

4-29-2009

# Prevention Point Pittsburgh: A Public Health Initiative and its Local Impact

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Prevention Point Pittsburgh:  
A Public Health Initiative and its Local Impact

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H&SS Senior Honors Thesis

Carnegie Mellon University

April 30, 2009

## Acknowledgements

I would like to extend my gratitude and thanks to all those people who made this project possible. To Renee Cox, who opened the doors of the Prevention Point office and helped me sift through piles of notes and files in my research. To Ron Johnson and Alice Bell, for introducing and guiding me in volunteering in Oakland, the Hill, and the County Jail. To all those Prevention Point people who opened their offices to me and allowed me to listen to their stories: Alex Bennett, Dr. Melinda Campopiano, Dana Davis, Stephen Deno, Laura Drogowski, Tiffany Fitzpatrick, Len Lanphar, and Allana Sleeth. To Tim Haggerty and my entire class of Humanities Scholars, who provided a much needed outsider's perspective for me while I was in the process of writing. To the Stephanie Wallach and the Undergraduate Research Office at Carnegie Mellon, for providing me with the funding to carry out my research over the summer of 2008. And finally, to Caroline Acker, who spent hours and hours over the last year advising me on my project, working with me on writing, providing minutely detailed edits of my various drafts, supporting me in my research, and always challenging me to think differently and ask more questions.

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## Chapter I:

### *An Introduction to Needle Exchange and Prevention Point Pittsburgh*

On a cold Sunday morning in late February of 1998, Dr. Caroline Acker got in her car and made her way from her home in Bloomfield to an empty parking lot on Wandless Street in the eastern section of the Hill District, a rather inconspicuous location that was ideal for the work she was about to do. There, she met three other Prevention Point Pittsburgh volunteers, and together they proceeded to assemble, just as they had for the last two and a half years or so, two card tables and four folding chairs. On the table, they had informational literature on injection hygiene, health, and referrals, as well as a collection of alcohol pads, cookers, cotton filters, condoms, biohazard containers, and boxes of hypodermic syringes, all of which they began to hand out to people who made their way to the tables over the course of the morning.

After some minutes passed, Acker and the other volunteers were confronted by a middle aged African American woman driving down the street with another older woman, presumably her mother, riding along side her in the passenger seat. The woman, who from the looks of her attire had probably just been coming from Church services, pulled her car up on the side of the street and began to engage Acker in conversation.

“You know you aren’t supposed to be out here!” she exclaimed. For the next few minutes, Acker attempted to explain to the woman what exactly they were doing and why they thought it was perfectly reasonable for them to be doing it. But it was no use.

“I don’t care what you say! I’m calling the police!” And she did. The following week, the first needle exchange program in Pittsburgh was forced off the public streets and left to operate underground, still illegal but now without the ability to carry out its work in the open. This paper is a story about that needle exchange program, but before we can really begin to explore it, is

important to ask a couple of questions that might help illuminate what was happening on that February afternoon in 1998. What was Acker doing? Why was she doing it? And why was the elderly woman so strongly opposed?

### **Explaining Needle Exchange**

First of all, the *what*. What Acker and the other volunteers were doing, or at least attempting to do, that morning was needle exchange, also referred to as syringe exchange. Needle exchange is a service in which injection drug users are able to exchange dirty needles they have already used for clean needles and other sterile supplies necessary in the injection process. Though named needle “exchange,” many of these programs (as is the case for Prevention Point Pittsburgh) do not insist that drug users bring in used needles in order to receive new, sterile equipment; instead, supplies are distributed based on need. The practice of needle exchange was developed as a means of preventing the spread of HIV, Hepatitis C, and other blood borne diseases that can easily be spread through the injection practices of drug users. As a basic practice, needle exchange is really quite simple.

Now, for the *why*—that is, why was Acker doing what she was doing? To answer that question, we must address both the local and the larger, national circumstances that existed in 1998 in regard to needle exchange. At the time when Acker and her friend James Crow, a gay activist, made the decision to begin operating a needle exchange program in Pittsburgh, the only other exchange in the state of Pennsylvania was in Philadelphia, and it was evident to them that there was an urgent need for Allegheny County and its over 10,000 injection drug users. Acker and Crow saw the spreading of HIV and Hepatitis C as an unnecessary and tragic outcome of injection drug use, realized that there was a public health need which was not being met by the city and county’s

public health system, and decided to take action themselves. They chose to begin operating at the corner of Forbes Avenue and Gist St. in Uptown. The location lay right at the edge of the Hill District, a low-income, predominantly African American neighborhood, and was chosen because it was next to a major thoroughfare and therefore made the spot a good drug-copping corner, including for white people who were nervous about going too far into the Hill. If they were looking for a place to get in touch with injection drug users on the streets, it seemed like a good place to start. After about two years, Acker and Crow were forced by the local police to relocate, at which point they chose the lot on Wandless because they imagined it was enough out of public view to avoid being bothered again. Clearly, they were mistaken.

On a national level, needle exchange was just beginning to come to the forefront in the discussion of drug policy. Since 1988, a congressional ban on federal funding for needle exchange had existed that could not be overturned “unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.”<sup>1</sup> Even before ban had been instituted, proponents of needle exchange—including some of the world’s leading epidemiologists and public health experts—had already begun to carry out dozens of studies to determine the efficacy of needle exchange as a means of curbing the spread of disease, as well as to examine whether or not the presence of a needle exchange program led to increased drug use in any way. As the results from each of those studies were compiled, it was clear that they had conclusively proven that needle exchange *both* decreases the spread of HIV and does not lead to increased drug use (in some studies, findings showed that needle exchange programs actually led to a *decrease* in overall drug use by injection drug users).

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<sup>1</sup> Justia.com: US Laws, “45 C.F.R. § 96.135 Restrictions on expenditure of grant.”  
<http://law.justia.com/us/cfr/title45/45-1.0.1.1.53.12.33.16.html>.

Proponents of needle exchange were ecstatic: their belief in the efficacy of needle exchange practice had been proven justified, and the government would now be obliged to lift the ban on federal funding that had so hindered the development of needle exchange programs throughout the country. Unfortunately for them, however, things did not go as smoothly as they might have expected. In April of 1998, only two months after Prevention Point's second run in with the Pittsburgh Police, Health and Human Services Secretary Donna Shalala held a press conference to address the findings of recently concluded studies on needle exchange. In it, Shalala did indeed confirm the findings of those studies about the efficacy of needle exchange: "A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs."<sup>2</sup> Despite that affirmation, however, Shalala also announced that the ban on federal funding would *not* be lifted. Supporters of needle exchange were shocked; to them, Shalala's announcement made no sense. All the requirements for lifting the ban had been undeniably satisfied, and yet the Secretary refused to do so. The reasons can only begin to be understood with a better picture of the landscape of drug policy, both in this country and around the world.

But first, let us answer the third of our original questions: why was the elderly woman who called the police on that morning in February, 1998, so angry? The answer to this question is complicated. The elderly woman who approached Acker and Crow that morning was certainly not the only member of the community who felt that way about what they were doing. In fact, many people who first hear about needle exchange have a similar reaction: *Wait, so you're telling me that you plan to give drug addicts free needles and supplies to shoot up, and you think this is going*

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<sup>2</sup> Health and Human Services Press Office, "Research Shows Needle Exchange Programs Reduce HIV Infections Without Increasing Drug Use," US Department of Health and Human Services, <http://www.hhs.gov/news/press/1998pres/980420a.html>.



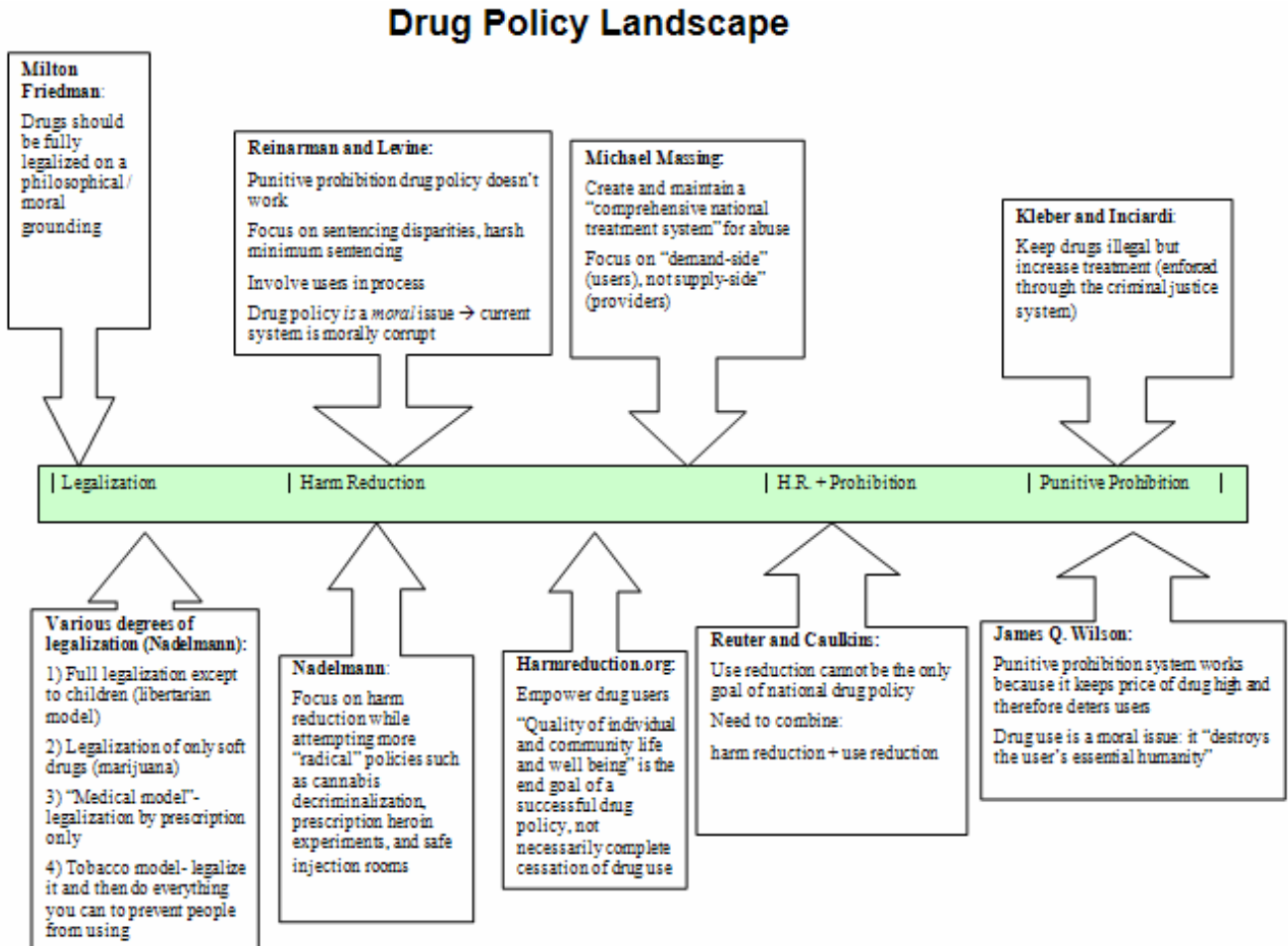
to help *the drug problem*?<sup>2</sup> Needle exchange, like other forms of public health practice, needs to be understood within a larger context—in this case, one that encompasses not only drug policy but also public health policy.

Still, those who oppose the practice of needle exchange do so for a number of reasons. First of all, many people don't like the idea of needles being handed out in their neighborhood, believing (certainly as the elderly woman that day did) that doing so promotes a negative image of their community, one where drug use is openly condoned and even encouraged. A related argument is that it actually encourages drug use by setting the precedent of continuing to support and even aid those who use drugs. A third argument often used to justify the ban on federal funding for needle exchange is that supporting needle exchange is implicitly counterintuitive to our strict national drug policy of strict prohibition. Whether or not needle exchange works at decreasing the spread of disease, it does not make sense to support a practice that takes as a given the use of dangerous and illegal drugs. Finally, many people oppose needle exchange because they believe it sets a dangerous precedent that might be used by some advocates as a stalking horse for the legalization of drugs in the future.

### **The Drug Policy Landscape**

Now that we understand a little more about what needle exchange is and some of the arguments behind why it is both supported and opposed, it will be helpful to place the practice of needle exchange within a larger context, one that examines the full landscape of drug policy from complete legalization to complete prohibition [see *Figure 1*].

Figure 1:



Needle exchange, which was first put in practice in some European cities like Liverpool, England, in the early 1980s, fits into a larger philosophical framework in the drug policy world known as *harm reduction*.<sup>3</sup> Harm reduction, as defined by the Harm Reduction Coalition (one of the foremost harm reduction advocacy organizations in the country), is “a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence.”<sup>4</sup> As a whole, the goal of harm reduction is to provide greater safety and health for drug users by meeting them “‘where they're at,’ addressing conditions of use along with the use itself.”<sup>5</sup> In its basic philosophy, harm reduction accepts drug use as a reality and chooses to address the problems associated with drug use by asserting the worth of drug users as human beings and insisting that they deserve rights to the same public health services that any person has.

A number of highly esteemed drug policy experts support the ideals of harm reduction and offer different ways in which harm reduction could be incorporated into American drug policy in order to better address the serious problems that go along with drug abuse. In their article “Real Opposition, Real Alternatives,” Craig Reinerman and Harry Levine lay out a well developed argument in which they make clear that the punitive drug prohibition policy currently in place in the United States doesn’t do what it sets out to do and actually causes more harm than good. In doing so, Reinerman and Levine argue that harm reduction, which they define as “practices aimed at reducing the harms related to drug use—including the harms caused by harsh drug laws—without attempting to eliminate drug use per se,” is an approach that is actually “very much in keeping with

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<sup>3</sup> Craig Reinerman and Harry G. Levine, “Real Opposition, Real Alternatives: Reducing the Harms of Drug Use and Drug Policy,” in *Crack in America: Demon Drugs and Social Justice*, ed. Craig Reinerman and Harry G. Levine (Berkeley: University of California Press, 1997), 356.

<sup>4</sup> Harm Reduction Coalition, “Principles of Harm Reduction,” *Harm Reduction Coalition*, <http://www.harmreduction.org/article.php?list=type&type=62>.

<sup>5</sup> *Ibid.*

the tradition of American pragmatism.”<sup>6</sup> One of the main points that the authors stress is the importance of involving drug users themselves in the process of determining how best to alleviate the harms of drug abuse, operating on the assumption that “drug users are not enemy deviants or pariahs, but reasonable citizens who use and sometimes misuse drugs, but who nonetheless have a stake in reducing risks and improving their health.”<sup>7</sup> As such, Reinerman and Levine argue that current aspects of American drug policy, like harsh minimum sentences and sentencing disparities between users of powder cocaine (a drug used predominantly by the middle and upper classes) and users of crack cocaine (predominantly minorities of lower class, especially African Americans), unnecessarily clog our criminal justice system and do little to address drug addiction and its harms in any meaningful way.

Other drug policy experts provide different reasons why serious drug policy reform is necessary in the United States. Ethan Nadelmann provides his own definition of harm reduction, acknowledging that “drugs are here to stay, and that we have no choice but to learn how to live with them so that they cause the least possible harm.”<sup>8</sup> According to Nadelmann, solid harm reduction approaches “start by acknowledging that supply-reduction initiatives are inherently limited, that criminal justice responses can be costly and counterproductive, and that single-minded pursuit of a ‘drug-free society’ is dangerously quixotic.”<sup>9</sup> In order to reshape American drug policy to work most effectively, Nadelmann argues that policy makers need to focus on reducing harm from drug use and the prohibitionist policies in place already before reducing use per se. In a different essay, Nadelmann actually describes four possible scenarios of partial legalization, from a nearly complete libertarian model of legalization (barring only use by children), to the legalization of only

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<sup>6</sup> Reinerman and Levine, “Real Opposition, Real Alternatives,” 356.

<sup>7</sup> Ibid.

<sup>8</sup> Ethan A. Nadelmann, “Commonsense Drug Policy,” in *The American Drug Scene: An Anthology*, 4<sup>th</sup> ed., ed. James A. Inciardi and Karen McElrath, (Los Angeles: Roxbury Pub. Co, 2004), 464.

<sup>9</sup> Ibid., 465.

soft drugs like marijuana, to the “medical model” of legalization by prescription only, and finally to what he calls the “tobacco model” in which drugs would be legalized, taxed, and actively discouraged.<sup>10</sup>

While not falling directly in the harm reduction camp, other experts argue that when dealing with serious drug addiction, treatment methods must take precedence over harsh sentencing laws that throw hundreds of thousands of drug users into jail without actually fixing the problem. Taking a slightly more conservative approach to analyzing and reforming drug policy, Michael Massing, in his book *The Fix*, lays out an argument about why the “War on Drugs” has failed so miserably. In doing so, Massing calls for the “creation and maintenance of a comprehensive national treatment system for drug and alcohol abuse” that would provide the opportunity for those struggling with drug abuse to kick their habits and prevent more children and teenagers from falling victim to the woes of drug abuse.<sup>11</sup>

The positions of harm reductionists stand sandwiched on one side by those who argue for strict prohibition and on the other side by those people who argue for serious liberalization of the drug laws, all the way to complete legalization. Both James Q. Wilson and Milton Friedman take the opinion that the creation of drug policy in the United States is a moral issue, but each author comes down on the opposite side of the spectrum in terms of what the moral issue really is; Wilson is a staunch prohibitionist, while Friedman argues for complete legalization of all drugs.

Still other policy experts come down between harm reduction and legalization/prohibition on each side. To the right of strict harm reduction, Peter Reuter and Jonathan Caulkins argue in their essay “Redefining the Goals of National Drug Policy” that while it is important to decrease

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<sup>10</sup> Ethan A. Nadelmann, “Drug Prohibition in the U.S.: Costs, Consequences, and Alternatives,” in *Crack in America: Demon Drugs and Social Justice*, ed. Craig Reinerman and Harry G. Levine (Berkeley: University of California Press, 1997), 288-316.

<sup>11</sup> Michael Massing, *The Fix* (Berkeley: University of California Press, 2000), 272.

overall drug use, policy makers must use a two-pronged approach to address the issue, aimed at both reducing the overall use of drugs as well as the harms associated with that use.<sup>12</sup>

*Figure 1* lays out clearly the wide landscape of opinions about how drug policy should be crafted in this country. In any discussion about needle exchange, it is hard to separate where the conversation about drug policy stops and the conversation about public health policy begins. Despite its proven efficacy as a public health measure that saves lives and does not increase drug use, needle exchange and its advocates continue to face constant pressure from policy analysts and politicians who find it extremely difficult to incorporate a program in which injection equipment is handed out free of charge to drug users into the strict prohibitionist reality that is American drug policy.

### **What We Have to Learn**

When I began writing the proposal for what would become the start of my research on needle exchange and Prevention Point Pittsburgh, I knew very little about both the actual practice of needle exchange—what it was, how it was done, and why—and the history of Pittsburgh’s local practitioners of it. Over the course of the summer of 2008, I invested just less than ten weeks worth of time researching drug policy as a whole, harm reduction as a philosophy, and needle exchange as a practice. All of that work gave me a much better understanding for the most important issues that must be grappled with in any discussion of needle exchange. During that summer, I also spent time getting to know Prevention Point Pittsburgh as an organization, both as an outside researcher looking through meeting notes, files, and archives, as well as a participant observer volunteering at both the current exchange sites in Oakland and the Hill District, getting to

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<sup>12</sup> Peter Reuter and Jonathan P. Caulkins, “Redefining the Goals of National Drug Policy,” *American Journal of Public Health* 85, no. 8 (1995): 1060.

know the faces of the volunteers, staff, and exchangers themselves who rely on Prevention Point for safe injection equipment. My time as a volunteer taught me a great deal about what needle exchange is all about, but more specifically changed my perceptions about who exactly the “typical” drug user is—namely, that there is no such thing as a typical drug user. I saw men and women whose ages and races varied across the board, but all of whom had one thing in common: they relied on Prevention Point for a service that they could not get anywhere else.

My initial research question focused on examining how Prevention Point fit into the larger public health network in Pittsburgh and Allegheny County. The answer to that question was, as this paper will show, a very complicated one. I came to understand that wrapped up in any discussion of needle exchange is not simply drug policy, but also public health policy and perhaps more importantly, politics. In many ways, the story of Prevention Point is one that revolves around local politics: politics of the nonprofit world, city and county political structures, and even politics within the local public health system.

The research I have carried out and the work that has gone with it—hours of writing notes, performing interviews, writing drafts, editing, reediting—has brought me to a point where I can now easily point out the significance that this story holds, on a number of different levels and in a number of different ways.

First of all, this story is significant simply as a story about the growth of a non-profit organization, literally from the ground up. Certainly, Prevention Point Pittsburgh has enjoyed a very different history because of the unique challenges it has faced as an organization trying to carry out something that when it began was illegal; in this way, the organization’s progression has proceeded in a different way than an organization trying to make school lunches healthier might,

for example. Either way, this story of organizational development is one that should be useful in any discussion of community organizing and civic building.

In the same vein, the history of Prevention Point presented in this thesis is also significant in that it focuses on the role of the private sector in promoting and carrying out public health.

Prevention Point was formed as an organization whose founders believed that health departments, as opposed to citizens, should be doing needle exchange, but stepped in to fill the void because no one else was willing to do it. The organization and its relationship with the public health network in Allegheny County has been an interesting form of public-private collaboration, and the lessons learned from that collaboration could go a long way towards foreseeing and overcoming obstacles in the future, for Prevention Point Pittsburgh as well as any other organization attempting to do something similar.

As I mentioned earlier, the story of Prevention Point is especially significant in its exploration of the role of politics in the administration of public health. As the reader will see, local politics played a crucial role in determining how things got accomplished throughout the history of Prevention Point, sometimes in ways that benefited the organization but more frequently in ways that complicated and hindered the work that volunteers and staff were able to do on the ground level.

Finally, the story of Prevention Point Pittsburgh is significant in that it highlights the important struggle that exists between defining certain practices and policies like needle exchange as drug policy or public health policy. To some degree, the struggle is one based on semantics; certainly needle exchange is both drug policy, in that it deals directly with drugs and drug use, as well as public health policy, in that it is a program developed to specifically target a particular public health problem, that is, the spread of dangerous and deadly infectious disease. Whether



one chooses to look at needle exchange as a public health policy or a drug policy has serious consequences, however, for the discussion that one would carry out afterward. Needle exchange is a practice that indeed does seem to contradict the basic policy beliefs behind drug prohibition as it exists in this country; by carrying it out, we are admitting that we understand that drug use occurs and choose not to prosecute those who come forward to use needle exchange's services. At the same time, how do we justify *not* instituting a policy that has been scientifically proven to control the threat of infectious disease; is that not what public health, at its essence, is all about?

In the essay "Termination of an Established Needle Exchange," Robert Broadhead and colleagues tell the story of a needle exchange program in Windham, Connecticut, that was forced to close its doors because of strong community backlash against it. In the example of Windham, an intense sense of animosity and a lack of understanding developed between the volunteers who ran the exchange and the community in which they carried it out. Like that article, this paper is an attempt to tell the story of one individual organization and how the unique, local political, social, racial, and economic climates affected its development. My intent in telling this story is to not only transcribe the really interesting history of Prevention Point Pittsburgh, but also to explore what that history tells us about the organization—about its staff and volunteers, and about the city and county in which it operates—and what we might be able to learn from each of its failures and successes.

## **Chapter II:**

### *From public health to politics: Prevention Point's attempt to make political inroads in Allegheny County*

From the time it first began its operation on card tables in 1995, Prevention Point's founding activists had visions of making a serious impact in terms of addressing the threat of infectious disease to injection drug users in Allegheny County. It did not take very long for those same people to realize that in a place where needle exchange was illegal, they would not be able to make so much of an impact without changing the legal and institutional status of needle exchange. Prevention Point volunteers also knew that outsiders often saw needle exchange as an unusual and risky form of public health prevention practice. With those two understandings combined, Prevention Point volunteers began to realize that in order to achieve their goals of more effectively carrying out needle exchange for the population of injection drug users in the region, they would need to form relationships, connections, and alliances with local politicians, community leaders, and authority figures to try and boost support for needle exchange in Allegheny County.

#### **Building Political Bridges**

One of the earliest examples of political advocacy by Prevention Point came in November of 1997, when Caroline Acker gave a presentation about the relatively new organization at a meeting of the Southwestern Pennsylvania AIDS Planning Coalition, a group charged with overseeing the distribution of all AIDS-related federal funds designated by the Ryan White Act to the region. In her presentation, Acker began by pointing out that Prevention Point had recently become involved in "expanding its energies to address the political issue of needle exchange, both

locally and nationally.”<sup>13</sup> It was clear to Acker that getting a legal needle exchange operating in Allegheny County was a political issue; she mentioned that a mayor or County Board of Commissioners<sup>14</sup> could suspend the operation of state paraphernalia laws, but that “this is politically challenging in Pittsburgh and Allegheny County.”<sup>15</sup> As a result, her interest in addressing that particular audience was not only to spread Prevention Point’s message to them, but also for them to “pass on to PPP [Prevention Point Pittsburgh] wisdom about tactical moves to improve political support.”<sup>16</sup>

In its effort to achieve legal sanction, one way in which Prevention Point began to reach out within the community to try and gain support was through political advocacy work. Volunteers started to schedule meetings, organize events, and sit down with local political leaders simply to carry out conversations about needle exchange, what Prevention was trying to accomplish, and why that was important.

From early on, Bruce Dixon, the director of Allegheny County Health Department, had expressed his personal support for the idea of needle exchange and his interest in trying to begin local research to examine its need in the county in private conversations with Prevention Point supporters.<sup>17</sup> Dixon was a person targeted as an extremely important ally, both for his political power as well as for his ability to push forward any process of legalization for needle exchange.

When it came to public comments about needle exchange, however, Dixon was rarely clear about defining his real interests, something that is not surprising given the politically treacherous nature of needle exchange at that time. The actions Dixon took must be examined

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<sup>13</sup> Southwestern Pennsylvania AIDS Planning Coalition, Member Meeting Minutes, November 7, 1997.

<sup>14</sup> The Board of Commissioners, which consisted of three people, was the executive body for Allegheny County until January, 2000, when the county switched to a “home rule” form of government. That shift in form of government is discussed in more detail in Chapter 5.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Prevention Point Pittsburgh, Board Meeting Minutes, February 28, 2000.

with consideration of the inherently political nature of the position of director of the health department, as well. In that position, Dixon was responsible for carrying out public health best-practices while remaining accountable to both voters and the politicians who appointed him. This fact almost certainly accounts for Dixon's seemingly inconsistent behavior on the subject of needle exchange: in July, 2000, the Board of Health (BoH) created a Needle Exchange Advisory Committee as an official tool for help in decision-making going forward. In doing so, Dixon expressed his support for needle exchange, but argued that he believed it was an issue to be decided at the state level instead of the local one.<sup>18</sup> At a public health program event the next month, Dixon responded to a question about the absence of needle exchange in Pittsburgh by explaining that rates of HIV infection among injection drug users were low and did not warrant such a program, instead saying that "we've done such a good job of curbing the epidemic...' that needle exchange is not needed."<sup>19</sup>

Dixon continued to waver in his public support of needle exchange, and as a result Prevention Point volunteer and board member Stuart Fisk, an HIV/AIDS nurse and a person who had gained experience in earlier years navigating the local political scene, spent a good deal of time meeting with the director to try and gain his official support.<sup>20</sup> In a meeting between the two in October, 2000, Dixon once again expressed his interest in having needle exchange become legal in Allegheny County and pointed out that he would need to arrange for a set of public hearings, perhaps as early as December, 2000 or January, 2001, that would be used by the Board of Health and County Council to gauge public support or opposition for needle exchange and to look at the feasibility and need for it in Allegheny County. In that meeting, Dixon also made it clear to Fisk

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<sup>18</sup> Prevention Point Pittsburgh, Board Meeting Minutes, July 31, 2000.

<sup>19</sup> Prevention Point Pittsburgh, Board Meeting Minutes, August 28, 2000. The inner quotation is Dixon's own words, while the words outside it are those of a Prevention Point board member.

<sup>20</sup> Ibid.

that the health department was not interested in running a needle exchange, and so that job would be left to Prevention Point.<sup>21</sup> Over the course of the next few months, Dixon affirmed his desire to organize those public hearings, and did just that later in 2001.<sup>22</sup>

But at certain points, Dixon expressed frustration with Prevention Point for its widespread efforts at collecting public support for needle exchange. In a meeting in March, 2001, with Caroline Acker and Alice Bell—a longtime PPP volunteer and staff member—in which the two told Dixon that they had been planning a meeting at which some of the major political players of the county could sit down together to discuss needle exchange, Dixon was not at all pleased to hear about their plans and was concerned that Prevention Point “seemed to be pursuing different avenues toward the goal of legalization that might run at cross purposes.”<sup>23</sup> When Acker and Bell explained to Dixon that they were simply trying to get the political process moving for Prevention Point in whatever way they could, he reiterated his promise for the health department to hold public hearings on the topic and suggested that they were moving fast enough.

Dixon’s seemingly contradictory actions in this case point to the dilemma he faced. While he did openly express his support for needle exchange in Allegheny County, Dixon clearly wanted to be the person through which any decisions would be made or any actions taken. For Dixon, Prevention Point’s eagerness to set up meetings and make arrangements with other political leaders in the city exhibited the organization’s willingness to circumvent him and his authority as director of the health department, something which he understandably did not appreciate.

Prevention Point also tried to reach out to other influential political leaders within Allegheny County to explain the merits of needle exchange and attempt to garner political support

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<sup>21</sup> Prevention Point Pittsburgh, Board Meeting Minutes, October 23, 2000.

<sup>22</sup> Prevention Point Pittsburgh, Board Meeting Minutes, January 22, 2001; Prevention Point Pittsburgh, Board Meeting Minutes, February 5, 2001.

<sup>23</sup> Prevention Point Pittsburgh, Board Meeting Minutes, March 19, 2001.

for implementing it. In April and May, 2000, Prevention Point board members began a discussion about an effort to approach County Executive Jim Roddey by means of Stuart Fisk's position on the HIV/AIDS Advisory Council, which was a county-appointed body.<sup>24</sup> In doing so, Prevention Point wanted to find a contact within Roddey's office in order to avoid having to deal directly with County Council, which because of its short history (the switch to Home Rule had only been implemented a few months earlier) was considered an "unknown quantity."<sup>25</sup>

Pittsburgh Mayor Tom Murphy was another political leader with whom Prevention Point was interested in connecting. In December, 2000, Stuart Fisk reported at a Prevention Point board meeting that he had been invited to discuss needle exchange with the mayor at the behest of Karen Feinstein, director of the Jewish Health Care Foundation, a major player in the local philanthropic scene, and another local leader with whom Prevention Point was making inroads. In those discussions, Mayor Murphy told Fisk that he was familiar with Prevention Point and that he had actually already met with Pittsburgh Police Chief Robert McNeilly and instructed him not to arrest people for performing needle exchange, meaning that Prevention Point could from that point on continue to operate an above-ground exchange until the legalization matter was settled without fear of being arrested.<sup>26</sup> The Mayor also expressed his willingness to arrange a meeting between the various important public officials who had expressed support for needle exchange in the past, including himself, Jim Roddey, Bruce Dixon, and District Attorney Steve Zappala, in order to figure out the best way to implement the operation of a legal needle exchange in Allegheny County.<sup>27</sup> The meeting was scheduled to be arranged by Feinstein, but plans for the meeting eventually fell through, perhaps because the mayor was not the most important person to

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<sup>24</sup> Prevention Point Pittsburgh, Board Meeting Minutes, April 24, 2000.

<sup>25</sup> Prevention Point Pittsburgh, Board Meeting Minutes, May 22, 2000.

<sup>26</sup> Prevention Point Pittsburgh, Board Meeting Minutes, December 18, 2000.

<sup>27</sup> Ibid.

which Prevention Point was appealing; though PPP was glad to have his support, the mayor had no authority to legalize needle exchange himself because the health department is a county rather than a city body.<sup>28</sup>

In addition to its efforts to reach out to local political leaders for support, Prevention Point also began making plans to bolster its argument for why needle exchange made sense and was necessary to have in Allegheny County. As part of its effort to reach out to local leaders and convince them of the efficacy of needle exchange, Prevention Point commissioned Scott Burris, a faculty member at the Temple University Beasley School of Law in Philadelphia and national expert on the legality of needle exchange, to perform an analysis of the legality of needle exchange in Allegheny County. Burris had spent time working with Prevention Point Philadelphia when it was in the process of becoming legal years earlier, and as such was an expert at examining county and state public health law. That legal analysis, which was written up by Burris's legal student Lisa Kane and handed over to Prevention Point on May 24, 2000, gave a resounding affirmation for the legitimacy of establishing needle exchange in Allegheny County, concluding that "a bona fide syringe exchange program, operated under a city's health powers or by a board of health in a good faith effort to prevent HIV transmission, does not violate Pennsylvania law or exceed the limits of local legal authority."<sup>29</sup>

According to Burris, the legality of needle exchange in the case of Allegheny County was in fact quite clear. Burris pointed out that under the Home Rule Charter, the health department had the "power to authorize a syringe exchange program in order to protect the health of county citizens," and that Pennsylvania's drug paraphernalia laws which were generally used to legitimize

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<sup>28</sup> Prevention Point Pittsburgh, Board Meeting Minutes, February 19, 2001.

<sup>29</sup> Lisa Kane, "Legal Analysis of Syringe Exchange in Allegheny County" (Office of Scott Burris, Temple University Beasley School of Law, 2000), 2.

needle exchange’s illegality were not designed to prevent the application of legitimate public health measures and did not apply because syringe exchange providers “lack the criminal intent required to violate [them].”<sup>30</sup> In his analysis, Burris also specifically cited the Allegheny County Health Department’s authority to “take actions to protect the health of citizens within their jurisdiction, including the authority to act against communicable diseases.”<sup>31</sup>

As a result, “based on the proven medical efficacy of syringe exchange and the presumptive validity that municipal health actions enjoy under Pennsylvania law, local authorities in the Commonwealth generally have the authority to establish and fund syringe exchange programs as a function of their statutory authority to protect and preserve the public health.”<sup>32</sup> If there was any final question on the issue, Burris urged people to look at Philadelphia—if that city had been operating a legal needle exchange for nearly ten years, it was impossible that needle exchange was illegal in the state.

For Prevention Point, the Burris legal analysis was the ideal document to use for its political advocacy goals. At a board meeting in June, 2000, Prevention Point board members discussed the legal analysis’s utility as “a good document from an ‘outside source’ that should help when we approach the Board of Health and may help us get a meeting with them.”<sup>33</sup> Board members agreed that it would be a good idea to have a copy of the document sent to Dixon, Roddey, and Zappala to further persuade those political figures of the need for needle exchange. For Prevention Point, the legal analysis was crucial not only for its proving the potential legality of

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<sup>30</sup> Ibid.

<sup>31</sup> Ibid., 13.

<sup>32</sup> Ibid., 12.

<sup>33</sup> Prevention Point Pittsburgh, Board Meeting Minutes, June 5, 2000.



needle exchange, but for its conclusions about the *obligation* that the county (and if not them, then the city) has to implement such a program as a dire public health necessity.<sup>34</sup>

As part of its campaign to become more politically active and well known in the local political scene, Prevention Point even got involved in organizing around a few local elections. In 2001, Stuart Fisk contributed to the putting together of a suggested platform to give to democratic mayoral candidate Bob O'Connor that would include needle exchange (though O'Connor lost the election that year, he would be elected mayor in 2006). Later that same year, Prevention Point volunteers made further contributions in that process, working with organizations within the Pittsburgh gay community to write up a political platform for O'Connor. There was also an attempt to garner support, as mentioned earlier, from O'Connor's opponent in the election and the mayor at the time Tom Murphy. Prevention Point's strategy was to make itself heard by both sides without choosing a particular political party to back: "while Prevention Point is not endorsing either candidate, it is important that the issue of [needle exchange] not be used as a 'political football' in what will likely be a tight race."<sup>35</sup>

### **Extending Political Outreach**

In addition to planning meetings with local political leaders, Prevention Point volunteers also participated in the organization of conferences to discuss needle exchange and the opportunities available in Pittsburgh to begin a legal exchange. In those meetings, a number of nationally renowned experts on needle exchange were invited to speak to give people a better sense for exactly what needle exchange was, how it operated, and why it was so important in the fight against HIV and other blood borne illnesses. The intent of those conferences, more than

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<sup>34</sup> Ibid.

<sup>35</sup> Prevention Point Pittsburgh, Board Meeting Minutes, March 5, 2001.

anything, was to continue to spread information about needle exchange within the local community and build allies who could advocate on the behalf of Prevention Point in the future.

One example of a conference of that sort to which Prevention Point contributed took place on March 3 and 4, 1999, and was titled “Prevention and Public Health Policy: The Role of Harm Reduction and Needle Exchange in Protecting Community Health.” The conference, whose purpose was to “bring together people with a range of views for a frank conversation about needle exchange in Pittsburgh,” included lectures from local advocates like Caroline Acker and Stuart Fisk, other leaders in the local and national fields of HIV/AIDS, as well as scientific and legal experts.<sup>36</sup> Mindy and Robert Fullilove, M.D. and PhD respectively and public health experts, spoke about the role of needle exchange in a neighborhood’s response to HIV. Don Des Jarlais, Ph.D. and one of the world’s leading needle exchange researchers, gave a talk on the important of acting against HIV and other diseases before they become uncontrollable epidemics.

In addition to hearing the speakers, every person who attended the event received a packet that contained information explaining the scientific and public health oriented reasons why needle exchange was an effective, live-saving policy. The message of the conference was clear: HIV is a problem among drug users that needs to be addressed urgently, before it becomes too late. This event, along with others of its nature, provided Prevention Point with the kind of outlet for spreading its message that helped to establish and deepen roots within the local Pittsburgh community.

Though obviously not to the extent to which they were involved locally, Prevention Point volunteers also carried out some political advocacy work on the state level. In March, 2000, Caroline Acker gave a presentation at the Pennsylvania State Prevention Committee, a group

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<sup>36</sup> “Letter of Invitation,” *Prevention and Public Health Policy: The Role of Harm Reduction and Needle Exchange in Protecting Community Health*, Pittsburgh, PA, March 3-4, 1999.

consisting of people whose lives are affected by HIV, enlisted by the state government to help the state get input from affected communities as it decides how to allocate HIV/AIDS monies. In doing so, the committee attempts to provide a voice for “consumers” of AIDS services. Despite the fact that Prevention Point advocates knew that it was impossible for them to get any money from the body (because it was distributing federal funds, for which needle exchanges are not eligible), Acker’s presence at the meeting was more than anything an attempt to try and make “human allies” at the state level that might be useful for Prevention Point later down the line.<sup>37</sup>

Another attempt at making connections on the state level proved to be trickier than was originally intended. In December, 2000, Caroline Acker, Alice Bell, and Stuart Fisk all attended a conference in York, Pennsylvania, where another group of people was trying to set up a needle exchange. At that conference, Fisk had a conversation with Dr. Wanda Filer, former Physician General of Pennsylvania who had been fired for being “too progressive.”<sup>38</sup> In that conversation, Filer told Fisk that she had been in a meeting with Tom Ridge (the Governor of Pennsylvania at the time) and others from the state who made it clear that “they view [needle exchange] as the first step in a plot by George Soros to legalize drugs.”<sup>39</sup> More than anything, this proved to be an example of the way that drug policy is often debated within the American political arena: between strict prohibitionist drug warriors and drug liberalizers, each showing little effort to compromise.

For Prevention Point, this was an important reminder of the intense moral and political drug policy debate that was inevitably linked to any discussion of needle exchange. Advocates of Prevention Point had to be aware that those kind of views existed at the state level, and board members confirmed that even though Prevention Point did indeed receive indirect funding from

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<sup>37</sup> Prevention Point Pittsburgh, Board Meeting Minutes, March 27, 2000.

<sup>38</sup> Prevention Point Pittsburgh, Board Meeting Minutes, December 4, 2000.

<sup>39</sup> Ibid.

Soros, a billionaire and staunch supporter of liberalizing drug policy in the United States, drug policy was not the organization's focus. Prevention Point board members made it clear that "we are interested in needle exchange as an effective public health measure to prevent HIV, we are not interested in legalizing drugs. Whether or not that is actually Soros's position is debatable, but it is not ours, we are dealing with public health policy, not drug policy."<sup>40</sup>

Over the course of more than three years, the work that Prevention Point volunteers and advocates put in to building a base of political support for needle exchange in Allegheny County proved extremely useful when it was finally given the opportunity to become a legal organization. The outcomes of that friend-making and connection-building vindicated Prevention Point volunteers for the hours of hard work they had contributed. But in its effort to become an understood and accepted member of the public health community and larger non-profit sector of Pittsburgh, Prevention Point learned just how complicated the nature of the relationship was between public health and local politics.

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<sup>40</sup> Ibid.

### Chapter III:

#### *Finally Legal! The 2001 public hearings, emergency protocol, and official sanctioning of Prevention Point Pittsburgh as a legal needle exchange operation*

Despite all of the setbacks that Prevention Point Pittsburgh faced in trying to build local public and political support for needle exchange, it appeared that by early 2001 the organization had finally made a significant breakthrough. In May, 2001, the Allegheny County Health Department announced that a set of public hearings would be held in Allegheny County to gauge public interest in the possible implementation of a needle exchange pilot project, after which the health department would have a better idea of whether or not to begin the process of officially sanctioning needle exchange in the county. The significance of the hearings was not lost on Prevention Point volunteers and staff members; at a board meeting in April, one of the members of the board pointed out that “this is our big moment- if we don’t do well at these hearings, we are sunk.”<sup>41</sup>

Consequently, Prevention Point volunteers and staff put a great deal of effort into collecting a wide range of people—including volunteers, public health workers, community leaders, religious leaders, needle exchange researchers and experts, and even exchangers themselves—who would testify their support for PPP and their belief for the necessity of needle exchange in Allegheny County. Prevention Point workers made a special effort to reach out to find people who could testify on their behalf who belonged to the communities in which the hearings were going to be held, as well as people from the communities in which Prevention Point planned on carrying out needle exchange.<sup>42</sup> In addition, Prevention Point staff also put together a set of written materials that included scientific research, an ideal set of protocols for a needle exchange operation, and a

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<sup>41</sup> Prevention Point Pittsburgh, Board Meeting Minutes, April 2, 2001.

<sup>42</sup> Ibid.

set of rationale for why needle exchange made sense, all in an effort to provide those people testifying in support of needle exchange with enough basic information.<sup>43</sup> In board meetings leading up to the hearings, Prevention Point workers also stressed the importance of reaching out to the media in order to get their point across and create a positive image of needle exchange.<sup>44</sup>

During the course of the three hearings held by the Allegheny County Health Department (ACHD), over 50 people submitted testimony in support of needle exchange, including medical and healthcare professionals, community members, AIDS service, prevention and education workers, religious leaders, public health professionals, researchers, and academics, directors of drug and alcohol treatment facilities, leaders in the funding community, and even drug users themselves. The large and diverse group who testified in support of needle exchange made a whole range of arguments for why needle exchange worked as a basic practice and why it was so important to begin operating a legal needle exchange in Allegheny County.

One of the people who testified at the hearings was Earl Driscoll, a Philadelphia resident who drove all the way across the state to have his voice heard. At the hearing, Driscoll immediately identified himself as a drug addict and told the story of how he came to be acquainted with the practice of needle exchange in Philadelphia through Prevention Point Philadelphia, which at the time of the hearings was the only legally sanctioned needle exchange in the state of Pennsylvania. After he got an HIV test returned negative (he had been convinced that he was positive), Driscoll explained that he began to change the way he injected: “Although I remained stuck deep in my addiction to drugs my behaviors changed drastically. I never shared a needle

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<sup>43</sup> Prevention Point Pittsburgh, Board Meeting Minutes, March 19, 2001.

<sup>44</sup> Prevention Point Pittsburgh, Board Meeting Minutes, April 2, 2001.

again. I always used protection when having sex.”<sup>45</sup> Driscoll emphasized that “every single life is worth saving” and that “needle exchange saves lives.”<sup>46</sup>

Dr. Caroline Acker was another person who testified in support of needle exchange in Allegheny County. In her testimony, Acker acknowledged the potentially controversial nature of legalizing needle exchange and called on the Allegheny County Board of Health to make a politically difficult decision: “Public health decisions have often been difficult, as health officials faced ignorance and opposition....Health officials have often needed courage to make difficult decisions in the interest of the greater good – the public health.”<sup>47</sup> Acker also urged the Board of Health that “needle exchange is public health policy in the proudest tradition of public health -- the control of infectious disease,” and that when needle exchange was examined in this light as opposed to as drug policy that encouraged drug use, it made complete sense.<sup>48</sup> In doing so, Acker was inherently revealing that essential debate about the nature of needle exchange and its place in both drug policy and public health policy. Acker’s intention here was to place needle exchange in a context in which the Board of Health would feel compelled to act in Prevention Point’s favor; by invoking the “courage” of the board, she intended to convince its members that history would look favorably on them if they were able to overlook the political pressure they faced.

Finally, Acker emphasized the importance of working together with drug users themselves in the creation of public health policy, explaining that drug users are extremely interested in improving their own situations on the ground. Using the work that Prevention Point had done on the streets of Pittsburgh up to that point as an example of this, Acker pointed out that “our

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<sup>45</sup> Earl Driscoll, “Public Hearings on Needle Exchange.” May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>46</sup> Ibid.

<sup>47</sup> Caroline Jean Acker, “Public Hearings on Needle Exchange.” May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>48</sup> Ibid.

[Prevention Point's] work could not have succeeded without the partnership of injection drug users who worked with us as partners....Together, we developed an understanding of what drug users needed and wanted to reduce the risks to themselves and their families and associates.”<sup>49</sup>

In his testimony, Stuart Fisk, R.N., recounted his experiences working as an AIDS nurse in San Francisco taking care of the sick, poor, homeless, mentally-ill, and drug users. Fisk emphasized his first-hand knowledge of the benefits of harm reduction: “Harm reduction based interventions are pragmatic, non-judgmental and geared toward moving addicts through a process of change toward less harmful behaviors. These interventions work and I have experienced their efficacy in clinical practice over the course of many years.”<sup>50</sup> Fisk also attempted to explain the impact of the illegal status of needle exchange on the ability of Prevention Point to carry out good public health policy, saying that “because our program had been uprooted and forced into hiding by our illegal status, services to participants had been disrupted.”<sup>51</sup> Needle exchange was especially important, Fisk explained, because it helps address the needs of a population that is not reached by the mainstream health system because of the exclusion, mistreatment, and alienation of drug users by the medical and public health systems. In addition to emphasizing that needle exchange is actually a money-saving endeavor when compared to cost of treating a person who contracts HIV, Fisk pointed out that needle exchange is the best way to keep people alive: “I know two things for sure...needle exchange saves lives and dead addicts don’t recover. That is the point of Prevention Point...the point is to save lives.”<sup>52</sup>

Aside from Prevention Point board members, a number of prominent public health and community leaders testified on the importance of implementing a needle exchange program in

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<sup>49</sup> Ibid.

<sup>50</sup> Stuart Fisk, “Public Hearings on Needle Exchange.” May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>51</sup> Ibid.

<sup>52</sup> Ibid.



Allegheny County. Robert J. Feikema, Executive Director of the Pittsburgh AIDS Taskforce, echoed the comments of Stuart Fisk, explaining that needle exchange allows drug users to enter the public health system when they might not otherwise be given the chance to do so. According to Feikema, needle exchange was necessary because in addition to the immediate benefit of assuring that injection drug users have clean syringes, “needle exchange offers a focal point for bringing these individuals into the health care system.”<sup>53</sup> Needle exchange was vital “as a means for promoting better health care for a group that tends not to be reached by traditional medical services.”<sup>54</sup>

As Principle Investigator at the Pitt Men’s Study—a twenty five year-long continuous research study of the epidemiological history of HIV, based out of the University of Pittsburgh—Charles R. Rinaldo framed needle exchange as a measure especially useful for the African American community of Allegheny County, citing the disproportionately high rates of HIV among African Americans.<sup>55</sup> Rinaldo pointed out that the African American community had been hesitant to support needle exchange in the past because of concerns that needle exchange might contribute to the stigmatization of black neighborhoods and lead to increased drug use. Despite those concerns, Rinaldo explained that “public opinion polls show that the majority of the African American population supports such measures to prevent spread of infection,” and therefore “it is absolutely imperative that local leaders in the African American community be centrally involved in development and oversight of such programs in our County.”<sup>56</sup>

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<sup>53</sup> Robert J. Feikema, “Public Hearings on Needle Exchange.” May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>54</sup> Ibid.

<sup>55</sup> Pitt Men’s Study, “Welcome to the Pitt Men’s Study website,” the Pitt Men’s Study. <http://www.stophiv.com/pms/>

<sup>56</sup> Charles R. Rinaldo, “Public Hearings on Needle Exchange.” May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

## **The Aftermath of the Hearings: Writing Regulations**

After the three public hearings were held, the results from those hearings showed that nearly all of those who testified supported the establishment of a legal needle exchange in Allegheny County—in fact, there were only 3 negative testimonies made of the more than 50 that were given. As a result, the Board of Health began the process of creating a set of protocols by which a newly sanctioned needle exchange would operate. In the aftermath of the hearings, Prevention Point board members acknowledged that the Board of Health would very likely decide in their favor, and thus began working on their end to make sure that the legalization process proceeded in a way that would allow Prevention Point to operate a needle exchange in the way it saw fit. The most important part of that work involved developing its own set of protocols and regulations for needle exchange to give to the Board of Health so that the Board of Health would not be able to completely dictate what needle exchange would eventually look like in Allegheny County.<sup>57</sup> In July, 2001, the PPP Protocol Committee (a group that had been established exactly for that reason) began working on a proposal to submit to the Board of Health that would include Prevention Point's own suggestions for protocol to regulate the new needle exchange pilot project.<sup>58</sup> For Prevention Point, asserting its own suggestions for needle exchange protocol was critical; the organization wanted to ensure that it would be able to run a needle exchange that would serve as many drug users as possible in the least invasive and most helpful way it could.

In September, 2001, the Board of Health decided to put together its own committee to set up guidelines for a needle exchange pilot project in Allegheny County. When they were notified that Prevention Point would be allowed to provide representatives to participate in the Board of Health Committee, board members identified both Caroline Acker and Alice Bell as those

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<sup>57</sup> Prevention Point Pittsburgh, Board Meeting Minutes, June 11, 2001.

<sup>58</sup> Prevention Point Pittsburgh, Board Meeting Minutes, July 23, 2001.

people. In their meeting that month, Prevention Point board members discussed the Board of Health's decision and its implications for what a legal needle exchange would look like, explaining that it "doesn't sound like there is an intention to cut PPP out [of the decision making process] or to award the NE [needle exchange] pilot project to someone other than PPP."<sup>59</sup> Instead, PPP board members interpreted the Board of Health's actions as "another effort to appear cautious to the public."<sup>60</sup> With their positions in the Board of Health-appointed committee, Acker and Bell were to try and push the committee toward the protocol that Prevention Point was developing. In trying to influence the committee's decisions, Acker and Bell wanted to influence the outcome of the protocols, feeling like they had little to lose in voicing their opinions: "If our suggestions are vetoed, so be it, but we don't need to censor ourselves."<sup>61</sup> While this entire process was taking place, Prevention Point had received notification in August that it had been officially granted 501(c)3 status as a nonprofit organization, further solidifying its status as a legitimate organization within the public health community and providing the organization with greater autonomy in its ability to raise funds.<sup>62</sup>

By November, the Board of Health Needle Exchange Committee had already met twice and was on its way to developing a protocol by which needle exchange would be carried out in the county. Reports from Caroline Acker and Alice Bell confirmed to Prevention Point's board that the Board of Health committee was showing strong support for Prevention Point, and had even expressed interest in helping the organization find a site at which it could carry out needle exchange and secure protection for that site once it was chosen.<sup>63</sup>

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<sup>59</sup> Prevention Point Pittsburgh, Board Meeting Minutes, September 10, 2001.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Prevention Point Pittsburgh, Board Meeting Minutes, August 20, 2001.

<sup>63</sup> Prevention Point Pittsburgh, Board Meeting Minutes, November 5, 2001.

Over the course of the next month and a half, the Board of Health Needle Exchange Committee continued to meet, and by that time was carrying on discussions about specific issues that needed to be resolved before regulations could be finalized. One of those issues centered on the apparent need to set an age minimum for use of the needle exchange. While members of the committee expressed their desire to set such a minimum, Prevention Point advocates argued that doing so would go against good public health practice because of the undeniable presence of underage children using injection drugs in the county.<sup>64</sup> Here was a case of conflict between politics and sound policy: even if it was true that there were minors using injection drugs, by not setting an age minimum members of the committee would be implicitly condoning the use of illicit drugs by children, and approving the distribution of syringes to minors was not something that the Board of Health could easily afford to do.

Another important issue that the Needle Exchange Committee discussed was the criteria by which the needle exchange pilot program would be evaluated by the Board of Health. When a few committee members expressed interest in using crime statistics (analyzing the number of drug-related arrests before and after the program was put in place) as a means to evaluate the program's effectiveness, Prevention Point representatives pointed out that "this does not seem to be a good measure of the effectiveness of a public health program," and in a meeting in December Prevention Point board members expressed the need to get that point across to other members of the Board of Health committee.<sup>65</sup> As public health workers, Prevention Point staff members knew that the best way to determine how effective the program really was would be to analyze rates of HIV—statistics of arrest would tell them nothing about whether or not they were actually saving people's lives.

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<sup>64</sup> Prevention Point Pittsburgh, Board Meeting Minutes, December 3, 2001.

<sup>65</sup> Ibid.

Finally, the Needle Exchange Committee also needed to make decisions about the logistics of how needle exchange would be carried out, including securing a site for exchange in the parking lot behind one of the ACHD buildings at 3333 Forbes Avenue in Oakland, and the desire from the health department for the pilot program to also provide testing for Hepatitis C.<sup>66</sup> Prevention Point workers were not opposed to testing for Hepatitis C on-site, but knew that doing so would be extremely expensive and was still an ancillary service when compared to providing the sterile syringes themselves. In the end, the Board of Health agreed to pay for the service, but even these seemingly minor points of contradiction between Prevention Point and the health department highlight what was at stake for both parties. For the Board of Health, needle exchange was a potentially dangerous experiment that threatened to become a political nightmare. For PPP, the process of legalization was exposing the organization to what seemed like ineffective regulations, high expenses, and challenges to its goals and principles.

Even though discussions about finalizing protocol to regulate the pilot program were still ongoing, on November 28, 2001, the Allegheny County Board of Health declared a state of public health emergency for HIV infection and blood-borne diseases, allowing for the legal implementation of a needle exchange in the county. For Prevention Point board members, staff, and volunteers, the announcement marked a significant moment in their long, uphill battle for the legalization of needle exchange in Pittsburgh, yet that step would prove to be only the first in what would become a much longer process of legitimization for the organization. In actuality, the most important meaning of the emergency declaration for Prevention Point workers was that they could now approach funders with a sense of legitimacy that they did not have before.<sup>67</sup> In the coming months, Prevention Point workers would be put to work in a renewed effort to seek out funding

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<sup>66</sup> Ibid.

<sup>67</sup> Prevention Point Pittsburgh, Board Meeting Minutes, December 17, 2001.

for their finally legal operation and organize the move to a permanent site. With that transition would come a whole new set of challenges for the organization in its effort to carry out prevention work for drug users in Allegheny County.

## **Chapter IV:**

*Fitting In: the first years of legalization and the aborted attempt to write regulations for needle exchange in 2004*

The official sanctioning of Prevention Point Pittsburgh marked an extremely meaningful event for the organization and its struggles up to that point. But at the time, plans for self-congratulations were relatively far from the minds of Prevention Point staff and volunteers. Instead, they were much more concerned with preparing for the official opening of a legal needle exchange under their name in the parking lot at 3333 Forbes Avenue, one of the Allegheny County Health Department's buildings in Oakland.

From the time that it became clear that the Board of Health would vote to sanction needle exchange, Prevention Point staff began to discuss the move to a permanent site and the arrangements that would have to be made to allow for a smooth transition. Many of the most important issues discussed in meetings leading up to the opening of the legal exchange in March, 2002, were simply logistical, including the necessity to stop performing deliveries of supplies to exchangers (mostly because of a lack of volunteer man-power) as well as simply how they would organize the distribution of needles and other supplies in the parking lot.

### **Moving out of the Hill**

More important to many volunteers and staff members than those logistical issues, however, was the concern that the move to the permanent site in Oakland would result in the loss of some or many of the exchangers who had utilized Prevention Point's services while it was operating illegally by delivery as well as out of the Hill District. Though the new site was located just over a mile from the place where exchange had operated illegally in its earlier years,

Prevention Point board members were worried, and for good reason, that some exchangers would no longer be able to access the organization's services, stressing that "we don't want to leave current exchangers in the lurch."<sup>68</sup> Prevention Point people were especially worried that many of those exchangers who had used the exchange in the past, a population consisting primarily of older African Americans, would have trouble finding transportation to the new site and would therefore no longer be able to get sterile injection equipment.<sup>69</sup>

For most Prevention Point workers, the exchange's move from the Hill District to Oakland represented a more serious—and in many cases unwanted—shift from serving one population group to serving a very different one. The loss of access to drug users who had been regularly using Prevention Point's services was significant: "this is exactly an important target population to reach—experienced injectors, drug dealers, shooting gallery managers—who are in a position to help spread information, who are in contact with a lot of injectors."<sup>70</sup> For PPP volunteers and staff, operating out of the Hill was a conscious decision that reflected larger ideological principles about healthcare and public health:

Philosophically, one of the ideas that has driven this concern is that infectious disease prevalence is an index of social justice....Typically in a population infectious disease is disproportional among the poorest and least advantaged members of society....Needle exchange raises issues of social justice and equity- it's always been important to us.<sup>71</sup>

Many long-time volunteers were especially distraught by the apparent impact that the move from the Hill District to Oakland would have on exchangers. "There was always an urgency and a drive [to get back to the Hill]," said Allana Sleeth, an active PPP volunteer. "That focus wasn't lost. It emotionally felt like we were abandoning people." Tiffany Fitzpatrick, a social worker at the Positive Health Clinic in Allegheny General Hospital and former case manager for Prevention

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<sup>68</sup> Prevention Point Pittsburgh, Board Meeting Minutes, March 4, 2002.

<sup>69</sup> Prevention Point Pittsburgh, Board Meeting Minutes, February 18, 2002.

<sup>70</sup> Caroline Acker, interview by Mark Rudnick, August 11, 2008.

<sup>71</sup> Ibid.



Point, admitted “that was a really hard thing for us, and a really hard thing for the community....We saw almost no African American people or residents of the Hill for a long time. We lost a lot of credibility with them....We lost their faith in us.”<sup>72</sup> At the same time, other Prevention Point volunteers felt that the exchangers who PPP had been serving in the Hill weren’t especially angry with the organization for leaving, simply because as drug users they had gotten used to receiving that kind of treatment. “They were pretty much realists,” said Melinda Campopiano, a physician and another Prevention Point volunteer. “Their attitude was ‘of course it’s a good thing and it’s not going to last because nobody cares about us junkies.’ They expected that any service that was going to help them was going to be threatened.”<sup>73</sup> In either case, Prevention Point’s goal of returning to the Hill District to continue offering its services would continually be hampered by those members of the community who were not interested in being the home to Allegheny County’s needle exchange any longer—a classic case of the N.I.M.B.Y., or Not In My Back Yard, argument.<sup>74</sup>

### **Expanding Services**

In fact, Prevention Point Board members began discussing the possibility of expanding the organization’s operations to include a site in another part of the county almost as soon as legal operations in Oakland started. While those discussions persisted, the board made the decision to try and focus on making Prevention Point’s one site as good as possible as opposed to trying to expand to as many places as possible. Both board members and staff realized that the pilot program would have to be evaluated by the health department in a year, and that it was in the

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<sup>72</sup> Tiffany Fitzpatrick, interview by Mark Rudnick, August 1, 2008.

<sup>73</sup> Melinda Campopiano, interview by Mark Rudnick, August 9, 2008.

<sup>74</sup> Alice Bell, interview by Mark Rudnick, August 7, 2008; Renee Cox, interview by Mark Rudnick, July 30, 2008; Len Lanphar, interview by Mark Rudnick, August 5, 2008.

organization's best interest to make it look as good as possible so it could continue providing services in the future.<sup>75</sup> At the same time however, it was clear that the current outdoor site at the parking lot was not suitable for a long term workspace and that the organization would be better served to find an indoor location that could act as an office space, distribution site, and warehouse for supplies.<sup>76</sup>

While Prevention Point board members were eager to begin serving as many injection drug users in the county as they possibly could, the organization actually faced additional pressure from external forces for growth. In the first few months of legal operation, the Board of Health Needle Exchange Committee made it clear to the organization that it wanted to see Prevention Point expand its program, both in terms of the number of people assisted each week and the number of exchange sites throughout the county. From the perspective of Prevention Point staff and board members, the committee's request reflected a seemingly impossible task of rapid growth while retaining a high degree of accountability at the same time, even while Prevention Point suffered tremendously from a lack of financial and physical resources. When the Needle Exchange Committee suggested that the organization attempt to open a new exchange site in McKeesport, Prevention Point board members acknowledged once again that "this puts pressure on us to do things on a timetable that is not of our own making."<sup>77</sup>

In addition to the organization's attempt to expand its geographic reach within Allegheny County, Prevention Point also used its new legal status as a catalyst for expanding the kinds of services it could offer to exchangers. While the literal distribution of syringes was always the most important priority for Prevention Point advocates, supporters of the organization realized that

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<sup>75</sup> Prevention Point Pittsburgh, Board Meeting Minutes, May 6, 2002.

<sup>76</sup> Ibid.

<sup>77</sup> Prevention Point Pittsburgh, Board Meeting Minutes, June 3, 2002.

professing a harm reduction philosophy meant that more could be done to improve the lives of drug users.

As part of its effort to expand the kinds of services the organization could provide, Prevention Point began offering the services of a case manager in July, 2002.<sup>78</sup> In addition to supervising the exchange site on every Sunday to assure that things went smoothly, the case manager's role was to provide harm reduction education as well as link syringe exchange program participants with other services such as health care, mental health services, legal services, drug treatment, and overdose prevention education. In many ways, the role of the case manager was to act as a mediator between drug users and the healthcare and drug treatment systems, a person who could relate to drug users and interact with them in a more personal way in order to provide exchangers with the services they needed. The role of the case manager was crucially important, especially because "more than just providing referrals to these services, the case manager helps people navigate the obstacles that drug users often face in obtaining these services."<sup>79</sup>

Another aspect of that expansion of Prevention Point's own services revolved around the idea of developing better training for drug users to avoid overdose, one of the most dangerous risks involved with the use of opiates and other drugs. In October, 2002, Prevention Point received a \$25,000 grant from the Tides Foundation to launch a Heroin Overdose Prevention Project.<sup>80</sup> Since that time, the project has expanded to include regularly run overdose prevention training courses at the exchange sites and in the local County Jail, as well as a program to prescribe naloxone, a drug

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<sup>78</sup> Prevention Point Pittsburgh, "Report on Needle Exchange Pilot Project to Allegheny County Board of Health," Prevention Point Pittsburgh, March 11, 2003.

<sup>79</sup> Ibid.

<sup>80</sup> Prevention Point Pittsburgh, Board Meeting Minutes, October 7, 2002.

used to reverse the effects of an opiate overdose, that exchangers can keep with them and use in the case of an overdose.<sup>81</sup>

## **New Concerns**

The first year of legal operation for Prevention Point revealed a number of important logistical issues that have remained relevant until today. One major concern for the organization was developing a way in which it could track the progress it was making in terms of who its services were reaching and how effective those services were in preventing the spread of HIV/AIDS, Hepatitis, and other blood borne diseases among exchangers. While a central aspect of harm reduction and needle exchange is the anonymity of its services, Prevention Point faced pressure from the Board of Health to exhibit the kind of progress it was making. In June, 2002, discussions began at Prevention Point board meetings in regard to the idea of administering a Risk Assessment Survey to exchangers, something that had been developed by then volunteer and future executive director of the organization Renee Cox.<sup>82</sup> The survey was intended to track the changes in behavior among exchangers, reflecting an attempt to reduce the amount of risky behavior done by users of the exchange in relationship to their drug use. By the end of August, the organization had begun implementing the survey at the weekly Sunday exchange with the plan to reassess exchangers after five or six months in order to measure how effective the organization had been in reducing risky behavior among exchangers.<sup>83</sup>

Another major logistical issue that Prevention Point needed to handle in its new role as a needle exchange—another issue the organization continues to struggle with today—was fundraising.

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<sup>81</sup> Alice Bell, interview by Mark Rudnick, August 7, 2008.

<sup>82</sup> Prevention Point Pittsburgh, Board Meeting Minutes, June 17, 2002.

<sup>83</sup> Prevention Point Pittsburgh, Board Meeting Minutes, August 19, 2002.

The process of achieving official sanctioning from the Board of Health certainly went a long way in the organization's efforts to locate funding for needle exchange, but in no way solved the problem. With the federal ban on funding for needle exchange operations still in existence, Prevention Point was forced to look to alternative sources for money, mainly relying on donations from individuals and foundations, both in the Pittsburgh community and beyond. With the transition of Prevention Point into a legally functioning non-profit organization and the expansion of its services, organizing the budget and securing funding became an increasingly complicated endeavor. Many of the foundations providing money to Prevention Point were bound by strict mission statements that stipulated what kind of activities could be funded, in some cases meaning that the money they gave could not be spent on the actual purchasing of needles. This meant that Prevention Point had to organize its finances in a way that reflected those needs while also allowing for the organization to continue purchasing the necessary supplies for carrying out exchange.

### **Changing Vision**

The growing pains that Prevention Point faced in its first year of operation were ideological as much as they were logistical. While the organization was quickly expanding from a group of people operating off card tables and using personal garages as storage areas into a full-fledged non-profit with additional services and programs, larger questions began to arise among Prevention Point supporters about the direction of the organization and its changing shape. While most people were happy to see the organization succeeding as a legal needle exchange that could now offer more than just clean needles to drug addicts, some Prevention Point volunteers and board members were concerned that the organization was losing its character and had, in accepting legal

sanctioning from the Board of Health and in broadening its funding base, essentially locked itself down in a straight jacket in which it had little control of its own operations or destiny.

“Change is always hard,” said Melinda Campopiano. “I think if anything the tension is between making accommodations and staying true to our mission. The crux of the issue is this: the more you rub elbows with other people, the more likely you are to pick up their agenda. It’s being required to play the game.”<sup>84</sup> Tiffany Fitzpatrick agreed: “there were a lot of growing pains, a lot of difficulty. A lot of that struggle is- we don’t have a lot of money to do the kind of needle exchange that we want to do. We’ve struggled as an organization to keep one vision and not sell out because we knew we could get more money.”<sup>85</sup> Many Prevention Point activists were aware of the new kinds of responsibilities that the organization would have to take on as it expanded. “There is a tension, not just for us but across the country with many, many needle exchanges,” said Alice Bell. “Once you start dealing with county, state, federal government, you have to keep track of everything you do, and you have to keep track of it in the way that they want you to. That takes time; that takes staff time.”<sup>86</sup> Caroline Acker summed up the situation well:

There was always a concern about not losing sight of that core mission and not just becoming another organization that gets money and starts making compromises to get money....When we started getting state money, when we had to come up with regulations that the Board of Health would approve....Every time there was this concern about, ‘are we going to lose some of what is key if we accede to some of the things people want from us who don’t know enough about what we do?’....It’s hard to know sometimes what is the right position in working out some of those issues. We want government funding, we want this to be a routine activity of the state so that the money flows, but we also want it do be done right. I think there is some inevitable loss of the founding vision as mainstream funders become a bigger part of the picture.<sup>87</sup>

Despite those reservations, most Prevention Point supporters understood that changes to the organization were a necessary part of the growth process. “Prevention Point evolved in a small,

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<sup>84</sup> Melinda Campopiano, interview by Mark Rudnick, 9, 2008.

<sup>85</sup> Tiffany Fitzpatrick, interview by Mark Rudnick, August 1, 2008.

<sup>86</sup> Alice Bell, interview by Mark Rudnick, August 7, 2008.

<sup>87</sup> Caroline Acker, interview by Mark Rudnick, August 11, 2008.

tight-knit group of individuals,” said Allana Sleeth. “As the organization has grown in responsibilities...with the amount of services we are giving, with the volume of work we’re doing in the community, with that there come growing pains.”<sup>88</sup> Alex Bennett, a longtime board member and volunteer at PPP, attempted to analyze the situation in the most rational way he could: “I said: listen, to really meet the demand that we have here, we have to play the game, we have to work with other people. Ultimately we need the health department, we need drug and alcohol, we need to be partners with all these people—that’s all there is to it.”<sup>89</sup> Renee Cox echoed those comments:

In order to actually meet the needs of our clients, it absolutely demands growth....There is a tendency to romanticize the good old days, back when we were underground and didn’t have politicians to answer to or administration to deal with. With 501(c)3 and the process of becoming a non-profit, and actually getting government money, that was an incredible amount of work, and there are some compromises that you have to make along the way. But without that, if you remain underground and doing the work in the basement—which is very important work and great work—but if you just stay there...you’re not going to be reaching the population that you need to be reaching. Even if you have to become a little more bureaucratic and it may not feel as much as activist work, it is still legitimate and necessary public health work....You have to play by the rules in order for that to really be achieved, and I don’t think you can achieve that in the basement.<sup>90</sup>

In the end, providing the basic service of needle exchange became the priority of the organization, with everything else falling to the wayside: “you make compromises....We have to do things that we don’t necessarily think are the best thing for the people we’re serving, because they will get us money. There is a lot of bullshit but at least a lot more people have access to needles.”<sup>91</sup>

The debate over the future of the organization came to head in August, 2003, when two highly involved volunteers and board members made the decision to resign from Prevention Point because of their disagreement with other members of the board on the direction in which the organization was headed. In particular, the departing supporters cited their frustration with the new alliance between Prevention Point and the ACHD and were concerned that the organization

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<sup>88</sup> Allana Sleeth, interview by Mark Rudnick, August 9, 2008.

<sup>89</sup> Alex Bennett, interview by Mark Rudnick, August 13, 2008.

<sup>90</sup> Renee Cox, interview by Mark Rudnick, July 30, 2008.

<sup>91</sup> Alice Bell, interview by Mark Rudnick, August 7, 2008.

was no longer operating in the best interests of the exchangers. In an email sent to the other board members after her resignation, one of the two departing board members wrote the following:

I simply care too much about our exchangers to see them subjected (if they choose to continue to use the exchange at all) to an increasingly bureaucratic, inhumane approach to the services we provide....No matter how noble and well-intentioned the goals of PPP are, they will likely lose out to whatever measures the HD deem necessary to control disease....We simply have no cards to play against them. Ultimately, we do what they say, or they shut us down. It's that simple.<sup>92</sup>

Despite all of those problems, Prevention Point survived its first year of operation with little damage to show. In addition to beginning to offer case management services and the development of an overdose prevention project, the organization managed to expand its weekly hours at the Sunday exchange site and had secured permission from the health department to use an indoor location in the building adjacent to the parking lot (in the former juvenile justice holding cells of the county) out of which to operate during the winter months. In a report to the Board of Health in March, 2003, Prevention Point laid out those accomplishments, explaining that the change in legal status had allowed the organization to work collaboratively with other agencies in the region, access more funding, provide a larger range of services to exchangers, and even recruit more volunteers.<sup>93</sup>

### **Stabilizing the “Pilot Project” and More Regulations**

As Prevention Point’s operations continued smoothly in the following months, both Prevention Point board members as well as figures from within the ACHD began to discuss the need to change the organization’s status from being a pilot project into a more officially established structure in the public health system. In reality, the health department’s labeling of Prevention

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<sup>92</sup> Becky Altman to Prevention Point Pittsburgh, August 12, 2003.

<sup>93</sup> Prevention Point Pittsburgh. “Report on Needle Exchange Pilot Project to Allegheny County Board of Health.” Prevention Point Pittsburgh. March 11, 2003.



Point as a “pilot program” was something that had offended PPP staff for a long time. In their estimation, Prevention Point had been operating a successful needle exchange for over eight years, and the Board of Health’s only recent acknowledgement of it as a legitimate organization spoke more to the board’s obtuseness than PPP’s inadequacies. The term “pilot program” seemed to denote a transitory nature to needle exchange in Allegheny County with which Prevention Point advocates were not at all comfortable. In the same vein, it is safe to assume that the Board of Health’s own choice for the title of the needle exchange represented a discomfort with investing too much support or recognition in the program.

In May, 2004, the Board of Health began discussing the possibility of making the needle exchange in Allegheny County permanent, instead of continuing to allow the exchange to operate under the sanction of a public health emergency. As a result, the Board of Health scheduled a set of three public hearings in August, 2004, the second of their nature, to gauge public opinion about making needle exchange permanent in the county.

Of the 67 total written and oral responses received by the Board of Health in the hearings of that month, 64 (96%) were in favor of turning the needle exchange program into a permanent fixture in the county. Citing many of the same reasons given in the initial hearings in 2001, supporters of needle exchange argued that its success at curbing the spread of disease, saving lives, and providing much needed connections to health and social services for drug users—not to mention its cost-effectiveness—all proved that needle exchange belonged in Allegheny County.

As an outcome of those hearings, the Board of Health made a decision to start drawing up a set of regulations for needle exchange in the county as a part of the process of making needle exchange permanent. In September, 2004, the Board of Health decided to go ahead with drafting a set of regulations to increase accountability and provide for the continuation of the needle

exchange program. The regulations would have to be approved by both County Council and County Chief Executive Dan Onorato before they could take effect.

For Prevention Point, the start of such a process of writing regulations was another signal that needle exchange was becoming more readily accepted by the ACHD and public health community in the region. As that process played itself out, however, it quickly became clear that Prevention Point as an organization would not be included in the discussion about what the new regulations were going to look like. In a discussion of the Board of Health's decision to start drafting regulations in a Prevention Point board meeting in November, 2004, Acker revealed that Tim Curges, the acting head of the Health Department's Division of STDs and HIV/AIDS, had been made responsible for drafting the regulations as an addendum to the state of emergency, a decision that seemed counterintuitive with the idea of cementing the permanence of needle exchange in the county.<sup>94</sup> Additionally, a draft of the new regulations revealed language that would likely include a number of requirements for needle exchange that Prevention Point supporters found to stand directly in opposition to best-practice methods for exchange—the demand that a physician be present at all times while the exchange was operating, for example. All of these revelations seemed to indicate that Prevention Point was being shut out from the process entirely; one board member noted that “we are not being allowed to see the written policy or to have any input into it.”<sup>95</sup>

For some relatively inexplicable reasons, however, the process of drafting the new regulations was delayed and eventually forgotten, the most likely explanation being that the politics of the health department forced the board to concentrate on more pressing demands. In January, 2005, Renee Cox (who had recently been named Executive Director of Prevention Point) attended

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<sup>94</sup> Prevention Point Pittsburgh, Board Meeting Minutes, November 1, 2004.

<sup>95</sup> Ibid.

a Board of Health meeting to learn more about the outcome of regulations that weren't completed, but left the meeting with no new information except for the realization that "they [the Board of Health] continue to attempt to shut us out of the process."<sup>96</sup> By March, continued attempts to follow up with the Board's promise to deal with writing the regulations revealed no new information. From the perspective of Prevention Point, it appeared as if the Board of Health had simply stopped caring about formalizing a new set of regulations.

While this change in events meant that Prevention Point no longer had to worry about changing its practices to comply with any new regulations for the time being, it also left the organization stuck in a state of limbo between tacit recognition and official approval from the Board of Health, a fact that would lead to more problems for Prevention Point in the future. Though it continued operating as it had since its legal status was granted in the beginning of 2002, Prevention Point was forced to accept its status as a program that didn't fully fit in to the public health system in the way it wanted to. At a board meeting in March, 2005, one Prevention Point board member noted that "it's very hard to strategize during this period of uncertainty."<sup>97</sup> Indeed, the events of the coming months would prove that period of uncertainty for the organization was far from over.

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<sup>96</sup> Prevention Point Pittsburgh, Board Meeting Minutes, January, 2005.

<sup>97</sup> Prevention Point Pittsburgh, Board Meeting Minutes, March, 2005.

## **Chapter V:**

### *Murky Waters: the Gastgeb affair and the “official” writing of regulations for needle exchange in Allegheny County*

Despite the fact that regulations had not been finalized by the Board of Health after it promised to complete that process in late 2004, Prevention Point was running smoothly in its effort to curb the spread of HIV, Hepatitis C, and other blood borne diseases through the provision of clean injection equipment. Participation in the program had been growing steadily since the time of legalization, with PPP having added a number of new services for clients including disease testing, prevention case management, and overdose prevention training.

Then on an otherwise normal day in the spring of 2006, the walls suddenly came crashing down. On March 21, Allegheny County Councilman Vince Gastgeb, a Republican from Bethel Park, proposed a measure to County Council to suspend the operation of needle exchange in the county until its “effectiveness, legality, and utility” could be proven.<sup>98</sup> This event created a storm of media attention and criticism that threatened the continuation of needle exchange in Allegheny County and forced Prevention Point to once again involve itself in a fight to prove its legitimacy.

#### **County Politics**

There were a number of reasons why Gastgeb felt the need to criticize Prevention Point and question its operation. At the time that he proposed the measure to County Council, Gastgeb himself claimed that the reason he felt that he had to become involved was that there were questions about the legality of the program and there was no ordinance that County Council had

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<sup>98</sup> Joe Fahy, “Needle Exchange Program Under Review,” *Pittsburgh Post Gazette*, March 21, 2006.

adopted to regulate the needle exchange program.<sup>99</sup> In reality, the cause of his criticism was rooted in a deeper political struggle between County Council and the Allegheny County Board of Health that had begun six years earlier.

In early 2000, Allegheny County switched to a home rule system of government with the oversight of the Pennsylvania state legislature. This shift in form of government allowed Allegheny County government to claim authority over all of those areas not specifically denied by state law, essentially allowing for county government to have greater autonomy in decisions that directly affected the county.<sup>100</sup>

In the public health sector, perhaps the biggest impact of the shift to a home rule system within Allegheny County was that it left the question of who has authority to dictate and legislate public health issues up in the air. The Allegheny County Board of Health, the traditional public health policy-making body at the county level, obviously assumed that it would retain that duty with the switch to the home rule system. But with the creation of the Allegheny County Council came a new legislative body that was interested in having a say about how public health policy was made in the county, and almost immediately County Council began using its political power in an attempt to take more control over decision-making powers in public health affairs of the county.<sup>101</sup>

Unfortunately for Prevention Point, needle exchange became one of the main issues in which County Council and the Board of Health would wrestle over who has the right to set public health policy.

From the time the Gastgeb proposal was publicly announced, Prevention Point staff and board members realized the driving forces behind it and the implications that the proposal might

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<sup>99</sup> Ibid.

<sup>100</sup> Mark Rudnick. "The Formation of the Allegheny County Health Department," in *Bridges and Breakpoints: Public Health Currents in Allegheny County and the Nation*, ed. Becky Armady, et. al. History and Policy Project Course, 2007. Carnegie Mellon University, Pittsburgh, Pennsylvania.

<sup>101</sup> Ibid.

have on the future of needle exchange in Pittsburgh. At a meeting on April 4, 2006, Prevention Point board members discussed the new problem and immediately recognized the nature of the conflict, explaining that “this issue has a lot to do with a long history of power struggles between County Council and the Board of Health....This has been about who has the power to make these decisions.”<sup>102</sup> While board members certainly seemed to feel stuck between the two authorities, they also recognized that “we can’t solve the politics among Council and the BoH....What we will have to do though is basically educate and convince Council of our merits and effectiveness, just as PPP did with the BoH so many years ago.”<sup>103</sup>

### **Déjà Vu: Regulations *Again* and the 2006 Public Hearing**

In May, 2006, the Board of Health responded to Councilman Gastgeb’s challenge to needle exchange by drafting a set of regulations for needle exchange in the county. In this process, the BoH seemed to forget not only about its aborted attempt to do this a year and a half earlier in late 2004, but also about the fact that it had unanimously adopted the original proposal to regulate needle exchange in the process of declaring the state of health emergency in 2001. Essentially, the Board of Health acted as if Prevention Point had been operating without any guidelines at all for the previous five years.

In either case, after writing the regulations, the Board of Health scheduled a public hearing for June 13, 2006, to discuss the proposed regulations on needle exchange. Once again, Prevention Point rallied supporters to provide testimony, this time against a number of points in the proposed regulation that were especially counterproductive to the operation of a successful needle exchange, at least in the opinion of those Prevention Point staff, board members, and

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<sup>102</sup> Prevention Point Pittsburgh, Board Meeting Minutes, April 4, 2006.

<sup>103</sup> Ibid.

volunteers. Tiffany Fitzpatrick pointed out the fear that many Prevention Point supporters shared in terms of losing the agency to dictate how needle exchange would be done: “we were quite nervous that people who didn’t know anything about public health or medical care were going to be writing regulations,” she said. “We saw several drafts come by that people were standing up and screaming when looking at these things...they were based on politics.”<sup>104</sup>

Prevention Point supporters targeted four specific sections of the proposed regulations that they saw as potentially harmful to the continuation of the exchange. The first was a requirement that all exchangers had to provide their full identifying information in order to use the exchange. The second was a requirement that all exchangers be tested and divulge their disease status as a prerequisite for receiving supplies from the exchange. The third point of contention in the proposed regulations was a requirement that Prevention Point would have to become a one-for-one exchange, meaning that an exchanger could only receive as many needles as he or she returned to the exchange. The final aspect of the proposed regulations that upset Prevention Point workers was the prohibition of secondary exchange, meaning that they could no longer provide extra needles to people who would later distribute them to other people (in shooting galleries or to friends).

As part of the process of preparing for the public hearing on the proposed regulations, David Piontkowsky, a physician, active Prevention Point board member, and medical director of the Positive Health Clinic, compiled a set of talking points for advocates of needle exchange to use that directly addressed the biggest issues with the regulations. Prevention Point’s goal in creating that document was to elucidate the basic tenets of a particular philosophy—harm reduction—with which the drafters of this new set of regulations were unfamiliar.

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<sup>104</sup> Tiffany Fitzpatrick, interview by Mark Rudnick, August 1, 2008.

In that set of talking points, which were taken from written testimony that friends of the organization had sent to PPP ahead of time, Piontkowsky explained the basic arguments against a one-for-one exchange policy and in favor of securing anonymity and the practice of secondary exchange as crucial for carrying out successful needle exchange. Assuring the anonymity of exchangers was crucial for reaching the highest-risk population of drug users, and “mandating collection of names and other identifying information would drastically weaken the program’s ability to reach injection drug users and meet the vital public health need of reducing disease transmission” because people who would be afraid their private information might be given to the police would be unwilling to use the exchange program.<sup>105</sup> The document also emphasized the importance of utilizing a “low threshold” model for needle exchange in order to attract drug users to the program. Pointing out the low threshold approach was “grounded in and supported by research,” Piontkowsky explained that the method was based on “the understanding that ensuring easy access to sterile injection equipment is the essential first step in helping them gain access to other services,” and that using such an approach would “ultimately bring hidden, disadvantaged, and historically marginalized populations closer to the services they need in order to allow them to be both abstinent and disease free one day.”<sup>106</sup>

On the day of the public hearing, a number of Prevention Point supporters appeared to testify to their support of the organization and of the changes to the regulations proposed by the Board of Health. Alice Bell, head of the overdose prevention project at Prevention Point, expressed her irritation with what she saw as clear and obvious flaws in the proposed regulation. For Bell, requiring that exchangers give their personal information in order to use the services of the exchange made no sense given the circumstances under which needle exchange takes place:

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<sup>105</sup> David Piontkowsky. “Regulation Talking Points.” Prevention Point Pittsburgh. June, 2006.

<sup>106</sup> Ibid.



“for a needle exchange, which serves individuals who are subject to arrest for the very activities that bring them to the program, anonymity is absolutely essential...I know of no other program, anywhere, that does not operate on an anonymous basis. To require identifying information would keep people away in droves and drastically reduce the effectiveness of our program.”<sup>107</sup> Bell also made it clear that forcing exchangers to get tested was something that the program had no right to do, and that trying to “pressure or cajole program participants into doing so is more likely to prevent people from feeling comfortable using the needle exchange program at all, than to gain any useful information.”<sup>108</sup>

Another portion of the regulations with which a number of speakers took issue was the idea of a one-for-one exchange policy. Bell cited the various ways in which it might be impossible for a drug user to return every syringe he or she uses to the needle exchange: “What are people to do if their used syringes are confiscated by the police? What if they live with small children and do not feel it safe to keep used syringes in the house? What if they are homeless and have no where to keep their used syringes?”<sup>109</sup> For all of those reasons, Bell argued that it was unrealistic to expect exchangers to return all their used syringes. Drug policy experts Ricky N. Bluthenthal and Alex H. Kral also wrote a paper containing a good deal of scientific and statistical empirical evidence in favor of needle exchange in general and secondary exchange specifically, and against a one-for-one exchange policy.<sup>110</sup> Robert Heimer, Ph.D., associate professor of epidemiology and public health at the Yale School of Medicine, provided further evidence in support of secondary exchange, explaining that “studies have found that the riskiest injectors are those who know exchange

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<sup>107</sup> Alice Bell, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>108</sup> Ibid.

<sup>109</sup> Ibid.

<sup>110</sup> Ricky N. Bluthenthal and Alex H. Kral, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

customers but are not customers themselves,” and as a result “providing these individuals with a route of access to clean syringes through secondary exchange will provide maximal community-wide protection against syringe-borne disease transmission.”<sup>111</sup>

Other testifiers at the hearing argued that the Board of Health’s proposed regulations had placed far too many unnecessary hurdles in the process of needle exchange. Nancy Bernstein, a Prevention Point volunteer with a master’s degree in public health, was especially concerned for all the seemingly useless barriers that the regulations put in place in order to make it harder for exchangers to access the services of the exchange. “IV drug users face enormous hurdles in taking steps to address their unhealthy predicament,” Bernstein said. “The health care system is often hostile towards them. Coming to a needle exchange represents a major first step in accessing the health care system and taking responsibility for their health and the health of others they come in contact with.”<sup>112</sup> Scott Burris, the lawyer from Philadelphia who had assisted Prevention Point earlier in its history by contributing a legal analysis of needle exchange in Allegheny County, questioned why the regulations proposed by the Board of Health were so much more stringent than any other set of regulations for exchanges across the country. Burris pointed at that “as a lawyer, I am dubious that requirements so different from the ‘industry standard’ could be sound or workable,” providing a set of tables comparing the requirements put forth by the Board of Health to regulation in place at other needle exchanges in the country.<sup>113</sup> A number of medical and health professionals echoed the comments of both Bernstein and Burris. Don Des Jarlais and Naomi Braine, both Ph.D.s at the Beth Israel Medical Center in New York, wrote that “the most effective

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<sup>111</sup> Robert Heimer, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>112</sup> Nancy Bernstein, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>113</sup> Scott Burris, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

programs are ‘user friendly’” in their effort to “not create barriers to receiving services” and treat participants “with dignity and respect,” adding that in their opinion it was “an act of courage and sound public health policy” for the Allegheny County Health Department to support needle exchange.<sup>114</sup>

In her testimony, Carol Zisowitz, medical director at the Narcotics Addiction Treatment Center in Pittsburgh, argued specifically against setting a limit on the number of needles a person can receive: “the talk about ‘reasonable’ numbers of needles surely could not have been written by anyone acquainted with the lifestyles of IVDUs (Intravenous drug users). The number of needles needed will vary hugely from user to user. There is nothing ‘reasonable’ about IV drug abuse. Who can possibly decide what is reasonable?”<sup>115</sup>

Finally, a number of Prevention Point supporters made general arguments about the importance of retaining needle exchange in Allegheny County and the threat that the proposed regulations had on the continued operation of Prevention Point as an organization. In a written comment, the Jewish Healthcare Foundation emphasized the danger that the proposed regulations threatened not only to exchangers but to all county residents, saying that the regulations “could render the program ineffective and endanger the health of Allegheny County residents.”<sup>116</sup> A group of faculty from the University of Pittsburgh Graduate School of Public Health (GSPH) emphasized the overall challenges that needle exchange was up against in the county, explaining that needle exchanges “continue to face inadequate federal and state funding, inappropriate political

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<sup>114</sup> Don Des Jarlais and Naomi Braine, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>115</sup> Carol Zisowitz, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>116</sup> Jewish Healthcare Foundation, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

interference, and weak institutional support.”<sup>117</sup> The group also pointed out the significance of supporting needle exchange in that moment in time, directly addressing the Board of Health in explaining that “when the history of this epidemic is written, the determined and courageous work of our community volunteers, health professionals, and responsible officials like you will be proven to have been the most effective action in the fight against HIV and AIDS.”<sup>118</sup> Theirs was not the only plea made directly to the Board of Health to act on the issue. Kris Nyrop, Ph.D., executive director of Street Outreach Services, an HIV/AIDS organization in Seattle, recognized the important role of the Board of Health in this decision:

I understand the political and other pressures to impose restrictions on SEP. But, I plead with the Board of Health that you resist any such pressure or inclination. You are responsible for acting in the best interests of public health and your primary consideration must always be what is the best practice.<sup>119</sup>

The testimony given that day in support of Prevention Point exhibited a clear strategy by the organization in its attempt to persuade the Board of Health to change the proposed regulations. The “courage” attributed to the ACHD by Des Jarlais and Braine, the GSPH group, and Nyrop were a means to an end; a set of well crafted political statements intended to offer explicit praise to the health department while pushing it toward the views of the Prevention Point camp at the same time. Having already gained valuable experience through an earlier round of public scrutiny in 2001, it appeared that Prevention Point came to the hearing prepared to systematically prove its points—and to do so with an eye on protecting its relationship with the health department in the process.

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<sup>117</sup> Graduate School of Public Health, University of Pittsburgh, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

<sup>118</sup> Ibid.

<sup>119</sup> Kris Nyrop, “Public Hearings on Needle Exchange Regulation,” June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

## **Formalizing Regulations: Board of Health vs. County Council**

In the aftermath of the hearings, a lengthy process ensued in which regulations were passed back and forth between the Board of Health and County Council for revision and approval. On September 6, 2006, the Board of Health approved a revised set of regulations after incorporating most of the suggestions made at the public testimony in June as well as suggestions from a proposal that Prevention Point submitted itself to the Board. That new set of revised regulations included nearly all of the changes requested by Prevention Point supporters, namely the exclusion of a one-for-one exchange policy and the inclusion of secondary exchange and anonymity for exchangers. That set of regulations was then sent to County Council, which had to approve it before it could become official county policy.

On November 21, 2006, County Council voted down the proposed regulations after receiving a negative recommendation from County Council's Health and Human Services Committee. County Council cited two specific reasons why it chose not to accept the regulations as they were: first of all, because they were not written as an official county ordinance, and secondly (but more importantly) because County Council was excluded from having any regulatory power in them. Gastgeb in particular was concerned that the needle exchange program would expand to more locations throughout the county and wanted to make sure that County Council had a say in that decision-making process. Gastgeb also wanted "more clear and 'cut and dry'" language about how many needles are given out to each exchanger.<sup>120</sup> As a result, the regulations were sent back to the Board of Health to make revisions.

In May, 2007, the Board of Health approved a newly revised set of regulations that was supposed to have taken into account the requests of County Council and again sent them to

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<sup>120</sup> Prevention Point Pittsburgh, Board Meeting Minutes, July 9, 2007.

County Council's Health and Human Services Committee for discussion before they would be sent back to County Council for approval. Then on July 10, County Council unanimously voted down regulations yet again after another negative recommendation from the Health and Human Services Committee, this time citing a lack of "specific guidelines" in the regulations. In a report from that County Council Health and Human Services Meeting on July 5, at a Prevention Point board meeting, Renee Cox (the PPP liason to the committee) explained exactly what that lack of "specific guidelines" meant: that the Board of Health had completely ignored the requests and suggestions made by County Council about how to revise the regulations.<sup>121</sup> According to Cox, the Board of Health did not provide County Council with any more oversight power, and its revisions reflected "nothing that the Council asked for....It was as if the last meeting never happened."<sup>122</sup>

After a second consecutive negative recommendation from County Council, the regulations were sent back to the Board of Health for even more revisions. On November 7, 2007, the Board unanimously approved a revised set of regulations from its Policy Committee, and the regulations were sent to County Council for approval for a third time. On February 5, 2008, County Council finally approved the regulations with a vote of 14-1, a decision which brought an end to the lengthy back-and-forth debate and finally established a set of regulations for needle exchange in Allegheny County on which all concerned parties could agree.<sup>123</sup>

For Prevention Point, the entire affair was an unsettling roadblock in its effort to carry out needle exchange unbothered. In May, 2006, the organization created a media committee to deal with all of the publicity it was receiving in response to the Gastgeb announcement and its repercussions. The incident had not only threatened the overall existence of the organization, but

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<sup>121</sup> Ibid.

<sup>122</sup> Ibid.

<sup>123</sup> Prevention Point Pittsburgh, Board Meeting Minutes, March, 2008.

also seriously hampered its ability to carry on in its everyday activities. “We have a challenge ahead of us,” a board member stated in the midst of the regulations debate. “It is difficult to fundraise when headlines read that County Council wants to shut down the needle exchange.”<sup>124</sup>

The events of the Gastgeb affair and the regulations debate were particularly tricky territory for Prevention Point to navigate, especially politically. Having to deal with two sets of bodies (County Council and the Board of Health) that each wanted different outcomes from the regulations, Prevention Point staff were sometimes forced to choose sides. “I do believe that partially why that [Gastgeb’s challenge] was introduced was the because of the underlying power struggles between the Board of Health and County Council...over the question of who controls health policy in Allegheny County,” said Renee Cox. “We sort of became a political football in that question.”<sup>125</sup>

For a while, the Board of Health seemed to be proposing regulations that the organization could not support, and as a result they felt impelled to take the stance that “If regulations that we cannot live with are voted on by the BoH and submitted to County Council, we will then have to convince Council to reject them.”<sup>126</sup> At meetings throughout the course of the regulations process, Prevention Point board members expressed frustration with the seeming “lack of transparency” within the health department, with no one returning phone calls or answering questions in regards to what exactly the Department was planning in regards to the regulations.<sup>127</sup>

At the same time, Prevention Point staff and board members recognized the difficult situation in which the Board of Health had been placed, where it was “under heat from County

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<sup>124</sup> Prevention Point Pittsburgh, Board Meeting Minutes, May 2, 2006.

<sup>125</sup> Renee Cox, interview by Mark Rudnick, July 30, 2008.

<sup>126</sup> Prevention Point Pittsburgh, Board Meeting Minutes, July 5, 2006.

<sup>127</sup> Prevention Point Pittsburgh, Board Meeting Minutes, September, 2006.

Council to move the process forward.”<sup>128</sup> It was important for Prevention Point to retain a solid working relationship with the Board of Health, especially because the health department provided so much to the organization: an operating space, money for testing materials, the testers themselves, as well as needle disposal services. Additionally, Prevention Point people wanted to keep alive the possibility of future funding from the county, and could only do this while remaining in the good graces of the health department. In the end, board members and staff realized that “all strategies must be formed very carefully.”<sup>129</sup>

The regulations process served as a prime example of the political nature of public health and the way in which Prevention Point found itself caught up in a struggle that was much larger than itself. Comments made by Renee Cox at a Prevention Point board meeting about her attendance at a County Council Health and Human Services Committee meeting help to shed some light on the contentious process of hammering out regulations between County Council and the Board of Health:

The meeting had several moments of tension regarding power struggles (Council vs. Board of Health) on who has the authority to amend (or what the process is of amending) any part of the regulations. After lawyers duked it out, it was finally decided that if Council was not happy with regulations that the Board of Health proposes for approval, Council will give the yay or nay, provide their recommendations on what should be changed, and send regulations back to the Board of Health for revisions. After that point, the revised regulations would be presented again to County Council. *If you asked me, this procedure gives the Board of Health zero authority.*<sup>130</sup>

Cox’s summary of the meeting’s events continued, showing the confusing nature of the political struggle at hand:

Dixon seemed pretty flustered and irritated throughout the meeting. There was a lot of back and forth on this issue, with health department representatives emphasizing that Health Boards have police power to set and carry out health regulations, as well as an obligation to carry out their mission to Allegheny County. But in the end, the health

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<sup>128</sup> Prevention Point Pittsburgh, Board Meeting Minutes, January 9, 2007.

<sup>129</sup> Prevention Point Pittsburgh, Board Meeting Minutes, September, 2006.

<sup>130</sup> Renee Cox, “Report on meeting of Allegheny County Council’s Health and Human Services Committee,” Prevention Point Pittsburgh. November 16, 2006. Emphasis added.



department conceded that they also ‘work for’ Allegheny County Council. At some point, a council member blatantly stated that Council had the authority to ‘disband entire departments,’ to which the health department refuted that claim, saying that the only the state had the power to disband the health department. This part of the meeting was a bit of a mess, and I think everyone at the table was confused at what was going on, as was I. *But what was clear was that an intense, but rather polite power struggle was taking place....It looks like we’re going to have two legal bodies to answer to.*<sup>131</sup>

Prevention Point had little choice but to follow along with the clash between County Council and the Board of Health as best it could without allowing its own mission to be lost in the fracas. Supporters of needle exchange understood that the conflict was much more complex than it appeared to be from the outside; Prevention Point board members even acknowledged that Gastgeb had always had more of an issue with the Board of Health as an organization and the way it handled itself than with needle exchange per se.<sup>132</sup> The fact that an important public health initiative like needle exchange could get caught up in that kind of a struggle for political power is evidence of the way in which public health policy is made in this country. In regard to Allegheny County, the entire story might best be summed up by the words of Reverend Ricky Burgess, a member of the Board of Health: “opposing needle exchange was political grandstanding at its worst.”<sup>133</sup>

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<sup>131</sup> Ibid. Emphasis added.

<sup>132</sup> Prevention Point Pittsburgh, Board Meeting Minutes, December 5, 2006

<sup>133</sup> PPP, Board Meeting Minutes, July 5, 2006

## Chapter VI:

### *Prevention Point Today: where do we go from here?*

At the time of the completion of this thesis in April, 2009, Prevention Point Pittsburgh continues to survive as the lone needle exchange program in western Pennsylvania. In many ways, the obstacles that the organization faces today are the same as those it has faced since its inception: a serious lack of funding, a struggle to expand its services and reach more drug users, and a less-than-perfect relationship with the health department and the general public health network in the city. “We’re still vulnerable: any day something could happen,” said Alex Bennett.<sup>134</sup>

In many ways, there are reasons for supporters of needle exchange to be hopeful. Barack Obama was elected to the Presidency in November of last year, having promised during his candidacy to lift the federal ban on funding for needle exchange. There is currently a bill in the House of Representatives that would lift the ban, so both legislative and regulatory avenues are open in that regard.

At the same time, however, the long journey that the organization took over the course of its first fourteen years in existence taught it and its board members, volunteers, and staff important lessons about navigating the often perilous seas of operating a needle exchange in a country seemingly not ready to accept the term “harm reduction” and everything that goes along with it into its vernacular. The rising numbers of exchangers who utilize Prevention Point’s services on a weekly basis, as well as the expansion of the organization’s services to include a well established and successful overdose prevention education program, are a testament to the hard work and dedication of its volunteers and staff, and the growth of Prevention Point’s impact on the community it serves.

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<sup>134</sup> Alex Bennett, interview by Mark Rudnick, August 13, 2008.

## Prevention Point in Perspective

In examining the history of Prevention Point Pittsburgh, it is useful to think about measuring the successes and failures of the organization in a larger context of public health.

Margaret Humphreys does just that in her book *Yellow Fever and the South*, where she lays out a set of criteria for determining the possible success of a public health measure in history:

In order to gain political support in the United States a public health measure had best meet the following criteria: (1) be grounded in undisputed medical theory; (2) be reasonably affordable; (3) afford minimal disruption of individual rights; (4) target a public health menace which threatens a significant portion of the population; and (5) have a mode of action that is fairly straightforward and comprehensible to the lay mind.<sup>135</sup>

In the case of Prevention Point, the first three of these criteria seem to be fulfilled easily: dozens of studies have proven the medical efficacy of needle exchange as a strategy that prevents the spread of disease, the price of purchasing syringes and other supplies is relatively low, especially when compared with the cost of providing healthcare for a person sick with HIV or AIDS, and in no way disrupts the individual legal rights of anyone, neither exchangers nor the people living in their communities. As to whether or not needle exchange adequately fulfills Humphrey's fourth requirement for a politically successful public health measure, estimates place the number of injection drug users in Allegheny County around 14,000, and when the threat is expanded to include all those non-drug users who could be infected by the spread of infectious disease, that group could certainly be considered to represent a "significant portion of the population."<sup>136</sup>

Humphrey's fifth requirement poses the greatest obstacle to the example of Prevention Point Pittsburgh. Needle exchange is a concept that is often seen as counterintuitive and in many cases requires a good deal of explanation before it can be fully understood, especially by the "lay

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<sup>135</sup> Margaret Humphreys, *Yellow Fever and the South* (New Brunswick, NJ: Rutgers University Press, 1992), 181.

<sup>136</sup> Ibid.

mind.” Even when people do understand needle exchange for its merits and efficacy, few communities are interested in housing a needle exchange of their own for fear of what kind of people or influences it might bring too close to home—again, the N.I.M.B.Y. argument in action. As evidenced by the tireless work of needle exchange advocates in Allegheny County, it can often take years before people—community members, policemen, or politicians—begin to accept the idea of needle exchange as something that makes sense; “we’re still learning how to play politics,” said Tiffany Fitzpatrick.<sup>137</sup> For this reason, above all others, needle exchange has struggled to gain the kind of political support—in Pittsburgh as well as across the country—needed to become a successful and popular public health measure.

This brief exercise in analysis reveals the political nature of public health work in general, a fact that has become one of the central lessons from the story of *Prevention Point*. Public health departments at the local, state, and national level hold a great deal of power, and over the course of history have exercised that power in a number of ways, from instituting quarantines of entire neighborhoods and cities, to overseeing the mandatory inoculation of millions of people. Public health administrators like Bruce Dixon are publically appointed officials, and as such are held accountable to entire populations of voting citizens as well as the politicians who appoint them. On top of those political demands, public health officials are responsible for analyzing medical knowledge and research and using that information to set standards for good public health practice, often times amid contradictory opinions about what “good practice” really means.

For supporters of needle exchange, understanding the intricacies of public health work in this country doesn’t make what they do any easier. “It’s been really hard and frustrating feeling out of control with something that we all see as so obvious,” said Tiffany Fitzpatrick. “If you look at

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<sup>137</sup> Tiffany Fitzpatrick, interview by Mark Rudnick, August 1, 2008.

the science there is no question as to the efficacy of what we do, so it's been frustrating at times and good at times to be able to stand up and say 'this is a need, and shame on you for not realizing that!'"<sup>138</sup>

Aside from revealing the political nature of public health, the story of Prevention Point also provides lessons about the necessary trials and tribulations that the organization went through in the process of its establishment. In interviews I carried out with over a dozen Prevention Point volunteers, staff, and board members, the issue of "growing pains" was one that came up time and time again. In order to become the organization that it is today, ideas about what people wanted the needle exchange to look like had to come in conflict with the realities of operating in a hostile legal, monetary, and political environment. In that process, Prevention Point gained volunteers as it grew in size and influence, but lost others who felt that the organization no longer represented the ideals on which it had been established. "There is that risk once you grow bigger of becoming a bigger target," said board member Len Lanphar. "On the other hand, growing bigger means you can get more resources, you can diversify your operations, you can branch out into a lot of things. Some of it is: how exactly do we grow?"<sup>139</sup>

This fact exhibits another reason why Prevention Point Pittsburgh's history is significant: at its essence, it is one about activism. From Caroline Acker and James Crow, to Stuart Fisk and Tiffany Fitzpatrick, to Alex Bennett and Renee Cox, to name just a few, it was the dedication of individual people and their decision to take action that was so vitally important to the survival and success of the organization. In my time serving as a volunteer with Prevention Point, the thing that impressed me most about the organization was the degree to which its staff and volunteers embodied its mission of care and compassion for exchangers.

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<sup>138</sup> Tiffany Fitzpatrick, interview by Mark Rudnick, August 1, 2008.

<sup>139</sup> Len Lanphar, interview by Mark Rudnick, August 5, 2008.

In many ways, history is always guided by those people ready and willing to make changes to the world around them, and the story of Prevention Point is certainly no different. Thinking about this story as one that is guided by activism is also interesting in that it challenges notions one might have about who is responsible for dictating and guiding the administration of public health—not simply old men wearing white lab coats and stethoscopes around their necks, but also those citizens with strong beliefs willing to get their hands dirty and take to the streets to carry out a job they see as necessary.

# Appendix

## History of Needle Exchange in Pittsburgh, Pennsylvania

**The following is a timeline of the important events surrounding the development of a needle exchange program in Pittsburgh<sup>140</sup>**

1988: Passing of the Omnibus Health Act of 1988, which includes a congressional ban on federal funding for needle exchange “unless the Surgeon General determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.”

February, 1998: Caroline Acker and James Crow are forced to shut down their sidewalk needle exchange after complaints are made to the police from local citizens.

April 20, 1998: Health and Human Services Secretary Donna Shalala announces that needle exchange is both effective in preventing the spread the HIV and does not increase drug use, but the Clinton administration refuses to lift the ban on federal funding for needle exchange.

June, 2000: CDC releases a report that in 1997, 113 needle exchange programs existed in over 30 states in the country and had helped reduce the spread of HIV by 30% and had reduced risky behavior by 80%.

September, 2000: PPP hires its first paid employee to write grants and perform administrative duties through a \$25,000 grant from the Drug Policy Foundation, a Washington-based think tank.

May, 2001: Allegheny County Health Department (ACHD) schedules three public hearings (May 12<sup>th</sup>, 16<sup>th</sup>, and 24<sup>th</sup>) to get input on whether authorities should implement a legal needle exchange in Allegheny County. Bruce Dixon says the ACHD would regulate the pilot project but provide no funding.

June 1, 2001: County implements a new HIV reporting system that will count *all* disease tests no matter where they are performed (hospitals, clinics, needle exchange sites, etc.).

June, 2001: PPP begins to contribute to a research project funded by \$5,000 from the Beth Israel Institute for Chemical Dependency in New York to determine if and how needle exchange alters injecting behavior by exchangers.

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<sup>140</sup> All the information was taken from Prevention Point Pittsburgh documents or articles from the *Pittsburgh Post Gazette* or *Pittsburgh Tribune Review*.

July, 2001: ACHD spokesman Guillermo Cole announces that a clear majority of people who testified in the county (75% of respondents) support the implementation of a needle exchange based on the May public hearings.

September 5, 2001: Allegheny County Board of Health announces its endorsement for a needle exchange pilot program and agrees to form a panel to determine policies and procedures for the program.

November 28, 2001: Board of Health declares a state of public health emergency for HIV infection and blood-borne diseases, allowing for the legal implementation of a needle exchange.

March 6, 2002: Board of Health approves the operating guidelines made by its panel for a needle exchange pilot program to be operated by Prevention Point Pittsburgh and reviewed in 12 months.

March, 2002: PPP awarded a \$30,000 two-year grant from the Jewish Healthcare Foundation.

April 7, 2002: PPP begins operating legally for the first time, dispensing clean syringes and injection equipment at the ACHD parking lot in Oakland. This continues every Sunday afternoon.

May, 2002: HIV testing and counseling begins on site at the needle exchange.

July, 2002: Prevention Case Management begins on site weekly.

September 4, 2002: Bill Smith, secretary for the Needle Exchange Committee of the ACHD, notifies the Board of Health that PPP is proposing to expand its distribution sites to McKeesport, the Hill District, the North Side, and East Liberty.

November, 2002: ACHD allows for the use of indoor space at 3333 Forbes Avenue, and the needle exchange program moves indoors in time for the cold weather.

February, 2003: PPP expands hours at its Sunday site, implements an Overdose Prevention Training Program, and helps to establish an Overdose Prevention Task Force for Pittsburgh.

March 5, 2003: Board of Health grants PPP permission to start raising the \$100,000 in funds needed to open a new distribution site in the Hill District to better extend its services to the black community. The Board also tells PPP that it will need data about the total number of people served and the proportion of syringes returned, as well as the research conducted on similar programs in other cities, before it can make the final decision to allow for the expansion.

May 5, 2004: Board of Health discusses making the needle exchange pilot program permanent and plans to schedule hearings for public comment in the coming months.



August, 2004: Board of Health schedules three hearings (August 11<sup>th</sup>, 19<sup>th</sup>, 21<sup>st</sup>) to gauge public support for continuing the needle exchange program in the county. 64 of 67 people who spoke or sent written messages supported the continuation of the program.

September 3, 2004: Board of Health decides to go ahead with drafting a set of regulations to increase accountability and provide for the continuation of the needle exchange program. The regulations will have to be approved by both County Council and County Chief Executive Dan Onorato.

June 6, 2005: PPP Executive Director Renee Cox receives a letter from Tim Curges at the ACHD informing her that renovations have been planned for the 3333 Forbes Avenue, Oakland site that will begin as early as June 30, and will require PPP to vacate the site. To date, this has not occurred.

July 24, 2005: The Overdose Prevention Project begins distributing naloxone (Narcan) prescriptions—a drug used to reverse overdoses—to participants in the Overdose Prevention class at the site.

March 21, 2006: Allegheny County Councilman Vince Gastgeb proposes a measure to County Council to prevent PPP from continuing its work until its “effectiveness, legality, and utility” can be proven.

April, 2006: Pennsylvania state pharmacy board gives its lawyers permission to begin drafting regulation that would make it legal to buy medical syringes in pharmacies without a prescription.

May 3, 2006: Board of Health drafts a regulation to allow for the continuation of the needle exchange program. A public commenting period is scheduled and the board plans to vote on the regulations in the July meeting.

June 13, 2006: A public hearing takes place to discuss the proposed regulations written by the Board of Health to continue the needle exchange program. Many proponents of the program raise concerns that stipulations in the regulations, including the need for exchangers to divulge personal information and disease status and the prohibition of “secondary exchange,” are counter-productive and will hurt the work of the exchange.

June 20, 2006: In response to the regulations written by the Board of Health, PPP drafts its own revisions of the regulations and presents them to the Board of Health Needle Exchange Advisory Committee.

September 6, 2006: Board of Health approves a revised version of the regulation to allow for the continuation of the needle exchange program while providing for anonymity of exchangers and “secondary exchange.” The regulation is sent to County Council and the County Chief Executive for approval.

November 21, 2006: County Council votes down the needle exchange regulations proposed to them by the Board of Health, specifically because the regulations are not written as an ordinance and County Council is given little regulatory power. The regulations are sent back to the Board of Health to be revised and resubmitted.

July 10, 2007: County Council unanimously votes down the bill providing regulations for the needle exchange program, insisting that specific guidelines would have to be written in order for the bill to be passed.

October 22, 2007: Board of Health Needle Exchange Advisory Committee meets to discuss and re-revise the regulation for needle exchange.

November 7, 2007: Board of Health unanimously votes to approve the revised regulations on needle exchange put together by the Board of Health's Policy Committee.

November 7, 2007: Needle exchange distribution begins through a van in the Hill District, set up alongside another van run by Operation Safety Net that provides healthcare referrals.

January 23, 2008: Allegheny County Council votes to approve the new set of needle exchange regulations sent to them by the ACHD.

## **Development of Regulations for Needle Exchange in Pittsburgh, Pennsylvania**

**The following is a timeline of the development of regulations for needle exchange in Pittsburgh by the Allegheny County Board of Health and Allegheny County Council<sup>141</sup>**

2002: Board of Health accepts Policy and Protocols written up by Prevention Point with needle exchange committee. These protocols accompany the board's decision to declare needle exchange legal under the public health emergency.

November-December, 2004: After public hearings to determine if PPP should be a permanent program, the Board of Health writes up a set of regulations for needle exchange. PPP responds with suggested changes to those regulations and articles/statistics to back up those changes. Nothing ever comes of these regulations.

May- June, 2006: After County Councilman Vince Gastgeb complains, the Board of Health writes up a *new* set of regulations for needle exchange. A public hearing period occurs in which many

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<sup>141</sup> All the information was taken either from Prevention Point Pittsburgh, Board of Health, and County Council documents. While some of the events on this timeline are included in the first article of the appendix, this timeline specifically demarcates the confusing process by which regulations were written, and is thus valuable as a tool for elucidating that process.

people complain about specifics in those regulations (one-for-one exchange, secondary exchange, revealing identifying information, etc.). PPP submits its own set of revisions to the regulations.

September, 2006: Board of Health okays a revised set of these regulations (to include secondary exchange, cut 1-1 and personal info). These revised regulations are bounced back and forth between County Council and the Board of Health between fall, 2006 and February, 2008.

September 6, 2006: Board of Health approves a revised set of regulations after incorporating suggestions from public testimony. The regulations are sent to County Council for approval.

November 21, 2006: County Council votes down the newest version of regulations after receiving a negative recommendation from County Council's Health and Human Services Committee. County Council sends them back to the Board of Health for revisions (because they weren't written as an ordinance and County Council was excluded from having any regulatory power in them).

May 2, 2007: Board of Health approves newly revised set of regulations and sends them to County Council's Health and Human Services Committee for discussion before they are sent back to County Council for approval.

July 10, 2007: County Council unanimously votes down regulations again (after another negative recommendation from the Health and Human Services Committee meeting on July 5), this time citing a lack of specific guidelines. The regulations are sent back to the Board of Health for more revisions.

November 7, 2007: Board of Health unanimously approves the revised set of regulations from its Policy Committee. The regulations are sent once again to County Council for approval.

February 5, 2008: County Council finally approves the regulations with a vote of 14-1.

## REFERENCES

### Primary Sources:

#### Personal Interviews

Acker, Caroline. Interview by Mark Rudnick. August 11, 2008.

Bell, Alice. Interview by Mark Rudnick. August 7, 2008.

Bennett, Alex. Interview by Mark Rudnick. August 13, 2008.

Campopiano, Melinda. Interview by Mark Rudnick. August 9, 2008.

Cox, Renee. Interview by Mark Rudnick. July 30, 2008.

Davis, Dana. Interview by Mark Rudnick. August 1, 2008.

Deno, Stephen. Interview by Mark Rudnick. August 12, 2008.

Drogowski, Laura. Interview by Mark Rudnick. August 7, 2008.

Fitzpatrick, Tiffany. Interview by Mark Rudnick. August 1, 2008.

Johnson, Ron. Interview by Mark Rudnick. August 13, 2008.

Lanphar, Len. Interview by Mark Rudnick. August 5, 2008.

Sleeth, Allana. Interview by Mark Rudnick. August 9, 2008.

#### Prevention Point Pittsburgh Documents

Cox, Renee. "Report on meeting of Allegheny County Council's Health and Human Services Committee." Prevention Point Pittsburgh. November 16, 2006.

"Letter of Invitation." *Prevention and Public Health Policy: The Role of Harm Reduction and Needle Exchange in Protecting Community Health*. Pittsburgh, PA, March 3-4, 1999.

Piontkowsky, David. "Regulation Talking Points." Prevention Point Pittsburgh. June, 2006.

Prevention Point Pittsburgh. "Report on Needle Exchange Pilot Project to Allegheny County Board of Health." Prevention Point Pittsburgh. March 11, 2003.

## **Meeting Minutes**

Prevention Point Pittsburgh. Board Meeting Minutes, February 28, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, March 27, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, April 24, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, May 22, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, June 5, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, July 31, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, August 28, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, October 23, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, December 4, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, December 18, 2000.

Prevention Point Pittsburgh. Board Meeting Minutes, January 22, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, February 19, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, March 5, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, March 19, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, April 2, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, June 11, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, July 23, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, August 20, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, September 10, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, November 5, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, December 3, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, December 17, 2001.

Prevention Point Pittsburgh. Board Meeting Minutes, February 18, 2002.

Prevention Point Pittsburgh. Board Meeting Minutes, March 4, 2002.

Prevention Point Pittsburgh. Board Meeting Minutes, May 6, 2002.

Prevention Point Pittsburgh. Board Meeting Minutes, June 3, 2002.

Prevention Point Pittsburgh. Board Meeting Minutes, June 17, 2002.

Prevention Point Pittsburgh. Board Meeting Minutes, August 19, 2002.

Prevention Point Pittsburgh. Board Meeting Minutes, October 7, 2002.

Prevention Point Pittsburgh. Board Meeting Minutes, November 1, 2004.

Prevention Point Pittsburgh. Board Meeting Minutes, January, 2005.

Prevention Point Pittsburgh. Board Meeting Minutes, March, 2005.

Prevention Point Pittsburgh. Board Meeting Minutes, April 4, 2006.

Prevention Point Pittsburgh. Board Meeting Minutes, May 2, 2006.

Prevention Point Pittsburgh. Board Meeting Minutes, July 5, 2006.

Prevention Point Pittsburgh. Board Meeting Minutes, September, 2006.

Prevention Point Pittsburgh. Board Meeting Minutes, December 5, 2006.

Prevention Point Pittsburgh. Board Meeting Minutes, January 9, 2007.

Prevention Point Pittsburgh. Board Meeting Minutes, July 9, 2007.

Prevention Point Pittsburgh. Board Meeting Minutes, March, 2008.

Southwestern Pennsylvania AIDS Planning Coalition. Member Meeting Minutes, November 7, 1997.

### **Public Testimony**

Driscoll, Earl. "Public Hearings on Needle Exchange." May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Acker, Caroline Jean. "Public Hearings on Needle Exchange." May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Fisk, Stuart. "Public Hearings on Needle Exchange." May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Feikema, Robert J. "Public Hearings on Needle Exchange." May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Rinaldo, Charles R. "Public Hearings on Needle Exchange." May, 2001. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Bell, Alice. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Bernstein, Nancy. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Burris, Scott. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Bluthenthal, Ricky N., and Alex H. Kral. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Des Jarlais, Don, and Naomi Braine. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Heimer, Robert. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Zisowitz, Carol. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Jewish Healthcare Foundation. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Graduate School of Public Health, University of Pittsburgh. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

Nyrop, Kris. "Public Hearings on Needle Exchange Regulation." June, 2006. Allegheny County Health Department, Pittsburgh, Pennsylvania.

## Secondary Sources:

### Websites

Harm Reduction Coalition. "Principles of Harm Reduction." *Harm Reduction Coalition*.  
<http://www.harmreduction.org/article.php?list=type&type=62>

Health and Human Services Press Office. "Research Shows Needle Exchange Programs Reduce HIV Infections Without Increasing Drug Use." US Department of Health and Human Services.  
<http://www.hhs.gov/news/press/1998pres/980420a.html>.

Justia.com: US Laws. "45 C.F.R. § 96.135 Restrictions on expenditure of grant."  
<http://law.justia.com/us/cfr/title45/45-1.0.1.1.53.12.33.16.html>.

Pitt Men's Study. "Welcome to the Pitt Men's Study website." The Pitt Men's Study.  
<http://www.stophiv.com/pms/>

### Books and Articles

Fahy, Joe. "Needle Exchange Program Under Review." *Pittsburgh Post Gazette*, March 21, 2006.

Humphreys, Margaret. *Yellow Fever and the South*. New Brunswick, NJ: Rutgers University Press, 1992.

Kane, Lisa. "Legal Analysis of Syringe Exchange in Allegheny County." Office of Scott Burris, Temple University Beasley School of Law, May 24, 2000.

Massing, Michael. *The Fix*. Berkeley: University of California Press, 2000.

Nadelmann, Ethan A. "Commonsense Drug Policy." In *The American Drug Scene: An Anthology*, 4<sup>th</sup> ed., edited by James A. Inciardi and Karen McElrath, 464-73. Los Angeles: Roxbury Pub. Co, 2004.

Nadelmann, Ethan A. "Drug Prohibition in the U.S.: Costs, Consequences, and Alternatives." In *Crack in America: Demon Drugs and Social Justice*, edited by Craig Reinerman and Harry G. Levine, 288-316. Berkeley: University of California Press, 1997.

Reinerman, Craig, and Harry G. Levine. "Real Opposition, Real Alternatives: Reducing the Harms of Drug Use and Drug Policy." In *Crack in America: Demon Drugs and Social Justice*, edited by Craig Reinerman and Harry G. Levine, 345-66. Berkeley: University of California Press, 1997.

Reuter, Peter, and Jonathan P. Caulkins. "Redefining the Goals of National Drug Policy." *American Journal of Public Health* 85, no. 8 (1995): 1059-1063.



Rudnick, Mark. "The Formation of the Allegheny County Health Department." In *Bridges and Breakpoints: Public Health Currents in Allegheny County and the Nation*, edited by Armady, Dougherty, DiLeonardo, Elivert, Grant, Miller, and Rudnick. History and Policy Project Course, 2007. Carnegie Mellon University, Pittsburgh, Pennsylvania.