore, Hartford, and Cleveland and the communities criticism were examined.

In December 1996, there were four articles in the December 29 *Rocky Mountain News*, December 13 and October 18 *Washington Post*, and October 18 *New York Times* specifically written on a controversial needle exchange research project in Anchorage, Alaska. Peter Lurie and Sidney Wolfe of Public Citizen's Health Research Group, a consumer advocacy organization were asking National Institutes of Health (NIH) Director Harold Varmus to revoke funding for the study and compared it to the Tuskegee experiments. Dr. Varmus who endorsed the research said the study would proceed as long as drug users in the program were given vouchers to receive shots against hepatitis B.

There were also three articles written in the December 1 and 18 *Chicago Tribune* and November 12 *Newsday* on President Clinton's December 1997 "National AIDS Strategy." Critics said the report focused mainly on existing federal efforts to fight the epidemic and sidestepped budget questions and policy disagreements. It remained neutral on the question of whether federal funds should be used in needle exchange programs. The Department of Health and Human Services is preparing a report, due in February of 1997 on whether needle exchange programs are effective in reducing AIDS infection without increasing drug addiction.

To date, there are 86 known U.S. needle exchanges, according to the North American Syringe Network, ranging from the publicly funded New York and San Francisco programs to underground operations run out of activists' pockets.

Below is a listing of the needle exchange news coverage in major papers from across the country.

2. News Articles citations

- *Rocky Mountain News*, Linda Wieford; Scripps-McClatchy Western Service, December 29, 1996
"Anchorage instills clean needle program; HIV transmission among IV users low, and group hopes to keep it that way"
- *The Detroit News*, Wayne Woolley, December 23, 1996
"Special Report: Needle exchange. AIDS fight combines new tactic, old advice"

- *Chicago Tribune*, David S. Cloud, December 18, 1996
"For first time, U.S. makes finding cure for AIDS a goal; critics say new report short on specifics, new ideas"
- *Washington Post*, John Schwartz, December 13, 1996
"Study of anti-AIDS 'needle exchange' programs is ethical, NIH panel concludes"
- *The San Francisco Chronicle*, December 5, 1996
"Gay leader from L.A. possible AIDS Czar; front runner's illness diagnosed last year"
(Pat Christen, SF AIDS Foundation)
- *The New York Times*, Terry Pristin, December 4, 1996
"Drug fines will fight AIDS" (Gov. Christine Todd Whitman)
- *Chicago Tribune*, Tribune News Services, December 1, 1996
"Gay group criticizes Shalala, Pataki for AIDS response"
- *Dallas Morning News*, Douglas Martin (New York Times News Service), November 17, 1996
"Project dispenses clean needles, dose of humanity to addicts; exchange program cuts in half new HIV cases in NYC drug users"
- *New York Daily News*, Robert Ratish, November 17, 1996
"Helping hands on mean streets; AIDS risk spurs needle exchange"
- *Newsday*, Laurie Garrett, November 12, 1996
"New leaders in AIDS battle? / Changes in store, Shalala suggests"
- *The Detroit News*, Tracy L. Pipp, October 28, 1996
"Health: Needle exchange aims at reducing spread of HIV"
- *The New York Times*, Warren E. Leary, October 18, 1996
"Questions on ethics lead to review of needle-exchange study"
- *Washington Post*, John Schwartz, October 18, 1996
"NIH to review needle exchange study criticized for possible medical risk"
- *Los Angeles Times*, Faye Fiore, September 24, 1996
"An AIDS fighter on a tightrope; as head of the President's advisory panel, L.A. doctor R. Scoot Hitt maneuvers between and administration that's done more than any other to battle the disease and a gay community that wants a cure"
- *Rocky Mountain News*, Diana Walsh, August 16, 1996
"Mayor aims to protect medicinal pot; politics swirls around S.F. needle exchange"

- *San Francisco Chronicle*, Clarence Johnson, August 16, 1996
"No marijuana 'emergency' for S.F.'s sick; supervisors committee kills resolution to OK medical use"
- *Atlanta Journal and Constitution*, Chet Fuller, August 12, 1996
"Notes on cities: Drop-off boxes for drugs needles in Baltimore"
- *The Houston Chronicle*, Carol Morello; *Philadelphia Inquirer*, August 10, 1996
"Despite benefits for terminally ill, cannabis clubs take hit from law"
- *The Detroit News*, Corey Williams, August 1, 1996
"Detroit council OK's needle exchange to battle AIDS"
- *The Houston Chronicle*, Leslie Laurence; Universal Press Syndicate, July 24, 1996
"More physicians should talk with patients about AIDS"
- *Boston Globe*, Richard A. Knox, July 22, 1996
"Clean-needle programs work but the resistance continues"
- *Seattle Times*, Linda Keen, July 19, 1996
"Recovery group to open Capitol Hill needle exchange--program gets 'guarded go-ahead' from area merchants"
- *Washington Post*, Paula Span, July 16, 1996
"Needle exchanges inject controversy in AIDS prevention"

C. Letters to the Editor

1. Letters to the Editor summary

Over the past seven months, four letters to the editor about needle exchange appeared in newspapers among the country's top-25 markets. The CDC was cited in the September 21 *San Diego Union-Tribune* as having "*concluded that needle exchanges do reduce the transmission of HIV and do not increase drug use.*"

Of the four placements, one of the letters was a proponent of needle exchange programs, while the other three were not. In the September 28 *San Diego Union-Tribune* E. Thomas Ritter writes in favor of such programs. He believes people misunderstand this controversial but necessary program. They "*...are not only a way to prevent the spread of AIDS but are also effective in helping social workers reach addicts with information about AIDS prevention, HIV-testing services and drug treatment options.*"

One of views held by the opposing side is that needle exchanges encourage drug use. John Stegall in the *Los Angeles Times* says "*Giving an addict a needle is called enabling--whether*

that needle is provided by a dealer or by the government.” He feels, as a society, we must not support drug addiction in order to fight AIDS. Another view held by the opposition is that needle distribution is much more complicated than people think. In a letter to editor in the September 21 San Diego Union-Tribune Mary E. Hand says she does not believe that addicts, given fresh syringes, will decide on “single use or proper disposal.” She thinks we “*Might as well give them the money.*” Needle distribution, Ms. Hand states, will require such solutions as disposal sites.

In another letter to the editor in the September 21 *San Diego Union-Tribune* Ian Trowbridge, professor and director of the Cancer Biology Laboratory at The Salk Institute, discusses the Health Services Advisory Board and its vote to recommend that county supervisors initiate a needle exchange program in San Diego. He states that this action is supported by the medical community and the vast majority of the biomedical community. However, Mr. Trowbridge says it is unclear what “policy making support” Dr. Robert Ross, the head of the Health Services Advisory Board, would require to find the courage to publicly support an effective but politically difficult public health policy.

Below is a listing and summaries of the needle exchange Letters to the Editor from major papers across the country.

2. Letters to the Editor citations

- *Los Angeles Times*, January 17, 1996
“Needle exchange programs”
John Stegall believes needle exchanges are not a forgotten weapon in the war against AIDS. *“We must not nurture the fatal disease of addiction in order to fight the fatal disease of AIDS.”* He feels if an addict gets AIDS or hepatitis from a dirty needle, that is the consequence of his or her own actions.
- *The San Diego Union-Tribune*, September 28, 1996
“Clean-needle exchange can help prevent spread of AIDS”
E. Thomas Ritter states *“Clean-needle exchanges have been operated successfully in many of our largest[cities. The Centers for Disease Control has concluded that clean-needle exchanges do reduce the transmission of HIV and do not increase drug use.”*
- *San Diego Union-Tribune*, September 21, 1996
“Clean-needle exchange plan for addicts won’t work”
Mary E. Hand believes that drug addicts, given fresh syringes, will still share and not properly dispose of the dirty needles.

- *San Diego Union-Tribune*, September 21, 1996
“Medical community backs needle-exchange program”
 Ian Trowbridge, professor and director of the Cancer Biology Laboratory at The Salk Institute, states that the *“Health Services Advisory Board voted overwhelmingly to recommend that county supervisors take action to initiate a clean-needle exchange program in San Diego.”* Needle exchanges are also supported by the county Medical Society and the biomedical community in San Diego.

D. Other Newspaper Articles

Below is a listing of the needle exchange news coverage in other papers from across the country.

Other Newspaper Articles citations

- *The Hartford Courant*, Eric Ferreri, December 22, 1996
“Needle exchange to close; Willimantic officials opposed to program”
 (Sen. Thomas F. Upson (R-Waterbury))
- *The Hartford Courant*, Steve Jensen, December 22, 1996
“Stronger needle-exchange controls sought; Willimantic girl pricked by discarded needle last month”
- *Pittsburgh Post-Gazette*, December 20 1996
“Needle exchange” (Harold Varmus, Director of NIH)
- *Cleveland Plain Dealer*, Phillip Morris, December 17, 1996
“Free condoms, clean needles – no lectures”

III. Background information 1988-1995

A. National Academy of Sciences Report

In 1988, Congress passed a ban on federal funding for needle exchange programs until research could show they were an effective tool in reducing the risk of HIV infection without encouraging drug use. But in 1992, Congress passed legislation ordering the Department of Health and Human Services to request a study of the issue by the National Academy of Sciences, a federally chartered, independent research organization. The legislation said if the academy found that needle exchange programs and efforts to distribute bleach to addicts for sterilizing needles were effective in reducing HIV infection while not encouraging drug use, then the Surgeon General would be empowered to lift the ban on Federal financing for such programs.

In September of 1995, the National Academy of Sciences released a report, “Preventing HIV Transmission: The Role of Sterile Needles and Bleach,” which found that both criteria had been met and recommended that the federal funding ban on needle exchanges be lifted. The study

panel, jointly organized by the academy's National Research Council and the Institute of Medicine, also urged the repeal of laws in eight states, including California, making it illegal to buy and distribute needles and syringes without a prescription. The report reaffirmed the findings of the American Medical Association, the General Accounting Office and two reports for the CDC.

Since the position of U.S. surgeon general was vacant at the time, the report called on Secretary of Health and Human Services Donna Shalala to lift the seven-year ban on using federal funds for needle exchange programs. Dr. Philip R. Lee, the department's Assistant Secretary for Health, commented that needle exchange programs are a complex public strategy and officials of the Clinton administration would study the report and consult with Congressional committees on the issue. He also noted that Congress has opposed federal funding for such programs.

B. CDC & state Health Department of Connecticut studies

In addition to the Academy of Sciences report, studies were also being done by the U.S. Centers for Disease Control and Prevention and the state Health Department of Connecticut. These studies sought to determine how many drug users had stopped sharing needles and bought their syringes at pharmacies instead of on the street. The results were published in the September 1995 issue of the Journal of AIDS and showed needle sharing among drug addicts in Connecticut was down about 40 percent since the state legalized the sale of syringes three years earlier. Street sales of needles had dropped sharply once drug users were able to buy as many as 10 sterile needles at a time over the counter.

Pharmacies were also surveyed to see how many syringes were being sold and to gauge a store's willingness to sell them over the counter. Based on phone interviews with managers at 139 pharmacies, researchers said that by the end of 1993, 83 percent of the 697 pharmacies in the state had sold 56,000 needles over the counter per month. One drawback of the behavioral findings, however, was that they were self-reported, coming from interviews with about 258 drug addicts at drug-treatment centers and jails.

C. White House Conference on HIV and AIDS

On December 7, 1995, at President Clinton's first White House conference on HIV and AIDS, he said nothing about needle exchange programs. When asked about the Administration's policy on needle exchanges, Donna E. Shalala, the Secretary of Health and Human Services, said that there was a controversy over research into the effectiveness of such programs, but that the research would be regularly reviewed.

EDITORIALS

Feb. 28--Among the victims of the war on drugs are thousands of Americans -- many of them women and [children] -- who died of [AIDS] because the federal government has kept clean [needles] from [intravenous] [drug users].

Last week, Health and Human Services Secretary Donna Shalala issued a report to a Senate committee conceding that research shows [needle]-[exchange] programs slow the spread of [AIDS] from addict to addict to sexual partner to baby.

A National Institutes of Health panel told Shalala that the scientific evidence is overwhelming: [Needle] [exchange] saves lives.

That's not news. In 1993, the federal Centers for Disease Control urged lifting the ban, endorsing a University of California study that found [needle]-[exchange] programs to be effective; the Institute of Medicine of the National Academy of Sciences recommended federal support for [needle] [exchange] in 1994. The National Commission on [AIDS], the Office of Technology Assessment, the General Accounting Office and the American Medical Association agree.

But Shalala failed to recommend lifting the ban on federal funding for [needle]-[exchange] programs.

Drug warriors fear that [needle] [exchange] "sends a message" that shooting up heroin is OK. But the research also shows that [needle]-[exchange] programs don't increase drug use by addicts or persuade non-users to try heroin. The National Institute on Drug Abuse accepts the evidence; the politicians won't. If anything, [needle] [exchanges] reduce drug use by linking addicts to health workers, who refer them to rehab programs.

The real message sent by the federal ban is this: Go ahead and die. If you shoot up drugs, or have sex with someone who shoots up, or are born to a mother who had sex with someone who shoots up, your life is not worth saving.

At the Vancouver [AIDS] conference last year, researchers estimated that 10,000 Americans were infected with [AIDS] from 1987-1995 because federal policy blocked the expansion of programs that take addicts' used [syringes] and give them clean [needles] in [exchange]. Their medical care has cost more than \$500 million. Another 5,000 to 11,000 people will be infected by the year 2000 if the ban continues, said Peter Lurie of the Center for [AIDS] Prevention and the University of California at San Francisco and Ernest Drucker, of Albert Einstein College of Medicine.

[Needle] [exchange] started in the U.S. in 1988 in Tacoma. Volunteers risked arrest to persuade [drug users] to trade dirty [needles] for sterilized [syringes], and they gave advice on avoiding [AIDS] infection.

As evidence mounted that [needle] [exchange] significantly cuts [AIDS] infection rates, dozens of cities found ways to sidestep drug paraphernalia laws in order to provide [needle] [exchange]. But Congress and the Clinton administration maintained the federal funding ban.

It's now estimated that 650,000 to 900,000 Americans are infected with the [AIDS] virus; more than one in four are infected because someone used a dirty [needle]. The number is rising rapidly: One in three new [AIDS] cases are linked to [intravenous] drug use.

It's not just addicts who are dying. Two-thirds of [AIDS] victims infected through heterosexual sex are women; only 7 percent say they had a bisexual partner; 2 percent had a partner infected through a blood transfusion or hemophilia.

Some of those women get pregnant. The baby will be an [AIDS] victim or an [AIDS] orphan.

Minorities, especially blacks, are disproportionately affected: Three-quarters of women with IV-linked [AIDS] are black.

One way to stop the epidemic from spreading is for all [intravenous] drug abusers to kick the habit, and for all women to insist on an [AIDS] test and a marriage license before having sex, and for all women to take an [AIDS] test before becoming pregnant.

Until that happens, one of the most effective ways to fight the [AIDS] epidemic is to give [drug users] clean [needles], advice on avoiding infection and an opportunity to get into a rehab program.

Saving people's lives should be more important than playing drug-war politics.

Joanne Jacobs is a member of the San Jose Mercury News editorial board. Her column appears on Mondays and Thursdays. You may reach her at 750 Ridder Park Dr., San Jose, CA 95190, by fax at 408-271-3792, or e-mail to JJacobs(at)sjmercury.com.

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03:10 02-28-97

Profile:

AIDS
children
needles
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Needle
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syringes

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LEVEL 1 - 2 OF 240 STORIES

Copyright 1997 The Atlanta Constitution
The Atlanta Journal and Constitution

February 25, 1997, Tuesday, CONSTITUTION EDITION

SECTION: EDITORIAL; Pg. 19A Tom Teepen

LENGTH: 539 words

HEADLINE: POWER AND POLITICS;
Clean needles and dirty hands

BYLINE: Tom Teepen

BODY:

How's this for a deal? A cut of, oh, 30 percent or so in the spread of the HIV virus that causes AIDS at little or no increase in public cost. In fact, with a big profit in the long run.

On average, AIDS cases cost \$ 119,000 to treat. Every prevented infection is money in the bank, but don't expect the savings anytime soon. Political correctness bars the way.

Conservative political correctness, that is. P.C. isn't exclusive to liberal trendies, and the findings of science are just so much evil bother to the right if they don't square with its social assumptions and political goals.

If forlornly, then, and only for the record, three recent studies have added to the already heavy body of evidence that making clean needles available to intravenous drug users sharply reduces the spread of HIV.

Users sharing needles already account for a large part of the new infections; some estimates believe the figure will be 75 percent by 2000. What is more, drug users, through subsequent sex, provide one of the major pathways for the spread of the infection into the general population.

A study for the National Institutes of Health, another by Beth Israel Medical Center in New York and a review by the U.S. Department of Health and Human Services have come to the same conclusion ---that letting drug injectors swap used needles for clean ones pays off in HIV prevention.

And contrary to conservative dogma, the 12-member NIH scientific panel found that "a preponderance of evidence shows either no change or reduced drug use. . . Individuals in areas with needle exchange programs have increased likelihood of entering drug treatment programs."

If all this is welcome additional data, it is hardly news.

Needle exchanges in Canada, the Netherlands, Sweden and the United Kingdom already have proved effective against the spread of AIDS, as have programs in the few U.S. cities that have dared to use them.

Yet most states make the nonprescription sale of needles illegal, and Congress forbids the use of federal AIDS-prevention funds for exchanges. Nor is this the only area where AIDS policy runs counter to science.

The biggest-ever boost in HIV preventive funding occurred last year when Congress voted \$ 50 million for abstinence-only sex education programs that skimp on information ---about condoms, for instance ---in favor of propagandizing the young against ever having sex outside marriage.

The fantasy flies in the face of common sense and universal experience. The NIH report, for instance, says the abstinence-only approach "places policy in direct conflict with science and ignores overwhelming evidence that other programs would be effective. Such abstinence-only programs cannot be justified."

The larger issue here is the increasing dangerous vulnerability of public-health medicine to know-nothing political agendas.

The NIH panel writes, "Most urgent is the need to rapidly bridge the serious gap that is widening between clear scientific results and the law and policies of the United States."

Ignorance can kill you. And politically enforced ignorance can kill hordes.

Tom Teepen is national correspondent for Cox Newspapers. His column appears Tuesdays and Sundays.

LOAD-DATE: February 26, 1997

LEVEL 1 - 21 OF 240 STORIES

Copyright 1997 Asbury Park Press, Inc.
Asbury Park Press

February 22, 1997, Saturday

SECTION: A, Pg. 10, Editorial

LENGTH: 427 words

HEADLINE: Combating AIDS;
Hope for lifting U.S. ban on needle exchange programs

BODY:

There's little doubt of the public health benefit that would accrue from statewide efforts to replace the dirty needles of intravenous drug users with clean ones. Yet needle exchange programs remain rare in the state, existing uneasily outside the law, even in communities where drug use and AIDS are pervasive. Politicians who control public health policy refuse to accept the facts about the benefits of needle exchange.

Six federally-funded studies from 1991 to 1995 and two reviews of needle exchange programs by the U.S. Centers for Disease Control debunk misconceptions that politicians, including Gov. Whitman, put forth to oppose needle exchange. Such programs do not encourage drug use, but effectively slow the spread of the virus that causes the deadly AIDS virus.

Health and Human Services Secretary Donna Shalala this week endorsed the concept of needle exchange as a strategy to combat the spread of the AIDS virus. But Shalala stopped short of recommending that Congress lift the ban on federal funds for needle exchange programs.

Admittedly, pushing through needle exchange programs in Congress, or in the New Jersey Statehouse, would be difficult. But it's worth trying. Too many people are being infected with the AIDS virus while the nation dithers over whether needle exchange might weaken its stance against illegal drug use.

Preventing addicts from sharing disease-infected needles has been shown to slow the transmission of the AIDS virus from addicts to their partners and children. It also can reduce the spread of other diseases, such as hepatitis.

This approach to disease control challenges perceptions. Politicians seem content to sound right on the issues, even when the evidence proves them wrong.

The Clinton administration should take the initiative to persuade Congress and the public to act on the facts, and not on unfounded fears.

President Clinton should use his bully pulpit to help the nation see through the law-and-order rhetoric that wrongly equates needle exchange with supporting drug use.

Without the support of the White House or from a governor willing to champion the cause, needle exchanges will continue to operate in desperate corners of

Asbury Park Press, February 22, 1997

communities, where the fear of arrest may hinder their outreach. This effective AIDS prevention strategy needs to be sanctioned and broadened, not relegated to the margins of communities.

It is time to separate politics from science. Needle exchange has proved effective in slowing the spread of the AIDS virus. Political posturing has not.

LOAD-DATE: February 25, 1997

The New York Times

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Federal Funds for Clean Needles

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

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

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

More recent studies done for the Massachusetts Department of Public Health and in Baltimore by the Johns Hopkins School of Public Health con-

firmed those observations. Federally funded studies conducted by the National Institute on Drug Abuse also report no increase in the frequency of drug injection associated with needle-exchange programs. A conference of scientists convened by the National Institutes of Health on AIDS prevention stated unequivocally last week that there is no doubt that needle-exchange programs work.

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

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

4TH STORY of Level 1 printed in FULL format.

Copyright 1997 The Denver Post Corporation
The Denver Post

February 21, 1997 Friday 2D EDITION

SECTION: DENVER & THE WEST; Pg. B-06

LENGTH: 1209 words

HEADLINE: EDITORIALS

BODY:

Deadly partisanship kills anti-AIDS bill

In a vote that will waste both taxpayer dollars and human lives, the Colorado House of Representatives defeated a bill Wednesday that would have created a needle-exchange program designed to reduce the spread of the HIV virus and encourage substance-abuse treatment for drug addicts.

In a blatant display of partisan politics, Republicans trounced the Democrat-sponsored legislation - even as the Colorado Board of Health, meeting 4 miles across town, was voting unanimously to support exemptions to the state's drug-paraphernalia law for needle exchanges.

The "standing" House vote, in which names of lawmakers aren't recorded, also came just one day after U.S. Health and Human Services Secretary Donna Shalala reported to Congress that needle exchanges help prevent HIV and bring "difficult-to-reach populations" into drug treatment.

Five federal studies have proven those claims. But House Republicans dug in their heels despite the overwhelming scientific evidence, citing fears that the program might encourage drug abuse.

Colorado law now calls for a \$ 100 fine and arrest of anyone possessing a syringe. HB 1289 would have exempted syringes obtained from a needle-exchange program and program workers, and it would have encouraged referrals to drug-treatment programs.

Yet Rep. Jeanne Adkins, R-Parker, went so far as to complain that HB 1289's chief philosophy "is simply to prevent the spread of AIDS."

If she really objects to that goal, we confess a sense of relief that Adkins wasn't in a position to block the vaccination drive sponsored by the World Health Organization - which was admittedly motivated simply by a desire to prevent the spread of another deadly disease, smallpox.

The death of this legislation will spell death for many more Coloradans - as dazed and confused junkies needing a fix continue to contract HIV via used needles. Some of the junkies will undoubtedly pass the disease on to innocent victims. Some may get pregnant and have babies doomed to a short life with a ravaging illness. Others likely will have unprotected sex with unwitting partners.

And AIDS - the killer disease without a cure - will continue to march across Colorado.

All in the name of ignorance and partisan politics. Pardon the redundancy.

"Had this been a Republican bill, it would have passed," said its sponsor, Adams County Democrat Alice Nichol. "Now that's unfortunate."

Instead, HIV infections will multiply, along with pain, suffering and our tax burden. Shame on you, House Republicans. --- --- --- Freer flow of information might undermine Castro

Despite criticism that American media are allowing themselves to be used, President Clinton's approval for 10 news agencies to set up bureaus in Cuba opens the way for a day-to-day presence on Fidel Castro's turf. That is bound to shed more light on actual conditions there, and America and the rest of the world are bound to benefit.

Of the 10 U.S. news organizations (six print and four electronic) that have been given permission to open bureaus in Cuba, only CNN, the cable news network, has Castro's OK, which now seems to hinge on whether U.S. reporters will be able to function there with minimal government interference.

That seems a curious term, because government by interference is the very sinew of Castro's grip on the island nation. Tight control of what Cubans are allowed to see and hear about their own government and the outside world is the acknowledged success secret of his embarrassingly durable regime.

For the dictator to allow U.S. reporters anything approaching free access to the island seems odd, but his long career has often been punctuated by actions that baffle not only his enemies but his allies. He is famous for having something up his sleeve.

To set up their bureaus, the American news organizations would be allowed to bring dollars into Cuba to rent facilities and hire personnel. Shipping cash to Cuba runs against the trade embargo with which the U.S. has sought to punish and isolate the Havana regime, and even so small a lapse could undermine it, if not in fact at least in principle.

The increasingly cash-starved Cubans would love to see even so small a money trickle as the news agencies' operating funds, and in an economy as stagnant as Cuba's, even the slightest movement of money could cause waves of dissatisfaction.

More important than the money infusion, however, would be the information infusion.

As well as being shipped out, news would be shipped in, if not officially, then bootleg. To some extent, Castro will be able to influence the outflow, but the inflow will be much harder to control.

A steady supply of news from Cuba would give the American public a better idea of what life in Cuba is like than they have been able to piece together

6TH STORY of Level 1 printed in FULL format.

Copyright 1997 Newsday, Inc.
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February 20, 1997, Thursday, QUEENS EDITION

SECTION: VIEWPOINTS; Page A42

LENGTH: 302 words

HEADLINE: FACTS ON NEEDLE EXCHANGES ARE IN; FUNDS AREN'T

BODY:

This just in from the Department of Health and Human Services: Needle exchanges for drug addicts perform as promised. They pull outsiders into the public health-care system and drug treatment programs. They also help prevent HIV infections among drug injectors.

In releasing her needle-exchange report to Congress this week, HHS Secretary Donna Shalala did a fine job of stating the obvious. The statistical validation for these programs has been well known for years. But missing in action is the political courage to apply this insight. Washington still bans the use of federal money for needle-exchange programs.

A safely re-elected Bill Clinton could lift the ban single-handedly. This wouldn't be a huge strain in the broad scheme of things. But the move must poll badly. Instead, the president has turned the idea over to Sen. Arlen Specter (R-Pa.), who heads the health and human services subcommittee.

Too bad. Public-health workers say needle-exchange programs in New York City have helped cut AIDS deaths by 30 percent. And yes, they have served to steer addicts toward primary health care and into drug treatment while reducing HIV infections. But city programs mainly use state money.

Federal help would be a godsend.

Now, maybe - to give the administration the benefit of the doubt - Clinton is just moving methodically. Maybe he's building a mandate on Capitol Hill for needle exchanges instead of handing down a controversial fiat that Congress could quickly overturn. If so, we hope to see results from his strategy soon.

Otherwise there's only one conclusion to draw from Washington's dawdling: Clinton and his fellow politicians in Congress would rather let AIDS exact its current high toll than tackle a correct but controversial cause. Please, folks, prove us wrong.

LANGUAGE: English

LOAD-DATE: February 20, 1997

56TH STORY of Level 1 printed in FULL format.

Copyright 1997 The Washington Post
The Washington Post

February 15, 1997, Saturday, Final Edition

SECTION: EDITORIAL; Pg. A22

LENGTH: 488 words

HEADLINE: Needles and Classroom Candor

BODY:

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

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

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

It is tempting to be lulled by recent progress in the development of drugs to treat AIDS. But that is premature and wrong. The rate of new infection continues to be high, and emphasis must remain on prevention. Young people and drug users are at the greatest risk. Scientists have demonstrated that better sex education and needle exchanges are effective ways to limit the spread of the disease

The Washington Post, February 15, 1997

without encouraging either sexual promiscuity or drug addiction. Government policies that reject these findings and ignore these preventive steps should be changed

LANGUAGE: ENGLISH

LOAD-DATE: February 15, 1997

MOON

Coverage

in about a reader who had that was more than two years isn't paying because it's billing. Your reader for was required to file the claim with the insurance company patient is not responsible. A podiatrist says the insurance should have such records to coverage the insurance

insurance plan was one that covered providers of services to patients, then the podiatrist should be paid. But this also sounds like it's covered by traditional insurance outside the plan's usual coverage. A patient would still be responsible for payment from insurance. If the employer was an employer-provided plan, the employer may also be able to

insurance under a plan and we've just found out that there's a law under which we could sue for pregnancy? Or are there plans that cover pregnancy as a

requirement that an insurance company cover someone in your situation. If you have a preexisting condition, health maintenance organization requirements, you might be worth checking with your insurance to determine if there are any exclusions that might help you out. Congress last year known as the Omnibus Budget Reconciliation Act (or OBRA) was supposed to help people in need. It was designed to make sure that there was coverage for reasons such as AIDS. However, this part of the act will not take effect until next summer.

Questions about health care coverage are occurring in the community, and the debate over access to care is growing. Post free telephone for your questions. Call 1-800-368-3000 on a touch-tone phone or code 8500 (in Prince George's County 44110). Economist at the Institute provides information. Questions cannot be



Study of Needle Exchanges Puts Politics Ahead of Health

A Question of the Welfare of the Drug-Abusers

By Arthur L. Caplan and George Annas
Special to The Washington Post

Last month a team of researchers from New York's Beth Israel Medical Center published a study showing that needle exchange, condom use and other behavioral changes can lower rates of infection with the AIDS virus in intravenous drug users. This study confirms others: making sterile needles available to addicts (so that they do not share or reuse them) prevents the transmission of the human immunodeficiency virus (HIV) that causes AIDS.

At about the same time the National Institutes of Health approved funding for a \$2.4 million study of the efficacy of needle-exchange in preventing HIV infection in Anchorage, Alaska. The study will

COMMENTARY

randomly divide injection drug users into two groups: One will get free needles at a new needle exchange program and the other will be told how to purchase them at drugstores. The aim of the study is to find out which distribution method works best by counting the number of addicts who contract hepatitis B, a virus whose route of transmission is very similar to that of HIV.

The two events are not unrelated. The appearance of the Beth Israel paper in the American Journal of Public Health helps demonstrate just how senseless and unethical it is for NIH to fund the Anchorage study.

Scientists who conduct research on humans have an ethical obligation to protect their subjects by, among other things, making sure that there is no reason "to believe that death or disabling injury will occur" in the study. Researchers cannot simply stand by and observe as their subjects develop devastating diseases that could be prevented. This is a lesson learned in the notorious Tuskegee syphilis study, in which federal physicians observed poor rural black men while their disease progressed, rather than treating them. It is not ethically acceptable to learn from the misery of the vulnerable without protecting them from known risks of serious harm.

This is what makes the Alaska study unethical. The study uses the incidence of hepatitis B to measure the efficacy of different types of needle distribution programs in preventing HIV infection. But hepatitis B is a potentially disabling and sometimes fatal disease. Most importantly, it is preventable through a vaccine. Not providing the vaccine to these drug users is wrong because it violates the basic obligation of researchers to protect their subjects from known serious harm.

But that is not the only problem with the Alaska study. The study is being undertaken in the face of powerful evidence, of which the Beth Israel article

is only the latest example, that making needles available to intravenous drug users saves lives by preventing the transmission of AIDS. Public health officials know that the best weapon they have against AIDS for people injecting illegal drugs is sterile needles. There is no excuse for not pursuing every reasonable avenue, including both drugstore sales and needle exchange programs, to get sterile needles into the hands of these people.

When questions about the ethics of the research were raised late last year, NIH postponed the study and appointed a panel to consider the issue. That panel found that the study was "scientifically and ethically appropriate" and could help answer some questions about needle-exchange programs. NIH officials then approved the study, saying more evidence is needed about the effects

Scientists have an ethical obligation to protect their subjects.

of needle-exchanges but agreed to provide extra funding to pay for hepatitis B vaccinations for drug users who request them. Some supporters of the research have argued that drug users getting the free needles will be better off than if they were not part of the program and thus not eligible for such help.

Maybe so, but why is the Alaska study really moving ahead? The answer is politics. Congress is leery of being seen as doing anything that might be construed as condoning drug use, even to prevent AIDS. While the evidence favoring sterile needle exchange is there, the courage to do what might be seen as unpopular is not. So Congress is happy to pay for more studies as an excuse not to pay for needle exchange programs, where the money could be put to much better public health use.

AIDS demands more from all of us. Steps to lower disease transmission and to save lives ought to be taken. The point of AIDS research is to find out what works so we can use it. Science has demonstrated that hepatitis B vaccine and needle exchange programs work. The only ethical thing to do is insist that public health trump politics on this issue.

Arthur Caplan is the director of the Center for Bioethics at the University of Pennsylvania. George Annas is chairman of the health law department at Boston University School of Public Health.

FEAR
ALONE
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Author: Elizabeth Schulman at PNDC1
Date: 1/30/1997 12.50 PM
Priority: Normal
TO: Elizabeth Schulman
Subject: Needle exchange article

----- Message Contents -----

----- 11760 -----
Chicago Tribune 01/29/97 00:00
U.S. MUST LEAD ON NEEDLE EXCHANGE

CHICAGO TRIBUNE

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Date: Wednesday, January 29, 1997

Section: COMMENTARY

Zone: N

Source: Robert L. Fogel, Presidential Advisory Council on
[HIV]/[AIDS].

Dateline: CHICAGO

U.S. MUST LEAD ON [NEEDLE] [EXCHANGE]

Edition: NORTH SPORTS FINAL

Page: 16

As a member of the Presidential Advisory Council on [HIV]/[AIDS], I was extremely heartened by the editorial "Open a new front in the [AIDS] war" (Dec. 22).

You wisely recognized that the fight to end the epidemic of [HIV]/[AIDS] requires development and expansion of [needle] [exchange] programs.

Nearly 50 percent of new infections are directly related to injection [drug users] who share [needles] with [HIV], become infected and spread the infection to each other, their sex partners and, ultimately, to their [children].

The council recently concluded its meeting in Washington, D.C., and, to coincide with the president's release of his National [AIDS] Strategy, issued its second recommendation in the last six months to the president and Secretary of Health and Human Services Donna Shalala, urging the administration to declare that [needle] [exchange] programs are effective in slowing the spread of [HIV] and [AIDS] and that those programs do not increase the use of illegal drugs. Such are the requirements for certification by the surgeon general in order to trigger the ability to use federal money in such programs.

As the editorial properly recognizes, there is nearly unanimous support by scientific and medical researchers, advisory panels, think tanks and studied analyses of current [needle] [exchange] programs. Prior to the November election, and given the particularly conservative bent of the Congress, any action by the president in support of [needle] [exchange] programs would clearly have prompted a reaction by Congress that may have permanently prohibited the use of federal funds under any circumstances.

But any such excuses no longer will permit the president to ignore the overwhelming evidence establishing the effectiveness of [needle] [exchange] programs in dramatically reducing [HIV] infections. Upon the advice of the council and with input from several national [AIDS] advocacy groups, the president reiterated a goal in the final strategy that he first expressed at the White House Conference on [HIV]/[AIDS] in December 1995: to reduce the number of new [HIV] infections in adults and [children] in the U.S. until the rate of new infections reaches zero.

The strategy was not totally silent with regard to [needle] [exchange] programs. It actually hinted about the effectiveness of such programs and may have opened the door to a bold and long-overdue act of leadership by the president in his administration's upcoming response to a recent request by Congress for a report about [needle] [exchange] programs due in mid-February.

Many foreign nations look to the United States for leadership in the international fight against [HIV] and [AIDS]. The exercise of wise judgment and leadership by President Clinton--by acknowledging the benefits of [needle] [exchange] in conjunction with effective substance-abuse treatment programs--would set an example to be followed around the globe. It would give a shot in the arm to the international war against [HIV]/[AIDS] before millions more become infected.

NEWS ARTICLES

LEVEL 1 - 1 OF 230 STORIES

Copyright 1997 The Detroit News, Inc.
The Detroit News

February 25, 1997, Tuesday

SECTION: Metro; Pg. Pg. C2

LENGTH: 423 words

HEADLINE: Needle-exchange program serves 35: health director 'pleased' with results

BYLINE: By Suzette Hackney / The Detroit News

BODY:

Nearly three-dozen Detroit drug users are avoiding potential AIDS exposure with the help of Detroit's new needle exchange program, city health officials say.

A second syringe-trading site is planned.

Cynthia Taueg, health director, told the City Council on Monday that 35 Detroiters have participated since the program began Dec. 1. They've picked up more than 700 sterilized syringes by turning in used ones.

"We're pleased with the results," Taueg said. "The exchange is helping those who would not normally use clean needles."

The council last July unanimously approved needle-exchange programs for intravenous drug users to curb the spread of AIDS through shared syringes. Needles, condoms and counseling information are dispensed from a blue van at Cass Park at Second and Temple from 5-7 p.m. Mondays and 10 a.m. to noon. Thursdays

Harry Simpson, director of the Community Health Awareness Group, an independent clinic licensed to exchange needles, said the Cass Corridor service has attracted more people, proportionately, than efforts in other cities.

Still, turnout is negligible. Detroit is estimated to have 33,000 intravenous drug users.

Simpson's research shows that an average of 20 people visit each site in other U.S. communities, compared with Detroit's 35 participants at one site. Programs are under way in New York, Seattle, San Francisco and Baltimore.

In addition, 13 of the 28 men and seven women who pick up clean needles in Detroit have agreed to attend substance abuse counseling.

Another exchange site is scheduled to open March 15 in the Palmer Park area. Police recommended that location because officers often find discarded syringes and arrest people who exchange sex for drugs in that neighborhood.

The Detroit News, February 25, 1997

Detroit's Health Department soon will license another private agency to manage the new site. Two Detroit churches also want to run needle exchanges, Taueg said.

Taueg expects participation to continue growing over the next year. And Simpson predicted that as more welfare clients lose benefits under new rules, they'll turn to drugs and the program.

The exchanges are financed mainly by the Michigan AIDS Funds, a private organization that donated \$ 60,000 for the syringes and salaries.

The state and federal governments do not pay for needle exchanges, but City Council and city health officials are preparing a resolution that will urge Michigan and U.S. lawmakers to finance such programs.

For information, call Community Health Awareness Group at (313) 872-2424.

LOAD-DATE: February 25, 1997

Report on Needle-Exchange Programs Offers No Policy Guidelines

By Laurie Garrett
(c) 1997, Newsday

Health and Human Services Secretary Donna Shalala met a congressional deadline Tuesday by supplying a Senate subcommittee with a report on needle-exchange programs, but the report offered no clear recommendations or policy guidelines.

During President Clinton's first term, AIDS activists and drug-treatment experts pressured Shalala to lift a ban on the use of federal funds for needle exchanges. They argued that the scientific community has resolved questions raised by Congress, demonstrating that programs that swap used, potentially HIV-contaminated syringes for new ones limit the spread of the virus among drug users. Without such programs, drug users find it difficult even impossible to obtain sterile equipment and tend to share their needles, sharing the human immunodeficiency virus in the process.

Activists hope this issue, which triggers consternation among some opponents of needle exchanges because of fears of promoting drug use, will gain a more favorable hearing from the re-elected Clinton.

They were heartened by a National Institutes of Health report released last week that strongly supported the safety and efficacy of needle-exchange programs.

Tuesday's report from Shalala offers an 11-page summary of scientific findings about needle exchanges and an eight-line summary from the secretary.

"Overall, these studies indicate that needle-exchange programs can have an impact on bringing difficult-to-reach populations into systems of care ... These studies also indicate that needle-exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them," Shalala's report states.

Legally, Shalala could unilaterally lift the federal ban on needle-exchange funding, imposed by Congress in 1993, but has chosen not to do so. Instead, the ball has been passed to Sen. Arlen Specter, R-Pa., chairman of a subcommittee on labor, health and education. Administration sources expressed optimism that protracted negotiations between the Senate and White House might eventually result in some softening of the ban.

But representatives of the AIDS community were less than pleased Tuesday. In what sources at the meeting described as an extremely heated debate, Shalala's staff tried to convince top AIDS leaders of the wisdom of the secretary's position.

"Where we were really frustrated was by the clear absence of a plan to go forward," Christine Rubinski of the Washington-based AIDS Action Coalition said. "And, again, we got no real commitment."

Distributed by the Los Angeles Times-Washington Post News Service

2/19/97

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52ND STORY of Level 1 printed in FULL format.

Copyright 1997 The Denver Post Corporation
The Denver Post

February 16, 1997 Sunday 1ST EDITION

SECTION: A SECTION; Pg. A-01

LENGTH: 2217 words

HEADLINE: STANCHING THE FLOW Across the state, IV drug users are becoming a larger percentage of those contacting HIV, the AIDS virus. This week, state legislators and health officials will debate the merit of allowing needle-exchange programs in Colorado in an effort to curb the spread of infectious diseases.

BYLINE: By Ann Schrader, Denver Post Medical/Science Writer

BODY:

Every day in his private medical practice, Ken Lichtenstein treats people who have contracted HIV or are dying of AIDS.

Even so, the Denver infectious-disease specialist admits his first reaction to needle exchange programs was negative. That was about two years ago when discussion in the Governor's AIDS Council, of which he is a member, turned to needle exchange programs.

"Why in the world would I want to help people who use drugs?" he recalled thinking.

Then Lichtenstein began reviewing research on needle exchanges and became an advocate. "The science makes sense," he said.

Needle exchange programs are being considered by policy-makers in the Colorado statehouse and state board of health. The debate centers on the prevention of AIDS and other blood-borne diseases.

The programs have sparked concerns about whether "legitimizing" drug hardware such as syringes encourages the use of illicit drugs, especially in attracting new and young addicts.

Some law enforcement officers are concerned about the message that the pro-programs send.

But supporters say the object of the exchanges is a public health concern as much as a drug abuse concern. Exchanges are designed to reduce the transmission of HIV and hepatitis B and C among people who inject illicit drugs.

Addicts have a tendency to use the same needles over and over and share them with each other. Under current Colorado law, possessing syringes can mean arrest and a \$ 100 fine. Sharing needles can transmit disease, which in turn can be passed on to sexual partners and unborn children.

"Needle exchanges are not a panacea," said Dr. Ellen Mangione, an epidemiologist with the Colorado Department of Public Health and Environment. "They won't eradicate HIV, they won't stop injecting drug use, but they are an important tool of a complete broad-based program to intervene."

Colorado has an estimated 15,000 people who inject illicit drugs, such as heroin, cocaine or amphetamines, with about 11,000 of them in the metro area.

The estimate probably is low, experts say. But the addicts' affect on the state's 5,600 AIDS cases is huge.

A state health report published in September showed Coloradans contracting the disease increasingly are women who shoot drugs or have sex with men who do, and those women's unborn babies. The number of minorities with AIDS also is increasing in Colorado.

"The face of the AIDS epidemic is changing," Mangione said.

HIV is a virus that leads to AIDS, a chronic and fatal disease of the immune system. HIV is transmitted through blood and sexual contact. With IV drug users, sharing syringes in which there is a residue of HIV-infected blood spreads the disease. Needle exchange programs are built around trading sterile syringes for contaminated ones. Many public health officials insist that in addition to fighting the spread of disease, needle exchanges are the missing component of comprehensive drug intervention programs that educate, counsel and assist injecting drug users into treatment.

Five federal studies have found that needle exchange programs reduce HIV transmission and don't increase drug use. Four studies have recommended repeal of state drug paraphernalia laws to allow needle exchange.

About 100 needle exchange programs exist throughout the country, including one set up in Boulder County in 1989 when District Attorney Alex Hunter indicated to health officers that he wouldn't prosecute their employees who distributed syringes, despite the state law.

Now there is a proposal to open the door to creating similar programs elsewhere in Colorado.

The state legislature is considering House Bill 1289, which would exempt a portion of the state drug paraphernalia law to allow communities to set up needle exchanges.

The proposal, which may be heard this week in the full House, would exempt syringes obtained from recognized programs and the workers who distribute them.

Also this week, the Colorado Board of Health is expected to vote on supporting the measure.

While there isn't a public health emergency, exchange program supporters acknowledge, the statistics are still alarming.

In 1986, 3 percent of Colorado's AIDS cases were acquired through IV drug use. By 1990-91, injecting drug use led to 7 percent of the AIDS cases in the

state, and in 1995-96, 11 percent were IV drug-acquired.

IV drug use was identified as the risk factor for 33 percent of female AIDS cases in Colorado. That number climbs to "at least 62 percent" when it includes women having sex with male intravenous drug users.

For white women, IV drug use was the main exposure route, while heterosexual contact was the predominant exposure for black and Hispanic women. One in five black men and nearly one in three Hispanic men with AIDS contracted it through intravenous drug use. One in three Colorado children with AIDS was infected through the mother's drug use, state studies show.

More than three-quarters of HIV-positive Colorado children were infected through their mothers. The pediatric HIV clinic at Children's Hospital treats 60-70 children, "a very difficult job because we have to watch them suffer," said the unit's clinical director, Dr. Betsy McFarland. An unpublished study by University of California researchers shows 50-100 HIV cases in Denver could have been prevented between 1987 and 2000 by a needle exchange, said state health's Mangione.

Diseases other than HIV can be transmitted by sharing dirty needles. Some national studies have estimated 90 percent of injecting drug users are infected with hepatitis C, a chronic liver inflammation that can be deadly.

Currently in Colorado, syringes may be purchased without a prescription but there are barriers to buying and using them. The present law states that a person possesses drug paraphernalia if he knows or "reasonably should know" that it could be used for illegal purposes.

"I can walk into a drugstore and buy a syringe, but as soon as I walk out the door, I can be arrested for it," said Michael, who described himself as an active heroin and cocaine addict "for a lot of years."

Val Kalnins, executive director of the 850-member Colorado Pharmacists Association, said "it's an individual decision" on whether to sell syringes if pharmacists believe the syringes will be used to inject illicit drugs.

Some refuse. Others sell individual syringes for 15 cents to \$ 1.25. Yet others insist on selling them in 10-packs for \$ 15.95, a price addicts don't want to pay since it will leave them open to arrest for possessing the extra syringes.

But the addictions can be so strong that users will inject even if it means with a syringe tainted by someone else's blood, said University of Colorado cultural anthropologist Steve Koester, who has studied intravenous drug use for nine years.

"I have never interviewed an injector who told me that they did not inject because they could not get access to a sterile syringe," Koester said.

Paul, a member of a Denver regional users group, agreed. "People who are going to use are going to use anyway," he said. The 10- to 20-member group meets weekly to discuss HIV harm reduction and drug policy reform.

The group is part of People Engaged in Education and Reduction Strategies, a nonprofit HIV reduction organization.

Each year, about 100 people are arrested for carrying syringes under Denver's paraphernalia ordinance. Possession of drug paraphernalia is a class 2 petty offense, and conviction carries a fine of not more than \$ 100. But it also can lead to some jail time if they don't pay the fine or appear in court.

The next time they're stopped for carrying syringes, they go directly to jail for two to three days where they withdraw cold turkey.

Two Adams County Democrats, state Rep. Alice Nichol and state Sen. Joan Johnson, proposed the paraphernalia exemption bill that passed the House Judiciary Committee on Feb. 6.

Injection drug use is "hitting a critical mass" in transmitting blood-borne diseases, Nichol said, stressing that "this bill does not change criminal liability for drugs. It only deals with the needles."

Since the exchanges would be one clean syringe for each dirty one, Nichol said there would be no net increase of needles in the community.

Johnson said she agreed to sponsor the bill in the Senate since she has served on the Governor's AIDS Council and feels "so strongly about this disease. I've lost too many friends to it anything we can do that can try to prevent the spread, particularly to children, we've got to try."

Late last week, Nichol was retooling the bill to include a veto provision for communities that don't want the programs.

The Colorado Association of Chiefs of Police, County Sheriffs of Colorado and Colorado District Attorneys Council have decided the proposal is a health issue and plan to take no stance - for or against - in the legislative process.

"We're not opposed to the programs," said Jack Van Arsdale of the chiefs group, but the members are concerned about how the programs would be set up and regulated. The 147-chief group favors an umbrella organization to oversee needle exchange programs' volunteer workers. The Colorado Health Officers Association's "major" concern about the House committee-approved version was its lack of local control, said its president, Weld County Health Director John Pickle.

"There is every indication this is a successful strategy but the counties could be in a position of paying for that," Pickle said. His Denver counterpart, Dr. Frank Judson, said there must be assurances that the exchanges don't operate "like an ice cream cart."

As long as needle exchanges are illegal, Denver Mayor Wellington Webb "has felt he would not engage in a discussion on it," said his health policy adviser, Donna Good. If the bill is passed, Good said there are Denver City Council members who would propose changing the city's paraphernalia ordinance to allow the programs.

Revamped or not, opposition to HB 1289 is guaranteed.

"I'm going fight this with everything I've got," House Judiciary Chairwoman Jeanne Adkins vowed when her committee favored it 9-4.

Beverly Kinard of Drug Watch Colorado, which "fights tooth and toenail against legalization of drugs," said the proposed exemption gives a mixed message. "Here we are fighting the illegal drug scene, the tremendous drug use among our young people, and here there are people giving out needles."

She was involved in drafting the state drug paraphernalia law, which passed in 1980, and has been fighting drug use among youth for 18 years. Kinard knows first-hand what drugs can do: her son was brain-damaged by drug use and remains in 24-hour home care.

Kinard referred to the ban on using federal funds for needle exchange programs "unless the Surgeon General determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs." She doesn't think that standard has been reached.

Dr. Peter Lurie of the University of California-San Francisco, in a study for the Centers for Disease Control and Prevention, visited 23 U.S. needle exchange programs, including the one in Boulder.

"There's pretty clear evidence that sharing of syringes goes down among people who attend needle exchange," he said.

An indication, Lurie said, was a study of hepatitis B in a Tacoma, Wash., exchange program. People who used needle exchange were four times less likely to get hepatitis B than those who didn't.

A key study conclusion was that "although the available data are not terrific, they provide no evidence that needle exchange programs increase the amount of drug use, either by clients in the programs or that they change the overall community levels of drug use."

Lurie also estimated the cost-effectiveness of needle exchange programs. The study indicates it would cost \$ 8,000 to \$ 12,000 to prevent an HIV infection through needle exchange compared to at least \$ 120,000 to treat a person with HIV over a lifetime. COLORADO LAW Current Colorado drug paraphernalia law Defines drug paraphernalia as "all equipment, products and materials of any kind (that) are used, intended for use or designed for use in injecting a controlled substance in violation of the laws of this state."

Defines possessing drug paraphernalia as people having the items in their possession and who know or "reasonably should know" the paraphernalia could be used for illegal purposes.

Makes violations a Class 2 petty offense with punishment carrying a fine of \$ 100 or less. Proposed law, House Bill 1289 Exempts syringes obtained from a needle exchange program and pro-gram workers from state drug paraphernalia laws.

Defines a needle exchange program as providing one-for-one exchange of sterile syringes for used ones, encourages substance abuse treatment and other preventive health-care services.

Requires a needle exchange program to notify the local health department of plans to operate.

Requires participants and workers to be issued identification cards that can be shown to law enforcement officers.

Requires needle exchange programs to give operations and efficacy reports to the legislature no later than Dec. 31, 1999.

Repeals exemptions July 1, 2000, unless legislature extends it.

GRAPHIC: PHOTOS: The Denver Post/Karl Gehring Michael, a member of a Denver group that advocates ways to reduce risk, shows how to run bleach through a used needle to kill viruses. Used syringes such as these found in a recent sweep near lower downtown may transmit HIV and other blood-borne diseases when they are shared by intravenous drug users. Volunteers wear surgical gloves and use tongs when they pick up used syringes since they could be contaminated with AIDS or hepatitis B and C. Advocates of one-for-one needle exchanges say the programs would reduce the spread of disease. Paul Simons the the HIV harm-reduction group PEERS disposes of discarded needles found in alleys and vacant lots near downtown Denver. The group has a \$ 4,000 contract with the Public Health Department to pick up used syringes so they can be destroyed. Volunteers wear surgical gloves and use tongs when they pick up used syringes since they could be contaminated with AIDS or hepatitis B and C. Advocates of one-for-one needle exchanges say the programs would reduce the spread of disease. The Denver Post/Jonathan Moreno Male and female AIDS cases by exposure and ethnicity in Colorado

LOAD-DATE: February 17, 1997

70TH STORY of Level 1 printed in FULL format.

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The New York Times

February 14, 1997, Friday, Late Edition - Final

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

LENGTH: 313 words

HEADLINE: Drug and Sex Programs Called Effective in Fight Against AIDS

BYLINE: AP

DATELINE: WASHINGTON, Feb. 13

BODY:

Needle exchanges, sex education and drug treatment are powerful weapons against AIDS, but moral and government objections block their effectiveness, a panel chosen by the National Institutes of Health said today.

The 12-member panel cited evidence that it said proved the effectiveness of behavior modification in slowing the spread of AIDS and urged government leaders to change policies that prevent the use of "lifesaving public health strategies."

"The AIDS epidemic is a current and pressing public health emergency" that can be lessened by behavior modification, said the chairman of the committee, Dr. David Reiss of the George Washington University Medical Center.

Dr. Reiss identified "significant policy and legal barriers" that he said "must be removed in order for these interventions to protect the population from the spread of AIDS."

He said strong scientific evidence bore out that sex education and needle exchanges were "very effective means to prevent the spread of H.I.V. infection into the most susceptible populations."

But a senior policy analyst for the Family Research Council, Robert L. Maginnis, said, "I completely reject this."

Mr. Maginnis said that evidence of how well needle exchanges and safe-sex programs work remained inconclusive and often involved "faulty science."

The committee said needle exchanges in New Haven and Amsterdam did not lead to increased drug use, encourage young people to start using drugs or cause additional discarded needles in public places. Such programs, the study said, reduced by 80 percent the extent of needle sharing among drug users, leading to an estimated 30 percent reduction in new infections of H.I.V., the virus that causes AIDS.

The United States has 100 needle-exchange programs, compared with 2,000 in Australia, which has one-tenth the United States' population, the report said.

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February 14, 1997, Friday, Final Edition

SECTION: A SECTION; Pg. A01

LENGTH: 1005 words

HEADLINE: Panel Asserts Politics Hurts AIDS Fight; 'Dangerous Chasm' Splits
Science, Policy

BYLINE: Susan Okie, Washington Post Staff Writer

BODY:

Misguided political considerations have prevented the nation from using powerful, proven weapons to fight the AIDS epidemic, a National Institutes of Health panel concluded yesterday.

Needle exchange and treatment programs for drug addicts and explicit safe-sex education for teenagers have been proved to reduce the spread of the AIDS virus, which continues to be an urgent public health emergency, the panel said.

But the widespread use of such strategies in this country has been hampered by political and social opposition, creating a "dangerous chasm" between science and public policy, the panel said.

"The behavior placing the public health at greatest risk may be occurring in legislative and other decision-making bodies," the panel concluded at the end of a three-day conference.

Needle exchange programs have faced political opposition because of fears they would encourage drug abuse, while aggressive safe sex programs have prompted concern they would promote adolescent promiscuity and homosexuality.

The 12-member panel of nongovernmental public health experts, assembled by the National Institutes of Health, reached its conclusion after conducting an exhaustive review of the scientific evidence on various behavioral strategies for reducing HIV risk.

The conclusions prompted an unusual standing ovation from the audience of AIDS researchers, health experts and community activists attending the conference on the NIH's Bethesda campus.

"It's exactly what we need right now," said Thomas J. Coates, director of the AIDS Research Institute at the University of California at San Francisco. "Maybe it will help the legislators wake up and say, 'We're not listening to the science.' "

But the panel's statements, particularly those criticizing sex education programs that focus exclusively on abstinence, prompted disagreement from some lawmakers and representatives of conservative organizations.

"The reasons why kids become sexually active and why HIV is a problem now . . . have to do with our cultural atmosphere of saying sex within the teenage years is not just permissible but absolutely normal," said Gracie Hsu of the Family Research Council.

The panel's findings reflect "a complete absence of anybody that has a different point of view," said Rep. Tom Coburn (R-Okla.).

He cited promising results from abstinence-based programs such as Best Friends, which has been tested in the District, but said no scientific studies have compared such programs with those that include information on condoms and other risk-reduction measures for sexually active teenagers.

"If in fact there haven't been studies, how can they say" that such programs don't work? Coburn asked.

An estimated 40,000 to 80,000 Americans become infected with HIV every year, mostly through behaviors that are preventable, the panel found.

One in 250 Americans is infected with the virus.

AIDS is the leading cause of death in people between the ages of 25 and 44.

The panel particularly criticized the government's failure to fund programs that allow intravenous drug users to exchange used needles and syringes for clean ones, despite multiple studies that have shown that such programs reduce needle-sharing and slow the spread of the human immunodeficiency virus (HIV) without increasing drug use.

"The panel is unanimous in urging that the ban on federal funding of needle exchange programs be removed promptly," said panel chairman David Reiss, a professor of psychiatry at George Washington University. "Thousands of lives are at risk if this ban is not removed."

It also concluded that a provision in last year's welfare reform law that provides \$ 50 million for sex education programs focusing exclusively on sexual abstinence "cannot be justified in the face of effective programs and given the fact that we face an international emergency in the AIDS epidemic."

Programs that focus on changing individual behavior have been found effective in various populations -- including gay men, inner-city women, drug addicts and teenagers -- but new laws, policies and community-wide efforts can also produce rapid change and should be tried more often, the panel found.

The panel cited the effect of a 1992 Connecticut law that allowed drug users to buy sterile needles and syringes at pharmacies without a prescription. Studies in the state have found that the frequency of needle-sharing among drug users declined from 71 percent in 1992, before the law was passed, to 15 percent in 1995.

Among the other conclusions:

Federal funding should be increased for drug abuse treatment programs, which

reduce HIV spread. Funding for such programs has decreased in the last few years, and only about 15 percent of drug users who want treatment can get it, according to Michael Merson, dean of public health at the Yale School of Medicine.

Education and counseling programs that provide information about HIV and teach people how to use condoms and how to negotiate safer sex reduce the risk of HIV transmission in gay men, heterosexual women and adolescents. (Few studies have focused on heterosexual men.)

Fifty percent of new HIV infections are occurring in people under 25, and more prevention efforts should target adolescents and young adults.

Condoms are highly effective in preventing HIV transmission. In a study of 256 couples in which one member was HIV-positive, consistent condom use completely prevented infection.

Needle exchange programs do not increase drug use, according to a number of studies, and sex education programs do not increase teenage sexual activity. On the contrary, studies have found beneficial effects on behavior from both types of programs. Teenagers in sex education programs tend to delay sexual activity and to have fewer sexual partners.

Unlike the United States, countries such as Thailand, Switzerland and Australia have greatly reduced the spread of HIV by aggressive prevention programs, Merson and other speakers told the panel.

LANGUAGE: ENGLISH

LOAD-DATE: February 14, 1997

20TH STORY of Level 1 printed in FULL format.

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February 10, 1997, Monday, Final Edition

SECTION: A SECTION; Pg. A17; THE FEDERAL PAGE

LENGTH: 1270 words

HEADLINE: Medical Researchers Hope to See Funding Figures Rise

BYLINE: Rick Weiss, Washington Post Staff Writer

BODY:

There were no reports of medical researchers drinking champagne from beakers after HHS Secretary Donna E. Shalala presented her department's \$ 375.8 billion budget last week. Even so, 1998 promises to be reasonably fruitful for those working in the biomedical sciences.

That promise comes not from President Clinton's budget figures, but from an awareness that biomedical research enjoys enormous respect in the Senate and the House, and that Clinton can lowball his requests in this area, knowing Congress will pump up the figures in the horse-trading to come.

The script, of course, called for scientists and their supporters to grumble appropriately. Indeed, calculations by National Institutes of Health economists predict that the cost of doing science will increase 3 percent during 1997 (about 0.5 percent faster than the predicted rise in the consumer price index), which makes NIH's proposed increase of 2.6 percent for fiscal 1998 a net decline in buying power.

Sen. Connie Mack (R-Fla.), who last month introduced a resolution calling for a doubling of the NIH budget to \$ 25.5 billion over the next five years, called that agency's proposed increase "paltry" and "absolutely unacceptable."

But when the wailing and gnashing of teeth subsided, several veterans of the government research enterprise conceded that the life-sciences budget could have been a whole lot worse, given the competition from other programs and the enormous pressures on the president to balance the budget. And, they believe, money is on the way.

"The biomedical research community is looking at the president's budget as something they hope and perhaps expect will be expanded on," said John Suttie of the Bethesda-based Federation of American Societies for Experimental Biology. "The feeling is that past efforts led by Congressman [John Edward] Porter [(R-Ill.), who heads the Appropriations subcommittee covering HHS] in the House and recent movements in the Senate may result in a budget more favorable than the current one."

Many suspect, for example, that the NIH budget ultimately will rise 7.5 percent in fiscal 1998.

The Washington Post, February 10, 1997

Already, NIH's \$ 13.1 billion budget includes some plums. Most of its \$ 337 million increase is slotted for an additional 939 research grants for scientists, the agency's highest priority. It also includes a second \$ 90 million installment toward a new \$ 310 million, 250-bed clinical research center on the Bethesda campus, construction of which was uncertain for years. The state-of-the-art center, with associated laboratories, will replace NIH's deteriorating 500-bed hospital, which has served for 40 years as the nation's largest clinic devoted exclusively to testing experimental therapies.

NIH's \$ 1.54 billion for AIDS research is 2.6 percent larger than this year's figure -- an increase proportionate to that for non-AIDS programs within NIH. It remains to be seen whether those monies will be spent more specifically on AIDS-related projects; an independent commission last year criticized the widespread use of AIDS-earmarked funds for research not closely related to AIDS.

The NIH budget also includes a new source of potential income: \$ 15 million in anticipated third-party reimbursements from insurance companies for routine health care expenses related to experimental treatments. The income is far from guaranteed, as the insurance companies are resisting paying.

Seeking perhaps to add a Nobel Peace Prize to his Nobel for medicine, NIH Director Harold Varmus cut a whopping \$ 17 million from his own Office of the Director, one of only two line items in the NIH budget to show an absolute decrease in 1998. (The other is a \$ 7 million cut from the National Center for Research Resources.)

The Food and Drug Administration request was for \$ 1.1 billion, a 7 percent increase that appears to fly in the face of congressional calls to shrink the agency. But agency officials said those figures disguise an actual 7 percent cut.

The trick, observers said, is that much of the apparent budget hike comes from funds generated within the FDA from "user fees," which pharmaceutical companies pay the agency as part of a 1992 plan to speed the drug approval process. Those fees were meant to be spent entirely on programs that expedite drug approval. But Clinton's budget pulls out \$ 131 million of the anticipated \$ 224 million in fees for use elsewhere in the agency, a move FDA officials and others said they will fight -- as they did successfully last year.

"User fees are not supposed to be a substitute for appropriations," said Carl Feldbaum, head of the Biotechnology Industry Association. "To cut the resource knees out from under the FDA when the biotech industry has a record number of applications before the agency" will hurt health care, he said.

The FDA request also includes \$ 34 million to implement the agency's new Youth Tobacco Prevention program, which will aim to reduce cigarette smoking among teenagers by 50 percent over the next seven years. And it includes \$ 24 million to launch the agency's new food safety program, which will increase seafood inspections, speed detection of food-borne illness outbreaks, provide food safety education programs and develop new tests to identify food-borne hazards.

The Centers for Disease Control and Prevention request was for \$ 2.3 billion, a \$ 14 million increase. Among the CDC's priorities are a \$ 792 million effort

The Washington Post, February 10, 1997

to increase child vaccination rates. Today about 75 percent of children through the age of 2 are completely vaccinated, but about 1 million others are not. The CDC's goal is to get the figure up to 90 percent by 2000.

The CDC budget includes \$ 634 million for AIDS prevention, an increase of \$ 17 million, with emphasis on programs aimed at intravenous drug users, who account for 25 percent of all new cases each year. The budget calls for programs to prevent needle sharing among drug users but does not specifically address the utility of needle exchange programs, which remain controversial.

Among the few surprises in the HHS budget was a \$ 16 million funding increase for research on "health care outcomes" within the embattled Agency for Health Care Policy and Research. For a time last year this agency -- whose mission is to see which medical therapies are most cost-effective and encourage doctors to abandon therapies that are not -- seemed destined to follow in the footsteps of the now-defunct Office of Technology Assessment.

AHCPR's 1998 budget request of \$ 149 million is \$ 9 million smaller than this year's. But the significant boost in proposed spending on health care outcomes studies shows executive office support for the idea of an independent agency assessing what works and what doesn't in the changing field of medicine. AHCPR's priorities include assessments of hormone replacement therapy in menopausal women, Alzheimer's disease treatments and therapies for carpal tunnel syndrome and other common orthopedic conditions.

The Health Resources and Services Administration -- responsible for providing health care access for underserved, vulnerable and special-need populations -- suffered a \$ 132 million budget cut from this year's \$ 3.4 billion. But there was one winner in that agency: HIV/AIDS activities, known as Ryan White funds, gained 4 percent for a total \$ 1 billion.

The Ryan White Care Act, reauthorized with bipartisan support in 1996, has provided relief -- including money for expensive medicines -- to more than 500,000 Americans with HIV or AIDS.

Staff writer John Schwartz contributed to this report.

GRAPHIC: Chart, The Washington Post, HOW HHS AGENCIES FARED: FUNDING FOR BIOMEDICAL SCIENCES (This chart was not available)

LANGUAGE: ENGLISH

LOAD-DATE: February 10, 1997

101ST STORY of Level 1 printed in FULL format.

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Rocky Mountain News

February 7, 1997, Friday

SECTION: LOCAL; Ed. F; Pg. 18A

LENGTH: 440 words

HEADLINE: House committee OKs needles for addicts bill
Measure aims to stall spread of AIDS, other diseases by giving legal access to drug devices

BYLINE: Dan Luzadder; Rocky Mountain News Capitol Bureau

BODY:

A House committee took a controversial step Thursday to slow down the spread of AIDS, HIV and other diseases by backing a bill to allow drug addicts to legally obtain clean needles.

Health professionals encouraged the House Judiciary Committee to pass the measure, citing the success of programs in other states.

Witnesses said there are hundreds of drug addicts in Colorado and they often share dirty needles - a major method of transmitting HIV.

Drug-addicted mothers and women who have unprotected sex with drug addicts, spread HIV to 50 to 60 newborns in Colorado each year, witnesses said.

"Over three-fourths of the HIV-infected children in the state are infected as a result of injection drug users," said Dr. Ellen Mangione of the Colorado Department of Public Health.

"Needle exchange programs are not a panacea," she said. "But they are an effective tool in reducing HIV infection."

Megan Ross of Denver, a foster mother who works with AIDS babies, may have provided the most startling testimony.

She brought three HIV-infected toddlers, her foster children, to the hearing.

She held up a string of 18 empty syringes, representing the daily medication of one of the children, a 2-year-old girl born with full-blown AIDS.

"Help prevent this," Ross said.

Tony Lombard, a Denver police spokesman who spoke against the bill, said he found it ironic that the law would allow communities to permit exchange programs when possession of needles is illegal.

But Mangione and other witnesses referred to five national studies using data from 100 needle exchange programs in 20 states, showing no significant increase

in IV drug use, but showing a drop in drug-related AIDS transmission.

The bill would allow communities to permit non-profit agencies to conduct needle exchanges. Addicts would be required to carry identification cards. A program participant picked up by police with a drug needle could not be charged with possession of drug paraphernalia.

LANGUAGE: English

LOAD-DATE: February 10, 1997

1ST STORY of Level 1 printed in FULL format.

Copyright 1997 The Washington Post
The Washington Post

February 04, 1997, Tuesday, Final Edition

SECTION: HEALTH; Pg. Z13

LENGTH: 805 words

HEADLINE: Evidence Mounts in Favor of 'Triple Therapy' Against AIDS Virus

BYLINE: David Brown, Washington Post Staff Writer

BODY:

A year ago, AIDS researchers learned that combination drug therapy for human immunodeficiency virus (HIV) infection reduces the amount of this virus in the bloodstream to the point where it can no longer be detected by even the most sensitive tests.

At the recent Fourth Conference on Retroviruses and Opportunistic Infections in Washington, several research groups reported that "triple therapy" -- three drugs, one of them usually a protease inhibitor -- also greatly reduces the amount of virus in the body's widespread lymphoid tissues, which are a far larger reservoir of HIV than blood.

That finding is a necessary -- although far from sufficient -- step on the road to testing the hypothesis that HIV infection can be cured in some cases.

Presentations at the conference showed that in many people on triple therapy, virus counts fell more than a thousand-fold in lymph nodes, tonsils and "gut-associated lymphoid tissue." (About 99 percent of a person's total "burden" of AIDS virus resides in such places.) The rate at which the virus disappears from those tissues, however, is very slow.

For that reason, several researchers said they wouldn't consider taking an AIDS patient off triple therapy until the person had had at least three years of apparently successful treatment.

The best-known candidates for such a bold step are 24 men being treated by Martin Markowitz and other physicians at the Aaron Diamond AIDS Research Center in New York. All were put on triple therapy within 90 days of infection. Eighteen remain in the study. Some have had no virus detectable in their bloodstream for close to two years. Lymphoid tissues and semen -- another sanctuary for HIV -- are being sampled in these patients.

Only if there's no evidence of virus replication in all sites -- and only if a patient chooses -- will the drugs be stopped to see if the infection has been eradicated. That decision won't be faced for more than a year even in the longest-treated of these patients.

However, there may be an unofficial, one-patient "test of cure" before then.

David D. Ho, head of the Aaron Diamond Center, said a patient who was in a now-completed clinical trial at the center has been virus-free (by the best measurements) for more than 2 1/2 years. When he reaches three years, the man plans to stop his medicines on his own, Ho said in an interview at the conference.

* Limits of Needle Exchange

Research in several cities has shown that programs that provide clean needles free to drug users can slow the spread of HIV infection in that especially vulnerable population.

A report presented at the retrovirus meeting from Vancouver, British Columbia, however, shows that neither needle exchange nor easy access to medical care are sufficient to stop extremely risky behavior in many drug users.

British Columbia is famous for its excellent HIV care and an ambitious campaign to prevent the spread of the virus. In 1995 it exchanged 1.8 million needles, and last year the number rose to 2.3 million.

Since last May, a group of AIDS researchers has been recruiting injection drug users for a study of their habits, health and rate of new HIV infection. Doctors also counsel them on resources for medical care and drug treatment (which are free) and provide a \$ 20 incentive payment for each visit.

Of the first 600 enrolled in the study, 26 percent were infected with HIV. (An astonishing 90 percent were also infected with hepatitis C, a virus that can cause chronic liver disease.) Nearly 95 percent of the drug users received needles through the needle exchange at some time.

Despite widespread messages that sharing needles greatly increases the risk of acquiring or transmitting HIV, 59 percent of the drug users said they had borrowed a needle in the previous six months. Thirty-nine percent of the people who knew they had HIV reported sharing needles.

At the time of the conference, 86 people who had not contracted HIV by the time of the first visit had been back for their six-month follow-up session. Six of them had become infected in the interim.

"This is disturbing evidence of an ongoing epidemic in our city," said Steffanie Strathdee, one of the researchers.

One of the possible reasons for the extremely risky behavior of Vancouver's drug users, she said, was the frequent use of injected cocaine. The high from that drug is ephemeral, and cocaine users report 4.5 injections a day on average. It may be too much effort for drug users to go to the needle exchange frequently enough to get a clean supply of syringes, the researchers speculate.

While needle exchange programs are a "cornerstone" of HIV prevention and provide a venue for educating drug users, they are not enough to stanch the spread of the infection through that population, Strathdee said.

LANGUAGE: ENGLISH

8TH STORY of Level 1 printed in FULL format.

Copyright 1997 News World Communications, Inc.
The Washington Times

January 27, 1997, Monday, Final Edition

SECTION: Part C; METROPOLITAN TIMES; BRIEFLY; MARYLAND; BALTIMORE; Pg. C6

LENGTH: 116 words

HEADLINE: Needle-swap program lowers HIV infection

BYLINE: FROM WIRE DISPATCHES AND STAFF REPORTS

BODY:

A needle-exchange program for drug addicts appears to be slowing the spread of HIV in the city of Baltimore, Johns Hopkins University researchers say.

Baltimore County addicts are now contracting HIV, the virus that causes AIDS, at a higher rate than their city counterparts, researcher say.

Needle-exchange participants who injected daily had 40 percent fewer HIV infections than similar addicts who didn't participate in the exchange, researchers said.

City officials are hoping to convince state lawmakers to continue the program, which expires this summer. Some lawmakers, however, have expressed reluctance to vote for a program that could be seen as condoning drug use.

LANGUAGE: ENGLISH

LOAD-DATE: January 27, 1997

Louisiana

New Orleans -- A radio-alarm system is being installed along the waterfront to flash alerts of runaway ships and other threats to places where people gather. The system is a response to last month's freighter crash into the Riverwalk shopping mall.

Maine

Lisbon -- Officials are reminding Mainers that unseasonably warm weather has made the ice on lakes, ponds and rivers unusually dangerous. Nathaniel Barbay, 14, died in the Androscoggin River Friday while rescuing a friend who fell through thin ice.

Maryland

Baltimore -- Johns Hopkins researchers say a needle exchange program for drug addicts appears to be slowing the spread of AIDS. Exchange participants who injected daily had 40% fewer HIV infections than those who didn't participate, records show.

11TH STORY of Level 1 printed in FULL format.

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Los Angeles Times

January 25, 1997, Saturday, Home Edition

SECTION: Part A; Page 1; National Desk

LENGTH: 1025 words

HEADLINE: NEW YORK CITY REPORTS PLUNGE IN AIDS FIGHT

BYLINE: MARLENE CIMONS, TIMES STAFF WRITER

DATELINE: WASHINGTON

BODY:

In what is likely to be a harbinger of a welcome national trend, New York City recorded an unprecedented and unexpectedly sharp decline in AIDS deaths last year, public health officials said Friday.

Mary Ann Chiasson, an official of the New York City department of health, said that after steady increases in mortality that began in 1983, deaths reached 7,000 a year in 1995 and then plunged to 5,000 in 1996, a 29% drop. Officials said they have no solid explanation, although they speculated that the decrease stemmed from a combination of new treatments and an increase in federal funding for services for AIDS patients.

Dr. John Ward, chief of AIDS surveillance for the federal Centers for Disease Control and Prevention, predicted similar declines nationwide when figures become available in February because AIDS-related deaths stabilized in 1995 "for the first time since the epidemic began."

Dr. Harold Jaffe, an official of the CDC's AIDS program, called the decline "good news."

"It suggests that it is part of a national trend," he said. "The epidemic is changing."

The information was given to participants at the Fourth Conference on Retroviruses and Opportunistic Infections, a major AIDS meeting taking place here this week.

In Los Angeles County in 1996, AIDS deaths totaled 2,817, down from 3,198 the year before, a 12% drop, according to Paul Simon, deputy director of the Los Angeles County HIV Epidemiology Program.

Simon said that the drop in AIDS deaths "certainly suggests the possibility that the wider availability and use of the new drug treatments are lowering the mortality related to HIV. That's consistent with what physicians in the community are telling us."

Los Angeles Times, January 25, 1997

In other studies presented at the conference, CDC reported that the incidence of AIDS among young people ages 13 to 25 rose nearly 20% from 1990 to 1995, with substantial increases among heterosexuals, women and African Americans.

Nevertheless, CDC described the AIDS increase among youths as "modest" compared with the 200% rise recorded in the same age group from 1985 to 1990.

"For other infectious diseases, people would be very alarmed with a 20% rise," Ward said. "But not with AIDS."

Also, in surprising findings, a needle exchange study conducted in Vancouver, Canada, showed a disappointingly high incidence of new infections among intravenous drug users. The issue of needle exchange programs has been politically touchy in this country, where the Clinton administration has been attacked for its refusal to endorse needle exchanges as a prevention strategy, despite studies that have shown it to be effective.

Vancouver researchers stressed that the city does not provide much AIDS education and counseling for drug abusers, which likely would have made a difference in the outcome.

"We support the overwhelming evidence from other cities that needle exchange works," said Steffanie Strathdee, an official of the British Columbia city's program. "However, we believe it is only one part of what needs to be a comprehensive program."

In the New York City study, researchers said the reasons for the drop in deaths are unclear, since protease inhibitors, the most powerful of the new AIDS drugs, were not even commercially available when the decline began. Adding to the mystery are overall figures for AIDS cases, which do not show a decline comparable to the drop in deaths.

But experts speculated that greater numbers of AIDS patients have begun aggressive combination therapy using other drugs and that treatments have become more available because of the Ryan White Act, approved in 1990 to provide federal assistance to AIDS patients.

"In New York, one major change was a dramatic increase in Ryan White funding, from \$ 44 million in fiscal 1993 to \$ 100 million in fiscal 1994," Chiasson said. "Now treatment is widely available."

Starting in 1983, annual AIDS deaths in New York increased sixfold until 1986, and then rose about 11% per year to 19.4 deaths per day in 1994. They leveled off at 19.3 per day in 1995 and began a steady decline in 1996, from 19.5 deaths per day last January to 11.5 in July.

New York City has 16% of the U.S. AIDS caseload.

Nationally, the number of AIDS deaths increased from 42,114 in 1994 to 42,506 in 1995, which is regarded as a leveling-off when adjusted for increases in the U.S. population, Ward said.

The incidence in 1995 was 15.4 deaths per 100,000 people--the same as in

Los Angeles Times, January 25, 1997

1994, he said.

"This leveling likely reflects several factors, among them improvements in treatment, including an increasing use of drugs to ward off opportunistic infections, which improves survival," Ward said.

"I would expect that the protease inhibitors and other new therapies coming along would further prolong life and reduce mortality--if the drugs are widely available."

The CDC report on AIDS incidence showed the disease rising among young people, jumping more than 130% among heterosexuals from 1990 to 1995, while remaining constant among gay and bisexual men and drug users, said Dr. Paul Denning of the CDC. It rose by more than 70% among women and remained steady among men.

In 1995, more than 70% of all AIDS cases among adolescents and young adults were diagnosed among blacks and Latinos, he said.

That year, he said, the rate was almost eight times greater among African Americans than it was for whites and nearly four times greater among Latinos than for whites.

Finally, from 1990 to 1995, the AIDS incidence among young black heterosexual women rose almost 160%, the largest increase among all groups of young people. At the same time, the incidence among young white and bisexual men dropped more than 30%, accounting for the greatest decrease.

In contrast, the incidence increased 26% among young African-American gay men and 32% among Latino gay men, he said.

"Unless public health programs address the prevention needs of adolescents and young adults, the HIV epidemic will continue to spread to subsequent generations of young persons," Denning said.

Times researcher Tracy Thomas contributed to this story from Los Angeles.

LANGUAGE: English

LOAD-DATE: January 25, 1997

18TH STORY of Level 1 printed in FULL format.

Copyright 1997 Chicago Tribune Company
Chicago Tribune

January 24, 1997 Friday, FINAL EDITION

SECTION: NEWS; Pg. 4; ZONE: M; In the Midwest.

LENGTH: 96 words

HEADLINE: OBJECTION TO NEEDLE EXCHANGE

BYLINE: From Tribune News Services.

DATELINE: GRAND RAPIDS, MICHIGAN

BODY:

A needle-exchange program suggested as a way to reduce the spread of disease in Michigan's second-largest city would signal tolerance for illegal drugs, the state's health chief said Thursday.

"I . . . don't support needle-exchange programs, and as a policy, won't use state money for needle-exchange programs," said James Haveman Jr., director of the Community Health Department.

Mayor John Logie wants a panel to consider an anti-drug strategy on prevention, treatment and punishment for non-violent offenders. He suggested a needle exchange to curtail diseases.

LANGUAGE: ENGLISH

LOAD-DATE: January 24, 1997

WIRE SERVICES

UPI 02/27/97 00:00

First New Hampshire News in Brief

(CONCORD) - House lawmakers yesterday (Wednesday) passed a bill establishing a pilot [needle] [exchange] program to help fight the spread of [AIDS] among [intravenous] [drug-users]. Bill sponsor Rep. Celia Kane of Portsmouth said the two-year pilot program administered by the state Public Health Department will be tried in one community. Kane has sponsored similar legislation and seen it pass both the House and Senate and then be vetoed by Governor Steve Merrill. Kane lost a son to [AIDS]. She expects the bill to pass the Senate and be signed into law by Democrat Gov. Jeanne Shaheen. Opponents of the bill say the problem is not dirty [needles]... but the drug culture. The bill passed the House 203-116.

----- 12658 -----

UPI 02/26/97 00:00

Med Society backs needle plan

SPRINGFIELD, Ill., Feb. 26 (UPI) The Illinois State Medical Society endorsed a measure before the General Assembly to allow for drug addicts to legally purchase hypodermic [needles].

The measure in question was introduced earlier this year by state Sen. Donne Trotter, D-Chicago, as a way of reducing the spread of deadly diseases such as [AIDS] through use of contaminated [needles].

Trotter's measure got the medical society's endorsement Wednesday after he agreed to alter it so that a person could only get the [needles] used to inject drugs by prescription of a doctor.

The measure also would limit to 10 the number of [needles] that could be purchased from a pharmacist.

The state Senate's Public Health and Welfare Committee reviewed Trotter's measure, which has failed to get legislative approval in past years.

Medical society approval was a step forward in ultimately getting the measure passed into law.

Previously, medical society officials had opposed distribution of hypodermic [needles], claiming it was a way of promoting use of illegal drugs.

But his idea had the support of the [AIDS] Foundation of Chicago and the [AIDS] Legal Counsel, which notes contaminated [needles] used repeatedly are a major reason for the spread of the deadly immunodeficiency disease.

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Needle Exchange,0307

Administration open to discussions on needle exchange programs

WASHINGTON (AP) Health and Human Services Secretary Donna Shalala stops just short of recommending lifting the ban on federal money for needle exchange programs in a new report to Congress.

Her report says scientific studies conclude needle exchanges ``can be an effective component of a comprehensive strategy to prevent HIV infection and ``can have an impact on bringing difficult to reach populations" into drug treatment.

``We were profoundly disappointed that they did not go the final step," said Mike Shriver of the National Association of People With AIDS, after Shalala's aides briefed activists about the report Tuesday. But ``we have a commitment from the administration to work with us on a process to make that goal happen."

Sen. Arlen Specter, R-Pa., who chairs a subcommittee that controls public health funding, asked for the report last fall as a first step toward congressional negotiations to lift the ban.

The report comes just days after a panel of experts convened by the National Institutes of Health called needle exchanges a powerful weapon against AIDS that has been blocked by politics, and proposed immediately lifting the funding ban.

An estimated one-third of adults with AIDS got the killer virus through contaminated needles or sex with injecting drug users.

Needle exchanges funded by private or other nonfederal funds already operate in 55 U.S. cities. But activists say federal funding is necessary to ensure more addicts are protected against HIV even if they can't kick the drugs.

Congress in 1988 outlawed needle exchanges until they were scientifically proven to reduce both HIV's spread and drug use.

(PROFILE

(CAT:Medical;)

(SRC:AP; ST:US;)

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AP-NY-02-19-97 0331EST

:SUBJECT: MED

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Received by NewsEDGE/LAN: 2/19/1997 3.32 AM

33RD STORY of Level 1 printed in FULL format.

Copyright 1997 American Political Network, Inc.
Health Line

February 19, 1997

SECTION: POLITICS & POLICY

LENGTH: 454 words

HEADLINE: NEEDLE EXCHANGE: SHALALA BACKS LOCAL PROGRAMS

BODY:

Health and Human Services Secretary Donna Shalala yesterday endorsed "needle-exchange programs for drug users to combat AIDS at the community level." However, Shalala declined to seek a national, federally funded needle-exchange program. Shalala made her comments following "an independent review of a few dozen pilot projects and scientific research programs" that found needle exchange could be effective in containing the spread of HIV. She said, "Needle-exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them." Shalala added, "Overall these studies indicate that needle-exchange programs can have an impact on bringing difficult-to-reach populations into systems of care that offer drug dependency services, mental health, medical and support services" (REUTERS/WASHINGTON POST, 2/19). However, in a report to a Senate subcommittee headed by Sen. Arlen Specter (R-PA), Shalala "declined to say that the programs do not increase illegal drug use -- a requirement for lifting a congressionally mandated funding ban" (Painter, USA TODAY, 2/19).

HIV/AIDS CARE: Shalala announced last week Ryan White CARE Act awards totaling \$1 million to three organizations to develop and evaluate health care models that provide health care and social services to Native Americans with HIV/AIDS and their families. The awardees include Alaska Native HIV/AIDS Case Management Project in Anchorage; Native Care: HIV/AIDS Integrated Services Network in Oakland, CA; and Red Ribbon Bridge Project in Santa Barbara. Shalala said, "These projects offer models of HIV/AIDS care that break down the barriers Native Americans face in accessing needed services -- medical, mental health, substance abuse, housing, legal assistance and other support services -- that respect their culture, spiritual needs and traditions" (HHS release, 2/14).

LANGUAGE: ENGLISH

LOAD-DATE: February 19, 1997

Needle exchange programs headed for legislative showdown

HARTFORD, Conn. (AP) Orlando says he's one of the success stories of a needle exchange program, but fears that state funds for the program may dry up before it helps others.

On the eve of a legislative hearing to consider repealing needle exchanges, Orlando, who asked that only his first name be used, and other community activists made a pitch Monday for the programs' effectiveness.

The Hartford Community Alliance for AIDS Programs said their recent survey of intravenous drug users in Hartford shows needle exchange participants have a lower rate of HIV infection than those who use dirty needles.

"The needle exchange program has been a plus in my life," Orlando said at a news conference Monday. "If we stop the funding of this program, the epidemic will get broader."

The city man, who said he is in his late 30s, is a recovering drug addict and also has the AIDS-causing HIV virus. He admits the program encourages illegal drug use. Although some users still fall through the cracks, Orlando said the program is vital.

"Sometimes you have to do it the wrong way to get it done right," Orlando said. "I struggle with the virus. But that's nothing compared to living."

Now he said he's doing the right thing, working with the Hartford needle exchange program and trying to help participants still using drugs.

Since the Hartford program's inception in 1993, more than 70,000 needles have been exchanged and more needles have been collected than distributed, said Merrill Singer, associated director of the Hispanic Center.

More than 1,100 drug users have participated in the program since it started and workers made 17,000 client visits through the end of 1996, said program officials.

The program goals to reduce the spread of the HIV virus through needle-sharing and to reduce the number of needles on the street are being met, said program officials.

Another plus of the Hartford program, said Singer, is that 40 percent of participants use drugs less and more than half show an interest in getting into a drug treatment program.

But the program opponents are gearing up for a public hearing before the Legislature's Public Health committee today to discuss eliminating state funds.

Sen. Thomas Upson, R-Waterbury said the needle exchange programs simply encourage illegal drug use and there is no way to track how many times people are using the needles distributed.

"I don't see why we have to spend money to get people to commit a crime," Upson said. "Why are we not going after drugs?"

He said the focus is controlling AIDS when it should be stopping drug use.

Upson called the needle exchange programs ``the beginning of legalizing drugs."

(PROFILE

(CAT:Medical;)

(SRC:AP; ST:CT;)

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AP-NY-02-18-97 0119EST

:SUBJECT: CT MED

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Received by NewsEDGE/LAN: 2/18/1997 1.20 AM

19TH STORY of Level 1 printed in FULL format.

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February 18, 1997, Tuesday, BC cycle

LENGTH: 264 words

HEADLINE: U.S. says needle exchange may help combat AIDS

DATELINE: WASHINGTON, Feb 18

BODY:

Federal health officials Tuesday endorsed needle exchange programmes for drug users to combat AIDS at the community level but did not seek a federally-funded national programme.

"Needle exchange programmes can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them," Secretary of Health and Human Services Donna Shalala said in a report.

Last week, a National Institutes of Health conference also backed needle exchange as an aspect of AIDS prevention.

After an independent review of a few dozen pilot projects and scientific research programmes, Shalala said there was evidence that needle exchange could slow the spread of the human immunodeficiency virus (HIV) that causes AIDS among drug users, their partners and children. One study, at Yale University, said infections could drop by a third.

Needle exchange has been controversial since the idea surfaced early in the AIDS epidemic, when it became clear that drug users were at high risk of contracting HIV and spreading it to their sexual partners and unborn children.

Critics of needle exchange have charged that it is tantamount to sanctioning intravenous drug use and that it would aggravate the drug problem in a population already at risk. Federal funds cannot be used for these programmes, outside a pilot project research context.

Backers said carefully designed exchange programmes can slow the AIDS epidemic and also serve as outreach points to educate drug users and draw them into treatment programmes.

LANGUAGE: ENGLISH

LOAD-DATE: February 19, 1997

DENVER (AP) Most of Colorado's injection drug users live in the Denver metropolitan area, but health authorities say they are seeing evidence of the problem in rural counties as well.

A state health report published in September showed Coloradans contracting AIDS increasingly are women who inject drugs or have sex with men who do, and unborn babies of those women.

The state alcohol and drug abuse division estimated in 1995 that there were 540 IV drug users in Weld County. As of last year, there was a total of 68 reported AIDS cases.

In comparison, the six-county Denver metro area with a combined population of more than 2 million, had an estimated 10,900 IV drug users and a total of 4,732 total reported AIDS cases.

Needle exchange programs are being considered by state legislators and the state board of health to help prevent the spread of AIDS and other blood-borne diseases among intravenous drug-users.

A few years ago in the San Luis Valley, migrant workers started appearing in health clinics with abscesses caused by using dirty needles. The state's 1995 estimate of injection drug users in the valley was 110, with 17 AIDS cases reported.

El Paso County has about 1,000 drug users and more than 350 AIDS cases. Dr. John Muth, the county health director, said a needle exchange program could be set up there in addition to extensive programs that include outreach to IV users after "a couple of years" of work if the state law is changed.

"There is a groundswell of support," Muth told the Colorado Board of Health last month.

Pueblo County, according to state health, has 615 IV drug users and 77 reported AIDS cases.

Mesa County has an estimated 674 IV drug users, according to a Western Colorado AIDS Project study. The 1996 reported AIDS cases totaled 29.

Injecting drug users also are common in resorts such as Telluride and Aspen, said Jeffrey Basinger of the Western Colorado AIDS Project.

Fremont County, where the state and federal prison complex is located, has its own drug problems. A former county commissioner said there is a "burgeoning" problem of open selling and use of IV drugs in Canon City.

The state's AIDS projects could have key roles if the state drug paraphernalia law is amended to allow needle exchange programs.

"We'd love to do it," Jeff Hill of the Northern Colorado AIDS Project said of a needle exchange program. His Northern Colorado organization has worked with injecting drug users for about 1 1/2 years.

Dale Chavez of the Southern Colorado AIDS Project in Pueblo said it's "possible" that the organization might offer needle exchange

if it's legal.

Basinger said it's ``still up in the air" whether Western CAP would be involved in a needle exchange program if the state law is exempted. He would prefer to see the Governor's AIDS Council be an umbrella organization for local needle exchange programs.

(PROFILE

(CAT:Business;)

(CAT:Crime;)

(CAT:Medical;)

(CAT:Municipal;)

(SRC:AP; ST:CO;)

)

AP-NY-02-17-97 1034EST

:SUBJECT: CO LENF MED CONW

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Received by NewsEDGE/LAN: 2/17/1997 10.36 AM

MD-XGR-BRF Needle Exchange,0178
Free needles for drug addicts approved by Senate

ANNAPOLIS, Md. (AP) A bill to allow Baltimore to continue giving out free needles to drug addicts to slow the spread of the AIDS virus was approved Monday night by the state Senate.

A similar bill passed the House of Delegates last week, making it likely the legislature will pass both bills and send them to Gov. Parris Glendening to be signed or vetoed.

Only one senator spoke on the bill before it passed on a 29-17 roll call.

Sen. Thomas Bromwell, D-Baltimore County, noted that the legislature refused last year to pass a bill requiring health insurers to give free needles to diabetics.

He said he could not explain to his constituents why diabetics ``can't get needles from their health plan when we can give needles to people who are drug addicts."

Baltimore health officials say the program has reduced the number of addicts who are infected by sharing needles.

(PROFILE

(CAT:Medical;)

(SRC:AP; ST:MD;)

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AP-NY-02-17-97 2126EST

:SUBJECT: MD MED

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Received by NewsEDGE/LAN: 2/17/1997 9.28 PM

WASHINGTON (AP) Government policies are crippling efforts to combat the AIDS epidemic by blocking clean needle exchanges and safe-sex education programs that cause people to change dangerous behavior, a panel of experts has concluded.

~~The committee selected by the National Institutes of Health said there now is strong scientific evidence that programs of education and the availability of clean needles can persuade people to avoid risky sex and lead drug addicts not to share contaminated needles.~~

The 12-member panel urged leaders at all government levels to change policies that prevent use of what they called "lifesaving public health strategies."

Some opponents, however, quickly denounced the report Thursday.

"I completely reject this," said Robert L. Maginnis, senior policy analyst for the conservative Family Research Council. He said evidence of how well needle exchanges and safe sex programs work remains inconclusive and often involves "faulty science."

The report also was condemned by Rep. Tom Coburn, R-Okla., who called the NIH committee "poorly informed."

The chairman of the committee, Dr. David Reiss of George Washington University Medical Center, said safe education and needle exchange programs "are very effective means to prevent the spread of HIV (the virus that causes AIDS) infection into the most susceptible populations."

~~The committee report said safe sex education and needle exchange programs were being blocked by moral and government objections~~

There are "significant policy and legal barriers that must be removed in order for these interventions to protect the population from the spread of AIDS," Reiss said.

Reiss and his committee proposed an immediate change of regulations banning federal support of clean needle-exchange programs. "There is no valid scientific basis for such policies," said Reiss.

The committee found that clean needle-exchange programs in New Haven, Conn., and in Amsterdam did not lead to increased drug use, encourage young people to start using drugs or cause more needles to be discarded in public places.

Such programs reduced by 80 percent the amount of needle sharing among drug users, the committee found, leading to an estimated 30 percent reduction in new HIV infections.

About 100 needle-exchange programs are active in the United States, compared with 2,000 in Australia, a country with only one-tenth the U.S. population, the report said. In Australian areas with population profiles similar to the United States, the rate of HIV infection is far lower, the report said.

In cities where there are vigorous clean needle exchange programs, such as Tacoma, Wash., Toronto, Sydney, and Glasgow, Scotland, the rate of HIV infection has remained low, the study

found.

But Maginnis said his studies show a needle-exchange program in Connecticut did lead to increased drug abuse, to more discarded needles and to a rise in petty crime in some neighborhoods.

A federal welfare law that permits only the teaching of abstinence in sex education also should be changed, said Reiss.

"It is not consistent with the scientific findings" of effective teaching tools for young people on how to avoid an AIDS-virus infection, he said.

He said safe sex education, which can include recommending using condoms and limiting partners, is the most effective way to reduce the sexual spread of AIDS. A program among inner-city women, the report said, led to doubled use of condoms. A study in Tanzania showed a 50 percent drop in HIV spread among young women after a condom distribution program began.

The rate of HIV infections dropped among women in Rwanda and among prostitutes in Bombay and Thailand after programs of safe sex counseling, the report said. Five randomized studies among adolescents in inner-city American schools showed that risky sexual behavior was reduced after programs of safe sex education.

In Switzerland, the report said, a national campaign promoting condom use "dramatically reduced risk behavior."

Maginnis said that pushing condom use was "like playing Russian roulette" because, he said, many condoms fail. "Abstinence is the only effective way of keeping people from contracting HIV," Maginnis said.

Coburn said a condom distribution program in Uganda was such a failure that it was abandoned. That country now has a million children orphaned by AIDS, he said.

"Thailand, which has relied upon condoms, now has an HIV infection rate in excess of 15 percent among young heterosexuals in rural areas," Coburn said.

(PROFILE

(CAT:Business;)

(CAT:Medical;)

(SRC:AP; ST:US;)

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AP-NY-02-14-97 0130EST

:SUBJECT: MED CONW

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Received by NewsEDGE/LAN: 2/14/1997 1.32 AM

CONCORD, N.H. (AP) Rep. Cecilia Kane, D-Portsmouth, hopes the "third time is a charm" for her chief cause letting New Hampshire experiment with dispensing clean hypodermic needles to drug addicts to minimize the spread of AIDS.

Eight years ago this month, her only son, Tommy, died of AIDS at age 34.

"We have the opportunity as legislators to save lives and to slow the spread of AIDS. This is my third time presenting this bill. I hope the third time is a charm," she said.

Health and Human Services Commissioner Terry Morton lent his political weight to Kane's legislation.

"When this is signed into law, I'll recommend that first community dedicate the program in Tommy's memory," Morton said. The bill would conduct the experiment for two years in one community.

But critics warn that while the program may have merit in science, in practice it would condone illegal drug use and be the wrong message for government to send.

Rep. Tim McGough, R-Merrimack, said residents of his town have called him to complain about the bill. As an emergency medical technician, he said, he has found illegal drug users have no shortage of access to needles and don't need the government's help.

"This program will provide more needles on the street no matter how you look at it," he said.

McGough's position was challenged by Rep. Carol Moore, D-Concord, a bill supporter and member of the House Health, Human Services and Elderly Affairs Committee, which considered it Tuesday.

"This trades one dirty needle for one clean needle. How does that put any more needles on the street?" Moore asked McGough.

The Association of New Hampshire Chiefs of Police opposes the bill but didn't testify Tuesday.

Morton pointed out that several changes made to the bill from past versions were aimed at mollifying opponents.

The changes include:

No state money: Morton offered an amendment to strike the \$64,566 cost and require that any money spent on the program must be raised from municipal, federal or private money.

Local approval: The pilot program would not be done in any community without local support. Past versions had state officials deciding where it would take place.

Counseling: Any participant would have to receive counseling and rehabilitation before being given a clean needle.

"The goal is to generate public support and appreciation that this is a technique that will work. The pilot is at the community level, not the science level," said Brook Dupee of the state Department of Public Health Services.

Senate, House advance continuation of needle exchange program

ANNAPOLIS, Md. (AP) By every standard set for it, Baltimore's needle exchange has been a success, with many more drug users being served than predicted and the rate of AIDS among them down significantly.

But some legislators still say it is a sure-fire way to promote drug use, with government casually handing out clean needles to addicts.

On Thursday, the familiar debate over whether needle exchange programs reduce AIDS among addicts at the cost of encouraging drug use erupted in the House and Senate as lawmakers debated whether to renew Baltimore's program.

"I don't want to go back to my district and say we are funding an illegal activity," said Sen. Lowell Stoltzfus, an Eastern Shore Republican who asked that the state pull its funding for the program.

The Senate rejected his request and, on a 29-12 vote, gave preliminary approval of an open-ended extension of the program, which was set to end this May. The House of Delegates, after some debate, passed the extension 111-23 on a final vote.

Either the Senate or House bill will have to be approved by the other chamber before the measure is sent to the governor.

Three years ago, debate raged in both houses over whether it was prudent to give drug users protection from prosecution by allowing a program where they could exchange dirty needles considered illegal drug paraphernalia for clean ones.

For supporters, the program was justified by its potential to lower the rate of HIV infection among drug users and, in turn, cut Medicaid costs to the state for treating AIDS victims.

"The whole purpose of this program is to stop the spread of AIDS," said Sen. Barbara Hoffman, D-Baltimore. "This program met the goals and results that were asked for."

In fact, it did even better than that.

Projected to serve maybe 750 clients, it has served 5,200. And the HIV infection rate among the clients has dropped by 40 percent, said Sen. Paul Hollinger, D-Baltimore County.

In the House, Environmental Committee chairman Ron Guns said the program has not only reduced the number of used needles lying in the streets of Baltimore, but has also managed to increase the number of users seeking treatment, encouraged by people in the program.

On Thursday, a national panel of experts appointed by the National Institutes of Health said strong scientific evidence shows that clean needle exchanges, safe sex education and drug abuse treatment can significantly reduce the spread of the AIDS virus.

Opponents, however, still argue needle exchange programs keep addicts on drugs.

Delegate Barrie Ciliberti, R-Montgomery, said it might be better

if word spread to drug addicts that they were likely to get AIDS
from dirty needles.

``They might get religion, see the light, return to common sense
and see, perhaps, that they are on the wrong road," he said.

(PROFILE

(CAT:Business;)

(CAT:Medical;)

(CAT:Political;)

(SRC:AP; ST:MD;)

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AP-NY-02-14-97 0238EST

:SUBJECT: MD MED CONW POL

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Received by NewsEDGE/LAN: 2/14/1997 2.40 AM

The measure is not without its opponents, however.

Rep. H. Charles Royce, R-Jaffrey, is a past president of the New Hampshire Brain Injury Association.

"All the people who contacted me all expressed outrage that the state would even think of facilitating the IV drug use of anyone," Royce said.

Two years ago, after clearing the House by a 2-1 margin, a three-city two-year pilot fell in the Senate on a voice vote after its policy committee rejected it by a 7-0 margin.

But if this version passes the House as expected, it's certain to go to the same Senate Public Institutions, Health and Human Services Committee chaired by the same opponent, Sen. David Wheeler, R-Milford.

Two years ago, Madbury Democrat Jeanne Shaheen couldn't get enough support for a roll-call vote on the issue in the Senate.

Today she is governor and has assured Kane she would sign the bill.

That's in marked contrast to the last two governors Republicans Steve Merrill and Judd Gregg both of whom vetoed legislation that would have legalized purchase of hypodermic needles without prescription.

Supporters note that needle exchange programs have taken place in 55 cities across the country, including Boston and New Haven, Conn. Six states have legalized them, including Connecticut, Massachusetts and Rhode Island.

Last year, 19 of the 83 people who died of AIDS in New Hampshire got the deadly virus through a dirty-needle injection. The New Haven project showed incidence of such transmittal went down by a third in its program, state officials said.

"That means of the 19 who died last year, roughly six of them would have lived if they had a needle exchange program," Dupee said.

(PROFILE

(CAT:Business;)

(CAT:Medical;)

(CAT:Political;)

(SRC:AP; ST:NH;)

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AP-NY-02-05-97 0901EST

:SUBJECT: NH MED CONW POL

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Received by NewsEDGE/LAN: 2/5/1997 9.04 AM

Former addicts, health bureau press for needle-exchange program

AUGUSTA, Maine (AP) Ann Sachs stood before a panel of state lawmakers Wednesday to tell them she's dying of AIDS, caused by shooting up drugs with a dirty needle.

What the 48-year-old Portland woman wanted from the Judiciary Committee was its support of a proposed law decriminalizing the possession of 10 or fewer hypodermic needles and creating a needle-exchange program.

By Frank Fisher

"I, for the present, am living proof that these terrible things do happen, even to people we love," Sachs said. "Please don't compound the death penalty."

Maine health officials say letting people have a limited number of needles and giving them a chance to exchange them for sterile ones will significantly cut the rising tide of AIDS, hepatitis and other infectious diseases.

The Legislature passed a law in 1993 that allowed people over 18 to purchase needles and syringes without a prescription. However, possession without a prescription still is illegal under Maine's drug paraphernalia laws, and some pharmacies won't sell the needles without a doctor's order.

The bill sponsored by Rep. J. Elizabeth Mitchell, D-Portland, seeks to clear up the ambiguity while getting dirty needles off the street.

"The research from other states shows that providing access to clean needles does help decrease HIV transmission among injectable-drug users," said Dora Mills, director of the state Bureau of Health.

Some law enforcement officers are skeptical.

"Speaking personally, I would not be in favor of decriminalizing the possession of hypodermic needles," Augusta Police Chief Wayne McCamish said. "I just personally think that sends the wrong message."

But Portland Police Chief Michael Chitwood, citing the estimated 600 to 800 heroin addicts in and around the city, said he supported the legislation, as long as the needle exchange program operated within a "structured environment."

"I know the concern among law enforcement agencies is that it's only going to create more drug addicts," Chitwood said. "Well, I don't buy that."

Leo Albert, a former heroin addict who now counsels drug users in Portland, said needle exchange programs also give health workers a chance to offer addicts counseling and medical care.

"This being Maine, there are no 'shooting galleries' where drug users congregate so I can go out to them," Albert said.

Mills hoped the bill's limit of 10 needles would satisfy police, who she said sometimes arrest suspected drug dealers they catch with hundreds of syringes but no narcotics.

In Maine, male and female intravenous drug users are the second

largest group of patients with AIDS or HIV, the virus that causes the disease. The number of people infected with AIDS associated with injectable drug use jumped from less than 10 percent of total cases five years ago to about 25 percent now, Mills said.

The Maine Medical Association supports the bill.

Connecticut, which decriminalized the possession of up to 10 needles in the early 1990s and started an exchange program, has reported success.

A study by the Centers for Disease Control and Prevention showed 71 percent of Connecticut drug users were sharing their used needles in 1991. By June 1995, that figure was down to just 15 percent, state officials there said.

The needle-exchange program in Tacoma, Wash., has been credited with an eightfold drop of hepatitis among drug users.

Needle exchange programs now operate in about 60 U.S. cities.

Nobody spoke against the bill, and the Judiciary Committee planned to discuss it Tuesday.

“Infected needles kill people,” Sachs said.

(PROFILE

(CAT:Business;)

(CAT:Crime;)

(CAT:Medical;)

(SRC:AP; ST:ME;)

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AP-NY-02-05-97 1853EST

:SUBJECT: ME LENF MED CONW

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Received by NewsEDGE/LAN: 2/5/1997 6.56 PM

AP Wire
2/1/97
12:35am

ASHEVILLE (AP) Peter learned the powerful draw of drugs when his drug-addict mother shot him up with cocaine. He was only 5 or 6 years old.

"She said, 'try this and see how you like it,'" then filled a syringe with cocaine and popped the needle in his arm, Peter said.

By 15, he was living with a 43-year-old "sugar daddy" and shooting up cocaine or heroin three to four times a week.

He finally weaned himself from the habit because he doesn't want to follow another of his mother's paths: She died, at age 29, of AIDS. Peter believes she caught the disease from sharing needles.

It's for people like Peter that Michael Harney Jr. breaks the law. He runs a needle exchange, trading clean needles to anyone who will give him dirty ones.

"The needle exchange program is the best thing that has ever happened," Peter says. "... AIDS is out there, and that's no joke, because my mom died from it."

He talked about his own habit to encourage others to use clean needles, but he didn't want his real name used.

Harney estimates that since March, he has exchanged about 1,200 needles, 200 of them with the same man, who acts as a go-between for friends. The clean needles came from the North American Syringe Exchange Network, based in Tacoma, Wash., which gave him a start-up kit of 6,000 syringes.

According to the exchange network, there are 111 needle exchange programs in 28 states in the United States. Like Harney's work, not all the programs are legal.

Needle exchanges are illegal under North Carolina's drug paraphernalia law. Harney could face felony or misdemeanor charges for exchanging needles with addicts.

"It's a public health issue," says Harney, whose program is run under the auspices of the People with AIDS Coalition of the Blue Ridge. "We do not condone drug use. But we recognize that it exists. To take a step toward health betterment, we've decided that exchanging needles is the first step."

The state Legislature may be asked this session to remove the threat of arrest that hangs over Harney's head. Rep. Thomas Wright, D-New Hanover, chairman of the Minority Health Advisory Council, is considering legislation that would exempt needle exchange programs from the state's drug paraphernalia law.

In a July 26, 1996, letter to state Health Director Ron Levine, Wright wrote: "To help eliminate legal barriers to such programs, the council is committed to pursuing changes in the state's drug paraphernalia laws during the upcoming long session of the General Assembly."

Levine's response was noncommittal, saying he would be happy to meet with the council discuss needle exchange programs.

The state Health Department has not taken a position on such

programs. However, Dr. Mike Moser, head of the state division of epidemiology, says that "as a public health professional who has reviewed the evidence, I certainly feel the evidence tells us that needle exchange programs could be an effective tool."

Wright appointed a subcommittee of two doctors and a nurse to look into needle exchange research. The AIDS Advisory Health Council also is looking into the issue.

Wright's subcommittee could come back as early as Feb. 18 with a recommendation on what action the council should take next.

"The overall objective is to lower the numbers of HIV and AIDS cases amongst African-Americans in North Carolina," Wright says. "We'd like to see people not use drugs at all. Do we advocate the use of drugs? No."

Wright's council is concerned because the number of HIV and AIDS cases is increasing among blacks but decreasing or remaining stable in the white community. In North Carolina, 879 cases of AIDS were reported in 1996 in adults and adolescents, Moser says. Fifteen cases were reported in children under 13 years old.

Of the total, 71 percent were identified as black, although blacks make up just over one-fifth of the state's population, according to the 1990 census. And 14 of the 15 children were black.

Among the adults, about 26 percent of the men and 27 percent of the women admitted to injecting drugs, Moser said. The number of cases that ultimately are tied to a drug users is probably much higher, Moser said.

Research shows the use of clean needles also lowers the incidence of hepatitis B and C. "Sharing needles is a very effective means of sharing all three of these viruses," Moser said.

Supporters of needle exchanges would like to see pilot programs established in Asheville, Greensboro, Greenville and the Triangle, says Kimberly Scott of the Eastern North Carolina AIDS Care Consortium in Pitt County.

Part of the problem with gaining support for needle exchange programs is that many people just don't care what happens to drug users, she says.

If that's the case, opponents should consider the cost of AIDS, she says. The federal government estimates that the average lifetime cost of medical care after diagnosis HIV infection is \$119,000.

"If people don't want to evaluate this from a compassionate, humanistic standpoint, there's an economic impact people can look at as well," she says.

Attorney General Mike Easley seems willing to listen.

Law enforcement has a duty to enforce drug paraphernalia laws, he says.

"However, I am always open to reasonable suggestions for improvement and am willing to work with state health officials, law enforcement leaders and the Legislature to evaluate alternative approaches," he says.

A 1995 report from the National Research Council concluded that allowing drug addicts to trade dirty syringes for sterile ones can reduce the spread of AIDS without encouraging the use of illegal drugs.

And a 1994 study of drug users in New York City concluded that handing out clean needles to drug users appeared to cut their risk of AIDS in half.

Congress in 1988 prohibited federal funds for needle exchange programs, but allowed the policy to be reversed if the surgeon general found such programs effective.

President Clinton promised in 1992 to allow federal funds to be used for exchanging needles "where local communities approve," but has not done that so far.

All scientific research concludes that needle exchange programs should be part of a comprehensive strategy to reduce AIDS and HIV cases, Moser says.

"Needle exchanges are not a panacea," he says. "The first line in dealing with HIV transmission through injecting drug use is to reduce injecting drug use. Drug treatment programs, programs to support abstinence, are clearly essential."

Peter, who has not participated in drug rehabilitation programs, says he no longer shoots up, although he does smoke marijuana every day. He has had two stints in jail and one at Broughton Hospital last year, when he became obsessed with the idea of killing his lover.

After they split up, Peter hit rock bottom, shooting up more and more frequently.

"One day I became homeless and I thought, oh my God, what am I doing?" says Peter, who now lives with two roommates and is getting job training.

"I was going three, four, five days wearing the same clothes, not taking a shower, no food. That's when I got a wake-up call."

He hasn't injected drugs since at least September, although many of his friends still do. They call Harney for clean needles when they think about it but still share needles, he says.

"Part of the problem is it's still so illegal that they're not secure with the idea of always coming to me," says Harney, who holds down three jobs while he and three others volunteer their time with the needle exchange program.

"Every time I exchange needles, I say 'I hope you're not sharing needles. Please don't share needles. You don't have to share needles.' But I'm not the behavior patrol."

"If a needle goes into the community, and it's used twice and comes back to me sooner than it would have otherwise, when it would have been used 15, 20 times, then that's harm reduction."

(PROFILE

(CAT:Business;)

(CAT:Crime;)

AZ Needle Exchange.0333

Clean needles offered in attempt to curb HIV spread among drug users

TUCSON, Ariz. (AP) Pima County is offering free and clean hypodermic needles in an attempt to slow the increasing number of intravenous drug users who get the virus that causes AIDS.

Statistics show the rate of HIV infection among intravenous drug users has more than doubled in the past decade.

Locally, about 40 percent of the new infections over the past two years are related to injecting drugs, said David Hoover of the county health department.

Under the Pima County needle program, drug users can exchange their dirty needs for clean ones on Tuesday and Friday afternoons.

"It's a harm-reduction concept, like wearing condoms to reduce disease," said Hoover, program manager for the county's HIV and sexually transmitted disease program.

The program was launched last month using a \$30,000 private foundation grant. The center also distributes condoms, cotton and information on where drug users can seek help to kick their habit.

"We want to encourage them to quit, but until they can do that, we want to keep them alive, and we don't want them infecting their sexual partners and babies," Hoover said. "It's not condoning drug use, it's looking at what's happening out there."

Needle-exchange programs, offered at 80 other sites across the nation, have sparked debate between health officials looking to prevent AIDS and others who believe the practice condones drug use.

State Rep. Mark Anderson, R-Mesa, a member of several conservative think tanks, disapproves of the Pima County program.

"We're making it easier for people to be drug addicts," he said. "We should be spending money on trying to convince them to change their habit rather than giving up on them."

Eds note: Information on the program is available by calling 520-740-8554.

(PROFILE

(CAT:Medical;)

(SRC:AP; ST:AZ;)

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AP-NY-01-31-97 1339EST

:SUBJECT: AZ MED

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Received by NewsEDGE/LAN: 1/31/1997 1.41 PM

MD Needle Exchange, Bjt,0419

Needle exchange program credited with lowering AIDS transmission

BALTIMORE (AP) City officials are hoping to convince state lawmakers to continue a needle exchange program for drug addicts.

Johns Hopkins researchers are crediting the program, which expires this summer, with slowing the spread of AIDS. Some lawmakers, however, have expressed reluctance to vote for a program that could be seen as condoning drug use.

The incidence of new HIV infection has dropped 20 percent, from 4.3 percent to 3.5 percent a year among an overall sample of intravenous drug users in the city, possibly because program participants are giving clean needles to friends or relatives.

Needle exchange participants who injected daily had 40 percent fewer HIV infections than similar addicts who didn't participate in the exchange, researchers said.

The program also appears to have lowered AIDS infection overall.

Meanwhile, HIV infection among addicts in Baltimore County slightly increased.

"The effect of needle exchange could extend beyond those who are enrolled. These trends appear encouraging," said David Vlahov, professor of epidemiology at the Johns Hopkins School of Public Health and the lead researcher in the study.

The data has convinced some lawmakers to change their position on the issue.

"I may very likely vote for the bill this time," said Delegate Anita Stup, a Frederick Republican who sits on the House Environmental Affairs Committee.

Most state legislators from Baltimore are cosponsoring bills that would repeal the sunset provision for the needle-exchange program. Usually local bills are approved by the General Assembly, but the needle exchange program has met with stiff opposition in the past.

Mayor Kurt L. Schmoke worked three years to gain enough support from state legislators and then-Gov. William Donald Schaefer for the three-year pilot program which was approved by the General Assembly in 1994.

The bill almost didn't make it then, passing the Senate 24-23.

Supporters, however, don't expect the fight to extend the program to be as tough.

"It's not an easy bill to vote for or against," said Sen.

Paula C. Hollinger, a Baltimore County Democrat who sponsored the original legislation. "We all have problems giving needles. The bigger issue is stopping the spread of HIV."

(PROFILE

(CAT:Business;)

(CAT:Political;)

(SRC:AP; ST:MD;)

APWire

1/27/97

2.09 am

OTHER PAPERS

THE PHILADELPHIA DAILY NEWS Local

Friday, February 28, 1997

by Mark McDonald

Daily News Staff Writer

City Councilwoman Joan Krajewski said yesterday that she found some of her Council colleagues ``comical.''

The fight focused on the war on drugs and the city's controversial [needle]-[exchange] program the Rendell administration initiated five years ago.

Krajewski introduced a resolution with Councilman Frank Rizzo that

urges the city to suspend its [needle]-[exchange] program. The program will put more than 700,000 clean [needles] into the hands of drug addicts, in the hope of stemming the spread of [AIDS].

Many on Council did not agree with her, but their job was made easy when it became apparent that the sponsors had put out two slightly different resolutions.

The police sit by and watch the illegal distribution of drug paraphernalia, Krajewski said.

``It's just morally wrong, and this is not what our tax dollars should be spent on,''' she said.

Preferring more information on the program than an open fight, Council tabled the resolution.

Krajewski did not like that, telling her colleagues to stand up and vote one way or the other. One told her she was a ``bad girl.''

Councilman Richard Mariano admitted he'd made the comment. He then tried to make amends, telling her she was his heroine.

On another front, Councilman Michael Nutter blasted District Attorney Lynne Abraham for suggesting that cops might not be working so hard to make arrests because of corruption investigations.

On Tuesday, she said fighting sidewalk drug sales is complicated by the probes. Some officers, she said, might be cautious about making an arrest, fearing charges of brutality or a shakedown.

Nutter introduced and pushed the Police Advisory Commission that is anathema to the Fraternal Order of Police.

``It is wrong, it is a lie,''' he thundered about Abraham's comments, accusing her of ``smearing the entire department.''' He urged Council to bring her back next week to clarify her comments.

Abraham made it clear she was talking about a small number of cops who might be turning their heads to certain crimes.

Bill Davol, Abraham's spokesman, said she will attend another hearing on the war on drugs next Thursday and she looks forward to a frank [exchange] of views.

Council President John Street said Police Commissioner Richard Neal will also be there to talk about the possible redeployment of police against what Street called the ultimate quality of life issue -- the open sale of drugs.

Philadelphia Online -- Philadelphia Daily News -- Local News

Copyright Friday, February 28, 1997

The Philadelphia Inquirer via World Wide Web 02/28/97 00:00
Needle-swap program survives a challenge Rizzo wants to suspend it.
Some on Co

By Dianna Marder

INQUIRER STAFF WRITER

Prevention Point, the city's controversial [needle]-[exchange] program, survived a surprise attack yesterday in City Council.

Twelve angry Council members intervened at the last moment, sparing the [AIDS]-prevention program from possible extinction. They said that while the program was not perfect, they didn't want it discontinued because of flaws that could be corrected.

At issue is the effectiveness of a program that gave 700,000 sterile [needles] to [intravenous]-[drug users] last year and took an equal number of dirty [needles] off the streets.

Prevention Point operates from a van that makes the rounds to five of the city's most drug-infested neighborhoods. It is aimed at stemming the spread of [HIV] among the city's estimated 12,000 to 23,000 injecting [drug users] and their sexual partners.

After a city Health Department budget hearing in Council earlier this month, Councilman Frank Rizzo said he was shocked to learn the number of [needles] distributed through Prevention Point. He expressed concern that the [syringes] might be sold on the black market, although he had no evidence this was happening.

Yesterday, Rizzo asked his colleagues in Council to condemn the [needle]-[exchange] program and immediately suspend it, pending an investigation into its scope.

Rizzo's proposal came in the form of a resolution cosponsored by Councilwoman Joan Krajewski. Rizzo is a Republican. Krajewski, a Democrat, was a protege of Rizzo's father, the late Frank L. Rizzo. She is the younger Rizzo's strongest ally on Council.

Krajewski said that Preservation Point operates in residential areas and may promote the use of illegal drugs.

``It's morally wrong,'' Krajewski said.

Among those who challenged Rizzo and Krajewski was Councilman Angel Ortiz, who said public hearings on the program would create ``unneeded hysteria.''

``The program works,'' Ortiz said. ``The Health Department has done an excellent job.''

Councilman James Kenney said the program should be improved, not dismantled.

Frank DiCicco retracted his initial support of the Rizzo resolution and asked that it be tabled. A majority supported that idea.

Krajewski said she wants Health Department officials to return to Council and answer questions about the program before March 27, when Council is scheduled to grant final approval to Mayor Rendell's proposed city budget. Council President John Street said he would arrange such a meeting.

More than 100 cities have [needle]-[exchange] programs to cut down on the reuse of [needles] contaminated with the [AIDS] virus. Such efforts have been endorsed by Donna Shalala, U.S. secretary of health and human services, and the National Institutes of Health. Philadelphia's [needle] [exchange] is the only one in the region and one of the largest in the country.

Congress has banned the use of federal funds for [needle] swaps. And until recently, no study had documented a reduction in [HIV] incidence when [needle]-[exchange] participants were compared with other injecting [drug users] in the same city. In the absence of scientific proof, controversy grew.

For the first time last fall, results of a study on [needle] [exchanges] was printed in the British medical journal Lancet. It found a two-thirds reduction in new [HIV] infections among a group of [needle]-[exchange] users in New York, compared with a similar group of users who did not use the [exchange].

Prevention Point will get about \$256,000 in city taxpayers' dollars in the current fiscal year. The money, which makes up about 70 percent of the program's budget, helps pay for [needles], staff and a drop-in center. The rest of the program's budget comes from private foundations and grants.

In 1995, more than half of the 1,280 newly diagnosed [HIV] cases in Philadelphia stemmed from [intravenous]-drug use, according to city Health Department statistics.

Philadelphia Online -- The Philadelphia Inquirer, City & Region
-- Copyright Friday, February 28, 1997

21ST STORY of Level 1 printed in FULL format.

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News Tribune

February 20, 1997, Thursday

SECTION: Local/State; Pg. B1

LENGTH: 2214 words

HEADLINE: AIDS BATTLE SHIFTING TO NEW FRONTS ;
MINORITIES PARTICULARLY VULNERABLE IN 'SECOND WAVE' OF EPIDEMIC

BYLINE: Caroline Young Ullmann ; The News Tribune

BODY:

We haven't yet won the war against AIDS, despite drops in deaths and in cases among gay men, King County health board members will be told Friday.

"It's definitely not over," said Dr. Bob Wood, director of the AIDS Control Program for the Seattle-King County Department of Public Health. "We just have to change battlefields."

Wood will brief board members about recent AIDS trends at 9:30 a.m. in the Metropolitan King County Council chambers.

He'll tell them the growing trouble spots appear to be among women (especially black women), blacks overall, Hispanics and injection-drug users. Rates among those groups are projected to rise.

Wood described it as the "second wave of the epidemic."

"Those are the people who don't think AIDS is their problem," he said.

Pierce County health officials said they believe the same trends are at work locally. They also worry about the increasing number of people contracting AIDS through heterosexual contact.

Reasons for the ups and downs are complicated. AIDS statistics constantly change. Risk groups may overlap. Raw numbers can be so small that it's dicey to use them to draw conclusions.

And it's impossible to know the complete picture because there is no requirement to report HIV-positive cases as there is full-blown AIDS.

"It's unlike trying to forecast other types of diseases," said Rick MacCornack, senior epidemiologist with the Tacoma-Pierce County Health Department. "Forecasting a dynamic process is like trying to throw darts at a board."

That makes the statistics squishy, particularly in Pierce County where epidemiologists prefer to look at cumulative numbers because the number of new cases reported each year is relatively small.

"We're talking about a comparatively rare disease in Pierce County," MacCornack said.

Through Dec. 31, Pierce County had had 615 AIDS cases since the disease was first diagnosed in 1982. King County, which accounts for more than two-thirds of the AIDS cases in the state, had had 5,105 cases as of Feb. 5.

In Thurston County, numbers are so small that research-based analysis of trends isn't possible, said Pat Libbey, director of the county's Public Health and Social Services Department.

Thurston County has 104 AIDS cases to date; new cases reported each year range from two to 15, said Kathleen Eussen, director of nursing and personal health.

Pierce County deaths from AIDS decreased from 55 in 1995 to 35 in 1996, a drop of 36 percent. In King County, the number of deaths fell from 428 to 240, a decrease of 44 percent.

Here are explanations of local experts about trends in AIDS cases.

* Why did AIDS deaths drop?

Wood credits advances in drugs and methods of treatment.

Strong drugs called protease inhibitors apparently slow the progression of the disease in about two-thirds of people with AIDS. Doctors began more widely prescribing the drugs in mid-1996.

In late 1995, doctors also began treating AIDS with combinations of drugs - a "drug cocktail" of sorts. The combination therapy is as important as the headline-stealing protease inhibitors, Wood said.

In Pierce County, MacCornack said it's too early to say whether drug cocktails are causing a drop in deaths, but it's reasonable speculation.

"It's clearly an issue of people looking for magic bullets," he said.

* Why don't the drugs work for everybody?

It's hard to take protease inhibitors successfully. They require a complex regimen - a certain number of pills at specific times, sometimes with food and sometimes on an empty stomach. They have to be balanced with other drugs to keep opportunistic infections under control.

"It's not uncommon for people to take 20 or more pills a day," Wood said.

The consequences of going off the program are severe; the virus can quickly mutate and grow resistant to the drugs, he explained.

The drugs also are expensive: Wood said the cost per patient can range up to \$ 20,000 a year.

* What's happening with AIDS among homosexual men?

New AIDS cases among homosexual men peaked in 1993 in King County. The year of change is less distinct in Pierce County, although over time the rate also has declined.

Wood said the drop since 1993 occurred because of the disease's average incubation period, a change in the definition of AIDS, the effectiveness of prevention messages and personal choice.

AIDS has an average incubation period of about 10 years. Research has showed that most new infections occurred between 1982 and 1984, Wood said.

San Francisco Bay Area researchers tested serum taken from a large number of gay men between the mid-1970s and mid-1980s, he said. They discovered the HIV infection started in the late 1970s, peaked around 1983 and rapidly fell off.

"Ten years later, you expect AIDS cases to peak," Wood said.

Also, in 1993 the definition of AIDS changed, dropping the threshold of what would be considered an AIDS case. That brought in more cases that year.

~~Prevention, too, had an effect.~~ The health department started prevention programs in 1983, he said, and intensified its efforts in 1985 when it got an infusion of federal funds.

Wood said studies show that people have changed their behavior as a result of intervention.

"To me, the bottom line is prevention works," he said.

Wood also said he thinks gay men began changing their behavior even before formal prevention programs began.

MacCornack agreed, theorizing that abstinence, delayed sexual activity, condom use and a drop in promiscuous behavior also contributed.

"I think there's fear and caution," he said.

* What's the story with women and AIDS?

The number of women with AIDS is small in both counties. The increasing trend, though, is significant, Wood and MacCornack agreed.

Women are exposed to AIDS by using injection drugs; by having sex with injection-drug users or bisexual men; or through more rare modes of transmission, such as transfusions.

A heterosexual man who contracts AIDS also can pass the disease to his female partner.

Jeannie Darneille, executive director of the Pierce County AIDS Foundation, said her agency is seeing more infected women - many of them single parents who reported acquiring the disease through heterosexual contact.

Tacoma-Pierce County Health Department numbers show that AIDS cases

contracted through heterosexual contact went from two, or 4.3 percent, in 1991 to 10, or 22.2 percent, in 1996.

* How is AIDS affecting blacks and Hispanics?

In King County, raw numbers and percentages of new AIDS cases among blacks and Hispanics are climbing.

The picture is more confusing in Pierce County. The percentage of AIDS cases among blacks climbed over the past five years, but it dropped for Hispanics.

MacCornack said he thinks that's a reporting blip and believes trends in Pierce County are roughly comparable to those in King County.

Darneille said since her agency opened in 1987, rates among blacks have stayed about the same and have risen a bit among Hispanics. Overall, minorities make up a third of the agency's caseload.

Wood said he is most concerned about black women.

Research on newborns has shown the average King County black woman who has given birth is 10 times more likely to be infected than a white woman and three times as likely as a Hispanic woman, he said.

"That's very frightening," Wood said, adding the disease has gained a "major foothold" among blacks.

Wood said minorities have multiple risk factors. Generally, they don't have as much access to education or health care. They may not speak English. They may live in poverty. They're more likely to use drugs.

Added MacCornack: "The issue is about being disenfranchised. When 85 percent of the population is white, anybody who is not white is disenfranchised by definition."

* How do injection-drug users fit in?

Injection-drug users are the second-largest group of people with AIDS in both counties.

Wood credits the Northwest's needle-exchange programs for keeping drug-related infection rates from rocketing. In 1988, Tacoma became the first city in the United States to begin a needle-exchange program. Seattle-King County adopted its program in 1989.

"On the other hand, the numbers are still going up, so they're not as effective as they need to be," Wood said, adding that drug-related AIDS cases are projected to go up statewide by 12 percent a year.

Recently, Pierce County has seen more people - probably injection-drug users - who were diagnosed late in the disease and died soon afterward, MacCornack said.

Preventing infection among injection-drug users should be a major priority,

he said.

"It's not going away. And they're continually at risk. If you relax, it'll get worse," MacCornack said.

Darneille said she saw a lower rate of injection-drug users as new clients in 1996. But she noted staff members called for emergency medical help four times during the year after clients showed up loaded on injection drugs.

* What does the future hold?

Expect earlier testing, a continued emphasis on prevention among high-risk groups and perhaps a vaccine.

Wood and MacCornack agreed that testing should become a routine part of health care, including for women who want to become pregnant.

"For people to benefit from these new drugs, they need to know they have HIV as soon as possible," Wood said.

"It's common sense," MacCornack added.

Tacoma Dr. Alan Tice, who treats people with AIDS, advocates mandatory testing at certain milestones: graduating from high school; before getting married or getting pregnant; giving birth.

He said 77 percent of the 176 people with AIDS he saw between 1985 and 1996 should have received earlier treatment. Statistics suggest they had been infected for five to seven years and didn't know it, increasing the risk they spread it to others.

Wood said scientists hope they eventually can develop a vaccine, but he thinks some people would ignore it, believing their children would never be exposed to AIDS.

"A vaccine isn't a cure-all," he said. "AIDS still requires a lot of public health salesmanship and difficult political decisions."

Darneille predicted her agency will see more clients with a multitude of problems. More of her new clients are poor, mentally ill, homeless and abuse drugs or alcohol, she said. They're being diagnosed later, which means they're sicker. It's hard for them to stick to a complicated regimen of costly drugs.

"It's a disease that is linked to poverty and disenfranchisement ... It's much more linked to people who don't have a voice," she said.

SIDEBAR (PIERCE COUNTY EDITION)

Changing face of AIDS

Here is a breakdown of AIDS cases diagnosed in Pierce County. Some of the numbers, however, almost certainly will change.

That's because there is a time lag between when an AIDS case is diagnosed and when it is reported to health officials. For example, a doctor may diagnose an

AIDS case on Dec. 1. but not report it to health officials for several months.

Statisticians go back in time and update the cases as they are reported.

PIERCE COUNTY

Total deaths

55 in 1995 35 in 1996

Down 36 percent

Total number of AIDS cases diagnosed...

615 through Dec. 31, 1996

... in homosexual men:

42 / 20

or 44.2 percent / or 44.4 percent

of new cases / of new cases

in 1993 / in 1996

... in women:

(82 women to date)

4 / 12

or 8.3 percent / or 26.7 percent

of new cases / of new cases

in 1991 / in 1996

... in blacks:

9 / 13

or 18.8 percent / or 28.9 percent

of new cases / of new cases

in 1991 / in 1996

... in Hispanics:

5 / 2

or 10.4 percent / or 4.4 percent

of new cases / of new cases

in 1991 / in 1996
 ... in injection-drug users:

5 / 10

or 10.9 percent / or 22.2 percent

of new cases / of new cases

in 1991 / in 1996

Sources: Seattle-King County Department of Public Health, Tacoma-Pierce County Health Department

SIDEBAR (SOUTH KING, THURSTON COUNTY EDITION)

Changing face of AIDS

Here is a breakdown of AIDS cases diagnosed in King County. Some of the numbers, however, almost certainly will change.

That's because there is a time lag between when an AIDS case is diagnosed and when it is reported to health officials. For example, a doctor may diagnose an AIDS case on Dec. 1. but not report it to health officials for several months.

Statisticians go back in time and update the cases as they are reported.

KING COUNTY

Total deaths

428 in 1995 240 in 1996

Down 44 percent

Total number of AIDS cases diagnosed

5,105

through Feb. 5, 1996

... in homosexual men:

496 / 330

or 76.6 percent / or 69 percent

of new cases / of new cases

in 1993 / in 1996

... in women:

(195 women to date)

23 / 40

or 4 percent / or 7 percent

of new cases / of new cases

in 1991 / in 1995*

* latest date available

... in blacks and Hispanics:

(Numbers are grouped)

70 / 118

or 12.4 percent / or 21 percent

of new cases / of new cases

in 1991 / in 1995*

* latest date available

... in injection-drug users:

26 / 43

or 4.6 percent / or 8.9 percent

of new cases / of new cases

in 1991 / in 1996

Sources: Seattle-King County Department of Public Health, Tacoma-Pierce County Health Department

GRAPHIC: SIDEBAR: Changing face of AIDS (Note: Different sidebars appeared in different editions on page B8.)

LOAD-DATE: February 20, 1997

14TH STORY of Level 1 printed in FULL format.

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The Record

February 19, 1997; WEDNESDAY; ALL EDITIONS

SECTION: NEWS; Pg. A07

LENGTH: 190 words

HEADLINE: FEDERAL REPORT BACKS AIDS NEEDLE EXCHANGES

COLUMN: HEALTH

SOURCE: Wire services

BYLINE: FROM NEWS SERVICE REPORTS

DATELINE: WASHINGTON

BODY:

After years of dismissing AIDS activists pleas for federally funded clean needle exchanges, the Clinton administration signaled Tuesday it was open to negotiate the issue.

In a report sent to Congress, Health and Human Services Secretary Donna Shalala stopped short of recommending lifting the ban on federal funds for needle exchange programs.

But her report said scientific studies conclude needle exchanges "can be an effective component of a comprehensive strategy to prevent HIV infection and can have an impact on bringing difficult to reach populations into drug treatment."

AIDS activists seized on the report to Sen. Arlen Specter, R-Pa., who chairs a subcommittee that controls public health funding, as a first step toward congressional negotiations to lift the ban.

"We were profoundly disappointed that they did not go the final step," said Mike Shriver of the National Association of People With AIDS, after Shalala's aides briefed activists about the report Tuesday.

But "we have a commitment from the administration to work with us on a process to make that goal happen."

LANGUAGE: English

LOAD-DATE: February 19, 1997

41ST STORY of Level 1 printed in FULL format.

Copyright 1997 The Hartford Courant Company
THE HARTFORD COURANT

February 18, 1997 Tuesday, STATEWIDE
Correction Appended

SECTION: CONNECTICUT; Pg. A3

LENGTH: 880 words

HEADLINE: PROPONENTS DEFEND NEEDLE EXCHANGES WITH CITY STUDIES;
HEARING TODAY TO PUT ISSUE IN SPOTLIGHT

BYLINE: GARRET CONDON; Courant Staff Writer

BODY:

Hartford's needle-exchange program is working, advocates declared Monday -- the eve of a legislative hearing on bills to limit such programs or, in one proposal, cut all state money from them.

A study released Monday by Hartford's Hispanic Health Council suggested that the city's 4-year-old program is reducing risky behavior among those who inject drugs, thereby cutting the danger of infection from the human immunodeficiency virus that causes AIDS.

But bills to be debated at the General Assembly today would remove Windham from the needle-exchange program, allow communities to veto proposed needle-exchange sites, make improper disposal of hypodermic needles a felony and get the state out of the needle-exchange business altogether.

Two sponsors of the bills cited an incident during the summer in Willimantic, where a 2-year-old girl pricked her finger with a discarded hypodermic needle. The Willimantic needle exchange has since been suspended.

Merrill Singer, associate director and chief of research at the health council, said there were discarded needles long before there were needle-exchange programs.

Data from his group's study of the Hartford needle swap -- operated by AIDS Project Hartford -- show that the needle van, which makes five daily stops in Hartford, actually takes in more needles than it gives out.

The state debate mirrors a similar struggle in Washington. The federal government does not pay for needle-exchange programs. But a National Institutes of Health panel last week encouraged federal support for such efforts, noting that many studies have shown that such exchanges limit the spread of HIV without increasing drug use.

In needle-exchange programs, drug users may exchange used needles for up to 10 sterile needles. They also get sterile drug-preparation gear, condoms and HIV prevention information. Staff members also direct participants to available drug treatment programs.

The injection of drugs is the leading source of HIV infection in the state, and has been for more than a decade. HIV is spread as drug users share HIV-contaminated needles or drug-preparation gear.

As of Jan. 2, there were 1,728 reported cases of AIDS in Hartford and 8,312 in the state, according to the state Department of Public Health.

The Hartford Community Alliance for AIDS Programs called a press conference Monday to release studies by the health council and the Hartford-based Institute for Community Research. The studies show:

- * The Hartford program has exchanged more than 75,000 needles and served more than 1,100 people -- 75 percent of them men and 25 percent women.

- * Almost 40 percent of the needles returned to the program are infected with HIV antibodies, which means that the program is removing hundreds of infected needles from circulation.

- * There is a 21 percent drop in needle-sharing among those who participate in the needle-exchange program, with 84 percent of participants not sharing needles.

- * There is a 23 percent drop in sharing of other drug-injection equipment.

- * Clients who regularly use the program engage in more protective behavior than those who use the program less frequently. Those who have visited the van for more than two years share equipment five times less often than those using the program for less than a year.

- * Forty percent of participants decreased their frequency of drug injection.

- * Just over half of new needle-exchange participants said they are interested in drug treatment, but nearly half of them said they had been unable to get it. Most said there were no available slots in treatment programs.

- * Since needle-access laws were changed in the state to allow exchange programs and nonprescription purchases of needles at drugstores, the number of Hartford drug injectors who report using previously used needles and equipment has dropped from 41 percent to 23 percent. Also, the percent of all injections involving reused needles has dropped.

- * In door-to-door surveys, 86 percent of residents of North End and South End city neighborhoods where the van stops said they support the program.

At \$120,000 a year, Hartford's program is clearly cost-efficient, Singer said. He noted that costs of treating an individual who is HIV positive until he or she develops AIDS is \$50,000. The lifetime treatment costs for one person with full-blown AIDS is \$60,000.

"If you prevent two infections a year, you more than pay for the Hartford needle-exchange program," Singer said.

Proponents and critics of the program will likely mix it up at this morning's

hearing, which is scheduled to begin at 9:30 a.m. in Room 1D of the Legislative Office Building.

State Sen. Thomas F. Upson, a Waterbury Republican who has come across discarded hypodermic needles near his downtown law office, says he has long been philosophically opposed to state support of needle exchange programs. He has introduced a bill to eliminate state support for the programs.

"I don't feel the state should be involved in a program that promulgates the use of illegal drugs," Upson said.

State Rep. John J. Lescoe, D- Willimantic, has co-sponsored three other bills. He also has proposed that the legislature undertake a comprehensive study of needle- exchange programs across the state.

CORRECTION:

Correction ran February 19, 1997 on Page A2.

* The Willimantic needle exchange program continues to operate, even though the board of the Windham Regional Community Council, which runs it, voted in November to discontinue the program. The WRCC program will be replaced in coming months by a needle-exchange van to be operated by the Hartford Dispensary. Information on the status of the program was incorrect in a story on Page A3 Tuesday.

LANGUAGE: ENGLISH

LOAD-DATE: February 19, 1997

65TH STORY of Level 1 printed in FULL format.

Copyright 1997 The Des Moines Register, Inc.
The Des Moines Register

February 14, 1997, Friday

SECTION: Main News Pg.4

LENGTH: 374 words

HEADLINE: Politics seen as obstacle in AIDS fight

SOURCE: Washington Post

BODY:

Washington Post

Washington, D.C. - Misguided political considerations have prevented the nation from using powerful, proven weapons to fight the AIDS epidemic, a National Institutes of Health panel concluded Thursday.

Needle-exchange and treatment programs for drug addicts and explicit safe-sex education for teen-agers are proven methods of reducing the spread of the AIDS virus, which continues to be a public-health emergency, the panel said.

But the widespread use of such strategies in this country has been hampered by political and social opposition, creating a "dangerous chasm" between science and public policy, the panel said.

"The behavior placing the public health at greatest risk may be occurring in legislative and other decision-making bodies," the panel concluded at the end of a three-day conference.

Needle-exchange programs have faced political opposition because of fears they would encourage drug abuse, while aggressive safe-sex programs have prompted concern they would promote adolescent promiscuity and homosexuality.

The 12-member panel reached its conclusion after conducting an exhaustive review of scientific evidence about strategies for reducing the spread of HIV.

The conclusions prompted an unusual standing ovation from the audience of AIDS researchers, health experts and community activists attending the conference on the health institutes' Bethesda, Md., campus.

"It's exactly what we need right now," said Thomas Coates, director of the AIDS Research Institute at the University of California at San Francisco. "Maybe it will help the legislators wake up and say, 'We're not listening to the science.' "

But the panel's statements prompted disagreement from some lawmakers and representatives of conservative organizations.

LANGUAGE: English

----- 12980 -----

Florida Today via IntellX 02/14/97 00:00

CLEAN NEEDLES, EDUCATION KEY WEAPONS, PANEL SAYS

The electronic release is dated 03-05-97 13:07

Strong scientific evidence shows that clean [needle] [exchanges], safe sex education and drug abuse treatment can significantly reduce the spread of the [AIDS] virus, but these efforts often are blocked by moral and government objections, a panel of experts said Thursday.

"The [AIDS] epidemic is a current and pressing public health emergency" that can be lessened by behavior modification programs such as clean [needle] [exchanges], said Dr. David Reiss of George Washington University Medical Center, chairman of the study committee appointed by the National Institutes of Health.

The findings come as health authorities announced that [AIDS] deaths in Florida fell for the first year since the epidemic began. Prevention is still a key part in the fight against [AIDS], authorities and [AIDS] workers stressed.

The committee found that scientific studies show that clean [needle] [exchange] programs can significantly reduce the spread of the [AIDS] virus in a community, but that current regulations ban federal funding of such efforts.

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74TH STORY of Level 1 printed in FULL format.

Copyright 1997 McClatchy Newspapers, Inc.
Sacramento Bee

February 14, 1997, METRO FINAL

SECTION: MAIN NEWS; Pg. A21

LENGTH: 133 words

HEADLINE: AIDS PANEL: LET'S SAVE LIVES

BYLINE: Bee news services

DATELINE: WASHINGTON

BODY:

Clean needle exchanges, safe-sex education and drug abuse treatment are powerful weapons against the AIDS epidemic, but their effectiveness is being blocked by moral and government objections, a panel of experts concluded Thursday.

The 12-member committee selected by the National Institutes of Health urged leaders at all government levels to change policies that prevent use of what they called "lifesaving public health strategies."

LANGUAGE: ENGLISH

LOAD-DATE: February 15, 1997

76TH STORY of Level 1 printed in FULL format.

Copyright 1997 St. Louis Post-Dispatch, Inc.
St. Louis Post-Dispatch

February 14, 1997, Friday, FIVE STAR LIFT EDITION

SECTION: NEWS, Pg. 03A

LENGTH: 483 words

HEADLINE: NEEDLE PROGRAM, SAFE SEX COMBAT AIDS, PANEL SAYS

BYLINE: AP

DATELINE: WASHINGTON

BODY:

Clean needle exchanges, safe-sex education and drug abuse treatment are powerful weapons against the AIDS epidemic, but their effectiveness is being blocked by moral and government objections, a panel of experts concluded Thursday.

The committee selected by the National Institutes of Health cited strong scientific evidence that members said prove the effectiveness of behavior modification programs in slowing the AIDS epidemic.

The 12-member panel urged leaders at all government levels to change policies that prevent use of what they called "lifesaving public health strategies."

Dr. David Reiss of George Washington University Medical Center, chairman of the study committee, said: "The AIDS epidemic is a current and pressing public health emergency" that can be lessened by programs to change people's behavior.

Reiss identified "significant policy and legal barriers" that must be changed for these efforts to work and protect people from the spread of AIDS.

He said strong scientific evidence bore out that programs of safe sex education and exchanges of clean needles "are very effective means" to prevent the spread of HIV infection into the most susceptible populations. HIV is the virus that causes AIDS.

Reiss and his committee proposed an immediate change of regulations banning federal support of needle-exchange programs. "There is no valid scientific basis for such policies," said Reiss. "Thousands of lives are at risk if this ban is not removed."

In its report, the committee found that clean needle-exchange programs in New Haven, Conn., and in Amsterdam did not lead to increased drug use, encourage young people to start using drugs or cause more needles to be discarded in public places.

Such programs did reduce - by 80 percent - the amount of needle sharing among

St. Louis Post-Dispatch, February 14, 1997

drug users, the committee found, leading to an estimated 30 percent reduction in new HIV infections.

A federal welfare law that permits only the teaching of abstinence in sex education also should be changed, said Reiss. "It is not consistent with the scientific findings" of effective teaching tools for young people on how to avoid an AIDS-virus infection, he said.

'Faulty Science,' Says Dissenter

But Robert L. Maginnis, senior policy analyst for the Family Research Council, opposes these ideas. "I completely reject this," he said. He said evidence of how well needle exchanges and safe sex programs work remained inconclusive and often involved "faulty science."

Maginnis said his studies showed that a needle-exchange program in Connecticut did lead to increased drug abuse, to more discarded needles and to a rise in petty crime in some neighborhoods.

Maginnis said that pushing condom use was "like playing Russian roulette" because, he said, many condoms fail. "Abstinence is the only effective way of keeping people from contracting HIV," Maginnis said.

LANGUAGE: English

LOAD-DATE: February 14, 1997

103RD STORY of Level 1 printed in FULL format.

Copyright 1997 Guy Gannett Communications, Inc.
Portland Press Herald

February 6, 1997, Thursday, CITY EDITION

SECTION: LOCAL & STATE, Pg. 3B

LENGTH: 532 words

HEADLINE: BILL WOULD ALLOW NEEDLE EXCHANGE;
THE PROPOSAL AIMS AT COMBATING AIDS AND OTHER INFECTIOUS DISEASES AMONG DRUG
USERS IN MAINE.

BYLINE: Frank Fisher Associated Press

DATELINE: AUGUSTA

BODY:

Ann Sachs stood before a panel of state lawmakers Wednesday to tell them she's dying of AIDS, caused by shooting up drugs with a dirty needle.

What the 48-year-old Portland woman wanted from the Judiciary Committee was its support of a proposed law decriminalizing the possession of 10 or fewer hypodermic needles and creating a needle-exchange program.

'I, for the present, am living proof that these terrible things do happen, even to people we love,' Sachs said. 'Please don't compound the death penalty.'

Maine health officials say letting people have a limited number of needles and giving them a chance to exchange them for sterile ones will significantly cut the rising tide of AIDS, hepatitis and other infectious diseases.

The Legislature passed a law in 1993 that allowed people over 18 to purchase needles and syringes without a prescription. However, possession without a prescription still is illegal under Maine's drug paraphernalia laws, and some pharmacies won't sell the needles without a doctor's order.

The bill, sponsored by Rep. J. Elizabeth Mitchell, D-Portland, seeks to clear up the ambiguity while getting dirty needles off the street.

'The research from other states shows that providing access to clean needles does help decrease HIV transmission among injectable-drug users,' said Dora Mills, director of the state Bureau of Health.

Some law enforcement officers are skeptical.

'Speaking personally, I would not be in favor of decriminalizing the possession of hypodermic needles,' Augusta Police Chief Wayne McCamish said. 'I just personally think that sends the wrong message.'

But Portland Police Chief Michael Chitwood, citing the estimated 600 to 800

Portland Press Herald February 6, 1997, Thursday,

heroin addicts in and around the city, said he supported the legislation, as long as the needle exchange program operated within a "structured environment."

"I know the concern among law enforcement agencies is that it's only going to create more drug addicts," Chitwood said. "Well, I don't buy that."

Leo Albert, a former heroin addict who now counsels drug users in Portland, said needle exchange programs also give health workers a chance to offer addicts counseling and medical care.

"This being Maine, there are no 'shooting galleries' where drug users congregate so I can go out to them," Albert said.

Mills hoped the bill's limit of 10 needles would satisfy police, who she said sometimes arrest suspected drug dealers they catch with hundreds of syringes but no narcotics.

In Maine, male and female intravenous drug users are the second largest group of patients with AIDS or HIV, the virus that causes the disease. The number of people infected with AIDS associated with injectable drug use jumped from less than 10 percent of total cases five years ago to about 25 percent now, Mills said.

The Maine Medical Association supports the bill.

Connecticut, which decriminalized the possession of up to 10 needles in the early 1990s and started an exchange program, has reported success.

Needle exchange programs now operate in about 60 U.S. cities.

Nobody spoke against the bill, and the Judiciary Committee planned to discuss it Tuesday.

LANGUAGE: ENGLISH

LOAD-DATE: February 7, 1997

19TH STORY of Level 1 printed in FULL format.

Copyright 1997 The Columbus Dispatch
The Columbus Dispatch

January 23, 1997, Thursday

SECTION: NEWS LOCAL & NATIONAL, Pg. 1D

LENGTH: 548 words

HEADLINE: IT'S TIME TO CHANGE TACTICS IN WAR ON DRUGS, GROUP SAYS

BYLINE: Alice Thomas, Dispatch Staff Reporter

BODY:

The ''Just Say No'' approach to drug prevention is officially passe, as advocates yesterday unveiled a plan that takes a different stance toward tackling abuse.

Billed as a comprehensive strategy, the plan encourages ''safer drug using'' and suggests ''harm-reduction'' strategies, such as needle exchanges. It also touts alternative therapies such as acupuncture.

''A lot of people mistake harm reduction with legalization, but we're not advocating legalization. What we're saying is that our current drug policies are not effective, and we need to be more practical,'' said Bill Crimi, director of the Franklin County Prevention Institute, which authored the plan.

The group is a partnership of diverse organizations that is attempting to prevent drug abuse.

''Our drug policies have been much more centered around prohibition. What harm reduction realizes is that drug addiction exists, and we need to begin at that level - and we need to realize that one form of treatment doesn't work for everybody,'' Crimi said.

''Promise of a New Day'' is a collection of national studies, local data and prevention strategies the agency plans to distribute to county leaders. Crimi hopes the plan, which took three years to write, will serve as a prevention road map.

Officials at a news conference yesterday pitched cooperation as the cornerstone of the plan.

''We have a common aspiration to prevent drug abuse, and we also have had competing agendas,'' said United Way President Brian Gallagher.

''But with this plan, it's not 'let's build a new building,' it's 'let's take an inventory . . . and build on existing resources,' '' he said.

While neither the city Health Department nor its county counterpart has a needle-exchange program for intravenous drug users, Crimi called it a ''sensible approach'' that gives workers the opportunity to form a relationship with an

addict.

Dr. Teresa Long, Columbus' medical director, said HIV infection from sharing dirty needles isn't as big a problem here as in other parts of the state, such as Cleveland.

'We haven't felt we've had compelling evidence to push for it (a needle-exchange program), but it is something that comes up, something we consider,' Long said.

Other harm-reduction strategies the plan recommends are street outreach, methadone clinics and ibogaine treatment. Ibogaine is a substance found in West African rain forests that reportedly can reduce the severity of opiate withdrawal.

The plan also backs alternative therapies, including healing touch, a technique in which therapists 'slowly move their hands inches above the client, attempting to restore balance to the client's energy flow,' the plan says, and acupuncture for easing the symptoms of withdrawal.

Molly Hastings, program director for Ohio State University's Center for Addiction, Treatment and Research, said alternative healing techniques are gaining respect.

'We're moving toward a whole-person approach. We're looking at the body, the mind, the nutritional status. We're looking at the reasons why people aren't being able to be successful despite their best efforts.'

Community policing, using the media to send positive messages and drug prevention education in the workplace and schools are part of the plan.

LOAD-DATE: January 24, 1997

10TH STORY of Level 1 printed in FULL format.

Copyright 1997 The Austin American-Statesman
Austin American-Statesman

January 25, 1997

SECTION: News; Pg. A3

LENGTH: 433 words

HEADLINE: New York City reports steep drop in AIDS deaths

BYLINE: MARLENE CIMONS

BODY:

WASHINGTON -- In what is likely to be a harbinger of a welcome national trend, New York City recorded an unprecedented and unexpectedly sharp decline in AIDS deaths last year, public health officials said Friday.

Mary Ann Chiasson, an official with the New York City department of health, said that after steady increases in mortality that began in 1983, deaths reached 7,000 a year in 1995 and then plunged to 5,000 in 1996.

Dr. John Ward, chief of AIDS surveillance for the federal Centers for Disease Control and Prevention, predicted similar declines nationwide when figures become available in February because AIDS-related deaths stabilized in 1995 for the first time since the epidemic began."

Dr. Harold Jaffe, an official with CDC's AIDS program, said the decline suggests that it is part of a national trend. The epidemic is changing."

Researchers said the reasons for the drop in deaths are unclear because protease inhibitors, the most powerful of the new AIDS drugs, were not commercially available when the decline began. Adding to the mystery are overall figures for AIDS cases, which do not show a decline comparable to the drop in deaths.

But experts speculated that greater numbers of AIDS patients have begun aggressive combination therapy using other drugs and that treatments have become more available because of the Ryan White Act approved in 1990 to provide federal assistance.

In other studies presented at the Fourth Conference on Retroviruses and Opportunistic Infections:

*The CDC reported that the incidence of AIDS among young people 13 to 25 rose nearly 20 percent between 1990 and 1995, with substantial increases occurring among heterosexuals, women and blacks. Nevertheless, the CDC described the AIDS increase among youths as modest, compared with the 200 percent recorded in the same age group between 1985 and 1990.

*A needle exchange study conducted in Vancouver, British Columbia, showed a high incidence of new infections among intravenous drug users. The issue of

Austin American-Statesman, January 25, 1997

needle exchange programs has been politically touchy in the United States.

Vancouver researchers stressed that the city does not provide much AIDS education and counseling for drug abusers, which might have made a difference in the outcome.

We support the overwhelming evidence (from other cities) that (needle exchange) works," said Steffanie Strathdee, an official with the Vancouver needle exchange program. However, we believe it is only one part of what needs to be a comprehensive program."

LOAD-DATE: January 25, 1997

30TH STORY of Level 1 printed in FULL format.

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The Boston Globe

January 19, 1997, Sunday, City Edition

SECTION: NEW HAMPSHIRE WEEKLY; Pg. 8

LENGTH: 405 words

HEADLINE: New Hampshire Legislature week in review;

QUOTE OF THE WEEK;

NEW HAMPSHIRE WEEKLY

BODY:

I'll take your word for it.

Rep. Timothy Robertson

As the Keene Democrat responded to a fellow lawmaker's explanation about how many joints are contained in 1 1/2 ounces of marijuana. Robertson's quip came during testimony about his bill to decriminalize small amounts of marijuana.

INSIDERS SAY A bill to establish a pilot needle exchange program to help combat the spread of AIDS among intravenous drug users has its best chance ever to become law

THE WEEK AHEAD

Tuesday, Jan. 21

8:30 a.m.: Senate Transportation Committee, SB 23 relative to truck sales. Room 101, Legislative Office Building.

9 a.m.: House and Senate Education Committee briefing by Department of Education. Room 205, LOB.

9:30 a.m.: Wildlife and Marine Resources Committee hearing on HB 132, a measure to allow residents on active military duty to receive free hunting and fishing licenses. Room 307, LOB.

10 a.m.: House Environmental and Agriculture Committee briefing on farm issues. HB 140, relative to the sale of apples, maple syrup and sap hydrometers. Room 303, LOB.

Wednesday, Jan. 22

9:30 a.m.: House Education Committee session on a bill requiring school administrative unit budgets to be approved at school district meetings. Room 207, LOB.

TOP ISSUES

Death: A bill requiring consumer notification concerning prepaid funeral funds was introduced into the Senate Insurance Committee.

1ST STORY of Level 1 printed in FULL format.

Copyright 1997 The Baltimore Sun Company
The Sun (Baltimore)

January 26, 1997, Sunday, FINAL EDITION

SECTION: TELEGRAPH (NEWS), Pg. 1A

LENGTH: 1220 words

HEADLINE: Needle trades slow AIDS; Drug addicts reduce HIV risk by using clean syringes; 'It's been successful'; City's program requires extension by General Assembly

BYLINE: Diana K. Sugg, SUN STAFF

BODY:

In a city where 80 percent of new AIDS cases are linked to injection drug use, ~~a needle-exchange program that is set to expire has been found to sharply~~ reduce the spread of the deadly virus.

Troubling conditions in Baltimore, including thousands and thousands of IV drug users, created the perfect laboratory for researchers to directly prove something few others could: that hard-core addicts who trade in their dirty needles for clean ones have cut their risk of getting AIDS by 40 percent.

Baltimore County addicts are now contracting AIDS at a higher rate than those in the city, according to a sample comparison of the two areas by researchers at the Johns Hopkins University who are doing an independent evaluation.

These points will be used to make a case to state lawmakers, who must decide whether to reapprove Baltimore's needle exchange. The General Assembly's authorization runs out this summer, and the Schموke administration is asking that the program be made permanent.

"Clearly, it's been successful," said Dr. Peter Beilenson, city health commissioner.

But it's a tough question for lawmakers who don't want to be seen as condoning the actions of people who shoot up heroin and cocaine.

With IV drug users fueling the spread of AIDS in Baltimore and many other cities across the country, though, needle exchange has become a health issue. Ethicists recently condemned as "appalling" an Alaska experiment because one group of addicts weren't given access to a needle exchange.

It's a case of politics and health colliding.

Del. J. Anita Stup finds herself in the middle. The Republican from Frederick, who sits on the House Environmental Affairs Committee, was philosophically opposed to needle exchange and voted against Baltimore's program in the past. Now, after touring the sites and learning of the latest data, she's reconsidering.

"I may very likely vote for the bill this time," said Stup.

The premise of these programs is simple: For each old, used needle an addict turns in, he gets a clean, coded one, a step that doctors theorized would reduce the transmission of blood-borne infectious diseases such as AIDS.

In Baltimore, addicts can't be arrested for carrying the program's needles, and staffers counsel their clients on how to avoid sexually transmitted diseases. The workers do blood tests for tuberculosis and have talked more than 300 people into drug treatment. Since the fall of 1994, about 5,200 people have registered, and 800,000 needles have been exchanged.

The program costs \$ 300,000 annually to run, with another \$ 250,000 for 90 treatment slots that can handle about 200 addicts a year. The funds are a mix of state and city money.

With the Hopkins study, officials have known for months that the exchange is promoting better behaviors. Addicts are sharing needles about half as much as before. And they are injecting less in vacated "drug houses" and more in their homes.

But everyone has been waiting to see whether use of clean needles would slow the spread of the human immunodeficiency virus.

The recently disclosed data show that needle exchange participants who inject daily had 40 percent fewer HIV infections than similar addicts who didn't participate in the exchange.

Researchers have also discovered that even addicts who weren't registered seem to have gotten some benefit. The incidence of new HIV infection has dropped 20 percent, from 4.3 percent to 3.5 percent a year among an overall sample of IV drug users in the city. Scientists surmise that some drug users may be getting clean syringes for relatives or friends who aren't in the program.

At the same time, the rate of new HIV infection among addicts in Baltimore County has slightly increased.

"The effect of needle exchange could extend beyond those who are enrolled. These trends appear encouraging," said David Vlahov, professor of epidemiology at the Johns Hopkins School of Public Health, who leads the study. He cautioned that the data are from the first year and are still preliminary, but said it's probably reason to expand the effort.

Most of the city's state legislators are co-sponsoring bills that would repeal the sunset provision for the needle-exchange program, and usually, local bills are given courtesy approval by the General Assembly. But bills for the needle-exchange program have met strong opposition in the past.

It took three years for Mayor Kurt L. Schmoke to gain enough support from legislators and then-Gov. William Donald Schaefer for the pilot program, which was given a three-year trial period when it was approved by the General Assembly in 1994.

Because of the program's reported success and the strong backing of the

The Sun (Baltimore), January 26, 1997

city's delegation, supporters believe the measure won't meet the same opposition this time, but is likely to generate at least some debate in committee and on the floor.

"It's not an easy bill to vote for or against," said Sen. Paula C. Hollinger, a Baltimore County Democrat who sponsored the original legislation. "We all have problems giving needles. The bigger issue is stopping the spread of HIV."

That can save heartache, lives -- and money.

The cost of care runs about \$ 102,000 for each AIDS patient. Assuming 35 people were spared from contracting the virus and developing full-blown AIDS, that's about \$ 3.5 million a year. The savings would be mostly taxpayers' money, since almost all of the needle-exchange clients are uninsured or are on Medicaid, the federal-state health plan.

Nationwide, two-thirds of heterosexual AIDS cases are the result of contact with an IV drug user. Hoping to curb these soaring caseloads, dozens of cities have started needle-exchange programs. There are at least 111 exchanges in 28 states and three in Puerto Rico. Some are legal; others are illegal but are tolerated.

"It's partly out of the frustration that they grow, because people just get tired waiting for permission to save lives," said David Purchase, chair of the North American Syringe Exchange Network.

The federal government has moved slowly. Congress has passed laws withholding federal funds until syringe programs are shown to both reduce HIV transmission and reduce drug abuse.

Experts said Baltimore's study is one of the first to show direct evidence of a reduction in infection among users. A New York study published last fall showed that injection drug users who didn't use a syringe exchange had three times the risk of contracting HIV as those who did.

It's difficult to prove because many thousands of addicts must be tracked over several years, and the rate of new HIV infection must be high in order for a study to be scientifically valid.

Baltimore met all those conditions. Between 30,000 and 32,000 IV drug users live in the city. Hopkins has been tracking about 3,000 of them since 1987. And there are plenty of new HIV infections here.

"In Baltimore, perhaps unlike anywhere else in the country, there is the ability to show this in a convincing way," said Dr. Peter Lurie, assistant professor at the Center for AIDS Prevention Studies at the University of California-San Francisco.

"These findings -- if confirmed by peer review -- will add significantly to the already considerable weight of evidence favoring needle exchange."

Pub Date: 1/26/97

LOAD-DATE: January 30, 1997

COLUMNISTS

131ST STORY of Level 1 printed in FULL format.

Copyright 1997 The New York Times Company
The New York Times

January 22, 1997, Wednesday, Late Edition - Final

SECTION: Section C; Page 9; Column 1; National Desk; Health Page

LENGTH: 1150 words

HEADLINE: Personal Health

BYLINE: By Jane E. Brody

BODY:

THE virus that causes AIDS, H.I.V., is hardly the only virus that can invade the body and wreak havoc for years without the person even knowing it is there. Another insidious and perplexing organism, already present in more than 3.5 million Americans, is the virus that causes hepatitis C. When it first infects a person, it may produce no discernible symptoms. But while still in hiding, it can disrupt vital functions of the liver, and in the long run it may severely damage the liver, causing cirrhosis, organ failure and even cancer.

Although most Americans are far more familiar with hepatitis A, transmitted through contaminated food and water, and hepatitis B, transmitted through infected blood and semen, it is the more recently identified hepatitis C, transmitted mainly through blood, that is responsible for more deaths than the other two versions combined.

As with H.I.V., no treatment exists that is certain to squelch the virus permanently. Even when treated with a virus-suppressing drug soon after it is acquired, the hepatitis C virus is likely to result in a chronic liver infection. Organ damage caused by the virus is one of the leading reasons for needing a liver transplant. The virus is rarely responsible for failure of the transplant but nearly always invades the new liver, sometimes within a few weeks, and damages it.

With nearly 1.5 percent of the population already infected with hepatitis C virus, the eventual effects of chronic infection make it a growing and costly problem for public health as well as the individual.

That is the bad news about hepatitis C. The good news is that though there is no vaccine to prevent it, recent measures have greatly reduced the risk of infection, and there are steps everyone can take to protect against it.

Preventing Hepatitis C

Hepatitis C is not spread through casual contact, sneezes or coughs, food or water. In the past, the main route of infection was through transfusions of contaminated blood and blood products. But since May 1990, when screening of blood supplies for the virus began, there has been a sharp decline in the risk of infection from transfusions. In 1981, 10 percent to 13 percent of

The New York Times, January 22, 1997

transfusions resulted in transmission of hepatitis C; by 1992, the risk was down to less than 1 percent -- three cases per 10,000 units of transfused blood. Now, intravenous drug use with unclean needles is the most common known mode of transmission. Needle exchange programs could in theory reduce the likelihood of this infection as well as that of H.I.V. infection.

About one case in 20 can be traced to infection through sexual intercourse with a virus carrier, exposure to contaminated saliva or other forms of intimate contact with an infected person. Those known to be infected should always practice safe sex; that is, use a latex condom. The risk of acquiring hepatitis C is highest in people with multiple sex partners. Other protective measures to be taken by an infected person include never sharing a toothbrush or razor with another person, taking care to bandage all open cuts carefully and never donating blood, plasma, body organs or sperm.

In about 40 percent of cases, the source of the infection is unknown. Some experts believe that a fair portion of these cases may result from activities like tattooing, body-piercing and even manicures, says Dr. John D. Hamilton, an infectious disease specialist at Duke University Medical Center in Durham, N.C. Anyone pursuing such activities should be sure the practitioner follows strict hygienic measures. If the equipment is previously unused or sterilized at high temperatures or by bathing it in special sterilizing fluids, there is no danger of acquiring the virus.

Pregnant women who are infected with hepatitis C sometimes pass the infection to their fetuses, but it is not known to be transmitted through breast milk. A few cases among health care workers have resulted from being accidentally jabbed by a needle.

Many people become carriers of hepatitis C do not know it until years later, when perhaps a routine medical examination shows an abnormality on a blood test for liver function. In fact, most cases of hepatitis C acquired outside of a medical procedure are initially "silent," causing no symptoms to warn of the viral invasion. Therefore, anyone who is at high risk of acquiring this disease should be tested for it regularly and, if found to be infected, take proper precautions to prevent its spread.

Treatment

Each year, as many as 180,000 new cases of hepatitis C are diagnosed in this country. If the infection causes immediate symptoms, they are likely to resemble the flu: loss of appetite, nausea, extreme fatigue, fever and abdominal pain. Severe cases result in jaundice, a yellowing of the skin and eyes that results from malfunction of the liver. But more often than not, hepatitis C is first discovered in its chronic, symptom-free state through a routine liver-function test.

Dr. Ala I. Sharara, Dr. Christine M. Hunt and Dr. Hamilton at Duke recently reviewed hundreds of studies of hepatitis C. They reported that while no drug was known to eradicate the virus, treatment with certain interferons, immune system substances that interfere with viruses, can suppress virus replication and reduce and delay liver damage. The only treatments for chronic hepatitis C that have been approved by the Food and Drug Administration involve injections

The New York Times, January 22, 1997

of interferon. The injections are typically administered three times a week for six months.

The newest product, interferon-alpha 2a recombinant, a prescription drug sold as Roferon-A by Hoffmann-La Roche and approved for marketing this month, can be administered for a year. Long-term therapy, as well as higher doses of the drug, are more effective at completely suppressing the infection and delaying relapse. Patients under 35 and those who have not yet developed cirrhosis of the liver have the best response to interferon.

Side effects of therapy are not inconsequential, however. They typically include flu-like symptoms: fatigue, muscle aches, headache, fever and chills, nausea and vomiting, or diarrhea, as well as skin irritation at the site of the injection. Some people also experience depression, irritability, insomnia or anxiety. All such effects disappear when the treatment is discontinued. Relapses can be treated with another round of interferon.

Anyone with any form of hepatitis is advised to abstain from alcohol, which can aggravate the virus-induced liver damage.

Dr. Sharara and colleagues noted that a vaccine against hepatitis C was not likely to be available in the foreseeable future, in part because the virus has many genetic variants and is forever changing genetically. The current goals, therefore, are to prevent infection and to find treatments that are less toxic and better able to eliminate the virus.

LANGUAGE: ENGLISH

LOAD-DATE: January 22, 1997