

**A HISTORY OF UNITED STATES NATIONAL PUBLIC POLICY
ON STERILE SYRINGE EXCHANGE**

by

Tran Thu Doan

BS, University of Richmond, 2010

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This essay is submitted

by

Tran Thu Doan

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Essay Advisor:

Lawrence A. Kingsley, DrPH

Professor

Department of Infectious Diseases and Microbiology

Department of Epidemiology

Graduate School of Public Health

University of Pittsburgh

Essay Reader:

Martha Ann Terry, PhD, MA, BA

Assistant Professor

Department of Behavioral and Community Health Sciences

Graduate School of Public Health

University of Pittsburgh

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Lawrence Kingsley, DrPH

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ABSTRACT

Legalizing the use of federal funds for sterile syringe exchange has been an intensely debated issue since the HIV epidemic first surfaced in the United States (U.S.) in the early 1980's. Universally, research studies demonstrate that making sterile syringes accessible to intravenous drug users greatly reduces the risk of HIV and viral hepatitis infections and death. Globally, the scientific, public health, and human rights communities support syringe exchange programs (SEPs) as lifesaving and cost effective interventions. However, whether the U.S. government should fund the exchange of dirty syringes for clean ones remains a controversial and volatile issue in public policy. Proponents of SEPs defend the scientific merits, social responsibility, and cost-effectiveness of helping users of intravenous heroin, cocaine, and amphetamines overcome their addictions (i.e., providing them with public health services such as SEPs). Opponents argue a tough-on-drugs stance, supporting absolute abstinence from drugs and a ban on federal funding for SEPs. The anti-drug political and moral view is perhaps rooted in President Nixon's declaration of the U.S. government's "War on Drugs" in a 1971 speech. At present, the U.S. prohibits the use of federal funds for syringe exchange, a prime illustration of the divide between policy and science. Indeed, numerous peer-reviewed publications and

government and international reports attest to the contradiction between current policies and evidence-based policy recommendations, and the resulting costs in terms of lives and money. This essay presents a comprehensive history of the U.S. national policy banning federal spending on SEPs. The purpose of this essay is to explore the deeply-rooted political opposition to syringe exchange in order to effectively advocate for these lifesaving measures. Instead of deep political divide, a mutual understanding between policymakers, scientists, and public health workers is called for to foster a healthy discourse regarding SEPs and to effectively stir change and save lives. Additional research and analysis are necessary to understand how scientific information can be best harnessed to influence politics and public opinion as well as how public policy can best inform scientists on how to communicate their interests.

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1.0 INTRODUCTION

The United States political history of sterile syringe exchange programs (SEPs) has been tumultuous since their inception in the 1980s as a response to the AIDS epidemic.¹ The contentious nature of these programs is compounded by association with marginalized populations, especially intravenous drug users (IDUs), persons living with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), and individuals of low socioeconomic status.¹ Despite mounting evidence of their cost-effectiveness and growing international support, U.S. politicians and interest groups continue to frame SEPs as efforts that waste American tax dollars and government resources, and promote illegal drug use.¹

Globally, approximately 34 million people currently live with HIV, with only 50 percent aware of their HIV status in 2011.² Also, in 2011, new infections amounted to about 2.5 million incident cases.² Injection drug use accounts for 12-16 percent of all new HIV infections and is the leading cause of new hepatitis B infections.³ In the U.S., IDUs represent about 20 percent of the 1.2 million living with HIV, and 50 percent of the 3.2 million people living with hepatitis B infection.⁴ These epidemics among IDUs impact women and communities of color disproportionately.³

SEPs offer IDUs a safe location to exchange used syringes for sterile ones. The objective is to reduce the spread of infectious diseases by reducing incentives to share contaminated

syringes among individuals. In many cases, these programs serve as a bridge to drug treatment and other health services such as education about safe injection practices, equipment disposal, safer sex, access to substitution therapy, and other prevention services.³ Numerous scientific studies have established the effectiveness of SEPs and have concluded that SEPs do not promote drug use or crime.^{2, 5, 6, 7, 8, 9} In 2008, the Centers for Disease Control and Prevention (CDC) declared that SEPs, when applied in conjunction with other HIV prevention strategies, exhibit up to an 80 percent reduction in HIV incidence among IDUs.³ Researchers estimate that for every dollar spent on syringe exchange prevention, the U.S. saves approximately \$13 to \$17 in future HIV costs.¹⁰ Another study demonstrated that for every HIV infection prevented, an estimated \$355,000 (in 2008 dollars) is saved in the lifetime cost of medical care for HIV positive individuals.¹¹ Internationally, SEPs are supported by nearly all high income countries through government funding.¹² However, the U.S. is hesitant to embrace syringe exchange, partly in fear of appearing tolerant of illegal drug use in society.¹²

Prevalent in the context of SEPs in the U.S. is the steep divide between scientific evidence and policy on the matter. Critics believe that providing IDUs with clean syringes funds their drug habits. Syringes are classified as drug paraphernalia in some states, and funding the distribution of drug paraphernalia is considered a backward rationale to combating drug use. Proponents of SEPs point out that harsh criminalization of drug use has not been effective in decreasing the prevalence of illegal drug use in society, and even argue that these criminal policies stigmatize people living with HIV and fuel the global HIV pandemic.¹³ Currently, the U.S. has banned the use of the federal money for syringe exchange through the language of the annual Budget Act. Faced with extreme financial constraints, SEPs are struggling to meet the demands of the communities.¹⁴ This paper provides an in-depth historical analysis of the U.S.

public policy on syringe exchange to understand the country's political context on drugs and its reluctance to fund SEPs despite scientific evidence demonstrating their benefit.

2.0 BACKGROUND

2.1 THE DEBATE: A BRIEF OVERVIEW

Proponents argue that SEPs are scientifically supported and cost-effective as well as offer a myriad of public health benefits, such as reduction of illegal drug use and criminal behavior and help to connect users to treatment programs.^{1, 2, 3, 4, 10, 15, 16, 17, 18} However, syringe exchanges do not typically fit a “tough-on-drugs” image in the U.S., a country notorious for its zero-tolerance drug policies.

Critics assert that providing federal funds for SEPs is equivalent to demonstrating the government acceptance of illegal drug use. They argue that the circulation of syringes in the community would degrade its public safety and facilitate drug injections.^{1, 10} Additionally, they are concerned that syringe exchanges would increase crime by attracting drug users to their neighborhoods.^{1, 10} In general, the issue of syringe exchange in the U.S. is a controversial one. A Yale Journal of Medicine and Law article comments:

“The contentious nature of federal support for syringe exchanges demonstrates the highly political nature of the issue and highlights the importance of governance and public opinion in health interventions. Despite recommendations from numerous health organizations, SEPs have failed to secure long term federal support due to conflict with the government’s zero tolerance drug policy (page 2).”¹

These zero tolerance drug policies are rooted in U.S. history since President Nixon declared a “War on Drugs” and drug use as America’s “public enemy number one” in a June 1971 speech.^{1, 13, 19} Subsequent presidents established the Office of National Drug Control Policy (ONDCP) and devoted billions of dollars to curbing the import and use of illicit drugs.^{1, 13, 19} Throughout the world, research has shown that aggressive and punitive drug law enforcement strategies drive drug users away from public health services and create barriers to prevention, treatment, and care of HIV and other infectious diseases.¹³ Moreover, evidence substantiating the public health impact of syringe exchanges is often downplayed or disregarded in political conversations.¹³ Indeed, harsh drug policies in the U.S. present a challenge to public health efforts to prevent the spread of bloodborne diseases.²⁰

The language to ban federal funds for syringe exchange is typically incorporated in an annual congressional bill by the Budget Appropriations Subcommittee on Labor, HHS, and Education, and Related Agencies. If the bill passes through the Congress chambers and signed by the president, then the language is authorized as law. Generally speaking, the debate over SEPs falls along political party lines, with Democrats touting the health and social benefits associated with increasing the access to clean syringes in most-affected communities and Republicans expressing their concern that SEPs are utilizing tax money to encourage illegal drug use.

2.2 HARM REDUCTION STRATEGY

Syringe exchange is one part of a comprehensive approach known as “harm reduction,” which focuses policies, interventions, and practices on preventing and reducing harm associated with drug use, risk for HIV, and more. The harm reduction approach contends that for better or for worse, drug use is in our society, and it is more practical to minimize the detrimental effects of

drug use rather than ignore or condemn the behavior.²¹ Harm reductionists adhere to a public health and human rights focused philosophy to provide essential health information and services while respecting the individual's dignity and autonomy. Harm reductionists believe that drug abstinence is not a pragmatic short-term goal for many drug users, and acknowledge that not everyone is ready or able to stop illegal behaviors. They seek to reduce the risks associated with drug use by applying scientifically sound interventions, rather than discontinuing services as the abstinence-based drug policies demand. Scientific data shows that harm reduction programs decrease the risk of infectious diseases, protect law enforcement officers from needle stick injuries, and reduce the number of contaminated syringes circulating in the community by providing safe disposal of injection equipment.⁵

An essential component of the harm reduction strategies for drug use is syringe exchange, which also acts as a gateway through which users: 1) learn about safe injection practices, equipment disposal, and safe sex; 2) receive access to other preventative tools such as condoms, opioid substitution therapies, such as methadone and buprenorphine, overdose prevention strategies, wound care, primary care, treatment for HIV and other diseases, confidential counseling and testing for sexually transmitted infections; and 3) get referrals to drug rehabilitation programs.²¹ Prevention of serious adverse health consequences like transmission of HIV, viral hepatitis, and death, is the ultimate goals of harm reduction. However, because supporters of the harm reduction strategies acknowledge that drug users are likely to continue to inject drugs using SEPs-funded syringes, these programs have been under constant attack by politicians for decades.¹

2.3 STRONG EVIDENCE SUPPORTING SYRINGE EXCHANGE

Ensuring IDUs' access to sterile syringes is a critical component of a comprehensive prevention strategy to reduce viral and bacterial infections and related risky behaviors. The World Health Organization (WHO) recommends that SEPs should reach at least 60 percent of IDUs to effectively control HIV.²² The CDC's 2011 Strategic Plan for HIV/AIDS Prevention described,

“Over the last 3 decades, the HIV prevention community has developed a portfolio of strategies that can be deployed to reduce the risk of acquiring or transmitting HIV, including: HIV testing, evidence-based interventions for people living with HIV or at high risk for HIV, partner services, antiretroviral therapy; substance abuse treatment; access to condoms and sterile syringes, and screening and treatment for other sexually transmitted infections (page 5).”²³

These strategies are backed by scientific research and statistics indicating that HIV prevention works. For example, after implementing syringe exchanges in New York City, new HIV infection rates decreased 80 percent among IDUs.¹² In 2008, the CDC reported that HIV incidence among IDUs fell 80 percent over 20 years in the U.S. in part due to SEPs.³ A 2004 WHO policy brief reported that HIV rates decreased 18.6 percent in 36 cities with SEPs, compared to 8.1 percent increase in 67 cities without SEPs.²⁴ In 2009, Holtgrave et al. reported that the rate of HIV transmission declined about 89 percent since the mid-1980's.²⁵ The majority of literature and evidence, including eight federally funded research reports, found that SEPs lowered HIV and hepatitis B transmission rates without encouraging the use of illicit drugs, especially when supplemented with a portfolio of other HIV prevention strategies.^{1, 2, 4, 10, 15, 16, 17,}

18, 26, 27

An overwhelming number of scientific reports describe the additional benefits of syringe exchange. The Institute of Medicine (IOM) reported that SEPs are “highly cost-effective” in preventing HIV transmission.¹⁴ A clean syringe costs about \$0.97. In contrast, the average

lifetime cost for treating HIV is an estimated \$355,000.^{11, 21} Research shows that SEPs protect police officers from needle stick injuries and reduce the number of contaminated needles and syringes circulating in the community by offering locations with proper disposal.¹⁷ Disease prevention, decreased cost, and increased public safety are some of the benefits offered by SEPs.

SEPs receive widespread agreement among scientific and health leaders. Many reputable public health organizations endorse SEPs including the IOM, the WHO, American Academy of Pediatrics, American Medical Association, American Nurses Association, and American Public Health Association (APHA).¹⁴ Among the many scientific and public health leaders who have endorsed SEPs are National Institute of Allergy and Infectious Diseases Director, Dr. Anthony Fauci, CDC Director, Dr. Thomas Frieden, former National Institute of Health (NIH) Director, Harold Varmus, former Surgeons General, C. Everett Koop and David Satcher, and former Health and Human Services (HHS) Secretary, Dr. Louis Sullivan.¹⁴ SEPs are also supported by numerous law enforcement officials.¹⁷ Internationally and domestically, SEPs have been recognized as cost-effective and successful interventions to address the negative health consequences associated with illicit drug use.

2.4 PUBLIC OPINION ON SYRINGE EXCHANGE

In 2003, Vernick, Burris, and Strathdee performed a comprehensive analysis of national surveys on public opinion on SEPs in the U.S.²⁸ The researchers found that there was no clear national consensus on the desirability of SEPs and support for the programs ranged from 29 percent to 66 percent of those surveyed from 1987 to 2000. A strong determinant of public opinion was “question wording.”²⁸ Surveys were more likely to suggest support for SEPs if sponsored by public health organizations and suggest opposition if sponsored by “family values”

organizations. Poll questions using loaded terms like “drug addicts” were less likely to receive support for SEPs than polls without loaded language or that provided public health information along with the survey. Therefore, public opinion appeared to be vulnerable to a survey’s wording, bias, and sponsors.²⁸ Additional research is recommended to evaluate current public opinion on SEPs and how it compares to past opinions.

3.0 HISTORICAL ANALYSIS OF U.S. POLICIES ON SYRINGE EXCHANGE

3.1 U.S. HISTORY ON SYRINGE EXCHANGE

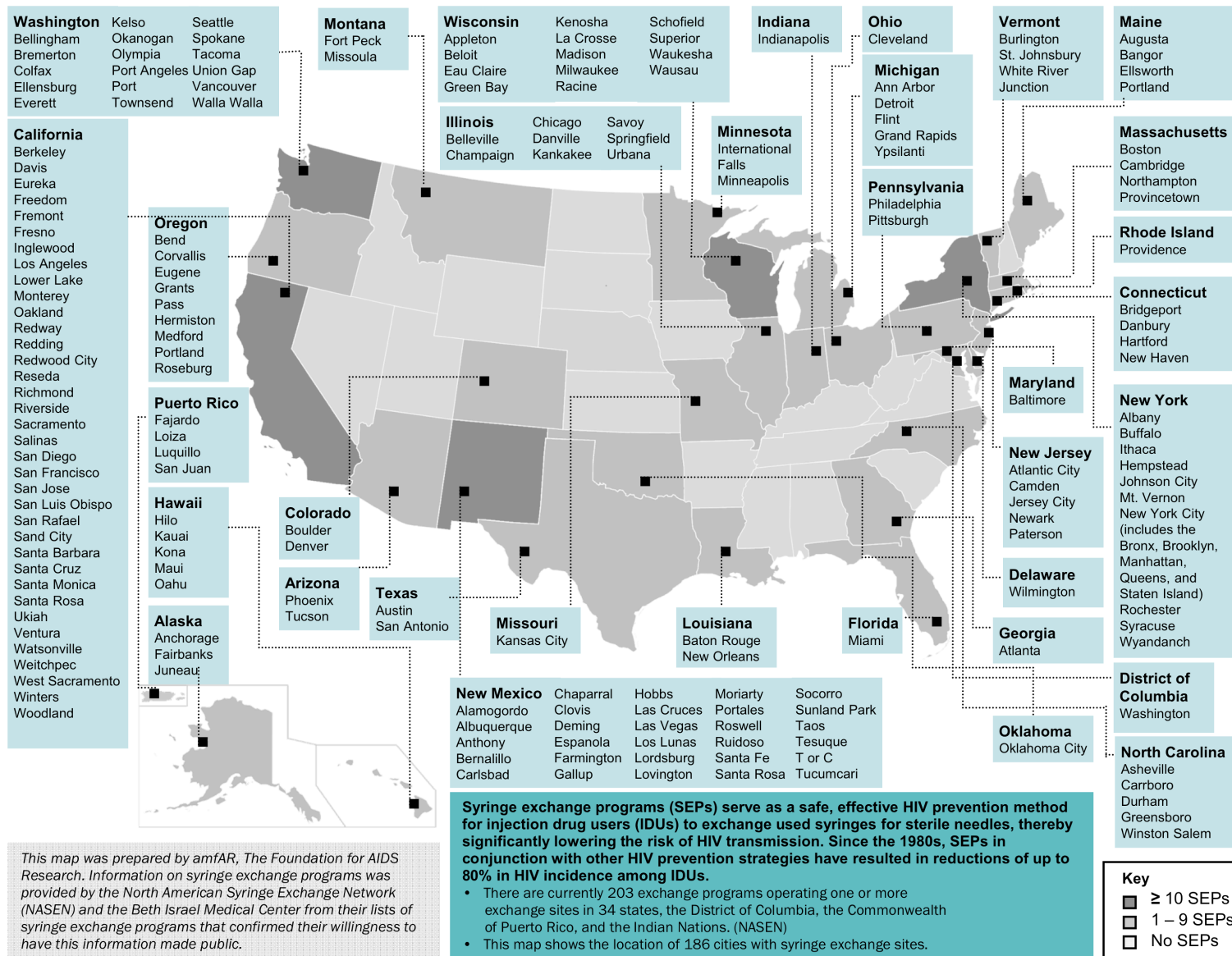
In 1984, the first government sponsored syringe exchange was launched in Amsterdam in the Netherlands with the goal of curbing a hepatitis B epidemic.^{29, 30} During that time in many U.S. states, it was illegal to possess hypodermic needles and syringes because they were classified as drug paraphernalia.^{1, 31} Despite legal roadblocks, some early SEPs were established as explicit acts of civil disobedience on the west Coast and in New York City.^{1, 29, 30, 31} Syringe exchanges have been operating legally and illegally in major U.S. cities since the late 1980s.^{29, 30}

A former IDU, Jon Parker, was the first person to openly distribute—and later exchange—sterile injection equipment on the streets of New Haven, Connecticut, and Boston, Massachusetts, in November 1986.^{1, 29, 30, 31} Parker decided that taking action to distribute clean needles would be far more effective than simply recommending their use, which violated Connecticut law that classified syringes as drug paraphernalia.^{5, 30} * In April 1988, Tacoma, Washington, became the first city to organize a U.S. syringe exchange program that operated with some community support and offered all-inclusive services.²⁹ Two additional SEPs emerged in November 1988, one in San Francisco and the other in New York City. Following

* Connecticut has since deregulated syringe possession and sales in 1992.³²

suit were Seattle, Washington, in March 1989, Portland, Oregon, in November 1989, and New Haven, Connecticut, in November 1990.

Much of the American syringe exchange policy landscape has changed over the past three decades. Current law permits SEPs to operate at the discretion of state and local health authorities and local law enforcement authorities.¹ Today, the North American Syringe Exchange Network estimates at least 221 sterile SEPs operating in 33 states and the District of Columbia, Puerto Rico, and the Indian Nations.²¹ Figure 1 shows a map created by amfAR, locating 203 U.S. cities with syringe exchanges in 2012, 30 more than in 2011.^{32, 33} These urban areas are where IDUs tend to be most concentrated and where policymakers and communities are more accepting of SEPs.³⁰ However, without financial assistance from the federal government, SEPs struggle to offer comprehensive prevention and care services and meet the demands of the populations who need them the most.^{6, 34, 35}



(taken from amfAR: The Foundation for AIDS Research)32

Figure 1. Syringe exchange program coverage in the United States 2012

3.2 CURRENT POLITICAL STATUS

The U.S. continues to be the only developed country in the world to prohibit government funding for SEPs.³⁰ In 1988, the federal ban on funding for syringe exchanges was enacted and was repealed in 2009 by President Obama and Congress.¹⁰ However, in 2011, Congress reinstated a prohibition on the use of federal funding to support syringe exchanges for fiscal year 2012.¹⁰ While the current legislation bans federal funding for SEPs, it has not banned funding from non-federal sources. Although President Obama's 2010 National HIV/AIDS Strategy listed syringe exchanges as one of several "scientifically proven biomedical and behavioral approaches that reduce the probability of HIV transmission," (page 16)¹⁶ the President conceded to Congress' requests and maintained the funding restriction, unwilling to delay or derail the budget deliberations.^{16, 17} The federal funding restriction on syringe exchange has not been lifted since.

3.3 AN OVERVIEW: U.S. HISTORY OF POLICIES ON SYRINGE EXCHANGE

The turbulent history of American syringe exchange policies draws its focus on the highly controversial issue of federal funding, despite scientific evidence indicating SEPs' effectiveness. Presented below is a brief timeline of syringe exchange's history in U.S. policy. In 1988, under the leadership of Republican Senator, Jesse Helms from North Carolina, Congress passed the *Public Health and Welfare Act*, enacting a prohibition on the use of federal funds for syringe exchanges.^{3, 10} Then from early to mid-1990s, scientific evidence emerged demonstrating the effectiveness of SEPs in preventing bloodborne infections.^{3, 10} A panel convened by the IOM in 1995 recommended that the U.S. government lift its ban.^{3, 10} During the Clinton administration, Congress agreed to fund SEPs if the U.S. HHS Secretary publically supported the scientific evidence backing the programs.^{3, 10} Although HHS Secretary Shalala endorsed SEPs in 1997, the

administration did not push for a repeal and instead, maintained the prohibition.^{3, 10} The ban remained in effect during George W. Bush's administration.^{3, 10} In 2007, Congress removed the funding restriction on the use of Washington D.C.'s local tax levy for funding of SEPs.^{3, 10} In 2009, the passage of Congress' *Consolidated Appropriations Act 2010* removed the ban on federal funding for SEPs, which reversed President Obama's language in his budget proposal keeping the ban.^{3, 10} In July 2010, the HHS issued implementation guidance for local and state programs requesting the use of federal funding for syringe exchange.^{3, 10} In 2011, the federal ban on syringe exchange was reinstated in the congressional appropriations budget for fiscal year 2012 and has remained in effect since.^{3, 10} Due to the political instability of syringe exchange, the issue will most likely continued to be actively debated in future administrations and Congress.

3.4 BUDGET AND APPROPRIATIONS

The president's and Congress' utilize the U.S. federal budget process to help determine policy and federal funding priorities for every fiscal year. The *Congressional Budget Act of 1974* lays out the set of specific procedures that the federal government uses in order for Congress to develop tax and spending legislation.³⁶ The annual federal budget process begins with the president's budget request, which is debated in Congress, and returned to the president who signs the budget into law.^{26, 37} Language relevant to syringe exchange is found in the congressional spending bill produced by the Appropriations Subcommittee on Labor, HHS, Education, and Related Agencies (specific phrasing of the bill languages related to SEPs is provided in later sections). A comprehensive list of all syringe exchange-related legislation dating back to 1991 could be found in Appendix A.

The president plays a major role in determining the fiscal policy and budget priorities for federal programs (e.g., defense, agriculture, education, health) since the president submits the first budget request each year. As a result, an analysis of the past administrations' funding level on HIV/AIDS spending, specifically for syringe exchange, is very telling of their stances on syringe exchange. The following section provides a detailed description of the presidents' roles and corresponding congressional actions on syringe exchange during the HIV/AIDS epidemic.

3.5 PRESIDENT'S ROLE AND CONGRESSIONAL ACTIONS

3.5.1 RONALD REAGAN ADMINISTRATION (1981 - 1989)

President Reagan first mentioned AIDS publically in his message to Congress in 1986, five years after the first recognized U.S. case of AIDS.³⁸ In the same year, Congress passed the *Anti-Drug Abuse Act of 1986*, which President Reagan signed into law on October 27. Essentially, the act appropriated \$1.7 billion to continue the U.S. "War on Drugs."¹⁹ For example, the law introduced harsher punishments for the possession of crack compared to cocaine.¹⁹ The act's mandatory minimum penalties for drug offenses were later criticized for advancing racial disparities in prison populations.^{13, 19 *}

The HIV community applauded Reagan's establishment of the President's Commission on the HIV Epidemic in June 1987 to investigate the AIDS epidemic.⁷ The Commission was active for one year from 1987 to 1988, and chaired by James D. Watkins, a former U.S. Navy Admiral and future U.S. Secretary of Energy under George H.W. Bush's administration.⁷ In February 1988, the Commission released a report calling for increased federal efforts to combat

* Research has shown that incarceration drives risk of HIV infection and resistance to HIV treatment drugs, with even higher statistics in ethnic minorities.⁸

AIDS and advising that government allocate \$20 billion over a ten-year span to the cause.⁷ Recommendations regarding intravenous drug abuse included provisions of treatment services, treatment research, drug abuse prevention, and outreach education.⁷ The Committee's report stated that "[t]here must be a national policy of 'treatment on demand' for drug users" (page 95).⁷ Admiral Watkins received praise from public health communities for his non-biased approach to addressing HIV.³⁹ The APHA called it "an aggressive first step towards developing an integrated national strategy to deal with the AIDS epidemic."³⁹ Current Vice President and later presidential candidate George H.W. Bush endorsed both the executive order and legislation necessary to meet the commission's recommendations.⁴⁰ The Reagan administration did not enact many of the Commission's recommendations, and instead opted to implement minor steps, such as informing recipients of blood transfusions that they were at risk and proposing to speed up drug approvals through the U.S. Food and Drug Administration.⁴¹

In response to Reagan's inaction, Congress enacted the National Commission on AIDS, initiated by Democrat Representative Roy Rowland from Georgia in November 1988.⁴¹ The Commission's objective was to promote the "development of a national consensus on policy concerning AIDS" (page ii).⁴² The Commission issued its first report, *America Living with AIDS*, on September 26, 1991.⁴³ The overall assessment expressed disapproval with the lack of leadership from the White House and Congress:

"Our nation's leaders have not done well. In the past decade, the White House has rarely broken its silence on the topic of AIDS. Congress has shown leadership in developing critical legislation, but has often failed to provide adequate funding for AIDS programs. Articulate leadership guiding Americans toward a proper response to AIDS has been notably absent (page 1)."⁴⁴

The report also included recommendations to develop a unified national plan for 1) combating AIDS, 2) providing universal treatment for drug abuse and addiction, 3) eliminating laws and regulations that prevent drug users from acquiring clean syringes, and 4) expanding medical

coverage that includes the cost of prescription drugs for all citizens.⁴⁴ However, in its final report, *AIDS: An Expanding Tragedy*, the Commission expressed its frustration with the government for consistently underfunding and ignoring its “carefully considered, widely heralded” recommendations.⁴² In 1988, a ban on the use of federal funds for SEPs was instated, most likely due to the widely accepted belief among politicians that syringe exchange increases drug use and crime rates.¹⁰

Congressional actions during the Reagan administration

The aforementioned 1988 ban was led by North Carolina Republican Senator Jesse Helms through the passage of *Public Health and Welfare Act*, which has been renewed annually in Congress.^{3, 10} The act’s language relevant to syringe exchange was included in the *AIDS Amendments of 1988* as part of the *Health Omnibus Programs Extension of 1988*. It reads,

“Use of funds to supply hypodermic needles or syringes for illegal drug use; prohibition

None of the funds provided under this Act or an amendment made by this Act shall be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for acquired immune deficiency syndrome.”⁴⁵

The ban was continued through subsequent legislation like the *Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988* and *Ryan White Comprehensive AIDS Resources Emergency Act of 1990*.³⁵ The *Public Health and Welfare Act’s* text allows for the reversal of the ban in the future should the president or Surgeon General deem syringe exchange to be effective. In addition, an administrative ban was placed on research to evaluate SEPs from 1988 to 1991.^{8, 35} In August 1988, a bill titled *AIDS Federal Policy Act of 1988* was introduced in the House to amend the Public Health Service Act. It sought to establish grant programs for

AIDS-related research and confidentiality protections for AIDS counseling and testing. The bill passed the House, but died in the Senate.⁴⁶

3.5.2 GEORGE H.W. BUSH ADMINISTRATION (1989 - 1993)

The federal funding restriction on syringe exchange continued during the George H.W. Bush administration. He took measures to support the drug war and stigmatize drug abuse. In 1989, the President created the White House Office of National Drug Control Policy (ONDCP) through the *Anti-Drug Abuse Act of 1988* and appointed William Bennett as its first director, who was colloquially known as the drug czar.^{19, 47} By law, the drug czar must oppose any attempt to legalize the use of illicit drugs and ensure that no federal funds appropriated to the ONDCP is expended to study the legalization of illicit drugs.⁴⁸ A 1992 ONDCP report titled *Needle exchange programs: are they effective?*^{48*} criticized the existing data on SEPs and concluded that “distributing needles facilitates drug use and undercuts the credibility of society’s message that using drugs is illegal and morally wrong” (page 6).⁴⁹ On the contrary, Bush’s Surgeon General David Satcher⁵⁰ and the Presidential AIDS Advisory Commissions acknowledged the effectiveness syringe exchange.⁵¹

Congressional actions during the H.W. Bush administration

In 1991, Democrat Representative Charles Rangel from New York, a strong opponent of SEPs, requested that the General Accounting Office (GAO, a nonpartisan research arm of Congress) submit a review of existing research on SEPs.⁵² Rangel also served as Chairman of the

* For the purpose of this paper, needles are synonymous with syringes as the differences are minimal in the context of public health and public policy. Specifically, a hypodermic needle is the sharp part that fits on the syringe, which holds fluid-based substances.

House Select Committee on Narcotics Abuse and Control.⁵² In March 1993, GAO report *Needle Exchange Program: Research Suggests Promise as an AIDS Prevention Strategy* concluded that most studies did not show an increase in drug injection among IDUs using SEPs.⁵³ Consistent with its own findings, the National Commission on AIDS praised the GAO study.⁵² Despite this, Rangel described the GAO report as “inconclusive”.^{52, 54}

Also in 1991 was the introduction of Massachusetts Democrat Joseph P. Kennedy II’s *H.R.2951 Federal Safe Syringe and Needle Promotion Act of 1991* during the 102nd Congress “To prohibit the use of Federal funds for syringes and needles that are not nonreusable, and for other purposes.”⁴⁵ The purpose of the act is to “encourage the development and manufacture of safe and effective, as well as cost effective, designs for nonreusable and self-destructing syringes and nonreusable and retracting needles to help prevent the spread of bloodborne diseases in the U.S. and around the world.”⁴⁵ The bill requested that the HHS develop guidelines to require health care providers to use only nonreusable or self-destructing syringes and nonreusable or retracting needles as a method to reduce the spread of infectious diseases.⁴⁵ The language in the bill did not necessarily prohibit federal funding for syringes per se, but rather banned spending on nonreusable syringes. The bill did not pass through Congress, marking policymakers’ disinterest in funding research and development of nonreusable injection equipment.

3.5.3 WILLIAM CLINTON ADMINISTRATION (1993 - 2001)

In 1997, Congress passed a law agreeing to fund SEPs if the HHS Secretary, Donna E. Shalala, endorsed the scientific evidence backing syringe exchange.⁵⁵ In 1998, both Secretary Shalala and the Clinton administration declared SEPs as effective preventative tools to curb the AIDS epidemic without encouraging the use of illicit drug.^{27, 35, 56, 57} However, Clinton did not

challenge the continuing opposition in Congress and through the White House's own ONDCP, and as a result, the administration did not overcome the ban.^{27, 35, 56} In a 2005 interview, Clinton explained,

“A lot of people wanted needle exchange because of the role of dirty needles in [infecting] drug users, but the opposition to it was simply overwhelming. It was overwhelming in Congress, and it was overwhelming within the Drug Control Office of the administration, and it simply would have been reversed in Congress if I'd done it. Politically the country wasn't ready for it (page 3).⁵⁸

AIDS researchers and activists were outraged at Clinton's inability to repeal the ban due to its political and controversial nature, despite publically agreeing with the scientific evidence of SEPs.^{30, 56} Also significant during the Clinton administration were the establishment of the White House Office of National AIDS Policy (ONAP) in 1993 and the Presidential Advisory Council on HIV/AIDS (PACHA) in 1995, both guiding the U.S. government's response to the HIV/AIDS epidemic.⁵⁷

Congressional actions during the Clinton administration

On November 13, 1997, the 105th Congress passed the aforementioned law permitting federal funds for syringe exchange if the HHS Secretary endorses the science.⁵⁵ The specific language found in the law, *Public Law 105-78*, is as follows:

“SEC. 505. Notwithstanding any other provision of this Act, no funds appropriated under this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

SEC. 506. Section 505 is subject to the condition that after March 31, 1998, a program for exchanging such needles and syringes for used hypodermic needles and syringes (referred to in this section as an “exchange project”) may be carried out in a community if—

- (1) the Secretary of Health and Human Services determines that exchange projects are effective in preventing the spread of HIV and do not encourage the use of illegal drugs; and
- (2) the project is operated in accordance with criteria established by such

Secretary for preventing the spread of HIV and for ensuring that the project does not encourage the use of illegal drugs.”⁵⁵

The language in Section 505 expressed the prohibition of funds used to distribute sterile needles and syringes. However, Section 506 conditioned that funds may be appropriated if the HHS Secretary determines that SEPs 1) do not encourage illegal drug use and 2) are operated in accordance to the Secretary’s criteria. In this text, Congress’s conditions are particularly concerned with SEPs’ capabilities to prevent the spread of HIV and discourage drug abuse. About one year later in 1998, HHS Secretary Shalala’s endorsed the effectiveness of SEPs. Although President Clinton agreed with Secretary Shalala’s decision, he did not push beyond the political opposition to repeal the ban on federal funding.

Several Republican Congress members expressed strong resistance to SEPs, asserting that the programs send "an intolerable message that it's time to accept drug use as a way of life," as stated by Senator John D. Ashcroft, a Republican from Missouri. Ashcroft along with others denounced the administration's decision to publically declare support for SEPs.⁵⁶ In April 1998, Senator Paul Coverdell, Republican from Georgia, introduced a bill to prevent the HHS secretary from ever lifting the ban titled *S.1959 A bill to prohibit the expenditure of Federal funds to provide or support programs to provide individuals with hypodermic needles or syringes for the use of illegal drug.*⁴⁵ Although the bill did not pass through Congress, it was representative of politicians’ aversion to supporting SEPs. Beginning in 1999, new language in the annual Labor and HHS appropriations bills has contained a ban on funding for syringe exchange until President Obama overturned it in 2009.^{35, 46}

3.5.4 GEORGE W. BUSH ADMINISTRATION (2001 - 2009)

George W. Bush opposed SEPs as a presidential candidate and continued to do so during his presidency.^{10, 29} Tommy Thompson, Bush's HHS Secretary, expressed no plans to permit federal funding for syringe exchange.²⁹ Bush replaced Scott Evertz, a supporter of syringe exchange, with Joseph O'Neill as the Director of White House ONAP in 2002.²⁹ On an international level, the Bush administration and Congress abided by the ban on any projects receiving federal funding from Bush's flagship global health initiative, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), created in 2003 to combat AIDS abroad.^{30, 57, 59} Critics argue that the ban's extension to foreign assistance programs is especially dangerous in countries like Vietnam, where the HIV/AIDS epidemic is primarily fueled by intravenous drug use.³⁰ Contrary to his foreign and national policy on syringe exchange, President Bush signed legislation on December 26, 2007, to overturn a nine-year ban, permitting Washington, D.C. to spend city funding for SEPs.⁶⁰

Congressional actions during the George W. Bush administration

The aforementioned 2007 legislation was first passed through the House of Representatives' Budget Appropriations Committee. It was the first Financial Services Appropriations bill to pass without a rider forbidding Washington, District of Columbia from spending local government funds on local SEPs.^{35, 45} The city is barred from using federal funding.⁶⁰ Before the historic vote, the District of Columbia was the only U.S. city prohibited from using local taxpayer dollars to fund such programs. Instrumental players in repealing the ban include Representatives Eleanor Holmes Norton, Democrat from the capitol, Jose Serrano, Democrat from New York, and David Obey, Democrat from Wisconsin.^{35, 45}

Additionally, riders in the fiscal year 2001 *District of Columbia Appropriations Act* prohibit SEPs in the District from operating close to public housing and within 1,000 feet of a school.^{35, 45} The language states,

“Effective 120 days after the date of the enactment of this Act, it shall be unlawful for any person to distribute any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1000 feet of a public or private elementary or secondary school (including a public charter school).”⁴⁵

HIV/AIDS and public health advocates were able to successfully lobby to lift the restriction in the fiscal year 2002 appropriations.

Some members of Congress were active in urging the Bush administration to extend the ban on federal funding from domestic syringe access to international ones, even beyond PEPFAR, specifically through the Appropriations in the State Department and Foreign Operations budget deliberations.³⁰ Early versions of the *H.R.2506 Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2002* (introduced during 107th Congress in 2001) included the provision below but the final version, signed into public law, did not.⁴⁵

Representative Mark Edward Souder, Indiana Republican, was active in blocking legislation to fund syringe exchange domestically and globally, claiming studies demonstrating SEPs effectiveness were inconclusive.⁴⁵ In 2005 and 2006, Souder also introduced *H.R.2829* and *H.R.6344 Office of National Drug Control Policy Reauthorization Act of 2005 and 2006*, respectfully, during the 109th Congress, which became public law and included the following language:

“SEC. 1120. POLICY RELATING TO SYRINGE EXCHANGE PROGRAMS.
Section 703(a) (21 U.S.C. 1702(a)) is amended by adding at the end the following:
When developing the national drug control policy, any policy of the Director relating to syringe exchange programs for intravenous drug users shall be based on the best available medical and scientific evidence regarding their effectiveness

in promoting individual health and preventing the spread of infectious disease, and their impact on drug addiction and use. In making any policy relating to syringe exchange programs, the Director shall consult with the National Institutes of Health and the National Academy of Sciences.”⁴⁵

The bills language agreed to allow the ONDCP Director to base his or her policy on syringe exchange on available medical scientific evidence. However, the Bush Administration and Souder have especially been criticized for distorting and misusing studies’ results supporting SEPs and imposing personal moral views on the public without regard to validity and science.⁶¹

⁶² In 2004, Souder wrote a letter to NIH Director Dr. Elias A. Zerhouni, highlighting peer-reviewed studies that verified “the failure of harm reduction to control infectious disease.”⁶² One of the highlighted studies authors, Steffanie A. Strathdee of the University of California at San Diego, responded that her research, "supports the expansion of needle exchange programs, not the opposite."⁶² Souder incorrectly interpreted Strathdee’s findings on syringe exchange, but Souder’s efforts did not sway Dr. Zerhouni’s decision to publically support SEPs. The *Washington Post* quoted Dr. Zerhouni, “[syringe exchange] can be an effective component of a comprehensive community-based HIV prevention effort.”⁶²

Furthermore, in February 2005, Souder and Virginia Republican, Tom Davis, sent a letter to Secretary of State, Condoleezza Rice, and UNAIDS Administrator, Andrew Natsios, requesting documentation of USAID-funded organizations that might support SEPs and harm reduction, asserting that the programs are a violation of United Nations accords against drug use.³⁰ These policymakers’ aggressive efforts to challenge the effectiveness studies on syringe exchange have created tremendous legislative barriers to lifting the riders in the annual appropriations bills prohibiting government money for SEPs.

In 2008, New York Democrat Jose Serrano introduced language in the *H.R.6680 Community AIDS and Hepatitis Prevention Act* during the 110th Congress “To permit the use of

Federal funds for syringe exchange programs for purposes of reducing the transmission of bloodborne pathogens, including HIV and viral hepatitis,” which did not pass through the House of Representatives.⁴⁵ During this period, it is clear that Democrats generally support syringe exchange while Republicans do not.

3.5.5 BARACK OBAMA ADMINISTRATION (2009 - Present)

In 2009, President Barack Obama and Congress achieved a landmark repeal of a 21-year old ban on federal funding for local SEPs through the passage of the *Consolidated Appropriations Act, 2010*.^{45, 57} Although it did not contain new money for SEPs, federal funds could be allocated to them through the Labor, HHS, Education, and Related Agencies budget appropriations bill later absorbed into the *Consolidated Appropriations Act*. However, the decision was reversed in 2011.¹⁰ With threats of a looming government shutdown and inability to finalize a spending bill for the upcoming fiscal year, both political parties settled on compromises. One of those concessions was the renewal of the ban on federal funding for SEPs in the final *Budget Act* for fiscal year 2012.^{10, 45}

On July 13, 2010, President Obama introduced the U.S.’s first *National HIV/AIDS Strategy* (NHAS), outlining three specific goals to tackle the national HIV/AIDS epidemic and cut the country’s annual number of new infections by 25 percent over the following five years.¹⁶

²¹ The three main goals are 1) to prevent new HIV infections, 2) increase access to HIV care and treatment, and 3) reduce HIV-related health disparities.¹⁶ At a July 13, 2010 White House reception, President Obama stated, “The question is not whether we know what to do, but whether we will do it. Whether we will fulfill those obligations; whether we will marshal our resources and the political will to confront a tragedy that is preventable” (page 1).⁶³ The NHAS

endorses access to sterile syringes as a “scientifically proven” method for reducing HIV transmission. His ONDCP Director, Chief Gil Kerlikowske, endorsed SEPs at an April 2009 confirmation hearing: “Needle exchange programs have been proven to reduce the transmission of bloodborne diseases. A number of studies conducted in the U.S. have shown needle exchange programs do not increase drug use” (page 1).⁵⁰

During his first presidential campaign (2007-2008), Obama pledged to remove the restrictions on federal funds for SEPs, but his actions during his presidency indicate otherwise. The administration fought a United Nations resolution endorsing the harm reduction approach, stating that although the administration supports syringe exchange, it does not support other programs under the harm reduction umbrella like safe injection facilities. Furthermore, President Obama continued to include the ban language in his 2009-2010 budget proposal.⁵⁰ The White House Assistant Press Secretary, Ben LaBolt, stated that the president did not want to fight policy battles in the budget language and would rather Congress take the lead. In 2009, he stated,

“We have not removed the ban in our budget proposal because we want to work with Congress and the American public to build support for this change. We are committed to doing this as part of a National HIV/AIDS strategy and are confident that we can build support for these scientifically-based programs (page 1).”⁶⁴

The administration’s lack of investment of political capital early in the presidency conveyed its reluctance to challenge Congress on the issue of syringe exchange funding.⁵⁰

Later, President Obama included a provision in both the fiscal year 2013 and 2014 budgets that if enacted into law would allow local communities to use federal funds for syringe exchange. HIV/AIDS advocates support the following language included in the budget proposal, including the President’s own PACHA:

“SEC. 505. None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution (page 3279).”⁶⁵

Nancy Mahon, PACHA Chair and Executive Director of the M·A·C AIDS Fund, stated, “This language is consistent with our longstanding position on this issue and is further amplified by a recent statement made to the PACHA reiterating strong community support for evidence-based efforts” (page 2).⁶⁶ In a letter to the president, she continued, “We encourage the administration to continue its support for this language, to prioritize restoring local flexibility in funding syringe services programs during negotiations around the fiscal year 2013 Appropriations bills, and to clearly convey this priority to Congress” (page 2).⁶⁶ Since 2012, the president has shown his willingness to extend his support for syringe exchange beyond the NHAS to his budget proposals to Congress.

Congressional actions during the Obama administration

In July 2009, House Appropriations Committee Chair David Obey was the first person to successfully end the ban on federal funding of syringe exchange. In its markup of the Labor and HHS appropriations bill, the Subcommittee removed the ban on federal funding for SEPs. When the federal funding restriction was successfully lifted in 2009, public health and human rights advocates cheered the move, but criticized the legislation as too restrictive because the bill continue to prohibit SEPs from operating within 1,000 feet of universities, pools, parks, and video arcades.⁶⁷ The bill’s sponsor Chairman Obey included the 1,000-foot stipulation to appease conservative critics who might have shot down the entire provision otherwise.⁶⁷ Yet syringe exchange supporters argue that the geographic restraints are so expansive, compromising

the benefits of clean syringe programs.⁶⁷ A House-Senate conference committee later removed a Republican-sponsored amendment introducing the 1,000-foot stipulation.⁶⁷

Along with other Republicans, Todd Tiahrt from Kansas, contested to the bill's language removing the federal ban, stating, "I am very concerned that we would use federal tax dollars to support the drug habits of people who desperately need help."⁶⁷ He was unsuccessful in striking down the bill but his efforts have shown that syringe exchange continued to be a highly debated issue in politics. Later, the language to ban federal funding for syringe exchange was reintroduced in the fiscal year 2012 Labor and HHS appropriations bill and subsequent years.⁴⁵

4.0 DISCUSSION AND RECOMMENDATIONS

The ban on federal support for syringe exchange has clearly taken its toll on the nation's public health. The health and societal consequences of the ban are higher rates of preventable diseases like HIV, higher health care costs, barriers to accessing prevention services and medically accurate information, and stigma and discrimination of people living with drug abuse, HIV, and/or hepatitis.^{17, 18} Lurie and Drucker, in their Lancet article *An Opportunity Lost*, estimated that a national implementation of syringe exchanges in the late 1980s would save 20,000 lives and \$1.1 billion in healthcare costs by the year 2000.⁶⁸ The researchers call for the “revoking [of] the U.S. government ban on funding for needle-exchange programmes and accelerating the growth of such programmes in the USA,” (page 604) as an urgent public health priority.⁶⁸ However, SEPs are not widely embraced by U.S. policymakers despite the evidence supporting SEPs as health promoting interventions.

4.1 POLICY RECOMMENDATIONS

Research suggests that legislative and regulatory policies could play a powerful and positive role on reducing rates of HIV and other infectious diseases.⁶⁹ In Connecticut, for example, a single legislative action legalizing over-the-counter purchase of sterile injection equipment had an immediate pronounced impact on reducing risk behavior, such as the sharing of non-sterile

syringes.⁶⁹ Such successes show that interventions at the policy level could result in high effectiveness at a low cost.

Admittedly, considerable advocacy efforts are necessary to shift the U.S. government's position from endorsing policies prohibiting syringe exchange to beneficial ones, based on public health and human rights. Administrative efforts on the federal level to put such policies in place would be considerable and most likely require immense dedication and time. If successfully implemented, the HHS Department will be charged with allocating federal funding to state and local governments, allowing communities to make their own decisions on how best to prevent new HIV and viral hepatitis infections. In addition to enacting evidence-based policies, research on how science could best influence the policy-making process is necessary to discover effective methods to translate science between its producers and consumers to promote healthy lifestyles. The ultimate goal is to integrate both policy and science perspectives on syringe exchange to work on eliminating public health threats such as the spread of HIV, hepatitis B, and other bloodborne infections while preventing thousands of deaths and millions of dollars in healthcare expenditures every year.

Immediate Policy Recommendation: Inclusion of Language in Legislation Allowing Federal Funding for Syringe Exchange

U.S. policy decision-makers are strongly urged to introduce and pass a future Labor and HHS spending bill that includes language permitting the use of federal funds for SEPs for purposes of reducing the transmission of bloodborne pathogens, including HIV and viral hepatitis, such as language that was previously enacted into law for fiscal year 2010 (in 2009) and fiscal year 2011 (in 2010). The same language was included in President Obama's budget proposal for fiscal year 2013 (in 2012) and 2014 (in 2013) but did not pass. Allowing use of

federal funds for SEPs would connect more people to HIV/AIDS and substance abuse prevention, care and treatment, decrease HIV and viral hepatitis infection rates, and offer local governments the flexibility to address local epidemics with interventions tailored to community trends. With state budget shortfalls, federal funds are critical to continue to meet the needs of and to protect local communities.

The advantages of lifting the ban are the following: 1) public recognition by the federal government of SEPs as effective public health tools, which legitimizes the U.S.'s commitment to apply scientific evidence in curbing the HIV/AIDS global epidemic, 2) an increase of federal funding to SEPs as there is currently none, and 3) determination by the HHS to set the appropriate spending levels so that state governments can decide how best to implement SEPs in their own state.

The challenges of lifting the ban are: 1) difficult passage through Congress, 2) dependence on annual federal support (as funds are appropriated every year), requiring tremendous advocacy efforts to sustain monetary commitments, and 3) placing additional burden on HHS to monitor and evaluate the state and local SEPs to measure impact of federal funding on these programs.

U.S. policy decision-makers are highly encouraged to partner with local civil-society organizations to strengthen the policy commitment to syringe exchange funding and meet the needs of the most vulnerable populations. In addition, successful international models should be considered in the U.S.'s own application of HIV epidemic control strategies. Prepared by a 12-member non-federal and non-advocate panel, a NIH Consensus Development Conference Statement urged that "Legislative restriction on needle exchange programs must be lifted

because such legislation constitutes a major barrier to realizing the potential of a powerful approach and exposes millions of people to unnecessary risk” (page 2).⁶⁹

Supplemental Policy Recommendation: Assure that all HIV/AIDS-related Legislation agrees with Scientific, Evidence-based and Cost-Effective Policies

This recommendation is applicable to syringe exchange and may be extended to other policies as well, especially ones that encourage effective safer sex education for youth and increased funding commitments for drug abuse treatment programs. The benefits of basing syringe exchange-related policy on scientific evidence have been reiterated throughout this essay. Beyond SEPs, it is important is to focus *all* HIV/AIDS prevention policies on strong science in order to end the domestic epidemic. For example, sexual education programs aimed at preventing undesired outcomes (like pregnancy and sexually transmitted infections) should be comprehensive, explaining the benefits of abstinence from sexual behavior as well as alternative safer sexual practices, including condom use. A 1996 federal legislation allotting \$50 million to HIV prevention funding stipulated that youth-aimed programs teach complete sexual abstinence.⁶⁹ This model ignores overwhelming scientific evidence as it disregards condom use as a safer sexual practice. Abstinence-only programs cannot be justified in the face of effective programs, especially since the U.S. faces an HIV/AIDS epidemic. Research data have confirmed that drug and alcohol abuse treatment programs (such as methadone maintenance, outpatient drug-free treatments, residential treatment, or detoxification) is effective in reducing risky drug and alcohol abuse behavior and often eliminate drug abuse itself, and therefore federal, state, and local funding for these programs are also urgently needed.⁶⁹

Policy-Focused Behavioral Intervention: Recommendations to Encourage Healthy Behaviors and Reduce Risk Behaviors Associated with HIV and Other Infectious Diseases

Policy-based prevention interventions are critical to reduce behavioral risk for HIV/AIDS and other bloodborne infections. Investment in three programs is particularly effective for reduction of drug abuse risk behavior: 1) SEPs, 2) drug abuse treatment, and 3) outreach programs for drug abusers not enrolled in treatment, which are all rooted in the harm reduction philosophy. In addition, the interventions should be tailored and updated at-risk populations to effectively address their unique needs. Emerging risk groups include women and young people, particularly those who are gay and members of ethnic minority groups. Also needed are prevention programs and supportive policies that sustain positive behaviors over long periods of time.

National and regional surveillance and evaluation of changes in behavioral risk are necessary to identify new trends in settings, subpopulations, and geographic regions with special risk for infection. Regulatory and administrative policies encouraging coordination with national tracking strategies could play a key part in containing the spread of HIV in the U.S.

Additional Research: Qualitative and Quantitative Research on Policies for Prevention of HIV and Other Infectious Diseases

Policy and legislative change could have rapid, powerful, and positive outcomes. Yet, little qualitative and quantitative research and evaluation have been done in HIV and other infectious diseases prevention policy. Results from this research could impact policy and legislative changes. Basing prevention policy on scientific evidence is of utmost importance to best utilize limited resources for the most gain. Federal agencies are urged to support the study of policy development, the impact of policy, and policy change.

A comprehensive analysis of congressional actions is also recommended in order to pinpoint key players in influencing prevention policies. A list of all syringe exchange-related legislation is provided in Appendix A.

Ultimate Goal: Eliminate the disconnect between science and politics in the U.S.

The common theme across the aforementioned recommendations is that a severe disconnect between science and politics exists and must be bridged through concerted efforts. These efforts are exceptionally ambitious and not easy. To bridge the gap, cultural changes in the scientific and policy communities are necessary. For example, researchers may be educated and trained on how to produce policy-relevant research in a way that the policy-makers and public can understand and support.⁷⁰ Suggestions to do this include developing incentives for conducting such research and developing opportunities to work with policy-makers. The users of scientific information are citizens, legislators, political leaders, service providers, scientists, lobbyists, and advocates. In the policy-making area, the aforementioned “users” or stakeholders must be educated on the value of science-based policies and how to properly inform the law-making process. In addition, exciting institutional innovations are called for to improve policy makers’ access to research, help them communicate their policy needs to researchers, and provide forums to discuss research agendas.⁷⁰ As with any policy, once implemented, all policies should be evaluated systematically and frequently for maximum effectiveness.

4.2 PUBLIC HEALTH IMPACT

What is particularly interesting about the political conversation regarding syringe exchange is the nearly polar opposite positions of science and politics. In this case, science dictates that the U.S. government support SEPs through mediums like appropriating federal funding. Politics dictates

the opposite stance, banning the use of federal funds for SEPs and instead, calling for increased federal funds to fuel the “war on drugs” and fight drug abuse. This zero-tolerance policy position, permeated by emotional and ideological vested interests, undermines the science of SEPs. To this day, the ban on the use of federal funds for SEPs is still in place, making the U.S. the only country in the developed world not providing government funds for SEPs.³⁰ Much of the controversy, however, is grounded in politics, not science. As a result, the ban has harsh public health consequences.

More than one-third of all reported HIV/AIDS cases in the U.S. have occurred among IDUs, their partners, and their children.^{2, 17, 18} Access to sterile syringes has been identified as an essential component of a comprehensive public health strategy designed to reduce HIV transmission as well as other bloodborne pathogens.^{2, 17, 18} Dr. Anthony Fauci, Director of National Institute of Allergy and Infectious Diseases stated, “Clearly needle exchange programs work. There is no doubt about that.”⁷¹ Michel Sidibé of UNAIDS added, “There is clear evidence that a combination of leadership, good policies and resources, can halt even the most severe HIV epidemic.”⁷² There must be an honest reappraisal of the scientific evidence that demonstrates the costs and benefits of reversing the ban on federal funding for SEPs. At the very least, SEPs and the human lives that can be affected by them should not be relegated to a role as bargaining chips on the political table. A call to action is demanded to include language lifting the ban on syringe exchange funding, endorsing human right- and public health-based drug policies, and ultimately lifting the ban on preventing life-threatening infections in thousands of Americans and saving America millions of dollars.

APPENDIX

LIST OF ALL SYRINGE EXCHANGE-RELATED LEGISLATIONS SINCE 1991

The following legislative bills have been obtained and edited from THOMAS: The Library of Congress (<http://thomas.loc.gov>), an online database of all federal legislative information.⁴⁵ The nomenclature of each bill starts with “S.” for Senate or “H.R.” for House of Representatives, indicating the Congress chamber where the bill is introduced. Then, the letters are followed three or four numbers, altogether making up the bill’s unique identification. Each bill is designated under numbered Congresses. Included in the bill description are the sponsors (congress members who endorse the bill), status in Congress, and exact language relevant to syringe exchange. The bills are listed in chronicle order of date beginning in 1991 with the 102nd Congress. The online database does not provide full text of legislation before the 101th Congress (1989-1990). The latest version of a bill is used where there are multiple versions.

102ND CONGRESS (1991-1992)

H.R.2951 Federal Safe Syringe and Needle Promotion Act of 1991

Sponsor: Rep Kennedy, Joseph P., II [MA-8] (introduced 7/18/1991) Cosponsors (6)

Status: Did Not Pass through Congress

(Latest Major Action: 8/27/1991 Referred to House subcommittee. Status: Referred to the Subcommittee on Health and the Environment)

Relevant Language:

“To prohibit the use of Federal funds for syringes and needles that are not nonreusable, and for other purposes.”

105TH CONGRESS (1997-1998)

H.R.2264 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1998

Sponsor: Rep Porter, John Edward [IL-10] (introduced 7/25/1997) Cosponsors (None)

Status: Passed through Congress

(Latest Major Action: Became Public Law No: 105-78)

Public Law 105-78

Relevant Language:

SEC. 505. Notwithstanding any other provision of this Act, no funds appropriated under this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

SEC. 506. Section 505 is subject to the condition that after March 31, 1998, a program for exchanging such needles and syringes for used hypodermic needles and syringes (referred to in this section as an “exchange project”) may be carried out in a community if—

- (1) the Secretary of Health and Human Services determines that exchange projects are effective in preventing the spread of HIV and do not encourage the use of illegal drugs; and
- (2) the project is operated in accordance with criteria established by such Secretary for preventing the spread of HIV and for ensuring that the project does not encourage the use of illegal drugs.

S.1959 A bill to prohibit the expenditure of Federal funds to provide or support programs to provide individuals with hypodermic needles or syringes for the use of illegal drugs

Sponsor: Sen Coverdell, Paul [GA] (introduced 4/21/1998) Cosponsors (7)

Status: Did Not Pass through Congress

(Latest Major Action: 4/21/1998 Referred to Senate committee. Status: Read twice and referred to the Committee on Labor and Human Resources)

Relevant language:

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

106TH CONGRESS (1999-2000)

H.R.4942 District of Columbia Appropriations Act, 2001

Sponsor: Rep Istook, Ernest J., Jr. [OK-5] (introduced 7/25/2000) Cosponsors (None)

Related Bills: H.R.5547, H.R.5633, S.3041

Status: Passed through Congress

(Latest Major Action: Became Public Law No: 106-553)

Public Law No: 106-553

Relevant Language:

“GENERAL PROVISIONS

Sec. 137. (a) None of the funds contained in this Act may be used for any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

SEC. 150. (a) Effective 120 days after the date of the enactment of this Act, it shall be unlawful for any person to distribute any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1,000 feet of a public or private elementary or secondary school (including a public charter school). It is stipulated that based on a survey by the Metropolitan Police Department of the District of Columbia that sites at 4th Street Northeast and Rhode Island Avenue Northeast, Southern Avenue Southeast and Central Avenue Southeast, 1st Street Southeast and M Street Southeast, 21st Street Northeast and H Street Northeast, Minnesota Avenue Northeast and Clay Place Northeast, and 15th Street Southeast and Ives Street Southeast are outside the 1,000-foot perimeter. Sites at North Capitol Street and New York Avenue Northeast, Division Avenue Northeast and Foote Street Northeast, Georgia Avenue Northwest and New Hampshire Avenue Northwest, and 15th Street Northeast and A Street Northeast are found to be within the 1,000-foot perimeter.”

S.3041 District of Columbia Appropriations Act, 2001

Sponsor: Sen Hutchison, Kay Bailey [TX] (introduced 9/13/2000) Cosponsors (None)

Related Bills: H.R.4942

Status: Did Not Pass through Congress

(Latest Major Action: 9/27/2000 Senate floor actions. Status: Returned to the Calendar. Calendar No. 800)

Note: For further action, see H.R. 4942

H.R.5547 District of Columbia Appropriations Act, 2001

Sponsor: Rep Istook, Ernest J., Jr. [OK-5] (introduced 10/25/2000) Cosponsors (None)

Related Bills: H.R.4942

Status: Did Not Pass through Congress

(Latest Major Action: 10/25/2000 Referred to House committee. Status: Referred to the House Committee on Appropriations)

Relevant Language:

“GENERAL PROVISIONS

SEC. 137. (a) None of the funds contained in this Act may be used for any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

SEC. 150. (a) Effective 120 days after the date of the enactment of this Act, it shall be unlawful for any person to distribute any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1000 feet of a public or private elementary or secondary school (including a public charter school). It is stipulated that based on a survey by the Metropolitan Police Department of the District of Columbia that sites at 4th Street Northeast and Rhode Island Avenue Northeast, Southern Avenue Southeast and Central Avenue Southeast, 1st Street Southeast and M Street Southeast, 21st Street Northeast and H Street Northeast, Minnesota Avenue Northeast and Clay Place Northeast, and 15th Street Southeast and Ives Street

Southeast are outside the 1000-foot perimeter. Sites at North Capitol Street and New York Avenue Northeast, Division Avenue Northeast and Foote Street Northeast, Georgia Avenue Northwest and New Hampshire Avenue Northwest, and 15th Street Northeast and A Street Northeast are found to be within the 1000-foot perimeter.”

H.R.5633 District of Columbia Appropriations Act, 2001

Sponsor: Rep Istook, Ernest J., Jr. [OK-5] (introduced 11/14/2000) Cosponsors (None)

Related Bills: H.R.4942

Status: Passed through Congress

(Latest Major Action: Became Public Law No: 106-522)

Public Law No: 106-522

Relevant Language:

“GENERAL PROVISIONS

SEC. 137. (a) None of the funds contained in this Act may be used for any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

SEC. 150. (a) Effective 120 days after the date of the enactment of this Act, it shall be unlawful for any person to distribute any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1,000 feet of a public or private elementary or secondary school (including a public charter school). It is stipulated that based on a survey by the Metropolitan Police Department of the District of Columbia that sites at 4th Street Northeast and Rhode Island Avenue Northeast, Southern Avenue Southeast and Central Avenue Southeast, 1st Street Southeast and M Street Southeast, 21st Street Northeast and H Street Northeast, Minnesota Avenue Northeast and Clay Place Northeast, and 15th Street Southeast and Ives Street Southeast are outside the 1,000-foot perimeter. Sites at North Capitol Street and New York Avenue Northeast, Division Avenue Northeast and Foote Street Northeast, Georgia Avenue Northwest and New Hampshire Avenue Northwest, and 15th Street Northeast and A Street Northeast are found to be within the 1,000-foot perimeter.

107TH CONGRESS (2001-2002)

H.R.2506 Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2002

Sponsor: Rep Kolbe, Jim [AZ-5] (introduced 7/17/2001) Cosponsors (None)

Status: Passed through Congress

(Latest Major Action: Became Public Law No: 107-115)

Note: Later and final versions did not include the provision below

Relevant Language:

“IMPROVING GLOBAL HEALTH THROUGH SAFE INJECTIONS

SEC. 580. (a) In carrying out immunization programs and other programs for the prevention, treatment, and control of infectious diseases, including tuberculosis, HIV and AIDS, polio, and malaria, the Administrator of the United States Agency for International Development, in coordination with the Centers for Disease Control and Prevention, the National Institutes of Health, national and local governments, and other organizations, such as the World Health Organization and the United Nations Children's Fund, shall develop and implement effective strategies to improve injection safety, including eliminating unnecessary injections, promoting the availability and use of single-use auto-disable needles and syringes and other safe injection technologies, strengthening the procedures for proper needle and syringe disposal, and improving the education and information provided to the public and to health professionals.”

109TH CONGRESS (2005-2006)

H.R.2829 Office of National Drug Control Policy Reauthorization Act of 2005

Sponsor: Rep Souder, Mark E. [IN-3] (introduced 6/9/2005) Cosponsors (1)

Related Bills: H.R.6344

Status: Did Not Pass through Congress

(Latest Major Action: 3/13/2006 Referred to Senate committee. Status: Received in the Senate and Read twice and referred to the Committee on the Judiciary)

Note: For further action, see H.R.6344, which became Public Law 109-469 on 12/29/2006.

Relevant Language:

“SEC. 19. POLICY RELATING TO SYRINGE EXCHANGE PROGRAMS.

Section 703(a) (21 U.S.C. 1702(a)) is amended by adding at the end the following:

When developing the national drug control policy, any policy of the Director relating to syringe exchange programs for intravenous drug users shall be based on the best available medical and scientific evidence regarding their effectiveness in promoting individual health and preventing the spread of infectious disease, and their impact on drug addiction and use. In making any policy relating to syringe exchange programs, the Director shall consult with the National Institutes of Health and the National Academy of Sciences.”

H.R.6344 Office of National Drug Control Policy Reauthorization Act of 2006

Sponsor: Rep Souder, Mark E. [IN-3] (introduced 12/5/2006) Cosponsors (1)

Related Bills: H.R.2829

Status: Passed through Congress

(Latest Major Action: Became Public Law No: 109-469)

Public Law No: 109-469

Relevant Language:

“SEC. 1120. POLICY RELATING TO SYRINGE EXCHANGE PROGRAMS.

Section 703(a) (21 U.S.C. 1702(a)) is amended by adding at the end the following:

When developing the national drug control policy, any policy of the Director relating to syringe exchange programs for intravenous drug users shall be based on the best available medical and scientific evidence regarding their effectiveness in promoting individual health and preventing the spread of infectious disease, and their impact on drug addiction and use. In making any policy relating to syringe exchange programs, the Director shall consult with the National Institutes of Health and the National Academy of Sciences.”

110TH CONGRESS (2007-2008)

H.R.6680 Community AIDS and Hepatitis Prevention Act

Sponsor: Rep Serrano, Jose E. [NY-16] (introduced 7/30/2008) Cosponsors (49)

Status: Did Not Pass through Congress

(Latest Major Action: 7/30/2008 Referred to House committee. Status: Referred to the House Committee on Energy and Commerce)

Relevant Language:

“To permit the use of Federal funds for syringe exchange programs for purposes of reducing the transmission of bloodborne pathogens, including HIV and viral hepatitis.”

111TH CONGRESS (2009-2010)

H.R.179 Community AIDS and Hepatitis Prevention Act

Sponsor: Rep Serrano, Jose E. [NY-16] (introduced 1/6/2009) Cosponsors (118)

Status: Did Not Pass through Congress

(Latest Major Action: 1/14/2009 Referred to House subcommittee. Status: Referred to the Subcommittee on Health)

Relevant Language:

“To permit the use of Federal funds for syringe exchange programs for purposes of reducing the transmission of bloodborne pathogens, including HIV and viral hepatitis.”

S.1432 Financial Services and General Government Appropriations Act, 2010

Sponsor: Sen Durbin, Richard [IL] (introduced 7/9/2009) Cosponsors (None)

Related Bills: H.R.3170, S.3677

Status: Did Not Pass through Congress

(Latest Major Action: 7/9/2009 Placed on Senate Legislative Calendar under General Orders. Calendar No. 102)

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 810. None of the Federal funds contained in this Act may be used for any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”

H.R.3170 Financial Services and General Government Appropriations Act, 2010

Sponsor: Rep Serrano, Jose E. [NY-16] (introduced 7/10/2009) Cosponsors (None)

Related Bills: H.R.3288, S.1432, S.3677

Status: Did Not Pass through Congress

(Latest Major Action: 7/20/2009 Received in the Senate. Read twice. Placed on Senate Legislative Calendar under General Orders. Calendar No. 115)

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 816. None of the funds contained in this Act may be used to distribute any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1,000 feet of a public or private day care center, elementary school, vocational school, secondary school, college, junior college, or university, or any public swimming pool, park, playground, video arcade, or youth center, or an event sponsored by any such entity.”

H.R.3293 Department of Education Appropriations Act, 2010

Sponsor: Rep Obey, David R. [WI-7] (introduced 7/22/2009) Cosponsors (None)

Related Bills: H.R.3288, S.3686

Status: Did Not Pass through Congress

(Latest Major Action: 8/4/2009 Placed on Senate Legislative Calendar under General Orders. Calendar No. 149)

Note: For further action, see H.R.3288, which became Public Law 111-117 on 12/16/2009

Relevant Language:

“TITLE V—GENERALPROVISIONS

Sec. 523. None of the funds contained in this Act may be used to distribute any needle or syringe for the hypodermic injection of any illegal drug in any location which is within 1,000 feet of a public or private daycare center, elementary school, vocational school, secondary school, college,

junior college, or university, or any public swimming pool, park, playground, video arcade, or youth center, or an events sponsored by any such entity.”

H.R.3288 Consolidated Appropriations Act, 2010

Sponsor: Rep Olver, John W. [MA-1] (introduced 7/22/2009) Cosponsors (None)

Related Bills: H.R.3170, H.R.3293

Status: Passed through Congress

(Latest Major Action: Became Public Law No: 111-117)

Public Law No: 111-117

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS—DISTRICT OF COLUMBIA

SEC. 810. None of the Federal funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.

TITLE V

GENERAL PROVISIONS

SEC. 505. None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

S.3677 Financial Services and General Government Appropriations Act, 2011

Sponsor: Sen Durbin, Richard [IL] (introduced 7/29/2010) Cosponsors (None)

Related Bills: H.R.3170, S.1432

Status: Did Not Pass through Congress

(Latest Major Action: 7/29/2010 Placed on Senate Legislative Calendar under General Orders. Calendar No. 497)

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 810. None of the Federal funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

S.3677 Financial Services and General Government Appropriations Act, 2011

Sponsor: Sen Durbin, Richard [IL] (introduced 7/29/2010) Cosponsors (None)

Related Bills: H.R.3170, S.1432

Status: Did Not Pass through Congress

(Latest Major Action: 7/29/2010 Placed on Senate Legislative Calendar under General Orders. Calendar No. 497)

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 810. None of the Federal funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

S.3686 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2011

Sponsor: Sen Harkin, Tom [IA] (introduced 8/2/2010) Cosponsors (None)

Related Bills: H.R.3293

Status: Did Not Pass through Congress

(Latest Major Action: 8/2/2010 Placed on Senate Legislative Calendar under General Orders. Calendar No. 504)

Relevant Language:

“TITLE V

GENERAL PROVISIONS

Sec. 505. None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

H.R.3082 Consolidated Appropriations Act, 2011 (Amendment in Senate - AS)

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 810. None of the Federal funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.

TITLE V

GENERAL PROVISIONS

Sec. 505. None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

112TH CONGRESS (2011-2012)

H.R.2055 Consolidated Appropriations Act, 2012

Sponsor: Rep Culberson, John Abney [TX-7] (introduced 5/31/2011) Cosponsors (None)

Related Bills: H.R.2434, H.R.6020, S.1573, S.1599

Status: Passed through Congress

(Latest Major Action: Became Public Law No: 112-74)

Public Law No: 112-74

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 807. None of the Federal funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.

TITLE V

GENERAL PROVISIONS

SEC. 523. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”

H.R.6020 Financial Services and General Government Appropriations Act, 2013

Sponsor: Rep Emerson, Jo Ann [MO-8] (introduced 6/26/2012) Cosponsors (None)

Related Bills: H.R.2055, H.R.2434, S.3301

Status: Did Not Pass through Congress

(Latest Major Action: 6/26/2012 Placed on the Union Calendar, Calendar No. 394)

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 807. None of the Federal funds contained in this Act may be used for any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”

H.R.2434 Financial Services and General Government Appropriations Act, 2012

Sponsor: Rep Emerson, Jo Ann [MO-8] (introduced 7/7/2011) Cosponsors (None)

Related Bills: H.R.2055, H.R.6020, S.1573, S.3301

Status: Did Not Pass through Congress

(Latest Major Action: 7/7/2011 Placed on the Union Calendar, Calendar No. 86)

Note: For further action, see H.R.2055, which became Public Law 112-74 on 12/23/2011

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 807. None of the Federal funds contained in this Act may be used for any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”

S.1573 Financial Services and General Government Appropriations Act, 2012

Sponsor: Sen Durbin, Richard [IL] (introduced 9/15/2011) Cosponsors (None)

Related Bills: H.R.2055, H.R.2434, S.3301

Status: Did Not Pass through Congress

(Latest Major Action: 9/15/2011 Placed on Senate Legislative Calendar under General Orders. Calendar No. 171)

Note: For further action, see H.R.2055, which became Public Law 112-74 on 12/23/2011.

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 810. None of the Federal funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

S.1599 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2012

Sponsor: Sen Harkin, Tom [IA] (introduced 9/22/2011) Cosponsors (None)

Related Bills: H.R.2055, H.R.3070, S.3295

Status: Did Not Pass through Congress

(Latest Major Action: 9/22/2011 Placed on Senate Legislative Calendar under General Orders. Calendar No. 178)

Note: For further action, see H.R.2055, which became Public Law 112-74 on 12/23/2011.

Relevant Language:

“TITLE V

GENERAL PROVISIONS

Sec. 505. None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.

H.R.3070 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2012

Sponsor: Rep Rehberg, Denny [MT] (introduced 9/29/2011) Cosponsors (None)

Related Bills: S.1599, S.3295

Status: Did Not Pass through Congress

(Latest Major Action: 9/29/2011 Referred to House committee. Status: Referred to the House Committee on Appropriations)

Note: For further action, see H.R.2055, which became Public Law 112-74 on 12/23/2011

Related Language:

“TITLE V--GENERAL PROVISIONS

Sec. 523. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”

H.R.3671 Consolidated Appropriations Act, 2012

Sponsor: Rep Rogers, Harold [KY-5] (introduced 12/14/2011) Cosponsors (None)

Related Bills: H.R.2055, S.3301

Status: Did Not Pass through Congress

(Latest Major Action: 12/14/2011 Referred to House committee. Status: Referred to the Committee on Appropriations, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned)

Note: For further action, see H.R.2055, which became Public Law 112-74 on 12/23/2011.

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 807. None of the Federal funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.

TITLE V

GENERAL PROVISIONS

Sec. 523. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”

S.3301 Financial Services and General Government Appropriations Act, 2013

Sponsor: Sen Durbin, Richard [IL] (introduced 6/14/2012) Cosponsors (None)

Related Bills: H.R.2434, H.R.3671, H.R.6020, S.1573

Status: Did Not Pass through Congress

(Latest Major Action: 6/14/2012 Placed on Senate Legislative Calendar under General Orders. Calendar No. 429)

Relevant Language:

“TITLE VIII

GENERAL PROVISIONS--DISTRICT OF COLUMBIA

Sec. 807. None of the Federal funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

S.3295 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2013

Sponsor: Sen Harkin, Tom [IA] (introduced 6/14/2012) Cosponsors (None)

Related Bills: H.R.3070, S.1599

Status: Did Not Pass through Congress

(Latest Major Action: 6/14/2012 Placed on Senate Legislative Calendar under General Orders. Calendar No. 428)

Relevant Language:

“TITLE V

GENERAL PROVISIONS

Sec. 520. None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

BIBLIOGRAPHY

1. Kubi, Rachel. "Syringe Exchange: Policy and Politics " *The Yale Journal of Medicine and Law* VIII. 2 (2012): 21.
2. "CDC Fact Sheet: Estimates of New HIV Infections in the United States." *Centers for Disease Control and Prevention* (2008).
3. "Syringe Exchange Programs." *Federal AIDS Policy Partnership* (2012).
4. "AIDS United Supports National Day of Action on Syringe Exchange. ." *AIDS United* (2012).
5. Groseclose, Samuel L, et al. "Impact of Increased Legal Access to Needles and Syringes on Practices of Injecting-Drug Users and Police Officers-Connecticut, 1992-1993." *JAIDS Journal of Acquired Immune Deficiency Syndromes* 10.1 (1995): 82-89.
6. Strathdee, Steffanie A, and David Vlahov. "The Effectiveness of Needle Exchange Programs: A Review of the Science and Policy." *AIDScience* 1.16 (2001): 1-31.
7. Watkins, James D, et al. "Special Feature Interim Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic: Chairman's Recommendations-Part I." *JAIDS Journal of Acquired Immune Deficiency Syndromes* 1.1 (1988): 69-103.
8. Vlahov, David, et al. "Needle Exchange Programs for the Prevention of Human Immunodeficiency Virus Infection: Epidemiology and Policy." *American journal of Epidemiology* 154.12 (2001): 70-77.
9. Lurie, Peter, et al. "The Public Health Impact of Needle Exchange Programs in the United States and Abroad. Summary, Conclusions and Recommendations." *Atlanta: Centers for Disease Control and Prevention* (1993).
10. Fisher, Matt. "A History of the Ban on Federal Funding for Syringe Exchange Programs." (2012). <<http://www.smartglobalhealth.org/blog/entry/a-history-of-the-ban-on-federal-funding-for-syringe-exchange-programs/>>
11. Schackman, Bruce R, et al. "The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States." *Medical care* 44.11 (2006): 990-97.

12. Turkewitz, Julie. "The War on Drug Users: Are Syringe Exchanges Immoral?" *The Atlantic* (March 13, 2012).
13. "War on Drugs: Report of the Global Commission on Drug Policy." *Global Commission on Drug Policy* (2011).
14. "Federal Funding for Syringe Exchange." *amfAR: The Foundation for AIDS Research* (2011).
15. "Subcommittee on Labor, Health and Human Services, Education, and Related Agencies." *The U.S. Senate Committee on Appropriations* (2012).
16. "National HIV/AIDS Strategy." *White House Office of National AIDS Policy* (2010)
17. "Fact Sheet: Public Safety, Law Enforcement, and Syringe Exchange." *amfAR: The Foundation for AIDS Research* (2011).
18. "Fact Sheet: The Effectiveness of Harm Reduction in Preventing the Transmission of HIV/AIDS." *amfAR: The Foundation for AIDS Research* (2007).
19. "Timeline: America's War on Drugs." *NPR* (April 2, 2007).
20. Gostin, Larry. "Decade of a Maturing Epidemic: An Assessment and Directions for Future Public Policy, A." *Am. JL & Med.* 16 (1990): 1.
21. "We Know What to Do: Harm Reduction and Human Rights in North Carolina Advocacy Brief." *Human Rights Watch* (2011).
22. "Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users." *WHO, UNODC, UNAIDS* (2009).
23. "Strategic Plan Division of HIV/AIDS Prevention: 2011 through 2015 " *Centers for Disease Control and Prevention: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention* (2011).
24. "Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users." *World Health Organization* (2004).
25. Holtgrave, David R, et al. "Updated Annual HIV Transmission Rates in the United States, 1977-2006." *Journal of Acquired Immune Deficiency Syndromes* 50.2 (2009): 236-38.
26. "Policy Basics: Introduction to the Federal Budget Process." *Center on Budget and Policy Priorities* (2011).
27. Harris, John F, and Amy Goldstein. "Puncturing an AIDS Initiative; at Last Minute White House Political Fears Killed Needle Funding." *Washington Post* 23 (1998).

28. Vernick, Jon S, Scott Burris, and Steffanie A Strathdee. "Public Opinion About Syringe Exchange Programmes in the USA: An Analysis of National Surveys." *International Journal of Drug Policy* 14.5 (2003): 431-35.
29. Franciscus, Alan. "Needle Exchange - a Matter of Public Health So Why Is the Government Playing Politics with This Ticking Time Bomb?" *Hepatitis* (2003).
30. "Needle Exchange: A Primer " *Frontline: The Age of AIDS* (May 30, 2006).
31. Lane, Sandra D, Jeff Stryker, and Mark Smith. "Needle Exchange: A Brief History." *The Aegis Law Library* (1993).
32. "Syringe Exchange Program Coverage in the United States 2012." *amfAR: The Foundation for AIDS Research* (2012).
33. "Syringe Exchange in the United States 2011." *amfAR: The Foundation for AIDS Research* (2011).
34. Paone, Denise, et al. "Syringe Exchange in the United States, 1996: A National Profile." *American journal of public health* 89.1 (1999): 43-46.
35. Burris, Scott, Steffanie A Strathdee, and Jon S Vernick. "Syringe Access Law in the United States, a State of the Art Assessment of Law and Policy." *Center for Law and the Public's Health, Johns Hopkins and Georgetown Universities*. (2002).
36. "Impoundment Control Act of 1974, Pub." *Congressional Budget* (1974).
37. "Federal Budget 101." *National Priorities Project*. (2012).
<<http://nationalpriorities.org/en/budget-basics/federal-budget-101/federal-budget-process/>>
38. "The Global HIV/AIDS Epidemic: A Timeline of Key Milestones." *Kaiser Family Foundation* (2012).
39. Van, Jon. "AIDS Panel Urges Antibias Laws." *Chicago Tribune* (1988).
40. Boyd, Gerald M. "Bush Backs Protection of AIDS Victim Rights." *New York Times* (1988).
41. Harden, Victoria A, and A Victoria. *AIDS at 30: A History*. Potomac Books, Incorporated, (2012).
42. "AIDS: An Expanding Tragedy: The Final Report of the National Commission on AIDS." *United States National Commission on Acquired Immune Deficiency* (1993).
43. "Executive Summary: America Living with AIDS." *United States National Commission on AIDS* (1991).
44. Hilts, Philip J. "Panel Faults Leaders on AIDS Epidemic." *New York Times* (1991).

45. Thomas Library of Congress (2012). <<http://thomas.loc.gov/>>
46. *Govtrack.US*. <<http://www.govtrack.us/2013>>
47. "Anti-Drug Abuse Act of 1988: Bill Summary & Status 100th Congress (1987 - 1988) H.R.5582." *Thomas Library of Congress* (1988).
48. "Title VII Office of National Drug Control Policy Reauthorization Act of 1998: H11225." *www.whitehouse.gov* (1988).
49. Martinez, Robert. "Needle Exchange Programs: Are They Effective? ." *ONDCP Bulletin: Office of the National Drug Control Policy* (1992).
50. Egelko, Bob. "U.S. Repeals Funding Ban for Needle Exchanges." *San Francisco Chronicle* (December 18, 2009).
51. "Nine-Year Dc Syringe Exchange Ban Overturned: Washington, D.C. Local Funds Allowed to Support Syringe Exchange Programs." *prnewswire* (June 28, 2007).
52. Lurie, Peter. "When Science and Politics Collide: The Federal Response to Needle-Exchange Programs." *Bulletin of the New York Academy of Medicine* 72.2 (1995): 380.
53. "Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy." *General Accounting Office* (1993).
54. "Clean Needle Plan Shows 'Promise'" *San Francisco Chronicle* March 27, 1993).
55. "Public Law 105-78 (105th Congress)." *U.S. Congress Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1998* (1997).
56. Goldstein, A. "Clinton Supports Needle Exchanges but Not Funding." *Washington Post* (1998): A1.
57. "A Timeline of AIDS." *AIDS.gov* (2012).
58. "Interview Bill Clinton." *Frontline: The Age of AIDS* (2005).
59. "The President's Emergency Plan for AIDS Relief: First Annual Report to Congress." *Office of the U.S. Global AIDS Coordinator* (2005).
60. Urbina, Ian. "New Law Allows Needle Exchanges in Washington " *New York Times* (2007).
61. Shulman, Seth. *Scientific Integrity in Policy Making: Further Investigation of the Bush Administration's Misuse of Science*. Union of Concerned Scientists, 2004. Print.
62. "Deadly Ignorance." *Washington Post* (2005). Print.

63. "Remarks by the President on the National HIV/AIDS Strategy." *The White House Office of the Press Secretary* (2010).
64. "Obama Budget Bans Federal Funding for Needle Exchange, Breaking Campaign Pledge" *Huffington Post* (2009).
65. Public Law. "Law 111-117, Consolidated Appropriations Act of 2010, Title IV." *International Security Assistance* (2009).
66. Mahon, Nancy. "Pacha Syringe Exchange Letter to President Obama " *Presidential Advisory Council on HIV/AIDS* (2012).
67. Lillis, Mike. "Congress Looks to Lift Two-Decade Ban on Federal Needle Exchange Funds." *The Washington Independent* (2009).
68. Lurie, Peter, and Ernest Drucker. "An Opportunity Lost: HIV Infections Associated with Lack of a National Needle-Exchange Programme in the USA." *The Lancet* 349.9052 (1997): 604-08. Print.
69. "Consensus Development Statement: Interventions to Prevent HIV Risk Behaviors." *National Institutes of Health* (1997).
70. Prewitt, Kenneth, et al. "Using Science as Evidence in Public Policy." (2012).
71. "The Importance of Syringe Exchange Programs: Notable Quotes from Current and Past Policy Makers." *amfAR: The Foundation for AIDS Research*.
72. "Ukraine to Lead the AIDS Response in Eastern Europe." *UNAIDS* (2012).