

Officials stress need for needle exchange at AIDS conference

by Mark Aurigemma
Special to Q-Notes

MIAMI BEACH—During the recent US Conference on AIDS (USCA), held September 18-21, public health officials and policy experts from several states met to discuss a growing trend, in the absence of federal leadership, toward states developing their own needle exchange programs to slow HIV transmission.

While the Clinton administration has refused to approve federal funding for clean syringe programs, the US House of Representatives voted the week before the Conference to prohibit it from doing so. State officials at the meeting asserted that growing evidence shows that needle exchange programs reduce HIV transmission without increasing drug use. The states' case studies were presented in an institute on HIV/AIDS and Injection Drug Users held the first day of the National Minority AIDS Council-sponsored gathering.

Experts at the program stated that, while progress has been made in slowing the HIV epidemic in some areas, transmission through the use of contaminated needles continues to grow, particularly within communities of color and poorer communities, and among women. More than half of the AIDS deaths among African-Americans are injection related. As of December 1996, nearly 100,000 African-

Americans had contracted AIDS through injection, including 30,000 African-American women.

Some officials discussed the mounting frustration felt at the state level over the unwillingness of the Clinton administration and the House of Representatives to approve federal funding for needle exchange. By a vote of 266 to 158, the House passed an amendment to the \$270 billion Labor-Health and Human Services appropriations bill to remove the ability of the Health and Human Services (HHS) secretary to allow local communities to use federal funds for needle exchange programs. The amendment was written by Rep. Tom Coburn (R-OK) and introduced by Reps. Dennis Hastert (R-IL) and Roger Wicker (R-MS).

Apart from the Conference, officials at the nation's largest AIDS advocacy organizations loudly decried the vote by the House — which came on the heels of a report from the US Centers for Disease Control noting that AIDS deaths fell by 26 percent last year. The irony wasn't lost on Daniel Zingale, executive director of AIDS Action. "As we stand at the most critical crossroad in the epidemic, the House tragically held up a green light to increased AIDS deaths. This grave act of irrationality could cost thousands of lives."

Julie Scofield, coordinator of the Conference

institute and executive director of the National Alliance of State and Territorial AIDS Directors, said, "We have to continue our efforts at the national level to educate legislators on the value of needle exchange and sterile syringe programs. But we can't wait while thousands of lives are at stake in communities across the country."

While some state needle programs began as illegal efforts, presenters illustrated how several state legislatures have now legalized clean needle programs.

"Leading Rhode Island public health officials, along with many other state officials, believe the government should repeal the funding ban on needle exchange," said Paul G. Loberti, chief administrator of the Rhode Island Department of Health Office of AIDS. "But states should not wait for the federal government to support needle exchange. States without needle exchange should begin the step-by-step process of introducing the important public health significance of creating access to clean injecting equipment."

Loberti reported that approximately 50 percent of all AIDS cases in his state are a result of injection drug use. He also told the USCA Institute that institutions such as the Rhode Island Medical Society now support fully funded needle exchange programs and the repeal of

state laws restricting access to clean syringes.

Geoff Beckett, Maine's assistant state epidemiologist, discussed how his usually conservative state came to approve sterile syringe programs. "The arguments for making sterile syringes available are very strong. When the issues are brought into the light of day, in an open discussion, many individuals who would not be expected to support these programs actually do. Maine's sterile syringe program has the support of the state's chiefs of police and pharmacists association."

A Minnesota proposal to authorize the legal sale of ten or fewer syringes and to start a new clean syringe program passed this year with the support of the governor and the Minnesota Department of Health. At the institute, Bob Tracy, public policy director for the Minnesota AIDS Project, said, "Minnesota, like Maine, has a relatively low level of injection drug related HIV infections. However, the growing presence of heroin in this area signaled we may be at the beginning of a much larger injection drug related HIV epidemic. Minnesota had to take action to prevent this. In the face of overwhelming public health evidence supporting clean syringe availability, Minnesota could not wait for the federal government to act."

Another conservative state, New Mexico, recently moved to allow clean syringe programs to operate there. "We were able to demonstrate that New Mexico had a small window of opportunity to prevent a major injection related HIV epidemic in the state," said Don Torres, chief of the HIV Bureau for the New Mexico Department of Health.

"At the time the state acted, injection drug users in New Mexico had hepatitis rates of 80-90 percent, proving they were sharing needles. But only one percent had HIV at that point. All it would have taken was the introduction of HIV into this population and, absent a sterile syringe program, we would have had an explosion of new HIV cases. We could not wait for the federal government to recognize this issue." ▼



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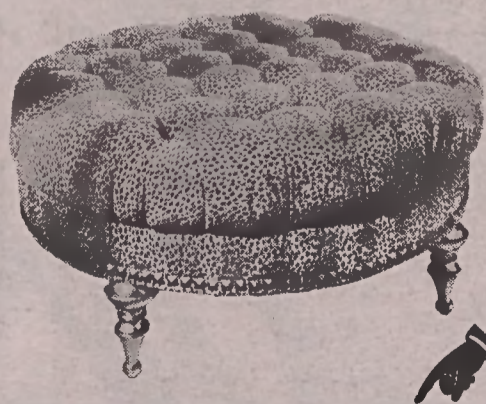


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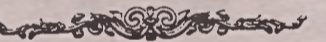
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