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Clean Needles and Bad Blood: Needle Exchange as Morality Policy

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The morality policy framework is a lens for understanding the unique characteristics of policies that attempt to regulate personal morals and behaviors. Needle exchange, a controversial intervention for reducing the transmission of HIV in injection drug users, shares many of the hallmark characteristics of morality policies. Analyzing needle exchange from a morality policy perspective, focusing on the 21-year ban on federal funding for needle exchange, reveals how value-based arguments have been used in the needle exchange debate and explains why the issue is likely to remain controversial in the United States. This analysis adds to the understanding of moral and political aspects of U.S. HIV/AIDS prevention and care policies.

Key words: HIV prevention, injection drug use, morality policy, needle exchange

Injection drug use is one of the main HIV transmission routes in the United States, contributing directly or indirectly to more than a third of new HIV infections since the beginning of the epidemic. It has been a key factor in the rising HIV prevalence in women, with 58% of HIV positive women contracting the disease through injection drug use or sexual intercourse with drug users (Centers for Disease Control and Prevention, 2005). Early in the epidemic, needle exchange emerged as a solution for reducing the spread of AIDS and other diseases in injection drug users, based on the simple concept of providing participants with free, clean needles to use for every injection.

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Needle exchange quickly became key in the HIV prevention strategies of several European countries, Canada, Australia, and New Zealand, and the first legal and comprehensive needle exchange in the United States opened in Tacoma, Washington in 1988 (Gay Men's Health Crisis, 2009). The effectiveness of needle exchange has been studied extensively, with meta-analyses such as Cross, Saunders, and Bartelli (1998) and Ksobiech (2003) indicating that needle exchange effectively reduces needle sharing and other HIV risk behaviors.

Despite international acceptance of the needle exchange model and its well-documented efficacy, needle exchange remains controversial in the United States. In 1988, the same year the Tacoma needle exchange opened with financial support from county government, Congress passed a provision in the Health Omnibus Programs Extension of 1988 to prohibit federal funding for needle exchange (Gross, 1989; U.S. General Accounting Office, 1993). The ban remained intact until 2009. All the while, needle exchange programs—supported by private, state, and local funding—proliferated across the United States, and a considerable body of research developed, examining and documenting their effectiveness.

A rational model of policymaking does not explain the federal government's inaction on needle exchange policy. Meier (1994) has argued that on the whole, U.S. drug policy is irrational, and needle exchange is no exception. It is a charged issue, largely driven by values and morals, instead of logic, economics, or principles of public health. Morality policy analysis is an alternative model for understanding policy issues such as needle exchange, which are not rooted in a rational, problem-solving approach. In order to understand the evolution of the issue in federal policy and predict its further development, this article provides an overview of the morality policy framework and applies it to needle exchange, with a focus on the federal funding ban.

Morality Policy: A Framework for Analysis

The morality policy framework is a lens that can be used to gain insight into the creation, implementation, and effects of policies that attempt to regulate personal and moral behavior.

The framework assumes that there are distinctive aspects of morality policies and the politics that drive them, which differ significantly from more economically based policies (Mooney & Schuldt, 2008). Though analysis of the role of values in policymaking dates back much earlier (for example, Gusfield, 1963), the morality policy framework has roots in Gormley's (1986) seminal work on regulatory politics. The definition of morality policies in Gormley's conceptualization hinges on two key concepts: salience and complexity.

Defining Morality Policies: Salience and Complexity

Gormley's (1986) analysis is based on the classification of policy issues on the basis of their salience and complexity. Issues that are highly salient affect, or are perceived as affecting, a wide range of people in some meaningful way. Typical salient issues include policies relating to health, the environment, and public safety. Highly complex issues and policies are those that require technical expertise to understand and implement, such as transportation regulation. Based on their level of salience and complexity, Gormley placed policy issues into one of four typologies and subsequently generalized about their characteristics. Figure 1 shows Gormley's salience-complexity matrix, including some of his issue examples in each of the four typologies.

Using Gormley's (1986) matrix, needle exchange can be understood as an issue of high salience and low complexity. Needle exchange is salient because it addresses two extremely visible and provocative social problems: drug use and HIV/AIDS. Illicit drug use is widely prevalent in the United States; the U.S. Department of Health and Human Services estimates that there are approximately 21.8 million current illicit drug users over the age of 12 (Substance Abuse and Mental Health Services Administration, 2010). Thus, a sizeable portion of the population has been personally affected by drug use. Furthermore, the treatment, control, and criminality of drug use have remained controversial and well-publicized issues in the United States for decades.

HIV/AIDS is also a highly salient social problem. Despite ongoing prevention efforts and the investment of billions of dollars, the continuing spread of HIV/AIDS in the United

States and countries around the globe means that the issue is never far from the public's attention. However, HIV/AIDS differs from many other public health concerns in that it is so closely associated with two behaviors deemed by many groups and cultures to be immoral: sex between men, and injection drug use (Fernando, 1993). By addressing HIV/AIDS risk due to injection drug use, needle exchange is situated at the intersection of two of the most publicized, highly salient social issues in our society.

		Complexity	
		Low	High
Salience	High	Abortion; Illicit drug regulation; Needle exchange	Air and water quality regulation; Occupational safety regulation; Prescription drug licensing
	Low	Liquor licensing; Motor vehicle inspections; Nursing home inspections	Banking regulation; Patent regulation; Transportation regulation

Figure 1. Examples of policy issues in the salience-complexity matrix. Morality policies constitute the shaded upper left quadrangle of high salience and low complexity. Adapted with permission from "Regulatory issue networks in a federal system," by W. T. Gormley, 1986, *Polity*, 18(4), p. 600.

In terms of complexity, needle exchange can be regarded as a low complexity issue because of the simplicity of its strategy and objectives. AIDS and other diseases are spread when injection drug users share needles. Needle exchange seeks to reduce this by offering drug users new, clean needles for free or at a very low cost. Most needle exchanges also offer other services, such as referrals to medical care and drug treatment, and often serve as a first point of contact for engaging drug

users in a range of services (Des Jarlais, McKnight, Goldblatt, & Purchase, 2009). However, the debate about needle exchange rarely addresses these secondary aspects of exchange programs. The crux of needle exchange is providing drug users with free clean needles, a simple concept around which the needle exchange debate has centered.

Characteristics and Applications of the Morality Policy Framework

In Gormley's (1986) typology issues such as needle exchange that are of high salience and low complexity, are classified under a category titled "hearing room politics" (p. 607). This designation has implications for how such policies are debated and implemented, as well as for which members of the policy community have a role in this process. A diverse range of policy players, including journalists, politicians, and citizen activists, is drawn to these issues, which are perceived as important, controversial, and readily understood by the general public. In hearing room politics, important decisions are usually made through legislation, rather than settled through the courts or determined by bureaucrats involved in policy implementation and regulation. In debates about such issues, the role of experts and scientific data is diminished and a greater emphasis on values and emotions emerges, prompting Gormley to conclude, "in fact one sees an amazing amount of mudslinging, vilification and hyperbole in this issue area" (p. 617).

Researchers and policy analysts have since refined these concepts. Meier (1994) referred to the highly salient, low complexity issues in the hearing room politics typology as morality policies or "the politics of sin" (p. 247). The terms "morality policies" and "morality politics" were further popularized by Mooney, who has published extensively on various aspects and applications of the subject (see Mooney & Lee, 1995; Mooney, 1999, 2001; Mooney & Schuldt, 2008). Mooney's 2001 edited volume *The Public Clash of Private Values* explored nuanced aspects of morality policy analysis, such as the temporal diffusion of morality policies across the states and the role of compromise in morality policy implementation.

Morality policy analysis has been used with a diverse range of issues, from abortion (Patton, 2007) to the death

penalty (Mooney & Lee, 1999) to public funding for the arts (Lewis, 2006). The prevention and treatment of HIV/AIDS, characterized by moral as well as medical elements since the start of the epidemic, is clearly appropriate for study through a morality policy lens. One aspect of HIV prevention that has garnered considerable attention from morality policy analysts is the debate over abstinence-only versus comprehensive sex education in schools (Arsneault, 2001; Doan & Williams, 2008; Vergari, 2001).

In her historical analysis of the politics of abstinence-only sex education, Arneault (2001) identifies four characteristics of morality policies. Arneault's framework synthesizes the work of Tatalovich and Daynes (1998), Mooney (2001), and others, providing a structure that can be readily applied to other policy areas. The four key characteristics of morality policies as outlined by Arneault are: (a) controversy and an inability to arrive at solutions by looking at empirical data alone; (b) legislation that is symbolic in nature, rather than instrumental or focused on concrete policy outcomes; (c) the involvement of diverse sectors of the policy community, including legislators, the media, bureaucrats, and citizens; and (d) ongoing debate surrounding the issue, even after legislation has passed. This framework can be used to analyze needle exchange policy, supplementing previous analyses to yield a richer understanding of the political and moral aspects of HIV prevention policy in the United States.

Analysis: Needle Exchange as Morality Policy

The ban on federal funding for needle exchange endured from 1988 to 2009, touching five presidential administrations and withstanding countless changes in congressional composition and leadership. The ban also surmounted an escalating body of research demonstrating that participation in needle exchange reduced HIV transmission and did not increase drug use—the perpetual main objection of needle exchange opponents. An analysis of needle exchange as a morality policy helps to explain the intractability of the federal funding ban over 21 years. Using Arneault's (2001) four characteristics of morality policies, this analysis describes the history of needle

exchange policy in the United States, focusing on the development and durability of the federal funding ban. In addition, analysis of the four characteristics points to predictions for the future of needle exchange, following the lifting of the federal ban in December 2009.

While this analysis incorporates the perspectives of proponents and opponents of needle exchange, it is reflective of the author's position in support of needle exchange. Like most proponents, I take the view that considerable research evidence substantiates needle exchange as an effective HIV prevention strategy (U.S. Department of Health and Human Services, 2011). Accordingly, this analysis highlights instances in which value-based arguments have conflicted with evidence-based ones, and promotes the role of research in policy making. Furthermore, this analysis takes a high-level perspective by focusing on legislative decision-making at the federal level, with limited attention to the role that grassroots and community politics have played in the debate. The latter is discussed as an important area for further research and analysis.

The Contrasting Roles of Values and Evidence

The first characteristic of morality policies in Arsneault's (2001) framework is that they are marked by controversy; in debates about morality policies, rigorous research and scientific evidence are deemphasized in favor of value-based arguments. This characteristic is evident in the history of needle exchange policy in the United States. In 1987, facing the escalating spread of AIDS in injection drug users and their sexual partners, the National Institute on Drug Abuse (NIDA) convened national and international experts to address needle sharing. NIDA promptly issued a research monograph with the findings of the convention (Battjes & Pickens, 1988). The monograph contains several studies documenting needle-sharing behaviors among drug users in different parts of the United States as well as the impact of newly implemented needle exchange programs in Europe. In their conclusion, the report editors offer tentative support for needle exchange, noting that lack of access to clean needles, due to cost and state drug paraphernalia laws, was a prime factor in needle sharing, and stating that needle exchange was a promising HIV

prevention approach that needed to be further studied in the United States (Battjes & Pickens, 1988).

The first comprehensive AIDS funding legislation, passed in 1988, similarly echoed a need for further research about needle exchange, while also establishing needle exchange as a politically controversial issue. Responding to a more conservative amendment offered by Senator Jesse Helms (R-NC) to unqualifiedly prohibit federal funding for needle exchange, Senators Edward Kennedy (D-MA) and Orrin Hatch (R-UT) offered a less restrictive amendment to the legislation, stipulating a ban on federal funding until research could demonstrate that needle exchange would reduce drug use and HIV transmission in the United States (Molotsky, 1988). The amendment passed and this language was maintained in the 1988 Health Omnibus Programs Extension, which ultimately incorporated the AIDS funding legislation.

Such research was quickly forthcoming. Responding to a request by the House of Representatives Select Committee on Narcotics Abuse and Control, in 1993 the U.S. General Accounting Office (GAO) issued a report examining the safety and efficacy of needle exchange (GAO, 1993). The report, which reviewed studies of needle exchange programs in the United States, Europe, Australia, and Canada, contains several findings in support of needle exchange. Acknowledging policy makers' concern that needle exchange could increase drug use, the report states unambiguously that all of the reviewed studies meeting evaluation criteria demonstrated no increase in drug use among needle exchange attendees, and one study documented that drug users injected less often after they started participating in a needle exchange program. The GAO report also confirmed the credibility of a model developed by Yale University researchers (Kaplan & Heimer, 1992) that predicted a 33% reduction in new HIV infections over the course of a year for needle exchange participants.

While proponents have long referenced the GAO report and subsequent studies as supporting needle exchange, this body of research has not been without controversy and ambiguities. Schechter's (2002) account of his personal involvement in needle exchange research and policy development offers

insight into one well-known research-related controversy. In 1997, Schechter and his colleagues published a report evaluating the effectiveness of a Vancouver needle exchange, the largest in North America (Strathdee et al., 1997). One of the study's many findings became particularly widely publicized: Frequent attendees of the needle exchange program had an HIV prevalence rate of 32%, versus 14% for less frequent attendees. Schechter describes how several conservative American legislators concluded from this that needle exchange participation increased HIV transmission and drug use. Schechter and his colleagues uncovered evidence for an alternate explanation: that the frequent attendees exhibited more risk behaviors (such as involvement in prostitution or injecting with other users in shooting galleries) than the less frequent attendees, resulting in higher HIV prevalence. They attempted to explain this directly to legislators as well as to the general public in a *New York Times* editorial (Bruneau & Schechter, 1998). Nonetheless, facing opposition by conservative legislators emboldened by their interpretation of the Vancouver findings, the Clinton administration announced on April 20, 1998 that it would continue the ban on federal needle exchange funding. This account demonstrates some of the varying ways in which research evidence can be used and interpreted in value-charged policy debates.

The Symbolic Nature of Morality Policy Legislation

A related characteristic of morality policies is that their legislation often has symbolic rather than instrumental goals. Such legislation typically does not carry meaningful budget implications; in fact, morality policy legislation is sometimes used by politicians to distract from divisive budgetary debates (Meier, 1994). An example of symbolically-rooted needle exchange policy can be found in a spate of proposed legislation following President Bill Clinton's decision to uphold the needle exchange federal funding ban in 1998. Prompted by this close call, conservative legislators in the House and Senate rushed to introduce new legislation to permanently ban federal funding for needle exchange. The push for legislation was symbolic in itself, since Clinton had just announced that he would retain

the ban. The proposed legislation was little more than a perpetuation of the status quo. The goals of the legislation were also symbolic, focused on the removal of a controversial intervention from the policy menu of options, rather than offering alternate solutions to reducing HIV and other infections in drug users.

The debate in the House over H.R. 409, the proposed legislation to permanently prohibit federal funding for needle exchange, is rich in examples of emblematic language from both its proponents and opponents. At the start of the debate, Representative Gerald B. H. Solomon (R-NY) tied the issue to a topic that often raises emotions and concerns about morality: children and youth. In his introduction to the legislation, Solomon stated that the proposed bill "affects every child in this country and every future child in the next generations to come" and went on to say that "the Clinton administration's endorsement of needle exchange programs is part of an intolerable message to our Nation's children sent by the White House that drug use is a way of life" (Solomon, 1998, p. H2445). Shifting the debate from injection drug users, the population targeted by needle exchange, to the speculated effects of needle exchange on children and youth is indicative of the symbolic rather than instrumental nature of the legislation. Solomon also focused on the urgency of the matter. Referring not to the lives of drug users lost to HIV but to the risk of youth becoming addicted to drugs due to needle exchange normalizing drug use, he stated that "what is even more important is that the bill must be on the floor today because tomorrow another life might be lost" (Solomon, 1998, p. H2447).

In the debate, proponents of needle exchange referenced the scientific evidence in support of needle exchange and the high cost of treating AIDS, but also made symbolic arguments. Representative Nancy Pelosi (D-CA) cited statistics indicating that the majority of HIV infections in women of childbearing age were due of injection drug use or sex with drug users, and stated that "when we fail to fund needle exchange, we are foregoing a proven intervention that can save the lives of women and children" (Pelosi, 1998, p. H2454). This may have been a response to Solomon's focusing of the debate on the issue of youth drug abuse, and again shifts focus from the target of the

intervention— injection drug users, most of whom are male— to a comparably innocent population of their female partners and children. As Dr. Elizabeth Pisani, an AIDS epidemiologist and former journalist, writes, such an argument has often been used to advocate for funding for needle exchange, condoms, and other HIV prevention measures:

HIV prevention is relatively cheap. For the price of a condom or a sterile needle today, you can save yourself several thousand dollars in health systems costs caring for an AIDS patient ten years from now... [but] the money argument often isn't enough to make politicians do nice things for junkies. How about the babies argument then? Politicians are always happy to do nice things for innocent women and babies. (Pisani, 2008, p. 27)

Activists, Researchers, and Politicians: Policy Community Roles

The third characteristic of morality policies is that they attract diverse sectors of the policy community. Politicians make it a point to maintain a position on morality policy issues, particularly during campaigns; citizen groups advocate various positions; researchers and academics contribute their findings on the subject; and journalists cover all of this action extensively. In its nearly 25-year history, needle exchange has proved to be no exception, with a variety of policy actors seeking different forms of influence and involvement in the issue. Along with the media, which has covered the needle exchange debate since near its inception (e.g., Marriott, 1988; Altman, 1989), community activists, researchers, and politicians have all played unique roles in the development of needle exchange policy and programs.

Community organizations and AIDS advocacy groups have been critical in the establishment and growth of needle exchange programs. Early in the AIDS epidemic, when needle exchange was illegal in many areas due to state and local drug paraphernalia laws, community groups pushed the policy forward by illegally operating small needle exchange programs. Two examples are the Bronx-Harlem Needle Exchange Program and the Lower East Side Needle Exchange Program,

which distributed needles to drug users illegally for two years before becoming partners in New York City's first legal needle exchange in 1992 (Hevesi, 1992). In addition to directly running programs, national organizations such as AIDS Action and the Harm Reduction Coalition, as well as many local organizations, directly challenged the ban on federal funding and advocated to change state and local drug paraphernalia laws to promote needle access. For example, Moseley, Melton, and Francisco (2008) describe a state-level advocacy effort by the North Carolina Harm Reduction Coalition to secure state funding and legal permission for the two needle exchanges operating in the state. In the absence of federal funding or a national strategy on needle exchange, such efforts were critical in the diffusion of needle exchanges across states and regions.

Community organizations have also mobilized to oppose needle exchange. Religious groups, clergy, and neighborhood business associations have historically spoken out against needle exchange in some communities (Tempalski et al., 2007). For example, at the start of the needle exchange debate, many African American churches and other groups opposed needle exchange. Such groups articulated that needle exchange was at best a misguided effort that would not address the roots of addiction, and at worst, was a risky and potentially devastating experiment that could increase drug use, already rampant in many African American urban communities in the late 1980s (Marriott, 1988). These concerns must be considered in light of the history of deceptive and racist scientific experimentation in African American communities, exemplified by the Tuskegee syphilis study (Thomas & Quinn, 1993). Over time, as the disproportionate prevalence of HIV in African Americans became clear and evidence grew in support of needle exchange, many groups changed course. On National Black HIV/AIDS Awareness Day in 2008, the NAACP, National Urban League, and other black advocacy groups issued a statement in support of needle exchange and asked Congress to overturn the federal funding ban (Crary, 2008).

Researchers and academics have also involved themselves in the development of needle exchange policy. Since one of the characteristics of morality policy is an emphasis on values over facts, the role of experts and professionals in policymaking tends to be diminished (Arsneault, 2001; Mooney, 2001).

Nonetheless, academics and medical professionals have staked a position in the needle exchange debate, primarily as proponents but occasionally as opponents to the policy.

A prime example of academic advocacy for needle exchange can be found in Schechter (2002). A physician and professor at the University of British Columbia, Schechter became embroiled in public controversy when the results of his team's study of a large Vancouver needle exchange program indicated that frequent attendees of the program had higher HIV prevalence than less frequent attendees, as described above. The situation culminated in Schechter meeting in Vancouver with representatives of the U.S. Office of National Drug Control Policy to explain that the study results did not indicate that needle exchange attendance increased HIV prevalence. In addition to advocacy efforts by individual researchers, professional organizations, including the American Medical Association and American Public Health Association, came out in support of needle exchange (Svalavitz, 2009), lending credence to the demands of grassroots activists. Though less common, there are also instances of academics and health professionals speaking out against needle exchange, such as psychiatrist Dr. James L. Curtis, an outspoken critic who authored a *New York Times* editorial on the topic (Curtis, 1998).

Politicians are key players in morality policy development. Since morality policies are low-complexity issues, they provide politicians with the opportunity to take a decisive stance on matters that are both salient and understandable to the voting public, and often widely covered by the media. Meier (1994) establishes that drug-related morality policies in particular "are good politics" since "drug abuse is a universal bad" (p. 251). Therefore, while politicians are generally attracted to morality policies, for issues such as needle exchange—both a drug-related policy and a public health intervention—politicians are wary of adopting a stance that may make them appear soft on crime or encouraging of drug addiction.

This issue emerged during the 2008 Democratic presidential primaries. Candidate Barack Obama stated he would overturn the ban on federal funding, while his opponent Hillary Clinton, perhaps more aware of the political circumstances surrounding her husband's decision not to overturn the ban in 1998, gave an ambivalent response regarding her stance on

needle exchange (Svalavitz, 2009). But in spite of his campaign promises, and much to the consternation of advocates, Obama's initial 2010 budget proposal retained the funding ban. In addition to the fear of appearing soft on crime, politicians are aware that injection drug use is an issue that lacks a strong lobby or an empowered electoral base. For injection drug and other issues such as homelessness, there is typically little promise of personal gain to prompt politicians' support (Arnold, 1989). Nonetheless, politicians have taken a stand on both sides of the issue, as is evidenced by the 1998 Congressional debates described above, and by the Obama administration's eventual overturning of the ban and inclusion of needle exchange in the National HIV/AIDS Strategy (White House Office of National AIDS Policy, 2010).

Enduring Controversy and Debate

The final characteristic of morality policies is that they remain controversial; even the passage of important legislation does not end the debate (Arsneault, 2001). For needle exchange, the key legislation is the 2010 Consolidated Appropriations Act, passed in December 2009, which overturned the 21-year ban on federal funding for needle exchange. Despite a Democratic Congress and a president who offered at least tentative support to needle exchange, the repeal of the ban was not a foregone conclusion. After the ban was left intact in Obama's initial budget proposal, the House narrowly voted to eliminate it in July 2009 (Egelko, 2009). At this point, the bill contained a Republican-sponsored amendment that would have prohibited funding for programs located within 1,000 feet of schools, day care centers, playgrounds, parks, and youth centers—essentially eliminating all viable needle exchange sites in urban areas. The amendment was removed by a House-Senate committee before the final bill was passed.

Even with the lifting of the ban, the fate of appropriations for needle exchange remains uncertain. In July 2010, the White House Office of National AIDS Policy released the National HIV/AIDS Strategy, which endorsed needle exchange as a prevention approach on the grounds that "several studies have found that providing sterilized equipment to injection drug users substantially reduces risk of HIV infection ... and does

not increase drug use" (pp. 16-17). Coupled with the overturning of the funding ban, this represents a significant shift at the executive level from the ambivalence of previous administrations toward needle exchange. While as of April 2011 no federal money had yet been allocated specifically for needle exchange, Department of Health and Human Services grantees were permitted to use remaining FY 2010 HIV prevention funds for needle exchange, following departmental guidelines released in July 2010 (U. S. Department of Health and Human Services, 2010). In March 2011 the Surgeon General endorsed needle exchange, a necessary prerequisite for enabling states to use Substance Abuse Prevention and Treatment block grant funds for needle exchange programs (Knopf, 2011).

Despite these landmark policy events, needle exchange, its funding, and its legality in jurisdictions where strict drug paraphernalia laws still apply are likely to remain controversial. In the absence of substantial federal funding, state funding and support remains a critical issue. For example, in New Jersey, a state with tens of thousands of injection drug users, pilot needle exchange programs were granted legal status only in 2006, and are still constrained by extremely limited state and local funding (Mulvihill, 2008). The morality policy framework informs us that the repeal of the federal funding ban will not eliminate local concerns or state funding controversies about needle exchange; furthermore, when, how, and how much federal money will be allocated to needle exchange remain unanswered questions.

Discussion

Analysis of needle exchange as a morality policy provides an explanation for the endurance of the 21-year-long ban on federal funding for needle exchange. Throughout its span, the ban was a rallying point for AIDS activists, some of whom began their own needle exchanges, despite lacking both government funding and legal permission (Fernando, 1993; Gross, 1989). The ban was also a source of consternation for researchers and academics who believed that their decades of scholarship provided rigorous evidence supporting the safety and efficacy of needle exchange (Schechter, 2002). Morality policy

analysis demonstrates that policy issues that can be framed in moral terms—and in particular, issues related to “sinning,” such as drug abuse (Meier, 1994)—are not ultimately driven by the quality of research evidence or the testimony of experts. Instead, and in contrast to other Western countries that view drug use in less moralistic terms, the needle exchange debate in the United States has been marked by value-based arguments, symbolic legislation, and controversy that is likely to endure well past the 2009 repeal of the federal funding ban.

This analysis focused on one aspect of needle exchange policy, the ban on federal funding. Further research on needle exchange should explore other aspects, such as changes in state and local drug paraphernalia laws that affect the legality of needle exchange and state funding trends. Mooney and Lee (2001) suggest that the diffusion of morality policies across states may differ significantly from the diffusion patterns of other types of policies. Further analysis should explore the diffusion of needle exchange and the factors contributing to the spread of needle exchanges from one state in 1988 to 31 states in 2007 (Des Jarlais et al., 2009). Grassroots and community politics are key in the development and diffusion of morality policies, and a more detailed exploration of the roles that grassroots groups and coalitions have played in supporting and opposing needle exchanges in different locations also warrants further attention.

Additionally, future research should also address aspects of implementation, since, as Meier (1994) writes, “policy implementation is the real policy” (p. 247). Though compromise is not typically associated with the polarizing issues that morality policies address, Vergari (2001) describes the role of compromise in states’ implementation of abstinence-only sex education policy. Research should determine if elements of compromise are present in future funding and allocation decisions. The inclusion of needle exchange in the National HIV/AIDS Strategy also provokes a question: will the federal government issue any challenge to the states and localities where needle exchange is still illegal due to drug paraphernalia laws?

2011 marked the 30th anniversary of the Centers for Disease Control and Prevention’s reporting of the first AIDS cases in the United States. Since the beginning of the epidemic, the politics underlying the policies that distribute prevention and

care services to people affected by HIV/AIDS in the United States and abroad have been the subject of intense analysis and debate (e.g. Barney et al., 2010). Issues ranging from the cost of AIDS drugs to the role of harm reduction-based interventions in HIV prevention have been discussed and debated by politicians and ordinary citizens alike and covered extensively in the media (Levitt & Rosenthal, 1999). Analyzing needle exchange from a morality policy perspective yields a better understanding of the role that values and morals have played, alongside scientific knowledge and budgetary concerns, in this area of U.S. HIV prevention policy. As policy makers and practitioners alike enter a new decade in the struggle to effectively prevent and treat HIV/AIDS, values and morals will likely continue to play important roles in finding solutions.

Author's Note: After this article was accepted but prior to publication, the ban on federal funding for needle exchange was reinstated by Congress, in December 2011. While this recent development is not included in this analysis, the return of the funding ban after its elimination in 2009 is consistent with the article's conclusion, that needle exchange—like all morality policies—is likely to remain controversial and engender many shifts in policy in a context of ongoing debate.

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