

Congress has the power to restore programs that prevent the spread of AIDS

Guest Viewpoint By Sarah-Kate Sharkey and Riann Nel

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HIV Alliance is in the forefront of the battle to prevent new infections and to care for those living with HIV/AIDS in Lane County. Our battle is not the most attention-grabbing 'war' of the moment, and agencies in the trenches of this war are severely hampered by ignorance - not least the ignorance of our elected representatives. With congressional elections approaching in November, we want to highlight one aspect of our battle: the fight for needle exchange programs.

The World Health Organization estimates more than 25 million people have been killed by AIDS since the disease was recognized in 1981. Some estimates place the 2005 death toll at 3.1 million - an average of 8,500 people every day. This makes it one of the most destructive pandemics in history.

Although other problems and challenges seem to have priority in our minds, the scope of the AIDS pandemic worldwide is increasing. The human tragedy of this disease plays out every day as 8,500 families lose loved ones.

HIV Alliance has been operating an injection drug use outreach program for the past seven years. This program provides injection drug users with clean needles as part of a comprehensive health care strategy to prevent the reuse and sharing of contaminated needles. Sharing contaminated needles is a major cause of the spread of HIV.

Injection drug use is the No. 1 way HIV presents itself to the heterosexual community and is the No. 1 cause of pediatric HIV. A recent report estimates that one in 50 kids in school today will have experimented with injection drug use by the time they graduate. There are an estimated 10,000 injection drug users in Lane County.

It is a misconception that injection drug users are only homeless people under bridges. A significant percentage of injection drug users in Lane County are parents, professionals, business owners and students.

HIV Alliance's needle exchange program is part of a comprehensive harm-reduction strategy. The aim is not only to exchange dirty needles, but to provide education about risk-reduction strategies and encouragement for at-risk people to test for HIV on a regular basis. Referrals to other medical, detox, drug treatment and social service agencies are provided. Free HIV testing and counseling are available.

The New England Journal of Medicine reported this year that injection drug users who

access needle exchange services weekly are twice as likely to enter detox.

Controversy has surrounded needle exchange programs in the U.S. since their inception. Critics argue that providing drug users with the opportunity to exchange dirty needles encourages and condones drug use and the associated criminality. In the 1990s, Congress sided with the critics and placed a moratorium on the use of federal funds for needle exchange programs.

HIV Alliance is heavily dependent upon limited private funding for our program. Without increased support by Oct. 31, our program will have to be suspended, presenting a serious threat to the health of our community.

According to the Centers for Disease Control and Prevention, up to 40 percent of new infections in the country can be related to injection drug use. Furthermore, an international study demonstrated that 52 cities without needle exchange programs experienced, on average, a 5.9 percent increase in HIV infection rates each year compared with a 5.8 percent decrease in 29 cities with needle exchange programs (study published in 1997 in the medical journal Lancet).

Hundreds of studies have been conducted on the effectiveness of needle exchange programs, all of which have been summarized in a series of eight federally funded reports dating back to 1991. Each of these eight reports concluded that needle exchange programs can reduce the number of new HIV infections and do not appear to lead to increased drug use among users or the general community.

No increased drug use among drug users and the general community were the original two criteria that had to be met by law before the federal ban on funding for needle exchange programs could be lifted. Congress has since changed the law to continue to ban funding even if the criteria are met.

HIV Alliance asked the two candidates seeking to represent Oregon's 4th District in the U.S. House of Representatives their positions on the continued federal ban. Rep. Peter DeFazio provided us with the following statement: "We must do all we can to reduce the transmission of deadly but preventable diseases like HIV/AIDS. Needle exchange programs, as part of a comprehensive HIV prevention strategy, have been proven to lower the rate of new cases of HIV infection and do not increase drug use. They are also extremely cost-effective when compared to the cost of caring for an HIV/AIDS patient. That's why I have consistently fought efforts to eliminate federal funding for needle exchange programs."

According to a campaign representative, Jim Feldkamp supports the current ban because he does not believe federal funds should be used to support drug habits.

It defies logic that the ban should continue. We are not arguing here for the increase of federal funds to HIV/AIDS prevention - that is an entirely different debate. We are only seeking the end of the restrictive ban on the use of current federal funds for needle

exchange programs. Our premise is simple: Needle exchange programs reduce infection rates, and the lower infection rates reduce the number of people needing treatment for HIV/AIDS, ultimately saving lives.

This is a pragmatic, pro-life position. Some in our community oppose needle exchange programs, ostensibly on moral grounds. How moral is it to allow babies of injection drug users to be infected with HIV because of opposition to providing their drug-addicted parents with uncontaminated needles? How moral is it to not protect innocent sexual partners of injection drug users - and their partners, and their partners? We must recognize that this is how the disease spills over into the general population and how countries in Eastern Europe have lost control over the AIDS pandemic.

Does the ban lead to an efficient allocation of taxpayer dollars? According to the Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology (Vol. 16, 1997), the lifetime cost of treating an HIV positive person is \$195,188. The cost of a clean needle is 9 cents.

Dr. David Satcher, the former U.S. surgeon general, observed in 2000 that, 'After reviewing all of the research to date, the senior scientists of the department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.'

When will Congress heed this advice and help prevent thousands of new infections?

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