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NATIONAL news

A MATTER OF LIFE

With promising new statistics, needle-exchange activists are hoping federal officials will finally get the point by Bob Roehr

At least 10,000 new HIV infections a year may be prevented by implementing sound needle-exchange programs in the United States. That was the core message of a Feb. 24 briefing for Capitol Hill staffers that was sponsored by the American Public Health Association.

Harry Simpson, an intravenous drug user for 15 years, is now director of an exchange program in Detroit. "Needle-exchange services keep drug users alive until they can decide to take a different path," he told listeners. "Live addicts can—and do—recover. Dead addicts do not."

"Approximately 70 percent of all new HIV infections in the United States can be tied directly to the sharing of needles," added Dr. Don Des Jarlais, director of research at the Chemical Dependency Institute of Beth Israel Hospital in New York City. "Clearly this mode of HIV transmission is the dominant force for

ed 1.7 million needles have been exchanged with approximately 7,000 clients.

During the briefing, Beilenson said there has been a decrease in discarded needles in the areas health officials serve, a reduction in the amount of drug use among clients, and a 40 percent reduction in the seroconversion rate.

He said the program has also acted as a "bridge to treatment" for 1,000 clients, 80 percent of whom have been with the program for four months. That period is used as a benchmark of success; most dropouts occur during the first three months.

The program costs \$300,000. Another \$300,000 is budgeted for reserved substance-abuse treatment slots. Beilenson said he believes that "federal funding would allow for more professionally run programs" throughout the country.

Des Jarlais, meanwhile, noted that Britain's former Prime Minister Margaret Thatcher, a

conservative, initiated a needle-exchange program in the late 1980s. As a result, he said, that country essentially has no HIV within its injection drug user population.

"You can send a message that you are both against drug use and HIV," he concluded.

In the United States, the federal secretary of health and human services has the authority to certify that needle-exchange programs are effective in stopping the spread of HIV. But Donna Shalala has chosen not to use that authority.

Last fall, Congress froze federal funding for those programs until April 1, and instructed Shalala to prepare guidelines regarding the operation of such programs.

Regina Aragon, of the San Francisco AIDS

PHOTO BY BOB ROEHR



Baltimore city health commissioner Peter Beilenson

the continuing epidemic in the United States."

He then explained why needle-exchange programs appear to work. First, he said, participants are motivated by the fact that AIDS is an extremely unpleasant way to die. Second, HIV can be passed on to users' loved ones, which may give participants additional cause for concern. Finally, he pointed out that "a clean needle works better than a dirty needle."

As Baltimore's city health commissioner, Dr. Peter Beilenson supervises a large government-run needle-exchange program. Each needle is bar coded, so health authorities can track who receives it and how it comes back. An estimat-

Foundation, said there have been discussions within HHS, but it remains unclear where administration officials stand on the matter.

Some exchange advocates are, however, encouraged by movement they see on the issue in Congress.

The chairs of the Congressional Black Caucus and the Hispanic Caucus sent a letter to Shalala on Feb. 9 urging her to lift the ban.

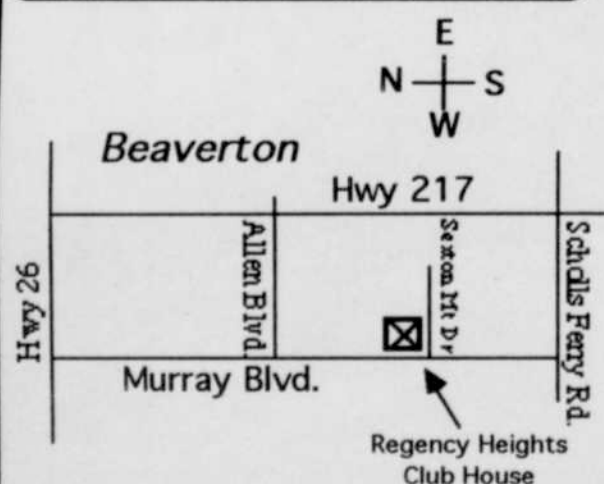
Minorities are disproportionately affected by HIV, particularly through injection drug use.

House Minority Leader Richard Gephardt (D-Mo.) sent a similar letter to Shalala on Feb. 17.

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