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Health Law and Ethics

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

A National Survey on the Regulation of Syringes and Needles

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

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

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

The dual epidemics of drug use and the human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) are highly destructive of public health and social life in America.[1] The drug-related health problems of the estimated 1.5 million injection drug users (IDUs) in the United States[2,3] range from blood-borne infections such as hepatitis B and C, HIV/AIDS, endocarditis, and malaria[4-7] to physical deterioration and death. Illegal drug use and the drug industry that fuels it are associated with a multitude of crimes against persons and property. Drug use induces family disintegration, child neglect, economic ruin, and social decay. Drug use exacts an estimated annual cost to society of $58.3 billion—in lost productivity, motor vehicle crashes, crime, stolen property, and drug treatment.[8]

Injection drug use is the second most frequently reported risk for AIDS, accounting for 184 359 cases through December 1995.[9] In 1995, 36% of all AIDS cases occurred among IDUs, their heterosexual sex partners, and children whose mothers were IDUs or sex partners of IDUs.[10] In contrast, in 1981, only 12% of all reported AIDS cases were associated with injection drug use.[11] In some areas, seroprevalence among IDUs is as high as 65%; in other areas, the rates are significantly lower.[12-17] Minorities, moreover, bear a disproportionately high burden. The rate of IDU-associated AIDS per 100 000 population is 3.5 for whites, 21.9 for Hispanics, and 50.9 for African Americans.[18]

Transmission of HIV infection through injection drug use has a cascading effect; infections spread from IDUs to their sexual and needle-sharing partners and from HIV-infected mothers to their children. Of the 71 818 AIDS cases among women reported through December 1995, nearly 65% were IDUs or were sexual partners of an IDU. Further, of the 6256 perinatally acquired AIDS cases reported through December 1995, 60% had mothers who were IDUs or had sex with an IDU.[10] These data suggest that drug use and related behaviors[19] are potent catalysts for spreading HIV throughout the population.[11] It has been estimated that approximately half of all new HIV infections in the United States occur among IDUs.[20]

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

Injection drug users transmit HIV infection and other blood-borne diseases to other users primarily through multiperson use (often called "sharing") of syringes.[21] (For the purpose of this article, "syringe" includes both syringes and needles.) Each time an IDU injects drugs, the syringe

From the Georgetown/Johns Hopkins Program in Law and Public Health, Washington, DC, and Baltimore, Md (Mr Gostin and Ms Flaherty); Harvard School of Public Health, Boston, Mass (Ms Lazzarini); and the Centers for Disease Control and Prevention, Atlanta, Ga (Dr Jones)

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

Corresponding author: Lawrence Gostin, JD, Georgetown University Law Center, 600 New Jersey Ave NW, Washington, DC 20001 (e-mail: gostin@law.georgetown.edu).

Health Law and Ethics section editors: Lawrence O. Gostin, JD, Georgetown/Johns Hopkins University Program on Law and Public Health, Washington, DC, and Baltimore, Md; Helene M Cole, MD, Contributing Editor, *JAMA*.