

Daily Update: 12/22/2011

This is the last STD update of the year. Thanks for the nice comments which many of you have written. As of January 4, I'll be putting these out three times a week (heeding the vox populi expressed in the recent survey I conducted). if there's a particularly important breaking story that needs to go out sooner - which is rare, thankfully - I'll make sure it gets to you. I'm also going to shorten the updates somewhat, and keep working on a headline system until I find one that works in helping you find what you want fastest. Keep sending suggestions and stories and job postings. Most importantly, may you have a healthy, happy and hopefully unplugged holiday and may you be surrounded by people you care about and who care about you. See you next year. ---
Dan

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National stories

Needle-Exchange Programs Face New Federal Funding Ban

By [Sarah Barr](#)

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Dec 21, 2011

Federal funding for needle-exchange programs -- a controversial concept that public health advocates have long argued prevents the spread of HIV and other diseases -- is about to be prohibited once more, just two years after Congress lifted a 21-year ban.

Congress reinstated the policy as part of a broad spending bill it passed last week to fund the federal government through fiscal year 2012, which ends Sept. 30. During the contentious negotiations that led up to its passage, Democrats successfully removed a number of Republican policy riders and restrictions. But, the exchange ban on syringes and needles backed by Republicans remained in the final deal. House Republican leaders did not respond to requests for comment about the issue.

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The exchange programs provide sterile syringes to injection-drug users in an effort to reduce the spread of blood-borne diseases and often include other services such as HIV counseling and testing or referrals for substance abuse treatment. A number of federally funded studies have shown that comprehensive syringe-exchange programs help prevent the spread of disease and do not increase illegal drug use.

Program advocates say the ban -- first imposed in the late 1980s -- is irresponsible because it [runs contrary to scientific evidence](#) and would undermine efforts to halt the spread of HIV and other diseases, such as hepatitis C.

“Not basing policy on the evidence of what works risks wasting tax dollars and undermining public health,” said Chris Collins, vice president and director of public policy at amfAR, the Foundation for AIDS Research.

But critics of the exchanges argue that such programs send the wrong message. They say the programs could condone or encourage drug use.

Georges Benjamin, the executive director of the American Public Health Association, said that these fears are unfounded and that people should not be denied the best public health interventions because they are using drugs. Furthermore, preventing disease now costs less than disease treatment in the long term, he said.

The president is expected to sign the legislation, although the Obama administration disagrees with the reinstatement of the federal funding ban on syringe exchanges.

“The omnibus spending bill was the product of a tough negotiation, and the bill provides increased funding to implement health reform and Wall Street reform. But to reach a compromise, we had to accept certain provisions that we oppose, and this is one of them,” an administration official said.

There are at least 221 sterile syringe exchange programs total in 33 states and the District of Columbia, through it is not known how many receive federal funding, according to the [North American Syringe Exchange Network](#).

The spending bill does allow the District of Columbia to use its own local funds for syringes, a practice that Congress banned from 1998 until 2007. Other jurisdictions were able to use private or local funds for these purposes.

The bill, however, extends the ban on syringe exchanges to federal funding for certain global health programs.

Ronald Johnson, vice president of policy and advocacy at AIDS United, said that even though cities and states can use their own funds for syringe exchange programs, the

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administrative hassle of keeping federal and other funds separate could encourage them to drop their programs.

“It is a really serious setback for public health and HIV prevention specifically,” he said.

HHS ran through their list of accomplishments this year for the LGBT community they are listed here:

<http://www.hhs.gov/secretary/about/lgbthealth.html>

"Legalized Same-Sex Marriage May Boost Gay Men's Health"

USA Today (12.17.11)

Gay men who live in states where same-sex marriage is legal are healthier, less stressed, and make fewer doctor visits for general medical care, hypertension, and STDs, according to a new study. Researchers tracked data from 1,211 sexual minority men at a large community-based health center serving many LGBT patients in Massachusetts, which legalized same-sex marriage in 2003.

During the 12 months following legalization of same-sex marriage, there was a statistically significant decrease in medical care visits, mental health visits, and mental health care costs among gay and bisexual men, compared to the 12 months before legalization. Health care visits dropped 13 percent and health care costs 14 percent.

The benefits were similar for single gay men and those with partners. HIV-related health visits did not drop among HIV-positive men, suggesting those in need of care continued to use health care services.

“These findings suggest that marriage equality may produce broad public health benefits by reducing the occurrence of stress-related health conditions in gay and bisexual men,” lead author Mark Hatzenbuehler, a Robert Wood Johnson Foundation Health and Society Scholar at Columbia University’s Mailman School of Public Health, said in a foundation news release.

There were too few lesbians in the study to include for the analysis, but previous research suggests that not having the legal right to marry can have a stressful effect on lesbians, gays, and bisexuals, said the foundation release.

“This research makes important contributions to a growing body of evidence on the social, economic, and health benefits of marriage equality,” Hatzenbuehler said.

The full study, “Effect of Same-Sex Marriage Laws on Health Care Use and Expenditures in Sexual Minority Men: A Quasi-Natural Experiment,” was published in the *American Journal of Public Health* (2011;e1-e7.[doi:10.2105/AJPH.2011.300382](https://doi.org/10.2105/AJPH.2011.300382)).

**California Department of Public Health
STD Control Branch**



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To add colleagues' names, or unsubscribe, write me. If you have an article or job notice related to STD/HIV prevention which you would like included, please send.

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