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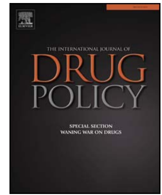
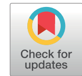


Policy Analysis

Federal funding for syringe exchange in the US: Explaining a long-term policy failure



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ABSTRACT

Background: The United States prohibited federal funding for syringe exchange programs for people who inject drugs nearly continuously from 1988 to 2015, despite growing scientific evidence, diminishing AIDS-related controversy, and tens of thousands of deaths from injection-related AIDS. This study investigates the political and institutional bases of this long-term failure to support lifesaving public policy.

Methods: This study draws on national, regional, and local media coverage, archival sources, and semi-structured, in-depth interviews with 6 long-time syringe exchange researchers and activists from California. I use case-oriented process tracing methods to explain the persistence and reform of the federal funding ban.

Results: Though previous studies focus on the symbolic clash between conservative morality and empirical science, I find that changing demographic and regional inequalities in the effects of the AIDS epidemic and dynamics produced by the federal structure of US government were more important factors in the creation and persistence of the funding ban.

Conclusion: The persistence and eventual repeal of the ban on federal funding for syringe exchange was a product of the changing demographic, geographic, and political effects of the AIDS epidemic within the federal structure of US government, rather than a consequence of intractable morality politics. These contextual dynamics continue to shape AIDS and public health policy at all levels of government.

Introduction

Syringe exchange programs provide sterile injection equipment to people who inject drugs (PWID) to prevent the spread of disease. When they were initially proposed in the United States in the late 1980s to combat HIV, they were illegal in many states and lacked strong scientific support (Burris, Finucane, Gallagher, & Grace, 1996; Moss, 2000). Since then, numerous studies have shown that syringe exchange programs prevent disease and do not increase drug use (Lurie & Reingold, 1993; Wodak & Cooney, 2004), though two hundred thousand Americans who contracted injection-related HIV have died, accounting for nearly one-third of all AIDS-related deaths in the United States (Centers for Disease Control, 2013: Table 12a). Over two hundred syringe exchanges currently operate across the United States (Des Jarlais, Guardino, Nugent, & Solberg, 2014), despite a nearly continuous ban on the use of federal funds for syringe exchange from 1988 to 2015.

Researchers in epidemiology, social work, political science, and anthropology have blamed the slow progress of US syringe exchange policy on the highly-charged "morality politics" that shape the issue (Bowen, 2012; Buchanan, Shaw, Ford, & Singer, 2003; de Saxe Zerden, O'Quinn, & Davis, 2015; Schechter, 2002; Sharp, 2005). The theory of morality politics "assumes that there are distinctive aspects of morality policies and the politics that drive them, which differ significantly from more economically based policies" and therefore require unique explanation (Bowen, 2012: 123). In the case of syringe exchange, researchers have argued that science has clashed for decades with morality and ideology, leading to a stalemate between two sides talking past one another (Schechter, 2002; Buchanan et al., 2003). As Buchanan et al. (2003: 430) claim, "advocates of needle exchange tend to define the issue strictly as an empirical, scientific matter, whereas opponents define the question primarily as a normative, ethical one." Therefore "an analysis of needle exchange as a morality policy helps to explain the intractability of the federal funding ban" by highlighting the features of the proposed policy that generate controversy (Bowen, 2012: 126).

Despite its interdisciplinary use and intuitive appeal, this framework is limited in its ability to explain the history of federal syringe exchange policy, particularly the eventual reform of the ban by a Republican Congress. AIDS and harm reduction researchers have illustrated how the reality of the policy process diverges from the basic

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assumptions of the morality politics approach. Separating morality from economic issues was impossible in the case of the AIDS epidemic, which had significant and salient economic impacts on health care systems and workforces (Bloom & Carliner, 1988). Distinguishing moralists from empiricists was also difficult. On the one hand, "getting AIDS research and treatment funded in the United States was also a moral crusade" (Moss, 2000: 1386), and harm reduction has functioned for decades as "the ideology of the needle exchange movement" (Bayer, 1997). On the other, "both sides in the debate… frequently rely on health research data to support their positions" (Bourgois & Bruneau, 2000; Burris, Strathdee, & Vernick, 2002: 41). In striking contrast to the predictions of morality politics, in the lead-up to the removal of the funding ban in 2015, politicians who had argued for years to keep the ban in place were persuaded to change their position because of evidence of new injection-related HIV outbreaks among their own constituencies.

This article integrates research on harm reduction programs, AIDS politics, and policymaking in federal systems to provide a more comprehensive and up-to-date analysis of the history of federal syringe exchange policy in the United States. In recent decades, political scientists have focused on the role of government institutional arrangements in shaping the development and implementation of public policy (March & Olsen, 1989; Peters, 2012; Scott, 2014; Thelen, 1999). Federal systems like that found in the United States, where a national government and constituent units share and compete for authority, provide facilitators and barriers to policy change and produce "system-level properties that are not properties of any individual unit on its own" (Bednar, 2011: 270; Elezar, 1987; Pierson, 1995; Watts, 1999). Decentralization can allow for diffusion of innovation and "venue shopping" by advocates for friendly decision makers (Baumgartner & Jones, 1991; Osborne, 1988; Holyoke, Brown, & Henig, 2012). Competition or conflict among constituent units can also lead to cautious "lowest common denominator" national policies, or hold back reform to appease conservative regions (Katznelson, 2005; Pierson, 1995). Both of these dynamics are detectable in the case of syringe exchange.

I further identify an additional dynamic of federal systems: the impact of shifting regional and geographic inequalities produced by epidemics and other contagion-like social problems, which can help or hinder national policymaking depending on the constituencies afflicted and their representation in local, state, and national governments. Any explanation of the political struggle surrounding AIDS must take account of the differential effects of the underlying epidemiological process.

Case, data, and methods

This study examines a well-known and consequential case of dysfunction in United States AIDS policy: a longstanding budget provision that banned the use of federal dollars for syringe exchange programming almost continuously from 1988 to 2015. No other country has put in place a similar national policy (Vlahov et al., 2001). Explaining the history of this case is of substantive and theoretical importance. The lack of federal support for syringe exchange during the worst years of the nation's AIDS epidemic posed a significant obstacle to the establishment and expansion of local programs and likely cost thousands of lives (Lurie & Drucker, 1997). Understanding the ban's persistence and reform is important for avoiding future policy failures. Because of its scale, duration, and import, the federal syringe exchange debate is also a useful case for explaining the regulation of "controversial programs for unpopular people" in the context of a large federal system (Des Jarlais, Paone, Friedman, Peyser, & Newman, 2005).

Data for this study include media coverage, archival sources, and in-depth interviews with several syringe exchange researchers and activists. Media coverage includes more than 300 news articles published in local, regional, and national outlets and retrieved through keyword searches from online databases. Archives include records from the San Francisco mayoral administrations of Art Agnos (1988–1992) and Frank Jordan (1992–1996); the San Francisco AIDS Office (1982–1994); and San Francisco Bay Area AIDS organizations (1982–2006). Interview subjects include 6 key members of early syringe exchanges and researchers in the large and pivotal state of California who have been active in national and international syringe exchange debates for decades.

I follow a method that Beach and Pedersen (2013: 18) call "explaining-outcome process-tracing." In this mode, process tracing is used to identify the causal mechanisms at play that explain of the trajectory or outcome of a particular case. With regards to the federal funding ban, outcomes of interest include the ban's persistence for decades as well as its recent reform. Process tracing focuses on decision making processes, identifying the information and options available and relevant to decision makers, the processes by which they decided and mechanisms that guided their decisions, and how those decisions and their effects were shaped by historical and institutional context (George & McKeown, 1985). Case-centric process tracing relies on *abductive reasoning*, "a dialectic combination of deduction and induction" (Beach & Pederson, 2013: 19). Abduction is an iterative process of seeking out anomalous findings, proposing explanatory mechanisms based in existing theories or novel hypotheses, and seeking additional data and counterfactuals to test the validity of these mechanisms (Kay & Baker, 2015; Timmermans & Tavory, 2012).

Beginning inductively, I used news articles and published sources to construct a timeline of more than one hundred events related to the federal syringe exchange debate in the United States between 1981 and 2017, including milestones in the spread of AIDS, establishment of syringe exchange programs, research publications, political statements and actions, and changes in state and federal law. Building on previous scholarly accounts of the syringe exchange debate (Bowen, 2012; Lurie, 1995; Schechter, 2002; Weinmyer, 2016), I consolidated that timeline to the most significant of these junctures, about which I collected additional information through interviews and archival materials, and around which I have organized the findings and discussion sections below. These junctures are the original passage of the funding ban in 1988; President Bill Clinton's decision to maintain the ban in 1998; the initial repeal and reinstatement of the ban in 2009–2011; and the second, partial repeal of the ban in 2015. In each historical phase, I sought documentation of the positions, motivations, and actions of activists, researchers, federal lawmakers, and leaders of federal agencies. I tested the validity of this evidence through corroboration and triangulation, particularly with regard to official statements and self-reports, which may be biased or deceptive. I gathered potential explanatory mechanisms from the literature on syringe exchange, and when these fell short I sought out additional hypotheses from other sociological and political science research.

Findings

In this section I document the shifting roles of science, politics, and morality in the national debate over syringe exchange in the United States since the discovery of AIDS in 1981. I illustrate how the efforts of supporters and opponents of syringe exchange were shaped by the federal structure of US government and the changing scale, demographics, and geography of the US AIDS epidemic.

Science, politics, and the origins of syringe exchange, 1981–1988

People who inject drugs were among the first individuals diagnosed in 1981 with what is now called AIDS (Cochrane, 2004), and by 1983 had been identified as the second leading risk group behind gay men (Centers for Disease Control, 1983). In the first half of the 1980s, these two groups accounted for ninety percent of all reported AIDS cases, over half coming from New York and California (Centers for Disease Control, 1985: Tables 4 and 6). Because the epidemic was concentrated

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