

## Science versus politics . . . in US needle exchange program

It was a classic case of science versus politics—and politics won. Armed with an overwhelming body of research establishing the value of needle exchange programs in reducing the spread of HIV without encouraging illegal drug use, US Health and Human Services (HHS) Secretary Donna E. Shalala was poised to announce on April 20<sup>th</sup> that the Clinton Administration would push for government funding of such programs as part of an overall HIV prevention strategy.

Yet moments before Shalala made the announcement, President Clinton, changed his mind: the administration would support the science but would not back it with federal money. Clinton's domestic policy advisers, it appears, had warned of a losing battle with Congress.

The HHS Secretary had been under heavy pressure to remove the ban on federal funding of needle exchange imposed by Congress in 1988. Her position was bolstered by a memo signed by Surgeon General David Satcher and National Institutes of Health (NIH) directors Harold Varmus, Anthony Fauci (NIAID), Alan Leshner (NIDA) and Claire Broome of the Centers for Disease Control and Prevention, who are unanimous in their belief that the research supporting needle exchange is overwhelming and without dispute.

Nevertheless, retired general Barry McCaffrey, director of the office of National Drug Control, stood firmly against the proposal, insisting that such programs send the wrong message about drug use. It became clear that Congress was behind McCaffrey and his argument prevailed. "These programs are magnets for all social ills—pulling in crime, violence, prostitution, dealers and gangs and driving out hope and opportunity," announced McCaffrey.

Although some studies do show that needle exchange does not completely eliminate HIV infection within the drug injection community—a study reported in April by Dutch researchers concluded that if HIV is to be beaten in this group, efforts should focus on the prevention of injection drug use itself (*AIDS*, 12; 625–633, 1998)—numerous studies have shown exchange to drastically reduce infection levels without increasing drug use. In a consensus statement issued last year, the NIH and the Institute of Medicine agreed that the data in favor of exchange was solid and that its opposition in the US can not be justified on scientific grounds: *There is no longer doubt*

*that these programs work, yet there is a striking disjunction between what science dictates and what policy delivers.*

Many are furious that Clinton has allowed politics to prevail over science. "This is an excellent example of politicians

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using one issue to make a comment about something else," says Robert T. Schooley, chair of the Adult AIDS Clinical Trials Group Executive Committee. "Needle exchange is a medical issue that has nothing to do with increasing illicit drug use. Politicians, however, have used it as convenient shorthand for 'I'm against illicit drug use.'" Schooley, who is also chief of infectious diseases at the University of Colorado Health Sciences Center, is incensed: "the spread of HIV-1 through injection drug users is the primary route by which AIDS has made its transition to women and children in this country."

Scrambling to regain credibility on the

issue after the U-turn, White House officials claim that they feared a clash with Congress would dampen state and local efforts to establish or sustain exchange programs. It "would have been voted down immediately and you would have scared off the local people," says White House adviser Rahm Emanuel. Endorsing the science will promote local efforts to fund needle exchanges, even without federal dollars, he claims.

However, it was not the Clinton Administration's endorsement of science but rather its lack of financial support that prompted New York billionaire George Soros to respond immediately on hearing the news and pledge \$1 million in matching funds to finance exchange programs. Soros urged other individuals, philanthropic groups and local governments to similarly help fill the void. Still, AIDS activists predict that local programs will now founder without federal help. "The funding is barely there now," says James Loyce Jr., chief executive officer of AIDS Project/Los Angeles, "the local governments, such as Los Angeles and San Francisco, that have taken exchange on have already taken a big risk. This will only undermine the advocacy that's been done on the local level."

And like some of Clinton's other attempts at compromise, this one too—supporting the concept of exchange without financing it—appeared to backfire on him. Within days, the House of Representatives pushed through legislation that would ban federal funding of needle exchange programs permanently. Clinton will almost certainly veto the measure.

MARLENE CIMONS, WASHINGTON, D.C.

## . . . and in HIV vaccine development

Within weeks of accusations by the dean of Public Health at Allegheny University, Jonathan Mann, that the National Institutes of Health (NIH) is violating human rights through its failure to test current HIV vaccine candidates in Phase III trials (*Nature*, 392; 527 1998), 75 of America's leading researchers and AIDS activists have retaliated publicly with a letter to *Science* (280; 803, 1998). The letter encompasses points made in a commentary last month by John Moore, Aaron Diamond AIDS Research Center and Dennis Burton, Scripps Institute (*Nature Med. Vaccine Supplement*; 495, 1998).

This latest action typifies the battle between science and politics in the field of HIV vaccine research. On the political side is the President's Advisory Committee on HIV/AIDS (PACHA), which Mann was addressing when he made his remarks and which favors a transfer of responsibility for the development of an HIV vaccine from NIH to a different federal agency (*Nature Med. Vaccine Supplement*; 477, 1998). The view of the scientists, however, is that the NIH is the best organization through which to channel development of a vaccine.

It appears that Mann's comments were the spark to an already volatile situation.