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June 24, 2005

The Honorable Condoleezza Rice
Secretary of State
U.S. Department of State
2201 C St, NW
Washington, DC 20520

Dear Madam Secretary:

I am writing to urge the State Department to stop efforts to remove a reference to syringe exchange programs from an important United Nations document on HIV prevention. By expanding access to clean needles and helping addicts obtain drug treatment, these programs are proven to reduce the spread of HIV without increasing drug use. That is why syringe exchange is supported by our allies, backed by leading scientific authorities in the United States, and documented as a successful HIV intervention in the State Department's own evaluations.

Background

At issue is a meeting next week in Geneva, where health officials from 22 nations, representatives of international organizations, and advocates for people living with AIDS will convene for the 17th meeting of the Programme Coordinating Board for the Joint United Nations Programme on HIV/AIDS, or UNAIDS. At the meeting, the Board will consider a policy document, called "Intensifying HIV Prevention," that outlines key actions to fight the epidemic.[1] UNAIDS has worked with member states to produce this document at the request of the Board, with the goal of consensus at next week's meeting.

The document identifies prevention of HIV transmission through injecting drug use as an "essential programmatic action."[2] This designation makes sense. Over 110

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[1] UNAIDS Programme Coordinating Board, Seventeenth meeting Geneva, 27-29 June 2005 *Provisional agenda item 3:*UNAIDS Policy Position Paper; Intensifying HIV Prevention (June 13, 2005) (online at http://www.unaids.org/Unaids/EN/About+UNAIDS/Governance/Programme+Coordinating+Board/17th+PCB+meeting,+Geneva,+27-29+June+2005.asp).

[2] *Id.* at 18.

countries report HIV epidemics associated with injecting drug use.[3] The World Health Organization estimates that without appropriate interventions in place, the HIV rate among people who use injecting drugs can rise to 40% within only one to two years of HIV first appearing in the country.[4]

The document then describes the efforts necessary to address this problem:

> **Preventing transmission of HIV through injecting drug use** — by the prevention of drug use, the treatment of drug use, the implementation of harm reduction measures (through peer outreach to injecting drug users, sterile needle and syringe access and disposal and drug substitution treatment), voluntary confidential HIV testing and counselling, prevention of sexual transmission of HIV among drug users (including condoms and prevention and treatment for sexually transmitted infections), access to primary healthcare, and access to antiretroviral therapy.[5]

The U.S. Position

Four years ago, this Administration joined the world community in a Declaration of Commitment on HIV/AIDS that included a call for increased availability of sterile injecting equipment.[6]

This position is consistent with the scientific consensus. In the United States, the National Institutes of Health, Centers for Disease Control and Prevention, and the National Academies of Sciences have all found that syringe exchange programs save lives and do not increase drug use.[7] Internationally, the World Health Organization reviewed over 200 studies of needle and syringe exchange program and found:

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[3] World Health Organization, *Harm Reduction Approaches to Injecting Drug Use* (online at http://www.who.int/hiv/topics/harm/reduction/en/index.html).

[4] *Id.*

[5] UNAIDS Programme Coordinating Board, *supra* note 1 at 18.

[6] United Nations General Assembly, *Special Session on HIV/AIDS* (June 25-27, 2001).

[7] A joint panel of the National Research Council and the Institute of Medicine reviewed the available evidence on needle exchange programs and concluded: "Needle exchange programs reduce the spread of HIV — the virus that causes AIDS — without increasing either the injection of illegal drugs among program participants or the number of new initiates to injection drug use." National Academies, *Needle Exchange Programs Reduce HIV Transmission among People Who Inject Illegal Drugs* (Sept. 18, 1995) (online at http://www4.nationalacademies.org/news.nsf/isbn/0309052963?OpenDocument).

A Consensus Panel convened by the National Institutes of Health concluded: "An impressive body of evidence suggests powerful effects from needle exchange programs. The number of studies showing beneficial effects on behaviors such as needle sharing greatly outnumber those showing no effects. There is no longer doubt that these

> There is compelling evidence that increasing the availability and utilization of sterile injecting equipment for both out-of-treatment and in-treatment injecting drug users contributes substantially to reductions in the rate of HIV transmission. ... There is no convincing evidence of major unintended negative consequences of programmes providing sterile injecting equipment to injecting drug users, such as initiation of injecting among people who have not injected previously, or an increase in the duration or frequency of illicit drug use or drug injection.[8]

Even the State Department has noted the success of needle exchange programs in multiple regions.[9] In recent reports on narcotics control strategies, the Bureau for International Narcotics and Law Enforcement Affairs has documented the success of needle exchange programs in preventing HIV in Lithuania,[10] the Netherlands,[11] the Czech Republic,[12] Portugal,[13] and Switzerland.[14] For example, one report notes that in Portugal,

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programs work . ... Does needle exchange promote drug use? A preponderance of evidence shows either no change or decreased drug use." National Institutes of Health, *Interventions to Prevent HIV Risk Behaviors* (Feb. 11–13, 1997) (Consensus Statement No. 104) (online at http://consensus.nih.gov/cons/104/ 104_statement.htm).

The Centers for Disease Control found that needle exchange programs "have been shown to be an effective way to link some hard-to-reach IDUs [intravenous drug users] with important public health services, including TB and STD treatment. Through their referrals to substance abuse treatment, SEPs can help IDUs stop using drugs. Studies also show that SEPs do not encourage drug use among SEP participants or the recruitment of first-time drug users." Centers for Disease Control, *Syringe Exchange Programs* (Jan. 2002) (online at http://www.cdc.gov/idu/facts/aed_idu_syr.htm).

[8] World Health Organization, *Policy Brief: Provision of Sterile Injecting Equipment to Reduce HIV Transmission* (2004) (online at http://www.wpro.who.int/NR/rdonlyres/BA463DB4-2390-4964-9D86-11CBABCC9DA9/0/provisionofsterileen.pdf).

[9] U.S. State Department, Bureau for International Narcotics and Law Enforcement Affairs, *International Narcotics Control Strategy Report (INSCR) 2001Europe and Central Asia* (online at http://www.state.gov/g/inl/rls/nrcrpt/2000/892.htm); U.S. State Department, Bureau for International Narcotics and Law Enforcement Affairs, *International Narcotics Control Strategy Report (INSCR) 2004, Europe and Central Asia* (online at http://www.state.gov/documents/organization/29962.pdf); U.S. State Department, Bureau for International Narcotics and Law Enforcement Affairs, *International Narcotics Control Strategy Report (INSCR) 2005, Europe and Central Asia* (online at http://www.state.gov/documents/organization/42872.pdf).

[10] *INCSR 2001.*

[11] *INCSR 2004* at 432.

[12] *INCSR 2005* at 399.

[13] *INCSR 2005* at 474.

[14] *INCSR 2005* at 496.

"A national needle exchange program has been credited with significantly reducing the spread of HIV/AIDS and hepatitis."[15]

I have obtained a document, however, that indicates that the Bush Administration is now fighting to take out the reference to needle exchange. The document details member country positions on different elements of the paper, discussed last week at an informal consultation meeting.[16] According to the document, the U.S. called for deletion of the phrase "sterile needle and syringe access."[17] This met with objections from "a large number of representatives."[18]

Conclusion

If the United States opposes the needle exchange language, there will be serious ramifications. Consensus on HIV prevention policy will influence decisions among international donors and individual countries. Unsubstantiated objections from the United States can only weaken the international effort to enhance and expand science-based interventions.

It is not too late to change course. You should immediately instruct Global AIDS Coordinator Randall Tobias to withdraw the Administration's objections to syringe exchange. Doing so would send a strong message that the United States is ready to join with our allies to use proven scientific approaches against the HIV epidemic.

Sincerely,

Henry A. Waxman
Ranking Minority Member

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[15] *INCSR 2005* at 474.

[16] PCB Bureau informal consultations on UNAIDS policy paper on intensifying HIV prevention (June 20, 2005).

[17] *Id.*

[18] *Id.*