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March 15, 2006

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

Dear Madam Secretary:

As the United Nations Commission on Narcotic Drugs (CND) convenes its 49th Session in Vienna, Austria, March 13-17, we write to express our continuing deep concern that this Administration is misrepresenting, in international forums, the scientific evidence on the efficacy of needle exchange programs.

In many developing and highly populous nations including Russia, China, and Vietnam, injection drug use, not sexual transmission, is the principal factor driving HIV transmission rates.[1] Indeed, one in three new infections outside Africa is attributed to injection drug use. Engaging in effective programs that reduce HIV infection among injection drug users is therefore essential to stopping the worldwide spread of HIV/AIDS.

An overwhelming and consistent body of research supports the efficacy of needle exchange in reducing HIV transmission by injection drug users. Unfortunately, however, it appears that U.S. officials are working to block or undermine international support for programs incorporating needle exchange by offering our allies a distorted picture of needle exchange research.

On November 29, 2005, an official representing the White House Office of National Drug Control Policy (ONDCP) sent a message to European Union (E.U.) colleagues in advance of an E.U.-United States meeting on drug policy held in Brussels. The message, forwarded to the Europeans by the State Department, included a list of 16 studies that the ONDCP indicated

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[1] *Taking Drugs Can Lead to HIV/AIDS*, Fact Sheet, United Nations Office on Drugs and Crime (2004); *Spreading the Light of Science: Guidelines on Harm Reduction Relating to Injecting Drug Use*, International Federation of Red Cross and Red Crescent Societies (2003).

were "minimally necessary to engage in a discussion regarding the effectiveness of needle exchange programs."[2] The list included studies that opponents of needle exchange most frequently characterize erroneously to bolster their case. In general, the articles cited on the ONDCP list have been misconstrued or appear to be of limited relevance to HIV prevention for injection drug users. Several of the authors cited on ONDCP's list of studies have acknowledged the effectiveness of needle exchange and have publicly stated that it would be improper to use their studies to justify arguments against the implementation of such services.[3]

Inexplicably, the U.S. communication to the European Union omitted any mention of the major reviews and assessments — at least 17 so far — that have found that needle exchange programs help reduce the spread of AIDS and other dangerous infectious diseases without encouraging or increasing drug use. This conclusion has been reached by expert bodies such as the National Commission on AIDS, the Institute of Medicine, the National Institutes of Health (NIH), the Department of Health and Human Services, the Centers for Disease Control, the American Medical Association, the American Society of Addiction Medicine, and the World Health Organization. For example:

- In 1995, 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."[4]

- In 1997, a Consensus Panel convened by NIH concluded: "An impressive body of evidence suggests powerful effects from needle exchange programs. The number of studies showing beneficial effects on behaviours such as needle sharing greatly outnumber those showing no effects. There is no longer doubt that these programs work

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[2] Email from Frank Kerber, Department of State, to European Union colleagues (Nov. 29, 2005) (conveying "Source List" of 16 studies). ONDCP officials were expected to attend the Brussels meeting but ultimately did not attend.

[3] Letter from S. Strathdee, D. Vlahov, D. Celentano and K. Nelson to Dr. Elias A. Zerhouni, Director, National Institutes of Health (Apr. 30, 2004); J. Bruneau and M.T. Schechter, *The Politics of Needles and AIDS,* New York Times (Apr. 9, 1998).

[4] 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).

... Does needle exchange promote drug use? A preponderance of evidence shows either no change or decreased drug use."[5]

- In 2000, U.S. Surgeon General David Satcher released a report analyzing all peer-reviewed, scientific studies of syringe exchange programs completed since April 1998. The report concluded: "The senior scientists of the Department and I have unanimously agreed there is conclusive evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces transmission of HIV and does not encourage the illegal use of drugs."[6]

- In 2002, the Centers for Disease Control (CDC) summarized scientific studies of needle exchange programs. CDC explained: "SEPs [Syringe Exchange Programs] have been shown to be an effective way to link some hard-to-reach IDUs [injection 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."[7]

Despite the fact that a summary of all 17 major reviews was provided in a May 25, 2005, letter to ONDCP Director John Walters,[8] the list compiled by ONDCP in June and transmitted to the European Union in November omits any mention of these important scientific reviews, painting a highly distorted and misleading picture of the science addressing the efficacy of needle exchange.

The U.S. communication even failed to inform the European Union that leading public health officials in the Bush Administration support the efficacy of needle exchange. For example, the message did not disclose that current NIH Director Elias Zerhouni provided the following assessment of the U.S. research on needle exchange:

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[5] National Institutes of Health, *Interventions to Prevent HIV Risk Behaviors* (Feb. 11-13, 1997) (Consensus Statement No. 104) (online at http://consensus.nih.gov/1997/1997PreventHIVRisk104html.htm).

[6] D. Satcher, Department of Health and Human Services, *Evidence-Based Finding on the Efficacy of Syringe Exchange Programs: An Analysis of the Scientific Research Completed Since April 1998* (Mar. 17, 2000).

[7] Centers for Disease Control, *Syringe Exchange Programs* (Jan. 2002) (online at http://www.cdc.gov/idu/facts/aed_idu_syr.htm).

[8] Letter from Rep. Henry A. Waxman to Hon. John Walters, Director, Office of National Drug Control Policy (May 25, 2005) (online at http://www.democrats.reform.house.gov/story.asp?ID=857).

> [T]he Federal Government has extensively examined the effectiveness of syringe exchange programs (SEPs) dating back to 1993, including reviews by the Government Accountability Office. ... The current scientific literature supports the conclusion that SEPs can be an effective component of a comprehensive community-based HIV prevention effort.[9]

Similarly, the communication did not disclose that Nora Volkow, the head of the National Institute of Drug Abuse (NIDA), has written:

> While it is not feasible to do a randomized controlled trial of the effectiveness of needle or syringe exchange programmes (NEPs/SEPs) in reducing HIV incidence, the majority of studies have shown that NEPs/SEPs are strongly associated with reductions in the spread of HIV when used as a component of a comprehensive approach to HIV prevention.[10]

The U.S. communication to the European Union prior to the Brussels meeting is just the latest in a series of official U.S. efforts to undermine international support for comprehensive HIV-prevention programs involving needle exchange. During the 48th CND in Vienna last March, the U.S. delegation publicly and emphatically questioned the efficacy of needle exchange in the course of blocking the adoption of several resolutions supporting comprehensive programs to reduce HIV among injection drug user. Last June, U.S. officials made similar arguments at a UNAIDS meeting to set the five-year global HIV-prevention strategy in Geneva, Switzerland.[11] In a Washington, D.C, meeting with E.U. representatives, also in June, Administration officials again questioned the evidence base for needle exchange.[12]

These U.S. positions conflict with well documented scientific findings and undermine international efforts to reduce the spread of HIV/AIDs. We believe that the U.S. response to the global HIV/AIDS epidemic should be guided first and foremost by science, not politics or ideology. And our communications to other nations about needle exchange programs should faithfully reflect the full body of research.

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[9] Letter from Dr. Elias A. Zerhouni, Director, National Institutes of Health, to Reps. Henry A. Waxman and Elijah E. Cummings (Oct. 7, 2004).

[10] Letter from Dr. Nora D. Volkow, Director, National Institute on Drug Abuse, to Allan Clear, Executive Director, Harm Reduction Coalition (Aug. 4, 2004).

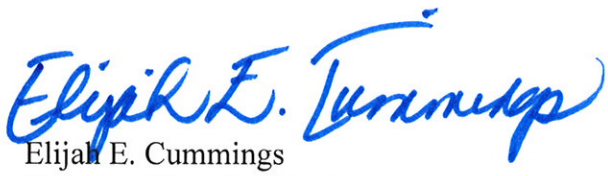
[11] Seventeenth Meeting, Programme Coordinating Board, UNAIDS, Geneva, Switzerland (June 26-27, 2005).

[12] European Union-United States Summit, Washington, DC (June 20, 2005).

We urge you to communicate promptly with the European Union and other nations to correct the record on needle exchange programs, and we respectfully request a response to this letter by April 16, 2006.

Sincerely,

Henry A. Waxman
Ranking Minority Member



Elijah E. Cummings
Ranking Minority Member
Subcommittee on Criminal Justice,
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